



# **THE NEWSLETTER**

**New Zealand Association  
of  
Psychotherapists Inc**

**Te Rōpū Whakaora  
Hinengaro**

**September  
2017**

**New Zealand Association  
of  
Psychotherapists Inc**

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Hinengaro**

**THE NEWSLETTER**

**September 2017**

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

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# Editorial

Seán Manning



Last week I saw a story on a news website about a French teenager called Océane who, in May 2016, filmed her own death on a social media site. At the time there were several thousand people watching. It was a well-planned and carefully executed act. Leading up to it, she was online for several hours, talking on camera about her experience of life. She talked about how uncaring people were, giving examples of her work in a retirement home. She disdained alcohol and drugs, but smoked constantly. She had stopped talking to her father, who ran a nightclub with connections with a website called Youporn. She had broken up with her boyfriend, then made up, but he beat and raped her. She had a job and a small apartment. At one point she went to her mailbox where there was a parcel of cosmetics that had been broken in to, the contents gone. She was probably what we would call depressed. Some days, she said, she could barely get out of bed, yet she regarded her job with old people as ‘super-cool’. “The video I’m going to make,” she said, “isn’t designed to *faire le buzz*. It’s supposed to make people wake up, to open their minds ... It’s the only way to communicate a message. The only way left to ensure the message is taken up ... Until you provoke people, they don’t understand.” She walked to the local train station with her broadcast still going, accompanied by a chorus of comments from watchers, some concerned, some advising religion, some encouraging her to kill herself. She threw herself in front of a train, her phone’s camera still on. The last thing it picked up was a paramedic who switched it off.

Aotearoa New Zealand has one of the highest suicide rates in the world, and recent figures say it is climbing, despite, over the past two decades, a series of programmes and initiatives aimed at suicide prevention. The highest risk group is young men. We therefore miss the fact that young women attempt suicide as often as men, and it is the more extreme methods favoured by men that create the illusion that it is a male problem.

Coming up to a general election we have more calls for action and more plans. Most initiatives aim at strengthening mental health services, developing cultural identity, or simply being nice to each other. The World Suicide Prevention Day, September 10, with its slogan ‘Taking a minute can change a life’ is the latest example on my desktop. Most initiatives seem based on the idea that people who take their own life are depressed, and if we can only reach them, we can prevent their death. Years of such initiatives have demonstrated their impotence, yet we continue to push the same idea.

During my watch, over a period of forty years, three people I was working with at the time – once as a social worker, twice as a psychotherapist – have died by their own hand. Two of them, one male, one female, were young, between 18 and 22. The third was a man in mid-life. They talk to me every day. Not accusingly, nor particularly benignly. They are simply there, they accompany me and are part of who I am. Sometimes they keep me awake, but not often, they are not malicious. Twice I have voluntarily given testimony in the Coroner’s court over matters related to suicides. These days I screen for depression and suicidal ideas at the merest hint. I also am, and always have been, prone to low mood and suicidal thinking. I know I am not alone among us in this. I believe, perhaps a bit desperately, that poignancy, empathy and creativity are connected with the ability to feel hopelessness, but it is a double-edged sword.

My great difficulty in all of this is that Océane was right. If we hesitate to label her – she was depressed, abandoned, abused, avoidantly attached – if we pause before using those paradigms, we may imagine that that one who is all of those things may see the world with a clarity that is impossible from a privileged, optimistic stance. She thought life was meaningless, mechanical, that people are careless of each other and self-seeking. Romance had been a brutal experience and she couldn't even get a parcel in the mail without it being stolen. My three companions would all agree with her. If there is a way to lower the suicide rate perhaps it is to reverse that, to give meaning to life, to seriously address the superficiality and violence in our society. But we will not do that.

We will not fund large-scale programmes to give our young people something to get high on apart from drugs, to give them some sense of meaning and identity. Our user-pays ideology makes the schools raise the money for that, ensuring that the richer areas give more to their kids, reliably passing on inequity to another generation.

We will not deal with alcohol and drug related harm, which is well within our reach, insisting that individual responsibility trumps collective responsibility and that profits from alcohol sales will take precedence over the mayhem visible in our emergency departments every Friday night. Business is good, so if people are getting hurt it is their fault or the fault of their families.

We will not take steps to protect vulnerable children, relying (the Privacy Commissioner's objection notwithstanding) on collecting data on families and applying algorithms generated by the mysterious Social Investment Agency (see later in this issue) to track children at risk, rather than creating the conditions in society that make children safer. The fault lies with the family, and we will not look beyond that to the conditions that put that family at

risk.

We will not build enough social housing to give vulnerable families a chance. We will make them compete in a housing market dominated by profit, pushing prices out of reach, ensuring greater wealth for the wealthy.

We will not deal with the gangs that proliferate under these conditions, drawing young people with no other source of meaning away from their struggling families, as the illegal drug trade thrives in the out-for-yourself culture that offers those vulnerable young few alternatives.

We will not use effective responses to crime, continuing to rely on deterrent at an individual level, and in particular filling up our prisons, and building more when they are full, the most ineffective means of preventing crime and the best way to train young criminals to become older criminals.

We will not do these things because our runaway capitalism has succeeded in bringing unemployment down and lowering taxes. We have been paid to tolerate these conditions with the most effective of conditioning tools – money. We will continue to give blood sacrifice to mammon. I wrote to Ms Ardern about this, hoping she would get elected, but I guess she was busy, so now I'm writing to you. Thanks for bearing with me.

In this issue, we look at the Ministry of Social Development's attempt to mine data about individuals in order to predict where and when children are at risk. There is a wealth of contributions from yourselves. I didn't even have to ask this time – you just sat down and wrote. Please keep doing it.

<https://flipboard.com/@flipboard/-the-first-social-media-suicide/f-c99fef1188%2Ftheguardian.com>



## President's Column

**Sheila Larsen**

Tena koutou, tena koutou, tena koutou katoa. Nga mihi mahana ki a koutou. Here we are in the middle of winter, but with the shortest day behind us, we can look forward to longer days that will hopefully get warmer soon.

Conference seems a long way behind us, but the spirit of renewal that was so evident there continues. The new Council met towards the end of July. We were pleased to welcome Lynne Holdem and Gabriela Mercado as new members to Council and also Victoria Smith who was co-opted to fill Sarah Robin's place. We were so sorry to lose Sarah, who had been a valuable member of Council, but Cuba Street, Wellington, where our meetings are held, with its recent earthquakes, was a step too far for her after her experiences in the Christchurch earthquakes. The new members of Council have taken their place at the table enthusiastically and have brought new energy and ideas. However, it is important that we hear from **all** our members, i.e. new members, members we have known for a long time, members through registration, members through ACP or He Ara Māori, retired members, members who don't usually come to meetings, and people in the process of becoming members. We want to hear about what you want from your Association. We can only know this if you tell us.

Many of the processes and functions of the Association are changing, and the reviews of our processes are happening at a

steady pace. I am heartened by this spirit of renewal; however, the reviews will not be completed quickly. Renewal doesn't happen by magic.

As you will all know by now, the review of supervision has resulted in some changes. Regional supervisors' groups have been disbanded, as the responsibilities of these groups changed with registration. However, we expect that those members who do supervision (other than ACP supervision) will still want to meet in interest groups to discuss, share and learn about supervision. This is something that Council heartily supports, as it contributes so much to our professional life and the life of our organisation.

Of course, there are still supervisors of ACP candidates, and it remains a requirement that Training Supervisors of ACP candidates continue to meet in a group to discuss candidates progress. One development might be the formation of a national Training Supervisors' Group who meet online and at Conferences to discuss their work. This might be particularly important for those supervisors in regions with fewer members and therefore less support. The ACP Committee is looking for feedback from Training Supervisors on this possibility. ACP supervisors are each still responsible to the national ACP Committee and it is important that any supervisor taking on an ACP candidate is aware of the requirement to meet with peers in this way. The membership of any group supervising the ACP change from time to time as new candidates begin and other candidates graduate or drop out.

A comprehensive and detailed review of Conference and Professional Development has been presented to Council and is being discussed. We are hoping to be able to finalise this review soon and will give you more information after our next meeting. We are very appreciative of our members who have given so generously of their time and energy to this work. However, we

must all pull our weight and mustn't leave all the work up to these hardworking members.

Gerald and I have been down to Dunedin to attend one of their branch meetings and had good discussions with them. This month on the 10<sup>th</sup>, I will be visiting the Auckland branch to talk with the membership there. The Christchurch branch is also experiencing a spirit of renewal and have made some changes to the venue and structure of the meetings.

With elections coming up, I hope you are all looking at the health policies of all the political parties, in particular the policies around mental health. We need to make the politicians much more aware of the importance of mental health. This is relevant in all areas of in general health, as well as in social welfare, justice and the education systems. I have spoken with the health spokespeople for each political party, but we need to lobby our local MP's as well.

There have been some important and lively but sensitive discussions on Connect to do with suicidality, biculturalism, and transgender sexuality. This has brought a level of participation in group conversations that I haven't seen for a long time and I have been impressed with how members have been able to express opposing ideas professionally and without rancour. Somehow people have seemed more able to open up and speak about things that are really difficult and often unspoken. Thank you to all of you who have been brave enough to allow yourselves to be open and vulnerable in expressing your thoughts and uncertainties. Remember that this conversation can also happen in the Newsletter. Joining in is how you make the Association yours – a professional home where you can belong. Come along too, to the various gatherings and join in the conversation about how we move into the future.



Ma pango ma whero ka oti te emaki. If we all pull together the job will be done.

Council is making a concerted effort to update and enliven our website. There have been a number of criticisms lately and we are taking them seriously. To that end Gabriela Mercado will be working with Nikky Winchester to research our options.

In the meantime, please would you notify Nikky if you come across out of date information or links that no longer work. We want to have a vibrant up-to-date website and can only know about faults in the system if someone tells us.



### **The Council of NZAP**

Left to right: Alayne Hall, Geraldine Lakeland, Stephanie Forde, Sue Jones (Hon. Sec.), Nikky Winchester (Exec. Officer), Sheila Larsen (President), Gerald McLaurin, Lynne Holdem, Wiremu Woodward, Gabriela Mercado



## From the Council Table

**Sue Jones**

**Honorary Secretary**

Council met in Wellington over a wet and windy weekend in July. Unfortunately, inclement weather in Dunedin prevented Marian Vlaar from attending. Marian's wise and experienced presence was missed. We are grateful that Marian has agreed to be a co-opted member of Council, as the position of Honorary Treasurer is currently still vacant. Please give this your urgent attention.

It was with sadness that we accepted Sarah Robins' resignation from Council. Thank you for your work Sarah. You are missed.

We are delighted to welcome Gabriela Mercado, Lynne Holdem and Victoria Smith to our Council table. Gabriela and Lynne were elected to join Council at our recent AGM. Victoria has been recently co-opted. Lynne takes on the large 'Public Issues' portfolio, Victoria continues in her role as our liaison with ACC, and Gabriela has offered to assist NZAP in promoting our work via the website and social media. We are grateful for the energy and enthusiasm that each brings to their work as our representatives.

The following bullet points summarise the main issues that were discussed around the July Council table. These have previously been circulated via the branch convenors.

