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The *New Zealand Journal of Counselling* is the official publication of the New Zealand Association of Counsellors.

The *Journal*'s aim is to promote counselling practice and research that reflect the unique cultural context of Aotearoa New Zealand, respecting and encouraging the partnership principles of Te Tiriti o Waitangi/The Treaty of Waitangi. The *Journal* is a forum for the sharing of ideas, information, and perspectives on matters of common concern among practitioners and those undertaking research in the field. In the content of the *Journal*, the Editors wish to be inclusive of a wide range of topics and perspectives, representing the diversity of interests within the profession.

The Editors welcome the submission of papers, including commentaries on topical issues, literature reviews, research reports, practice-based articles, case studies and brief reports from the Association's members and applicants, as well as from others outside the Association with interests relevant to the field of counselling. We welcome papers that represent a wide range of research methodologies, and that contribute to the development of knowledge in the theory and/or practice of counselling.

The overriding criteria for selection are that the material is professionally relevant, that the presentation is of high quality, and that the writer has communicated effectively, in an interesting and engaging way, with readers.

Manuscripts are welcome from practitioners, counsellor educators, academics, researchers and administrators involved in counselling or in related fields. Guidelines for contributors are provided at the back of this issue. All articles are reviewed by two referees in a double-blind process.

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The New Zealand Journal of Counselling

Editorial

In this first issue of the *Journal* for 2008, we invite you into territory that may be both familiar and new, beginning with Philip Culbertson's challenge to engage in uncomfortable experiences in our search for professional competency. This paper was first presented as his keynote address at a one-day mini-conference in November last year for the Auckland NZAC branch, *Recent Research and Innovations in Practice.*

Peter Bray and Karen Lupe Ilinanoa introduce us to dimensions of experience that may be unfamiliar in the next two articles, which explore the permeability of the boundaries between the physical world and other influences on our lives and well-being. Through an example of an adolescent manifesting unusual behaviour, Peter Bray introduces the Grofs' concepts of spiritual emergence and spiritual emergency, and their implications when working with clients. Karen Lupe Ilinanoa's discussion of Bynum's work on the dynamics of the family unconscious, and its relevance in our own work as practitioners, may stretch our thinking and illuminate new perspectives.

Because those of us who are racially white tend to identify ourselves as "Pākehā" in Aotearoa New Zealand, and the term "white" is not widely used here, it may be that we avoid engaging with the concept of white privilege. In the following article by Nia Addy, the "invisible whiteness of being" associated with white privilege is exposed. We are invited to recognise the pervasive influence of this form of power, and encouraged to take positive steps to acknowledge and address it, as the implications for us as counsellors are explored.

In a different sense for practitioners, taking on the role of researcher can seem not unlike engaging with an unfamiliar culture. In the next article, Yvonne Evans helps bridge the practitioner–researcher divide, as she reflects on the benefits she experienced from becoming a researcher. Her account will be a source of encouragement for others. Susan Sliedrecht and Elmarie Kotzé then describe a research project investigating people's experiences of counselling following the trauma of major physical injuries. The multiple realities of hope and loss emerged as a strong theme for these participants, reminding us of the multi-faceted and multi-storied nature of human experiencing. Here, too, the theme of power relationships and the privileging of

certain stories within the medical context echoes the theme of power and privilege in Nia Addy's article.

Finally, the question "What has happened to the feminist movement 20 years on?" intrigued a group of women practitioners who came together to create a presentation for the NZAC Research Conference in 2007. The voices of Jeannie Wright, Sue Webb, Patricia Sullivan-Thompson, Elmarie Kotzé, Kathie Crocket, Sue Cornforth, and Nan Blanchard are heard here in an article based on their research performance, as they reflect on the "f" word, and the ways in which feminism has influenced their perspectives and their work with clients. The voices of Meera Chetty and Estelle Mendelsohn then "speak into" the space that has been opened up around this topic, in an invited Response.

The range of topics addressed and the authors who have contributed to this issue represent something of the rich diversity within our profession. Our hope is that the *Journal* will grow in strength in representing a range of perspectives, and will help stretch the boundaries of our awareness and understandings which will, in turn, enrich our practice. A space is open for dialogue here; we encourage anyone interested to submit an article that will enable your voice to be heard as well.

Margaret Agee and Philip Culbertson, Co-editors

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Living into Our Work

The Value of Uncomfortable Experiences in the Search for Professional Competency

Keynote address for the NZAC (Auckland) Mini-Conference, "Recent Research and Innovations in Practice", 16 November 2007

Philip Culbertson

In his Studies in Pessimism (1851), the German philosopher Arthur Schopenhauer wrote: "Every man takes the limits of his own field of vision for the limits of the world" (as cited in Drozdow-St. Christian, 2002, p. 13).

As counsellors and psychotherapists, we spend so much time in other people's worlds. At the end of a long day in the counselling room, we are often tired, and need to reconnect with ourselves. How often have I said to myself, "I've spent seven hours today in everyone else's worlds, and now I need to remember [or as Michael White (1997) says, 're-member'] my own." And when we are exhausted, we run for comfort and security back to our own fields of vision, where we generally feel stable, and occasionally feel safe. There we can float, and pretend that the world is OK, and that no one is much different than we are.

When I came to St Johns Theological College in Auckland to be interviewed in mid-1992, the thing that immediately caught my attention was the diversity of the students in the classroom. At that time I was teaching at a university in the US where all the students were white and middle-class, and almost everyone who lived in that little Southern university town was also white and middle-class. Perhaps you can imagine my delight when I looked out at the audience attending my interview lecture, and saw Pākeha people of many different ages … and Māori, and Samoans, and Tongans, and Fijians, and Solomon Islanders, and Ni Vanuatu. At that moment I knew that if I were offered the job, I would take it, because I wanted to live and work in a world which was that diverse. I was only worried that I hadn't stretched enough, or couldn't stretch enough, to do that well.

That sort of cultural mix is the world we are all hurtling towards, here in Auckland. Demographic projections suggest that within another ten to twelve years those from Pākeha or European cultures will be in the minority in this city. But do our private practices reflect this diversity, or are we practising only within the comfortable limits of our own fields of vision?

I'm thinking about when I first started up my private practice in psychotherapy ten years ago, and for the first three years I only had male clients. At one point, I was seeing twelve male clients a week. I felt like I was being sent all the male clients that female counsellors didn't want to work with! At one point, my supervisor said, "Gosh, how do you tell them apart?" And that is the moment when I grasped that I could become a more effective therapist only by working with a much more diverse population. I don't understand how we move outside our own field of vision unless we find a way to actively engage diversity.

Some years ago, when I was living in the US, I was very impressed by a certain church policy. When people approached the officials in the Episcopal (Anglican) Diocese of Atlanta, Georgia, wanting to train for the ministry, they would be asked, "What is the situation in which you would find yourself most uncomfortable?" The friend who was telling me about this policy answered, "In a gay bar." So the diocesan officials assigned him to spend one night a week for six months in a gay bar, before they would consider further his application for ministry training. And as he told me later, that assignment changed his life.

How do we, as mental health professionals and as individual people, move outside our fields of vision, so that we stop assuming that the whole world is no larger than our own limited thoughts and experiences? We do it by adopting an attitude in which we are eager to learn about difference, to see what the world looks like to other people, and why they may or may not find their worlds to be as satisfying, or even more satisfying, than our own worlds of comfort, security, and familiarity.

As an aside, I'll mention the philosophy of Slavoj Žižek, one of the intellectual darlings of this decade. In his book *Looking Away: An Introduction to Jacques Lacan Through Popular Culture*, Žižek describes the way we perceive our own lives, and our societies and cultures, as like an audience watching a movie screen. We sit in front of our screens, and we go unconscious as we watch, lulled by the false security of the familiar. The purpose of the screen, or the familiar, if you will, is to cause us to forget the frightening chaos that lies behind the screen. If we were aware of that chaos behind the screen, we would go mad. And so we choose the familiar, the secure, the comfortable,

and within the limits of that field of vision we believe that everything is OK. And we believe that otherness is not frightening, and neither is nothingness.

To return to the stretching of our horizons, one of the most obvious ways in which we as professionals learn to be stretched is by reading. I'm curious, actually, about how much counsellors and psychotherapists in New Zealand read. I hope they read more than clergy in America do. In 2006, Jackson Carroll, one of the leading researchers on the habits and values of American clergy, published a book entitled *God's Potters: Pastoral Leadership and the Shaping of Congregations.* Among the findings reported (pp. 108–109) there was the rather startling statistic that the average American clergyperson, Caucasian or African-American, across all denominations, reads only four hours a week. They read almost exclusively in the areas of sermon preparation or ministry practice. Furthermore, Carroll surveyed the authors that these clergy were reading, and the top 40 authors named were all Caucasian males—not a female or non-White author among them.

I believe that as professionals we are obliged to read, often and widely, and across gender and culture. Martin Thornton, a British writer in the field of spiritual direction, made this statement in 1965 (p. 141):

> *One is suspicious of a doctor who has read no medical book for twenty years and knows nothing of modern drugs, and I suspect that intelligent modern Christians are getting suspicious of clergy who are ever engaged in something other than prayer, learning and such like professional occupations.… It is* because *a priest has time for prayer, for serious continuing education and frequent reading, and for reflection that his guidance of those in the world's hurly burly is likely to be worth having.*

So if we too are going to be able to provide reflection and guidance in the midst of the world's hurly burly, surely we too must take seriously our continuing education and frequent reading.

But we learn, we know, in ways other than just the intellectual. In fact, to confine "knowing" to our brains is a very Euro-centric definition of knowledge acquisition, a kind of un-critical recapitulation of the Cartesian revolution: "I think, therefore I am". In their influential book *Women's Ways of Knowing,* Mary Belenky, Blythe Clinchy, Nancy Goldberger and Jill Tarule (1997) describe a whole variety of ways of knowing that both compete with and complement the cognitive, "scientific" ways of knowing: received knowledge, subjective knowledge, procedural knowledge, connected

knowing, as well as an awareness of the general relativity of all knowledge. In parallel to these "women's ways", Barnhardt and Kawagley (2005), in exploring indigenous ways of knowing, provide a great example of non-cognitive non-European ways of learning:

> *To bring significance to learning in indigenous settings, the explanations of natural phenomena are best understood by students if they are cast first in indigenous terms to which they can relate, and then explained in western terms. For example, when choosing an eddy along the river for placing a fishing net, it can be explained initially in the indigenous way of understanding, pointing out the currents, the movement of debris and sediment in the water, the likely path of the fish, the condition of the river bank, upstream conditions affecting water levels, the impact of passing boats, etc. Once the students understand the significance of the knowledge being presented, it can then be explained in western terms, such as flow, velocity, resistance, turbidity, sonar readings, tide tables, etc., to illustrate how the modern explanation adds to the traditional understanding (and vice versa). All learning can start with what the student and community already know and have experienced in everyday life. The indigenous student (as with most students) will then become more motivated to learn when the subject matter is based on something useful and suitable to the livelihood of the community and is presented in a way that reflects a familiar world view.*
>
> (Barnhardt & Kawagley, 2005, pp. 3–4)

There are also the ways of knowing that the indigenous people of the Pacific carry. Some of these are spoken of in the new book that I have just co-edited with Margaret Agee and Cabrini Makasiale, called *Penina Uliuli: Contemporary Challenges in Mental Health for Pacific Peoples*. These ways of knowing include the profound femininity of the Pacific unconscious, the gift-exchange of love as a deep relationality, the importance of partnership and unusual forms of "we-ness", what the spirit world wishes to teach us, the interface between our culture and our bodies, the communication of truth through metaphorical speaking rather than what we Europeans call plain speaking, why we are nothing if we are not connected to our ancestors, and so on.

If counselling and psychotherapy are about meaning-making, then shouldn't we be highlighting these experiential and intuitive knowledges as much as we privilege the cognitive? Surely this is a pressing paradigm shift for us all, as Auckland moves increasingly toward being an ethnically and culturally diverse city, in which we aspire—I hope—to be the best-equipped mental health professionals we can be.

My three most recent research projects have been about intentionally taking myself outside my own comfort zone, or my own field of vision. Now I recognise how our field of vision changes naturally over the course of our lives. My social location at 63 is different in many ways from my social location at 17, for example. Parts of me, in myriad ways so predetermined by the location of privilege into which I was born, have at the same time become more conservative, and other parts of me more liberal. I need parts of me to rest securely in a settled sense of self, and yet I am very happy for other parts of me to wallow in ambiguity. But none of that gives me the right to rest on my laurels, to fall asleep, or to settle comfortably within any particular field of vision. Should I do that, I would be squandering one of the greatest quests of life: to figure out, somehow, how to engage otherness.

I'll give you a brief sketch of my three most recent research projects, and comment quickly on how they have stretched my field of vision:

The ʻAfakasi Project explored how identity is formed by people who carry more than one ethnic or cultural heritage. Participating in the project stretched me in three ways: (a) it raised difficult questions for me about how anyone's identity is formed, including my own; (b) it made me a lot more sensitive to the destructive impact of race politics, which is the dominant identity discourse in this country, at least as I perceive it; and (c) it created a whole new set of "sisters" for me, as I entered into deep collegial relationship with Pākeha, Samoan and Tongan women, many of whom I might not otherwise have come to know so well. I come from a family of sons only, so having sisters is a reparative experience.

A request from a European publication in theology, to write an article on whether and how God could be conceived of as a third-gender Pasifika person, or Samoan *fa'afafine*, stretched me to think again, as a theologian and counsellor, how easily we get imprisoned within familiar metaphors, to the exclusion of unfamiliar metaphors that might open up new spaces for surprising perceptions. It also gave me new insights into the social and cultural construction of gender and sexuality, including how un-creative the dominant Western discourses of gender and sexual identity can be. Imagine wrapping your head around this description of a Pasifika person who is born with a penis, but prefers a public gender identity which to us Westerners looks feminine: "The difficulty for *fa'afafine* or *fakaleiti* is that if they wish to have sexual encounters with men rather than with women this may be seen by others as having homosexual or same-sex relations, while they themselves may see sexual encounters with women as having same-sex or lesbian relations" (Farran, 2004, p. 137).

For an all-faculty research project on spirit possession in the School of Theology, my colleague Mary Caygill and I decided to do a limited qualitative research project on "the world of Pasifika spirits," focusing in particular on the ways in which what are sometimes called "the invisibles" (Wood, 2006, p. 50) are conceptualised in Samoa and Tonga, and whether Western psychiatry has any clue how to deal with these presences. Of my three present research projects, this one has most stretched my own field of vision. During an interview in the home of a *fofō*, a traditional Samoan healer, I smelled and felt the presence of the *fofō*'s dead mother. I discovered that I had nowhere in my head or experience to put that event. Driving home from the interview, I was actually disoriented because I had been taken so far out of my own familiar. I think I had so entered the field of vision of that healer that I had temporarily lost touch with at least some of my own field of vision. When I got home, I had to do some careful work to re-ground myself in my own world, yet without losing touch with the other world that I had entered, and which has changed forever the way I understand the presence of Pasifika spirits.

I have shared these three examples to suggest that research can be uncomfortable, innovative, and transformative. Surely, research that is worth doing takes us to the margins of our field of vision, in spite of how difficult it is for us to know much of anything outside our own social location. I'll return to that point in a moment, as part of my closing.

But first, I want to point to six areas that I believe are crying out for more thinking amongst ourselves as mental health professionals, and that perhaps we have not spent enough time with, exactly because they threaten to take us too far outside own fields of vision.

How little we know about the construction of our own culture, and how little we know about how other cultures differ from our own. Of course, it is always easier to see another culture than it is to see our own, because the hegemonic nature of every culture retains its power by making it so difficult to analyse. But as Cabrini Makasiale will say in her presentation later this morning,[1] if you know only one culture, you probably know no culture.

How identity is constructed by anyone, but particularly by all those who are not middle- or upper-middle-class Europeans. This topic, too, is difficult to think about at all, because of the race politics in this country. In working with the 'Afakasi Project, Margaret and I have discovered that there is almost no published work in the fields of counselling and psychotherapy on Pasifika complex identity, and we have assumed that

this is because the topic is considered to be politically incorrect, or perhaps political suicide, by some very powerful groups in our society.

How genitals have nothing to do with gender or sexuality. I have already hinted at that when I discussed my project on *fa'afafine* theology. My ideas on this subject are deeply influenced by the work of Judith Butler (1999, 2004) but the more I work with her theories, the more I believe she is correct. Butler's work has allowed me to understand how any one of my clients can perform, within the same session, a variety of masculinities and femininities, and as well perform their desire through a variety of sexualities—no matter what particular set of genitals they have been born with.

How many people are in the counselling room, and how we know. Again, I have hinted at this earlier, in my brief comments on the world of Pasifika spirits. I have learned that it is not unusual for Māori or Pasifika clients to bring their dead into the counselling room. What I am still thinking about is whether those present-dead, or "the invisibles", also become part of our client base, and if so, how we work with them.

The near-permanent emotional impact of school bullying. As I said earlier, I spent the first three years of my private practice working solely with males. Through them, I became aware of the long-term trauma sustained by some victims of school bullying. I believe we need much more research on this in New Zealand, because for now, the conversation around the "anti-smacking" legislation seems to have diverted our attention from the scourge of physical and electronic bullying that besets young men and women in this country.[2] And this point connects with my sixth area of concern.

Why the NZAC and the NZAP are not more politically active, more politically visible, when life itself is so political. Both our organisations started out with clear political agendas, to make New Zealand a safer and healthier place for people in live and grow up in. Somewhere, somehow, we have subsequently disappeared too frequently behind the closed doors of our counselling rooms. This society is hurting, as are our cultures, and our voices as mental health professionals are needed in the public arena, and in the media in particular. I believe that our public voices are part of the obligations of professional ethics, and so to fail to speak out is a form of moral failure. But how does the way we conceive of our professional responsibilities need to change to make that happen?

In conclusion, let me refresh our memories about the Schopenhauer quote with which I began: "Every man takes the limits of his own field of vision for the limits of the world." And since this is a research conference, let me connect the quote to the specific subject of our research as professionals.

At a recent NZAC research conference in Hamilton, Bob Manthei made a presentation encouraging more research by us all.[3] My keynote this morning is directed toward the same goal. Bob was an enthusiastic and humorous cheerleader for more research, and indeed, we desperately need more published, contextual research, so that we become less dependent on research from America and England. But perhaps my presentation today is a "But" to Bob's "Yes". I want our research to boldly go where no one has gone before, and we can't do that by staying inside our present fields of vision.

