



# NZAP Conference 2017 - Te Kāinga te Ūkaipō – Promise of Home – Papers: Schedule –

## Friday 10<sup>th</sup> March 2017

| 10.45am – 12.00pm  | 10.45am – 12.00pm  | 10.45am – 12.00pm  |
|--|--|--|
| Building a new NZAP home for psychotherapists<br><b>Brian Broom &amp; Roy Bowden</b> | Dance me through the panic till I'm gathered safely in<br><b>Sandra Buchanan</b> | Therapists' experiences of shame<br><b>Marian Hammond</b>                |
| 2.15pm – 3.15pm  | 2.15pm – 3.15pm  | 2.15pm – 3.15pm  |
| Te Ropu te Ukaipo - learning from experience<br><b>Crispin Balfour</b>               | The electronic therapist<br><b>John Farnsworth</b>                               | Time-limited depth therapy; a new promise of home<br><b>Jonathan Fay</b> |

## Saturday 11<sup>th</sup> March 2017

| 2.15pm – 3.15pm  | 2.15pm – 3.15pm   | 2.15pm – 3.15pm                                  |
|--|---|--|
| Home and Hearth: tending the fires of psychosocial changes<br><b>Barbara Bassett</b> | Exploring the unconscious processes of internalised racism in the therapeutic relationship<br><b>Emma Ellis</b> | Bringing it all back home<br><b>Lynne Holdem</b> |

## Sunday 12<sup>th</sup> March 2017

| 10.15am -11.15am   | 10.15am -11.15am  | 10.15am -11.15am  |
|--|---|---|
| "Living on the edge" Dealing with oppression, despair and hopelessness in central Australia<br><b>Brian Hunt</b> | From womb to tomb, the shifting home<br><b>Susan Alldred-Lugton</b> | Walk and talk therapy: A narrative case study of one clients lived experience of a therapeutic journey<br><b>Steff Revell</b> |

# NZAP Conference 2017 - Te Kāinga te Ūkaipō – Promise of Home – Papers: Abstracts and Bios –

Friday 10<sup>th</sup> March 2017

Brian Broom & Roy Bowden

## **Building a new NZAP home for psychotherapists**

Western healthcare is dominated by a culture-wide, dualistic splitting of persons, and psychotherapy plays its part in this by focusing on the 'mind' or subjectivity. It is increasingly clear that Western healthcare suffers because of this kind of fragmentation.

NZAP has embraced a bicultural vision which means facing a challenge towards holism, where body, spirit, and larger 'wholes' must be accommodated alongside and with classical psychotherapy positions. A clean, secularised, 'scientific' psychotherapy is no longer the default position. The tensions arising around 'spirituality' are a clear marker of this emergent pluralism. As NZAP looks for new directions we believe that open discussion and debate around these issues is important, so that we steer our way through the challenges, endeavouring to retain the kinds of openness, difference, discussion, love, kindness, tolerance, rigour, professionalism and belonging that we foster in our therapies.

On a larger scale, if psychotherapy could embrace a multidimensional holistic vision and work collaboratively with other groups, it might find new energies, identity and directions by playing an important role in fostering a form of healthcare that holds that illness and dis-ease are as rooted in the historical, psychological, social, economic, cultural, environmental and spiritual 'stories' undergirding modern New Zealand life as they are in brains and bodies. It is time for sector groups to pool perspectives and resources to enable this.

## **Bio**

Brian is a physician and psychotherapist at Auckland City Hospital. He has authored three books on 'whole person' approaches to illness and disease, with a major emphasis on the relations between 'stories' (psychodynamic and relational themes) and illness and disease. He is committed to fostering multidimensional resources in New Zealand healthcare. He was finalist for Senior New Zealander of the Year, 2015.

Brian will be accompanied by Roy Bowden who will discuss the themes in his presentation with him. Roy is a former president of NZAP and the New Zealand representative on the Board of the World Council for Psychotherapy. He has a continuing interest in the development of an expansive psychotherapeutic environment and ways in which psychotherapists learn from each other in Aotearoa-New Zealand.

---

Sandra Buchanan

## **Dance me through the panic till I'm gathered safely in**

When Leonard Cohen died in November 2016, many people the world over felt very sad and bereft, at the loss of such a great artist, poet and songwriter. It felt, in Auden's words on Freud's death, another example of:

*For every day they die  
among us, those who were doing us some good,  
who knew it was never enough but  
hoped to improve a little by living.*

The title of this paper comes from Leonard's 1984 song "Dance Me To The End Of Love," and has often seemed a powerful description of what a mother provides for her baby and what we as therapists provide to our clients. We try to help them "dance through the panic" ultimately to feel safely gathered in - firstly with us, within the therapeutic relationship, and ultimately within themselves. We provide a promise of home.