- Victoria Smith (Sensitive Claims Advisory Group) is asking NZAP members who work with ACC and Sensitive Claims as service providers to exert a bit of pressure on ACC by adding their voice to Victoria's concern around the privacy of client reports. ACC send out encrypted reports to service providers but ACC aren't yet able to receive encrypted or password protected reports from providers. ACC are aware of this potential lapse in confidentiality but to date aren't giving the issue much priority.
- NZAP Council is proud to be associated with the 10 year anniversary of Waka Oranga as our Treaty partner. We are also excited and proud to be associated with the growth of the He Ara Māori (HAM) ACP pathway. We remind members that the HAM pathway is open to all cultures and all potential members.  
We encourage members to attend the Poutama Series.  
<http://nzap.org.nz/event/waka-oranga-poutama-pur-uira-healing-haka-activate-your-potential-26-august-2017/>
- Planning for the 2018 Dunedin Conference is well underway: <http://nzap.org.nz/2018-conference/>
- The very detailed and comprehensive report from the Conference and Professional Development Review Committee has been tabled. Final decisions regarding its recommendations will be made at the October Council meeting. We are interested in pursuing one of the recommendations, namely that NZAP investigates a six year trial for holding biannual conferences. It is anticipated that a professional development opportunity would be offered on alternative years.
- Gabriela Mercado will hold the ongoing Project Partnership review process.
- URGENT. The position of Honorary Treasurer is still vacant. How will we as NZAP fill this role? We welcome your thoughts, ideas and nominations. Please contact

Marian Vlaar or any Council member:

[marian.vlaar@ihug.co.nz](mailto:marian.vlaar@ihug.co.nz)

- Council acknowledges and appreciates the large volume of voluntary work undertaken from time to time by NZAP members. How do we as an Association realistically recognise and value this work? We proposed that a Committee be set up to review the issue of remuneration for (voluntary) work done for the Association.
- Council agreed to an update of the Complaints Guidelines. Susan Hawthorne and Stephanie Forde have further developed the description of the role of the Complaints Assessment Committee.
- We want to keep our website current, fresh and vital. We thank all members who sent in their feedback, and we would like to encourage those who haven't given us your ideas to send them to Nikky Winchester who is collating suggestions and opinions. Please email Nikky on [executive-officer@nzap.org.nz](mailto:executive-officer@nzap.org.nz)
- Council is excited to accept Gabriela Mercado's offer to set up an NZAP Facebook page. Nikky Winchester and Lynne Holdem will be co-administrators. This will be set up after our website is updated.
- Roy Bowden is in the process of writing a book on the history of NZAP. Council has agreed to contribute financially to this project. We look forward to the publication.
- Nikky Winchester has written a comprehensive and well-researched document "Recommendations for Committee members". This document is on the website at <http://nzap.org.nz/about/council-and-committee-roles/>
- Council reminds Committees and Convenors that all members of Committees need to be members of NZAP for their work to be covered by our insurer.

- With the death of our Life Member Basil James, NZAP currently has 2 vacancies for Honorary Life Membership.

And finally, I want to thank those NZAP members who continue to volunteer their time, energy and skills for the benefit of our Association.

***Editor's note:***

Council was asked to provide a copy of the report of the Conference and Professional Development Review Committee so that it could be published or summarised in this issue of the Newsletter. Council delayed releasing the report as it had been passed to Waka Oranga for comment. It was suggested that it could be released after the next Council meeting in October. However, it seems that Council will be making a decision based on the report at the October meeting.

This Editor's wish was to allow the membership to read the report, or at least a summary, and, if permitted, Waka Oranga's response, before a decision was made. Reports from Committees, in fact all NZAP proceedings not covered by privacy legislation, are the property of the membership. Should a member wish, they are entitled to attend any meeting of any committee, including Council, in part or in whole, and have access to any associated documentation. Council procedures are not confidential unless they explicitly declare it so, usually by 'going into committee', which did not happen in this case.

In this instance, a basic function of the organisation – the structure and frequency of our Conferences – is under scrutiny, so it is important that membership have as much access to the decision making process as possible. It could be argued that the report in question is the result of consultation, and that the membership have had their say. However, members only know what *their* feedback was. They do not have access to the ideas of others, nor to how the results were summarised. The Editor's sincere hope is that this documentation can be published, giving the membership time to digest and discuss the issues *before* a decision is made.

# Website project

**Gabriela Mercado**



Dear colleagues, it is time to give our website a make over.

Council is now looking for your comments and suggestions, if you have not expressed them yet.

Some things to think about: what would you like to see on your website? What do you use it for? What would you like to use it for? Is there anything you would like to see more of or less of on our website? Is there anything else you

would like to comment on?

Please feel free to email me on [gabriela@orcon.net.nz](mailto:gabriela@orcon.net.nz) before 18 October. All feedback will be welcomed.

# Welcome to new members

## **Congratulations and welcome to the following Full Members**

Marianna Ackerman, Wellington  
Pautia Crowe, Auckland  
Natalie Franklin, Cromwell  
Wayne Frecklington, Auckland  
Bogusia Greenwood, Auckland  
Sara Hamilton, Auckland  
Anne Holleron, Wellington  
Brian Hunt, Wellington  
Leigh-Anne Pukeroa, Auckland

## **Welcome to the following new Provisional Members**

Andrea Bentley, Auckland  
Jo Blakemore, Christchurch  
Trisha Cassidy, Auckland  
Alex Gosteva, Christchurch  
Paul Pringle, Wellington

## **Welcome to the following new Student Members**

Anne Burgess, Wellington  
Suryagita (Juliet) Cox, Wellington  
Lorena Guller-Frers, Hamilton  
Nick Joseph, Auckland  
Susan Rawlins, Wellington  
Avrael Semple, Christchurch  
Kathy Stuart, Wellington  
Carmen Teernstra, Auckland  
Karaitiaka Tickell, Christchurch  
Jackie White, Hamilton

## ACP Committee

<b>Dates for Assessment Interview</b>	<b>Notify Executive Officer by</b>
14 <sup>th</sup> October 2017	19 <sup>th</sup> August 2017
24 <sup>th</sup> March 2018	26 <sup>th</sup> January 2018

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.

<b>Dates for submission of written work</b>	<b>Notify Executive Officer by</b>
1 <sup>st</sup> April 2018	2 <sup>nd</sup> February 2018
1 <sup>st</sup> August 2018	6 <sup>th</sup> June 2018

**Also, please note:**

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



## Notices

### The Newsletter – Advertising Rates

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

### PBANZ in Dunedin to Coincide with Conference

The Psychotherapists Board (PBANZ) have decided to hold their first 2018 meeting in Dunedin to coincide with the conference. There will be an opportunity for members to meet with the Board for up to two hours on Sunday 18 March 2018, after the conference is finished. The exact time will be confirmed, but if you plan to be at the conference, please consider delaying your departure and attending this meeting.

# **Massive data collection proposed by MSD**

**Editor**

On April 6 2018, Fairfax News reported that the Privacy Commissioner, John Edwards, described plans by the Ministry of Social Development to collect individual level data on people seeking services funded by MSD as ‘excessive and unnecessary’. At the same time the Minister for Social Development, Anne Tolley, had approved a new IT system capable of managing the enormous amount of data that would be collected. MSD had commissioned the University of Auckland to develop algorithms to predict where vulnerable children might be at risk of coming to harm, and had created a new government department, the Social Investment Agency (SIA), a small ‘number crunching’ unit, according to its website, which would manage this data.

The project is on hold while its protocols are reviewed in the light of the Privacy Commissioner’s decision, but the machinery is all there ready to push ahead. The idea was that NGOs who spend government money to deliver services would, as a condition of that funding, collect individual-level data – instead of the summaries of activity usually required for reasonable oversight of spending – and would deliver that data to MSD, who would pass it to the mysterious SIA for analysis, using Predictive Risk Modelling (PRM), a controversial statistical approach, in order to predict child vulnerability. This would result in a large government database relating to a large number of people. Services delivered to people who would not supply information would result in funding being withdrawn from that service.

A month earlier, Women’s Refuge had blown the whistle, resulting in meetings with Anne Tolley and John Edwards. News

of plans by government for this level of data collection has drawn comment from many social service sectors. The Editor contacted the Social Investment Agency and discovered that it was set up as a stand-alone agency in July 2017 – three months after the Privacy Commissioner put a temporary halt to the data collection scheme. Prior to that it was the Social Investment Unit, a section of MSD. Its funding does not come through another major department, though it is ‘hosted’ within the State Services Commission. It reports directly to Hon. Amy Adams, Minister for Courts, Justice, Social Housing and Social Investment, and Associate Minister for Finance.

PRM is an approach adopted by large companies to estimate where risks lie. It is also used by the aviation industry. Its applicability to social risk was explored in an MSD paper<sup>1</sup> which looks at the feasibility of using “benefit, care and protection, Corrections, birth and death registration, and Ministry of Health administrative systems” (p.4). Individuals are identified across data from several social agencies and courts, and risk of maltreatment is predicted at birth. The feasibility study suggests the model performs well, though the rate of false positives – cases which would have been referred but the risk was low – is high at almost 70%. There is a particular emphasis on Māori. The model seems designed to replace clinical judgement – one of the conclusions is that “actuarial assessment tools based on empirical evidence are *more accurate than human decision making*” (p.5 – my italics). One of the references provided to the Editor is a scheme in Pittsburgh where 100 variables are used to screen calls relating to child abuse, creating a 20 point scale to assist decision making<sup>2</sup>. This seems a useful tool, but is a long way from the data collection proposed by MSD in this country. Another reference leads to a report from the Children’s Data Network at the University of Southern California. Like the Pittsburgh project it suggests that “PRM has the potential to generate information critical to accurately screening allegations of abuse or neglect”<sup>3</sup>.

It would seem from this data supplied by the SIA that our government is planning to go far beyond anything anyone else has done, collecting masses of data on individuals, requiring a seriously revamped IT system.

Below, the proposal is critiqued by Dianne Hendey, registered psychologist and psychotherapist, followed by responses from NZAP and PBANZ.

1 *“The feasibility of using predictive risk modelling to identify new-born children who are high priority for preventive services”*, Ministry of Social Development, 2 February 2014.

2 Pittsburgh Post Gazette, 9 April 2017.

3 *“Workgroup Convened to Explore the Use of Predictive Risk Modeling for Child Abuse Prevention in California”*, Children’s Data Network, University of Southern California, 6 June 2017.

## **Social investment: The biggest experimental social research ever undertaken in New Zealand history?**

**Dianne Hendey**

**Registered Psychologist and Psychotherapist**

### **Personal position**

I support the reduction of child maltreatment. I agree with collecting data to assess the impact of interventions. However, I am extremely concerned about the ethics of collecting Individual Client Level Data (ICLD) for use in individual tracking, as intended by the Ministry of Social Development (MSD). My work is not funded by MSD.

The government intentions around social investment and data matching are not that well known by the general public. I became aware of MSD's application of these theories to the funding of NGO activities quite by accident.

The role of MSD is to 'help New Zealanders to help themselves to be safe, strong and independent'. It also aims to reduce welfare liability. Some of its functions are oppositional: distribution of benefits; minimising benefit fraud, working to support families and children; applying statutory sanctions. Understandably there is some misgiving about its intention to collect individual-level data, to match data and to track individuals.

I understand the logic of social investment and data matching (in this case for Predictive Risk Modelling). I don't comprehend the lack of concern about the far-reaching implications for all New Zealanders of implementing these concepts. It's easy to say 'its too hard' or 'it doesn't affect me'. But, if I apply to myself the implications of the New Zealand Government requiring my individual-level data for the purposes of data matching across sectors I would have no privacy at all. These are complex ideas. How will those who are the most vulnerable in our society understand their implications or resist the impact on their lives?

## **Background**

MSD commissioned Auckland University to develop a Predictive Risk Model (PRM) algorithm using retrospective de-identified 'administrative'<sup>1</sup> linked data sets from MSD (Work and Income and Child, Youth and Family) to determine the factors that can best discriminate which benefit spells when a child's family are supported by the state, are high risk and which are not. The report describes a single-shot automated variable selection stepwise method.