Research isn't just about knowing. If we are sensitive to the principles of linguistics, we realise that research is also about transforming. Language can be used to describe reality, or it can be used to construct reality. The Russian theorist Mikhael Mikhaelovitch Bakhtin (1981, p. 143) knew that, when he claimed that each of us is only the sum of everything that has ever been said to us in our lives by others. The language we use with others, and indeed, with ourselves, can either reinforce or reconstruct the limits of those fields of vision within which we live.

As an academic I am inundated with other people's research. How often have I got to the end of a published piece of research and said to myself, "So? So?" Or maybe that's "so-so"! I challenge you here to step outside your present field of vision and to create research that doesn't just describe what you've thought or seen, but which transforms—transforms your research participants, transforms you, and above all transforms the readers of what you write. To paraphrase W. H. Auden, "you don't read research; research reads you." Let us, then, stretch ourselves outside the limits of our own individual fields of vision, and start producing research which reads, and transforms, our readers, and the world in which we live. Let us live into uncomfortable experiences in our search for professional competency.

Endnotes

1. Cabrini Makasiale's case-study presentation was part of a mini-symposium, "Voicing the unspoken: Breaking through the barriers of mainstream institutionalised deafness to Pacific therapeutic practices". It was based on her chapter in *Penina Uliuli: Contemporary Challenges in Mental Health for Pacific Peoples*, "The use of symbol and metaphor in Pasifika counselling".
2. Mike Williams presented the paper "Using undercover teams to re-story bullying relationships" at both the NZAC Research Conference, Hamilton, October 12–13, 2007, and at the

NZAC (Auckland) Mini-Conference, "Recent Research and Innovations in Practice", on November 16, 2007. A co-authored article with John Winslade has now been published: Williams, M., & Winslade, J. (2008). Using "Undercover teams" to re-story bullying relationships. *Journal of Systemic Therapies*, 27(1), 1–15.

3. Bob Manthei's keynote address at the NZAC Research Conference 2007 was entitled "Research is formalised curiosity: It is poking and prying with a purpose. (Zara Neale Hurston)".

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2

White Privilege and Cultural Racism

Effects on the Counselling Process

Nia Addy

Abstract

White privilege is an insidious and elusive concept that, when discussed, often generates strong reactions of denial, guilt, shame, discomfort, and defensiveness (Arminio, 2001). This article attempts to provide a précis of what is meant by white privilege and how it manifests in New Zealand society. White privilege and cultural racism are then examined in relation to the counselling process. The necessity is discussed for white counsellors to develop an awareness of their own racial identity in order to better understand and address the impact of race issues on both their sense of self and their work.

> *Most White people, in my experience, tend not to think of themselves in racial terms. They know they are White, of course, but mostly that translates into being not Black.… Whiteness, in and of itself, has little meaning.*
>
> (Dalton, 2005, p. 15)

The "invisible whiteness of being", as described by D. W. Sue (2006, p. 15), creates a tangled and sticky web of racial dominance and cultural racism. In Western societies, white people are socialised into occupying a position of power and privilege, and by so being, there is little drive or incentive to address issues of white racial identity and the unearned advantages of having light skin (Dyer, 1997; Lago, 2006; Sue, 2006; Tuckwell, 2002, 2006). Thus whiteness is unquestioningly seen as the human norm, and race is something applied to non-white peoples. In other words, "Other people are raced, we are just people" (Dyer, 1997, p. 1), and there is no position more powerful than that of being "just people".

White privilege and cultural racism: two sides of the same coin

Sue (2006) describes whiteness as the "default standard" (p. 15) by which all other groups of colour are compared, evaluated, and made visible. Racial minorities are judged using this standard and often found to be lacking, deviant, inferior, or abnormal. Whiteness is considered neutral and normative, and frequently claims to speak for the commonality of humanity. "Raced" people, on the other hand, are seen to speak only for their race, not for people in general (Dyer, 1997; McIntosh, 2002). The sense of whites as non-raced is most apparent in the absence of reference to whiteness in the habitual speech and writing of white people. For example, white people will allude to the "otherness" (the "Chineseness" or "Māoriness") of friends, co-workers or neighbours, and although it may be in a very friendly and inclusive manner, they would never think of speaking of the whiteness of people they know (Dyer, 1997). Thus the assumption that whiteness is the norm creates an automatic classification of "otherness" and confers a sense of racial dominance and superiority (McIntosh, 2002). This dominant position affords white people numerous unearned privileges and advantages that, for the most part, are so ingrained in white culture that they are virtually invisible to and unfelt by those who benefit from them (Akamatsu, 2002; Dyer, 2005).

In her seminal work, Peggy McIntosh (2002) sought to make explicit the day-to-day benefits of white privilege. She described it as "an invisible package of unearned assets which I can count on cashing in every day, but about which I was 'meant' to remain oblivious" (McIntosh, 2002, p. 97). McIntosh compiled a list of 46 taken-for-granted ways that white privilege affects her daily life, such as:

> *I can swear, or dress in secondhand clothes, or not answer letters, without having people attribute these choices to the bad morals, the poverty, or the illiteracy of my race.*
>
> *I can choose blemish cover or bandages in "flesh" color and have them more or less match my skin.*
>
> *I can do well in a challenging situation without being called a credit to my race.*
>
> (McIntosh, 2002, p. 99)

One of the most concerning aspects of white privilege is its invisibility to those who benefit from it most, and the resulting inability of white people to recognise that many of the unearned advantages they hold are a direct result of the disadvantages of other people (*What Is White Privilege?*, 2003). Perhaps unsurprisingly therefore, Rothenberg

(2005) describes white privilege as "the other side of racism" (p. 1). In fact, one internationally recognised definition of racism is the assumption that one culture has the right, power and authority to define "normality" (Consedine & Consedine, 2005).

The notion that simply by being part of the dominant white culture a person is perpetuating racism, albeit unwittingly and unintentionally, can cause considerable distress and discomfort. As McIntosh (2002) discloses, "I did not see myself as racist because I was taught to recognise racism only in individual acts of meanness by members of my group, never in invisible systems conferring unsought racial dominance on my group from birth" (p. 101). In order for white people to acknowledge and address the existence of white privilege, it may be helpful to recognise such advantages as not merely "unearned" but also largely "unasked for".

The goal of making white privilege and cultural racism visible is not to elicit white feelings of guilt, but to encourage exploration and to challenge certain ways of being (Connell, 1987; Lago, 2006). Thus it is important to recognise that people are immersed within racist thinking and practices from birth, and that racism and white supremacy are one of the dominant societal discourses in Western culture (Akamatsu, 2002):

> *If cultural racism is like the air we breathe; if it is everywhere amongst us; if it is within the social discourses and social histories that shape our very identities; then we will enact racist thoughts and practices without necessarily realising that we are doing so, or realising the effects on other people's lives.*
>
> (p. 50)

Thinking about and acknowledging white privilege in a non-blaming way can create space for addressing cultural racism and inequities inherent in society. First, however, it may be useful to examine some of the more specific ways in which cultural racism and white privilege manifest in New Zealand society.

White privilege in Aotearoa New Zealand

Most of the authors cited in the previous section live and work in the US or UK, and their discussions are based on the particularities of their societies and populations. Although many parallels can be drawn between these countries and New Zealand in terms of societal norms and values, infrastructure, etc., it is important to examine the specific ways in which white privilege and cultural racism reside here in Aotearoa New Zealand.

It could be argued that in New Zealand, the wide adoption of the Māori term

Pākehā to represent New Zealanders of European descent could serve to "make visible" the invisibility of the whiteness and "race" of white New Zealanders in a way that is uncommon in mainstream US or UK society. However, one does not need to scratch too deeply to reveal inequities and oppression present in Aotearoa. New Zealand faces the issues of a society that has seen an indigenous group alienated from its resources and traditions (Spoonley, 1993, p. 108). As Consedine and Consedine (2005) expound:

> *In New Zealand white privilege evolved in colonial times where structures were put in place that were designed to meet the needs of Pakeha settlers. Immigration, assimilation, and integration policies directly benefited Pakeha and marginalised Maori, yet these systemic structural benefits remain "invisible" to most Pakeha.* (p. 200)

Throughout New Zealand's colonial history, all basic infrastructures operated on the assumption that being Pākehā was "normal". As such, there was only one law and language that mattered, only one way to make decisions, and one way to organise education, healthcare and justice systems: the "white way" (Consedine & Consedine, 2005). Māori were required to fit into Pākehā culture and systems. They were expected to learn the Pākehā way of life; Pākehā certainly did not expect to learn the Māori way of life (Consedine & Consedine, 2005, p. 209). Tikanga (Māori custom) was considered irrelevant and extraneous if Māori were to assimilate and succeed. The only aspects of Māori culture that were encouraged were those deemed beneficial to the country, such as sport or tourism (Consedine & Consedine, 2005). Thus, the colonial climate fostered the notion of Māori, not only as "other", but also as "inferior" and "less than" everything European, a notion that some authors maintain is still deeply embedded in the unconscious of Pākehā today (Consedine & Consedine, 2005).

As part of a feminist team teaching a university course which examined experiences of Māori, Pacific and Pākehā women, Alison Jones (2001) discovered that although Pākehā students had enrolled in the course specifically to examine cultural issues, they "expressed a bitter and active resistance to their Maori and Pacific Islands teachers' expressions of their cultural identities and interests" (p. 281). Excerpts from the Pākehā students' journals included the following:

> *The introduction to the lecture was in Maori, which even though it was obviously appropriate, was disappointing as I could not understand it … I was brought up to believe that speaking a language your guests or audience could not understand*

> *was rude, and as I do not know of any Maori who do not speak English, this seemed unnecessary. This is I know a cultural difference, but my reaction was that perhaps I should just leave the class now and let everyone else get on with it.*
>
> (Maree, cited in Jones, 2001, p. 279)

> *It felt to me like [the Tongan lecturer] was talking to the Maori and Pacific Island students and the rest of us were just there to listen … I know our cultures are different, but I found this really disrespectful for the rest of the class and it made me feel personally that I wasn't part of the lecture*
>
> (Karen, cited in Jones, 2001, p. 281)

These responses may encapsulate the taken-for-granted assumption that the "Pākehā way" is the right way of doing things, although they may also reflect more complex psychological responses to the dynamics in these teaching and learning contexts. Even those with an expressed desire to learn about "other" cultures were bewildered, angry, and defensive when teaching occurred in a manner that did not privilege their ways of knowing. The Pākehā students wanted to learn about cultural difference, but on their own terms (Jones, 2001). Bell (2007) proposes that the students in Jones' study signify "our absolute comfort with occupying the centre, with our own 'normality' and with occupying a position of power … which we don't even see is one of power".

Bell argues that this attitude is not an individual failing but is, instead, a result of our socialisation and history as descendants of a colonising and dominant culture. Both Jones (2001) and Bell (2007) also draw attention to the Western-orientated belief that people have an automatic entitlement to knowledge, that they should be able to know anything and everything, including Māori cultural knowledge. This assumption presumes that, via intellectual absorption, Pākehā should be able to, in some way, incorporate Māori cultural knowledge into their own worldview. But, Bell argues, "Māori don't want that. Māori know what assimilation is like and what it does and how problematic it is to be enveloped in Pākehā understanding." Furthermore, the concept that access to knowledge should be freely available to all who seek it is incongruent with the Māori belief that, in recognition of its power, some knowledge should be for limited distribution only (Consedine & Consedine, 2005).

Dyer (1997) points out that some of the sharpest criticism has been aimed at those who would see themselves as least racist. He comments that some white liberals become amazingly angry when attention is drawn to their whiteness, when they are seen by non-white people as white. Dyer suggests that this is because the examination

or highlighting of difference challenges the liberal belief in a universal subjectivity ("we are all just people") that they think should make racism disappear. This attitude is frequently referred to as the "colour-blind" perspective (Gushue & Constantine, 2007; Neville, Worthington, & Spanierman, 2001; Richardson & Molinaro, 1996). Colour-blind attitudes reflect the seemingly benign position that race should not and does not matter; it maintains that all people have equal access to economic and social success, regardless of race (Frankenberg, 1993). For example, a study conducted by the New Zealand Human Rights Commission in 1980 concluded, "I believe that by far the majority of Maoris consider themselves as New Zealanders and are quite happy to live as the rest of us [do]" (Blackburn, 1980, p. 6). This attitude portrays a deep emotional investment in the myth of sameness, while simultaneously reflecting the dominance and implied superiority of whiteness and the "white way". There is clearly a need for Pākehā/white people to develop a critical consciousness regarding the ways in which they benefit from white privilege and their role in perpetuating racism (Ancis & Szymanski, 2001).

White privilege and the counselling relationship

> … *in all cases, the counselor, client and counseling process are influenced by the state of race relations in the larger society.*
>
> (Sue, Arredondo, & McDavis, 1992, p. 479)

Several authors have discussed the fact that unexamined white privilege, ethnocentrism and unintentional racism can profoundly obstruct counsellors' ability to develop multicultural counselling competencies (Ancis & Szymanski, 2001; Lago, 2006; Sue et al., 1992; Tuckwell, 2002, 2006). Tuckwell (2006) suggests that white counsellors rarely consider the impact of whiteness on their interactions in the counselling room. This is particularly concerning when considering the position of power that counsellors occupy in the counselling relationship (Egan, 2002). Add to that the inherent power conferred through membership of a dominant cultural group (white, in this instance) and the potential for power inequity between counsellor and client is increased manyfold (Lago, 2006).

Sue (2005, 2006) alludes to the difficulty white people face in acknowledging that they have biases and prejudices, and that they have engaged in racial oppression (albeit unknowingly). He suggests such a realisation contradicts their self-image and identity as good and moral persons. However, Sue stipulates that if white people are to become

allies in the battle against the perpetuation of racism, then white privilege is a reality they must confront.

> *If they are unwilling to explore their own Whiteness and racism, if they continue to deny that they have prejudices, and if they continue to allow the status quo to be undisturbed, they knowingly or unknowingly have entered into a conspiracy of silence that protects the conditioned meaning of Whiteness.*
>
> (Sue, 2006, p. 22)

New Zealander Charles Waldegrave (1998) points out that, although unintentional, the predominance with which Pākehā values and norms dictate the organisation of societal structures simply continues the process of colonisation. He implores "therapists and teachers" (p. 412) to recognise the significance of their influence and understand that they have a huge responsibility in this area. Being aware of the social context is not enough; in order for white counsellors to avoid the inadvertent replication of existing societal attitudes and power imbalances, they need to develop a specific understanding of white racial identity and attain increased self-awareness from a racial perspective (Tuckwell, 2006).

The journey into white awareness begins with recognition of the implications of the silence around being white, and with an initial step from denial to ownership of "whiteness". This is not always easy, as the collective white denial of privilege inhibits the process of questioning, discussion, and reflection (Kincheloe, Steinberg, Rodriguez, & Chennault, 1998; Lago, 2006). However, despite the discomfort of doing so, the acknowledgement of their part in the history of racial domination, as well as the continuance of ongoing cultural racism and white privilege, is an essential stage in Pākehā relinquishing the unspoken power of whiteness (Ancis & Szymanski, 2001; Tuckwell, 2006). Tuckwell also notes that because white people have generally been socialised to disregard their whiteness, white counsellors' sense of their own racial identity has frequently been absent as a component of the counselling relationship. This may result in white counsellors avoiding uncomfortable feelings and insecurities by either ignoring racial issues entirely or over-focusing on clients' racial or cultural material.

White racial identity awareness models

The 1980s and 90s saw the emergence of cognitive developmental models of white racial identity. Theorists such as Helms (1984, 1990, 1995), Ponterotto (1988) and Sabnani, Ponterotto, and Borodovsky (1991) proposed that racial identity develops

in a linear fashion, from obliviousness or denial of racial issues through to "the abandonment of entitlement in the quest for a healthy, nonracist identity" (Leach, Behrens, & LaFleur, 2002, p. 68). Helms' white racial identity model in particular became very popular and remains influential in the field today. Critics of Helms point out that her theory focuses on white sensitivities and attitudes to the minority "other", as opposed to examining what it means to be white (Leach et al., 2002; Rowe, Bennett, & Atkinson, 1994). Any sense of connection to a racial group remains unexplored, meaning that "little attention is given to how whites feel about themselves" (Leach et al., 2002, p. 68). The cognitive developmental model also parallels the minority development models of the time, suggesting a similarity in development of groups who hold vastly different societal positions in terms of power and equity (Rowe et al., 1994). Finally, white racial identity models were derived from studying the relationships between white Americans and African Americans; thus the capacity for generalisation of the theory is limited, and caution is advised when translating the theories for use in a New Zealand context.

Rowe et al. (1994) introduced an alternative conceptual framework that emphasised racial attitudes instead of racial identity. Their white racial consciousness theory seeks simply to describe clusters of racial attitudes held by white people, rather than ascribe larger personality constructs such as identity. However, in a comparison of the two models, Block and Carter (1996) have concluded that white racial consciousness is merely a variant of Helms' white racial identity model. In their view, the ego statuses proposed by Helms and the attitude types put forward by Rowe and colleagues are virtually identical (Block & Carter, 1996).

Irrespective of the similarities or differences, both theories provide a valuable, nuanced vocabulary for discussing the complexity of whites' experience of race (Gushue & Constantine, 2007). While often drawing on the white racial identity and consciousness models, recent writings in the field seem to reflect a more complex and dynamic analysis of white racial awareness. An extremely useful resource to help counsellors uncover and explore their own attitudes around being white, and the privileges it affords, is *An Invitation to Narrative Practitioners to Address Privilege and Dominance*, developed by Raheim et al. (2006). They present a series of thought-provoking questions and exercises that guide the reader through some of the murky waters of what it means to be white. Practitioners are invited to consider the way various privileges impact upon their lives, and the importance of counsellors exploring their own history and culture is stressed.

The importance of white counsellors' sense of self as a racial being: "Know Thyself"

Culturally sensitive counsellors have a set of attitudes and beliefs that grow out of self-awareness, a sense of self as a cultural being, and insight into the dynamics of their own cultural realities. Lee (2006) maintains that knowledge of oneself in relation to cultural heritage can produce a strong identification with one's people, and helps to bring a deeper feeling of belonging and meaning in life.

