



THE NEWSLETTER

**New Zealand Association
of
Psychotherapists Inc**

**Te Rōpū Whakaora
Hinengaro**

April 2020

**New Zealand Association
of
Psychotherapists Inc**

Te Rōpū Whakaora Hinengaro

THE NEWSLETTER

April 2020

Closing Date for Next Issue

To be advised via NZAP Inform

Publication Date

August 2020

The Newsletter is published three times annually, following NZAP Council Meetings. Material for publication (max 2000 words) must be submitted in Word or PAGES and sent to psolomon4@me.com

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

NZAP Council Members

Lynne Holdem

President

Ph (06) 769 6050 (work); 027 480 3523

lynneholdem@gmail.com

Gerald Maclaurin

Past President

Ph (09) 630 6063; 021 029 07479

gerald.m@xtra.co.nz

Honorary Secretary

VACANT

Vicky Blake

Honorary Treasurer

Ph (03) 377 6118; 027 810 3773

vicky@vickyblake.co.nz

Siobhan Collins

Chair, ACP Committee

Ph (03) 329 9205; 021 265 5550

siobhan@collins-consulting.co.nz

Daniel Larsen

Chair, Ethics and Professional Standards Committee

Ph 027 616 9447

daniel_larsen@xtra.co.nz

Margaret Pouto Morice

Waka Oranga

Ph 021 217 1859

margaretmorice@xtra.co.nz

Anna Fleming

Waka Oranga

Ph 021 839 300

annafleming.therapy@gmail.com

Cindy Smith

Public Issues Portfolio

Ph 027 663 6245

cindys@ashburn.co.nz

Gabriela Mercado

Ph 021 237 5417

gabriela@orcon.net.nz

Victoria Smith

Ph (04) 472 5503

vsivictory@gmail.com

Paul Wilson

Ph 021 456 231

paul.murray.wilson@gmail.com

NZAP Executive Officer:

Nikky Winchester

PO Box 57025, Mana

Porirua 5247

Ph (04) 475 6244

admin@nzap.org.nz

OUR TREATY PARTNER



Kaumātua

Haare Williams

Kuia

Hinewirangi Kohu Morgan

Executive

Co-Chairs – Margaret Poutu Morice, Cherry Pye

Secretary – Anna Fleming

Treasurer – Cherry Pye

Administrator – Rui Stewart

Rūnanga Members

Verity Armstrong

Gina O’Neill

Russell Waetford

Sheila Larsen

Emma Ellis

NZAP Council Representatives

Margaret Poutu Morice

Anna Fleming

wakaoranga2007@gmail.com

Contents	
President's Column	6
NZAP Council Meeting 19 March 2020	9
Editorial	10
Waka Oranga: Important dates	15
Waka Oranga acknowledge the passing of Pele Fa'auli	16
Waka Oranga: Reflections during lockdown by Verity Armstrong	17
Public Issues Portfolio by Lynne Holdem	22
NZAP Subscription Fees 2020	26
Professional Development and Conference Committee	27
NZAP Complaints Process: Asking for feedback	28
Colleen McMaster Davison: A tribute to an eminent psychotherapist by Judith White, Audrey Lane and Louise de Lambert	30
Jan Elizabeth Currie: Celebration and eulogy by Vanda McKerchar	33
Pele Fa'auli: The Tau Ihu o te Waka a Maui remembers	36
Dr Robyn Hewland: Foreword by Roy Bowden to forthcoming book	40
Soon Comes Winter and our Discontent: Real and perceived risks of Covid-19 by Dr Gerald Maclaurin	41
Thoughts about "a time of great uncertainty and fear" by Emma Green	51
The "Nos"; The Inner-Net and the Sea of Dreams by Richard O'Neill Dean	57
Brief critique of Dr Larry Hedges' "The Call of Darkness" by Séan Manning	70
Perhaps the question is the answer by A. Roy Bowden	78
"Lockdown 2020" by Lesley Gamlen	82
"A poem for this time" by Ros Lewis	83
"Tidal" by Gerald Maclaurin	84
Book Reviews: Joy Hayward	85
Advertisement: Brainspotting Training	87
Advertisement: "Vibrant Life" Focusing Training	88
ACP Committee	89
Advertising rates	89
NZAP Committees	90
Regional Branch Convenors	91

President's Column

Lynne Holdem



Kia ora koutou katoa

The sun shines brilliantly on our backyard. We see and hear more birds. Taranaki stands in a korowai of snow bringing me a joyful intake of breath. I relish the domestic rhythms of our home and my partner Tony's company. Then my awareness widens, as if after the death of someone I loved, to remember the reason for this retreat

to hearth. I turn and face, while I can bear it, news from other parts of the world, the unfolding of the pandemic and what it might mean for my family, my work, our Association and all of Aotearoa.

It is not possible to bear too much reality. We are continually moving backwards and forwards between partial and more integrated mental states. Bion points us to the possibility that fear of catastrophe is vitally linked to emotional growth and development. A binocular vision that holds one eye on trauma and pathology and one eye on health and recovery and the movement between them can help us stay open in relation to patients. It also helps them open to their trauma and suffering and be present, grow resilience. Dipping into the work of Eigen on Catastrophe and Faith and Reiner's lyrical meditation on "O" nurture my spirit. I try again and again to stay embodied and emotionally present in these uncertain and difficult times.

I take up the President's role while the global pandemic unites humanity in common cause and everything changes. We are pressed into uncomfortable states of not-knowing as we confront uncertainties

and possible losses of Covid-19. Human adaption grows out of facing difficult truths. Some of us have quickly developed skills to do teletherapy. We may miss vitalising aspects of face to face connection but perhaps we are evolving capacity to project ourselves warmly through screens.

I have seen members of the Association respond adaptively to sudden change. Council made the decision to cancel the Conference before the Government's decision to move to Stage 3 and 4. We considered the potential harm from the Conference possibly incubating the virus against the loss of collegial connection and learning valued by members.

I loved seeing Sue Morrison and her team rescue Larry's keynotes to make them available through video technology. It was delightful to celebrate the Life Membership of Diane Zwimpfer, a beloved elder of NZAP. Some of us were able to say a heartfelt goodbye and hear the last brave words of love from Life Member, Robyn Hewland.

Council has advised members about best practice and sustaining business during the lockdown. We are working to put Conference papers online, and we have organised a fortnightly Zoom Connect group for members who wish to meet for collegial connection and reflection, ongoing from Tuesday 14 April. Council members have agreed to meet fortnightly.

A year ago when Gerald first asked me to consider taking up the President's role, I saw our priorities as:

- Protecting the ACP pathway to full membership and registration;
- Committing authentically to Te Tiriti o Waitangi and making resources available to Waka Oranga to grow capacity for He Ara Māori ACP pathway and Poutama professional development seminars;

- Adapting to climate change as an Association: reducing our carbon footprint and increasing digital connectivity within NZAP;
- Growing membership by actively inviting student psychotherapists, and rewarding their participation in our Association.

These stand as matters of importance to me and I hope to many within our Association. Binocular vision suggests while holding to these, we also need to remain open to the social, political and economic changes, possibilities and losses, that may be ahead for psychotherapists and for our Association as a whole.

Something in the collective unconscious suggests to me possibilities of hopeful transformation along with fear of death and economic collapse. Perhaps we have an opportunity to recognise we are all in this together: people, all species and Papatuanuku herself need this slowed-down time of healing. Could this be the time we consider what we value, what world we want to live in and how we might create that world? Our awareness of the nearness of Death can call us into a greater love of Life and courageous speech and action to protect those we love and Nature's capacity to hold life for future generations.

To quote the community activist Vivian Hutchinson (2013), "We are not 'broke,' what's broken is the 'we'." This crisis brings new opportunities for connecting, caring and working together as an association and in our communities. Psychotherapists have practice at assessing risks, holding ourselves open during emotional storms, risking disintegration to accompany others into their depths, thinking systemically, observing what is and what might be and searching for the still point within Chaos.

Our work is more needed than ever.

References

Eigen, Michael (2005). *Emotional Storm*, Wesleyan UP.

Reiner, Annie (2012). *Bion and Being: Passion and the Creative Mind*, Karnak Books.

Hutchinson, Vivian (2013). *What's broken is the We and other papers*. Retrieved 3 April 2020 from vivianhutchinson.org.nz

NZAP Council Meeting 19 March 2020

Gerald Maclaurin



While Council normally issues a set of bullet points about their meetings for the Newsletter, we believe that, given the highly unusual circumstances in which we met, it will be more meaningful to set out a brief summary of our work during this time.

Council spent almost the entire one and a half days of meeting in managing the changing landscape of decision making around the Wellington Conference in the face of escalating national public health concerns about the COVID-19 pandemic.

There was a need to attend to multiple strands of organisation and particularly to maintain a close working alliance with the Wellington Conference Organising Group. Council was acutely aware of the enormous work the group had put in over the last two years to set up a well-run Conference. We were also committed to working with the group while aware of our responsibility to maintain an overview for the whole of NZAP.

We used a structured decision-making process to come to an agreement on an outcome for the Conference. This took most of the first morning and the rest of the time was spent working with the Conference Organising Group to implement the changes and to make further changes which also needed to be implemented.

We also needed to clarify the cancelling of Forum and the AGM and to decide how to conduct such meetings online.

Each set of decisions was completed with information sent out to all those who had booked for Conference and to NZAP members where appropriate to keep them up to date.

We agreed that we would have fortnightly Council meetings online for the coming months to attend to business not covered during this meeting, and the fact that it is unlikely we would be meeting face to face in July.

This was an extraordinary meeting where four of the eleven members attended the whole time via Zoom. Council members worked extremely hard juggling decision making with action as the crisis unfolded both nationally and within our organisation.

Editorial

Paul Solomon

This online pdf issue of the Newsletter is bigger than the usual print newsletter because NZAP members have written about how they are facing into the COVID-19 crisis that affects the whole world. Every person and every social, political, medical, and economic system will be changed, also international relations, and we must expect more crises of various kinds in the future.

The terrible virus occupies centre stage while in the background the climate crisis continues to worsen, threatening breakdown of our deep



life support systems. While scientists and activists have been warning us for years of the likelihood of both a global pandemic and a global breakdown of earth systems, many governments remain in denial. We don't yet know whether humanity will unite to greater international cooperation and goodwill, or fall down a hole into despair, rage and fear: breakdown, or breakthrough? Will the world change for the better or for the worse?

I'm amazed at how easy it is on a superficial level to adapt to social distancing and video conferencing, conducting my hospice group on Zoom; but soon something reminds me how "not normal" things are on a deeper level, and I feel shaken again. Biran (2015, p159) borrows from Bion's theory of thinking to understand the functioning of societies facing a traumatic reality, which she believes can lead to disturbances in rational thinking. She argues that just as a baby needs a mother to contain its unthinkable pre-verbal affects and nameless dreads (which Bion calls beta elements) and reassuringly translate and mediate them into alpha elements that can be thought about, so societies in crisis need leaders capable of containing nameless dreads and fears.

I'm thankful that in Jacinda we have a leader who is capable of containing our societal beta elements and nameless dreads so that we are not mired in paranoid/schizoid thinking (such as blaming other ethnic groups) and can (sometimes) think rationally about the fearful situation we are facing. Even my National-voting neighbours praise Jacinda, and my family in England and friends in the USA envy us our leader in this strange pivotal time.

In this issue we have tributes to three esteemed colleagues who have died: Colleen Davison, Jan Currie, and Pele Fa’auli. As you may know, although the Wellington conference was cancelled due to lockdown some colleagues gathered to say a heartfelt goodbye and hear some loving last words from Life Member Dr Robyn Hewland, who is courageously living with terminal pancreatic cancer. Robyn is racing against time to finish writing her book “Going upstream for changes,” about her life as a healthcare practitioner. She has sent me Roy Bowden’s foreword to her chapter on psychotherapy, and by publishing it here we can honour Robyn while she is still alive: may she live to see her book published later this year. As Roy says in his foreword, “her strong loving presence at NZAP conferences, branch meetings, and in forums, will always be remembered.”

Dr Gerald Maclaurin has consulted with his medical colleagues to give us his analysis of what is understood about the “Real and perceived risk of COVID-19 in New Zealand: the effect on individual and collective choices and behaviour.” Reading it, I was glad to have well-researched and science-based epidemiological insight into likely developments and possible resolution of the present swiftly developing crisis. In his article Gerald mentions both emotional and practical aspects of our situation and our responses to it and discusses possible implications for our practice of the move to an online world.

Starting from personal experience of her supervision group moving to meeting via Zoom, Emma Green gives us a personal perspective on possible implications of the move from two bodies in the room relating, to a more virtual world. She explores ways our responses to the pandemic are changing the way we think, feel, and interact in society, and how the future might unfold.

NZAP members who are on the ‘Connect’ email discussion group will be familiar with our online sharing of Social Dreams and may have read some of the work of Gordon Lawrence, the founder of the practice of Social Dreaming. Richard O’Neill Dean’s article “The

‘Nos’; The Inner-Net and the Sea of Dreams” offers an introduction to the practice with an account of his experience of a pre-virus social dreaming group of people in a room. Richard gives us an introduction to the theory supporting the practice and reflects on his own experience working in a therapeutic community. Richard includes examples from the work that illustrate the existence of “this unconscious social network of thinking that exists ‘in between’ people,” and goes on to explore examples of social dreams and connection between minds from literature and in the wider contemporary culture.

For those of us who were unable to attend the Wellington conference, Séan Manning in his “Brief critique” gives us a detailed account of Dr Larry Hedges’ keynote presentation “The Call of Darkness”. I enjoyed Séan’s thoughtful and full discussion of Dr Hedges’ hypotheses and appreciated Séan’s exploration of theoretical controversies implicit in Hedges’ work. The current high rates of suicidality in Aotearoa New Zealand, particularly among Māori, have been of great concern to DHBs and other agencies for too long, making this topic highly relevant to our work. I felt almost as if I had attended the presentation.

I was intrigued by Roy Bowden’s article “Perhaps the question is the answer.” Roy invites us to accompany him on his journey of professional and intellectual development in a long and varied career, with a sustained focus on his preference for uncertainty rather than uncritical acceptance of received opinions or dogmas, whether in the fields of philosophy, theology, or sociology. No surprise then that Roy found a home, and companions, in psychotherapy. He wonders what constant movement in all things might mean in relation to how he perceives himself and speculates about what life would be like in Aotearoa if we accepted the principle that nothing stays the same. In this I thought Roy approached the Buddhist philosophical view that all existence and all beings have the characteristics of impermanence, “anicca” in the Pali canon, and non-self, “anatta” in Pali; there is no I or me or mine, and we are enjoined to be compassionate toward all

beings. Perhaps all the religions could share fundamental truths of existence, and perhaps they would help us more compassionately deal with the fearful effects of the pandemic.

