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An account of family therapy in Aotearoa New Zealand from the 1960s to 1995 interpreted from the literature[1]

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This description of family therapy in Aotearoa New Zealand from the 1960s to 1995 is the author's interpretation of published literature. It traces the early influence of psychological medicine, social workers and overseas experts, leading to the spread of regional interest groups, national and binational conferences, and mounting sociopolitical pressure on family therapy from feminism, cultural justice and antipoverty movements during the 1980s. Several landmark publications and events in the period 1990–1995 reflect the growing stature and bright future of family therapy in New Zealand before controversy at the Third Joint Australia and New Zealand Family Therapy conference in Wellington during 1995 appears to catalyse a stalling of further national or binational development for over a decade. Critical research on the period 1990–1995 is proposed to explore what lessons the past may hold for the future development of family therapy in New Zealand.[3]

Tēnā koutou, tēnā koutou, tēnā koutou katoa
Ngā mihi nui ki a koutou katoa
Ki te Atua, tēnā koe
Ki a Papatūānuku, tēnā koe
Ki te whare, tēnā koe
Ki te hunga mate, tēnā koe
Ki te hunga ora, tēnā koe
Nō reira, tēnā koutou, tēnā koutou, tēnā tātou katoa

I wish to thank the organisers of this Ashburn Clinic luncheon event for supporting me to address you all today.

The topic I am speaking on is family therapy in Aotearoa New Zealand from the 1960s to 1995. In my mihi I greeted both the living and the dead, as I am mindful of the many people who have come before us to work for the benefit of families and whānau throughout New Zealand. Some of these people have passed on, while others have retired or taken on new roles, and it is with grateful remembrance of them all that this address is offered.

My career in family therapy began in 1991 at the Wellington Hospital Board's Child and Family Service in Hanson Street, Newtown. There I joined Ginny Hickman, Beth Wood, Antony Brewer, Jennifer Martin, and others, in the family therapy/social work team where we collectively pored over David Epston's latest audacious offering during our lunchtime journal club. That something so exciting and life-giving could be generated by a New Zealand practitioner working in a service similar to ours was compelling to me. What did he see? How did he listen? Who inspired him? These questions were evidence of open spaces that might lead to new possibilities in the service of assisting families to resolve painful experiences.

Since then, my interest in family therapy has grown. In 2014, I enrolled as a doctoral candidate to research the situation of family therapy in New Zealand and as a preliminary step I read the early literature to discover what is there. The following description is interpreted from over 200 published works[4], and is a construction of my imagination both in scope and detail. As such, it may bear little resemblance to the memories of those who co-created the actual events or subjects mentioned here. Full responsibility for this lies with me,[5] and so without further ado I will begin.

The early years: 1950s and 1960s[6]

Exactly how the first dose of family therapy gains entry to the Psychological Medicine Department of Auckland Hospital, at about the same time as others appear in equivalent locations in Christchurch and Dunedin, may never be known. Early dispatches to the *New Zealand Medical Journal* indicate initial contact probably occurred during the mid-to-late 1950s or early 1960s, perhaps prescribed by a visiting physician or brought home for dispensing in a travelling medical bag.

This medical imagery reflects the prevailing condition of New Zealand's mental health services as family therapy "arrives." The movement towards "family" as the legitimate focus for psychiatric attention is analogous with evolving conceptualisations of schizophrenia—namely from an individual's brain disease, to a "pathogenic mother/child" dyad, and on to a whole family's interplay (Lindsay & Baber, 1967). Here, views about individuals and dyads are enlarged in the context of triads and

quads that might span three or four generations (Lindsay, 1968). Then, a psychiatrist interviewing a parental dyad is one in a three-person system, and one of four when a symptomatic child attends (Lindsay & Baber, 1967).

Publications in the mid-1960s by William Baber and John Lindsay (1965; 1967) in Auckland Hospital, and Roy Muir and Peter Lewis (Lewis, 1967) in Dunedin, reflect each man's responsiveness to family psychiatry. Their applications of theory and technique are influenced by several founders of family therapy whom they reference, namely, Ackerman, Bateson, Jackson, Haley, and Weakland, Bowen, Boszormenyi-Nagy, and Framo.

In 1966, a Department of Psychological Medicine is established at the University of Otago's Medical School, "confirming the longstanding focus on psychological medicine that the Faculty of Medicine has developed since its establishment in Dunedin in 1877."[7] Lewis is appointed senior lecturer and within two years launches New Zealand's first adolescent inpatient unit at Wakari Hospital (Ironside, 1974; Muir & Lewis, 1974). He wastes no time alerting authorities to the complexities of treating some of the most severely disturbed adolescents in the country and argues for an expansion of integrated clinical services for children and adolescents throughout New Zealand. Such specialised inpatient units would offer day facilities, schooling, welfare services, links to the Children's Court, outreach to social workers, teachers, nurses and GPs in the community, and "finally, as the most essential condition of all and one requiring psychological insight, the involvement of the family in the therapeutic process" (Lewis, 1967, p. 742).

By way of a primer for these proposals, Lewis presents case studies of adolescents recently treated in the unit without integrated services. The commitment of staff and resources is formidable, yet the outcomes are inconclusive and unsatisfactory. Perhaps he purposefully chooses to present the case of a 14-year-old girl whose inner state between conjoint sessions with her parents is explored using LSD (Lewis, 1967). It is as if he is attempting to separate an embryonic bio-psycho-social practice of child and adolescent psychiatry in New Zealand from the medically dominated institutional psychiatry of the previous era.