The 2012 Vulnerable Children report recommended inclusion, in future, of:

- Place of residence of the household with neighbourhood variables derived from census;
- Data from health records, police records and school records.

A review was undertaken in 2013 to determine the ethical risks of implementing the PRM. It raised concerns about whether ‘Privacy Statements’ in current social welfare and similar documentation could be considered informed and voluntary consent. It concluded public good outweighed the right of individual privacy and any ethical risks could be managed. MSD alerted social sector providers (NGOs) that from 1 July 2017, the provision of ICLD to MSD was to be a condition of funding contracts. Social sector providers were required to provide personal client information (name, date of birth, primary ethnicity, iwi, gender, geographic area and dependants’ names and dates of birth) in order to receive funding. NGOs raised their concerns.

The Privacy Commissioner inquiry in April 2017 said “It is fundamental to people’s right to privacy that, when providing information about themselves, individuals know why the information is being collected and what is it going to be used for. Through this inquiry NGOs have reported that MSD has not clearly articulated its purpose for collecting ICLD. I share that experience.”

His report concluded “that the ICLD policy, as implemented, is inconsistent with the principles of the Privacy Act and should therefore be amended.” It recommended:

- Less infringement of personal privacy;
- Information collection should not deter people from receiving help;
- There should be specific reasons for collecting, using, holding and disclosing information and that the information

- collected is necessary for these purposes;
- Robust security measures.

Two near-privacy breaches by MSD were reported in April 2017. Ministers delayed the mandatory requirement for ICLD from NGOs until 2018.

Gluckman (May 2017) describes social investment as the use of individual-level data and citizen-based analytics to inform social policy development and implementation.

Gluckman (July 2017, *Enhancing Evidence Informed Policy Making paper*) states New Zealand is in the forefront of considering using Big Data from “administrative, census and service databases, combining these with domain expertise from the social sciences (e.g. public health, education, or social-psychology for instance) to analyse the data based on what the research tells us about the issue. Departments may also need access to data for ensuring service delivery coordination between agencies (e.g. in the case of family violence) or for compliance reasons (e.g. looking for benefit fraud).”

### **The science**

The PRM process used in *The Vulnerable Children Report* (2012) was not sufficiently stringent. My advice is that single-shot automated variable selection stepwise methods are considered ‘unwise’. The use of stepwise regression under any circumstances is not recommended, due to known capitalisation on chance/non-replicability of these kinds of models.

*The Vulnerable Children Report* assumes intervention will prevent maltreatment of children who are identified as at risk. It and the ethics review refer to an intervention called Nurse Family Partnership Programme that they state reduced the risk of child maltreatment by 25%. But its impact on substantiated

maltreatment reports was tested at one site only.

## **Ethics**

As a psychologist and psychotherapist I am bound by codes of ethical conduct.

I have a responsibility to recognise and promote people's rights to privacy and confidentiality. And I also have a duty to disclose real threats to the safety of individuals and the public. However the PRM has a very high level (63%) of false positives<sup>2</sup> – those identified as at risk who have committed no wrong and most of them will not go on to do so. **This is different from our duty to disclose real threats, and it is outside the Universal Declaration of Human Rights article 11 which states people are deemed innocent until proven guilty.**

I am required to only collect information that is relevant to the purpose for which consent has been contained. The MSD mandate for data in return for help poses ethical dilemmas. It is coercive. Psychologists and psychotherapists face conflicts of interest that threaten our integrity and our relationships with clients.

I have responsibility to take action when I become aware of unethical behaviour. The Vulnerable Children PRM risks discriminating against solo parents (predominately women), tangata whenua and ethnic minorities.

The Vulnerable Children PRM appears somewhat experimental.

- “If PRM did allow the early identification of vulnerable children, and if effective interventions were available, and if such identification allowed for the more effective allocation of preventative resources, then the potential benefits of the Vulnerable Children PRM would be considerable and of obvious moral value. ... The tool then, would call for intervention (of a sort yet to be determined).”



- “Currently no jurisdictions actively use or have used PRMs in child protection.”
- “New Zealand’s ‘social investment’ approach is at the cutting-edge of applying citizen-based analytics for social policy development.”
- The mandate for ICLD began before evidence-based effective intervention(s) were identified.

## **Conclusion**

If the Vulnerable Children PRM and its requirement for ICLD is implemented it will be the biggest experimental social research ever undertaken in New Zealand history. It could be conceived as a modern form of colonisation of the most vulnerable in our society, its implications are minimised by calling the source information ‘administrative’ data. There is an assumption that something as complex as child maltreatment can be reduced to and identified by a mathematical formula.

## **Recommendations**

1. MSD recognises the Vulnerable Children PRM is a social experiment involving human research, identifies an independent ethical body to which it is accountable, ensures the research meets exacting ethics guidelines and has scrupulous standards of research design at every stage. This includes informed consent, making explicit the purpose of collecting the data and the boundaries of its use of data. It should pay meticulous attention to community consultation and engagement.
2. MSD Contracts of Service specify MSD’s legally binding obligations and accountabilities with regard to its use of client information.

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## Footnotes:

<sup>1</sup> Vaithianathan et al, 2012 Vulnerable Children: Can Administrative Data Be Used to Identify Children at Risk of Adverse Outcomes? Administrative Data p.10-11:

### **Children are included in the analysis where:**

1. The child is identified with a family that has had a benefit spell begin between the child's birth and 2nd birthday (pre-birth pregnancy-related spells are also included where these are able to be identified because the caregiver received Sickness Benefit for reason of pregnancy);
2. The child is born between January 2003 and June 2006

(this allows all children to have reached the age of 5 by the time the sample period ends).

**We develop an algorithm suitable for use at the start or change of every benefit spell, in particular where:**

1. Sickness Benefit related to pregnancy is made; or
2. A child is newly included in benefit or re-included in benefit after a period not supported by the benefit system; or
3. Within a spell of continuous inclusion, there is a change in (i) benefit type or (ii) caregiver(s) (e.g., partner newly included in the benefit of a formerly single client, or the child moves from one benefit caregiver to another).

**Potential predictor variables which are in the data include the following:**

- 1 Care and protection and benefit history of the subject child (e.g., indicators of findings of abuse or neglect, child protection notifications, investigations, Family Group Conferences, Child, Youth and Family Assessments, court orders; proportion of time on a benefit).
- 2 Care and protection histories of other children in the family at the start of spell and other children included in benefit with the subject child's caregivers in the past.
- 3 Characteristics of caregivers at start of spell (e.g., gender, age, school or post-school qualifications).
- 4 Characteristics of family at start of spell (e.g., single vs. dual caregivers, number of younger and older children, birth intervals to next youngest and oldest child, multiple-birth children, age of caregivers when oldest child and subject child were born).
- 5 Care and protection and benefit histories of the subject child's caregivers before age 16, and caregivers' benefit histories in adulthood.

<sup>2</sup> Dare, 2013, p.15, 21, 44.

# **NZAP response to MSD data collection**

**A submission from Lynne Holdem, Public Issues  
To The Office of the Privacy Commissioner**

## **Purpose**

This submission presents the key concerns for psychotherapists around MSD funding being conditional on provision of Individual Level Client Data.

Our concerns, outlined further in this paper, relate to:

- The science
- Psychotherapy Code of Ethics
- Lack of consultation

## **Background**

We understand from ComVoice that the Government is actively increasing the amount of data it collects in order to inform its social investment approach.

We understand from the Privacy Commission survey that in 2016 the Ministry of Social Development (MSD) began asking NGOs for 'Individual Client-Level Data as a condition of funding. This means NGOs must provide personal client information (name, date of birth, primary ethnicity, iwi, gender, geographic area and dependants' names and dates of birth) or they will not be funded for that client. MSD has also advised that this contract requirement will apply to all providers from 1 July 2017.

We are concerned about the lack of collaborative planning in developing appropriate mechanisms for collection and

transmission of data by providers, and the protocols for analysis, storage and use of the data within MSD that MSD will need to include in its contracts.

## **Concerns**

Our concerns are about risks to New Zealand society as a whole, risks for our members, harm for the most vulnerable members of society and damage to the credibility of MSD.

## **The science**

Psychotherapists support the collection of data to assess outcomes of publically funded programmes. However, we are extremely concerned about the ethics of collecting identifiable client data for use in individual tracking, as intended by MSD.

There is a lack of detail about how this level of data will contribute to MSD's understanding of the effectiveness of the various services and programmes it funds. We are unclear about who benefits from these analyses.

Our science and research advice is that Data-Matching would be a hugely complex task requiring large numbers of cases for analysis because of the different mixes of interventions per case and intervention durations, let alone case-specific details such as age, gender, initial intervention, and geographic area. So, no simple outcome evaluation is possible – this is a ‘big data’ research area that requires real thought as to what gets analysed, how, and to answer what kinds of question. Causal links between an input and an outcome are unlikely.

It's difficult to do ‘intervention trajectory/outcome analysis’ work, without being able to track individuals over time and over

suppliers, especially if looking at combinations of ‘interventions’ and outcomes. That means a person has to be identified.

BUT the people doing the analysis need not know who the cases are. Rather, using a new case or client ID assigned to each case associated with MSD, the necessary ‘analytical data’ could be siphoned off via case ID alone to the predictive analytics/analysis team or people. MSD ‘records’ would be associated with each case ID – but that link between name and case ID is never revealed except to those who ‘need to know’. The analytics people do not ‘need to know’. Their analyses will be based upon statistical analysis of data that will not require personally identifying information as part of their analyses. They can even work at case level if needs be, but for pattern-recognition/profiling/case-categorization purposes.

If analysis of case-level data requires personally identifying information, then such an analysis is going beyond mere data description/pattern recognition/outcome evaluation purposes and heading into supplier x case outcome-evaluation domains or some other case-specific evaluation for purposes beyond general policy information/feedback.

The purpose for which MSD requires this information is unclear. It is not known how MSD will protect individuals’ privacy. Nor is it known whether the individual in agreeing to provide his or her information in return for receiving a service means the agreement is life long or as long as the service is provided. It is unclear how MSD will protect Individual Client-Level Data and who will have access to it. Nor is it known how long the data are to be held, whether they will be used backwards in time.

We consider both parties have obligations under a contract. The concerns outlined above must be addressed before the

requirement for Individual Client-Level Data is incorporated into contracts of service.

## **Psychotherapist standards of ethical conduct**

Psychotherapists undertake to keep client information confidential, unless the client is at risk to themselves, others or society in general. Even then, we must where possible receive informed consent to release information. We are required to avoid compromising our professional standards when these conflict with agencies and employers. We are specifically required to:

*Not disclose personal information obtained from an individual, family, whānau or community group without the informed consent of those who provided the information, except in circumstances of diminished capacity, children/young persons, urgent need, legal requirements and/or client or public safety. The consequences of informing significant others should always be specifically considered. . [PBANZ Ethical Standards]*

Those accessing support via social services providers are likely to be doing so because they cannot afford to pay for such services. They are likely to be the most vulnerable in our communities.

We consider the MSD proposal places our members in an untenable ethical position.

## **Lack of consultation**

We understand MSD has consulted service providers and some community groups. But MSD has not widely consulted so the Psychotherapists Board, the NZ Medical Council and the Psychologists Board were not aware of the matter. Neither NZAP nor NZPsS knew about this. We should have been consulted

because this proposal affects our members' ability to abide by our code of ethics. We wonder which other professional bodies were also not consulted. We wonder about the secrecy surrounding this matter.