Last year, speaking in a debate regarding white privilege, Margaret Mutu (2007), Professor of Māori Studies at Auckland University, stated:

> *What I would say to Pākehā is … Please be proud of who you are. Please know who you are. You have a very, very proud culture and history. Don't come over here and reinvent one that doesn't exist to claim that you are something you're not. You are who you are.*

Michael King (1999) believed that this process had already begun in Aotearoa: "Like Maori, Pakeha people too are showing renewed interest in *their* cultures of origin" (p. 238).

Tamasese and Waldegrave (2003) also emphasise the importance of belonging. They state that in their work with Māori, Pacific Island and Pākehā families, it became apparent that it was just as important for Pākehā families to locate and make visible a sense of belonging as it was for their Māori and Pacific counterparts. They encouraged Pākehā to know

> *where you come from, who you belong to, what your history is, what your reflexes are, what are the ways that your family does things, how do they do death, how do they celebrate birth, how do they experience all these various things, and the particular impacts of historical events on their culture.*
>
> (Tamasese & Waldegrave, 2003, p. 137)

Pākehā and white people cannot become allies with other cultures or groups without respect for themselves and their own experiences (Spoonley, 1993). By consciously acknowledging and respecting their own culture, Pākehā/white people are more likely to value and respect other ways of knowing. Jones (1999, p. 135) invites Pākehā "to engage in the hard work of learning about their own and our own histories and social privileges in relation to ethnic others"—work that can be immensely rewarding and extremely beneficial to counselling practice.

Implications of white counsellors' racial awareness on the counselling process

Only when white counsellors acknowledge the significance of, and become more comfortable with, their whiteness will they be able to work freely with clients who are racially different from themselves, and with racial matters (Richardson & Molinaro, 1996; Tuckwell, 2006). Gushue and Constantine (2007) propose that many white counsellors adopt colour-blind racial attitudes in an attempt to reduce the discomfort of wanting to believe in racial equality and knowing, on some level, that they benefit from the continuance of white privilege. Although a colour-blind attitude may be adopted in an effort to counter racial prejudice, the effect may be quite the opposite (American Psychological Association, 2003). The denial of racism by a counsellor has been shown to impair his or her ability to form therapeutic alliances with both white and non-white clients (Gushue & Constantine, 2007). If a client feels unable or unsafe in addressing cultural matters with a counsellor, early termination of counselling may ensue, regardless of the race of either party (Helms, 1995; Wallace & Constantine, 2005). Considerable care and attention therefore needs to occur in the therapy room in order for issues of race and culture to be named and addressed (Prowell, 1999).

A counsellor who is aware of both the racial context and the impact of race on her or his own identity will have a better chance of developing therapeutic alliances in which clients feels their experiences are validated (Gushue & Constantine, 2007). Research using Helms' (1995) white racial identity model found that less advanced racial identity statuses were generally related to lower levels of multicultural awareness, knowledge and skills, whereas more advanced statuses were positively related to multicultural counselling competency (Vinson & Neimeyer, 2003). In fact, there is some evidence to suggest that more advanced racial identity development is not only related to higher levels of multicultural counselling competence, but also to higher levels of overall counselling competence (Gushue & Constantine, 2007.

Most commentators do not expect all white counsellors to be at the highest levels of white racial awareness. Rather, they beseech counsellors to reflect thoroughly on their own whiteness and to recognise that unexplored racial attitudes may be detrimental to the counselling alliance and process (Gushue & Constantine, 2007; Helms, 1995; Lago, 2006; Richardson & Molinaro, 1996; Tuckwell, 2006). As Tuckwell (2006, p. 211) declares:

> *Only as we engage at a visceral level with uncomfortable and emotionally charged issues will we be free enough to articulate racial matters meaningfully with our clients and work at depth with racial dynamics in the counselling process.*

Exploring one's own racial consciousness can be a complex and challenging journey, and is one that may be best shared. Lago (2006) stresses the need for supervisors to examine issues of racial consciousness with their supervisees, and Raheim et al. (2006) strongly recommend exploring these issues with colleagues or friends. Try "googling" white privilege: there are some interesting discussions in cyberspace. For example, a blog by Ampersand (2005) entitled *How Not to Be Insane When Accused of Racism (A Guide for White People)* contains some basic but very worthwhile advice.

Conclusion

Over the past two decades, the emphasis in multicultural counselling has been on looking at issues of "difference" or "diversity" (Richardson & Molinaro, 1996). Although our desire to know and understand as helping professionals is driven by our desire to be equipped to best assist our clients, Pākehā/white counsellors need to explore the position from which they are looking. As members of a profession for whom awareness and thoughtful reflection are paramount, Pākehā/white counsellors need to embrace a broader understanding of themselves that is embedded in, and determined by, a wider society (Lago, 2006). Whiteness remains invisible to many white people, but it is very visible to people of colour (Consedine & Consedine, 2005; Sue, 2006). If we are to challenge the perpetuation of unearned white privilege and cultural racism, white people must work. By viewing ourselves as "raced" rather than the "default standard", we can engage in open discussion about what it means to be white, including the privilege it affords. White people need to take responsibility for defining whiteness in a non-defensive and non-racist manner, and take anti-racist action at individual, institutional, and cultural levels (Sue, 2001, 2006).

The discussion of white privilege can induce feelings of guilt, hopelessness, and a sense of individual deficit, but it is important to remember that this, like many other types of privilege, is conferred by birth rather than through any individual action or belief. Creating safe spaces that allow for open exploration and meaningful discussion may be a useful way of examining our awareness of the ways in which white privilege impacts upon the lives of both ourselves and our clients.

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3

Counselling Adolescents when "Spiritual Emergence" Becomes "Spiritual Emergency"

Peter Bray

Abstract

This article provides a rationale for a closer examination and recognition of unusual consciousness events in adolescence that have a specifically spiritual content of the kind described by Stan and Christina Grof as "spiritual emergency". A case vignette is discussed in the light of new understandings about how non-ordinary spiritual experiences in adolescence, triggered by loss and grief, can lead to self-actualising outcomes. This article will broadly discuss these experiences and suggest attitudes and strategic positions that counsellors can adopt to help them recognise spiritual emergence and spiritual emergency in their adolescent clients, and to encourage their disclosure and support.

As a counsellor working with adolescent loss, I have noticed a significant link between the ordinary experiences that attend grieving and those non-ordinary experiences that have a spiritual content. Here, loss is specifically defined as an experience that forces normal developmental transitions and changes in consciousness. For example, it is suggested that experiences of loss are a normal part of adolescence (Viorst, 1986), but that some events, such as bereavement, have a greater significance and psychological impact than others (Balk & Corr, 2001). Froma Walsh's (1999) broad definition of "spirituality" is useful in this context as a personal experience,"whether within or outside formal religious structures," which "fosters a sense of meaning, inner wholeness, harmony, and connection with others—a unity with all life, nature, and the universe" (pp. 5–6).

This definition of spirituality coincides with Stan and Christina Grof's (1989, 1990) concept of "spiritual emergence", which is experienced as a subtle and gradual awareness of spiritual meaning, wholeness, and harmony. However, they suggest that a

significant loss can traumatically reorganise an individual's psyche, leading instead to a "spiritual emergency". In this state individuals are exposed to sudden inner experiences that destabilise their relationships with reality and their familiar worlds, and cause perceptual problems. Affected individuals then feel compelled to talk about these experiences and insights.

What follows is a case vignette which links adolescent loss, as a catalyst of positive inner change, to non-ordinary spiritual experiences. It particularly focuses upon an adolescent's supported experiencing of a "spiritual emergency" that offers him solace and insight. This scenario illustrates what can happen when an effective collaboration to sympathetically support the client's process is complicated by an agency with different protocols for intervention. It raises questions about spiritual experience; the impact of spiritual crises on development; and the availability of agency support that is sympathetic to the world views and needs of adolescent clients, their families, and their counsellors. After some analysis and discussion of relevant theory, suggestions are offered as to how counsellors might be effectively positioned with these particular clients.

It needs to be noted that the term "spiritual emergency" is controversial and its classification complex and confusing. This is not intended as a diagnostic guide, but to provoke discussion about the potentially serious nature and influence of loss on adolescent development and its impact upon spiritual awareness.

Counselling's "too-hard basket"

The following case vignette is drawn from my experience as a counsellor in a secondary school with a large Māori and Pasifika population (Bray, 2004). It illustrates a vivid experience of spiritual emergency that, being hard to define, understand, and explain, is quite likely to go into a counsellor's "too-hard basket".

Talking with Paul

Paul is referred to the counsellor by teaching staff because of his unusual tiredness. He is an athletic and garrulous 14-year-old New Zealand-born Cook Island Māori. He is normally a very active and confident student who plays rugby and other sports for the school. He has a record of regular attendance, above-average success in most of his subjects, and a number of close friends. The school has no record that he has used drugs or alcohol, or that he has a history of mental or physical illness.

Paul's father died in an inter-village dispute in the islands just before his "baby"

brother was born. Paul lives as a single child with his grandparents and has a number of older siblings. Although he comfortably manages his life as a New Zealander, he also richly identifies with his culture of origin. As Paul has matured, his grandfather, a high chief of his village and a practising minister of the church, has begun to teach him his cultural responsibilities and induct him into the traditions and "secrets" that come with leadership.

Paul rationally and calmly recounts a number of experiences that he is at a loss to explain in the context of his New Zealand life. However, set in the terms, logic, and context of his culture of origin, they make perfect sense. Paul expresses a strong desire to understand and normalise these experiences, and recognises that even though he has thoughtfully shared these with the counsellor, he cannot disclose them safely to others who are not members of his immediate or extended family.

Paul talks about the significance of his continuing bond with his deceased father, and calmly explains that his father's spirit regularly visits him to offer advice and protection, describing him as "my soul-mate, my whole life." He describes how this connection was powerfully transformed by the recent death of Paul's six-year-old brother, who also began to appear to him, "not how he was [when he died]" but as physically older. His brother, who often comes to him after his bedtime Bible reading and meditative prayers, offers guidance and protection too, as well as knowledge of things before their actual occurrence, or pre-cognition.

Loss and spiritual emergency

Grof and Grof (1990) suggest that changes to future expectations caused by the loss of a loved one or relationship may be significant enough to create the right environment for some form of spiritual emergence that can become a crisis of spiritual emergency. They suggest that the human psyche responds to a loss by making developmental adjustments which temporarily and powerfully attract and submerge the ego, allowing an opening for an influx of non-ordinary material, or "holotropic" (moving towards wholeness) phenomena. Throughout this process, the individual's cognitive abilities remain fully functioning as he or she experiences a gradual emergence of consciousness or the abrupt opening of spiritual emergency.

Spirits

Paul, who had only been nominally aware of his father's spirit since his death over six years ago, noticed that after the death of his sibling, his non-ordinary experiences had

intensified and become intrusive and tiring. However, he notes that just knowing that "it's not a dream" that these well-intentioned spirits are standing guard over him as he sleeps, gives him a strong sense of safety and comfort.

Paul also offers first-hand experiences of other spiritual encounters. In the last twelve months he has been woken in the night on a number of occasions by his spirit brother to watch his grandfather in conversation with the ancestors that "tell him things." He adds that, chaperoned by his brother, ancestors have appeared to him dressed in the traditional clothes of their time and that "He [grandfather] can hear them but I can't."

In the context of contemporary understandings of post-death experiences and processes of grieving, such experiences are also acknowledged as a form of continuing bonds between the living and the deceased (Klass, 1993; Klass, Silverman, & Nickman, 1996). Contrary to still-prevalent beliefs that in order to move forward in life it is necessary to cut off and let go of one's connections with the deceased, the maintenance of such connections is now being recognised, not only as part of healthy grieving, but also as potentially contributing to healthy living following a loss (Silverman & Klass, 1996). A variety of sensory experiences of a presence of the deceased, or *post death contact* (Kalish & Reynolds, 1976), have been reported by anywhere between 39% and 90% of participants in numerous studies of grief and mourning (see Klugman, 2006). In Klugman's own study, the high rate of participant reporting of such experiences, some of which could be classified as para-normal, suggests these are more common than is widely assumed.

Pre-cognition

Paul offers a number of examples of pre-cognitive experience. On one occasion his brother's spirit told him that an older brother had a drink problem. Paul sceptically confronted this brother who, visibly alarmed that anyone could know of his secret binge drinking, confessed immediately. The spirit has also indicated whether individuals can be trusted or not: "He shows me people that I hang around with … he tells me if bad things will happen and what they think." More intriguing is that his brother's spirit has shown him his future self:

> *He takes me to my future and tells me what my wife will be like … I'll see me in the future. I'm an older man like my father. He shows me what I will be doing, everything that's going to happen … she is a good wife and she holds one child.*

The shadow side of spiritual emergency

It is in the shadow side of these pre-cognitive experiences that Paul's journey becomes what Grof and Grof (1989) have termed a "spiritual emergency". Paul notes that during moments of heightened awareness his knowledge of other people becomes intrusive, disturbingly voyeuristic, and painful. He states that the spirit brother "shows me other things that I don't want to see … I can't say … people's things, things that I don't really want to see. Things he thinks I should see. Things that people are hiding away from me." Paul is unwilling to disclose details at these times and is often agitated and reluctant or unable to disclose in front of his spirits. A number of Paul's comments encourage me to acknowledge the participation of the spirits in our counselling sessions. On one occasion Paul suggests that "He'll [the brother] give me a sign if it's okay, if it's not okay I can't say anything else … is that a deal?" and, subsequently, his brother gives him the sign that talking to the counsellor is "all right".

The physical effects of Paul's spiritual emergency

Grof and Grof (1990) have suggested that spiritual emergency presents an enormous challenge to an individual, who feels compelled to disclose his inner experiences. Even as he comes to terms with his altering state, spiritual emergency activates fears of the unknown and of losing control. Functioning in a familiar way becomes problematic, as normal activities become troublesome and at times overwhelming. Concentration is difficult to maintain. Experiencing frequent changes of mind may cause panic, and there will be attendant feelings of powerlessness, guilt, and ineffectiveness. Commonly, individuals confront a sense of fear, vulnerability, and loneliness, which can range from "a vague perception of separateness from other people and the world to a deep and encompassing engulfment by existential alienation" (p. 52).

Paul notes a number of times when he physically reacted to the presence of non-ordinary phenomena. For example, when Paul is at all tempted to accept drugs, he gets the sensation of being physically restrained.

He also discloses that when his brother died he was literally unable to speak for five weeks because he was so upset. He later confirms that as the youngest son he would have to take on the leadership of his village. He is upset that he was displacing his deceased brother in a role that he had always considered was rightfully his. He also indicates that the trauma of the death, coupled with the new role and its responsibility, is overwhelming. He sometimes feels deep grief mingled with excitement that he can "see my brother who passed away last year … it's a miracle." However, he feels anxious

and "crazy" when he talks out loud to his brother, in case somebody might hear him and wonder why he is talking to himself. He is beginning to realise that it's all right to do this, but he doesn't want to disturb others: "When you see him [brother] I can tell my story but once you go to school and try and tell someone they think you are crazy."

It may be significant that the issue of tiredness that caused Paul to be referred for counselling is also one of the factors in precipitating his heightened sense of awareness. Paul is exhausted by his late-night studying with his grandfather to become a leader, his daily attendance at church for Bible study, school, homework, and team practices. Unable to manage the disintegration of dimensional boundaries, intuition, inspiration and imagination increasingly assert themselves with attendant high and low emotional responses, physical stresses, and pain.

Involvement in a spiritual life

Paul is conversant with both Cook Island traditions and with Christian doctrine, and he prays both morning and evening. Daily reading of the Bible is a part of the responsibility of being a leader. He reads in the quiet of his room and prays before bed. He is being encouraged by his uncles, who are all ministers of the Cook Island Church, to consider training as a pastor when he gets older. Paul believes that his ability to see spirits is a power passed down through the male line of his family. He has not told his mother of his experiences, only his grandfather, who confirmed that both he and his son, Paul's father, shared the ability.

My suggestion that his brother's apparition could be malevolent makes Paul very defensive and angry. He is not fearful at all, and derives enormous solace from this bond. As he is further prepared for leadership Paul seems to be more and more open to seeing visions, and more able to talk about them. It is possible that the leadership training, because of its deep spiritual nature, and drawing as it does on specific traditional Cook Island myths and archetypes, may be stimulating deeper spiritual interests in Paul.

Willingness to discuss and to learn about his experiences

In his journey to manhood, Paul's grandfather has permitted him to discuss his transpersonal experiences with me, but not his leadership training. This willingness to support Paul in counselling speaks of the grandfather's awareness of his grandson's need to explore these dimensions of experience responsibly. Paul's enthusiasm for his culture and willingness to understand his emergent spiritual experiences enable him

to communicate more fully with his grandfather. In turn, the grandfather has openly responded to his grandson's interest, observing that in his readiness to learn about his culture he need not be fearful of this new knowledge as he grows to manhood.

Paul's story is not uncommon among the "gifted" from many different villages in the islands. Anecdotally the gifted are defined as those who are able to communicate as a medium with *tūpuna* (ancestral entities) or may speak with them face to face. This gift of communication is considered to be a blessing conferred on only the few that the tūpuna see as worthy and who have the mana of leadership. However, not all leaders have this gift, for it arises in particular male and female lines.

Unfortunately this gift can also be interpreted as a symptom of disease. In consultation with a *matai*, it was explained to me that in New Zealand, "gifted" people are being diagnosed as psychotic and their "gift is poisoned, they try to kill it with pills … in the islands we know that tūpuna send messages to help, it doesn't hurt, but these doctors think we are sick, they don't understand our traditions" (W. Browne, personal communication, 2004).

Ideally, in therapeutic settings, Grof and Grof (1990) argue that the individual must be allowed to work through a process of psychic restructuring without any form of medication that would block its natural progress until peace and feelings of inner consistency that engage and link the positive experiences are achieved.

Responding to the client: What happened for the counsellor?

As the counsellor I found myself taking the following positions in response to Paul's experiences:

Reality: At first, even though the client is the expert in his own life, I wanted to distrust and dismiss Paul's disclosures as delusions, the products of a young man's over-active imaginative.

Research: Next, I felt a strong desire to familiarise myself with the literature and to interpret it through my professional and personal experiences. An explanation was found in Stan and Christina Grof's (1989) *Spiritual Emergency: When Personal Transformation Becomes a Crisis.* I began to understand that Paul's spiritual gifting was heightened by his losses, making the boundary between the spiritual and day-to-day reality more permeable.