A few years later, Muir and Lewis (1974) provide an account of the unit from 1968–1970 and reflect on the difficulty of maintaining a family-centred approach. What strikes them is their own resistance to working with difficult families, which they state, "has its roots in an almost universal need to deny both the importance and the potency of family processes…by which a family can mobilise stressful feelings in the interviewer…which only adequate training and experience can reduce" (p. 178).

Family therapy's introduction to New Zealand is also fostered by the early professionalisation of social work. From the late 1950s, social workers formalise regional groups, debate what constitutes adequate practice, training, and ethical standards, and at their inaugural national conference in 1964, create the New Zealand Association of Social Workers (Nash, 1998). The Association's promotion of family therapy is in evidence when they host Don Jackson, Director of the Mental Research Institute (MRI), Palo Alto, California, in Wellington during May 1965. His two-day inter-disciplinary seminar entitled "The Basis for Family Therapy" covers communication theory, family interviewing, genetic, cultural and sociological aspects of mental illness, family research, and transference (NZASW, 1965).

Overseas influence is also apparent in social work publications on family therapy during this period. Ruth Swatland from Canada, working as a Student Counsellor at Victoria University of Wellington, highlights the emerging movement from individual to family casework and the goals of family interviewing, and notes that the general principles of such work have yet to be defined by research (Swatland, 1968). At about this time, Ken Daniels, a senior psychiatric social worker at Christchurch Hospital, returns from a stint of work in the UK and is struck by the "band wagon" effect of family therapy on social work caseworkers and psychotherapists. He is concerned that, "very few people have the ability and knowledge to provide adequate training" (Daniels, 1969, p. 51) and is inspired to propose guidelines for and against the use of family therapy, the majority of which he imports from the Welsh National School of Medicine.

As if in response to these concerns, social work and psychiatry combine in late 1968 through a chance observance that sets in train a succession of international visitors to New Zealand to show the locals how family therapy is done. Margaret Topham, an Australian psychiatric social worker from Sydney, is one of the "parents" of family therapy in Australia (Durrant, 1994) having trained from 1967–68 at the MRI. Returning home to Australia, her work with families is ignored by colleagues until, as she recalls, "a visiting Professor of Psychiatry from Dunedin New Zealand, happened upon one of my interviews. He invited me to his hospital for two weeks to demonstrate family therapy and after that my own fellow workers began to become interested" (Topham, 1982, p. 60).

Over the next decade, the Otago Medical School draws other luminaries in the field to New Zealand to demonstrate their skills, such as Virginia Satir, Salvador Minuchin, Helm Stierlin and Jay Haley.

Spreading the word in the 1970s

During the 1970s, growing awareness of family therapy gives rise to creative responses in both institutional and community settings. At Auckland Hospital, John Lindsay and Danuta Pollard correspond with pioneers Murray Bowen and Ivan Boszormenyi-Nagy in the United States, to design a Multiple Family Therapy programme for New Zealand. Both mentors independently discourage in-session dialogue between families, however the New Zealanders choose to follow the originator of Multiple Family Therapy, American Peter Laqueur (1964), instead. They promote interfamily communication by dividing multiple families into subgroups comprising the same generation, gender or family role. Here, for example, a group of adolescents meet with a therapist to discuss their mothers, while the mothers sit behind a one-way screen with a co-therapist, watching, listening, and discussing the adolescents among themselves, before exchanging places with the adolescents. Some sessions include friends, flatmates, general practitioners, and others, in an attempt to replicate aspects of community life. The groups assist practitioners to adjust their thinking about family life to better reflect how it is actually being lived away from the hospital (Lindsay & Pollard, 1974).

Elsewhere among psychiatrists, Muir (1975) seeks to integrate aspects of family theory and psychoanalysis by illustrating how transference could be interpreted in particular family processes, such as in the basic bond of loyalty, rather than sited in an individual. Soon after, his colleague at the Otago Medical School, Donna Kippax, joins forces with Angela Taranto, a psychiatric social worker at Auckland Public Hospital, and David Epston, a Canadian social worker resident in Auckland, who attended the first British family therapy conference in London during 1975 (Epston, 2003).[8] The trio note the irregular development of family therapy around New Zealand and, eager to provide a systematic framework for future advancement, establish a national network of 25 regional interest groups in 1978. They envisage these groups liaising with one another to share resources, visiting trainers, and reference materials, providing local training and supervision, and liaising with equivalent groups internationally, especially in Australia (Epston, 1981a, 1981b).

The network's national newsletter is discontinued after two years because, as Epston (1981a) later notes, "[it] has not met the emerging needs…notably in Whakatane-Tauranga, Hamilton, Palmerston North, peripheral to the more established centres of interest and there are dangers of fragmentation and isolation" (p. 18).

Despite isolation, interest crops up in some provincial settings too. Helen Bracefield (1979), a public health nurse in Golden Bay, refers to research on contemporary

family life in New Zealand (Ritchie & Ritchie, 1978) to challenge family therapy to recognise the effects of diminishing social affluence, lower birth rates, changing gender roles, specific cultural needs for Māori and Polynesians, urban sprawl, and environmental degradation. Each issue adds potential context to the unspecified "emerging needs" and "irregular developments" previously mentioned, as family therapy spreads out from metropolitan New Zealand.

In 1979, the Anglican Social Services' Family Centre in Lower Hutt answers its community's call to strengthen family life and respond to local social problems by allocating two-fifths of staff time to the provision of family therapy, among other initiatives. Predictive of the leadership this Centre later provides as social researchers in New Zealand, they soon undertake New Zealand's first family therapy outcome evaluation. Their aim is to measure client satisfaction and therapist opinion as indicators of the value of the family therapy they provide to the first 75 families seen at their Centre. An independent researcher collects data by questionnaire and interview, and the results indicate a level of consumer satisfaction in line with contemporary studies they cite from Britain and the US (Waldegrave, Jones, Basil-Jones, & Anderton, 1981).