### **Bio**

Sandra lives in Dunedin and has been active both locally and nationally within NZAP for many years. She was on Council for seven years and was Honorary Secretary for six of those.

Music has always been very important in her life, and she is proud that this year she and another NZAP member set up Dunedin's first Rock Choir! Singing is good for the soul and releases endorphins - something psychotherapists need as much as our clients.

Sandra was particularly introduced to the work of Leonard Cohen by her partner, and feels privileged to have seen him live three times in the past six years.

---

### **Marian Hammond**

#### **Therapists' experiences of shame**

Shame is a crucial issue frequently overlooked in the therapeutic context because it has many hiding places and inevitably reverberates with experiences of shame in the therapist. Therapists can be vulnerable to shame from multiple sources and without awareness of the activation of their shame, therapists risk reacting in ways that are not therapeutic. This, in turn, is likely to impact the therapeutic relationship and outcomes.

In this workshop I present my heuristic study in which five psychotherapists were interviewed to elucidate their experiences of shame. Consistent with heuristic methodology and method I undertook in-depth analysis of my own experience of the phenomenon.

Shame is portrayed as striking at the core of the self and causing physiological, behavioural, emotional, and cognitive reactions which involve one's entire being. In all its forms, shame is considered relational. Focus is given to experiences of chronic shame that relate to a sense of shame proneness in the individual. Themes and implications for practice will be discussed. Building shame resilience in therapists is underscored as critical in tolerating the vulnerability in meeting clients and colleagues in powerful affective states of being shamed and shaming. In facing into experiences of shame there lies a promise of coming home to the self.

### **Bio**

Marian Hammond is a psychotherapist and psychodramatist in private practice who draws upon many years of personal and clinical work with shame in individual, group and teaching contexts. Her study, a masters thesis, was completed last year at the Auckland University of Technology.

## Crispin Balfour

### **Te Ropu te Ukaipo - learning from experience**

I have been conducting a psychotherapy group since May 2007. Recently the last of the founding members left the group. We continue to meet weekly about forty-six times a year, a total of over 450 evenings and counting.

A group that endures offers a promise of home, a place to return to time and time again, where we can put down roots.

Having been sent away from home at seven I have been homeless a long time. New Zealand offered me a promise of home - but I found no castles here. Instead I sought to put down roots into the land and the people of the land. There is a constant tension between my own homelessness and the group I offer as a promise of home.

I offer myself as the conductor, the group itself, and the group members themselves, to be made use of and to put down roots into. These roots feed us but they also transform the soil they are rooted in. Donald Winnicott thanked his patients for paying to teach him, but in a group we learn from each other and the group itself.

If plants are watered every day they will not work to reach their roots down into the water table ... this is not a support group, which is not to say sometimes people will find it supportive ... the project is to put down roots deep into the unconscious of the group.

I conduct my groups alone, (alone in the company of the group), as I understand the couple to be myself and the group.

I want to speak about my experience of being in this relationship - the group and I - as we nurse the group and its members.

### **Bio**

In 1995 I began training as a counsellor and then as a psychotherapist with the Institute of Psychosynthesis, where I went on to teach experiential groups for ten years. In 2001 I discovered a passion for psychoanalytic theory and practice. Since then I have extensively studied psychoanalysis and psychoanalytic psychotherapy. In 2006 I completed an Introductory Course in Group Analysis.

---

## John Farnsworth

### **The electronic therapist**

Increasingly, every therapist faces the problem of how to work in an electronic environment. This environment also challenges the idea of 'home' as a stable base, when our practice room is experienced as home for many of our clients.

I discuss problems of navigating this fluid, unfolding world, whether we deal with text, email, social media, online banking, Skype or security in the digital cloud. In these contexts, what constitutes good practice and safe, ethical interaction for us or our clients?

This paper tackles both practical and theoretical aspects and focuses on two key issues: the concept of the frame and the relationship. It asks how both are affected through complex electronic interactions.

Inevitably, one paper cannot address every aspect of electronic practice as a therapist, so my primary focus is the link between online and face-to-face interaction.

Using vignettes and examples, I discuss how we can continue to account for the unconscious, transference dynamics and other phenomena. To do so, I emphasise tracking: tracking the numerous, often minute signals flowing between us and our clients. Tracking provides a way to think about the frame under the pressure of electronic relationships.

The paper is also designed to stimulate discussion about the day to day practicalities and dilemmas each of us faces, and how other therapists approach them. The paper is 20 - 30 minutes long allowing plenty of time for discussion.