## **Conclusion**

We consider MSD is exposing itself to significant risks by requiring individual level data as a condition of funding.

It also places members of professional bodies such as ours in an untenable position in relation to our code of ethics.

## **Recommendations**

- We recommend the concerns outlined above be addressed before the requirement for Individual Client-Level Data are incorporated into contracts of service.
- We recommend the purpose of collecting the data is made explicit and the boundaries of the data specified.
- We recommend protocols to manage the data and individuals' privacy are developed in consultation with service providers, service users and professional organisations.
- We recommend the contracts of service specify MSD legally binding obligations with regard to Individual Client-Level Data.
- We recommend no data are collected until these protocols are developed and contracts that incorporate MSD obligations are in place.



# **PBANZ response to MSD data collection**

## **From the Psychotherapists Board**

The Psychotherapists Board of Aotearoa New Zealand (Board) has been in correspondence with the New Zealand Association of Psychotherapists (NZAP) Council regarding the Ministry of Social Development's (MSD) funding requirements, along with the Privacy Commissioner's Inquiry Report.

*This correspondence stated that it was 'evident that the Commissioners report will require MSD to carefully consider any requirements related to the collection of individual client data for funded services. It is not yet clear how MSD will address the Commissioners report or if the requirements will be revisited. Based on this the Board would like to provide the following comment for New Zealand Association of Psychotherapists (NZAP) members:*

*The Board will monitor any developments related to the collection of individual client data in funded services and how any change(s) proposed by the Ministry of Social Development (MSD) will impact on the practice of a psychotherapist. The Board will then comment as appropriate.*


*Although the Board will be monitoring developments in this area Board members welcome any updates the Council receives on this issue'.*

Following this correspondence and a Wellington Branch of NZAP meeting the Board also contacted the Wellington Branch of NZAP (cc'ing the NZAP Council) to clarify that:

*The Board's purpose is to protect the health and safety of members of the public by providing mechanisms to ensure that psychotherapists are competent and fit to practice. As part of its statutory responsibility the Board has set Standards of Clinical Competence, Cultural Competence and Ethical Conduct. This means that the Board is concerned if practice standards are compromised by any agency's stipulations including the Ministry of Social Development. The Board will monitor any developments related to the collection of individual client data in funded services and how any change(s) proposed by the Ministry of Social Development (MSD) will impact on the practice of a psychotherapist. The Board will then comment as appropriate.*

*Although the Board will be monitoring developments in this area Board members welcome any updates the Council receives on this issue. The Board is open to further communication from practitioners, or from the public with concerns that competence and/or ethical practice is compromised by MSD data gathering requirements.*

(Italics in original)



# **‘I Feel Moved to Write ..’**

## **Graeme McCartney**

Tena koutou katoa

I feel moved to write about my experiences/thoughts on bicultural relationships after attending the last NZAP Conference, and also with regard to some of the recent comments on Connect.

I begin by reflecting on my profession as a psychotherapist. What is most incumbent on me as a psychotherapist? I believe it is that I endeavour, as much as I can, to understand my client and my client’s experiences.



In my experience, the opportunity for the greatest understanding, and by consequence, the opportunity for the greatest integration and healing, is often at the point of the greatest tension; perhaps where the transference is hottest.

In this context, as I write further, I refer to transference as being very relevant in context with whakapapa. I have been able to understand this in its wider context since reading Dr Alayne Hall’s “Trauma Has a Whakapapa”.

When I first became open (in 1997) to hearing of the systematic erosion of Māori identity and institutional racism I felt very shamed (whakamaa) and guilty. I also felt, blamed, defensive, fearful and at times enraged. When I see and hear what feels like a similar process around me now (for example, some recent

comments on Connect and what I have also witnessed at Conferences, in branch meetings, and Hui over the years) I do wonder about this in context with transference linked to the whakapapa of trauma and the deep feelings that are evoked in us all when we enter into bicultural dialogue.

I would suggest that perhaps, as individuals, if we all, regardless of our race, look far enough back through our own whakapapas we will all find, that throughout history we have all been both oppressor and oppressed at different times, and that unconsciously these dynamics within us are very much activated at the points of tension in our current bicultural discourses with each other. I think that this becomes unbearable for us all at times.

Perhaps an example of this is what I sometimes hear regarding Pakeha/Western psychotherapeutic paradigms, and Māori models of health and practice. This has felt to me like there is a deep fear that if we embrace more fully a Māori world view related to health and psychotherapeutic practice, that somehow our own practices and theoretical constructs will be diluted or lost. I wonder: is it possible that Pakeha might be feeling a complementary countertransference connected to how Māori have, and still do experience a systematic dilution of and loss of identity. Are we feeling how Māori have felt, and is this unbearable to us?

If this is so, then I suggest that what has been activated is also our own whakapapa of trauma relating to being both oppressed and oppressors, and that this is an unbearable feeling causing great whakamaa. In my experience whakamaa can often turn to rage which is more bearable, and I think, helps to dissociate from the whakamaa, and to foreclose on remaining in dialogue and in relation.

I suggest that the strands of our own whakapapas of trauma are

intertwined with similar strands of Māori whakapapa of trauma, and that we may, perhaps, be well entangled and fighting for space and room to breathe.

The process we are in of disentangling these strands and then strengthening our ties is, by its very nature fraught and difficult. Perhaps if the ties that bind us together are stronger than those that would tear us apart we may be freer to be both individuals and remain in relation.

As I reflect on the many strands of our unique and at the same time similar whakapapas and the ties we want and also don't want, I can't help but see this as an opportunity to learn from Māori.

What comes to mind in this context is the art of harakeke, weaving the warp and weft fibres of our individual whakapapa into a kete that can hold us all or a mat that we can all stand on. Perhaps I am being naïve or overly simplistic in this, I don't know. Perhaps this may be more about two mats or kete standing alongside each other as equal individuals, each complementing and enhancing the other. I think that this is the heart and spirit of Te Tiriti.


Like it or not we are tied together; not just with these strands, but as human beings as well in our similarities and our differences, and as treaty partners in Aotearoa

In my simplistic understanding of Te Tiriti o Waitangi, Māori believed that The Crown/Pakeha had agreed to respect, uphold, and protect Māori identity. I don't see much evidence that this has happened, or is happening anywhere near enough. I am mindful of the depth of feelings that have recently been voiced in some comments on Connect, and also at times in meetings or Hui regarding bicultural relationships. Is it possible that some of these

may be projections of unconscious processes that in actuality have little to do with bicultural relationships, but are strongly evoked by this very hot topic?

What has motivated me in part, to write this, is my recent experience of hearing Moana Jackson at the Nelson Conference. To my mind this was one of the most moving experiences I have witnessed of empowerment sensitively balanced with restraint, humility, and compassion. I felt deeply moved by Mr Jackson's experiences and words. I felt de-shamed and invited into a dialogue in which I could safely reflect on my whakapapa of trauma and Māori whakapapa of trauma. In knowing myself I know the other, and in knowing the other I know myself.

In finishing I am mindful of my references to unconscious process and, of course, I am mindful of what mine may be, and what gets evoked in me at the points of tension in our bi-cultural relationship, dialogue and identity. Given my oppressive and traumatic childhood, am I identifying with Māori experience of oppression and trauma? I would say that I am. As I reflect on my own historical racism and oppressive behaviours prior to 1997, am I motivated now by guilt and have I become an apologist? I am clearer here in saying, no, I don't think so. If I am guilt and apology driven then I am marginalising myself; if I am marginalised then I am disempowered. I feel empowered enough to say. I am pakeha and proud of this and, in the very same breath, I say that I acknowledge that my ancestors have committed a grievous wrong on the tangata whenua of Aotearoa, and there is a long way to go on the road of healing this deep trauma.

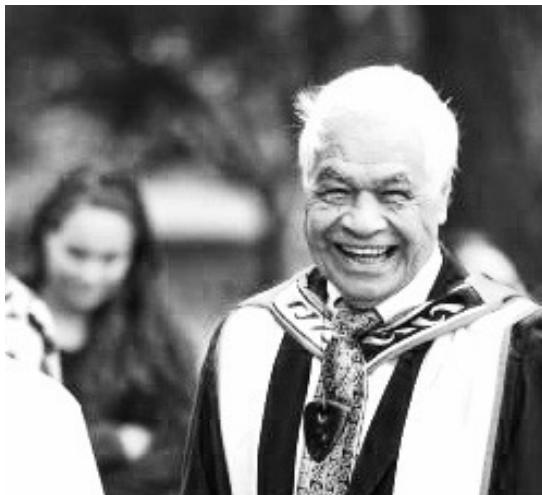


## Ohiwa Field of Wonder

### Dr Haare Williams

Sometimes, just now  
and then, the light of  
love from heaven  
sneaks through a  
crack in the thatch and  
washes over a  
newborn child.

For Arena and for me,  
it started with the  
heraldic prayers of tui  
across the  
street feeling the light  
in the still of darkness.



It's 4AM, a clear sky. It's Friday 10 March 2017. The ceremony at Te Noho Kotahitanga, Unitec Marae, so full so redolent in the merging of pageantry with ample amounts of gowns, korowai, karakia, whai korero, eulogies and whakataurangi that flowed seamlessly forever as speakers showed what a truly bicultural, bilingual ceremony look and sound like. Just sitting still for, I don't how long, as speeches rolled out was humbling.

Arena spoke on my behalf. My whanau of Te Aitanga-a-Mahaki and Tuhoe adding to the rituals. More speeches, levity in the wharekai at Hakari – here food was leavened with laughter and more songs. What followed was a long drive home to Te Karaka. At 4PM Arena insisted, "Gotta take you home, dad!" We arrived at Tapuihikitia Marae just before midnight. The front door was shut. Lights ablaze. As we stepped into Te Aroha there was a chorus from elders bowing and making jokes as we held each

other in hariru and hongī. “Hmm cuz, a doctor Yīihaa!” they chorused like a drilled haka. “Ok doc, can you fix my cold?” Another burst of laughter. Then they bowed and the children sang the lullaby ‘Po Po’, about a restless child growing up thirsting for the food of learning as the taonga of life.

At 2AM around the kitchen fire, I continued to regale my sleepy whanau episodes of my life’s journey. Next morning, I was asked to don the regalia and the funny hat for photos inside Te Aroha, our heart and home. Rangatahi and the kids asked about my ‘trajectory’ from modest beginnings at Ohiwa. “The best thing I ever did,” I told them, “was to return to school for a second year in fifth form that sent me to teachers college.” Saturday, after another hakari at midday, we left. But the best was to come. We stopped at Kutarere. It was raining. Have you heard of wet rain? Arena again got me into full regalia and stand on the front lawn of my old school, with the funny hat and all, for dripping photos with the splendour of a mist-shrouded harbour and the Hokianga Island. Here, I was looking at my field of dreams where it all started. Memories so vivid, too much to hold in. In the end it’s not the destination that but the journey that becomes the source of wonder.

TS Elliot gave me this taonga, “We shall not cease from our exploration And the end of all our exploring Will be to arrive where we started And know the place for the first time.”

Remember, no child was ever born to fail.

Tena koutou katoa for letting me hitch a ride on this my journey of wonder.



**Dunedin Psychotherapy Supervision Workshop**  
***Individual Psychodynamic Psychotherapy (Clinical Practice)***  
**Ms Eve Steel**

**Supervision**

Saturday 18 November 9.00 am – 4.00 pm

Sunday 19 November 9.00 am – 1.00 pm

Cost: \$300.00 (refreshments will be provided)



**Supervision focus**

The Ashburn Clinic weekend workshop in Dunedin is for psychodynamically oriented psychotherapy practitioners working in various settings. The workshop offers a reflective space for presenters of case material and participants to listen to what is shared in order to deepen our understanding of the patient and process.