Relationship: Armed with a little knowledge, I was able to ascertain whether Paul was distressed by these experiences and if he was prepared to explore and understand them, as an ongoing self-actualising process. He suggested that he needed someone outside of

his family to talk to about this to "get his head straight," and that his spiritual companions were not offering him harm or discouraging his discussions with me. Even though Paul's experiences presented a challenge to my world view, personal boundaries, and professional expertise, he assisted me to see them through his eyes. Based on Paul's disclosures, and knowing that he had understanding and strong support at home, I was able, with a degree of confidence, to conclude that he was effectively and positively managing his spiritual emergency and actualisation on a daily basis.

Review: Over time, our therapeutic relationship continued to be collaborative and effective as Paul learned to manage his spiritual emergency. Far from interfering, the spirits seemed to give Paul's life depth, meaning, and direction. However, the day that Paul secretly borrowed a ceremonial knife from his grandfather to bring to school to show his friend was the day that changed the trajectory of our relationship. He had not offered violence to anyone, but he had alarmed a number of staff and broken an important school rule by vigorously demonstrating traditional fighting figures and war cries in the school playground. Startled by an adolescent apparently running amok, staff voiced their concern for safety in the school and the boy's mental state. In spite of my reading of Paul's experiences, existing school policy and simple expediency demanded that at the very least Paul should be seen by Child and Adolescent Mental Health Services for an assessment. I was no longer able to work with Paul and his material confidentially, and I was uncertain about the outcome of Paul and CAMHS engagement.

I took my fears about referral to supervision, negotiated a peace with the school, and attended a number of useful family meetings wherein it was agreed that I would assist Paul to transition, and would mediate with CAMHS. I was caught in a typical role dilemma. I understood that after the knife incident the school was obliged to err on the side of caution. However, previous cases like Paul's had taught me that if he fully disclosed his non-ordinary experiences to CAMHS, they would only respond narrowly with medication to shut down his process rather than with understanding and support to help him manage it.

Referral: Although initially happy to engage with CAMHS, Paul grew less trusting of their process, and increasingly alienated, vulnerable and misunderstood—experiences that had once been so safe, familiar and reassuring were now being characterised as wrong and as manifestations of a sickness. His family, too, began to withdraw their support and his weakening compliance, characterised by periods of impatience and agitation, gave the impression that he was unable to function effectively. After an

initial assessment Paul was placed on medication, which he did not take, and his grandfather who knew about his grandson's "gift" finally withdrew his support from CAMHS. ***Result***: The family decided upon a fall-back position that was more appropriate, to preserve their child, their privacy, and their world view. Soon after, at the age of 15, Paul indicated that he was leaving the area and he moved, or was moved, away.

Spirituality, health, and loss

As evidenced by Paul's case, the ways in which spirituality, spiritual emergence, and consciousness development are understood, assessed and managed have a significant bearing on our clients' lives.

Models of spirituality and health

An excellent example of existing practice and understanding about the significance of spirituality in Aotearoa New Zealand appeared in the health sector in the mid-1980s. At that time a number of influential Māori models of *waiora, hauora*, or wellbeing, notably *Te Whare Tapa Whā*, emerged and these have subsequently been broadly adopted by counsellors (Love, Malaulau & Praat, 2004). Compatible Pasifika models have also been developed (see, e.g., Pulotu-Endemann, 2001). In *Te Whare Tapa Whā* (see Durie, 1994) the holistic metaphor of a strong and balanced four-walled house is used to define individual and community holistic wellness. Differing from dominant Western conceptions of health in a number of respects, this culturally specific model emphasises the importance of *wairua*, or spirituality, as a sustaining and all-pervading "force connecting all elements of the world" which is fundamental to wellbeing (p. 14). In this context Paul was able to maintain his balance in spiritual emergence until the influx of non-ordinary material destabilised *te taha wairua*, the spiritual side of his *whare*, causing a spiritual emergency which critically affected the whole structure of his being.

Adolescent grief and loss

A developmental task of adolescence is to manage the changes brought about by what Viorst (1986) calls "necessary losses", such as experiences of adoption, divorce, illness and geographic relocation. An adolescent might also mourn the loss of his or her childhood, identity, role, and past experiences. However, as Balk and Corr (2001) have noted, in a case like Paul's where a young person has become prematurely detached from a parent or sibling, the achievement of normative developmental tasks can become much more difficult.

Transpersonal psychology explains Paul's experiences in terms of the management of psychic restructuring. The literature suggests that a traumatic event like bereavement unbalances and weakens the ego sufficiently to allow a freer flow of unconscious material into Paul's consciousness. The material, which can have a strong spiritual content, is experienced as a self-actualising event (Assagioli, 1989) or spiritual emergence, which, when processed through regression (Washburn, 1994), can serve to activate immediate personal development or later spiritual integration (Wilber, 2000). Ultimately, the effect depends upon the adolescent ego's ability to accept and master the outcome of trauma.

Support for young people

School counselling in New Zealand

As the roles of school counsellors become increasingly demanding (e.g. Crowe, 2006; Manthei, 1999), they find themselves needing to be realistic about what they can do, and to what extent their workload, training, and their own support networks enable them to be effective in particular situations and in meeting the needs of particular clients. Evidence also suggests that counsellors can be uncertain for a variety of reasons about referring clients like Paul to other services within the mental health system (Bray, 2004). After developing a relationship of trust with such a client, rather than referring on to another service of uncertain appropriateness, a viable option could be to maintain primary responsibility for working with the client, with the backing of a knowledgeable support system. The breakdown of the relationship between Paul and his family, and the mental health agency, illustrates Manthei's (1999) finding in a survey of school counsellors that mental health services can have difficulty in effectively maintaining their engagement with adolescent clients.

Adolescent mental health services in New Zealand

In recent years a picture has begun to emerge in New Zealand that adolescent service providers may not be sufficiently resourced to meet the increasing demand. For example, Relationship Services' youth counselling service reported that they were overwhelmed by adolescent clients in "high need categories" seeking support in 2002/3 (Relationship Services, 2003, p. 36). As early as 2000, Webster and Shields suggested that despite its growth in services, CAMHS remained inadequate to meet the needs of New Zealand's children and young people (p. 24). Sadly, CAMHS' own *Stocktake* in 2005 confirmed that they will "never be able to fully address the mental health needs of the

population" (Ramage et al., p. 63). Generally, the inadequacy of mental health services to meet the needs of the adolescent population does have serious implications for counselling. Their inadequacy was particularly apparent in this case, where CAMHS' strict adherence to a prescribed model of intervention confused processes of personal development with psychosis, and left little space to engage in discussions about the management of Paul's spiritual needs and experiences.

A further concern is the limited cultural focus given to the link between spirituality and wellbeing. Of course, consideration of the specific cultural and spiritual beliefs of Māori and Pacific Island clients, for example, is crucial, but are these factors any less important for the whole population?

Counsellor training and spirituality: A note

Paul's case illustrates that clients do bring the spiritual aspects of their experience to counselling. However, in their recent review of literature, Hall, Dixon and Mauzey (2004) suggested that counsellors do not see the need to examine their own spiritual values because client spirituality and spiritual care do not specifically feature in their training (West, 2004). Ten years earlier, Everts and Agee (1994) advised that New Zealand counsellor educators needed to be cognisant of the spiritual dimension of functioning in the therapeutic process and of the relevance of spirituality to both clients and counsellors.

Acknowledging adolescents' spiritual emergence

At present there is no specific mandate to assist adolescents who are experiencing spiritual emergence in New Zealand. There is insufficient available evidence of the incidence and effect of spiritual emergency in adolescence to justify the need for a national strategy. However, there is certainly a place for counsellors to discuss these important issues of spirituality and development both with each other and with their referral agencies, and to consider the impact they may be having upon clients, counsellors, and therapeutic relationships.

These conversations should lead to a better understanding of the effect of spiritual experiences on clients and their families at a local level. This is, perhaps, a more realistic way to improve public knowledge about spiritual emergency, encourage help-seeking behaviours among adolescents, and develop sources of family and community-based support.

Counsellor awareness

Crises of transformation such as spiritual emergency, although subjective, are to some extent identifiable (Grof & Grof, 1989, 1990). How, therefore, might the practice and training of counsellors working with adolescents like Paul be improved?

Sutich (1996) has broadly outlined the following requirements for counsellors working with spirituality and spiritual experiences. Ideally, he suggests that counsellors:

- are on a spiritual or transpersonal path, or striving to become aware of their own spirituality;
- accept the rights and choices of clients to pursue or not to pursue their own spiritual paths;
- accept the responsibility to function in the best way they know how;
- realise the principle in themselves and their clients that all human beings have continuous impulses toward emotional growth and higher states of awareness.

Similarly, West's (2001) broad-based training programme for counsellors dealing with spiritual issues includes suggestions for counsellors to:

1. Examine their positive and negative prejudices and biases around spirituality and religion.
2. Clarify, by familiarisation with the literature concerning spiritual experiences, the differences and similarities between spiritual direction, pastoral care, and counselling.
3. Address assessment issues such as: when an experience includes psychotic elements; when a client needs a referral and to whom; and the part played by spiritual emergence and spiritual emergency in people's development.
4. Get a sense of some of the main maps and theories of spiritual development.
5. Have appropriate supervision arrangements in place.

Recently, West (2004) has further expanded Sutich's principles and clarified his own by stressing that counsellor education should include elements of self-discovery such as:

6. Knowing where you as a counsellor might stand in relation to human spirituality.
7. Being present to the client's spirituality and understanding how it might be for her.
8. Being aware of "counter-transference" to spiritual issues.
9. Accepting that not everyone will believe in the validity of spirituality and spiritual experience.
10 Understanding personal and professional boundaries through ethical practice.

Counselling and spiritual emergency

As many counsellors will not have received training in managing religious and spiritual issues, is it enough to rely instead on personal convictions to guide our work with clients (West, 2001)? There are some obvious limitations for counsellors in the very specific work of managing clients who are experiencing spiritual emergency, not the least Grof and Grof's (1990) suggestion that to be effective, counsellors require an in-depth knowledge of non-ordinary states of consciousness experience. Individuals like Paul are at times in a heightened state of awareness and sensitised to their counsellors. They expect them to be genuinely responsive, empathetically understanding of their process, and to know the levels of intervention required. Counsellors who are unfamiliar with or unsympathetic to this phenomenon, and the humanistic belief that human beings have actualising impulses towards positive growth, may unwittingly do more harm than good for their clients.

Assessment

Assessment of spiritual emergency is difficult because non-ordinary states of consciousness and mental illness can occur together and do cover a wide spectrum of experiences (Powell, 2005, p. 5). Lukoff (1998) has identified the following simple constants which can alert a counsellor to spiritual emergency, drawn from his proposal for the relatively new diagnostic category "Religious or Spiritual Problem" in the *DSM IV*, which suggests that: cognition and speech relate to themes in spiritual traditions or mythology; there is openness to exploring the experience; and there is no conceptual disorganisation (American Psychiatric Association, 1994). Powell (2005) argues that the final criteria for assessing spiritual emergency rest upon whether a therapist and client view the spiritual crisis as holding an existential truth necessary for future development.

Theories and models of practice

Grof (2000) suggests that the types of modality chosen for clients with spiritual emergency should match the client's style and the counsellor's competence. Central to this is the therapeutic relationship, which is of itself a spiritual experience expressing the qualities of presence exemplified by Rogers' (1961) person-centred theory.

A powerful intervention for spiritual emergency is education to assist clients to access information and expand their understanding of what is happening to them by identifying it as a positive healing experience. In this way a counsellor permits an adolescent client to face more effectively the oncoming inner flow of experience,

tolerate the initially painful feelings it introduces, and travel within it rather than fight it, flee from it, or suppress it (Cortright, 1997).

In addition, West (2004) suggests that a counsellor's answers to the following questions will assist her or him to know how best to work with clients' spiritual issues: What position do I take about spirituality and its relationship to wellness? Can healthy spirituality be captured by a counselling theory? Are there phenomena that occur in the session that I might label "spiritual"? Are my beliefs about spirituality blocking my clients' disclosure of spiritual material? Are my responses to client material dictating the path of the session and the counselling? Do I accept that clients will be constantly working on spiritual concerns regardless of their presenting issues? Do I regard the journey as being as important as the destination?

Protective factors for spiritual emergency

A transformative spiritual emergence is less likely to turn into a spiritual emergency in the presence of three protective factors (Bragdon, 1988):

1. An adolescent has a conceptual framework to support, understand, and accept the experience.
2. The adolescent has the emotional flexibility and structure to integrate the experience: a healthy ego structure, tolerance for strong emotions and ambiguity, and flexibility.
3. The adolescent's family, friends, and social network, including helping professionals, define the experience as natural, positive, potentially healing, healthy, or initiatory.

Ideally both the family and significant friends should be included as equal partners in the group of supporters, and their open attitudes to extreme spiritual emergence and understanding of the effects on the individual are important factors in healing. Counsellors have an educative role here as well. However, as Grof and Grof (1990) observed, there is a world of difference between studying about "theoretical maps and spiritual systems" and "being in the middle of them" for both the counsellor and the young person (p. 53).

Conclusion

> *… assessing the wellness of concepts such as mauri, wairua and mana or spirituality … [we] recognise that what is not measured is often not counted.*
>
> (Love, Malaulau, & Praat, 2004, p. 25)

The management of loss and its attendant inner changes is important to the way in which an adolescent naturally adapts and develops. This discussion, which links loss and spiritual emergence with development and actualisation in adolescence, does raise more questions than it answers. However, it is genuinely offered to assist in making sense of processes that can significantly either hinder or improve an adolescent's developmental outcome.

Many adolescents are able to manage these personal experiences with minimal support but they still require knowledgeable counsellors to guide them. The mutual understanding among counsellors and adolescents that these experiences can occur, and that the concept of spiritual emergence is useful to understanding them, can only enhance our therapeutic relationships.

By presenting a theory of adolescent spiritual emergence, this article has sought to examine the role of spirituality in counselling and in the mental health of young people. It is hoped that this work will prompt further discussion and debate among counsellors about young people and their spiritual experiences, and support an environment in which these aspects of spirituality become visible because they are being acknowledged and taken into account, even if their very nature means they cannot be "measured" and "counted".

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4

The Family Unconscious

Karen Lupe Ilinanoa

Abstract

This essay explores the concept of the family unconscious, with reference to Rupert Sheldrake's theory of morphic fields. The main focus of the essay is what could be described as "the family unconscious-in-action," which includes the family unconscious and the influence of ancestors, pathology and health, dreams and "psi events," along with anecdotal stories from my personal life and client-work. The final part of the paper explores the myth of Oedipus and the family curse, within the context of the family unconscious. Throughout the paper, reference is made to the family unconscious and the counselling process.

Readers please note: the form of this paper more closely resembles the style of a Samoan tale called a *su'ifeifiloi* than it does an academic paper. A su'ifeifiloi has a central theme which is expressed as a medley of ideas that, initially, appear to be disconnected. It is through the telling of the story that the ideas become woven together in a meaningful way.

> *It seemed to me that, in addition to a personal or individual unconscious, there was another active, dynamic level of consciousness that deeply influences our thoughts, emotions, and psychic energy. This affective energy level thrives on the powerful network of family patterns and emerges as the Family Unconscious.*
>
> (Bynum, 1984, p. 6)

Some mental health professionals consider Edward Bruce Bynum to be the premier practitioner and researcher to focus on "the family unconscious" in the field of psychology. Bynum—a psychologist, family therapist, and the director of the Behavioural Medicine and Biofeedback Clinic at the University of Massachusetts Health Services—is a clinician of many years' standing and a spiritual seeker. Both interests inform his

theories on the power of the family unconscious, and the importance of its exploration in the counselling room. As Bynum's works are not widely known in this country, this essay explores his and my own understandings on this important topic.

What is the family unconscious?

I first came across Bynum's work when doing research for my chapter in the recently published book *Penina Uliuli: Contemporary Challenges in Mental Health for Pacific Peoples* (Culbertson, Agee, & Makasiale, 2007). I found that his ideas on the family unconscious shed light on my experiences of my own family and became a valuable resource in my clinical practice. His theory of the family unconscious was helpful in strengthening my ability to hold my clients, not only as individuals but also as members of a particular family group.

> *In a very real sense each family member is deeply interwoven into our intimate psychological functioning. Each is enfolded and reflected in the other. The fragments of past dreamers are the living tissue of our present lives and all are unfolding toward some new extended identity in the future. This system of shared meaning, shared feeling and shared emotion is generally termed the family unconscious level of the psyche. It is a dimension of our psychological functioning that lies in a space "between" the individual or individuated unconscious illuminated by Freud, and the shared collective unconscious illuminated by Jung. Both Freud and Jung characterise the unconscious as a determined system. However, the family unconscious lies somewhere between their theories of the unconscious and is able to be modified by those who participate in its common or shared field.*
>
> (Bynum, 2003, p. 23)

This "common or shared field" is an intimate web connecting our parents and children, spouses and lovers, friends, and the wider community. The family unconscious is a field with energies that transmit images, feelings, and thoughts among family members and beyond.[1]

The family unconscious is not a modern discovery. It is "old knowledge" carried by indigenous cultures for many thousands of years. Bynum makes reference to the Australian Aborigines and the African peoples, and their understandings of the family unconscious:

> *For the Australian Aborigines, the Dreaming, or dreamtime, is conceived of as the eternally present life-principle that must be personally sustained and reinvigorated*

> *by human beings by way of sacred ritual and belief. The purpose of ritual and ceremony itself is to make a place in the waking world where dreamtime is dynamically active in their lives. This includes the dynamically experienced presence of ancestors and other family members. Here, their family unconscious stretches out to enfold not only the living, but also the mythic and powerful deceased.…*
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> *In Africa, the importance of dreams—and family dreams in particular—also has a long cultural, clinical, and psychospiritual history. It is a given in many religious societies that family members, both living and deceased, and also the gods themselves, can and do communicate with the dreamer in the dream. This belief greatly expands the personal matrix of experience and causality since this extended family unconscious system enfolds not only the "to be born" and the living, but up to five generations of the departed. The recently departed ancestors are referred to as "living-dead" because they are thought to be in a state of personal immortality and it is through them that the spirit world is believed to become personal. After five generations in this Sasa period, they are said to disappear into the great Zamani. "The living-dead" are thought to be deeply concerned with family affairs.*
>
> (Bynum, 2003, p. 30)

In traditional Samoan culture, the concept of dream-dialogue is called *moe manatunatu.* It is believed that through moe manatunatu, the ancestors and family gods communicate with the dreamer (usually a chief) to give spiritual support for important decision-making processes (Tupua Tamasese Ta'isi Efi, 2006, p. 4).