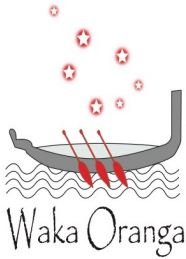
Three NZAP members have written poems to express their feelings and insights in this pandemic. We have “Lockdown” by Lesley Gamlen; “A poem for this time” by Ros Lewis, who is now living in Australia; and “Tidal” by Gerald Maclaurin. From Joy Hayward we have a review of two books.

References

Biran, Hani (2015). *The courage of simplicity: Essential ideas in the work of W.R. Bion*. London: Karnac.

Link to Gordon Lawrence’s paper on Social Dreaming:

<https://www.tavinstitute.org/wp-content/uploads/2019/05/The-Practice-of-Social-Dreaming-Guiding-Principles.pdf>



Waka Oranga Inc.

National Collective of Māori Psychotherapy Practitioners

115 Waerenga Road, Otaki 5512

Email: wakaoranga2007@gmail.com

Manaaki whenua, manaaki tangata, haere whakamua

Tihei mauri ora! Tēnā koutou, tēnā koutou, tēnā ra koutou, katoa

Poutama and Hui-a-Tau 2020

Due to the unprecedented global Covid-19 situation, we have all needed to adapt and make changes for new realities. As a consequence, our planned Poutama on 18 April has now shifted to 10 October 2020 followed by our Hui-a-Tau on 11 October. We look forward to bringing you this seminar presented by Dr Valance Smith and Victor Grbic. The presentation theme will be informative for all. The updated flyer will be available shortly, and we encourage you to register early for this event.

Saturday 10 October 2020 1pm – 5.30pm

Poutama: *Biculturalism, Te Tiriti o Waitangi and Spiritual Well-being in the University*

Presented by Dr Valance Smith, Assistant Pro-Vice Chancellor Māori Advancement, AUT, and Victor Grbic, Kaihautū, Mātauranga Māori, Unitec.

Whaiora Marae, 14 Otara Road, Manukau

Sunday 11 October 2020 9am – 2.30pm

Waka Oranga Annual General Meeting

Whaiora Marae, 14 Otara Road, Manukau

The Poutama seminars provide practical recognition of our obligations as health professionals to Te Tiriti o Waitangi and we encourage participation by all health professionals.

Best wishes and good health to you and your whanau, especially in these times of uncertainty.

Mā Te Atua e Tiaki ki a Koutou Katoa.

Te Rūnanga o Waka Oranga
wish to acknowledge the passing of our friend
Pele Fa’auli, he uri o Ngāpuhi
and son of Samoa

I was fortunate to spend time with Pele during NZAP Conferences in Ōtautahi and Whakatū. Whakatū was where Pele had made his home, and he was very much an esteemed leader in this place. I first heard of Pele through my friend Burke, who spoke often of this gentle man, the waiata he sang, and the generous support he provided to the Te Tau Ihu branch of NZAP.

When I got to meet Pele myself, I too felt that aroha and manaaki that others had told me so much about. It was exciting to know that we connect to the same maunga of Hikurangi, in Te Tai Tokerau. Pele was interested in my journey to psychotherapy, but more particularly about my thoughts and intentions around working in Māori health. He encouraged me as a new practitioner to be aware of our histories, but to also work with and encourage the strengths in our people that have been taonga tuku iho, strengths handed down from our ancestors.

Pele, we acknowledge all that you have done to support and uplift the wairua of the peoples across this land. You have provided so much

awhi and manaaki to Waka Oranga, to NZAP and this will be felt ongoing.

Hokia ki ō maunga, kia purea ai e Pele i ngā hau o Tāwhirimatea.

Return to your ancestral mountains dear Pele, and be cleansed in the winds of Tāwhirimatea.

Anna Fleming, Ngāti Hine, Tūhoe

Reflections during Lockdown: Waka Oranga Nā Verity Armstrong



During these times since Jacinda announced we would be locking down I have been grateful for the care given and the connection felt with my iwi and local runaka. Like many Māori I live a long way from my marae, about 1600kms in fact. While my whare is in Tāmaki Makaurau I affiliate to three marae; Puketeraki (near Dunedin), Murihiku (Invercargill) and mostly closely to Takutai o te Tītī (Ōraka-Aparima). These marae are closer to the southernmost parts of Aotearoa and sometimes they can feel a long way away. I was last on my marae in November last year and am now thankful that I had the opportunity to connect with whānau there, with hongī and powhiri and shared kai including oysters and other kaimoana.

Now I feel grateful for the electronic connection that Ngāi Tahu and Ōraka-Aparima Rūnaka are providing me in this time of quieter

whānau togetherness. They provide me with kupu that feel more meaningful in these times, such as kei te noho puraerae tōku whānau (to be sitting with whanau at home) rather than self-isolation or exclusion. I am grateful for Ngāi Tahu kaimahi who have been phoning over 7000 kaumatua to check in with them and ensure they have the necessary support. I was grateful my Mum received one of these phone calls, and she is looking forward to another call from them soon.

As Māori, we are so aware of our kaumatua and kuia, and how important it is to protect them at this time. We keep connected socially with my 87 year old Mum and her 17 year old mokopuna makes sure she has the resources she needs to keep connected with us using her technology.

Waka Oranga continues to be guided during this time by our beautiful and wise kaumatua and kuia, Haare Williams and Hinewirangi Kohu-Morgan. They provide us with karakia and wisdoms within our waka.

At the time of writing this, 7% of the current cases of Covid-19 are Māori, and in my own Rūnaka area, the Southland DHB has the highest cases of confirmed and probable cases. My heart is aching for people in the southernmost part of Te Waipounamu. It is timely to remember during the 1918 influenza pandemic, Māori died at about 42.3 people per 1000, seven times the rates of Europeans. In 2009, Naida Glavish (Ngāti Whātua), the spokeswoman for the Auckland Māori Pandemic Planning Group, raised the higher genetic susceptibility among people of Polynesian descent to respiratory disease.

Covid-19 has brought with it implications for tikanga and especially tangihanga. These can be found at uruta.maori.nz, which is the website for Te Rōpū Whakakaupapa Urutā. There is grief with these necessary changes at present. I was speaking with one of my tangata whai ora this week. She has a kaimahi who lost a beloved uncle

during our time of lockdown. She was aware that he was not only grieving the loss of his uncle, but also the loss of his tikanga, which provided the frame for his grief.

Marae, often the places where Māori reconnect to their whakapapa and feel those strong feelings of wairuatanga, whanaungatanga, and manaakitanga, are currently under rahui. In Northland where there is a high Māori population, there is increased anxiety, with drought conditions continuing and the need to conserve water at odds with the increased need for sanitisation. One of our rūnanga members, Alayne Hall, is the bottled water courier for one of her Nannies in Northland.

I also find myself more mindful of Papatūānuku at this time. To quote one of my kaumatua, “It was always said to be impossible to change, to enable recovery of the natural environment; well we have just been forced into making that change. For the health of Papatūānuku and our future generations, I believe we are seeing that necessary change for the better” (Stewart Bull, Chair of Oraka-Aparima Runaka). As I sit in my garden I can hear the tui for the first time, without the drowning out of car sounds. I also have some pīwakawaka who come and visit us. I can watch ngā whetu at night and feel closer to Ranginui overhead as well.

This week Helen Leahy, Pouārahi of Ngāi Tahu, suggested possible definitions of manaaki meaning to cherish, conserve and sustain; to extend the generosity of spirit associated with hospitality and love for one another. Waka Oranga would like to send out thanks to our associate members who provide this manaaki for us, serving and volunteering for us. Particularly we would like to thank and welcome Emma Ellis who is now co-opted onto Te Rūnanga.

Sheila Larsen has been another associate member and Te Rūnanga member who has continued her dedication to achieving partnered and bicultural practice within NZAP and Aotearoa. Thank you Sheila for your commitment to this mahi and to Waka Oranga.

Another person who deserves especial mention this week is our cherished Cherry Pye. Cherry has been a gentle, warm and indomitable pou within Te Rūnanga. She leads in a quiet and kind way and has held the course recently during the challenges of providing NZAP with a conference just at the time we were fully impacted by Covid-19. Aroha kia koe Cherry.

We also send all our love and care to our Māori members at this time. We understand how important you are within your whanau and the support you provide for tangata whai ora. Te tapu o te tangata.

I finish by sharing a poem from a Ngāti Hine/Ngāpuhi poet, Nadine Anne Hura.

Rest now, e Papatūānuku
Breathe easy and settle
Right here where you are
We'll not move upon you
For awhile
We'll stop, we'll cease
We'll slow down and stay home
Draw each other close and be kind
Kinder than we've ever been.
I wish we could say we were doing it for you
as much as ourselves
But hei aha
We're doing it anyway
It's right. It's time.
Time to return
Time to remember
Time to listen and forgive
Time to withhold judgment
Time to cry
Time to think
About others

Remove our shoes
Press hands to soil
Sift grains between fingers



Gentle palms

Time to plant
Time to wait
Time to notice
To whom we belong
For now it's just you
And the wind
And the forests and the oceans and the sky full of rain
Finally, it's raining!
Ka turuturu te wai kamo o Rangi ki runga i a koe
Embrace it
This sacrifice of solitude we have carved out for you
He iti noaiho – a small offering
People always said it wasn't possible
To ground flights and stay home and stop our habits of consumption
But it was
It always was.
We were just afraid of how much it was going to hurt
– and it IS hurting and it will hurt and continue to hurt
But not as much as you have been hurt.
So be still now
Wrap your hills around our absence
Loosen the concrete belt cinched tight at your waist
Rest.
Breathe.
Recover.
Heal –
And we will do the same.

Public Issues Portfolio

Lynne Holdem

Mental Health and Addictions Working Group

The work of the Mental Health and Addictions Working Group is on hold because of the Ministry's Covid-19 focus. We have discovered that speed of development in mental health delivery is fast-moving, and is also highly contested by big interest groups. After the Ministry of Health released a Request for Proposal (RFP) for youth primary mental health and addiction services, we were disappointed seeing how difficult it would be for psychotherapists in private practice or in smaller agencies to participate in the GET's bidding system and some practitioners have spoken about disillusionment with the apparent Ministry bias toward established and big national corporate businesses and established organisations.

There seems little room for local innovative relational treatments and work with families and groups. We were led to believe that the Mental Health and Addictions consultation would lead to a once in a generation opportunity to redefine mental health in Aotearoa, yet grassroots innovators are cut off from funding sources. It is disconcerting to see how many of the new roles created to work with young people and children are tagged to nursing qualifications. How are a few sessions with a nurse in a school going to assist young people with suicidal ideation, eating disorders, self-harm or personality disorders? These young people and adults who appear relatively high functioning people but with personality disorders often revolve through ED and CAMHS or GP referred brief counselling for many rotations without healing. Those experiencing moderate to high needs are poorly served in the rush to deliver low hanging fruit before the election.

In the Mental Health and Addictions Working Group we are still holding hope that we may see more recognition of the role and

influence of relational and psychodynamic psychotherapy and when the Ministry starts to fund and roll out contracts for secondary and tertiary service after the lockdown finishes.

The Working Group has zoomed to discuss strategy, given that primary services are now contracted and the election ahead of us while Covid-19 planning will affect our scheduled meetings with Robyn Shearer. When we are able we intend to ask what is planned for moderate to high needs patients and explain what is possible if psychotherapy is funded, for instance with the ISSC (Sensitive Claims) service with 30-150 relational and individualised dynamic sessions and suggest the use of longer term groups for the moderately unwell. We have been advocating the Ministry look at funding an ongoing workshop to pose solutions to the problem of the revolving doors of CAHMS, DHBs, and prisons, and the people and families with more complex mental health needs that will not be addressed by any services or solutions so far.

We need PBANZ to continue recognising our ACP qualification and registration to maintain our mana and relevance. This is crucial for opportunities for employment of psychotherapists within the mental health sector. The larger mental health system will be changed by the models of care that are funded and what these limit or make possible. John Farnsworth, in particular, has put extraordinary effort into building the conversation with Ministry staff and his commitment to the task and ability to communicate complex concepts succinctly and to think strategically are very valuable.

Allied Health professionals: AHANZ and AHMF

Roy Bowden has attended the Allied Mental Health Forum meetings since February 2020. He has shared with the group John Farnsworth's brief to the Ministry of Health, "Designing Mental Health Delivery" and hopes to discuss its content with them when meetings resume.

Victoria Smith represents us with Allied Health Aotearoa New Zealand (AHANZ). The Ministry of Health over the past year has made clear that they are wanting Allied Health professionals to work together rather than all pushing their own agenda. Ministry representatives also attend this meeting. AHANZ made submissions to the Mental Health Enquiry and regularly makes connections and hears from groups attempting to further health initiatives to government.

ACC

Victoria attends the ACC Mental Health Liaison group and also the Sexual Violence Advisory Panel, as well as continuing to keep the ACC practitioners within our organisation informed of developments and listening to our concerns and giving voice to them in the above forums.

She has received assurance that clients will only be moved to the Assisted Recovery team after discussion with the Lead Provider and the clients themselves. Feedback on this is welcomed by ACC to the staff member, team managers and Engagement and Performance managers.

A project is underway to ensure Providers can send reports securely to ACC. We expect to hear within 18 months. The Integrated Service for Sensitive Claims (ISSC) contract has been approved to current Suppliers for another two years. Changes are planned to make report writing less onerous although Supported Assessments will be retained as they are.

Public Issues Portfolio

This is my last report on Public issues. I have enjoyed the steep learning curve to writing and speaking on behalf of the association and making connections with psychotherapists throughout Aotearoa.

I'm delighted that Cindy Smith from Otago branch has joined Council to hold the Public issues portfolio.

Cindy Smith

Cindy is a registered psychotherapist and has worked in both public and private settings.

“My background was in social work and in the mid-nineties I trained as a psychotherapist at Ashburn Hall. In the last 21 years I have worked in four different DHBs in Child Adolescent Mental Health Service and Specialist Maternal Mental Health Service. I had team leader roles in both services,” said Cindy.