**NB It is important that members of the workshop commit to coming for the whole time.**

**Supervision facilitator**

Eve Steel is a retired psychoanalyst and child psychotherapist. However, she still practices part-time as a supervisor and consultant. Eve trained in London at the Tavistock Centre where she was a senior member of staff and the British Psychoanalytic Society. She lives in Melbourne and was a Training Psychoanalyst of the Australian Psychoanalytic Society. Eve helped create the Masters in Psychoanalytic Studies at Monash University. Her clinical experience spans over 40 years.

For more information and enrolments, contact Annabel Millichamp (Quality Director, Ashburn Clinic): [annabelm@ashburn.co.nz](mailto:annabelm@ashburn.co.nz)



## ***Kia Piki Te Ora Kia Mārama Te Huarahi***

**When Health is Uplifted the Pathway is Brighter**

**A One Day Hauora Symposium for Health Professionals & Community Workers**

*Hosted by*

*Waka Oranga, National Collective of Māori Psychotherapy  
Practitioners and Auckland University of Technology*

**Speakers include: Moana Jackson**

**Prof. Tim McCreanor**

**Dr. Alayne Mikahere-Hall**

**Members of Te Runanga o Waka Oranga**

***Friday 10 November 2017***

***9.00am - 4.00pm***

**AUT South Campus  
MH Building Level 1  
640 Great South Road  
Manukau**

*Fee includes lunch, morning & afternoon teas  
see attached registration form for details*

**Full programme at: [www.nzap.org.nz/waka-oranga](http://www.nzap.org.nz/waka-oranga)  
email: [wakaoranga2007@gmail.com](mailto:wakaoranga2007@gmail.com)**



**Waka Oranga**  
*National Collective of Maori  
Psychotherapy Practitioners*

## ***Tekau Tau***

**Waka Oranga's Tenth Anniversary Celebration**  
**Nau mai Haere mai!**

**Saturday 11 November 2017 1pm - 11pm**

1pm - Powhiri, Whaiora Marae, 20 Otara Rd., Otara.

Whakahari Whakapotae: Acknowledging **Dr Haere Williams**

followed by an afternoon and evening programme:

- Reflecting on a ten year journey
- He Ara Māori advanced clinical pathway to membership
- Hopes & visions for the future.

Kai Hākari: An evening of dining & dancing until 11pm.

**Fee includes: pre-dinner drinks, hākari, live-band & marae accommodation**

**See attached registration form for details.**

**Sunday 12 November 2017 9.30am – 2.30pm**

Whaiora Marae, Otara.

This special two day event will conclude with our Hui-a-Tau/AGM.

**All welcome – a koha from non-members would be appreciated.**

Full programme at: **[www.nzap.org.nz/waka-oranga](http://www.nzap.org.nz/waka-oranga)**

email: **[wakaoranga2007@gmail.com](mailto:wakaoranga2007@gmail.com)**



Waka Oranga  
National Collective of  
Māori Psychotherapy Practitioners

## 10<sup>th</sup> Anniversary

### 10 - 12 November 2017

### REGISTRATION FORM

Day 1: **Kia Piki te Ora Kia Marama te Huarahi** - AUT South Campus Manukau  
Day 2: **Tekau Tau Celebration & Special Acknowledgements** - Whaiora Marae  
Day 3: **Waka Oranga Hui-a-Tau** (AGM all welcome) - Whaiora Marae, Otara

Name..... Email.....

Mobile..... Occupation.....

#### Which events will you attend?

10 November Symposium	yes / no
11 November Afternoon Celebration & Dinner/Dance	yes / no
12 November Waka Oranga Hui-a-Tau (optional)	yes / no

#### Cost:

Two Days: (Fri & Sat)	\$200 for non-members \$120 Waka Oranga & Associate Members Sunday AGM all welcome
One Day: (Fri or Sat)	\$120 for non-members \$80 Waka Oranga & Associate Members \$60 per whanau member (indicate number) Tamariki welcome. Sunday AGM all welcome

- ☐ I confirm that payment has been made:  
Direct Credit: Kiwibank 38-9008-0372141-00  
(Please add your name and print your own receipt)
- ☐ Or a cheque to Waka Oranga has been posted to:  
Treasurer, Waka Oranga, 115 Waerenga Road, Otaki, 5512

Full programme at: [www.nzap.org.nz/waka-oranga](http://www.nzap.org.nz/waka-oranga)  
or email: [wakaoranga2007@gmail.com](mailto:wakaoranga2007@gmail.com)

# On the dominance of analysis in NZAP: the lesser gods speak up

Mark Murphy

I feel knotty and boiling in my tummy; charged and tense in my hands as I sit at the computer and write these words. I see a way to let this energy flow and it is in expressing my views regarding certain norms (spoken and unspoken) within NZAP. I want to write about the way in which I find NZAP a restrictive place at times for me as a psychotherapist – in particular as a Gestalt therapist.



I am a therapist who takes my work seriously, who is passionate and reflective about what I do, but whose work, while deeply immersed in well established psychotherapeutic traditions, does not fit the analytic frame. By ‘analysis’ and ‘analytic frame’ I mean Freudian psychoanalysis primarily, and ‘Jungian analysis’ at a push, too (see the recent edition of Ata<sup>1</sup>). I also accept that there while there are probably very few ‘pure psychoanalysts’ practicing in New Zealand, the bulk of analytic influence comes through post-Freudian psychodynamic psychotherapy (which has the best claim to being the dominant professional culture of NZAP). For the sake of brevity, I take psychodynamic

psychotherapy to be a reformed outworking of basic analytic ideas and practices.

Let me be provocative: behind the dominance of psychodynamic psychotherapy lies *the myth of analysis*<sup>2</sup> – a kind of unconscious elitism which upholds the analytic tradition as the ultimate model and goal of psychotherapy; if only we could all eventually become analysts, if only we could all be reconverted back to the Truth, the Fold. While other psychotherapies are invited within the tent, ‘analysis’ is seen the ultimate criterion for psychotherapeutic excellence and truth in our profession. It is unsurprising in a way. Psychoanalysis, after all, is the Daddy – if not the Mamma – of us all.

*Analysis is best – the Zeus in our small pantheon. And psychotherapy in Aotearoa New Zealand is ultimately – hopefully – the practice of analysis.*

If that sounds too paranoid, try this on:

*When we say psychotherapy in NZAP we really mean ‘psychodynamic psychotherapy’. Basically it’s Freud, or maybe Jung at a push, staring back at us, but softened up with the flowers of attachment theory, self psychology, relational analysis, intersubjectivity etc.*

I know this is a caricature, but is there not some truth in it? And if so, how would it feel to be a non-analytic (existential, experiential, expressive, transpersonal, systemic, body-centred...) psychotherapist in Aotearoa New Zealand?

So why do I feel this way?

- My grudging sense that most key speakers at NZAP events (Conferences, workshops etc.) are almost always

analytically or psycho-dynamically oriented, or present on a variation of ‘early childhood trauma’.

- The diminishing presence of non-analytic training institutes. The activity of the Gestalt Institute of New Zealand, for example, has been paralyzed by a combination of government cut backs to private tertiary providers, and the (intentionally) onerous demands of the national qualification framework. Simultaneously, the presence of AUT School of Psychotherapy (which I assume to be mainly psychodynamically-oriented) is the major training place for new psychotherapists in Aotearoa New Zealand, and new members of NZAP.
- My nervousness in talking with my psychodynamic psychotherapy colleagues about personal disclosure, therapist visibility/more active therapeutic presence, movement, and touch in my work with clients.
- That kind of formal, silent, waiting-to-be-criticized-and-shamed-for-rocking-the-boat-feel I get at NZAP gatherings when I’m thinking “Gosh, this is so analytic ... should I speak up and say something?”
- How NZAP meetings at times can feel so different to Gestalt gatherings – less intimate, less real.
- That angry, sinking, come-on-other-psychotherapies-having-been-developing-these-ideas-for-years-can’t-you-at-least-acknowledge-that! feeling I get when analytic/psychodynamic psychotherapists and guest presenters speak of working with felt bodily experience, ‘presence’, ‘the present moment’, ‘the authentic relationship’, ‘spontaneity’ etc. in psychotherapy ... as if these are all new ideas!
- The recent *Ata* edition “Psychoanalytic Psychotherapy in Aotearoa New Zealand”; will there be an upcoming edition on “Non-Analytic Psychotherapy in Aotearoa New Zealand”?

- In that same edition of *Ata*, Mark Thorpe's incorrect description of our professional field: "in Aotearoa New Zealand, counsellors adopt a humanistic approach, [and] psychotherapists are psychodynamic..."<sup>3</sup>

What professional issues might a non-analytic psychotherapist feel too nervous to speak up about within an NZAP setting? Let me offer a little more detail (and substance) now. Stay with me a bit longer as I outline two areas that are specific and personal, and feel risky to talk about in an NZAP setting.

### **The restriction of sensuous being: psyche is more than just the verbal and the visual**

I like Jung. He was such a courageous, creative force. He gave the soul back its dignity and expansiveness. He was interested in his own presence and myth, discovered these to be crucial to the therapeutic process, and allowed himself to become known and affected by clients. Both humanistic and depth-psychological, it is unfortunate that Jung has been largely ignored by Gestalt therapists, who have been better at integrating Freudian and post-Freudian concepts and research (e.g. super ego, ego and id functioning, attachment, self objects, resistance/defences/character structure, dynamic formulation). This is a great shame for many reasons, one being that Gestalt therapy (and its other *expressive* therapy cousins, such as psychodrama) are often meeting and supporting *the soul at work in the world*<sup>4</sup> – the creative, mythic, myth-weaving psyche – of which Jung was such a pioneer, connoisseur, and guide.

And yet when I read Jung – and Jungians such as Chris Milton – I get stuck on their definition of psyche, and subsequently of what analysis or therapy should be:

*The psyche consists essentially of images ... a "picturing" of vital activities. And just as the material of the body that*



*is ready for life has need of the psyche in order to be capable of life, so the psyche presupposes the living body in order that its images may live. (Carl Jung, 1926)*<sup>5</sup>

*In Jungian analysis the analyst notices the resistances, the transference/countertransference eruptions and **out-picturings** of psychological life... (Chris Milton, 2016, emphasis mine)*<sup>6</sup>

*Kalsched formulated ... analysis [as] conducted with one metaphoric eye closed “focused on the inner world of dreams and the mythopoetic images of imagination, and one eye open, focused outwardly”... (Donald Kalsched, 2013, cited in Milton, 2017)*<sup>7</sup>

Whereas Freud made psyche essentially *sexual* (and the process of analysis/‘the talking cure’ to be a largely *auditory* and *verbal* one), and most post-Freudian psychodynamic psychotherapy, while reproducing the verbal focus, makes psyche essentially a product of attachment experience (‘relational’), Jung makes the content and process of psyche, and it sounds funny to say this (but it is true), fundamentally *visual* or *visualizing*<sup>8</sup>. Soul becomes all about images, pictures, what we see or don’t see. So what? Imagery is an immensely rich reservoir of psychic life (just think of the word ‘imagination’). Well, it’s about what gets privileged and what gets silenced or forgotten – what, unconsciously or otherwise, becomes the dominant discourse and sets the terms for what we should look for and respond to in our work.