### **Bio**

John Farnsworth is a psychotherapist in private practice in Dunedin. He works with individuals, couples and groups. He also has a background as a sociologist and has published internationally on digital and mobile devices.

---

### **Jonathan Fay**

#### **Time-limited depth therapy; a new promise of home**

This presentation takes you step by step on a guided tour through a comprehensive process model of time-limited psychotherapy that seamlessly yet systematically integrates Petruska Clarkson's 5 varieties of relational space: working alliance, developmental repair, transference, person-to-person, and transpersonal, with 5 varieties of relational time: present, past, presenting past, future, and presenting future.

A psychotherapy informed by humanistic values that offers relational intimacy and an explicitly psychodynamic agenda, yet meets criteria for efficient, effective work, can be creatively applied in both public and private psychotherapy practice settings. Idealistic and hopeful as well as pragmatic and intentional, this approach to therapy combines receptivity and spaciousness with outcome-oriented strategies for positive change, remaining open and responsive to therapeutic opportunities in the moment.

### **Bio**

Dr. Jonathan Fay is a senior lecturer in the psychotherapy training programme at AUT and head of clinical services for AUT's School of Public Health and Psychosocial Studies. Jonathan has been developing this model over 35 years of psychotherapy practice and recently tested this approach to therapy while working part-time for 3 years with a caseload of 20+ psychotherapy clients in the Tairāwhiti DHB's Community Mental Health Centre outpatient services in Gisborne.

---

Saturday 11<sup>th</sup> March 2017

Barbara Bassett

**Home and Hearth: tending the fires of psychosocial changes**

While it is generally agreed that family time nourishes the young, gives purpose to those in middle years and accompanies the elders, the reality is that family time competes with contemporary social trends such as increased use of social media, the reality of dispersed families or contends with the need or wish of caregivers to work outside the home; all of which create a life-in-the-fast-lane pace of living. However, 'hearth' time, as a metaphor for a warm place to arrive at and feel a sense of belonging, is alive within Aotearoa New Zealand. This paper aims to identify and highlight the concept of hearth by reviewing literature that supports the benefits of time spent together and, by reviewing the origins and purpose of the hearth, build awareness of already existing community hearths; including our consulting rooms and the hearth-tending dynamics that abide within. To support the notion that hearth (and subsequent primacy of heartfelt experiences) needs more centrality in our homes, communities, practices and even our thinking, I will draw on and extrapolate from the Greek myth of Hestia, Virgin Goddess of the hearth drawing parallels between the principals of the myth and the value our profession and cultures offer as a model.

*Key words:* Social trends, hearth, primacy, Hestia, Greek myth, goddess

**Bio**

Barbara Bassett has been a member of NZAP since 2007. As a Jungian Analyst, she is also a member of ANZSJA (Australia and New Zealand Society of Jungian Analysts) and is in full time private practice in Wellington. Taking both a developmental and archetypal approach to her work, her main areas of analytic interest are in psychoanalytic couple work and in-depth work at the psychoid level of functioning, the zone where the mind and body meet.

---

Emma Ellis

**Exploring the unconscious processes of internalised racism in the therapeutic relationship**

Racial, ethnic and cultural identifications anchor and protect minority identities that must navigate worlds far from 'the promise of home'. The adaption to a dominant culture and the disavowal of 'home' in the lives of racial minorities living in Aotearoa, leads to a dis-identification with cultural and racial heritage. The longing for 'the promise of home' is exchanged for an assimilation process, dislocating the racial, ethnic and cultural anchors that provide protection from the introjection of racism.

This paper explores how the internalised racism of racial minority clients becomes identified and treated clinically by white psychotherapists. Based on an Auckland University of Technology dissertation completed in 2015, this paper explores the perceptions and understandings of how internalized racism manifests within the clinical setting. The research resulted in the identification of four clinical guidelines for psychotherapists working with clients suffering from the effects of racism.

**Bio**

Emma Ellis is a psychotherapist in Auckland.

## Lynne Holdem

### **Bringing it all back home**

Patients who bring a family member to session present psychotherapists with unique opportunities. This can evoke unsettling counter transference, reveal surprising aspects of the patient's behaviour, possibly disrupt therapeutic alliance or bring greater understanding and strengthen family connection.

While primarily an adult therapist I have a growing interest in working with families. In 2014 I led a pilot project working with a group of mothers with mental illness while a creative arts therapist met with their children nearby. Observing their reunions I recalled Ainsworth's Strange Situation and interest sparked in finding ways to use and integrate attachment theory.

Partially funded by NZAP Study grant I trained in Circle of Security (COS) attachment assessment. COS and Emotionally Focused Family Therapy (EFT) concepts and maps inform and structure my thinking and interventions. Patient's stories reveal music attachment music in interactions with family members - opportunities to increase relational resilience, reflective capacity and empathy.