Bynum emphasises that we are born into the field of an already existing family unconscious, then through our own unfolding we make subtle changes to the field. After our death, the field continues to exist. Jungian analyst James Hillman (1989) comments on the themes of the continuation of the family and the interconnectedness of family members:

> *We are born into a family and, at last, we rejoin its full extension when gathered to the ancestors. Family grave, family altar, family trust, family secrets, and family pride. Our names are family names, our physiognomies (physical characteristics) bear family traits and our dreams never let us depart from home—father and mother, brother and sister—from those faces and those rooms. Even alone and only ourselves, we are also part of them, partly them.…*
>
> (p. 196)

The interweaving patterns of intelligence, energy, and motivation within the field of

the family unconscious are not only located within the individual; they are also located between individuals and hence are non-local in nature. Within this field, the psyche is understood to be an open system rather than a closed, intrapsychic system, and is constantly interacting with other psyches in the field, mostly below the threshold of waking consciousness. Each family member is reflected and enfolded into the intimate psychological functioning of other family members. The imprints from previous generations are alive and active in the current generation. The field is both vast and intimate. Bynum emphasises that the field of the family unconscious originates prior to and deeper than the individualised mental-egoic experience. He also raises the very important subject of individuation, the on-going personal struggles we all face in differentiating ourselves from our families and the collective. From my own understanding, the individuated person is not detached from the group and is able to accommodate dependent/independent needs of self and others from the mature level of interdependence.

Biologist Rupert Sheldrake's ground-breaking work on *morphic fields* and *morphic resonance* in the plant and animal worlds has brought to public awareness the concept of vast fields of stored information potentials that guide the evolution of biological systems. *Morphic resonance* refers to the process of transmission of information from the past across a whole species. This information is carried in a dynamic and evolving morphic field of energy.

Perhaps a real-life example will help clarify the concepts of morphic field and resonance. Sheldrake (1995) tells the story of a group of rats in a laboratory at Harvard University. These rats were taught a new trick. Not too long after the first group learned the trick, researchers in other laboratories located in Scotland and Australia were astonished to discover "their" rats learned the new trick even faster than the first group. Using Sheldrake's theory, we could say that the new information learned by the Harvard rats was transmitted by morphic resonance (like radio signals beaming out into the atmosphere) across the morphic field of the whole species of rats. Hence, by the time the later groups were shown the trick for the first time, they had already received the new information via their morphic field (http://www.sheldrake.org/homepage.html).

From this perspective, the family unconscious also functions as a morphic field for the transmission of information from the past. Sometimes there are moments of instantaneous communication between family members when there is a life-threatening situation. However, the family unconscious is not species-wide across the whole of humanity; this is the *collective* unconscious. The *family* unconscious is

specific to family groups, or can sometimes be experienced in groups that function in a family-like manner. Whether our parents, grandparents, and other relatives are alive or deceased, and whether there was a relationship built and experienced or not, we carry their stories which are imprinted into the woven fabric of our family lineage. Our ancestors are the human ground that we stand upon. Our psychological growth and development has been, and continues to be, unconsciously shaped by our forebears' experiences of love, loss, triumph, and tragedy. Their patterns of relating, not only *how* they thought but *what* they thought, their life experiences, and perhaps more importantly, how they responded to those experiences and much more: we carry these stories from the past, whether or not they form part of our consciousness.

In a recent interview, Chilean film-maker Alejandro Jodorowsky (1999) speaks with deep feeling about his perception of his own family unconscious:

> *I realized that we had a family unconscious … I am thinking family. My illnesses were created by my family. My behaviour, the way I live, my conception of money, my emotional and sexual relationships are all created by my family. Indeed the psychological and genetic field that I come from marks my whole life … If I want to understand myself; I have to understand my family tree, because I am permanently possessed as in voodoo. Even when we cut ties with our family, we carry it. In our unconscious the persons are always alive. The dead live with us.*
>
> (http://www.jaybabcock.com/jodomean.html)

Dismantling of the extended family system

Until very recently in human history, the normal living arrangement was an extended family group. This is still the situation for a large percentage of the world's population. It was in the United States, however, that the associated concepts of suburbia and nuclear family first emerged, and the rest of the Western world then rapidly followed suit. In his book *The Biology of Transcendence*, Joseph Chilton Pearce (2002) observes:

> *In the 1890's roughly 94% of Americans lived on farms where the extended family was the rule because it was economically expedient. One hundred years later, 96% of all Americans live in cities and towns, which is most expedient for corporate, political, or state-religious concerns, but is unviable and disruptive to the nuclear family.… Michel Odent points out that the nuclear family by itself is an unnatural and nonviable relationship, but when the nuclear family is at the nucleus of the extended family, and the extended family of society, the system*

> *works beautifully. If you strip away the extended family however, as we have largely done, the nucleus implodes.*
>
> (p. 253)

The breakdown of the extended family system has occurred throughout the West in a relatively short timeframe. Previously, individual consciousness emerged from the nest of the family unconscious where it was embedded. The extended family system where three generations lived, loved and fought together provided a strong and unified holding matrix for each family member. Jungian analyst Donald Kalsched (1996) clarifies this sense of "holding":

> *To have a childhood requires a* holding *environment in which the child can fall back on caretaking parents. The child does not have to "hold itself together," there is someone else present to do this. D. W. Winnicott has shown that when this "good-enough" facilitating environment is provided, growth of the child's personality can occur.*
>
> (p. 48)

The obvious disadvantage of living in an extended family system, from a Western perspective, is the lack of freedom from fairly rigid family roles. However, the pressure on parents today in a nuclear family system, without extended family support, is enormous. As well as providing a cushion of practical and emotional support, in Bynum's (1984) view, the extended family also provides a significant benefit to psychological health. A healthy connection to one's family unconscious provides a buffer from the field of the collective unconscious. The invasion of such contents into an individual psyche seriously disturbs psychological functioning, as in a psychotic episode.

> *When we lose the intimate connection to the field of energy of the family unconscious and fall prey to the illusion of absolute autonomy or individuality, we run the risk of real illness and a sense of being grounded. Dynamic interconnection and interdependence is vital to our well-being.*
>
> (Bynum, 1984, p. 22)

Health and pathology

In the family unconscious field, there is a shared body of imagery, affect, ideation, and feeling that influences the functioning of family members. If this shared body has developed in a significantly unbalanced way, a symptomatic disturbance will arise in

family members. The symptomatic disturbance, according to Bynum (1994), is really a contraction of life-force around a shared dysfunctional family unconscious image.

> *The family's influence on health and illness is immense. Whether it be a physical illness or disease process, an emotional or behavioural problem, or that elusive somatizing or psychosomatic disorder, the reactivity of the family matrix is crucial to its outcome on many levels.*
>
> (p. 283)

One of my clients exhibited a significant pattern of paranoid ideation that ran through his family system over several generations. The shared unconscious image that *the world is a very dangerous place*, together with a powerful affective charge, emerged in different family members in a diverse array of symptoms, such as agoraphobia, depression, and the high use of alcohol to manage anxiety. Another example includes the recurrence in an individual of a symptom or event that also occurred in a parent at a similar age. I recall one of my clients who suffered a psychological breakdown at age 38. This turned out to be the same age at which her mother went through a similar experience.

A friend of mine recounted a comparable event in his larger family system. When his father was five years old, his grandfather moved the family (including the only child) to a rural farm and "disappeared" into the long hours of agricultural labour. When my friend, the eldest child, was five years old, his father got a major job promotion, and began to be gone frequently from the rest of the family. When my friend got divorced, he realised that his eldest child was five years old. In the unconscious of that intergenerational system, the age of five seems to be a dangerous one for eldest, or only, children.

> *Research into the field of family systems and psychosomatic illnesses has uncovered a plethora of conditions spread across several generations of family groups including asthma, diabetes, chronic muscular pain, migraine headaches, gastrointestinal disorders, ulcers, even cancer and leukaemia.*
>
> (Bynum, 1994, p. 284)

In the field of family systems theory this phenomenon is known as the multigenerational transmission of symptomology (Bynum, 2003, p. 285). Alberto Villoldo, a psychologist and medical anthropologist, underwent shamanic initiations with Inca and Amazonian shamans. He writes about the transmission of psychological wounds across the generations:

> *We can also suffer from ancestral wounds that have been passed down from one generation to the next—perhaps endured during the Holocaust, the Great Depression, or a revolution. No matter what the cause, we inherit a set of beliefs from our wounded ancestors that we take for our own. Negative attitudes about abundance, scarcity, success, failure, security, sexuality and intimacy can all come from this ancestral wounding. When this kind of generational soul loss is handed down, children are plagued by issues they didn't even experience in their own lifetimes, yet they end up suffering from despair and self-judgement as a result.*
>
> (Villoldo, 2005, p. 49)

I have found in my counselling work that the notion of ancestral wounds/trauma has given my clients a sense of relief and comfort. It helped them to know that not all their difficulties were personal. For those clients who were mothers with dependent children, it has been moving for them to realise that, through the counselling process, they had the opportunity to transcend the limiting beliefs and behaviours they had inherited, thus releasing their children as well as themselves. Considering the influence of the family unconscious, I have found it invaluable in the counselling process to undertake a genogram with each new client. Genograms are most important tools for uncovering these repetitive, unconscious, intergenerational patterns in families, and many counsellor education programmes in New Zealand now incorporate routine training in constructing and reading genograms. In the US, virtually every credentialing organisation for mental health professionals requires that case studies for qualification include a genogram of the client under discussion. (For more information on genograms, see McGoldrick, Gerson, & Shellenberger, 1999.)

Dreams and psi events

Dreams are an important form of communication between members within the family unconscious. When working therapeutically with families, Bynum requests that each family member keep a dream journal to bring to session each week. One of the benefits of this method is that there is plenty of unconscious material to work with. Secondly, as a family dream reflects the unique perspective of the dreamer within the life of the family, each family member has the opportunity to "feel with" the inner experiences of their significant others. In his book *Families and the Interpretation of Dreams*, Bynum (2003) provides clear guidelines for practitioners working with family dreams with an individual, couple or family group:

> *Working with dream imagery and dream symbolism in a family or larger group situation greatly expands one's own boundaries, yet maintains a sense of external cohesiveness and integrity. This often stimulates similar processes in others. One can begin to see how an issue in one's own life is stimulated and unfolds systematically in the lives of others with whom one is intimately involved. This occurs both on a psychological and somatic level.*
>
> (p. 192)

Bynum emphasises the normality of "psi events" (such as telepathy and precognition) among family members. He posits that this is simply another way in which information is transmitted through the field of the family unconscious. Also significant is Bynum's finding that psi events are most likely to occur where high levels of compassion and altruistic concern for family members prevail in a family group.

> *There's much evidence to support the argument that the healthier the family is, the more likely they are able to communicate deeply (psi) not only in waking state but also in dream state, including communication about powerful subjects.*
>
> (Bynum, 2003, pp. 90–91)

I recall working with one of my clients who brought such a dream to session. In the dream she saw her brother's car crash into a tree. She ran to the car and found him slumped over the wheel, unconscious and seriously injured. She knew he would die. In session, my client reported that in the dream she had felt dead inside. We looked at her dream from a symbolic perspective: what was the dream pointing to about her own psycho-dynamics? We also explored the historical and current relationship between her and her brother, and the family patterns of dealing with powerful emotion. After the session, I was puzzled by the dream. It was powerful and gripping, and yet I felt somehow that we'd missed the essence of it.

Roughly four weeks later my client rang up, deeply shaken, to tell me that she couldn't come to session that day as she was on her way to hospital. Her brother (who was in his mid-twenties) was in intensive care due to multiple injuries he'd suffered in a car accident. Sadly, he died several days later. My client told me afterwards that the dream had helped her to cope with the tragedy of his death; it had prepared her for the shock of his sudden demise and she was able to support other family members who didn't fare as well as she did. World-renowned physicist Stephen Hawking came to the conclusion, from his research on the nature of the space–time continuum, that the near future sends ripples (waves) into the present (Hawking, Thorne, Novokov,

Ferris, & Lightman, 2002). Seen from this perspective, we could say that waves from the near future about the fatal accident were transmitted through the field of their family unconscious (my client and her brother) and the information then communicated to my client in her dream. As Bynum (1984) says, "The dream is more primary process mode and closer to the heart-beat of the family" (p. 34).

Perhaps unwisely, I started writing this article two days before my late mother's birthday. As counsellors, we are aware that anniversaries can activate the memories and emotional field connected to a significant other. Not surprisingly, I found it hard to focus on writing when feelings of loss and sadness continually rose up. However, instead of these feelings gradually dissipating, I felt increasingly raw inside and heavy in my body to the point of physical lethargy. With this listlessness, I also began to experience vague fears about the future which hadn't been there before. During this time my computer crashed so I couldn't write anyway. I decided simply to be with this experience. I had no idea where this raw heaviness and lethargy was coming from. It felt qualitatively different from the grief associated with my mother's death. After several days in this emotional/somatic fog, I had a dream which helped me to understand what was going on.

> The dream begins on a large sportsfield in the middle of the night. I'm walking across the field and find my male cousin sitting alone on the ground (in the dream he's about four years old, however his actual age is mid-forties). He is confused and distressed. When I kneel down beside him I know that he's infected with intestinal parasites. I carry him back to his family home where his mother and sisters are waiting.

To give a context to the dream, my cousin's mother is the sister of my mother. His mother and my mother happen to share the same birthday. My cousin's family had lost their father suddenly the previous year, so at the time of this recent birthday my aunt experienced the double loss of her sister and her husband. As explained by Bynum, the psyche relaxes and opens during sleep. At this time, communication occurs when psyches within the field of the family unconscious "touch" one another. A clue that some form of communication has taken place is either through a dream or a strong felt-sense of the other person upon waking. I understood from my dream that, at a deep level, my psyche had touched my cousin's psyche. This occurred, I believe, due to the shared themes of the death of a parent and the shared birthdays of our mothers, which were often celebrated together with both families. My psychic field

was very likely resonating at a similar enough frequency to my cousin's psyche to allow morphic resonance to occur. In the field of our shared family unconscious, I became "infected" with the grief of my cousin's family.

The motif of intestinal parasites is an interesting one. In the body, they cause problems at the level of base chakra, which focuses on life/death events, the drive for survival, and kinship themes of the family group (for Bynum's model of the chakras as a developmental schema for the family group, see 1984, pp. 100–113). The death of a parent sends powerful waves through the family unconscious. Death and birth are archetypal events that register strongly across this matrix. The death of a parent, even in adult-age children, stirs up very early survival fears that are held in the body. The eggs and larvae of the most common types of intestinal parasites reside in the soil and are usually spread by children. In my dream I walk across a field and find my young cousin who is infected. The field/soil in my dream is a metaphor for the field of the family unconscious and the parasites from that field are those deep survival fears that "eat away on the inside," taking energy from the body-mind system. I had this dream just when the "infection" had run its course. This experience confirmed to me how deeply we are affected by family members and that this influence is beyond the usual constraints of time and space. Of course the reverse is true: that I am also affecting others within the field of my family unconscious.[2]

During a counselling session, one of my Pasifika clients reported that she could see (in an inward sense) a large group of her ancestors in the room. I couldn't see them, although I felt an energy shift in the room when they appeared. They stood in a half circle around her, which my client experienced as comforting. I welcomed her ancestors into the room, where they remained standing quietly in the same place. My client described in detail the clothing worn by each ancestor. Many of the outfits puzzled her as she'd never seen these styles before. The same group of ancestors, in the same clothing, appeared in sessions on many later occasions. Mostly they remained silent, but sometimes she asked them for advice on current matters. One of the ancestors appeared to be the spokesperson for the group and readily responded to her concerns. It then struck me that perhaps my client would benefit from doing a family tree. She liked the idea and set to work straight away. She found it a meaningful process and especially exciting when she recognised one of her ancestors from a very old book she found in the library. It turned out that some of her ancestors' clothes were worn by members of the royal family. Their story was long and complex, filled with betrayal and heartbreak.

Undertaking the construction of the family tree gave my client a new sense of dignity and belonging. Her identity as a Pasifika woman living in New Zealand's multicultural society was strengthened. The earlier despair from feeling overwhelmed by the impact of colonisation was lessened. Her deepest fear was that the cultural treasures from the past were rapidly disappearing. In one very emotional session she sobbed, "It's all gone!" We wept together. The undertaking of her family tree gave her another perspective, in which "it" (the cultural treasures) hadn't gone at all. She needed only to turn around and look for them. At the time I was a new counsellor and did not know about Bynum's works on the family unconscious. However, many years later, I now understand that our cultural treasures are accessible through the family unconscious—that each one of us carries cultural and other knowledge reaching back many generations. Such experiences serve as a reminder that there is so much we don't know. There are times in the counselling relationship when it can seem that we are called to witness a great Mystery.

The Oedipus myth and the family curse

Due to the writings of Freud, most of us are familiar with the concept of the oedipal triangle: a young boy's unconscious desire to kill his father and marry his mother. However, there are other ways of interpreting the classical Greek myth, in addition to the Freudian interpretation, which focus on the intrapsychic perspective.

We carry the mystery of our history which reaches back, beyond our current lives, directly to the family lineage. As well as our genetic blueprint, we inherit deeply entrenched emotional and cognitive styles, and natural talents such as in the field of poetry and mathematics. On the shadow side of the family legacy, there are those dark secrets (skeletons in the closet) and a whole raft of pathologies (using this word in its original meaning, "sufferings of the soul") that no family unconscious is completely free of. Perhaps one of the most disturbing patterns in a family unconscious is what is known as the family curse. Both the Oedipus and Elektra myths share the same mythic theme of the family curse. I have decided to focus on the Oedipus myth, as it is more well-known, to explore the family curse and its relevance to the family unconscious.