“I can appreciate being the ‘meat in the sandwich’ in what are complex, complicated and highly defended organisations. I had done my time, served my sentence and two years ago returned to Dunedin in full circle, working back at Ashburn Clinic. It’s been great to return to my home town and warmer climates.

“I am looking forward to the opportunity to be on Council and hopefully my varied work /life experiences will be a useful addition to NZAP Council,” said Cindy.

Child and Whanau Advocacy Group

We had 30 registrations and an exciting programme to deliver on Thursday 19 March. Sadly, Covid-19 led to 15 people cancelling at short notice.

Jill Clarkson welcomed those attending this event. Many were Allied Health professionals. Anna-Michele Hantler and Lucy-Mary Mulholland provided a participatory workshop on their work with groups of children in schools. Anna-Michele offered another workshop in the afternoon to fill the gap left by Joy Hayward and her Dunedin group of therapists who were unable to present their program. This was really appreciated. Their offering was fun and accessible and offered a way forward for working well in the school environment. We look forward to reading their research.

Thankfully Brenda Scarr and Jill Clarkson have put their hands up to convene the Child and Whanau Advocacy Group. This is great news for child and family therapists within our Association as the pre-conference workshops have become important to our connection and learning.

NZAP Subscription Fees 2020

In November 2019, NZAP Council approved an increase of fees by \$10 for Full, Provisional and Retired members. Due to the current pandemic situation, Council decided at their meeting in March to rescind this decision. There will be no increase in membership fees for the 2020/2021 financial year.

Invoices have been automatically emailed to all members on 1 April, and we look forward to receiving your payment by 31 May. **Please note that we are no longer able to accept payment by cheque.** You can pay by either direct bank transfer into the NZAP bank account, or by credit card: please log in to the NZAP website where you can pay via Paypal.

If you wish to pay at the lower income assessed rate (i.e. if your total taxable income is less than \$30,000), pay your fee in instalments, or request a fee waiver, please contact the Executive Officer on admin@nzap.org.nz

Professional Development and Conference Committee

We are aware, as many people are, of the impact that the current pandemic is having on face-to-face workshops, conferences, and seminars. We want therefore to invite members and branches to consider creative proposals for the development of alternatives.

We had in mind something similar to what we have seen elsewhere with the explosion of ‘live online seminars’ or other online training options. This is something the Wellington Conference Committee was forced to do at short notice for many delegates and it worked well. We would like to encourage members and branches to put forward proposals for either live or recorded video seminars and other training options for psychotherapists. This could be, for example, a live or recorded interview with an established psychotherapist in New Zealand or elsewhere about a current topic, like telehealth or a more generally relevant topic like grief or relationships. Or it could be something very different.

We invite people to put forward ideas and the Committee will work with you to facilitate their development. The Committee itself has no ‘resident’ expertise in live streaming or video recording, but we will work as a facilitator to gather that expertise and where relevant and possible, seek out the financial support so that the project can happen. The Committee has assisted in the development of many previous proposals and we can use that expertise to help your proposal come to fruition.

We hope that you will consider putting forward a proposal and we will work with you facilitate its development and delivery.

Asking for feedback: Do you care about the NZAP Complaints Process?

This article is about a review * that might result in a significant change for NZAP. We hoped that it might assist the membership to give feedback and to stimulate discussion, if we presented our thinking about the Complaints Process in the form of pros and cons. The review team has already had several Zoom meetings and have found that it has taken us a surprisingly long time to get some clarity about the issues raised by this review. The question is more complex than it seems.

Please take some time to look at the pros and cons that we have developed. What do you agree with? What would you like added? What should be ignored?

If you have any comments please email roz@estamore.co.nz

Reasons for letting PBANZ and the Health and Disability Commission (HDC) handle client complaints

1. Having an NZAP Complaints Process means that the same complaint could be investigated twice: once by NZAP and again by the HDC/PBANZ. This can be very stressful for respondents.
2. For any member being investigated by other members of NZAP, there is the added complexity of overlapping roles and the potential to damage relationships within the organisation.
3. If NZAP was not managing client complaints the Ethics and Professional Standards Committee would be free to provide advice and support for any member who was subject to a complaint.

4. The NZAP process relies unduly on the expertise of one person, the Complaints Convenor.
5. It is possible that members of the public may not have the same level of trust in professional organisations, to properly investigate their own members' behaviours?
6. Investigating complaints takes many hours of members' time and has a financial cost.
7. Its increasingly hard to find volunteers for the roles involved.
8. Because of indemnity requirements, complaints often involve lawyers which can add to the costs for NZAP and sets up an adversarial process, therefore limiting the possibility of healing.
9. PBANZ was set up to protect the public and we should let them get on with that job.

Reasons for keeping the NZAP Complaints Process

1. If NZAP did not have its own process, members who are not registered would have to follow the HDC guidelines and be subject to the HDC complaints process.
2. NZAP would lose the opportunity to manage complaints and to learn from them.
3. NZAP would have to make special efforts to keep awareness of ethics and ethical practices alive in the Association.
4. NZAP would have to trust the PBANZ process.
5. The Complaints Process is the last remnant of NZAP's historic role in ensuring the highest standards of psychotherapeutic practice in Aotearoa.

The review team intends to:

- discuss feedback received as a result of this article;
- interview individual members for an in-depth discussion of the issues raised;
- use a Zoom Meeting and Connect to invite further feedback.

Finally, the review team will write their conclusions and recommendations for Council and present these for publication in the Newsletter.

Review Team: Ros Broadmore, Brenda Levien, Clare Greensmith and Andrew Jones.

*The task of the review team is to review the need for an independent NZAP Complaints Process and to look at the role of the Ethics and Professional Standards Committee.

Colleen McMaster Davison

A tribute to an eminent psychotherapist Judith White, Audrey Lane and Louise de Lambert



The development of Colleen's professional life and significant contribution to psychoanalytic psychotherapy in New Zealand and Australia is worthy of note and of honouring.

Whilst Colleen was a woman of many interests and talents including a deep love of family, music, reading, food, and wine, her professional career was influenced by an active involvement in the Playcentre movement which all four of her children attended with her. Colleen embraced the Playcentre philosophy created by its founder Lex Gray and became absorbed in its way of understanding early childhood learning and development.

Colleen undertook the extensive training that Playcentre offered and wrote a book on group work which was published for the Playcentre resource service. Suitably experienced, Colleen then embarked on appropriate trainings that were available at the time. She began practising at the Lister Building in downtown Auckland, and at Auckland Family Counselling and Psychotherapy in Owens Road, Epsom, and then at the Lister Centre in Mount Eden Road.

Colleen and her colleague Audrey Lane became members of NZAP in 1993. In those days, achievement of membership of NZAP through what was more like an apprenticeship was regarded as a significant recognition of experience, capability and ethical practice in psychotherapy.

Colleen became an avid scholar of Donald Winnicott, a renowned British paediatrician and psychoanalyst whose seminal work “Playing and reality” captured Colleen’s interest and enthusiasm, as his work was a progression from what she had learnt at Playcentre.

Auckland Family Counselling and Psychotherapy (AFCP) became a well-respected service and centre for working with children and families, and in her time there Colleen saw patients and also taught in a variety of modules for ongoing learning in the professional community. She became a loved and respected member of the NZAP Admissions Committee and marker of papers presented for membership.

It was at AFCP that Judith first met Colleen and Audrey when attending the monthly Journal Club meetings, from where Judith worked at the nearby Mount Eden Medical Centre.

From time to time AFCP invited guest speakers from the psychotherapeutic institutions of Perth, Melbourne, Sydney and Queensland, and it was from their inspiring and learned seminars and with their encouragement that we, the Journal Club members, trained

ourselves over a three year period using Australian training methods, curriculum, and code of ethics.

From this we developed our own training programme, membership requirements and code of ethics and finally our own constitution. This was a major undertaking in large measure due to the diligence and endeavours of Colleen and her colleagues at AFCP, and in 1997 IPP, the Institute of Psychoanalytic Psychotherapy, was officially established.

As a founding member of IPP Colleen made a major contribution to the training groups that followed. Her particular attention to the details of the format and content of the training programme was invaluable, as was her skilled attention to the written word.

Colleen liaised with colleagues in Australia, and garnered admiration, support and respect from the related training committees and executive members of the Psychoanalytic Psychotherapy Association of Australia (PPAA). Subsequently, in 1999 the PPAA changed its name to incorporate NZ, becoming the Psychoanalytic Psychotherapy Association of Australasia, whilst IPP became NZIPP.

Colleen undertook a great deal of work for the PPAA, including reviewing books for the PPAA Journal and writing tributes and obituaries for past members.

NZIPP hosted two conferences of the PPAA, one in Auckland and the other in Queenstown. The successful workings of these were largely due to Colleen's earlier endeavours to build a bridge between the New Zealand and Australian Associations. Overall, Colleen made a substantial and significant contribution to the recognition and success of the organisations to which she belonged.

Sadly, ill health eventually took its toll on Colleen's usual vitality and energy although she carried on with dedication and determination.

These significant achievements and contributions to the development of psychoanalytic psychotherapy were recognised and honoured when in 2009 Colleen was presented with the Distinguished Service Award by NZAP.

Colleen leaves a special legacy and will be remembered as an enlightened advocate of psychotherapy in Aotearoa New Zealand, a wise mentor, therapist and supervisor, and above all a friend to the three contributors to this tribute.

The psychotherapy community has lost an acknowledged and honoured member.

Jan Elizabeth Currie

Celebration and Eulogy



The celebration of Jan's life was held in the Transitional Anglican Cathedral in Christchurch on Saturday 29 February.

About 200 people gathered to remember her. The service gave a rich kaleidoscope of her life, a life well lived. Her children and all her grandchildren, and a couple of close friends made contributions.

Jan was 88 and had only recently celebrated her birthday, back up at her home known as The Rock, now rebuilt after the earthquake.

Vanda McKerchar delivered the eulogy below for Jan:

Jan was an amazing person!

Most of us are here today because we were fortunate enough to experience Jan's graciousness, generosity, gentleness and sense of fun. Each of us had our own unique relationship with her, and she will live on in my heart and memories.

I want to outline Jan's contribution to psychotherapy and to NZAP.

From her early days of nursing and her work in the local church in Wellington, it became clear to Jan that in order to help people, she needed a greater understanding of what troubled them.

In America with her family, Robin encouraged Jan to pursue further study. At The Foundation for Spiritual Help at Briarcliffe she gained a Master's Degree in Science, majoring in Psychology. During that time Jan underwent her own personal analysis three times a week for three years.

After Robin's tragic death Jan returned to Christchurch with her teenage children and began to build her career in psychotherapy at The Presbyterian Support Centre (Campbell Centre). At this time Jan made friends with members of the medical profession. They met regularly to grapple with complex psychotherapeutic issues. Those friendships have continued and deepened over the years; they were firm right until her death.

I first met Jan in 1979, when I was expecting our first child. Jan was running her first Parent Effectiveness Course which I attended. That was the beginning of over 40 years of friendship.

In 1981 Jan became a member of NZAP. For 36 years she worked tirelessly for the Association. In 2004 Jan was honoured for her work

by being awarded a Distinguished Service Award. I will now read **part** of the citation which accompanies the award:

“Over the past 20 years Jan has worked with enormous enthusiasm, integrity and passion for the development of both the Association and psychotherapy as a profession.

“Jan was a Council member from 1985 to 1996, and the Association benefited enormously from her astute mind and attention to detail, linked with a sensitivity towards others and an enduring sense of humour. From 1991 to 1996 she served as President and past President. She has been a much sort after teacher and supervisor and has accepted regular teaching engagements at Poly-Tec and Christchurch medical school.

“Jan has contributed significantly over the years to many aspects of the Association’s development, to the professional standing of psychotherapy in New Zealand, and the promotion of psychotherapy amongst colleagues.”

Two things not covered by the citation (which I wrote), were that during her time as President, after much heated debate, she ushered in the requirement for all psychotherapists to have regular supervision of their work. I know how important this achievement was for Jan.

Past President Roy Bowden wrote to me expressing Jan’s devotion to caring for people. He speaks of her intellectual grasp of theory and her courage when complex issue arose during her time as President.

Also not covered is the enormous energy Jan put into the area of grief. Her own experience of the death of Robin, her mother, her father, and her analyst all in the same year, together with her exposure to grief work in America, motivated her ground breaking work on grief. She advertised a grief group. Over 100 people signed up. She set about training leaders and supervising their work. In 1986 Jan invited

Elisabeth Kubler-Ross, who pioneered a model for discussing grief, to visit. Christchurch Town Hall was filled, as were the Wellington and Auckland Town Halls. Even during her time at Edith Cavell Home, Jan continued to comfort and be alongside those who were dying and their families.

In both her professional and personal life Jan embodied gentleness, graciousness and generosity. I will miss her calling to say “Let’s go to Taylor’s, the surf is up”. Or “Carpé Diem.” I seized many moments with Jan. I will miss walks along the beach with Jan, from the days with her dog Jessie, to the days with her walking stick. But always with a mandatory ice cream - Jan **loved** ice cream.

She was my mentor, my colleague, my friend and my buddy. We have surely been privileged to have walked with Jan along life’s journey.

Pele Fa’auli 1961 – 2020

The Tau Ihu o te Waka a Maui Group remembers



Our cultural supervisor Pele Fa’auli died suddenly in March.

Pele began working as a cultural supervisor for NZAP members in Te Tau Ihu o te Waka a Maui, responding to our request for someone with a thorough knowledge of Tikanga Māori as well having counselling training. We first met in a pokey room in the truck section of Founders Park. Later, as this room

became too cold, we moved to the Quaker House in Nelson.

From the beginning Pele lead us gently to listen differently and with an open mind. We always began with karakia and waiata, followed by a general wellbeing check. There was both teaching and case work as well as general discussion of how Māori and Pacifica experienced life in Aotearoa. Pele was not from this area so was able to take an overview of the Tau Ihu politics and inter-iwi tensions. Naming our sessions “cultural aroha” enabled Pele to let us know what he gained from us in the sessions, as well as sharing his enjoyment of his love for Tikanga Māori. Sessions concluded with waiata and karakia.

The branch was greatly assisted by Pele in the planning and running of our 2017 Conference. He wrote the mihi /welcome which is quoted below and he co-facilitated the opening night as well as liaising with Whākatu Marae. He was a keynote speaker at the Christchurch Conference.