William Blake was more inclusive (and radical) than Jung when he said:

*Man [sic] has no Body distinct from his Soul; for that call’d Body is a portion of Soul discern’d by the five Senses, the chief inlets of Soul in this age.*<sup>9</sup>

Note he says *the senses* (plural) – all five of them, or twenty five of them (however you wish to delineate our total experience). This means if we are only paying attention (or paying more attention) to just one of our many sensory domains (‘the chief inlets of Soul’) – say, the inner images a client or therapist sees/envisions, or the words a client or therapist hears and speaks – we miss all the other ways in which psyche is alive and happening inside us, all around us, and in our work with clients. And this is precisely why we need to allow movement, sound, and touch (even touch!) – the psychotherapeutic experience and study of sensuous being and meaning-making – a greater place on the NZAP *paepae*, and why we need to actively wonder why non-analytic psychotherapists (including bodyworkers) and viewpoints are not being more represented and heard. What fears and powers and prohibitions keep them out?

### **The restriction of psyche-in-action (restriction of the moving self)**

*Never trust a god who does not dance.* (Friedrich Nietzsche, *Thus Spoke Zarathustra*, 1883)

Much psychotherapy happens through inaction. We come into the therapist’s room and sit down (or lie down). We mainly keep still throughout the session – gross motor action, at least, is unsupported/discouraged/repressed. For fifty minutes our self becomes largely immobilized. This is a reduction of our usual lived experience, but it is claimed there is therapeutic sense in this: in the context of a containment that both intensifies and holds the process of becoming aware, ‘beta elements’/the unconscious gets stirred. We begin to bubble. Therapeutic material emerges etc. But is this really true?

I have a sand tray in the corner of my room, beside my couch. Most of the people I see as clients don’t actually use it for

creative work with small figures – instead, at some stage in the session, almost everyone puts their hands or hand in the sand tray and just trails them spontaneously through the flowing cool grains as they listen, reflect, relax, open up. This touch and movement clearly supports both a relaxing of their conscious self and a warming up of their deeper psyche. In analytic terms, movement can assist – rather than block or distract from – the process of ‘free association’ (or ‘sudden irruption’)<sup>10</sup>.

If this is true for ‘micro-movements’ such as touching and stroking sand, what about the potential for larger movement in facilitating reverie, awareness, self-support, and change? As most group workers in expressive therapies will know, standing up, walking, twirling, gently rocking, stomping, dancing etc., often warms us up and allows deeper material to emerge. This material may be subsequently explored more effectively while sitting or lying down. Or not: there are some places in our soul we only seem to be able to access through movement<sup>11</sup>.

I recall an experience in my own therapy when I needed to stand up, move, then sit down as I was sitting in the dream that we were exploring that session (right at the back row of the church, almost at the exit door), and then let that kinaesthetic experience interpret my dream. I couldn’t have got there with the same *clarity*, *vividness*, *liveliness*, and *impact* (qualities that characterize *transformative awareness* in the Gestalt tradition – *the healing figure* or *therapeutic gestalt*) if I’d thought about it in my imagination (with my eyes), or spoken it through with my therapist through our eyes, mouth, and ears, or even drawn it onto the sand or paper. I needed to get up and move.

When I was recently sitting back to back on the floor with a client, a young man who was actively confronting his phobia of talking and applying for jobs on the phone, after the call ended and we went back to our usual seats, I was interested in what he

had experienced. He was ‘elated’ now. The phone call had gone smoothly; much different to normal (he got the job!). Was it useful sitting/touching in this way? It was. I had hoped that feeling the physical presence of another warm back against his might feel safely, strongly grounding, and enable him to take the next step. That turned out to be the case, but what he drew my attention to were the moments where I had wriggled my back against his. “That movement broke my tunnel of fear”, he said. What a beautiful metaphor for fear: a tunnel, a fixed gaze that shuts out other awareness, that was disrupted in this moment by a wriggling back.


What would I like from NZAP, if not the dominance of analysis? To see people from non-analytic/non-psychodynamic backgrounds and paths, especially our recent graduates, feeling more accepted and at home within the tent. To hear ‘us’ finding our voices more often – both individually and as a group. To hear us challenging the choke-holds of analysis/psychodynamics – e.g. psyche is essentially visual or verbal, touching in therapy is need gratification, movement is deflective, the unconscious is an internalized attachment field – as well as challenging our own tendencies to smallness and introversion (retreating from the discursive power of analysis etc. into our own little strongholds and farms).

1 *Ata: Journal Of Psychotherapy Aotearoa New Zealand*, Volume 20, No. 2 Special Issue “Psychoanalytic Psychotherapy in Aotearoa New Zealand”, December 2016.

2 I borrow this phrase from James Hillman (1983), *The Myth of Analysis*.

3 Judi Blumenfeld Hoadley, Sarah Calvert, Gustavo Restivo, and Mark Thorpe, (2016), “Three Approaches to psychonalytic psychotherapy in Aotearoa New Zealand” in *Ata: Journal Of Psychotherapy Aotearoa New Zealand*, Volume 20, No. 2 Special Issue “Psychoanalytic Psychotherapy in Aotearoa New Zealand”, December 2016, p.112.

4 For a full-blooded, counter-analytic, Jungian-inspired discussion, see the works of James Hillman, e.g. *Re-visioning Psychology* (1975), *The Myth of Analysis* (1983), *A Blue Fire* (1989) etc.

- 5 C.G. Jung (1926) “Spirit and Life”. In C.G. Jung (1960/1969), *The Structure and Dynamics of the Psyche*, p.619.
- 6 Chris Milton (2016). “A View of Jungian Analysis in Aotearoa New Zealand” in *Ata: Journal Of Psychotherapy Aotearoa New Zealand*, Volume 20, No. 2 Special Issue “Psychoanalytic Psychotherapy in Aotearoa New Zealand”, December 2016, p.136.
- 7 Donald Kalshed (2013). *Trauma and the soul*, p.6. Cited in Chris Milton, “A View of Jungian Analysis in Aotearoa New Zealand” in *Ata: Journal Of Psychotherapy Aotearoa New Zealand*, Volume 20, No. 2 Special Issue “Psychoanalytic Psychotherapy in Aotearoa New Zealand”, December 2016, p.137.
- 8 On the split between kinaesthetic and visual experience, and the privileging of the visual in Western culture, see Morris Berman (1989). *Coming to Our Senses: Body and Spirit in the Hidden History of the West*.
- 9 William Blake (1793). *The Marriage of Heaven and Hell*.
- 10 ‘*Freier Einfall*’ – the original German word that Freud used, which become translated as ‘free association’. See Charles Rycroft (1968). *A Critical Dictionary of Psychoanalysis*, p.54.
- 11 For a developmental argument for movement (kinaesthetic experience) as ‘the first language of life’, see Ruella Frank and Frances La Barre (2011). *The First Year and Rest of Your Life: Movement, Development, and Psychotherapeutic Change*.
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## **NZAP press release on Boot Camps**

### **Boot Camp policy is an old army truck at the bottom of the cliff**

The Prime Minister, Bill English, has offered a policy to send young serious offenders to Waiouru Military Camp as an alternative to jail.

New Zealand Association of Psychotherapists (NZAP) members are alarmed at the National Party's apparent resurrection of punitive models of response to child and adolescent offending.

Boot camps don't prevent young offenders reoffending. Studies reveal that military style interventions result in recidivism of an equal rate (Wilson, Mackenzie, and Mitchell (2008) or increased rates (Aos and colleagues (2001) than other interventions.

"The only factor that they could find that distinguished boot camps that worked from those that didn't was whether the youth received counselling," said psychotherapist Suzy Timpson.

"There may be electoral appeal in an old-fashioned approach that our children can be whipped into shape through harsh treatment. However, this outdated idea needs to be put to rest. It's not even an ambulance but an old army truck at the bottom of the cliff," says Lynne Holdem, Public Issues spokesperson for NZAP.

"The behaviour of these young people is a signal that they are alienated and disconnected from their families and communities. These policies will further punish the children of the poor, the mentally ill and the victims of colonial intergenerational trauma. Māori and Pacifica youth need a whole whanau and kaupapa approach to foster connection and heal children and their

parents,” says Holdem.

“These children do not generally come from happy secure families and they need to have love and compassion as well as discipline and boundaries. Innovative programs like working with endangered native animals and birds model and teach empathy and care-giving to young people. Punishment alone doesn’t work,” says Sheila Larsen, President of NZAP.

Graeme McCartney, Wellington psychotherapist, says he fails to see how an environment centred on punishment and aggressive “behaviour modification” could ever benefit vulnerable youth who have already been traumatised by violent and punishing behaviour in their families and communities.

“In my 20 plus years’ experience of working in the mental health and addiction sector I have come into contact with countless traumatised adults, who, from a lack of self regulating skills, have then traumatised their own children, and the cycle continues. Once these people have received the appropriate support and treatment, most have been able to live different lives and have subsequently addressed the impact on their own children,” says McCartney.

“If adults are able to make considerable changes in their lives after many years of difficulty, then obviously youth are able to do so as well, with much earlier intervention and appropriate treatment and support,” McCartney says.

NZAP members want to see youth kept out of jail but they think a different approach is needed.

“If the powers that be are serious in addressing this very important issue, and the intergenerational trauma behind it, then perhaps they could put the money to much better use. For

example the development of therapeutic communities, staffed by appropriately experienced therapists and mental health professionals, and centred on therapy, support, and education would not only heal the traumas of these very at risk youth, but would also address the very high youth suicide rates in NZ, and prevent the transmission of further trauma, by breaking the cycle,” says McCartney.

In the media over the last ten or so years there has been a plethora of information pertaining to how the vulnerable and marginalised members of our community have been systematically abused by those responsible for their care.

As long as there are institutions with the focus being on behaviour modification through deprivation and punishment this abuse is likely to continue and by consequence perpetuate the behaviour that is problematical.

There has been a vast number of documented and upheld complaints of abuse in homes for difficult children. Places such as the Epuni Boys Home, Whakapakari and other detention centres show how badly such ideas can go wrong. The recent media reports of Fight Clubs in prisons being another example.

“If the government is serious about addressing this issue then establishing therapeutic communities would be a beginning. Staffing these communities with psychotherapists and allied health care professionals who have done their own work in their own therapy would I think ensure that the vulnerable are protected from their caregivers and educators,” says McCartney.



## Reviews for Ata

How often have you thought “This is a truly thought-provoking or enlightening film,” or “That was a great read, and I’d like to share it”? This is an opportunity to communicate beyond your immediate colleagues, and to do just that. As the new Reviews Editor for Ata, I am keen to receive reviews and reflections on plays, events, exhibitions and films, as well as of papers, journals, seminars and books which may be of interest to psychotherapists.

We would like to hear your thoughts and responses to your reading, whether of a classic text, of an updated edition of a favourite or of a new publication. With the proliferation of journals in our field, reviews of these would be of particular interest. If you feel like comparing two pieces or texts on similar themes, so much the better. Many publishers have catalogues which you can browse online if you are seeking something in a particular subject area. If you would like to receive an electronic copy of a particular book and you are willing to offer a review for Ata in exchange, you will find many publishers willing to help you. You will generally have between approximately 500 and 1000 words, possibly longer if you are comparing texts on a theme.

This welcome extends to all; students, new practitioners, and experienced practitioners, to those who are confident writers as well as to those new to reviewing. I will be glad to suggest some guidelines or to offer support to anyone new to writing a review—just enquire. I am very pleased to undertake this role and I am keen to encourage contributions from all over the country across a wide range of topics and media. Please do write and send in a review, and do get in touch if you would like to sound out a topic or an idea.