> King Laius (father of Oedipus) is head of the House of Thebes. He offends both Apollo and Artemis, who are the divine protectors of children, by raping a youth who is the son of his friend. The Oracle informs King Laius of the divine deities whom he has offended. He is told that he will meet his death at the hands of his own son. At this point it is possible for Laius to stop the curse by

admitting his crime and humbly making an offering to the god and goddess to expatiate his wrong-doing. Out of arrogance he refuses to accept the sentence. He secretly tries to avoid punishment by curtailing sexual relations with his wife, Queen Jocasta, without explaining the reason. She feels hurt and rejected, and manages to seduce Laius when he's drunk. She becomes pregnant and eventually gives birth to a baby boy. Laius again tries to cheat the Oracle by leaving the new-born baby on a hillside to die. He nails the baby's feet with a stake into the ground. The wrath of Apollo and Artemis is compounded by this cruel act, and now the entire city of Thebes is cursed by the presence of a giant Sphinx. The abandoned boy is rescued by a kind shepherd, who gives him the name Oedipus, meaning "swollen foot." He grows up believing that his parents are the King and Queen of Corinth. As a young man Oedipus also consults the Oracle and is told that he will one day kill his father and marry his mother. Oedipus, like his father, tries to cheat the Oracle. He flees Corinth and runs straight into his destiny. He meets his birth father on the road. The unknown older man has blocked his way and speaks to him in an abusive way. In a fit of rage, Oedipus kills Laius. He then confronts the Sphinx and through this heroic act frees the city of Thebes. Thus he wins the kingship and, unknowingly, the hand of his mother, the Queen. When Oedipus discovers the truth, he is so horrified that he blinds himself and eventually dies an outcast. His mother commits suicide. However, the curse continues on through his children and is not spent until every last member of the House of Thebes is dead.

The myth of Oedipus, in all its shocking brutality, provides an excellent example of a disturbed family unconscious. The story can be read on both symbolic and literal levels. On the symbolic level, the abuse of one's God-given gifts and talents (the creative inner children) out of greed, arrogance or ruthless ambition is essentially self-destructive. Such an attitude, compounded by wrong-action, flows through the family unconscious to future generations. The flow-on effect to descendants may cause major disruptions to their unfolding individuation process by the contraction of life-force into symptomology (as discussed earlier) or by diverting life-force through unconsciously "acting out" the family myth. On the literal level, we are aware, as counsellors, that cruelty towards children in the form of physical and/or sexual abuse has serious consequences for several generations. Although the myth contains a severe warning, it also hints that by taking a different approach from that of Laius and Oedipus, a better outcome is possible.

By being willing to struggle honestly and humbly when confronting the reality of one's family myth or curse, in all its ugliness, it is possible to make choices that are life-enhancing. These life-enhancing choices then flow back into the family unconscious and have a positive effect on other family members, including descendants. This is relevant to our work as counsellors, as there are many clients who come from family systems that have been unhealthy over many generations, and whose family members appear to be "cursed" in one way or another. Exploration of the mythic themes of a client's family patterns—the deeper stories that are enacted and often disguised by personal experience—can facilitate the healing process within the counselling relationship. Rather than deny our family roots, it is vital that we counsellors and clients understand, live with, and address them as creatively as possible.

Conclusion

Within the scope of this article, it has only been possible to touch lightly upon the concept of the family unconscious, its "field" nature, and the diverse associated activities within the personal sphere. For further reading, Bynum's books, which provided the backbone for this discussion, are listed in the bibliography. Bynum's website, The Obelisk Foundation (http://www.obeliskfoundation.com/), also provides information on the family unconscious, as well as his on-going research project on family dreams.

The final words rightly belong to Bynum (1984): "In its healthy form the family unconscious is the taproot of compassion" (p. 196).

Endnotes

1 Readers with a scientific "bent" will find Lynne McTaggart's book *The Field* very helpful. This book has been meticulously researched and provides up-to-date findings from quantum, or sub-atomic, physics on the nature of fields, including human transmission of information at the quantum level.

2 My own understanding of working with dreams has developed from having undertaken several years of Jungian dream-work as well as participating in numerous courses on dream logic and symbolism, myths and fairy tales.

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5

Counsellors and Research

Exploring the Benefits of Researching Other Counsellors' Experiences

Yvonne Evans

Abstract

Research findings have suggested that practising counsellors do not take an active part in conducting research for a variety of practical, economic, and personal reasons, nor do they regularly use research done by others to enhance their practice. In 2004, Robert Manthei discussed these shortcomings in an article in the *New Zealand Journal of Counselling* and called for change. In response, this paper outlines the benefits to one practitioner of using and conducting research, and to others of involvement as participants.

In the decades after World War II, professionals working in the field of education and in many areas of mental health were reported by academics to be paying insufficient attention to scholarly theory and research. They were seen as refraining from conducting research (Haynes, Lemsky, & Sexton-Radek, 1987; Sexton, Whiston, Bleuer, & Walz, 1997) and as failing to put research to use in their practice (Cohen, Sargent, & Sechrest, 1986; Kanfer, 1990; Vachon, Susman, Birringer, Olshefsky, & Cox, 1995).

At a time when the emphasis was on large-scale, scientifically designed, quantitative studies, practitioners were considered inadequately trained to be researchers themselves, but were expected to use the published work of "experts" in their field to keep up to date with developments, and to use them to inform everyday practice (Kanfer, 1990). However, the preference of many practitioners to conduct their own small-scale investigations in schools, community centres, or private practices was viewed by academic writers at that time as an inferior substitute of little validity or value (Cochran-Smith & Lytle, 1990).

In addition, surveys tended to reveal that many teachers, therapists, counsellors, and others were disappointingly unwilling to read research and reap its benefits for various reasons. Results suggested that they saw research as being irrelevant, focusing on groups of people rather than the individual clients with whom they worked. Studies that were not practically based, for example, that did not offer practitioners strategies for dealing with specific issues or people (Froehle & Rominger, 1993; Sexton, 1996; Sexton et al., 1997), or were not related to a counsellor's current caseload, field of practice, or client population (Cohen et al., 1986), may have contributed to counsellors' perception of a gap between research and practice.

Towards the end of the twentieth century, however, there was evidence of change. On the one hand, professionals—and some scholars—began to argue more forcefully that practitioners may be right to question the relevance of many large-scale studies, with their averaged norms and generalised understandings. Research studies based on traditional models from the physical sciences were felt to be outmoded in a post-modern world and removed from the practical, hands-on world of professional practice (Kanfer, 1990). Professionals with postmodern leanings began to question the search for "an ultimate truth" (Burr, 1995, p. 13).

On the other hand, there was increasing recognition of the potential value of smaller, localised studies that detailed differences with relevance to particular settings and client concerns. Qualitative methodologies developed in strength and sophistication, and there was exploration of new, investigative genres such as "action research," involving practitioners in the accumulation and dissemination to colleagues of their particular forms of knowledge based on experience (Cochran-Smith & Lytle, 1990; Rowell, 2006; Whiston, 1996). At the same time, studies provided answers to questions raised within their own work with clients and within the context of their practice. The invitation was widely accepted by primary and secondary teachers in particular—sometimes in cooperation and collaboration with university-based researchers operating from a more postmodern standpoint—to be part of the research scene, rather than to stand outside as observers (Cochran-Smith & Lytle, 1990).

Despite such changes in attitude among academics, there was relatively little evidence that professionals in the area of counselling had changed their attitudes towards the relevance of clinical research (Kanfer, 1990; Sexton, 1996; Vachon et al., 1995). Nevertheless, there has been a trend in recent years for graduate training programmes to pay far more attention to equipping future practitioners to become active consumers and producers of research, rather than merely the passive recipients of such knowledge

from others (Gelso, 1993; Royalty, Gelso, Mallinckrodt, & Garrett, 1986; Royalty & Magoon, 1985).

In 1996, Sexton published a review of the development of individual, career and school counselling. He noted that up to the early 1990s, outcome research was a prominent activity, probably aimed at documenting the efficacy of counselling. In the ten years prior to 1990, efforts had been made to make research questions more relevant to professional contexts. More sophisticated methods of research had also been employed. Since then, researchers appear to have focused more on process research which has investigated the usefulness of components of counselling, and ways in which they could be used to improve practice. This led to the accumulation of a large resource of research-based information being made available on different client problems and ways of dealing with them.

Accessibility of current research was defined as a problem in Sexton's (1996) review. Much of the research that he sourced was not in academic journals but in "95 other professional publications" (p. 596), and counselling research was often published in psychology journals to which many counsellors may still not have access. Moreover, certain types of research remained more acceptable than others to many journals. The qualitative studies counsellors often found most relevant to their needs and interests were typically harder to get published, due to a combination of design bias and limits on the word length of journal articles. Froehle and Rominger (1993) also noted a reluctance by some journals to publish replication studies and/or controversial findings. Research was kept from informing practice by such restrictions. Besides, research was often slow to be disseminated and often found itself competing with "deeply entrenched local practices and the vested interests and advertising backup of individuals, agencies and manufacturers who stand to lose if the findings are taken seriously" (Froehle & Rominger, 1993, p. 694). These factors may have further contributed to the lingering reluctance of counsellors to pay significant attention to research in the development of their professional practice.

Similarly, there may be several reasons for the lack of active research involvement by counselling practitioners. Efforts to produce research may be hindered by the need for those in private practice to generate their own income, while counsellors employed by government and community agencies may be actively discouraged from spending time on activities other than direct service provision to clients, in order to generate income for the employer. In their investigation into why therapists did not seem to take an active part in research, Vachon et al. (1995) reported: lack of time, having clients

and working environments unsuited to research, being involved in other studies, disagreeing with the research question or methodology, and not finding research helpful to their practice. Some professionals also considered research to be a breach of their own professional and personal privacy, as well as that of their clients.

Misunderstandings about what constituted and counted as research may be another hindering factor, along with fears of being publicly reviewed and critiqued, and a belief that counsellors may not possess sufficient writing ability, knowledge, and experience to publish work of a high standard (Sexton et al., 1997). These problems were described in further detail by Smaby and Crews (1998), when they named roadblocks to publication as: counsellors finding enough time and having self-discipline, lack of faith in their abilities to select worthwhile ideas, being organised, and managing to write successfully. Knowledge of publishing processes and the publishing environment was seen as essential to promoting a more positive attitude towards publishing research.

Despite the lack of research being conducted and used professionally by counsellors, a large number of benefits can be identified, which may add value both to counsellors' practice and to their professional development and well-being. Counselling students' attitudes towards research may be positively influenced by the interest and enthusiasm that teaching staff display towards research during training. The provision of opportunities for students to work alongside more experienced researchers, the development of skills in a variety of methods of research, positive feedback, and encouragement for students' early efforts in a supportive environment have been identified as essential in promoting a positive attitude towards research (Gelso, 1993). Also helpful is an understanding that "all research studies are limited and flawed in one way or the other" (p. 470), therefore it is not possible to create perfect research.

A New Zealand perspective

Closer to home, in 2004, views concerning research, and its practice and use, were raised in an article in the *New Zealand Journal of Counselling* entitled "Encouraging counsellors to become active researchers and users of research", by Robert Manthei. He pointed out that trained, practising counsellors like to believe their practice is based on research. Evidence that this is seen as desirable in our community has become apparent in New Zealand with the passing of legislation in the form of the Health Practitioners' Competency Act 2003, which is likely to result in counselling becoming a registered profession. Associated with registration, there is an expectation that practice is based on research that has been rigorously produced through scientifically

appropriate design and methodology. Health and safety laws, which provide legal protection for employers, employees and clients, are based on beliefs that professionals work from "proven" ideas backed up by research. Agencies that employ counsellors expect knowledge and skills arising from research to underpin their practice. In addition, professional bodies such as the NZAC have an expectation, as part of an ethic to do no harm, that practice will be soundly based. In addition, the cost of professional fees is likely to invite funders to query the professional qualifications of counsellors. Reading and utilising research may assist in meeting these challenges.

However, Manthei (2004) reported that his own investigation indicated that many counsellors did not conduct research themselves, nor read and utilise the work of other researchers:

> *This situation also exists among New Zealand counsellors, and counselling clinical psychologists [Stanley & Manthei, 2004]. Its effects can be seen in three areas: the lack of influence research has on current practice; the small proportion of practitioners as authors, and the relatively small number of articles reporting actual research data.*
>
> (p. 71)

Creating opportunities for professional engagement with research

Under what circumstances, and for what purposes, are counsellors most likely to see the value of engaging with the research of others or conducting their own? Counsellors generally use processes of self-reflection to monitor and improve their professional practice, and recognise that such reflection can be aided by research or provide a stimulus for their own research, both formal and informal. Reflection involves critical thinking about practices and processes, which may lead to the development of theories that are robust and meaningful to other counsellors because they are based on actual clinical experiences (Gelso, 1993). Some practitioners see counselling and research as being on the same continuum, with research providing tools for the evaluation of the practice (Manthei, 2004; Whiston, 1996). In these ways, the insights created by research can be seen as adding ideas to the pool of knowledge and practice counsellors can draw upon in their work (Manthei, 2004). All these activities may provide counsellors with stimulation, challenge, enjoyment and rewards that may enhance their careers as well as their personal and professional wellbeing. In addition, thinking about the types of processes used and the insights gained during reflection may in turn invite further discoveries.

This paper gives an account of my own recent experiences when taking up the challenge of such engagement. These came about as a counselling student, and developed out of a previous opportunity (as a Ministry of Education Research Fellow) as a teaching principal of a special school to investigate and implement stress management. That initial investigation was stimulated by a wish to provide additional support for our students. Working in such a demanding environment over an extended period of time, without any previous training in self-care or supervision, invited me to keep looking for alternative ways of working. Another major concern was to ensure that staff also took care. An opportunity to explore this area further presented itself in the form of a dissertation for my Master of Counselling degree at the University of Waikato in 2004/05.

Research aims and design

In my original research, I chose to investigate the care of six school guidance counsellors in secondary schools in the Waikato and Bay of Plenty regions of New Zealand. The research explored both self-care and the care of counsellors by others. The project allowed me the occasion to explore the effects of working in professions that engage in helping others resolve difficulties in their lives.

After approval was received from the School of Education Human Research Ethics Committee, prospective participants were initially contacted through a guidance counsellors' network meeting. Ten people, previously unknown to me, signalled an interest in the study, and two men and four women, with eight to sixteen years' counselling experience (mostly in schools), were randomly chosen. (Further demographic details are provided in the dissertation [Evans, 2005]). Personal profiles of participants were not provided, in a deliberate effort to protect the anonymity of both those taking part and their schools. In addition, in this article pseudonyms have been used wherever participants have been quoted.

The emphasis in the original research was not on the qualities and experiences of individual counsellors, but on eliciting a variety of ideas, discussed in terms of emergent themes, about counsellor care from the group as a whole.

Theoretical positioning

Reading the work of others in the helping professions acquainted me with the theoretical concepts associated with the experience of stress that some counsellors encounter, including secondary traumatic stress, sometimes called vicarious traumatisation

(Pearlman & MacIan, 1995; Pearlman & Saakvitne, 1995) or compassion fatigue (Figley, 1993, 1995, 2002), burnout (Maslach, 1978), and transference/countertransference (Figley, 1995).

Finding these "perspectives" illuminating but despairing, I set out to look for an alternative story about working in challenging situations. The path led me back to a narrative approach employing the inspiration of White (1997, 2001, 2004) as a basis for investigating how counsellors may sustain their professional efforts and personal wellbeing. White's work is informed by the philosophies of postmodernism, social constructionism, and narrative therapy.

Viewing the world from such a stance, Monk, Winslade, Crocket, and Epston (1997, p. 305) stressed "the role played by language in the production of meaning." As Burr (1995) further explained:

> *[Language] provides us with a system of categories for dividing up our experiences and giving it meaning, so that our very selves become the product of language. Language produces and constructs our experiences of ourselves and each other, and is not the simple reflecting mirror belonging to our traditional (western) humanist philosophy.*
>
> (p. 44)

Personal stories are not created in a vacuum. The existence of meta-narratives or discourses, in the form of taken-for-granted assumptions in our social environment, guides what we do, say, think, and feel (Lowe, 1991). Monk (1997) explains that we are born into a "cultural soup" of dominant stories that shape how we think and act, and that prepare us for the world, in particular for quick action at critical moments in our lives (Griffith & Griffith, 1994). Moving away from "normality" generated by meta-narratives of expertise in our culture often creates problems for individuals. In this way, people may get "stuck" in outmoded stories, which are no longer useful in allowing them to live the way they prefer (White, 2004). Counsellor stress, like other problems, may contribute to a feeling of isolation from others and disconnection from one's own beliefs. In response to "experiences of demoralization, fatigue and exhaustion [that] are commonly expressed in the culture of psychotherapy," White (1997, p. v) sought to address:

> *… the shift in what counts in terms of legitimate knowledge in regard to matters of practice when persons are inducted into the culture of psychotherapy. In this induction, the more local or folk knowledges that have been generated in a person's*

> *history are marginalized, often disqualified, and displaced by the formal and expert knowledges of the professional disciplines. I also refer to the shift in what counts in regard to the significant memberships of a person's life. In this process the associations of the monoculture of psychotherapy are substituted for diverse, historical and local associations of persons' lives.*
>
> (p. 3)

White (1997) saw such shifts as contributing to counsellors' experiences of stress and "vulnerability to despair and to burn-out" (p. 3) which cause "a considerable number to 'drop out'" (p. v). Helping people story their beliefs and values over time brings forward the intentionality and agency in their lives. In the process of reviewing these beliefs, values, hopes and dreams, significant people are re-membered into our lives (i.e., considered as part of our lives in different ways previously not considered), helping to reduce the feeling of isolation that often accompanies negative experiences like stress and secondary trauma. Storying in this way can be seen as creating a community of support and care.

My study of counsellor care was undertaken from such a narrative perspective, which is itself based on ideas from postmodernism, social constructionism, philosophy and anthropology. The postmodern concept of multiple realities, and White's (2001) interest in "folk psychology," invited access to, and use of, stories other than the prevailing stories of stress and its management. In my search for alternative ideas, I considered resilience, strengths-based practices, job satisfaction, and compassion satisfaction.

Research procedures

Guided by the above assumptions, a semi-structured interview was created to allow the participants to share their knowledge and experience in a way that gave preference and recognition to their stories and expertise (Flick, 1988). This was realised by the use of open-ended questions, which encouraged story development and an opportunity for personal ideas to come forward, bringing stories of knowledge, skills, attitudes and experiences to the fore. These spoke of what enabled counsellors to continue to carry out their jobs in the ways they preferred, as opposed to putting the emphasis on a dominant story of stress caused by work.

Counsellors were encouraged to link their stories to people, places, beliefs and values over the past, present and future, exploring meanings and actions, developing a coherency over time. They also discussed the ways in which the physical environment and cultures of their schools impacted on them and their work.