The seeds of New Zealand's future contributions to postmodern family therapy appear to be sown in the 1970s. This is illustrated by Lindsay and Pollard inviting members of patients' communities into hospital sessions, Bracefield pointing to social issues affecting provincial families, and the Family Centre beginning a sociopolitical family therapy outreach in their local community. Add to this the heterogeneous growth of family therapy in specific pockets of New Zealand society reported by Epston, and this modest sample reflects a growing awareness of social context in the development of family therapy in New Zealand. If this sample is broadly representative of the many unpublished family therapy activities in New Zealand during the 1970s, then by the end of this decade New Zealand appears to be well placed for a burgeoning postmodern phase in the years to come.

Forging links and rattling chains: 1980 to 1984

The inception of the *Australian Journal of Family Therapy* (AJFT) in 1979 coincides with a growth spurt in family therapy-related publications in New Zealand. The elaborated themes include: a schema for integrating divergent models (Kippax, 1981); tips for improving therapeutic outcomes (Taylor, 1981); inclusion of children in family interviews (Pilalis, 1981); family therapy in an adolescent inpatient unit (Grant, 1981); family counselling in a private practice (Mourant, 1981); implications for working with

Māori (Awatere, 1981); consumer feedback about short education courses (Pilalis, 1982); and promotion of feminism in family therapy practice (Pilalis, 1983). The spread of authorship across professional disciplines is apparent from the journals in which these works appear, namely, the *Social Work Review*, *New Zealand Social Work Journal*, *Guidance in New Zealand Schools*, *Australian and New Zealand Journal of Psychiatry*, and *Australian Journal of Family Therapy*, and in Felix Donnelly's compilation on counselling, *A Time to Talk* (Donnelly, 1981).

In 1980, the inaugural Australian Family Therapy Conference in Melbourne attracts several New Zealand attendees, and this is where Epston and Michael White of Adelaide first meet, making possible a professional partnership that will have profound significance for family therapy in New Zealand, Australia and beyond. Following the conference, Epston (2003) recalls that, "Michael and I began to correspond and to teach and work together whenever we could, in order to proceed with a 'community of interests' we so obviously shared" (p. 1).

The benefit of closer connection with Australia is soon evident. In January 1981, White, founding editor of the AJFT, includes New Zealand in an editorial and Epston among his regional correspondents for the first time, declaring that "Nineteen Eighty One promises to be an exciting year for family therapy in Australia and New Zealand. The 'Around Australia and New Zealand' section details various…developments taking place in New Zealand and further information about these will be published in future editions" (White, 1981, p. 47).

In 1981 and 1982, Australian conferences are held in Adelaide and Sydney respectively, where New Zealand participants discuss whether they might host a conference of their own. Charles Waldegrave and others from the Wellington Family Therapy Training and Supervision Group take the plunge (Epston, 1995) by inviting "those people from around New Zealand interested in family therapy" (Conference Committee, 1983) to the inaugural "Forging the Links" conference at the Clinical School of Medicine in Wellington Hospital during March 1983. Epston later describes his experience: "The first Conference shared the same enthusiasm as was evident in the other firsts, but for me, this was home…[the early New Zealand] conferences sustained those working in environments not entirely welcoming [of family therapy ideas and practices]. It was so good to talk with colleagues who 'talked' the same way. It forged many friendships, colleagueship, and a rather unique flavour of family therapy itself" (Epston, 1995, n.p.).

The programme begins with a half-day whole-conference session by White, "to carry the 'torch' over [to New Zealand]" (Epston, 1995) and continues with concurrent

workshops ranging from large social issues such as poverty in New Zealand, the challenge of feminism, working with Māori, Polynesian and separating families, and the professionalisation of family therapy, through to specific therapeutic approaches involving metaphor, story-telling, ritual, neurolinguistic programming, child-centred process, and both strategic and behavioural interventions.

On the last day, White's "comments on the formal organisation of family therapy in Australia open people's eyes to the issues" (Epston, 1984a, p. 84), contributing to a decision not to form a national family therapy committee or association at this point (Pilalis, 1984). One issue is the lack of a "coherent network [of family therapists, which meant]…some significant people in locations distant from Wellington didn't hear about the conference until it was over…[evidence that] a strong network is still some way off" (Epston, 1984a, p. 84). Having "forged links" in Wellington, it is proposed to "rattle the chains" in Auckland the following year, where organisers hope to "represent the differences in New Zealand society" (Epston, 1984a, p. 84).

"Rattling" might describe the "points of social, political and moral concern for Family Therapists" (Allen et al., 1983, p. 255) made by Auckland Therapists for Social Change at the Mt Albert Community Mental Health Centre, soon after the Wellington conference. In the five years after its inception, the Centre develops a mixed clinical and community work approach to mental health care (Mintoft, Quinlan, Dowland, & Barrer, 1983), including employing Niuean and Sāmoan community workers to work with their own people while drawing on the Centre as a resource in any way they feel appropriate. The Centre challenges family therapists to consider sociopolitical issues when working with families, arguing that:

- *Therapy is never neutral; like all social interaction it comes from a political, social, economic and moral value base.*
- *Is family therapy used to focus the attention of the oppressed on their emotional relationships so that they think it is they and their families who are failing rather than the socio-political system which is failing them?*
- *Are [family therapists] getting funded, trained and respected at last because we have proved that we can perform a homeostatic function for the wider social system?*
- *Are [family therapy] methods culture specific? The oppressed race in New Zealand is the Maori people. Are Western notions of structure and function applicable to…people whose timeframe is cosmic and whose culture (such as is not yet destroyed) is land-based, communal and spiritual?*
- *Is family therapy mirroring the elitism of the capitalist societies from which it comes? The warning signs are:…talk of the need for 'professionalization of Family*

> Therapy' in Australia and New Zealand, when we know that a professional body protects its own members, not the clients of its members.
>
> • Is it possible to employ the methods of Family Therapy to change larger social structures…[to assist] the antinuclear movement…or indigenous people to achieve sovereignty? (Allen et al., 1983, pp. 255–256)

Response in the AJFT is minimal; the next edition to include "Letters to the Editor" appears six months later and carries 14 letters, with only one, from Tasmania, addressing the Auckland group. Nevertheless, an interruption to "family focused" family therapy by social justice activists in New Zealand is seriously stated and a largely Australian readership is alerted to what has been simmering in New Zealand since the mid-1970s.

Rounding out 1983, Epston addresses the fourth Australian family therapy conference in Brisbane and jokes about choosing his topic. "I thought if I restricted myself to [family therapy in] New Zealand I would only interest my sixteen compatriots, all of whom are here" (Epston, 1984b, p. 11). Instead, he expounds on therapies of "regrading" as opposed to degrading, which are based on cooperation rather than client surrender. These he illustrates lavishly with personal and professional stories, in a testament to the ease of his outreach beyond New Zealand.

Florence Kaslow, a family therapist from Florida, rubs shoulders with New Zealanders and Australians at the same conference and favourably compares family therapy "Down Under" with its Northern "relatives." They have common organisational concerns about national structure, accrediting practitioners and trainers, the role of their journal, and how to evolve an indigenous family therapy; yet contrast in what she observes as our laid-back obviation of status difference among novices and senior therapists (Kaslow, 1984).

Perhaps New Zealander Jennie Pilalis is one of those who discuss the administration of family therapy within earshot of Kaslow? Her argument is that "professionalism" is based on bourgeois ideology and relates to power and control in society by protecting "family therapists and their knowledge, rather than [the] protection of their consumers and a sharing of knowledge" (Pilalis, 1984, p. 40). She advocates for models of training that are "committed to equalising power between trainer and trainee and to sharing knowledge with those who seek it for the benefit of others…[as a first step to] not becoming another 'disabling' profession [but towards a loose amalgamation that recognises] the range of ideologies that already exist [in New Zealand among] those practising family therapy" (pp. 44–45).

A little over a year after the inaugural New Zealand family therapy conference in Wellington, a second conference is held in May 1984 at the North Shore campus of the Auckland Technical Institute. There are now several workshops on wider social and political issues for the 225 attendees to choose from (Epston, 1984a), much to the relief of the Family Centre members who "no longer feel like a 'voice in the wilderness'" (Christie, 1984, p. 164). Notably, Hana Tukukino presents her whānau's journey and discloses "not feeling welcome [at the conference] as a Maori" (Smart, 1987a, p. 5). Later, time is allocated for informal interest groups to meet and to "rattle the chains" together in what is a departure from usual conference practice for visiting Australians (Conference Committee, 1984).

Epston (1984c), recognising the Auckland-centricity of his reporting in the AJFT's "Around Australia and New Zealand" feature, invites regional centre dispatches from 1984 onwards. The impression conveyed in the first instalment is that after two New Zealand conferences and recent workshops conducted by visiting Australians, notably White, Topham, and Roberts, New Zealand practitioners are being charmed to family therapy. Interest groups form, resurge, and consolidate in Porirua, Christchurch, and Wellington respectively. New one-way screens and video equipment are in residence at the Family Centre and the Hutt Child and Family Clinic, among many others. Family therapy-related writing continues at a pace, touching on family law (Topham & Davidson, 1984), chronic childhood somatic illness (Epston & Brock, 1984), eclectic practice (Waldegrave, 1984), and a four-paper "Family Therapy Symposium" edition of the *New Zealand Counselling and Guidance Association Journal* in 1984. White's last editorial before handing over the reins to expatriate New Zealander, Max Cornwell, confirms "the very considerable expansion of interest in family therapy throughout Australia and New Zealand" (White & Lang, 1984, p. 233) during his six years of AJFT editorship. "The waves continue to move outwards," observes Christie (1984, p. 164) from the Family Centre, swelling steadily toward the outer limits of what may later be recognised as the heydays of family therapy in New Zealand.

The end or the beginning? 1985 to 1989

The appointment of Max Cornwell as journal editor accompanies another change. From 1985 the AJFT becomes the *Australian and New Zealand Journal of Family Therapy* (ANZJFT) to "formally acknowledge…the close links between family therapy networks in Australia and New Zealand" (Cornwell, 1985a, p. ii). The new editor discloses, "as a New Zealander myself, I admit to some ambivalence about a journal that seeks to bridge the Tasman, in case it is interpreted as a manifestation of Australian colonialism

in the Pacific. I will certainly do everything in my power to welcome fellow New Zealanders, while fostering their independent voice within the partnership" (p. ii).

At the third New Zealand family therapy conference in Christchurch during May 1985, unity is apparent in a recurring call to remodel family therapy's privileging of dominant culture. After Tukukino's experience in Auckland the year before, organisers seek to incorporate taha Māori[9] in the conference and receive timely support from Warihi Campbell and others from the Family Centre (Smart, 1987a).