Louise Embleton Tudor, [louise.embleton.tudor@orcon.net.nz](mailto:louise.embleton.tudor@orcon.net.nz)

## Emotionally Focused Therapy (EFT) for Couples Training Externship

Christchurch, Wed 7-Sat 10 March 2018 (4 days)

*Early bird to 30 September \$1050; thereafter \$1400*

*The first module of 3 for EFT certification through ICEEFT  
(International Centre for Excellence in EFT [www.iceeft.com](http://www.iceeft.com))*

### About EFT

- blends family systems and experiential approaches with attachment theory;
- reflects the most recent research on the nature of relationship distress, of adult love, and of emotion;
- is at the leading/emergent edge of relationship therapy internationally.

### EFT training – 4 day Externship

Over four days participants are introduced to attachment theory, research and how attachment relates to the couples' distress. They will gain a solid understanding of the steps and stages involved to heal couple relationships, and the interventions used in each step. Learning consists of videos of sessions, live sessions with couples, skill training exercises, and discussion of clinical material.

**Dr Rebecca Jorgensen** ([www.rebeccajorgensen.com](http://www.rebeccajorgensen.com)) is the primary trainer for NZ since 2010. She specialises in pornography addiction and sexual issues. She runs training worldwide and is a founder and director of TRI-EFT Alliant and research faculty at Alliant International University.

**More information:** [newzealandeft@gmail.com](mailto:newzealandeft@gmail.com)  
or to view Sue Johnson on EFT: <https://youtu.be/xQCg-jC25fo>  
NZ Community for EFT: [www.nzeft.org](http://www.nzeft.org)

# It's a relationship

Roy Bowden



The current debate regarding our commitment to Te Tiriti o Waitangi has set me thinking. Since I joined the Association in 1984 there have been strong issues finding their way to the surface and dominating Conferences. Each time a controversial issue has surfaced it has taken several Conferences to move to the point of resolution or

significant change. However, the current debate regarding our bicultural journey is not about an issue, we are talking together because we have entered the most important relationship NZAP has encountered.

When some members of our Association gave voice to our national failure to enact the principles of Te Tiriti o Waitangi those voices were acknowledged, but it took years before words were turned into positive action. It was not surprising that recognition of the need for change came slowly, given that equality on many levels was being suggested. The implications were, and are, much more profound than any 'issue' from the past.

The change was then written into our NZAP Constitution, making it clear we could not return to the way we once were. All the complexities of being in a partnership-like relationship impacted

on every move we made. Effective partnership within NZAP meant restructuring our formal and informal procedures. The definition of psychotherapy needed expansion and innovation. Personal development and professional training experiences came under scrutiny. We needed to review the way we related to clients with cultural experiences different from our own. Tutors in training institutions faced challenges from students. Pathways to membership and oral assessments needed to take culturally-based therapeutic practice into account. Conferences made much more time for new learning and experiences in cultural settings. For years we had enjoyed keynote speakers, workshops, participating in small and large group forums and annual general meetings. Partnership meant giving equal time to spaces honouring our commitment to Te Tiriti o Waitangi. This was, and still is, a huge challenge for Conference organisers under pressure to keep in place known programmes, formations and events we still expect to find at each annual event.

Partnership demands compromise, clarity, and planning for a future together without expecting each partner will get everything they desire. It's a tough road. There are significant losses to face, the relationship develops surprising elements and it is sometimes tempting to walk away. In all personal and organisational relationships, our partners come to us with their own history, culture, belief systems, and extended family alongside them. As one of the partners we are tempted to believe our own 'family' history is more important and desirable.

Naturally we long for the past, recalling that life before commitment seemed easier and more rewarding. Questions arise: "Why can't my partner want what I want?" "Why can't my partner accept my thoughts and the way I live?" and "Haven't we discussed our differences for long enough; isn't it time to move on?"

When NZAP chose a treaty-based partnership it seemed sufficient at the time to shift boundaries, add representatives to Council, make new rules, establish a Bicultural Advisory Committee, support Waka Oranga and redesign Conferences. All those moves have helped considerably and will remain important, but they have not been, and will not be, sufficient. I now believe it is a matter of patience, waiting for a long time to see what might emerge. Viewing something named as ‘biculturalism’ over against ‘psychotherapy’, ‘psychoanalysis’ or ‘NZAP’ is a no exit road because those categories exist only as concepts. They are useful generic labels but they don’t tell us who we each are in the partnership, as therapists, or as individuals. The answers, if there are any, will lie ‘in between’. Partner relationships don’t do well if one or both partners close the door on discussions insisting they don’t need to budge from their chosen perspectives. Neither partner is seeing the promise of what lies between.

Currently, in this agreed and formalised relationship there is no clear idea about the future. There is a danger we might move on to a new set of rules or procedures by opting for certainty or trying to please everyone. I know that doesn’t work in therapy. I would not feel alive in a predictable, well-defined relationship. My next encounter with strong cultural elements in our partner relationship may unsettle me again and I might wish for aspects of the past. At the same time, it will be enlivening. If it seems unbalanced or unfair that is a sign I should speak in the moment rather than disappear. I also need to listen carefully without prejudice to those who are frustrated by the process, because their truth is as important to them as mine is to me. There are always people around the edge of an agreed relationship, looking on and seeing things I am not seeing. Their views might give me more pause for thought.

A fundamental question has risen in the minds of practitioners: “What has all this cultural knowledge got to do with

psychotherapy and psychotherapists?” When I first faced this question, it seemed everything I relied on as a therapist was being challenged. Then I discovered the fundamental principles of relationship were instead being enhanced through cultural experiences. Since then I have enjoyed discovering ways to question every theory, every approach to practice and knowledge of human development in my own culture, and in cultures I learn from. Being in partnership in NZAP has been a gift. I am not the same as when I began, clients are ‘people to meet’, nothing is certain, I don’t have a defined or detailed framework, every step is a challenge and I don’t need to answer the question, “What has all this to do with psychotherapy?” That question is not important if I retain a focus on learning from each new relationship.

Our NZAP/Waka Oranga bicultural partnership is exciting because uncertainty engenders creativity. As in personal relationships, I need to find creative ways to walk over to my partner, enquire face to face, agree to be different and enjoy each other whilst looking forward to the next challenge. It is well worth taking the time. As therapists, we know how long relationship formation can take and we know it can’t be hurried. This will not be the last time Association members will be encouraged to stand together at the Janus Gate.

## **A Non-Māori working with Māori**

**Sarah Tait-Jamieson**

I am tauiwi, born in Torrington, Connecticut, USA, of Eastern European Jewish parents and I attended a primary school where I was one of two Jewish students enrolled. I encountered ignorance and prejudice about being Jewish from an early age, and so have been sensitive to feeling ‘different’. At university, after intending

to major in psychology and finding the prevailing ‘behaviorism’ mechanistic and devoid of attention to human relationships or spirituality, I stepped sideways to anthropology and archeology. I became skeptical of analysing other cultural systems when my anthropology professor’s study of the organisation of rural power was used by the CIA to destabilize villages in Thailand.

My first experience of travel abroad taught me how much distortion can be created by our cultural lenses. I began reading a Washington Post article on the Six Day War which described a conflict between the US and the Soviet Union; at mid-flight I was given a Manchester Guardian which described the same event as conflict between Palestinians and Israelis!

When I came to New Zealand in my early twenties, suntanned with curly black hair and brown eyes arriving at Wellington train station, I was asked by a Polynesian railway worker, “Which island do you come from?” I replied, “The big one.” Although I may have ‘passed’ for Polynesian until I began to speak, I have discovered how radically differently I see the world as the result of my familial/socio-cultural experiences working with Pacifica clients who are predominantly Māori.

Arriving in Aotearoa I chose not to pursue an academic career in archaeology because I felt I would be a foreigner offering an interpretation of Māori culture, which I knew little about. Instead, I again stepped sideways, offering a social studies unit on archaeology to the local primary school and went on to train as a teacher. My experiences at Teachers College learning Māori waiata (songs) and a canoe trip up the Whanganui River visiting some of the old villages and maraes were a gentle introduction to Te Ao Māori (the Māori world), reminding me how much I don’t know about that world where I am a visitor.

I have taken this attitude, of being a visitor, my awareness of

being ‘other’ into my work as a psychotherapist which sees me following the cultural lead of the client, be they Māori, pakeha, or tauiwi. On the advice of wise kuia (grandmother/elders) and karaua (grandfather/elders) I offer my pipiha (my genealogy and the land marks of my birthplace) to Māori clients and make a place for them to respond. I also offer them a karakia (prayer) to begin and end the session if they wish.

I have been fortunate to work for two kaupapa Māori (conceptualized by Māori knowledge and oral tradition) organisations. Several months after completing my general psychotherapy training I had two job interviews on the same day. The morning interview was with Te Rangi Haeata Oranga (the breaking of a new dawn), Hawke’s Bay’s kaupapa Māori gambling help agency. The ‘interview’ was a mihi whakatoa, a meeting to get to know and welcome me. Seated on mattresses ‘marae-style’ were all the staff and kaumatua (elders) of the agency who introduced themselves with their whakapapa (genealogy) and spoke of their work. I was invited to reciprocate. Talk continued in the whare-kai (dining area) over ‘a cup of tea’ (a generous lunch), in keeping with Māori protocol of transitioning from the tapu (sacred) process of mihi to the noa (profane/everyday) business of eating which also happens in the process of powhiri (formal welcome) on the marae. At the end of the morning I felt well-fed and well-met.

I also noted that at Te Rangi Haeata Oranga, as well as therapists and kaumatua to hold tikanga, there were social workers, a woman who did regular mirimiri (traditional massage), and opportunity for whaiora to be referred for rongoa (traditional medicine). This attention to the needs whole person impressed me as something that is often stated as the goal of health practices, but not achieved.

The second interview was in the afternoon with a firm of



psychologists. After I had sat in the waiting room for several minutes, a woman came out with a cup of coffee in hand and said she was just finishing her lunch and would be with me shortly. I was invited into a boardroom with this woman who, with pencil poised, asked questions about my curriculum vitae, what I thought I could offer to the company, my ‘learning edges’, etc.

I was offered both jobs, but the choice was a ‘no-brainer’ for me. Whereas I felt the psychologists were only interested in my mind and my ability to use it in my work, the experience with Te Rangi Haeata Oranga had engaged my complete and embodied self. It was a wonderful and welcoming place to begin my career as a psychotherapist and to begin to implement the Hakomi I was learning on the Hakomi professional training.

### **Using A Hakomi paradigm with Māori Whaiora**

The Hakomi principles sit comfortably alongside a well-regarded and popular Māori model of health, Te Whare Tapa Wha (the four posts of the house) (Durie, 1998), which are: Hinengaro (mind), Tinana (body), Whanau (family), and Wairua (spirit). The equal importance of mind and body means that the Hakomi concept of mind-body wholism is not foreign to Māori. Hakomi also acknowledges the importance of the spiritual realm for a person to recognize their essence (Morgan, 2015, p.40).

Ron Kurtz, founder of Hakomi, working in Aotearoa, New Zealand and meeting Māori people perceived them as psychically whole, embodied, personifying the unity principle of Hakomi:

*A Māori person sang a Māori parting song ... about going away over the sea. As he sang, I could feel his love and knowledge of the sea. I felt like we were there, on the sea, sailing away.*

The Hakomi principle of organicity, the idea that life unfolds

according to a higher order plan, is also consistent with Māori paradigms.

Although Māori can be viewed traditionally as a warrior culture, in day to day life the attitude of going with the flow of life fits with the Hakomi principle of non-violence. For example, Māori seem much more accepting of death as inevitable than Pakeha, and often if an older Māori person is diagnosed with a terminal illness they will choose not to seek medical intervention. Neither does mindfulness seem an alien concept to my Māori whaiora, particularly if I describe it as ‘going inside to have a look at your wairua’.