TABLE 1. Framework of themes discussed with participants

Things most satisfying	*Things less satisfying*
Things that contribute to your: ▪ wellbeing ▪ sense of self ▪ physical health ▪ relationships ▪ life outside of counselling Things you keep in mind when counselling Ways in which your life experience contributes to your job Beliefs Significant others Hopes and dreams	Things that get in the way of doing satisfying work Ways of dealing with these issues Things that help: ▪ knowledge ▪ experiences ▪ relationships ▪ life experiences ▪ beliefs ▪ skills ▪ ways of knowing ▪ hopes and dreams Storying these across time, place and people

The questions used explored these different ways of knowing and were asked from a stance of curiosity, "deliberate ignorance," or "not-knowing" (Monk et al., 1997), consistent with qualitative research practice, regardless of theoretical orientation. Attention was given to positioning counsellors as experts in their own lives. At times the questions were used to deconstruct the counsellors' experiences to allow them to describe them more fully, unpacking taken-for-granted assumptions of dominant cultural stories behind their work, and exploring landscapes of action and meaning, to express new or different ways of doing things and personal meaning emerging from these actions.

The interview guide was arranged in four main parts. The introduction asked briefly for information regarding each counsellor's background, while the main section of the interview was about things that were satisfying and helpful to the counsellors in carrying out their jobs, as well as things that were less satisfying and how they coped with these. The final section was an opportunity for the counsellors to include anything that had not been discussed but which they considered relevant.

Results and discussion: The experience of conducting research

The original purpose of the research had been to discover how counsellors cared for themselves and were cared for by others, documented more fully elsewhere (Evans, 2005). However, the act of researching the knowledge of six colleagues through the narratives of their professional lives allowed me to experience a number of benefits from engaging in this research process, as identified previously. Rather than sharing the data from my original research, the focus of this paper instead is to report the ways in which the results of that research, and my participation in the process, provided me with personal and professional insights as a researcher.

The reason for being a counsellor

First, as Manthei (2004) suggested would be an outcome of producing research, I shared in a large number of professional and personal stories from the counsellors, which also enriched my own life. Often their stories reinforced previous experiences and knowledges—reminding me of similar experiences, especially successful ones, inviting me to celebrate them all over again, and bringing to the fore what attracted me to the job: my passion for young people and education. The passion shared by the people I interviewed was voiced in comments such as:

> *I guess that I am enjoying the energy and the resiliency of adolescents …*
>
> (Victoria)

> *Learning about these kids and their lives and… I had it very easy as a child … at times, I just, just completely say to myself, "How do you put up with this?"… [I have] real admiration for the kids in terms of … what they put up with in their lives… I think they teach you a lot about yourself.*
>
> (Meg)

Sustaining my efforts

The impact on counsellors of bringing forward positive narratives, rather than the alternate stories of the stress of dealing all day with students "at risk," seemed to enable counsellors to escape many of the usual consequences of stress. In the original study, this was evidenced by the preference counsellors had for emphasising the pleasant, rewarding and positive aspects of their work, rather than the possible detrimental effect of working in a helping profession that had been outlined so strongly in current literature about stress management for professionals. This positive focus could have beneficial effects for the students and the schools as a whole, judging from the effect these stories had on me as the researcher.

Caring for myself

Just as White (1997) works with counsellors during supervision to reconnect them with values, beliefs, experiences and people of significance, the counsellors interviewed in the study shared stories about their own ways of caring for themselves:

> *I have a really good balance in my life. I exercise. I eat well. I look after myself well… I feel good about myself for that… I am … well read. I have a lot of interests … nature, linguistics. I weave and I felt and I dye. I spin. I love animals. I have … lots of community contacts.*
>
> (Gloria)

These ideas served as a reminder to me of how I also cared for myself within the education sector and invited an appreciation of my doing that.

Connecting with beliefs and values

Counsellors also shared thoughts on their own beliefs and values that they brought to their counselling role:

> *There's nothing that I tell kids to do that I haven't tried myself… I've even caught myself thinking … Ah! "Don't tell them… Don't try that with them because if you haven't tried that yourself"… Yeah! You've got to think what's fair to them… So that's one of the rules I've written for myself, I guess.*
>
> (Banz)

> *Knowing that there is so much goodness in life and people… I do believe that if you challenge, sort of, the worst of the worst … or the people who are behaving most badly, … and if you give them a choice… For instance, if, if there is … [a] person who behaved really, really badly, I think, that even sometimes they come to the fore. They may be the ones that stop and change your tyre for you … sometimes you have … beliefs and opinions about how people will react. And they will usually rise above them. So, I really believe there is innate goodness in people … even in the people who, perhaps, haven't had the chance to exercise that goodness.*
>
> (Gloria)

Hearing these ideas stated allowed me an opportunity to review my own beliefs and values.

Similar philosophies on life

My own philosophies on life also were brought to mind by the comments from the counsellors I interviewed:

> *I guess my sense of justice, or maybe my sense of injustice is … honed sharply by some of the kids' stories, as well … I can think of the things that fate deals out to people. I think a lot more about those.*
>
> (Banz)

> *The politics of counselling has been important to me as well … so I got a lot of satisfaction of helping people to get over problems that they might have been having in their own particular setting… [I get] satisfaction from helping people I guess… Social interaction … a widening of my friendship base if you like.*
>
> (Banz)

As a result of sharing these ideas, there are times when I am working that I hear the voices of these counsellors, for example:

> *[A] lot of the young people that I see, I believe, have not had the privilege of disappointment or having to struggle.*
>
> (Gloria)

My own professional background

I was invited to consider my own circumstances when the counsellors shared stories of how they trained and practised, and the value they put on such professional skills:

> *[C]ame into counselling really because of the dean work really… Enjoyed working with the students in the pastoral sense… Became more and more involved in their issues and the way that they were relating and how those relationships affected their work at school.*
>
> (Banz)

> *It really is just the joy of seeing people blossoming and it is the challenge of going to those really painful places too at times where you … share some of that journey into people's pain… Think that, in order to grow you have to go there… Explore it, you know, see what messages are contributing to it, or what things you have to learn from that pain in order to be able to go on and … develop joy, if you like …*
>
> (Farrold)

Appreciating different ways of working

Not all of the counsellors were working narratively; therefore, my own practice was enriched by hearing about other ways of working:

> *I did emotional … Rational Emotive Behaviour Therapy … about six years ago. I found that was really good for helping me stop the irrational thoughts because*

> *… I was finding myself that I would go on a spiral … at school, bit like … the young people who walked in … and starting to really beat myself up.*
>
> (Adrienne)

> *I think that I'm a great believer in CBT TFA … Thought—Feel—Action. And that we respond not to what happens to us in life but how we think about it… And so, I have changed my response to what I think… My moods can be… I think more about my own moods… And how to deal with them… I'm a boatbuilder and I get very short with pieces of timber that don't go where they are meant to go … and don't do what they're meant to do. And, before, I might have thrown wobblies and things—I don't do that anymore. It's pointless. So, you know, having a look at my own emotive response to my world is something that I've gained hugely from my counselling work and counselling training.*
>
> (Banz)

> *I've always been of the philosophy that you have to look after the staff in order to look after the students. Some principals and middle managers and people I have worked with have said, "The students are everything"… I don't agree with that because if you don't keep the staff energised and supported how can you, how can you look after kids?*
>
> (Adrienne)

Returning to work in education

The process allowed me to connect professionally with colleagues and reconnect with the education sector in ways that reduced feelings of isolation, in a way pointed out by White (1997). As counsellors told stories that were coherent and meaningful over the past, present and future, I underwent a parallel experience that was beneficial and, in some ways, healing for myself. It helped me to reflect on my own values, beliefs, aspirations, skills, and preferred ways of living and counselling, and brought useful ideas and memories of my own into focus. As voiced by other counsellors interviewed, this experience served as a reminder about what I had to offer:

> *As I've learnt more stuff I've thought, "You know, I've got … maybe, I could speak out more about my contributions to things"… That I did have something to offer…*
>
> (Meg)

Conclusion

Conducting this research brought to mind previous experiences arising from my training. Gelso's (1993) work allowed me to appreciate the help I had received from my own teachers and mentors in the form of enthusiasm for research and writing, the

provision of positive feedback for my early efforts, the sharing of knowledge based on experience concerning the conduct of research, and opportunities to continue to work alongside my supervisor.

This research experience also allowed me to reflect on my good fortune in being exposed to quality research through my training and practice as a teacher, which later developed into a "way of being" in terms of developing my own teaching practice. Reading about current research allowed the staff at our school to choose new, exciting pathways to follow when looking for different ways to resolve concerns and to extend best practice. Sometimes, rather than providing new answers, the research findings served as a reminder of useful past experiences, or planted a germ of a completely new idea. It was also interesting to read the "other stories" provided by researchers, theorists, and writers while undertaking the literature review. There was comfort in the knowledge that others had had similar experiences and that I was not alone, deficient, or didn't belong. The opportunity to conduct my own research complemented and extended this learning.

Manthei (2004) suggested that engagement in research allows counsellors an opportunity for self-reflection regarding their skills and learning, which may lead to improved practice. In my case, the conduct of the interviews allowed me to practise my questioning skills, to evaluate their effectiveness, and to pick up on ways of working that I wished to change. Examples included wanting to build more curiosity into my tone of voice, the value of waiting longer for answers, using questions rather than statements to provoke story-telling, and to consider when and how I would use personal stories to stimulate conversation. I appreciated the extent to which body language and context contributed to each conversation, and supported the meaning of the text that turned into a transcript with verbal clues alone that seemed, at times, nonsensical.

In conducting the interviews, I was privileged to visit six very different schools and counselling environments. Apart from being very interesting, this experience was valuable as a background to my own employment in this area, allowing me to experience what works and different possibilities. It encouraged me to reflect on different aspects of employment in this field. At other times I was exposed to new ideas and ways of practising; for example, I developed an awareness of current issues being faced by counsellors and students in secondary schools.

I greatly appreciated the fun and laughter shared during the story-telling and found the enthusiasm for the job infectious. As a student and practising counsellor, I set out on the research path fuelled by stories from other students of the difficulty of

what I was about to do and the vastness of the task. However, this was tempered by previous experience as a research affiliate and practising teacher, which carried with it an expectation of curiosity for the unknown, along with excitement and enthusiasm. All of these expectations were fulfilled by the research, as well as an added bonus of personal and professional enrichment, which was totally unexpected. Manthei's (2004) article invited me to share this experience with you. Thank you.

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6

Hope and Loss

Multiple Realities when Bodies Are Injured

Susan Sliedrecht and Elmarie Kotzé

Abstract

In this article the authors discuss the development of counselling practices at the Auckland Spinal Rehabilitation Unit in New Zealand. These developments arose from a study that invited former patients of the Spinal Unit to reflect on their experiences of counselling (or lack thereof) when they were newly injured. Centring patients' experiences opened space for illness and disability narratives to be storied. The repertoire of narratives includes hopes and losses that result from their spinal cord injury. This article also pays close attention to the practices of power in a medical setting such as a spinal unit, and the importance of making space for patients' local and cultural knowledges to be heard alongside specialised medical knowledges.

This article is a story about how Susan's research shaped her practice through listening closely to patients' feedback. Susan invited former patients to comment on their experiences of counselling (or lack thereof) during the time they stayed in the Auckland Spinal Rehabilitation Unit, where she is the counsellor (Sliedrecht, 2007). The focus of the research resonates with Manthei's (2006) sentiment that there is a need for more research that investigates local issues, situated in local settings with local participants. The importance of clients' perspectives on counselling is supported by research done by Gaddis (2004) and Singer (2005). For Susan, the research journey included experiences of struggle, inadequacy, competency, doubt and being moved by the research. Along the way, Elmarie was privileged to join the process through the supervision of Susan's practicum and her research. We tell the story in Susan's voice.

Background

Prior to working at the Spinal Unit, I had worked in a unit for adolescents who had

been sexually abused, and in a Burns and Plastics ward at a tertiary hospital in New Zealand. With this background experience in trauma-related work, I expected that at the Spinal Unit I would mostly be relating to patients' experiences of emotional turmoil, confusion, hopelessness, worry about the future, and lack of purpose in life. This expectation was based on the severity and permanency of physical injury (not being able to walk, lack of bowel and bladder control, compromised hand functioning, compromised sexual functioning) for most of the patients at the Spinal Unit. What I more often heard, however, were patients making adjustments to their lives, in particular, adjustments to not being able to walk again. I frequently heard patients talk about the gains they had made with their physical rehabilitation, how supportive their families were, and how grateful they were that the situation was not worse. I did not often witness hopelessness, despair and disinterest.

I also, however, met patients whose injuries had occurred some time ago. Two of them, in particular, informed me that they were dissatisfied with their lives. They attributed this to their spinal cord injury. Storylines of 'deficit and disability' were available and expressed more frequently than storylines of competency, skill and ability. They reported that drugs and alcohol had become a very central part of their lives, relationships had broken down, and their identity claims focused more on deficit, pain, and disability. Storylines of competency and agency seemed inaccessible and hard to find as they re-established their lives within the community.

The ready availability of differing storylines between patients who were newly injured and those who had lived in the community for a number of years invited me to question my own counselling practices. I wondered what counselling practices would support the development of a repertoire of storylines of agency that could sustain patients once they were discharged from the Spinal Unit and re-integrating back into community life. I suspected that the counselling conversations I was having with patients touched mostly on what was "easy and acceptable to say" within the available rehabilitation discourses. However, I was reaching for counselling conversations that would open space for the less frequently voiced, marginalised, harder-to-talk-about storylines within rehabilitation discourses.

When reflecting on this gap between the kind of conversations I was having and the kinds of conversations I was reaching for, frustration was often close at hand. Space to speak multiple realities seemed to be restricted. I was unsure how to make these pathways of conversation available for consideration. During my first meeting with Elmarie she noticed my frustration and introduced me to the work of Frank (1995) and illness narratives. This book had immediate applicability to my dilemma.

The work of Frank (1995) in relation to illness narratives guided me into reflecting on my own illness and disability narrative preferences, and how these preferences were limiting the space for the speaking of multiple realities by the patients.

Illness narratives: What are my own illness narrative preferences?

Frank (1991) suggests that narratives are used as listening devices to filter in, or filter out, available information. Through the use of narratives we make sense of what is happening to us. Frank (1995) invites health practitioners and counsellors to investigate how these narratives shape their listening to clients' narratives. Frank mentions that, as a patient, he wanted to ask health professionals important questions about his life. However, his experience was that certain questions were not allowed; they were not speakable, nor even thinkable: "… the gap between what I feel and what I feel allowed to say widens and deepens and swallows my voice" (Frank, 1991, p. 13). He continues by saying that:

> *… one of our most difficult duties as human beings is to listen to the voices of those who suffer. The voices of the ill are easy to ignore, because these voices are often faltering in tone and mixed in message, particularly in their spoken form before some editor has rendered them fit for reading by the healthy.*
>
> (Frank, 1991, p. 25)

I put questions to myself, informed by Frank's reflections on his own experiences. What was I filtering in or filtering out in my counselling conversations with patients? To what extent, when counselling patients who were newly injured, was I filtering out struggle, difficulty, confusion? Was this a reason why they appeared to be managing well, because all else was filtered out?

I realised that I had a strong preference for what Frank (1995) calls the restitution narrative, as this was supported by the rehabilitation discourse being fore-grounded in the Spinal Unit. This narrative filters in "gains made" and filters out "loss of function."

Through deconstructing my own narrative preferences I now notice that, in the initial stages of living life with a spinal cord injury, hesitant, faltering speech and muddled messages are commonplace—provided space is made for their expression. These are the marginalised, less easy to talk about stories, within rehabilitation discourse. Frank cautions health practitioners to make space for these voices and not edit them or filter them out.

In tandem with my reflecting, Elmarie wanted to open space for me to witness

myself (Weingarten, 2003) as I worked toward developing my counselling practice. In supervision she asked questions that invited me to share the multiple storylines of my professional practice—the storylines of competence and skill, storylines of the affect that the counselling was inviting, storylines of exasperation and struggle, and the many challenges and opportunities I experienced in this work.

Elmarie asked me questions in supervision that helped me to (initially, tentatively) talk about the less frequently voiced, marginalised, harder to talk about storylines of my counselling practice. For example, I remember sharing with her one day about how many young men (aged 16–22) were on the wards and how these young men were touching my life on many different levels: the randomness of accidents; how one of these young men could so easily have been my son; the hopes and aspirations of parents for their children and how these can be dashed in a matter of seconds. Some of these young men had represented New Zealand in sporting activities. One young man was looking through his photo album at all the events he had won, and he shared with me that the memories of these was helping him through the hard times. It was all just sad, really sad.

Elmarie offered a space in which I wanted to—as opposed to felt I should—discuss and share with her these profoundly touching experiences. Voicing the personal within the professional made a significant difference to how I positioned myself as a counsellor. This supervision gave me the opportunity to give myself permission to acknowledge how the work affected me, and to review my preferred illness and disability narratives. The supervision supported my witnessing my own compassion. This witnessing self (Weingarten, 2003) enabled me to be more attuned to the multiple storylines of patients. I took seriously the following:

> *We cannot afford for people to believe that they must blunt their feelings to stay "sane". We need those who serve us to be in touch with their emotions as they perform their duties, for it's this comfort that allows them to express care and concern for others as they do their jobs. We want to preserve not crush this ability.*
> (Weingarten, 2003, p. 115)

Through attending to this self-witnessing, I wove my practice between what Bird (2000, p. 93) calls "connection" and "detachment". Connection is described as the ability to really listen and move in step with a patient. Detachment is seen as not being over-involved in a way that makes it difficult to decide what will be useful and what is not useful in the counselling relationship. Connection assists me to listen for intonation, emotions, body sensations, visions, dreams, and for what is partially said.

Detachment assists me to stand back from the experience and decide whether the knowledge I hold belongs to the therapeutic relationship or to my life experiences. Detachment helps me to decide if, how, and when to use this knowledge as a partial knowing, a possibility (Bird, 2000, p. 93).

Loss, grief, and hope

The next section of this article looks more closely at the spectrum of losses and grief as a result of a spinal cord injury, as well as how patients and families "do hope" (Weingarten, 2000, p. 399) in the face of these losses. The centralising of the magnitude of loss through death overshadows, and sometimes obscures, other losses which may result from disability and spinal cord injury. Participants in this research were very explicit about the significance and variety of losses they experienced, and identified loss as part of the journey of living life with a spinal cord injury. These losses included the spectrum from losing a loved one in a car accident to what may seem to other people to be mundane.