At the conference, "the hegemony of elite professionals over the lives of others is seriously being questioned and challenged by alternative visions and practices" (Epston, 2003, p. 1). The experience is "emotional, intellectual, and spiritual…highlighting the differences that exist between cultures in New Zealand…[while] the struggle to understand, to share, to be part of each other's reality, is painful, exciting and challenging" (Pilalis, Davis, Smart, & Christie, 1985, p. 174).

The focus on dominance extends to sexism, with Pilalis and Anderton (1986) presenting research merging feminism and family therapy to recognise the systematic suffering of women in society due to gender discrimination, while also highlighting circular links between family systems and wider social structures.

Perhaps inspired by workshops such as this, Cornwell's subsequent editorial encourages family therapy to "generate viable interventions" (Cornwell, 1985b, p. ii) to go with its sociopolitical analyses and predicts that this will confirm family therapy's "growing maturity."

In the same month, Waldegrave's plenary address at the Australian family therapy conference in Melbourne puts political cognisance first, contending that family therapy "will never reach pubescence as long as it remains mono-cultural, mono-class, and denies its place in wider political and economic systems" (Waldegrave, 1985, p. 198).

At about the same time Epston, reflecting on family therapy in Australia, reiterates his rejection of "systems of [family] pathology" (Wood, 1985, p. 71) and notes that while family therapy is still "relatively new in Australia and New Zealand, compared with the US and parts of Europe," he foresees a future "splitting off between rigorous systemic therapists and the strategic/structural therapists," as part of the former moving in "a more mature direction and more creative diversification" (pp. 73–74).

Cornwell's challenge is soon answered by the Family Centre, who chronicle their early remodelling since reflecting on family therapy as "only helping people to be happy in poverty" (Inglis, Pilalis, & Davis, 1985, p. 225). One of their responses to the institutional racism inherent in national employment and housing policies is to employ

four community workers—one Māori, two Sāmoan, and one Pākehā—to encourage people "to mobilise their own resources to bring about the political and economic change necessary to alleviate the structural forces which cause their family stress" (p. 225). Some of these community workers "act as consultants behind the one-way screen…to guide the therapist team in taking into account the complex cultural nuances which Pākehā would otherwise miss" (p. 226). This crossover of knowledge and skill among community workers and family therapists is a pragmatic response to the need to extend systemic and cybernetic analysis out beyond the individual family unit (Waldegrave, 1985).

"Family Therapy New Zealand Style: A Broader Horizon" is the motif for the fourth New Zealand family therapy conference, held in Palmerston North during May 1986. While no conference report appears in the ANZJFT, papers and videos of some conference sessions are compiled for the first time (Massey University, 1986). Epston later remarks that sometime after the first three conferences, which he likens to "pretty serious parties" (Epston, 1995, n.p.), conferences face the dual challenge of feminism and biculturalism and "the parties got more and more serious."

The empowerment of women therapists receives a boost in July 1986 from a workshop tour by Americans Betty Carter and Marianne Walters of the Women's Project in Family Therapy (Walters, Carter, Papp, & Silverstein, 1988). The New Zealand Feminists in Therapy Group receive $6000 from the Ministry of Women's Affairs and the Department of Social Welfare to subsidise women on low income to attend. The Department also funds Pilalis, a leading feminist, on a six-week tour of the UK to study the teaching of family therapy to social workers (Pilalis, 1986a).

Culturally, the majority of family therapists in New Zealand are Pākehā and some of these are advocates for Pākehā examining the racism and inequality "inherent in [their own] institutions, systems, and practices" (Pilalis, 1986a, p. 110). They name the lip service paid to biculturalism by colleagues who may not consider themselves racially biased yet "when working with individuals and families their goals and methods are based largely on Pākehā assumptions about the universe" (Smart, 1986, p. 111). Elsewhere, Māori emphasise "family therapy for Maori must be on Maori terms" (Grant, 1986, p. 111) so as not to compromise the ancient knowledge of whānau therapy held in Māori culture. If recognition of the complementary value of each culture rests on the equal sharing of institutional power between them, then historical and contemporary injustices in implementing the Treaty of Waitangi cannot be ignored by family therapy (Pilalis, 1986a). At this point, family therapy shows up as a

small yet responsive player on the national sociocultural stage where New Zealand's bicultural drama is being played out during the 1980s. So positioned, it may be close enough to the action to risk being shaken to its core.

Away from the "dual challenge" of feminism and biculturalism, other New Zealand publications on family therapy in the late 1980s focus on ethical guidelines (Everts, 1986), short-term residential therapy (Corbet & Palmer, 1986), family law (G. P. Davidson, 1986), domestic violence (P. Davidson, 1987; Pilalis, 1986b), working in teams (Pilalis, McDougall, McKeever, Atley, & Druce, 1986), and anorexia nervosa (Hall, 1987). Add to this a steady stream of overseas trainers, such as Michael White, whose Christchurch workshop attracts 180 people, Moshe Lang and Allan Jenkins from Australia, Luigi Boscolo from Milan, Brian Lask from the Institute of Family Therapy in London, Karl Tomm from the Calgary Family Therapy Centre in Canada, and John Weakland and Paul Carter from the US.

At the fifth New Zealand family therapy conference in Hamilton, the theme of "Family Therapy and Social Justice" (Centre for Continuing Education, 1987) results in "a number of people [who] didn't attend as a result of what was seen as a move away from the practice of family therapy" (Bird, 1987, p. 2). During the conference, some participants question the conserve of holding conferences in universities with lecture-style sessions that facilitate competition rather than information of difference. The structure of conferences is cited as "one constraint that has prevented us from adequately addressing the issue of family therapy and social justice" (Bird, 1987, p. 3).