An example of how I have worked with whaiora using Hakomi principles and techniques will best illustrate this synergy.

‘Terry’, a client at Te Rangi Haeata Oranga, was a thirty year old man married with four children who identified as Māori. He was referred as a whanau member affected by gambling, his father being the gambler. Terry was at intermediate when his parents split up and he chose to live with his father. Terry had been an excellent rugby player, but felt his father hadn’t helped him realize his dream of playing rugby professionally, instead steering him into his own profession of shearing. Terry was also sad that his father now rarely visited him and his whanau. I explained that Hakomi was a technique that helped us get in touch with our wairua. I explained that it was like looking inside and talking about what we saw and felt. I asked Terry to sit with his eyes closed or softly focused and just notice any thoughts, body sensations, emotions, or memories he noticed arising in him when he heard the words “Terry, you are loveable.” I expected the probe to elicit a negative response, which I would then explore with him. However, Terry’s system responded positively to this suggestion, taking the words as what Hakomi calls a fluffy probe, transporting him back to very early childhood. Fresh from the

bath, his mother was drying him by the fire, his dad was relaxing in his chair, both parents available and loving. Terry basked in this memory before returning to ordinary consciousness and becoming tearful. I contacted his emotional response and he remarked, “That’s what was missing after my parents split up, love.” I realized that the probe had hit home and Terry had made sense of it intuitively.

I noted how easily Terry became mindful. I wondered if his concept of ‘wairua’, not so compartmentalized as Western ideas of ‘spirit’, allowed him easy access to his inner landscape, those psychodynamic experiences of being loved and feeling held. I believe the ease of accessing the past also indicates a Māori way of thinking where time also is not so fixed as it is in Western culture where my whaiora sense their tipuna standing behind them when they recite their whakapapa and in times of need.

## **Letters to the Editor**

Dear Editor,

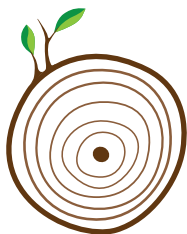
I refer to Brenda Levien’s article on page 42 in the April/May 2017 Newsletter, in which she refers to having conversations with a group about someone who said on Connect that they felt NZAP should move on from biculturalism. It is disturbing to find myself at the centre of a controversy that can sound like a whispering campaign. If I recall correctly the context in which I made my remark on Connect, it was to do with the theme of biculturalism being over-represented at Conferences, and my wish to have a few more clinical papers in its place. In no way were my comments meant to be interpreted as anti-bicultural or anti-Māori, and I thought I made that clear at the time.

It was my opinion after discussion with several colleagues that some people are giving up on Conference as they don't feel they are hearing enough clinical material to learn from, to justify the expense, and I said this at the time (as you have pointed out in Brenda's article). I am sure others have different reasons for not attending.

Sadly, Brenda's article makes it clear that what I originally said about the climate of fear in NZAP is correct. My younger colleagues are simply too afraid of their reputations being ruined if they openly express dissent from the party line. They will get discussed in small groups and ostracised. It's also sad that Brenda seems to feel that her bicultural concerns are not listened to enough, as I would have thought NZAP has leant over backwards to advance these needs.

NZAP was never like this when I joined it in 1983, being far more tolerant of many views than seems to be the case today.

Dr. Carol Worthington  
Lower Hutt



# ...as we grow...

NZAP CONFERENCE • DUNEDIN • MARCH 15-18 2018

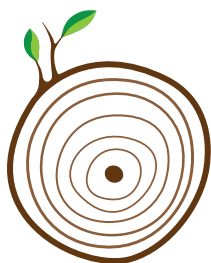
Kia ora koutou,

We are pleased to confirm that Dr Tess Moeke-Maxwell will be one of our keynote speakers. We are excited to have Anne Alvarez, whose finely balanced work with disturbed children creates the beginning of our conference, sitting alongside Dr Moeke Maxwell and her research and work in palliative care. Our other keynote speaker is yet to be confirmed and we will keep you updated.

We look forward to welcoming you to our beautiful southern city and surrounds!

Jo McKenzie

On behalf of the Conference Organising Committee



# e tipu ana

TE RÖPŪ WHAKAORA HINENGARO HUI  
ÖTEPOTI • MĀEHE 15-18 2018

## Conference 18 Call for Papers

This is a call for papers for the NZAP annual conference, 'E Tipu Ana .. As We Grow' 15-18 March, 2018. The theme of the Dunedin conference is the lifespan. Keynote speakers so far confirmed are:

- Dr Tess Moeke-Maxwell from the University of Auckland, speaking about her work in the end-of-life phase
- Dr Anne Alvarez, leading UK Child and Adolescent Consultant Psychotherapist, recently retired from the Autism Service at the Tavistock.
- Dr Sandhya Ramrakha, Research Manager for the world-famous Dunedin Multidisciplinary Health and Development Study

Members are invited to submit proposals for papers or workshops. Time slots will be 60 or 90 minutes. Please submit a title and abstract that will be printed in the programme of up to 150 words, summarizing your presentation.

In addition, let us know:

- The format, eg paper or workshop. Any preferred seating arrangement, eg circle, or theatre style.
- Your preferred time slot; 60 or 90 minutes
- Any desired limit on numbers.
- Please supply a short biographical note ready for printing. Let us know your membership status. Non-members may submit papers.
- What equipment do you require? We can supply whiteboards, projectors and audio equipment.
- Let us know whether you want someone in particular to introduce you.

Criteria for acceptance are as follows:

- Academic standard (well connected with established literature)
- Relevance to conference theme
- Credibility

The deadline for proposals is 1 December. Send your proposal to:  
Sean Manning at [sean\\_manning@xtra.co.nz](mailto:sean_manning@xtra.co.nz)

Nga mihi

The scientific committee,

Sean Manning, Clare Greensmith and Jo Stuthridge

## **Te Tiriti and Bicultural Advisory Committee**

### **TTBAC Membership changes**

Following the retirement of Annie Rogers and Matewawe Pouwhare in March, we welcome Graeme McCartney as our new Wellington representative. We have been fortunate to have Cherry Pye step in to partner Graeme temporarily in the Wellington Branch. Donny Riki, who has recently moved to Levin from Heretaunga, is willing to continue on TTBAC and partner Graeme in Wellington.

### **Branch initiatives**

The **Northern Region**, under the convenorship of Jean Burnton and Gavin Stansfield, is introducing some te reo into meetings. Recently a bicultural sub group has formed, and Emma Ellis presented her recent paper on the unconscious process of

internalised racism. TTbAC funds of \$1000 requested by the Northern Branch to fund two scholarships to support two Māori AUT students has been actioned.

**Hawkes Bay** meets every 4 months for a two hour meeting with a check in and a guest speaker. Donny Riki reports there has been difficulty broaching bicultural issues. Matewawe Pouwhare presented a stimulating kōrero to approximately 30 attendees at the last branch Hui which has revitalised bicultural conversation.

Graeme McCartney has requested TTbAC funding of approximately \$400, and is holding three half day workshops over the year in the hope of encouraging honest ongoing dialogue around biculturalism in the **Wellington** branch.

The **Christchurch** branch has been struggling with low turnouts and is trying to find better ways to engage new (and younger) members. Open discussions around Te Tiriti and bicultural issues rarely occur, and this is a target area for Susan Horne, Ivy Churchill and Sheila Larsen to address. A November branch meeting is set aside this year for Abby Suszko to initiate a bicultural conversation, and local TTbAC members will be responsible for two branch meetings early next year (topics yet to be decided).

The **Dunedin branch** recently held a conversation about biculturalism facilitated by Trish Bennett, where a range of views and confidence were expressed. They intend to continue to set aside time each meeting for dialogue around some aspect of biculturalism.

### **TTbAC Conference presentation, 2017 and beyond**

There was very positive feedback after Moana Jackson's presentation in Nelson. TTbAC reasoning for the introduction of a such distinguished speaker was that we felt we would be able to



reach a larger membership body with maximum impact. We believe this was a good use of TTBAC funds, and a way of involving members from all branches. The total cost to bring Moana to Nelson was \$1438.

We would like to continue this concept of presenting a guest speaker, in collaboration with the relevant Conference Planning Committee and Waka Oranga. We are grateful to the Dunedin 2018 Conference Committee to have a one hour plenary time slot allocated and are currently considering how we might best utilise this time to the benefit of Conference attendees.

There has been discussion with Waka Oranga members around the option of sharing this time slot in some way; however, until the form of future Conference structure is determined any arrangement would be premature.

Daniel Larsen represents TTBAC on the Dunedin Conference 2018 Planning Committee, and Sheila Larsen has recently visited the Dunedin branch. There is no plan at present to meet with the Conference Committee.

TTBAC has begun discussing the means by which an appropriate koha might be established in a more explicit and overt process, fully representing the input and commitment of those kaiwhakahaere assisting us during Conference.

### **Annual TTBAC ‘Kanohi ki te kanohi’ Hui**

Our annual Hui this year is to be held in Auckland, kindly hosted at John O’Connor’s house at Snell’s Beach. Holding the Hui at a main centre rather than a smaller region significantly reduces airfare costs. The dates coincide with Waka Oranga’s August Healing Haka Poutama so that TTBAC will attend the Poutama and travel on to our Hui in the afternoon. Hopefully TTBAC will have the opportunity to meet with Waka Oranga whilst together in

Auckland.

Our rōpū continues to meet monthly via Zoom to discuss ongoing issues.

### **Consultation on the New Zealand Constitution**

TTBAC members have been contributing to an email discussion on Te Tiriti and the Constitution, following up the initial submission made by Ngā Āo e Rua. We draw your attention to the report of *Matike Mai Āotearoa*, the independent working group on constitutional transformations which Moana Jackson talked of in Nelson, and *A Constitution for Āotearoa New Zealand* (Chapter 7, *The Treaty of Waitangi*, Butler and Palmer 2017). The focus of the *Matike Mai Āotearoa* report is for constitutional transformation by 2040 based upon He Whakaputanga and Te Tiriti which is built on tikanga and laws that underpin all constitutional transformation. TTBAC supports the values espoused in the *Matike Mai Āotearoa* report. Prospects for Māori should be improved, not diminished in any way. As a Constitution would hold precedence over any other treaty, it is imperative that Te Tiriti and He Whakaputanga are central to any form of Constitution for Āotearoa.

Susan Horne  
Convenor  
Te Tiriti Bicultural Advisory Group

# NZAP Committees

**Advanced Clinical Practice Committee** Gerald Maclaurin (Chair)  
Andrew Jones (Secretary)  
Miranda Thorpe  
John Farnsworth  
Siobhan Collins  
Barbara Rockel

**Ethics & Professional Standards Committee** Stephanie Forde (Chair)  
Seán Manning  
Grant Dillon  
Susan Hawthorne (Complaints Convenor)  
Margot Solomon

**He Ara Māori ACP Committee** Alayne Hall  
Margaret Morice  
Wiremu Woodard

**Public Issues Committee** Lynne Holdem (Chair)  
Victoria Smith (ACC SCAG Representative)  
Judith Morris (Children and Adolescent Issues)  
Sarah Robins (Children and Adolescent Issues)

**Te Tiriti and Bicultural Advisory Committee** Susan Horne (Convenor)  
Annie Rogers  
Crea Land  
Ivy Churchill  
Burke Hunter  
Matewawe Pouwhare  
Sarah Tait-Jamieson  
Donny Riki  
Margaret Morice  
Anna Fleming  
Daniel Larsen  
Sheila Larsen

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