I will briefly present the Circle of Security main map of attachment; discuss vignettes that illustrate the role of defences in suppression of feelings towards attachment figures at moments of rupture; miscueing of needs in adult patients and adolescents; repair in relations between family members.

### **Bio**

**Lynne Holdem** has a private practice in New Plymouth. She also shares a manager role at Supporting Families in Mental Illness Taranaki and is responsible for the NZAP Children and Adolescents Issues Portfolio together with Judith Morris.

---

**Sunday 12<sup>th</sup> March 2017**

### Brian Hunt

#### **"Living on the edge" Dealing with oppression, despair and hopelessness in central Australia**

In this case study I share some of my experiences and ideas I have found effective in understanding how lateral violence prevents many Aboriginal people from achieving autonomy and an acceptable form of self-determination. I will describe the difficulties of a white psychotherapist present on the edge of an ancient and well-formed culture trying to make a difference in an environment contaminated by the overuse of mind altering substances and embedded violence. These ideas and experiences have emerged from my own developing thoughts, working alongside others, researching literature, and the use of Gestalt psychotherapy as the principle therapeutic approach. This case study will bring to life lateral violence as the silent and often ignored factor contributing to poor health and the lack of sustainable opportunities to many Central Australian Aboriginal families.

### **Bio**

Brian Hunt Dip Psych GINZ, Adv Dip Social Science

I am a Gestalt psychotherapist and worked for a year in Central Australia in remote Aboriginal communities as an alcohol and other drugs (AOD) educator and counsellor to people who use or misuse mind altering substances. I started my work in AOD in the East Coast town of Gisborne New Zealand

working alongside Maori, and although there are some overlapping similarities in history between Maori and Aboriginal people there are many differences. However, there is a common thread. I have a developing urge to write of my experiences, firstly to encourage other psychotherapists to be more involved in work with Aboriginal people and secondly to encourage more Aboriginal people to have control over their destinies. Domestic and family violence pervades most of the communities I worked in, closer examination of this violence identified a more insidious form of violence not often mentioned in indigenous communities or talked about in mainstream. I am interested in the "relational gestalt therapy" approach when working with Aboriginal people and the agency this gives people to explore life experiences outside the boundary of cultural demands.

---

## **Susan Alldred-Lugton**

### **From womb to tomb, the shifting home**

My paper is an attempt to identify and describe the symbolic home as one proceeds from conception in the womb until death. It will be suggested that when the mother dies that which has offered to her child in terms of providing a facilitating environment will be internalized in her child. That experience varies for each child and mother, the "good enough" containing breast. That experience continues to be remembered so that symbolically, mother continues to walk beside the child she has left behind when she dies. The paper includes clinical material and personal reflections about my various states of mind after my mother died in July. It also includes thoughts about the aging process and the inevitability of death. Psychoanalytic principals, linking theory with clinical practice, guide the paper. The paper is forty five minutes with fifteen minutes for discussion.

### **Bio**

Susan Alldred-Lugton. I am a Psychoanalytic Psychotherapist and Psychologist working in Nelson. I have a special interest in infertility and couple therapy and mother and baby interaction. I completed my Post Graduate Research at Melbourne University on Infant Observation. I have written and published in the United Kingdom, New Zealand and Australia. I also write poetry.

---

## **Steff Revell**

### **Walk and talk therapy: A narrative case study of one clients lived experience of a therapeutic journey**

There has been increasing interest in recent years towards the integration of outdoor spaces within therapy sessions. 'Walk and talk' therapy is one such practice and seeks to harness the benefits of outdoor spaces and physical movement within an intentional therapeutic context. This narrative case study presents one clients' experience of engaging in 'walk and talk' over several years. Stories of connections to place, use of metaphor, and journeying with their therapist offer an insight into the lived experience of their therapeutic journey. Methods included semi-structured phone and walking interviews. This is the latest research project in a series of three interrelated studies that have focused on therapist's experiences and potential client perceptions of 'walk and talk'. A brief summary of the findings from the previous two studies will be presented to provide a contextual framework on the development of, and potential benefits of this therapeutic activity. All studies have taken place within the UK and theory-to-practice links will be discussed, in particular the relevance of these findings as being applied within an Aotearoa/New Zealand context.

**Bio**

I am a lecturer, qualified counsellor and PhD researcher, recently returned to Aotearoa/New Zealand after living in the UK for 18 years. I am passionate about research informed practice and in particular, exploring how the integration of outdoor spaces can afford different possibilities within an intentional psychotherapeutic encounter.

---