Pele often told us that his knowledge and experience in Tikanga Māori was the result of having been bought up by his grandfather, a native speaker, who taught him to be generous with his knowledge as both he and his grandfather believed the more we knew, the more we would understand.

The Tau Ihu o te Waka a Maui group will remember Pele with love and gratitude.

Kirsty Robertson

Pele’s mihi to the Nelson Conference

Tukua te wairua kia rere ki ngā taumata
Hei ārahi i ā tātou mahi
Me tā tātou whaingā a rātou mā
Kia mau kia ita
Kia kore ai e ngaro
Kia pupuri

Kia whakamaua
Kia tina! TINA! Hui e! TĀIKI E!

Allow one's spirit to exercise its potential
To guide us in our work as well as in
our pursuit of our ancestral traditions
Take hold and preserve it
Ensure it is not lost
Hold fast
Secure it
Draw together! Affirm!

It is hard to express how fully Pele embraced Spirit. Everything, and every activity was referenced to the Atua, and he invited us to join, in our own understanding, with this delightful way of being and seeing our lives and our work. For me there was such aroha and wisdom in our sessions I would always walk away uplifted and inwardly singing the waiata that he taught us and played so beautifully on his guitar: "This guitar only plays love songs and lullabies," he said. Arohanui great soul. I know you are with us in Spirit.

Geoffrey Samuels

Pele knew about psychotherapy because he understood so well what I said. After all, isn't psychotherapy essentially about understanding the other? He was a wise and generous man. He wove my Pakeha thoughts into a Māori way of thinking. I valued that so much. Rest on the clouds with the angels my teacher and friend. You will always be part of my being.

Susan Lugton

E Kore e kore, e pō e pō, e ao e ao. Takiri mai te ata, Korihi te manu,
Tino awatea, Ka ao Ka ao, Ka awatea. Tihei Māuri ora.
Out of the great potential comes the night and comes the world.
Birds sing and it is dawn. The world is forming anew.

We started most Cultural Aroha sessions with this karakia.

We met monthly for nine years. This was a blessing. After each month's gathering I often felt the sense of having been to church in the very best sense, blessed. Pele's death is a great loss to us regarding our Māori clients who could meet with Pele when they were troubled and fearing that they were cursed. Pele had a deep way of connecting to his tīpuna so that he could understand the underlying dynamics and convey a sense of peace to our clients. What I so loved in my time with Pele is hearing him talk to us about wairua tears, different than tears from sadness but rather tears that come from the depths and the height of spirit. And Pele would stop in the middle of starting to say something to us and his lip would quiver and he would be taken over by spirit, by his tīpuna, by the Grace of the Atua.

And more and more Pele would receive messages from his tīpuna, often about 1:30 am, about what he needed to be sharing with us. Our last session with Pele was four days before he died. He asked us each about our individual pou, our poles of sustenance that holds and sustains us. He wanted to know this so he could share more with each of us what we needed. He taught us the most important thing in working with others is to believe in their potential and to connect wairua to wairua for without that nothing of importance can happen.

I had the honour to be asked by Pele's whanau to speak at his tangihanga on behalf of us, his Cultural Aroha group.

Kua hinga te tōtara o Te Waonui a Tāne.
The tōtara in the great forest of Tāne has fallen.

Whakakī tō hinengaro ki te pone, whakakī tō ngākau ki te aroha,
whakakī tō mahi i te ao.

Fill your mind with truth, fill your heart with love, fill your life with
service.

Yes, Pele did that for us and now we must carry that legacy on.

Burke Hunter

Dr Robyn Hewland

QSM; MBChB; FRCPsych; FRANZCP; MNZAP

*A foreword written by Roy Bowden for the chapter on psychotherapy
in the book “Going upstream for changes” by Robyn Hewland (to be
published in 2020).*

Dr Robyn Hewland held an expansive view of psychotherapy from the
beginning of her journey, which began in the medical profession.
NZAP, Te Rōpu Whakaora Hinengaro, owes much of its
determination to be holistic to Robyn’s all-encompassing personal and
social concern as a member and as President.

Robyn told me she was taught to keep asking, “Who? What? Where?
and Why?” when working with patients, clients, colleagues and
change agents. During her outstanding career as a psychotherapist,
psychiatrist and social visionary she asked those questions when
people’s important needs were not attended to. Her constant search for
new knowledge kept NZAP members alert to innovative insights
which enhanced clients’ lives personally, socially, spiritually and
culturally.

Robyn was not content to highlight change, she made it happen. She
believed there had to be a way forward and did not rest until NZAP
and other organisations created effective policies and practices with

the needs of people in mind. Robyn has had an impact on psychotherapy internationally and continued to remind herself and New Zealand colleagues to expand knowledge by accessing worldwide research. Early in her career she established relationships with colleagues in te ao Māori and honoured those connections.

As a psychotherapist Robyn knew it was important to reflect on her own history and the way relationships affected her. Her conversations urging change also revealed her willingness to address her own way of being in the world. Robyn's tender concern for colleagues in distress, clients she encountered in therapy, prisons, hospitals, communities, residential settings, and organisations, drew people to her.

Robyn was honoured as a Life Member of NZAP. Her creative presidency resulted in the establishment of fundamental guidelines for the profession in Aotearoa. Her strong loving presence at NZAP Conferences, branch meetings, and in forums, will always be remembered.

Soon Comes Winter and our Discontent: Real and perceived risk of Covid-19 and its effect on our choices Dr Gerald Maclaurin

Note: All data in this article is as of 5 April 2020. Since this was written new cases of Covid-19 have been dropping steadily, deaths have greatly increased from clusters occurring in rest homes, the New Cases rate has fallen considerably and community spread has remained a tiny 6 cases out of 1366.¹

¹ For NZ data as of 14 April, please see:
<https://www.newsroom.co.nz/2020/04/14/1101216/covid-19-in-nz-the-numbers>

Or as, when an underground train, in the tube, stops too long
between stations
And the conversation rises and slowly fades into silence
And you see behind every face the mental emptiness deepen
Leaving only the growing terror of nothing to think about;

T S Eliot, *Four Quartets*.

Given the blanket coverage of this latest pandemic almost no one is unaffected by the collective narrative of risk and potential death. Humans have a horror of contagion, especially from each other, and stories of the Black Death still echo in our collective psyche. This horror of contagion combined with the enormous drama and suffering unfolding across the world alters our feelings and behaviour in unprecedented ways. It is against this backdrop that the accurate and perceived risk from Covid-19 in NZ matters hugely. There is no way to have a completely accurate assessment of risk given the current data worldwide and locally, but there is increasing evidence of the likely risk and this evidence is widely available to us.

One of the problems with publicising accurate risk to *individuals now* is the collective need through our government to minimise *future community spread* and hence *individual risk in future*. Like many public health initiatives there is a significant cost emotionally and now economically, in motivating the collective to radically change behaviour. (For example, cervical screening results in much higher concern about disease, regular, uncomfortable, intrusive examinations for millions of women, leading to frequently painful investigations beyond the screening check, for the real gain of a reduction in death from this disease.) One of the public health costs of community containment of Covid-19 is a further increase in the already massive and contagious alarm across the country, partly driven by media but now confirmed through the necessary government initiative to ‘lock down’ our entire population. This has been noted in previous pandemics – the parallel of contagion: first the virus then the panic,

through the populations affected.² (Another observation is the collective amnesia of the pandemic in the population, once the risk has passed.³)

The second obvious cost is the severe economic recession now looming, which many commentators have said is already much greater, with more prolonged consequences, than the 2008 global financial crisis. Important decisions need to be made now, and with increasing urgency over time, on how long citizens should stay in isolation, how rapidly to unlock the work-force and how to keep vulnerable people safe in the immediate future.

To accurately assess real risk to individuals and the collective now and in the future, we depend on the numbers however imprecise and even distorted some of these will inevitably be. Hence the figures below. There will be a painful and messy compromise needed in the coming months between health and economic risks, with increasing debate between epidemiologists and economists on how best to proceed.

These debates are not just about ‘business’ but the very real effects on all of us, particularly the less resourced, more marginalised communities where poverty and overcrowding already leads to increased incidences of diseases like rheumatic fever and tuberculosis, made worse by confinement and lockdown. This is quite apart from the increased domestic violence and emotional trauma enacted on family members (particularly children), and where ‘recession’ means widespread joblessness and a great increase in poverty with all the consequent ills associated.

With this debate in mind it is worth looking at the figures below.

² Huremovic, Damir (2019). *The Psychiatry of Pandemics, A Mental Health Response to Infection Outbreak*, Springer Publications.

³ Ibid.

MEASURED AND ACTUAL MORTALITY RATES AND INFECTION RATES BY COUNTRY⁴

	Measured Case Mortality	Possible Actual Infection Mortality	Measured Infection Rate per million people
World	53/1000 (5.3%)	13/1000 (1.3%)	141 (Very distorted low infection rate because of minimal testing in many parts of the world.)
Italy	120/1000 (12%)	33/1000 (3.3%)	1900
UK	94/1000 (9.4%)	23/1000 (2.3%)	560
China	37/1000 (3.7%)	9/1000 (0.9%)	57
USA	25/1000 (2.5%)	6/1000 (0.6%)	825
South Korea	17/1000 (1.7%)	4/1000 (0.4%)	196 (High testing)
Norway	11/1000 (1.1%)	2.7/1000 (0.27%)	990 (Close to highest test numbers worldwide over time, nearly twice Germany test rate, mean more accurate rates, hence lower apparent death rate?)
Sweden	58/1000 (5.4%)	14/1000 (1.4%)	33 (Low testing resulting in apparent high death rate but also a bellwether for outcomes when there is less confinement of citizens; see discussion below.)
Czech Republic	13/1000 (1.3%)	3.2/1000 (0.32%)	391 (See below for discussion on lower Covid-19 rates in Eastern Europe. ⁵)
Australia	5/1000 (0.5%)	1.2/1000 (0.12%)	210
New Zealand	1/1000 (0.1%)	0.25/1000 (0.025%)	180 (High testing)

⁴ <https://www.worldometers.info/coronavirus/>

⁵ <https://www.newscientist.com/article/2239497-why-we-still-dont-know-what-the-death-rate-is-for-covid-19/>

	Measured Case Mortality	Possible Actual Infection Mortality	Measured Infection Rate per million people
World Seasonal Flu		1/1000 (0.1%)	
1918 'Spanish Flu'		20-50/1000 (2-5%) ⁶	

Mortality (death rate) from Covid-19 in NZ is one of the lowest in the world by a significant margin for those countries with active testing systems.⁷

This might reflect the fact that we are still early in our exposure and that we closed borders and activated testing, contact tracing and isolation relatively early, along with lockdown. Also, our age distribution means 80% of cases are under 60 years of age.⁸ According to the latest update from the Director General of Health, NZ is now leading the world in the number of daily tests per capita of population.⁹

Our current Case Mortality (death rate of known cases) is 1 per 1039 as of 5 April, which works out at around 1 per 1000 people. This is about the same as annual seasonal flu (1 per thousand people infected).

However, it is likely that the Real Infection Mortality (death rate of all people who have the virus which takes account untested people with minimal or no symptoms) may be about a quarter of

⁶<https://www.biospace.com/article/compare-1918-spanish-influenza-pandemic-versus-covid-19/>

⁷<https://www.worldometers.info/coronavirus/>

⁸<https://www.newsroom.co.nz/2020/04/04/1101216/covid-19-in-nz-the-numbers>

⁹<https://www.newsroom.co.nz/2020/04/03/1113625/spreading-it-without-symptoms-1>

the Case Mortality. (See studies by Oxford University and Imperial College London, on immune testing for past infections in a population groups after the pandemic has passed.)¹⁰ On the other hand, New Zealand is still early in its exposure to the virus so it is likely our death rate will increase but given the lockdown and age distribution of cases so far¹¹ it seems unlikely that the death rate will be high relative to other countries including Australia. **So far, the new cases rate in NZ has been tracking sideways for the last 12 days even with the increased testing, while positive test results are stable around 2.5%.**¹²

The World Case Mortality for Covid-19 is about 53/1000 infections, and therefore possible Real Infection Mortality is more like 13/1000 or 13 times more lethal than seasonal flu. (Seasonal Influenza Real Infection Mortality is 1/1000.) The 1918 Spanish Flu mortality rates vary considerably and the data is basically very uncertain but are generally regarded to range between 20 and 50/1000 or 2 to 5%.¹³

There is huge variation in both Measured Infection Rate and Measured Case Mortality throughout the world. In addition, mortality rates are strongly linked to age: Highest measured mortality rates quoted are 15% for over 80s, 8% for 70s, 3.5% for 60s, 1.3% for 50's, 0.4% for 40s, 0.2% for under 40 years.¹⁴ **Given the differences between measured and actual rates it is likely that these figures**

¹⁰<https://www.newscientist.com/article/2239497-why-we-still-dont-know-what-the-death-rate-is-for-covid-19/>

¹¹<https://www.newsroom.co.nz/2020/04/04/1101216/covid-19-in-nz-the-numbers>

¹² Ibid.

¹³<https://www.biospace.com/article/compare-1918-spanish-influenza-pandemic-versus-covid-19/>

¹⁴<https://www.worldometers.info/coronavirus/coronavirus-age-sex-demographics/>

will be revised considerably downwards with more accurate data¹⁵ to as much as a quarter of the amounts above, but the distribution of risk among age groups is likely to be similar.

Discussion on risk

Countries with low testing will have apparent high death rates since they are not testing their population to get more accurate real infection rates. NZ is a high testing country and therefore our real death rate more accurately reflects the true lethality of the virus in this part of the world and for the age groups most affected.

Countries like South Korea, Hong Kong and Taiwan are held up as examples of places with excellent containment/management of the pandemic. They were exposed early and have dense populations close to China, but were prepared and highly organised in their testing, contact tracing and isolating of cases. Such activities will be critical for containment of the virus as communities come out of lockdown. The fact that people in these countries were also big mask wearers (which partially protects other people around the wearer and reduces viral spread onto surfaces,) is probably not as significant as it appears although this is the hot debate currently.

Many virologists and public health specialists in NZ are saying that masks are low down on the priority of containment measures. Unless they are high hospital-grade and properly fitted they tend to get damp, quickly losing effectiveness as viral particles diffuse through the mask; also, people tend to fiddle with them, increasing the hand to face problem. They protect surfaces and other people more than the wearer – who also remains vulnerable from droplet spread to the eyes.¹⁶

¹⁵<https://www.newscientist.com/article/2239497-why-we-still-dont-know-what-the-death-rate-is-for-covid-19/>

¹⁶<https://www.rnz.co.nz/national/programmes/saturday/audio/2018741498/chris-smith-coronavirus-science-latest>

What is the real risk to each of us as individuals?