Rosemary Smart of Christchurch is the plenary speaker, and she contrasts the decline in psychiatrists attending family therapy conferences in New Zealand with an upsurge in Australia, and wonders whether this is due to New Zealand's emphasis on political rather than theoretical and clinical issues. Her concern is that if the "professions with the least status are producing the majority of family therapists…will we become increasingly marginal…as psychiatry is becoming increasingly biologically and pharmacologically oriented, and nationally there is a move towards conservatism" (Smart, 1987b, p. 4). To finish, she reiterates Waldegrave (1985) by questioning family therapy's role as "a conservative and palliative response maintaining [political] homeostasis" (Smart, 1987b, p. 13).

In subsequent reports on the conference, commentators grapple with the competing needs of conference-goers where the "gap between social analytical debate and [the] acquisition of therapeutic skills…[causes] many original players and spectators" (Esler, 1987) of earlier conferences to stay away, while others are heard to

say, "there was hardly anything in [the conference] about family therapy" (Mason, 1987). The situation is likened to a developmental stage "where differences are emerging powerfully…producing tension that could be creative or polarising, depending on how we use it" (Thawley, 1987). As with any emerging change, the future is uncertain. "I wonder if [New Zealand family therapists] can develop an attitude where difference can be valued and accepted, or whether they will be fearful of difference," muses Pilalis (Pilalis, Esler, Thawley, & Mason, 1987). To encourage the former, there are pleas for cooperation and tolerance, for the use of family therapy's dictum to see "both/and" rather than "either/or" in a situation (Esler, 1987) and "to regard and offer challenges as gifts of opportunity rather than statements to diminish" (Thawley, 1987). With "The Use and Abuse of Power: Sexism and Racism" proposed as the theme for the next conference, these sentiments may be tested in the foreseeable future.

In the frontline of challenge to the status quo stands the Family Centre staff, who undertake a community development project to work more effectively with Sāmoan families in New Zealand. They travel to Sāmoa to learn about āiga (extended family systems) from a fa'a Sāmoa[10] perspective, and invite a Sāmoan consultant back to New Zealand to provide insights on working with Sāmoan people here. This co-creation of bicultural therapies is pioneering work that sits alongside their emergent community development interventions and political lobbying through researching and documentation of social problems (Coventry, 1987). With a Royal Commission on Social Policy currently in session, many family therapists join with the Family Centre in being sensitised to the "wider social and political context in which their work takes place" (Whitney & Christie, 1987, p. 230).

Following his election to the Editorial Board of the ANZJFT by Māori and Pacific Islands participants at the 1987 conference, the Family Centre's Warihi Campbell (Ngāti Porou) announces his arrival with an emancipative editorial to mark the Australian Bicentennial. His kōrero[11] reverberates with mana[12] and wairua:[13]

> *Maori and other Polynesians have the right to be addressed on their own cultural terms. They do not need to have their lives forever dependent on European interpretations and definitions for the sake of accommodating European solutions and aspirations.* (W. Campbell, Nokise, & The Family Centre, 1988, p. iv)

This message echoes in the practice of Jocelyn Medland (1988), a Pākehā psychologist working with Māori families in the Far North, who attempts to suspend her European judgements to work in a tāha Māori world. This is the world embraced by

the sixth New Zealand family therapy conference at Wainui-o-mata Marae in Lower Hutt. The venue is a long way, culturally, from the Clinical School of Medicine over the hill and across the harbour in Wellington City where the first New Zealand family therapy conference was held only five years before. The warmth of hospitality and wisdom of the kuia[14] speaking about their lives on the opening night sets the scene for the strengths of women to be emphasised through their "numbers attending, the giving of workshops and papers, and speaking up in discussions" (J. Campbell & Peryman, 1988, p. 238).

The conference theme, "The Use and Abuse of Power in Family Therapy", highlights the misuse of organisational power in family therapy workplaces (J. Campbell & Peryman, 1988) and comes on the heels of Johnella Bird being dismissed and reinstated as Director of Presbyterian Support Services' Leslie Centre in Auckland, a leading family therapy centre renowned for embracing social justice perspectives,[15] as a result of "conflict between a non-consultative management and a highly professional staff" (Whitney, 1988, p. 111). Within the year, both she and Epston move on to private practice and establish The Family Therapy Centre in Auckland (Esler & Kolff, 1988).

In Wainuiomata, Bird chairs the business meeting and a surviving copy of their agenda reveals the mechanisms, interests and concerns of conferences of this time:

- Reporting back by special interest groups, including any proposed press releases;
- Financial reporting, including funding of ANZJFT Editorial Board reps to the next New Zealand conference;
- Election or recommendations for ANZJFT positions (New Zealand rep on Editorial Board, New Zealand "Network News" coordinator, journal assessors);
- Whether or not to organise a Women in Family Therapy preconference gathering next year;
- Short listing people to represent New Zealand in an accreditation & registration debate at the Australian conference later this year;
- Discussion about structure and process for the proposed joint New Zealand and Australian conference in Christchurch next year. (Smart, 1988)

The agenda reveals an "organisation" at work, though informally, as returning to Epston's (1995) analogy, conferences are like a "pretty serious party…[where] no one owned the Conference except those who convened it. They more or less did it their own way…The last host group could only make recommendations to the next year's

host group on the basis of feed-back from the Conference-goers" (n.p.). Moves to institutionalise the "organisation" continue to be mooted, though as Epston (2003) recollects, "most of its more committed participants were activists rather than 'committee men and women' and this never eventuated" (p. 2). Add to this the disincentives brought home from Pilalis' (1987) tour of the UK, where she characterises the British Association of Family Therapy (AFT) as "a growing monster…[and she is] so glad…[New Zealand] deliberately decided <u>not</u> to follow blindly along this path, but to seek creative, systemic ways of networking and developing practice and training programmes" (p. 172). Yet, as Epston (2003) notes later, without a formal body "initiatives that emerged from conferences could never 'go anywhere' as there was nowhere to go. This was greatly frustrating to all concerned" (p. 2).