Given the models proposed by Imperial College London and Oxford University Groups it seems reasonable to assume that actual infection rates could be as high as four times the measured rate. If we use this figure, we could say the current Real Infection Rate as compared to the Measured Case Rate in New Zealand at this time may be around 4,000 people. If we take away those who are in isolation having tested positive (4,000–1,000), and those recovered (190) we could say about 2,800 people infected with no symptoms or minimal symptoms may be in the community nationally.

However, the large majority of Covid-19 cases in NZ are linked to travel clusters and have already been contact traced, so most of the people in this group should also be in isolation, whether or not they were tested positive.

In addition, ‘community spread’ is currently assessed very low at 2%, with another 17% being investigated,¹⁷ so let’s say 20% of the 2,800 possible asymptomatic or minimally symptomatic people are out and about, being 560 people.

If these figures are accurate, our chances of meeting one of these people in the street or supermarket is about 1 in 10,000 encounters (560/4,800,000).

Given that the risk of getting an infection from such a person is considerably less than 1 in 10 (extreme worst-case scenario chance of infection from brief encounter with someone with minimal symptoms) then our risk of infection is 1 in 100,000 encounters.

Given our likely Actual Infection Mortality in NZ (allowing for a more accurate national figure of mortality over time, perhaps 4x the

¹⁷<https://www.worldometers.info/coronavirus/>

current figure as above) then our chances of dying from Covid-19 from this encounter is way less than 1 in a million, no matter our age.

Even if the above calculations can be debated, with different numbers and outcomes the fact will remain **that risk of infection, let alone death, to each of us as individuals in NZ at this stage, remains extremely low.** So, each of us **as an individual** is safe and we are each doing our bit to keep us **all as a community** that way in the future – there is just the matter of our emotional health and safety along with that of the economy while we do this.

Immediate and Medium-Term Future

We need to accept that this virus will be around for the next 12 to 18 months and effective containment measures now will need to be in place for this period. We cannot lock up our whole country or economy for more than a few weeks without even more dire consequences socially and economically. Even if we do a ‘dance and stamp’ strategy of repeatedly allowing people out to work and then sending us back to lockdown as infection rate rises and falls this will be seriously disruptive in a fundamental way to our lives and livelihoods.

It seems likely that there will now be increasing tension in our minds between our very ‘good’ public health figures relative to the rest of the world and the increasingly worrying, severe economic global recession which is unfolding. We may see a strong debate on moving more quickly to get us back to some form of work, even if this means some rise in infection rates. Like the pandemic, severe economic recession has real implications for suffering and death for the worldwide population and here in at home.

Real mortality and morbidity (ill health) will thus become important in this debate, since these are likely to be lower than the inaccurately high figures currently available due to insufficient data over the whole population. **Decision making individually and collectively is based**

on perception of risk and as this perception changes so too will our choices and behaviour.

At this time, we are preoccupied with the virus and our economic survival, but what are we really risking if we ignore nature's still mild attempt to slow us down and make us go inward, shift our priorities and contain our greed. Typically, we humans see one obvious, immediate threat but miss another, much more calamitous one. Global economic disparities, climate change (with further epidemics or diseases like malaria and tuberculosis also coming our way) and the risk of nuclear war **remain far more dangerous to us than this virus.**

Nevertheless, alternative means of keeping community spread of the virus to acceptable levels will become important. There will likely need to be new norms of social behaviour from how we greet each other, keep physical space and wash our hands, to reduced physical contact, wearing masks and staying home. Most importantly will be an ongoing high rate of testing, contact tracing and isolating of at-risk individuals, particularly the elderly and infirm.

This has significant implications for psychotherapy practice including the assessment of who needs to be seen in person and whether our practices can be made 'safe' for such person to person meetings in the coming months. Such factors as the size of our room, number of doors to enter the building, waiting rooms, shared premises, and wipeable chairs will be important to consider.

How much we will now work online as a new normal, at least for the next 12 to 18 months? How will at-a-distance psychotherapy change our practice in the long term? How effective is such work and what implications does the assessment of this effectiveness have for practice in the future? What about our job satisfaction and burn-out rate if we are largely working remotely over an extended time or more permanently? Will younger psychotherapists be more comfortable

with this way of working? Will our practices survive the economic recession?

Are we all moving slowly towards a more virtual world, glued to our screens, separated from each other physically, some of us partly relieved to have the permission to withdraw from the confronting tension of physical closeness? In 1910, E.M. Forster wrote a dystopian short story called “The Machine Stops”,¹⁸ in which it was socially frowned upon to meet in person and where everyone communicated to each other via small plates that showed moving images of the other as they talked. Just over 100 years later, are we nearly there?

Thoughts about “a time of great uncertainty and fear”

Emma Green



On Saturday evening (21 March) my peer group met via Zoom to discuss our plans for the coming week with regard to the current state of affairs and the evolving COVID-19 situation. This was not our normal procedure but a response to the unusual reality in which we find ourselves. There was a strong feeling in the group that we move to Zoom meetings with clients in order to follow the current wisdom of slowing spread, protecting those who are more vulnerable and so on. We discussed this as being the socially responsible position.

¹⁸ Forster, E.M. (1909). *The Machine Stops*.

I noticed how difficult it felt to take a position that differed. Listening to Jacinda's address earlier on Saturday I had decided to add to the precautions already being observed in our practice (including disinfecting surfaces such as door handles and eftpos machine; removal of magazines; sterilising of cups) by moving furniture to increase the physical distance between myself and clients. Going to exclusively online meetings seemed appropriate for a higher alert level. Now my earlier thoughts seemed naïve, perhaps irresponsible.

Listening to the concerns of the group, receiving a text from a psychologist colleague advising NZ GPs would soon be moving to avoid face-to-face as much as possible, and reading the comments in the recent IARPP forum, I noticed I was erring towards moving to online sessions, despite my earlier decision. I decided that I would take 24 hours to think carefully about how I would manage my upcoming week, and perhaps the future for who knows how long. Was I being naïve in thinking I could continue to see clients face-to-face?

Lynn Ungar has written a poem which I include below because I think it speaks so eloquently to our present situation.

Pandemic

What if you thought of it
as the Jews consider the Sabbath—
the most sacred of times?
Cease from travel.
Cease from buying and selling.
Give up, just for now,
on trying to make the world
different than it is.
Sing. Pray. Touch only those
to whom you commit your life.
Center down.
And when your body has become still,
reach out with your heart.

Know that we are connected
in ways that are terrifying and beautiful.
(You could hardly deny it now).
Know that our lives
are in one another's hands.
(Surely, that has come clear).
Do not reach out your hands.
Reach out your heart.
Reach out your words.
Reach out all the tendrils
of compassion that move, invisibly,
where we cannot touch.
Promise this world your love—
for better or for worse,
in sickness and in health,
so long as we all shall live.

Reading this both comforts me and leaves me with questions – how to “centre down” and find a still place in the body when all around things are uncertain and unstable? When bread in the supermarket is no longer guaranteed we might be forgiven for feeling a certain fraying at the fabric of all that we can, and often do, take for granted. How to “reach out all the tendrils of compassion that move invisibly where we cannot touch?” How to reach out with our hearts in a digital realm where simply looking into each other's eyes is almost impossible to achieve? Is eye contact with clients not one of the most fundamental things we can take for granted in our work? Much like reading and responding to body language and facial expressions, these things are all different in an online context, for our clients as well as ourselves.

Early Sunday morning, following the peer group meeting, I woke from a dream in which I was using a large computer screen to try to plan my strategy for how I would respond to the progression of the virus. The dream felt incredibly repetitive and frustrating as only fevered dreams can be (despite not having a fever the comparison

seems appropriate). The computer would only give me two responses, this or that option, and then I would have to feed another scenario into the screen. It became like a sort of “if this is true, then that” type scenario. I felt the lack of progress, I couldn’t “get anywhere”, it was limiting and linear. In the dream the computer took my full attention. I woke thinking about the differences between computer thinking and human thinking. In its binary world the computer can only recognise *this* or *that*. Black or white. No nuanced shades in between.

As I reflected on the dream through the remainder of the weekend it occurred to me how seductive this binary thinking is. There is a level of certainty to it that gives a feeling of security, a sense of knowing how to proceed. If *this* is true, then *that* must be true (or false), and so on. I was reminded of the difficulty of staying open, of not irritably reaching after fact or reason as Keats so aptly put it. So much of what happens around us at the present time seems characterised by this type of polarising thinking. Jacinda is loved or hated. Britain leaving the EU is an important step forwards, or a disaster. Access to safe abortion as a decision made between a woman and her doctor is a right, or morally reprehensible. Trump is a folk hero or sinister villain. Be socially responsible, or not. Put others (and myself) at risk, or not.

I have been trying to think more broadly about our response to COVID-19. The terror is palpable, in the consulting room and out of it. Perhaps we are no longer individually frightened of infection, unless we have risk factors that make infection dangerous, but are now frightened by the societal and economic repercussions as the reality of job losses and business closures sets in.

At the supermarket early on Friday morning I watched people filling two or three trolleys with frozen food and basics at the same time as I was unable to buy flour or sugar due to empty shelves. Standing, waiting to pay for the groceries I was able to get, I thought of my grandparents queueing with their ration books and living through the Second World War and the Depression. My grandparents told stories

of people who had the sense that they were in something together, fighting a common enemy, whilst we are seeing images on the news of people fighting each other over toilet paper. Fear does not always bring out the best in people.

There are stories of goodwill and generosity, but I find there is also a rather frightening sense of “every man for himself” prompted by fear, lack and uncertainty. At the supermarket I felt guilty taking the last box of tissues for my office. I noticed my irritation at the inconvenience of an empty shelf where the almond milk should have been. In many ways I am privileged beyond belief and perhaps because of this I feel the beginnings of fear that there won’t be enough to go around. I imagine the same fear drives the panic buying we are seeing. I feel ashamed at my irritation at not being able to buy almond milk when plenty of people do not have enough to eat. Later my peer supervision group would help me rethink my shame about privilege and see the vulnerability that is present in the uncertainty when our world is no longer as it should be. Gerald Maclaurin’s email address to NZAP members was a timely reminder that we need maximum support from our colleagues at times such as these and I am grateful to my peer supervision group, supervisor and colleagues for providing that secure base.

The reality is I do not know much about going without, or managing with less, so that others can have a share, except where my family are concerned. I have not lived through food shortages, war, drought or famine. Maybe COVID-19 is here to teach me something. At the weekend I asked my neighbour to let me know if she runs out of anything, perhaps I will be able to help. She offered to reciprocate. It felt good to stand up to the fear of lack. To muster something “civilised” in the face of a more primal fear.

As countries, including ours, close borders I have also been reflecting on this. As a less than United Kingdom leaves the dream of a united Europe and we see a global rise of alarmingly right-wing politics the

closing of borders might perhaps be seen as a response to the more liberal world view of recent years. Yes, there is a genuine reason as we strive to reduce the numbers of infected, but I had the thought that now we have a genuine reason to both fear and keep out “the (infected, dirty) other”. As we isolate ourselves, for ostensibly good reason, what does this mean for community and our sense of connection? How might we strive to reach out with our hearts? To manage our fear in order that we can reach out all the tendrils of compassion? What comfort might there be in acknowledging that we are connected in terrifying and beautiful ways? In acknowledging that these are frightening and uncertain times and that we too are managing uncertainty? That in our connectedness, our lives are in each other’s hands?

I had made the decision to continue to see a very small number of clients face-to-face and had prepared all my other clients to meet online. However, only hours later the call came for the nation to prepare for lockdown and so I will now switch to seeing all my clients online until such time as things return to normal, whatever that may be. These are strange and uncertain times and I have no real answers, only questions. Questions about how best to respond, what to do when it seems impossible to do anything at all and how to be with the fear and anxiety that is in the air. Most crucially I want to be able to maintain my ability to think humanly and creatively, whilst working to remain connected and in relationship, in a world that is increasingly binary and reductionistic.

Reference

Ungar, Lynne (2020). “Pandemic”. Retrieved 23 March 2020, <http://www.lynnungar.com/poems/pandemic/>

The "Nos": The Inner-Net and the Sea of Dreams

Richard O'Neill Dean



An empty room. It is dark outside, although dawn is not far away. The chairs are laid out in an unusual pattern, misaligned groups of three, each grouping facing in towards the centre of the room. It will not be possible for anyone to sit directly beside anyone else. The pattern is known as a “snowflake” and is specific to social dreaming. People arrive in ones and twos, quiet, subdued, perhaps still sleepy. They take their place here and there about the room. Slowly the room fills. It remains quiet. Nobody has ruled out talking and yet talking

does not much occur.

At the time appointed, the beginning of this social dreaming matrix, the doors are closed. Perhaps the brightest lights are turned down a little. Somebody near the centre of the room seems to give a brief introduction, a welcome.

“Good morning. Welcome. In case the experience of a social dreaming matrix is new for anyone here it might be useful to offer a few introductory remarks.

This is an opportunity for dreams that have been occurring to find voice.

Any dream, from any time, that comes into any mind can be spoken.

The dreams come from the matrix and pertain to the matrix; they are to be understood as the common property of the matrix. In response to any dream that finds a voice, any other dream that comes to any mind or any thought, feeling, image, any association can be spoken. The aim is to develop new thoughts and new ways of thinking, in the better understanding of the multiverse. As you came into the room this morning, please imagine there was a hat-stand and an umbrella basket by the door: you have left your ego on the hat-stand and your ‘groupishness’, your sense of belonging to any particular group, in the umbrella basket. They will be quite safe and you can pick them up on the way out at the end the matrix.

It is time to have the first dream.”

Well over 100 years ago, the Viennese doctor, Sigmund Freud, moved from the technique of hypnosis to the technique of free association, retaining the use of the hypnotist’s couch.

It was a happy chance, and even now, a century later, anyone who uses the psychoanalytic couch will be familiar with the profound sea-change that occurs when someone who has been sitting face-to-face with the therapist takes their place on the couch and starts to describe anything and everything that comes into their mind.

Admittedly it is a virtual goal, this goal of free association. There is still much of avoidance, suppression, repression. Nevertheless, there is no mistaking that, if this invitation to “free associate” is taken up in any way fully, then the dialogue is fundamentally changed, deepened almost beyond recognition.

This was the pathway which Freud used in order to investigate the personal unconscious. Slips of the tongue, jokes, memories, imaginations, thoughts, sensations, feelings, emotions and “the royal road to the unconscious”, dreams, all these were the “material” that

allowed the gradual accumulation of a body of understanding about the structure, development and functioning of our inner world experience.

From this technique of listening and relating, Freud came to think of three inner agencies of the mind, the “I”, the “It” and the “Above I”. In order to make these sound a little bit more medically “proper,” later translators into English used the words Ego, Id and Superego, words that were completely foreign to Freud’s original conception. In any case, these were Freud’s three agencies of mind.

Extraordinarily, there is a fourth. This fourth agency of the mind is different in that it does not seem to reside within the mind, but rather “between minds”. This is an outlandish claim and if it was my own claim I would balk at speaking it aloud. However perhaps it is not so strange after all.

If we think of the structure of the brain and wonder where thoughts reside, we might at first imagine they reside within neurons. I do not know the physical truth of what I’m about to say, but it strikes me that in actual fact it is much easier to imagine thoughts occurring in the spaces between the neurons or, more specifically, that thoughts occur in the vast networks of spaces between neurons.

I’m not asking you to take this literally: it is more by way of a metaphor. I am trying to think about the equivalent idea that thoughts can exist in the vast network of spaces between people. We might dream up a name for this fourth psychical agency, the “We”, or the “In Between” or perhaps even the “In, But We”. To reify it so as to sit it along-side the Ego, Id and Super-Ego, we might coin the “Nos”, Latin, the “We”.

Luckily we don’t have to dream up a word because there is already one in use, the matrix (not “the red pill or the blue pill”). The person

to bring this term into the psychoanalytic domain was one of the founding fathers of group analysis, another Sigmund: Foulkes.

Foulkes wrote:

I have accepted from the beginning that even a group of total strangers, being of the same species and more narrowly of the same culture, share a fundamental mental matrix, the foundation matrix. To this their closer acquaintance and their intimate exchanges add consistently so that they also form a current, ever moving, ever developing dynamic matrix.

What we traditionally look upon as our innermost self, the intrapsychic ... world, is thus not only shareable, but is in fact already shared.

My personal experience of group analysis and group work, indeed of life generally, and particularly of life working in a therapeutic community, has certainly compelled me to take quite seriously the idea of the existence of this unconscious social network of thinking that exists “in between” people.

I very well remember when we had a workshop for group work within the therapeutic community hospital where I work. We all made careful records of the different groups with which we were separately involved (the community group as a whole, various individual small psychotherapy groups, house groups). How surprising and extraordinary it was to recognise in the sequence of presentations of experiences that had been gathered at around the same time, the existence of a fundamental commonality of preoccupation, of themes.

Describing it now, it doesn't seem surprising at all. Indeed, I almost wonder how I might have thought it could be otherwise, yet at the time it was both very surprising and illuminating for us all.

So this term ‘Matrix’ was ready and waiting, then, for a later group analyst, W. Gordon Lawrence, the originator of the formal structure of social dreaming. Lawrence begins one of his many papers on Social Dreaming by referring to Milan Kundera’s short story, “The Great Return”, in which Kundera writes about Czechoslovakian émigrés living in Paris and experiencing exile. Irena, the protagonist, recalls the disturbing dreams she had in the first weeks after emigration. She talked with her husband and found that he was having the same dreams.

The novelist goes on to write:

Every morning they would talk about the horror of that return to their native land. Then, in the course of a conversation with a Polish friend, an émigré herself, Irena realized that all émigrés had those dreams, every one without exception; at first she was moved by the night-time fraternity of people unknown to one another, then somewhat irritated: how could the very privately experienced events of a dream be a collective event? What was unique about her soul, then? But that’s enough of questions that have no answers! One thing was certain: on any given night thousands of émigrés were all dreaming the same dream in numberless variants. The emigration-dream: one of the strangest phenomena of the second half of the twentieth century.

Gordon Lawrence was fascinated by the idea of a pool or reservoir of unspoken dreams existing in a social setting.

In psychoanalysis the dream had been used as ‘the royal road to the personal unconscious’, in the service of a person coming to know themselves. Wilfred Bion thought of this as the “Oedipus” direction towards knowing one’s own nature. Bion recognized there was a diametrically opposed, alternative direction towards developing knowledge and he called this the “Sphinx” direction.

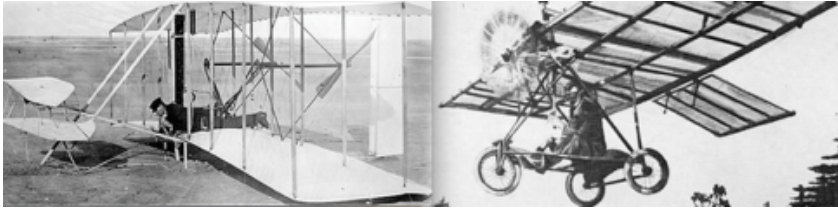
Where, in psychoanalysis, the dream is brought back to the dreamer for the purpose of self-knowledge, in social dreaming Gordon Lawrence wanted to bring the dream ‘forward’ as it were, towards new thoughts and new ways of thinking within its social context. Indeed, it is a hallmark of social dreaming that the dream is never brought back to the dreamer: in social dreaming what I call the “apparent dreamer” is seen as incidental. It just happens that such a dream turns up in that individual mind and it might just as well have turned up in a different mind, from the social dreaming perspective.

We might think of thoughts arising from the matrix in much the same way as social dreaming conceptualises that dreams arise in the social dreaming matrix. This way of thinking was already very familiar to me from a group analytic perspective: I cannot hear something being said in a group without hearing it as coming “from the group” as much as coming from any particular individual, since I now tend to think of a group as a psychic organism.

Monty Python had a skit I remember, in which somebody says “It’s my thought, and I thought of it, and it’s all mine!” This way of thinking doesn’t hold good from a matrix perspective.

I have always marveled that while the American Wright brothers are considered to have invented the airplane, first flying at the very end of 1903 at Kitty Hawk in South Carolina, at around the same time, and completely independently, our own Richard Pierce first flew from a field just inland of Timaru. The thoughts about how to solve the problem of human flight were emerging out of the matrix of human thinking.

For the record there is every likelihood Pierce managed controlled flight many months earlier, actually in March of the same year, 1903. Certainly his aircraft was superior in several ways, particularly in that it flew forwards instead of backwards.



The 'Wright Flyer' on the left and Richard Pearce, right.

This idea of “backwards or forwards” puts me in mind of another strange aspect of the matrix. Freud pointed out that the personal unconscious did not seem to be structured in time but to exist as if everything is contemporaneous. This idea of an absence of time in the unconscious is usually applied to “things that have already happened” (there is a wonderful line in the classic Irish film *The Commitments*; “History is just a whole lot of stuff that’s already happened!”).

Dreams have long invited speculation that the unconscious might also be able to access “things that have not yet happened”. For example, it has been put forward for serious consideration that Freud’s specimen dream, *The Dream of Irma’s Injection*, in which he found himself looking at some strange growths in the throat, presaged his own development, many years later, of a throat cancer which eventually killed him.

Whatever about dreams and the personal unconscious in relation to precience, how very strange when we stumble on indications that the matrix, the social unconscious, does not particularly seem to behave itself in relation to time either: In the mid-1990s, that is to say five or six years before the Twin Towers attack in 2001, in a social dreaming matrix held in New York, one dreamer offered a dream in which he was trapped on a high floor of the Twin Towers: it was after an airplane had crashed into it.

Gordon Lawrence noted “At the time, the dream registered, but there were no residues of previous experience that could be noted, and the

event was unimaginable for the people of the matrix”. It was so unimaginable even the massed choirs of American Military and State Security were caught completely unprepared.

Apparently, in a different part of the world, and also before the 11 September 2001 Al Qaeda attack, when Osama bin Laden and a small inner circle were developing their plan to fly hijacked aircraft into the Twin Towers and the plan was kept to a very small number of people, a serious problem developed. People who were not “in the know” started to have dreams of aircraft flying into tall buildings. Interestingly there are some recorded dreams from this period and from this social setting in Afghanistan. One person who did not know about the planned attack recorded the following dream:

We were playing a soccer game against the Americans. When our team showed up on the field, they were all pilots. So I wondered if it was a soccer game or a pilot game. Our players were pilots.

Another dreamer actually personally told bin Laden he had had a dream of “an aeroplane crashing into a tall building in America.” This dreamer did not know about the operation either, at the time of his dream. Bin Laden has recorded he told the dreamer “to forget about his dreams and not to talk about them or he would upset people”! Understandably it was so upsetting to the Al Qaeda leadership they had to ban the telling of dreams for fear the secret would get out.

If our conventional views of time come under question, viewed from the perspective of the matrix then so, too, do our views of space and separateness and individuality.

I remember, at a GP conference several years ago in Queenstown, seeing presented the delightful results of a clever experiment. Twin cameras recorded simultaneously against a digital clock. On one the owner of a dog was being taken on a shopping spree through the

nearby town. On the other his dog was sleeping peacefully in the dog basket at home. When the experimenter tells the owner, on a whim, it is now time to return home, the first camera several miles away records the dog jumping up out of his basket and going over to wait by the door, waiting for his master's return: so challenging to our conventional view that of course I wonder if this experiment was a hoax.

More recently I have several times heard reference to an experiment which records how, when monkeys on one island learn to solve a set puzzle, a separate population of the monkeys on an adjacent but quite separate island could solve the puzzle more quickly. Is this "Santa Claus" thinking? Do you believe in Santa Claus? Or Yuri Geller, the famous con artist, bending spoons, all over again? I don't know the answer of course. I find it intriguing. It seems unlikely such things can be so.

I have recently heard of a person skilled in deciphering the morning's crosswords who maintains it is easier to solve the more complex clues in the afternoon because, by then, the answers 'are in the air'. Perhaps, as Hamlet says: "There are more things in heaven and earth, Horatio, than are dreamt of in your philosophy". Horatio wasn't familiar with social dreaming.

It is well to keep our feet on the ground. My own imagination suggests the ready data for an experiment on a massive scale: I would have thought, if there was any trend towards "knowing the future" or transcending space/time, it should be readily discernible in the millions of numbers that Lotto subscribers, through avarice or despair, have submitted over the years. There should be an unexplainable drift, each week, towards the actual numbers that get drawn. I personally very much doubt this drift is in evidence. Yet despite my scepticism, I remain intrigued.

If I say to you “This room, even in this silence, is full of different conversations in many different languages and I can listen to them,” you may come to doubt my mental health. However if I produce the correct equipment for picking up these different conversations you will say “Oh yes! Of course. The transistor radio.” Perhaps in a way analogous to this, social dreaming provides us the correct equipment to pick up a multitude of conversations, ideas, thoughts of which we would otherwise be unaware.

Carl Jung had been interviewing a new patient. After asking a whole lot of questions about the person’s life and circumstances, he is reported to have said: “Now let’s get the objective facts. What have you been dreaming?” That, of course, is moving ‘back to the dreamer’. The social dreaming approach asks “What dreams are coming up here in this social setting, and how do they resonate and echo each other? What thoughts and images and reflections spring from these dreams in this matrix? What new thoughts and what new ways of thinking emerge from this?”

So if we go back to that room with its chairs in a snowflake pattern and the call for the first dream or, more currently perhaps, a large dreaming matrix hosted on Zoom, what happens next? It is difficult to create an impression of something that is so essentially a subjective experience. I can certainly offer some pointers from my own experience, but I do not mean these should carry any particular weight. It is more just a sequence of impressions.

Firstly, I might notice the tendency towards loss of an individual perspective: “I am me and this is my thought, and this is my dream” seems not to apply so readily anymore.

I usually close my eyes. I hear what I thought was my dream belonging to others. Associations shift and shimmer so that nothing stays quite clear and nothing stays quite where it is put. What is ‘me’ and what is ‘not me’ is no longer certain.

I remember a dream in one matrix that involved an association to Burt Munro, the man at the center of the story “The Fastest Indian”: someone in the matrix couldn’t hear the name and asked. A voice repeated the name and then another and then another until it felt like we were answering a rollcall and yet we were all the one person, Burt Munro. Very peculiar. Perhaps this is not altogether dissimilar to the experiences of universality that are reported in meditation practice.

It seems to me the matrix can start to dream its own nature through the dream imagery and dream associations. I remember a description of a strange but beautiful telephone exchange of endless subtlety and complexity: I started to gain an increased understanding of matrix.

Perhaps most vividly I remember the feeling that arose through the dream images and associations in another particular matrix:

I am suspended in a dark and infinite ocean, or perhaps an underground and pitch-black cavern full of water or maybe adrift in the cosmic darkness of outer space. There are countless shimmering nets trawling through these waters. And this black ocean is inhabited by black and invisible fish. If these fish swim into a net they light up, become iridescent. They may swim out of the net again and return to blackness or they may be held and caught.

I was struck with the similarity between these sorts of imaginings and Wilfred Bion’s idea about how thoughts and dreams are pre-existing and awaiting a thinker or a dreamer. From this peculiar point of view, presumably if the thought or dream does not lodge in one person’s ‘neuronal net’ it will swim free in darkness until it lights up in someone else’s mind. The “Inner-Net” and the Sea of Dreams. Curiouser and curiouser.

Such personal impressions are limited in their value. What are the specific clinical and social applications of social dreaming? To what use can it be put? I can only speak generally here.

Social dreaming is an approach this has apparently been usefully employed in situations of mass upheaval and human conflict. I have no direct experience of this, but I have read of its value in the Peace and Reconciliation process of post-apartheid South Africa. I have read of its application in the terrible Israeli/Palestinian conflict, the legacy of Britain's surprisingly early claim, dating from 1840: "A land without a People for a People without a Land."

One of the things that seems to have been learned in these severe conflict situations is that the same dreams are being dreamt on each side of such conflicts. The mutual discovery, in a social dreaming matrix, that this is so has a powerful capacity to reduce the tendency towards the marked use of the primitive defences of splitting and projection. I might imagine that while the society is split the matrix seems not to be so.

Social dreaming has been used in the field of organisational consultancy, for example as it has been developed by the Tavistock Consultancy Service in London. The essential idea is this:

Organizations operate on three different levels. Firstly, they operate at the level of what they say they are doing and what they think they are doing. Secondly, they operate at the level of what they are actually doing. Thirdly, most fundamentally, and most unconsciously, they operate at the level of why they are doing what they are actually doing without fully knowing the reasons why they are doing it. This third level is the matrix level.