By the late 1980s, the only formal body that New Zealand family therapy is part of is the binational Editorial Board of the ANZJFT that meets annually at each Australian conference. New Zealand contributes financially to the Board from conference surpluses to acknowledge "the value we see in the trans-Tasman link and the importance of the role the Journal plays for family therapists in New Zealand" (Smart, 1986, p. 51). In the absence of formal associations in either country, the Board also "function[s] as a de facto national secretariat" (Crago & Crago, 2007, p. 14) for Australia, led by an "Editor-cum-Executive Director" (Quadrio, 1989, p. ii), while New Zealand continues to operate with no formal structure, as previously traced. The Board's greater utility in Australia is accentuated when it begins to share responsibility for Australian conferences with local organising committees, thus building continuity and expertise in conference hosting and a wider annual income stream for the Board. This centralised administration marks a significant point of departure from New Zealand and is a progressive step towards the formalisation of family therapy in Australia, which New Zealand might shortly be expected to emulate in its own fashion.

Close proximity and mutual association through the Board gives rise to the first joint Australian and New Zealand Family Therapy conference in Christchurch during 1989, preceded by a two-day Women in Family Therapy meeting in Akaroa. The conference theme, "Patterns of Experience", is richly expressed as Australian Aboriginal, Sāmoan, Māori, and European presenters and participants share their "pain and hopes and the breaking down of some tired old polarizations" (Jackson, 1989, p. 252). The unprecedented attendance by Aboriginal women at a family therapy conference is credited to W. Campbell's challenge to Australians at their conference the year

before (Jackson, 1989), and emphasises the role that race and culture is playing in establishing the identity of family therapy in New Zealand (Epston, 1995, n.p.). Perhaps "challenging" could be added as another identity trait.

Challenge is to the fore in response to South Australia's announcement of another joint conference for the following year, which they propose calling The 11th Australasian Family Therapy Conference. "Australasia" is intended to represent "…those living in Australia and New Zealand, as well as other places in the Pacific" (Sved-Williams, 1989, p. 254), however, this "Australianising" leads to "inter-country frictions." (p. 254) A written apology is issued and the conference passes as an Australian conference only, with the second joint Australian and New Zealand conference deferred until Melbourne in 1992.

To round out the decade, John Werry, of the Auckland School of Medicine, interrupts the absence of family therapy-related publications by psychiatrists in the 1980s, such has been the sway of social and community workers. In "Family therapy: Professional endeavour or successful religion?", Werry (1989) critiques what he perceives is the "lack of conceptual precision [in family therapy] so that execution is highly idiosyncratic…guru-driven…[and] sustained largely by ephemeral charisma" (p. 379). He bemoans the paucity of controlled research despite there being "compelling reasons for family therapy to face evaluation with confidence" (p. 381) and puts a case for family therapy, pharmacotherapy and other treatments "to be partners, rather than competitors…[though in his experience] the latter is how most family therapists view things" (p. 381).

The picture could hardly be more different from within family therapy. There is relief to look back on the decade and see how far family therapy has come from "techniques and cleverness…towards a less adversarial relationship and more co-operative arrangement [with families]" (Esler, 1990, p. 51). Auckland family therapist, Irene Esler, further notes: "The congruence between social reality and a family therapy framework has not only been embraced by this country, [but]…New Zealand has been among the forerunners in this development…Let us hope that as family workers we will carry this sensitivity and aroha[16] into the next decade" (p. 51).

From highs to lows: 1990 to 1995[17]

The period 1990 to 1995 contains a bubble in family therapy literature in New Zealand both in quantity and significance. Among the 60 or so publications in the period, there are several that bear witness to the growing stature of New Zealand family therapy, such as:

- The Family Centre's first manifestos on "Just Therapy" (Waldegrave, 1990a; Waldegrave & Tamasese, 1993), their expansion into the politics of colonisation and family therapy (Tapping, 1993), and their critique of power differentials in family therapy (Law, 1994);

- Waldegrave presents a "Just Therapy" keynote address at the American Association of Marriage and Family Therapy conference in Washington DC (Waldegrave, 1990b);

- Publication of *Narrative Means to Therapeutic Ends* by White and Epston (1990) launches narrative therapy, plus other publications of Epston's theorising and practice (Epston, 1993a, 1993b);

- Feminist critiques of family therapy by Drewery (1990), Chamberlain (1992), Tamasese and Laban (1993), Smart (1994) and Robinson (1994), plus a New Zealand edition of the *Journal of Feminist Family Therapy* edited by Harré Hindmarsh (1993a), with papers by Harré Hindmarsh (1993b), Bird (1993a), and Tamasese and Waldegrave (1993);

- Tamasese (1993) addresses gender and culture at the New Zealand Psychology Society's annual conference, and Waldegrave (1993) raises the challenge of culture to psychology and postmodern thinking;

- Challenges are made for greater family participation in research (Towns & Seymour, 1990), to the name "family therapy" itself (Bird, 1993b), and to power relations in family therapy through Foucault (Towns, 1994);

- New Zealand family therapists representing cultural and gender issues join ANZJFT Board meetings in Australia to "develop mutual understanding of family therapy issues between the countries" (ANZJFT, 1991, p. 44);

- New Zealand's Principal Family Court Judge presents the Children, Young Persons, & Their Families Act 1989, including Family Group Conferencing, to the Sixth International Conference on Family Therapy, in Israel (Mahony, 1992);

- Family therapy conferences continue in New Zealand on, "The Impact of Multiculturalism on Family Therapy" (North Shore, 1990), "Fresh Experiences in Learning" (Nelson, 1991), "Family Therapy: What's in a Name?" (Second binational conference in Melbourne, 1992), a marae-based conference (Ruatoki, 1993), and "Let Us Keep Close Together, Not Wide Apart" (West Auckland, 1994).