Social dreaming is used as a method of access to this third level of the social unconscious underpinning of action within large organisations. I found it quite surprising to learn the number and size of

organisations that have actually used social dreaming in this way. Particularly at times of major organisational transformation, upheaval, discord in the workplace, restructuring and industrial action, social dreaming has developed some record of facilitating new levels of understanding and insight into what is happening, and improved ways of thinking and functioning to address the problem aspects of what is happening. Social dreaming has been used within community groups, church groups, youth group organisations and schools in a similar way.

My own experiences of participation in a social dreaming matrix leads me to believe it has increased my capacity for creativity of thought. It may seem this is a vague claim, but I am as certain of it as I am that my participation in a Balint Group has been helpful to my clinical practice, and for a related reason. Both Balint work and, albeit in a different sense, social dreaming work seek to undo our tendency to develop the belief we have hold of a definitive understanding. Social dreaming stakes its claim for this capacity continually to open up multiple perspectives through its use of the term “multiverse”.

To paraphrase the British Geneticist and evolutionary biologist, J.B.S. Haldane: “The Universe is not only stranger than we imagine, but stranger than we can imagine.”

Social dreaming has managed to widen this yet further with its co-option of the concept of the multiverse; not just stranger but more various also.

When we look at so-called “primitive” society structures, those that have proved their sustainability by surviving the longest, far, far longer than any of our grander “civilisations”, I understand these ancient society structures are those with greatly extended conceptions of “the family”. In such societies I think we see very much less emphasis placed on the “Me” and much more placed on the “We”. I have every belief this apparently new field of social dreaming is

really, itself, very ancient: I can imagine those almost-timeless “primitive” society structures always held a natural place for the dream as a source of knowledge for the society.

At a time in Western history when Freud’s “I” seems to have become evermore a narcissistic “me, me, me!”, it may well be that we need access with some imperative to this unconscious We, the Nos, the “inner-net” for the Sea of Dreams. At this time particularly we can certainly benefit from new thoughts and new ways to think.

Editor’s Note: The COVID-19 crisis and lockdown have made provision of references for this article not possible; please accept it as an extended reflection rather than a scholarly article.

**A brief critique of ‘The Call of Darkness’ by
Dr Larry Hedges, in the
Aotearoa/New Zealand context
Séan Manning**



The truncation of the recent Wellington Conference in response to the COVID-19 emergency, and the instruction not to come if we were not already in the capital, was, I think, the best decision that could be made, and I am aware that both the NZAP Council and the Conference Organising Committee devoted many hours to considering alternatives before that directive came. It must have been a hard week.

The fact that the keynote speaker had to go into isolation, and subsequently had to return to the USA earlier than planned, in many ways forced the decision. So it was very good to see Dr Hedges present his keynote address via videoconference, and, after returning to California, to similarly broadcast the 'Call of Darkness' post-conference workshop. His pre-recorded seminar with an introduction and afterword in person was a thoughtful and erudite presentation. It was not planned as an interactive event, though questions sent in during the seminar were addressed by Dr. Hedges at the end. The organisers, Catriona Cairns and Patricia Ford, deserve recognition for doing what could be done under difficult circumstances, and a particular acknowledgement goes to Sue Morrison, who described a very steep learning curve over managing the technology, and who chaired the event. A big personal 'thank you' to all those involved.

Appreciating its form, and the opportunity it represented, I would like to make some comments on the content of the 'Call of Darkness' seminar. I will say at the start that I am prompted to write because, while I found Dr Hedges approach articulate and stimulating, in some respects I found it problematic, and in others manifestly wrong.

The title comes from a hypothesis that 'darkness' in the sense of sleep following an episode of intense distress in an infant can 'call' a person in later times of relational distress.

Babies vigorously protest intrusions into their need space and may kick, scream, cry, arch their backs, hold their breaths, bang their heads or flail wildly in pain and angst until exhausted and then fall into sleep—the peaceful retreat of “darkness”, the relief of unconsciousness. Vulnerable individuals later in life may have this early retreat to peace and darkness triggered in situations of extreme hopelessness, helplessness, despair and psychic pain. (Hedges, 2018, pp. 60-61)

Dr Hedges calls this the ‘simple’ answer to the question, “why darkness?” For a more complex approach he cites Sigmund Freud’s last writings on the ‘split in the ego’, and invokes Alice Balint and Otto Kernberg in support of the idea.

Freud meant that the earliest sense of agency, “the I”, necessarily becomes split as it deals with the world. That is, while one part of “the I” reaches exploratorily into the world, another part of “the I” maps what it finds—that is, actively creates and in some sense then becomes an internal representation of what is out there... One might say there is a “me-self” and an “other-self” both in the ego, “the I”. (p. 62)

...when in infancy the “other-self” is experienced as traumatizing then the interactional-narrational quality of the internalized other is likewise traumatizing... In the Organizing experience the internalized narrational quality requires a shutdown, a retreat toward or into darkness—a loss of consciousness. (p. 63)

This is an elegant amalgam of theory from a very knowledgeable and experienced psychoanalyst, and an intriguing description of how the suicidal idea takes root and provides a comforting retreat in fantasy, when life fails to deliver on its promises. Dr Hedges also suggests that in some people who experienced relational abandonment very early in life, relational overstimulation, the possibility of intimacy, might also trigger a self-destructive urge.

These hypotheses are elaborated by enlisting a developmental schema described by Margaret Mahler (1963) and later by Mahler, Pine and Bergman (1975), in which infancy is described in terms of a developmental sequence of four stages (in Hedges’ formulation).

- The organising experience (Mahler’s ‘autistic’ stage); plus or minus 4 months

- The symbiotic experience; 4-24 months
- The self-other experience; 24-36 months
- The independent experience; 36 months plus

Dr Hedges divides suicidality into categories, according to the level of trauma experienced at each of these stages. He divides suicide ‘completers’ from suicide ‘attempters’ and ‘ideational’ suicides, who think about it but do not act on the thought. These are, in Dr Hedges’ scheme, tied respectively to the first three stages described by Mahler, Pine and Bergman.

In support of this hypothesis, Dr Hedges states that all suicide completers and many attempters have at one time been diagnosed with ‘some kind of severe or borderline mental disorder’. Severe mental disorder, or psychosis, in the Mahler, Pine and Bergman hypothesis, is related to disturbance at the ‘autistic’ stage, borderline disorders to the ‘symbiotic’ stage. He also claims that suicide completers are a separate group from the attempters. Depression is deemed to be a big predictor, with 15% of clinically depressed people killing themselves (here Hedges is quoting other others; see p. 352).

At this point some serious questions arise, both at the level of theory and at the level of data. At the level of theory, the Mahler, Pine and Bergman hypothesis came under attack in the mid-1980s, particularly with the publication of Daniel Stern’s watershed book, ‘The Interpersonal World of the Infant’ (1985). Basing his theory firmly on the emerging literature from ‘baby-watching’ researchers, Stern suggested that it is quite wrong to divide infancy into stages, that while development may take apparent jumps from time to time, the senses of self – emergent, core, intersubjective and verbal – develop alongside each other in a relational narrative that begins at birth. While Mahler asserts that attachment begins at about four months, the evidence strongly suggests that a conversation between parent (usually mother) and child begins at birth, or before, and continues in a narrative characterised by greater or lesser degrees of coherence,

rupture and repair to form a series of overlapping ‘senses of self’ (Stern avoids reifying the ‘self’) and attachment schema.

Dr Hedges did acknowledge Stern’s critique of Mahler’s model, but dismissed it, reporting that Mahler had reacted with, “I didn’t say that”, or words to that effect. Dr Hedges added that Mahler’s terms are merely metaphors, though his own model would seem to reify them, treating Mahler’s stages as quite specific traumatic locations which produce very specific and discrete symptomatology. However, all the weight of subsequent infant development and attachment literature, with its solid foundation on research data, supports a continuous development model rather than any ‘ages and stages’ approach. The nature of the attachment schema is much more predictive of psychological difficulty than the extent of the trauma or the age at which it occurs.

At the level of data, Dr Hedges’ formulation runs into more problems. It is simply not true that there is a discrete difference between attempted and completed suicides, or that most suicides have been diagnosed with serious mental health issues. Previous suicide attempts are a well-established predictive factor, and while a number of mental health diagnoses are associated with increased suicidality, this is not necessarily the case. The great majority of suicides have been preceded by other attempts, and warning signs. The link with depression is also questionable. While few would dispute that depression is a risk factor, a quick calculation shows that in 2014 (the most recent year we have reliable data), there were 529 suicides in this country, while over 600,000 adults were diagnosed with depression.

If the suicides mostly were depressed, this is 1 in 1,245, or 0.0008 or 8/10,000. So, yes, depression is a predictor, and perhaps most people who take their own lives are to some extent depressed, but it is not that good a predictor, and it is very questionable to state that 15% of clinically depressed people take their lives, even allowing for lifetime prevalence as opposed to the ‘snapshot’ figures I am using here.

Moreover, suicidality is related to ethnicity, with Māori, and particularly Māori youth, being at much greater risk (Department of Health, December 2016). Suicidal ideation is common, almost normal, among high school students. In 2012, 21% of girls and 10% of boys had seriously thought about suicide in the previous twelve months, and 6% of girls and 2% of boys had actually made an attempt (Clark, 2013, page 22).

Aotearoa New Zealand has long been at or near the top of the OECD table for youth suicide (OECD, 2009). Why do these patterns occur? Are we to suggest that New Zealanders, and Māori in particular, have more relational trauma than other countries? Is Māori parenting relationally more problematic? Are we to believe that we have more relational disruption earlier in life than elsewhere? These ideas do not make sense. While there may well be a relationship between hopelessness and developmental issues, quite clearly, there are societal influences at work which impact on the individual, turning hopelessness into suicidality, but which do not originate in personal history. (Dr Hedges, in addressing questions at the end, dismissed my question about societal factors by simply saying that he did not consider that as he was a psychoanalyst, which was direct and honest, if a little frustrating. In introducing his keynote address at the conference, he did mention that suicide was connected with hopelessness, and that it was particularly prevalent among indigenous people, but he did not develop this theme.)

It seems likely that, somehow, we have unwittingly validated suicide in this society. This is why many marae will not hold tangi in the wharenui in the case of a suicide. They recognise the danger in young people getting together to mourn, holding on to each other tearfully, remarking how beautiful it is. I learned recently of an incident that summed up the danger at such a gathering where a teenage girl remarked that she would like a satin lining like that in her coffin. Suicide has to be related to a validating discourse that has arisen

among us and which is *enfolded*, to use a term from sociologist Nikolas Rose (1998, p. 188) by our children.

This is incredibly important. We have had suicide prevention initiatives in this country for decades, and the Ministry of Health is currently leading yet another initiative. Risk assessment has become a major initiative in mental health services and DHBs have schedules and forms toward that end, yet none of these initiatives appear to have dented the figures. All act toward the same end – get them talking, get them into counselling – all acting at the level of the individual.

On this note, I will say that, while I take issue with Dr Hedges' theory, I really liked his method, which he calls 'relational listening'. If we are going to work with suicidality, he provides us with a wonderful tool, similar in many respects to the approach of Antonia Murphy in her book 'Out of this World' (2017). Here is a way to talk about suicide that is considered, compassionate, and probably effective.

But what if the real problem is not in the individual? Psychological distress, or relational distress as its origin and its expression, are phenomenological in nature – they are lived experience. Suicide is a behavioural response, a solution to a dilemma. What we experience and what we do about it are not the same thing. While there is an argument (Rose's writing is an example) for treating all of our experience as deriving from the world of discourse that surrounds us, let us, for now, treat the lived experience, the phenomenology, according to the traditional, increasingly evidence-based, psychodynamic hypothesis, as deriving from our relational history. But there is no reason to treat what we then do, in response to felt distress, in the same manner. That depends on what the world around us tells us to do, what it validates. In the first half of the twentieth century it told us to be disciplined, to carry on, to not complain, to accept that there was nothing to be done, that stoic suffering was heroic. The structure of the self derived from discipline, particularly in the colonising culture. (Try Dr Truby King's 'Feeding and Care of

Baby' (1940) for size.) In the neoliberal discourse, we are responsible for our experience, we can 'work on' ourselves. This is a radical shift in the instructions – 'working' on oneself means dwelling on the experience, going to therapy, revisiting the narrative over and over to produce coherence, complexity, flexibility.

What we do, as opposed to how we feel, depends entirely on the current world of discourse, not on the stage of early life during which we experienced separation and despair and cried ourselves to sleep. Suicidality is around us, it is validated, particularly among young adults, and very particularly among young Māori males (note that our overall suicide rate places us well down the OECD table – it is only with *youth* suicide that we are at the top).

What if, rather than debate the separation of experiences in childhood, we separate phenomenology from behavior, one deriving from developmental experience, the other from discourse? What would we then do? A shift in perspective could change the conversation around this dreadful suicidal plague, both with individuals and with the larger world of relations.

I am grateful to the learned and articulate Dr Hedges and to those who organised his trip here, for it got me thinking and writing, a considerable gift.

Love and peace to everyone in these fearful times.

References

Clark, T. C., Fleming, T., Bullen, P., Denny, S., Crengle, S., Dyson, B., Fortune, S., Lucassen, M., Peiris-John, R., Robinson, E., Rossen, F., Sheridan, J., Teevale, T., Utter, J. (2013). *Youth '12 Overview: The health and wellbeing of New Zealand secondary school students in 2012*. Auckland, New Zealand: The University of Auckland.

Department of Health. (December 2016). *Suicide facts - 2014 data*. Wellington: Department of Health.

- Hedges, L. (2018). *The Call of Darkness: a Relational Listening Approach to Suicide Intervention* International Psychotherapy Institute.
- King, S. F. T. (1940). *Feeding and Care of Baby*: Whitcombe and Tombs.
- Mahler, M. S. (1963). Thoughts about development and individuation. *The Psychoanalytic study of the child*, 18, 307-324.
- Mahler, M. S., Pine, F., & Bergman, A. (1975). *The Psychological Birth of the Human Infant: Symbiosis and Individuation*. NY: Basic Books.
- Murphy, A. (2017). *Out of this world - suicide examined*. London: Karnac.
- OECD. (2009). *NEW ZEALAND Country Highlights OECD*. Retrieved from www.oecd.org/els/social/childwellbeing
- Rose, N. (1998). *Inventing our selves: psychology, power, and personhood*. Cambridge: Cambridge University Press.
- Stern, D. (1985). *The Interpersonal World of the Infant - A View from Psychoanalysis and Developmental Psychology*: Basic Books.