Each of the above precedes the third combined conference with Australia held in Wellington during September 1995, hosted by the Family Centre and entitled "Out from Down Under". By the closing ceremony conference-goers are "trying to come to

terms with feeling…anger, sadness, fear, intimidation, frustration, shame, guilt, relief, embarrassment, hope and anxiety" (Hansen & McDonell, 1995, p. 226). Another family therapy gathering is held in Auckland during 1999,[18] "in an attempt to repair the damage" (J. Bird, personal communication, 14 November 2014), however, the impetus for further national development of family therapy in New Zealand is stalled for over a decade.[19]

Walking into the future facing the past

Looking back from 2016, I wonder what conversations were just emerging or were in mid-stream during those five fertile years leading up to 1995? Whose voices are dominant, silenced, silent, or absent, during those years? What social worlds, power differentials, and political issues, have a stake in the sites of contestability affecting family therapy in New Zealand? Who or what is privileged or subjugated in this process? This stream of critical thought is captured in the following researchable questions:

1. What critical analyses can be made about the situation of family therapy in New Zealand from 1990 to 1995?
2. How might these analyses contribute to the diversity of thought present in the situation of family therapy in New Zealand today?

These questions represent a narrowing of my research topic through familiarisation with the literature, preliminary interviews with historical figures, and a reflexive aspiration to "turn up the volume" (Clarke, 2005) on less heard or silenced voices in the situation of family therapy in New Zealand to better plan for its future. In this regard, I am guided by the whakatauki, "Ka haere whakamua me hoki whakamuri," which has been translated as "We must walk into the future facing the past."

   Thank you all for witnessing this presentation.

   Nō reira, tēnā koutou, tēnā koutou, tēnā tātou katoa.

Notes

1. An address given at Ashburn Clinic, Dunedin, on 14 March 2016. An earlier version was presented at the Family & Systemic Therapy Association of Aotearoa New Zealand's AGM and Training Day in Wellington on 16 November 2015.
2. NZ Family Therapy Specialists, PO Box 19, Kihikihi, New Zealand 3841 (email: craigwhisker1161@gmail.com; tel: +64 2121 39921).

3. This work was supported by an Australian Government Research Training Program Scholarship.

4. These 200 or so published works are all the journal articles, books and book chapters, newsletters, reports, minutes, public notices, and conference programmes, proceedings and addresses, etc., relating to family therapy in New Zealand between the 1960s and 1995 that I could find at the time of writing. One hundred and twelve of these are referenced in this paper. Gathering the works involved database searching and networking via email with hundreds of family therapists in New Zealand and Australia requesting their bibliographical input. Only one person declined to allow their own publications to be included. Any missing works were either unable to be found or are unknown to me.

5. My intention is to present a descriptive account only of "what otherwise would have been a 'history lost'" (D. Epston, personal communication, 8 February 2016). A significant limitation of this account is the absence of critique and analysis of the wider New Zealand situation. I anticipate writing on these issues in the foreseeable future.

6. This paper is written in the historic present tense for two reasons; first, it is a transcript of a spoken address and past events are often narrated as such in conversation; and second, the historic present is a convention of fiction and this paper is only one of many possible interpretations of family therapy in New Zealand.

7. From Dunedin School of Medicine website: http://dnmeds.otago.ac.nz/departments/psychological/index.html

8. Taranto and Epston combine with Auckland University's Continuing Education Department in 1977 to establish a Family Therapy Resource Centre, from where Taranto coordinates a popular interdisciplinary family therapy training programme.

9. The Māori side or perspective on a given subject.

10. The Sāmoan way.

11. Speech, statements, discourse.

12. Prestige, authority, control, power, influence, status, spiritual power, charisma—mana is a supernatural force in a person, place or object (http://maoridictionary.co.nz/word/3424).

13. Spirit, soul.

14. Māori women elders.

15. See http://www.johnellabird.nz/about-me.html.

16. Love.

17. My review of family therapy in New Zealand stops at 1995 because I interpret this as being a symbolic marker of change in the arena. The rationale for this is contained in the final two sections of this paper. Furthermore, my family therapy career begins in 1991 and is interrupted from 1993–1999, so as a historian I have little first-hand experience of the events depicted in this paper. In contrast, I am an active participant in family therapy nationally from 2003 onwards and my opinions about recent events are published elsewhere (see Whisker, 2012, 2014).

18. The "Celebrating Family Therapy as Sites of Resistance" gathering, organised under the auspices of the Auckland Family Therapy Cultural Justice Group (ANZJFT, 1999).

19. Until 2009, when The Werry Centre develop a strategy for family threapy to "become more visible" (2009, p. 44), leading to the incorporations of both the New Zealand Family Therapy Association (NZAFT) in April 2012 and the Family and Systemic Therapy Association of Aotearoa New Zealand (FSTAANZ) in October 2013.

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