Perhaps the question is the answer

A. Roy Bowden



The word, ‘uncertainty’, has been a bother, and a guide, throughout my life. Now that I’m in isolation due to the coronavirus pandemic, I have time to think carefully about being uncertain. The patterns of life in Aotearoa are about to change. For many people resources will disappear, lives will be at risk, and the future will be very unclear.

I’ve been reflecting that being uncertain has often served me well. As a therapist, not being sure has helped me wait for more of the client story. Even when it seems the whole journey has been shared and therapy is ended, my notes are unlikely to contain any definitive conclusions because I cannot be sure I know everything.

When theorists, teachers or colleagues attempt to persuade me into their certainties, my uncertainty is triggered. I read or listen with caution, remembering they cannot possibly know the clients I know, nor can they understand the ways I am influenced by family, friends, culture, and the Aotearoa environment.

The same is true when descriptions of client 'issues' are presented. They are often presented as if clients with certain 'conditions' will experience them in similar ways, wherever they live, whatever their experience of life and however they relate within a therapeutic relationship. As a therapist, I suggest ways for clients to view their inner and outer worlds and damage to their sense of self, but there is no way I can offer a guide that is certain.

It is possible to view my tendency to prefer uncertainty as something that needs to be resolved. I've traced it to various influences in my life. My parents lived with uncertainty even before they were married, in a time of war. Doubt and an unpredictable future were often present in their conversations. Their communications were mirrored in the relationships I had with my siblings. I also recall being very uncertain when people I admired could not be trusted any more. Whilst tracing the past has been helpful, there are no satisfying conclusions to be drawn.

I know that if I keep trying to find the genesis of my uncertainty I will be left with more questions. The insights would not satisfactorily explain my tendency to be uncertain or why I enjoy it sometimes and acknowledge it as a gift. If I decided being uncertain was a 'deficit' I would go on a journey to change something I actually prefer to nurture, something that helps me be me. If I viewed it as a psychological issue, I would miss the spiritual, social, cultural, physical and systemic implications that surround me.

I have been afraid and uncertain. I've noticed how it impacts on my spirit, emotions, body, thoughts, and those around me. Uncertainty

and fear cause many people to lose their sense of self and disappear into a kind of darkness. I have been fortunate not to have been paralysed or trapped in extreme despair. However, I have been privileged to be alongside those who reach into those places. They have taught me they know themselves in ways I can never completely understand, and that it is for them to fashion their own way forward.

I've looked for certainty in a number of spheres. Theological training presented Christianity as 'fact'. It was spiritually challenging and many of my colleagues found assurance in the teachings, but my disease was present from the beginning. I shifted to pastoral and counselling paradigms and then to the sociological frames inherent in social work. All the knowledge I encountered built resources in my mind, but I kept searching for more open-ended perspectives.

Philosophy papers introduced me to 'that which we cannot know', an all-encompassing notion which helped me approach every theory, proffered wisdom and widely accepted 'truths', not with scepticism, but with caution. I taught in a university setting and remember hiding my doubts while students and certain colleagues believed implicitly in the words of some scholars and research outcomes, without question.

When I encountered psychotherapeutic theory in the 1980s, there was new-found freedom to question carefully, before accepting tradition. I thoroughly enjoyed conferences where ideas presented as facts were challenged. Association members began to be trained a wide variety of perspectives. Amidst some natural resistance it was decided an inclusive approach would hold sway, and members with 'different' ways of practising psychotherapy would be gathered into the fold. I found it exciting to leave conferences having been stimulated by keynote and other speakers with conflicting views. Now I could share my uncertainty with colleagues who remained true to the principles of psychological ideas, whilst encompassing a wider vision. I also found a place amongst those who acknowledged that questions were more engaging than answers.

During this lockdown period with so many unknowns on the horizon, I fall into uncertainty each day. It is helpful to recall that I often find that an energising state to be in. The feeling is like a signal, reminding me to look mainly outwards.

Near to our home there is a short bush walk named 'The Secret Valley'. I'm told tangata whenua walked there long ago, on journeys which may have been much more frightening than the one we face now. My footsteps are held within the passage of time when I tread that path. If I walk thirty minutes further, I put my feet into the sea and Te Waewae Kapiti o Tara raua ko Rangitane looks back at me. The island has lived through years of colonisation with all its attendant abuse, as well as years of peace now that it is cared for by people of the land. If I think about the passage of time and what is important to preserve, I can live with my doubts and fears for at least another day.

Perhaps the questions hold the answers, challenging me to live differently once I am released back into society. Questions such as: What is it the natural world is calling out for? What does constant movement in all things mean with regard to how I perceive myself moment to moment? What would life be like in Aotearoa if we accepted the principle that nothing stays the same? While we are in pause mode, can I use the time to address inequality, poverty, and that which fuels anger, abuse and violence? How can I use the gift of being uncertain to encourage those close to me to feel secure whilst everything shifts around them?

As I write I notice my hands are shaking. It is so tempting to decide what that might mean. However, it is more healing for me to make a call to family or friends. More settling to acknowledge my fear without spending the night with it on my mind. More energising to wait for tomorrow, knowing that that which I think I know today, cannot possibly be the same the next day.

It is also time to recall people from within the Association like Jan Currie and other colleagues, who could see beyond certainty with tender understanding. The increasingly long line of mentors and Association members who have stayed close and questioned my assumptions leave me suitably uncertain. They are held firmly in my mind even when they are not here anymore. That which used to be, informs me now. It is alongside me, whatever happens. There are, of course, questions I have not been introduced to yet and possibilities not yet on the horizon. I hope I keep making time to examine important questions with care whilst waiting patiently for new insight.

Lockdown 2020

Lesley Gamlen

I plan my day, walk the dog,
It's a glorious day,
quiet, crisp,
no one around.
I am filled with gratitude
for this day, this one life,
this brisk air filling my lungs,
the dog scenting the air.

I know that grey cloud
on the periphery of my mind,
is hovering, full of anxiety and fear.
I am grateful for the life skills
that help me leave this cloud
out on the edges,
at the furthest corner,
of this day.

A poem for this time

Ros Lewis

Fear holds us to ransom,
anxiety dances in our soul,
hard not to feel affected,
travel plans stopped
borders closed
crazy panic buying
clearing supermarket shelves.

It is a strange, weird feeling
to just stay put
be uncertain about everything
that may have held us steady.
Life is hard enough
without corona virus
knocking on our doors
entering without invitation.

What to do?
not sure really, except ...
to wash my hands for twenty seconds
hand sanitise often
honour social distancing,
bring out my dusty meditation stool,
read all those books piled high
by my bed
and love my neighbour
at a distance.

Tidal

Dr Gerald Maclaurin

Bodies, our native soil and foreign land
Language, logic, laws and culture
Familiar and mysteriously other
Close to that persistent organ beating
Stubbornly insistent on its truth

At times seeming to move in spite of us
Touching, turning, reaching, searching
For contact, like the tide creeping
Across the glistening mudflats
To completely cover every crevice

Then, in time, receding, far out away
Separating as if forever, leaving
Lonely sands and shellfish
Haunted by the heron's harsh cry
As she waits high up in the dead pine

For the return.

Book Reviews

Joy Hayward

Good Morning Monster: Five heroic journeys of recovery. Catherine Gildiner (2019). Paperback, pp. 368. Penguin Canada. ISBN 9780735236967

Maybe You Should Talk to Someone. Lori Gottlieb (2019). Hardcover, pp. 432. Boston, MA: Houghton Mifflin. ISBN 9781328662057

Retirement, I imagined, would mean less reading of psychotherapy books, but instead I found myself reading two in quick succession. Maybe they were a way of vicariously still being in the therapy room without being there in person, or maybe just for the ongoing fascination with the work. Both are easy reads and suitable for anyone with an interest in human stories.

The first, *Good Morning Monster* was published last year. I instantly ordered it because Catherine Gildiner's first book, a childhood memoir, *Too Close to the Falls*, is one of my all-time favourite books and a favourite amongst my book group. For this reason it has been very well received as it has circulated the group. Gildiner describes 'five heroic journeys to recovery'. As with her previous memoirs (three in total), her ability to engage the reader shines through. We all found ourselves engrossed in these very moving stories albeit more reservedly on the part of the two psychotherapists in the group. Whilst Gildiner explores her own growth as a psychotherapist, she reveals less of her own inner world. She talks about the importance of the relationship whilst calling her clients by their first names whilst they appear to address her as Dr. Gildiner. She is more directive than I think many of us would be. We wondered how much she understood about disassociation, and we were also left with some ethical questions. These are however quibbles. They did distract, but not enough to prevent me from feeling totally caught up in the stories.

An even better book, however, is *Maybe You Need to Talk to Someone* by Lori Gottlieb, who is a much younger psychotherapist with wisdom beyond her years. As with *Good Morning Monster*, she describes the therapeutic journeys of a number of clients. Her process as a therapist and her internal responses are much more central. There is truly the sense of two people in relationship, struggling, suffering, harmonising, and wrestling together. She is fully present with her own frustration, trepidation, self-doubt, anger and feelings of impotence.

Central to Gottlieb's work is her own therapeutic journey. Her search for the right therapist, her own internal conflicts, and the ways these interact with her clients. She lays open her vulnerability, and does so in a way that is both heart-warming and at times funny. There may not be anything new in this book for experienced therapists but it is a great read. For those starting out though there is a lot to learn: the significance of the impact of our own issues, the importance of personal therapy, ways to be non-defensive in the face of aggression and denigration, and ways to explore and honour the material the client brings. It should be essential reading for those training in psychotherapy.

Both these authors have a gift for storytelling. They offer a helpful insight into the therapeutic process for clients and potential clients to dispel the notion that therapy is about someone saying "how do you feel," being nice to you, or about giving you strategies. They are helpful to confront the notion that strength is managing alone. Both books empathise the courage and 'heroism' involved in opening up one's internal world. We need stories about psychotherapy to be in the public domain if we are to get politicians and policy makers to understand that band-aids simply don't work and can, in fact, be counterproductive. Both achieve this.

Brainspotting



**BRAINSPOTTING
AUSTRALIA PACIFIC**
WHERE YOU LOOK AFFECTS HOW YOU FEEL

Phase 1 & 2 Online Zoom Training



Delivered by Dr Roby Abeles

Brainspotting Australia Pacific
+61 488 872862, robyabeles@gmail.com

<https://www.brainspottingaustraliapacific.com.au/brainspotting-training-events/>

Phase One Dates
13-15 Aug 2020
19-21 Nov 2020

Notes:

This training will now be delivered online using Zoom.

Phase Two Dates
11-13 Feb 2021

If the training has to be cancelled we cannot be responsible for any flights and accommodation booked, but will reschedule the training at the soonest opportunity.



New Zealand Contact
Rachel Hendron, MSc
Provisional Member NZAC

rachel@vibrantlife.nz
www.vibrantlife.nz

VibrantLife



<http://j.mp/bspau>
Use the camera on your phone.



VibrantLife

Focusing Training & Events

Online & In-Person

Online Focusing Level One

8 Weeks, Monday Evenings, 27 Jul to 14 Sep 2020

Find Yourself With Focusing

Auckland, Afternoon of 10 May 2020

For more information
www.vibrantlife.nz

Rachel Hendron
rachel@vibrantlife.nz
Focusing-Oriented Therapist and
Trainer, Provisional Member NZAC



ACP Committee

Dates for Assessment Interview	Notify Executive Officer by
3 October 2020	7 August 2020

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

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

Submission of written work	Notify Executive Officer by
7 August 2020	12 June 2020

Also, please note:

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

Advertising rates

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

NZAP Committees

Advanced Clinical Practice Committee	Siobhan Collins (Chair) John O'Connor (Secretary) Barbara Rockel (Registrar)	Sue Morrison Charlotte McLachlan Diane Zwimpfer
Ethics & Professional Standards Committee	Daniel Larsen (Chair) Helen Packard (Complaints Convenor) Helen Florence	Margot Solomon Katherine Stewart
He Ara Māori ACP Committee	Alayne Hall Margaret Morice	Wiremu Woodard
Public Issues Committee	Cindy Smith (Chair) Brenda Scarr (Child and Whanau Advocacy Group) Jill Clarkson (Child and Whanau Advocacy Group)	Victoria Smith (ACC SCAG Representative) Roy Bowden (Allied Mental Health Forum)
Mental Health and Addictions Working Group	John Farnsworth (Chair) Andrew Jones	Matthew Harward Cherry Pye
Te Tiriti and Bicultural Advisory Committee	Susan Horne (Co-Convenor) Donny Riki (Co-Convenor) Annie Rogers Ivy Churchill Burke Hunter Matewawe Pouwhare	Sarah Tait-Jamieson Margaret Morice Anna Fleming Daniel Larsen Sheila Larsen Crea Land
Professional Development and Conference Committee	Marian Vlaar (Chair) Alayne Hall	Robert Ford Dinah Cameron
Education Fund Committee	Marian Vlaar (Chair) Annie Beentjes	Alayne Hall Alisa Hirschfeld

Regional Branch Convenors

Northern Region

Richard Fox

Ph 021 181 12643

Josie Goulding

Ph 021 189 6423

nzapnthnbranch@gmail.com

Bay of Plenty/Waikato

Sue Harris

Ph (07) 578 0959

sue.harris@baycounselling.co.nz

Hawkes Bay

Branch is in recess

Wellington

Vacant

Nelson/

Te Tau Ihu O Te Waka a Māui

Wayne Frecklington

Ph (03) 548 3536

waynefreck@gmail.com

Canterbury

Joss Phiskie

Ph 027 568 2981

jossphiskie@gmail.com

Katherine Stewart

Ph (03) 338 1080

k.stewart.nz@gmail.com

Otago and Southland

Maria Bowden

Ph 027 487 8289

maria@555george.co.nz

**New Zealand Association
of Psychotherapists Inc**

**Te Rōpū Whakaora
Hinengaro**

**PO Box 57025
Mana
Porirua 5247**

www.nzap.org.nz



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

TE ROOPU WHAKAORA HINENGARO

Phone 04 475 6244

admin@nzap.org.nz