Highlighted below are examples of the more insidious, unspoken, everyday experiences of loss as a result of a spinal cord injury, as told by the research participants. My hope is that having these experiences witnessed and acknowledged helps make more visible the significance of these losses.

> *About a month after I was discharged I thought, I am going to do my own washing.… I went into the laundry and I had a hell of a job because the wheelchair did not fit in, I had no end of problems to get in [to the laundry] but … when I went back to get the washing I had to lean forward and I fell out of my chair. I was lying there, trying to get up, it took me about an hour and a half just trying to get up, I tried to climb up into [the chair] and I damaged my backside. I was exhausted, I hurt all my ribs because I tried to pull myself on the tub, and then I slipped. It was a terrible experience. It is a big adjustment, big adjustment, a lot of learning about how to do things. If you were not confident you would find it really hard. Like when I fell out of my wheelchair, that really buggers your confidence. You think: can I really keep going like this, am I going to have to go to a rest home. How the hell am I going to cope with all this? I think for me it would have been mainly the grieving of it all.…*
>
> (David)

> *You don't really have the support that you want, bar your family. I have also returned to normal family chores, washing and cooking.… I learned all that at*

> *the spinal unit but when I came home it was a different story because I was unable to get into areas like the kitchen and the bathroom, so for a while [one year] I couldn't do any of those things. I didn't care as much as I wanted to for the kids.… I couldn't.*
>
> (Avril)

> *There are some nights that I sit down and have a bit of a cry, nothing too much, just sometimes I will sit down for no reason and just cry to get it out.… It would have been helpful to have someone to talk to … not so much straight afterwards [discharge] but a month afterwards that's when it sort of sets in. You've got around and you start to meet a lot of people that you haven't seen for a while and that's when you start to realise who your bloody friends are.… When I came out of hospital all I had was the clothes I had with me in my bag.… Everything I owned was stolen, they even stole my dog and my home brew. I had nothing.*
>
> (Paul)

> *I have always worked outside. Landscape gardening, driving trains, some carpentry work, always been things with my hands and legs moving around. And then of course the minute this happened—bang, I cannot do that for a living anymore.… What are you going to do with your time? Am I going to do what I did today for the rest of my life? It sounds pretty boring.*
>
> (Paul)

The participants in this research have assisted me to be more aware of the insidious, unobserved losses associated with spinal cord injury. In my counselling practice I am reaching for counselling conversations, with patients, that open space for the storying of the spectrum of losses associated with a spinal cord injury.

Acceptance of losses: Is this a destination to be reaching for?

On a number of occasions patients have told me that they never really grieved properly for the losses brought on by spinal cord injury. To understand this comment better I have invited these patients to tell me more about their understanding of "grieving properly." One patient said: "Well, I never really got angry and so I do not think that I went through all the stages properly." Another patient told me that he had been crying a lot so he did not think that he had really accepted his injury. These comments about grieving loss invited me to reflect further.

Many of the more readily available medical and psychological accounts of grief centralise a linear or cyclical process—denial, anger, bargaining, depression, with

acceptance as a successful result or desired destination (Kūbler-Ross, 1970). This then becomes storied as a "right way to grieve." In a rehabilitation environment acceptance is also centralised as a desired destination, for example the "Acceptance of Disability Scale" (Groomes & Linkowski, 2007; Linkowski, 1971). A research participant, Lequecher, suggested that striving for acceptance may not always be important. At the time of her injury, Lequecher was a solo mother with young children. As a result of her injury she had very limited arm and hand functioning. This meant that she was unable to care physically for her children. She shared in the research interview how she hates her caregivers, and at the same time, loves them. She hates them because her children would run to them for hugs and cuddles, but she loves them because they care for her children: "I know I must accept my injury but I can't accept my injury. I was too much of a sporty person and the loss of my motherhood has had a very traumatic impact on me."

Ideas about acceptance as a desired destination for managing grief position Lequecher as reaching for a destination that for her is not possible (or preferable). Her dilemma is: Why should I accept that my identity as a mother is no longer possible because I cannot give hugs and cuddles? These challenges about acceptance resonated with the work of the peer counsellors of the Irish Wheelchair Association and the National Council of the Blind of Ireland (Boyle et al., 2003). Their work mentions how the concept of acceptance can be used to disqualify and categorise people with disabilities. They further say that, as peer counsellors, they prefer to ask questions like: What sort of life is it that you want to lead? What does acceptance mean to you? What parts (if any) of this notion of acceptance are useful to you? One of the writers of that article says, "personally accepting my disability is not something I'm interested in doing. Sure I need to adapt to my disability. But welcome it? Accept it? That's not for me" (Boyle et al., 2003, p. 15).

These questions about the place of acceptance brought to my attention the multiple possibilities I wanted to provide for patients to story their preferences regarding "adapting" to spinal cord injury and/or the destinations they are reaching for. I became interested in the kinds of questions that made it possible for patients to explore a range of meanings of their experience and their preferences for future directions. These possibilities seem to sit more comfortably with patients, as they provide more options. For example, one woman told me that the relationship with disability she is reaching for is that "disability should be like a distant cousin." Another man described the destination he is reaching for as follows: "I know I am disabled but I want to get to a place where I do not feel disabled, I just feel normal."

Again, I notice the importance of going beyond single explanations and accounts of loss, grief and "accepting reality." In the next section we will look at how holding hope and experiencing loss can co-exist alongside each other.

Holding hope for a different outcome

Dominant medical rehabilitation discourses suggest that "acceptance of reality" (reality being the medical version of events) is an important milestone for a person in rehabilitation (Attawong & Kovindha, 2005). Although participants talked about loss, for some of them hope was a very central part of their experiences of spinal injury. From this research I learned that there are many different versions of events. I am striving for my counselling conversations to hold and respect a person's hopes, beliefs, and dreams for their lives (which frequently do not include wheelchairs, catheters and caregivers), and also to talk about a life that may be dependent on some of these. The research participants have assisted me in seeing that it can be helpful to hold multiple, seemingly inconsistent, and contradictory stories about experiences related to spinal cord injury.

Sitting alongside the stories of loss, participants also related stories of triumph, stories of determination, of finding a way. I think of these as stories of agency, where the speakers are selecting actions and accounts in and for their lives. Below are some of those stories:

> *One day I said to her [the physio], "do you think I would ever be able to walk?" And she said: "I don't think so." Then one day I asked the physio, "could I please have a go on that walking thing [walking frame] because I had seen another lady do it"… and I could, I made myself and she could not believe it … then she let me go on the parallel bars, and at first I could hardly do it, but after two or three days I was getting better and better at it.*
>
> (David)

> *If no-one is going to help me, to hell with that, I will do it on my own. I have always been that way.… I am lucky because I have got an attitude, what the hell, I will find another way of doing something. A lot of people are not like that.*
>
> (Paul)

Boyle et al. (2003) mention how "non-disabled" people may attend only to the story of sorrow, misery and hopelessness of the person living with a spinal cord injury. Through listening to patients' voices, I learned to open space for the multiple stories

of disability, of hope, of success, of positive thinking, of fear, and of facing loss on many levels. Their reflections guide my intentions to listen and to make meaning *with* them of their life and illness experiences. From the participants' sharing of hope and loss, I have learned about hope amidst loss and the importance of hope being storied. Here are some of the participants' ideas about hope:

> *There is a part of me that hopes every day that something is going to click or snap in a good way and that I will have 100% back. But I have realistically been told on a number of occasions that pretty much after two years what you have got is what you have got. I am grateful that I am still walking and that I live in a two storey house and that is fantastic etc. etc. But there is a very strong part of me that is upset; not having 100%, I am not able to run and sprint and I do not have that much feeling in my hands.…*
>
> (Brett)

> *From the time I was injured, there was a part of me considering being injured and being back to full health.… My wife said that people told her that they would be surprised if I ever walked properly again.… I am an optimistic person, most people do not have the self belief like I do. I think for myself. I was only on that continuum to be completely well again.*
>
> (Matthew)

I wanted to find ways to work alongside patients, respecting the multiplicity of versions of events, and not to regard the dominant medical discourse as the only version of the "truth". If as a counsellor I filter out other versions of events and thus insist on a single version, I potentially can increase the person's experience of loss by expecting them to loosen their relationship with their own hopes and dreams.

In order to respect this multiplicity of versions of events my ear needs to be closely attuned to the patients' knowledges that they bring to the counselling conversation. These knowledges may initially be offered in a whisper, or expressed as a faint hope, or as a not-yet-formed idea which can easily be drowned out and silenced by the barrage of medical information a person receives when they are newly injured.

Medical knowledge and power relations

Medical settings centre medical knowledges. This body of medical knowledge can quickly disqualify other local and indigenous knowledges, leaving the holder of these indigenous knowledges in a less power/knowledge relation (Foucault, 1980). In

particular, in a setting such as a rehabilitation centre for spinal injuries, where I work, health practitioners hold a sophisticated body of medical knowledge about spinal injuries and rehabilitation which can easily subjugate other personal and cultural knowledges.

Raheim et al. (2006) suggest that relations and practices of power which influence our lives are often invisible to us. If we do not proactively look at how relations of power operate to create advantages for some and deny these advantages to others, our work as counsellors and health practitioners may be limited, and may produce negative effects that are outside our understanding. These ideas reminded me that if I am not very conscious of this power/knowledge, my practice may have the effect of objectifying patients and unwittingly enact privilege. I may privilege the knowledge professionals hold as more important and more relevant than the patients' knowledges. This enacting of privilege may be supported by discourses of race, class, gender, education, and physical ability, for example. Drewery and Winslade (1997, p. 35) suggest that if we acknowledge that there are many valid ways of seeing the world, we need to be vigilant about which accounts dominate and which are less often heard.

Raheim et al. (2006) suggest that therapists develop knowledges and skills related to noticing when they are enacting privilege, offering some reflexive questions to surface these practices of enacting privilege: When am I most likely to enact privilege? In what sort of circumstances will I most likely enact privilege? How can I tell when I am enacting privilege?

These questions seem to be very relevant reflections for me in my counselling practice. As a result of this research, I have become more finely attuned to how easily (and unwittingly) health practitioners can silence the voices of those they seek to help. For example, at the Spinal Unit, goal-setting meetings are held on a fortnightly basis. These meetings are facilitated by various members of the multidisciplinary team. The purpose of the meetings is to promote collaboration between the staff and the patient and their families (whanau) in the setting of goals. However, despite the structure of these meetings and the intention to promote collaboration, the meetings can potentially silence the patient further and centralise medical ways of doing things if they are not facilitated in a way that makes space for the patients' perspectives to be heard and respected. In this past year, I have been involved in re-developing the way these meetings are facilitated so that space is made for the voices of patients and their families. For example, a small (but very significant) change is that patients are asked first what they would like to discuss in the meeting, rather than the earlier practice in

which the medical team would give their feedback first and then ask the patients if there were any questions. This service initiative also demonstrates how counsellors can address organisational issues and not be restricted to one-on-one counselling.

How counselling services are accessed and made available is another area within a medical setting that demonstrates power/knowledge relations. For example, is a patient referred to the counsellor or do patients make selections about how they would like to access counselling? The next section of this article discusses research participants' ideas about how counselling should be offered in a setting such as a spinal unit.

Offering counselling services: Agentic positioning

Without exception, all participants of the research project indicated that they preferred the counsellor to take the initiative to meet and introduce herself to the patient, rather than waiting for the patient to ask to see a counsellor. They wanted the counsellor to reach out and initiate a relationship, rather than relying on a practice of formalised appointments in the counsellor's office.

> *… the counsellor never saw me when I was in my room … never really made herself known, she was either in her office or not around … the first time I talked to her, it was in her office, but it would have been easier if she had introduced herself from the start and then every now and again … maybe once a week just pop in and just to say that you are making sure that you don't need anything, as opposed to waiting for us to approach.…*
>
> (Larry)

> *… just someone to talk to, you see, like me, I did not have anyone to talk to, apart from the other patients, I had nobody around me. Just basically to know that there was someone there to talk to or, better still, have a counsellor that walks around, around the wards, just talking to people, just pop in and out like a friend does. It's a helluva lot more friendly. Like if you go to an office and you sit on one side of the table and the other person on the other side—you just sit there and you do not know what it is all about … just come around it is more relaxed. It would have been good to have someone to talk to at the time.…*
>
> (Paul)

> *… make informal communication and then across time you have your chances to talk about the bigger issues. Counselling should be like a systemic drug, a little bit all the time, not like a band-aid trying to seal over a wound.*
>
> (Matthew)

Participants' preferences for being introduced to counselling services helped me develop a practice where I now introduce myself to all patients on admission, and maintain contact with most patients and their families throughout their stay at the Spinal Unit. This ongoing relationship with a patient in the unit and after discharge means that I get to know patients on a personal level and develop a relational history with them, which includes care and concern about their wellbeing.

Counselling and care

Elmarie noticed the ongoing relationship that I had with patients and their families (whanau) and witnessed what Weingarten (2003, p. 106) refers to as the "dilemma of empathy." Weingarten mentions that health professionals are shaped by a wider culture that acknowledges the expression of emotion as being healthy. Professional ideas, however, position health professionals to evaluate themselves as less than adequate, or not managing, if they show "too much" emotionality on the job. This is what she refers to as the "dilemma of empathy."

To assist me with this dilemma, Elmarie introduced me to the writing of Weingarten, who centralises care as an important ingredient in counselling practice. Weingarten states, "if there is one thing I have learned from an adult life lived inside an unreliable body, it is that care not cure will keep us floating in the ocean" (Weingarten, 2001, p. 11). Weingarten's writings have invited me to centralise care as an integral and cherished part of my counselling.

In my practice I often see patients at their most vulnerable moments. Patients and their families share with me some of the most intimate and personal details of their lives. Based on what patients have told me and my own personal experiences of family illness, this kind of personal sharing and connection is best encouraged in a caring environment. A caring environment opens up multiple possibilities for a patient to make themselves known. Caring supports an environment where patients can story their experiences, even when words are not readily available. The story may be hesitant, jumbled, and chaotic, but it is the beginnings of meaning-making about what has happened. This story may be what Frank (1991) calls the chaos narrative.

I have no words to describe the poignant relationship I am at times invited into with some patients as they share with me their fears, sorrows, hopes and dreams for their lives. An intangible bond of caring emerges when, for example, a patient has tears rolling down their cheeks and I as the counsellor carefully, very carefully (with permission) wipe them away because they do not have the hand capacity to do it. There

is a bond of caring solidarity when one joins with a patient and literally moves or sways in step with where they want to take a counselling conversation. It is these practices of care that this research project has helped me to value.

In terms of care, Cheek (2000, p. 50) talks about the "nursing gaze" which designates the patient as an object on which technicalised and medicalised knowledge is applied. Standing against the "nursing gaze" is what Cheek calls the "nursing look", which is a more empathic look and pays attention to the whole person. My intention in counselling is to value and centralise this "look" so that I can attend to the unique experiences of each person and "freshly" hear each person's story. This nursing look is developed by a willingness to see things from a care perspective, a willingness to challenge the distinction between "caregivers" and "care receivers," and to step into a "caring solidarity" (Sevenhuijsen, 1998, p. 137) because every person in different ways, to different degrees, will need care at some point in their lives.

Cheek (2000) also cautions that this "look" can often be marginalised in health-care settings as the "gaze" is favoured to produce evaluation, correction, and restoration to "normality" knowledge.

Conclusion

My intention when I embarked on this research journey was to develop and refine my counselling practice. The purpose of this article is to share some of the learnings that have been gifted to me by the research participants, patients and their families.

I have learnt to notice the possible filtering out of stories of struggle and difficulty, both at the level of my own listening to patients, and in rehabilitation settings such as the Spinal Unit where the focus of the services offered is on improvement. I have learnt about the importance of voicing the personal within the professional, and how this supports me to move appropriately within spaces between connection and detachment. Patients showed me how loss takes many forms, and in particular this article exposed the significance of everyday experiences of loss.

I learned that ideas about acceptance as a destination to attain shaped the experiences of some patients. The effect of this was that they saw themselves as falling short and interpreted this as a deficit. I learnt the importance of talking with patients about the destination they are reaching for. I thus learnt from patients of the complexity of their experiences, and I now work on being open to hear multiple and at times competing stories of disability—stories of hope, distress, success, frustration, loss and determination. I learned that my work as a counsellor is much wider than in

the counselling room. I have contributed to changing the power-relations in the multidisciplinary meetings to give the first speaking position to patients; and patients have invited me to take the initiative to meet them in the context of their own rooms to form relationships of care. I acknowledge their very significant contribution to my ongoing practice.

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7

The "F" Word

The Challenge of Feminism and the Practice of Counselling Twenty Years On

Jeannie Wright, Sue Webb, Patricia Sullivan-Thompson,
Elmarie Kotzé, Kathie Crocket, Sue Cornforth, and Nan Blanchard

Abstract

This article revisions feminist thinking from the point of view of seven practitioners/researchers currently working in New Zealand. It arises from embodied pain, passionate commitments, and a shared curiosity about purposeful feminism in our work. We explore the challenges for us as counsellors to express feminism in our practice in ways that will meet the needs of women and men. The article aims to challenge practice by performing a number of feminisms in response to particular contexts. It speaks our practices as women.

Seven women stand before a conference audience.[1] Sombre for the stories we will tell, we also warm with anticipation of the possibilities of feminist and performance research (see Burman, 2001; Denzin, 1997; Gergen, 2001).

The presentation has both a short and a long history. Coming to New Zealand, Jeannie had read Wendy Drewery's (1986) foundational feminist article, written on the terms of second-wave feminism. Wondering what aspects of her international experience were relevant here, in 2007, to what she might teach counsellors, Jeannie put before us all the question of where we sit with feminism in our lives and our work in counselling. She asked us about the f(eminism) word: is it still relevant? Five of us met together, as we engaged with Jeannie's question. Our conversation traversed the professional, political, and personal of a range of feminist concerns.

For this, our first research performance together, we reached down into stories of practice, into our own lived experience as counsellors and women. One by one, we now

speak our stories, offering unique expressions and shared resonance. But first we dance together, arms linked. Between each story, there is a further brief moment of music. It punctuates and connects the sombreness of the stories.

Jeannie Wright

> *Being a woman is, it could be said, a risky business.*
>
> (Nasser, Baistow, & Treasure, 2007, p. 4)

Counselling at a Women's Centre, 2007: A composite story

Karen is 44 and lives alone. She was sexually abused from the age of seven to nine, and the man responsible, a member of her family, was prosecuted and subsequently went to jail for two years.

I feel that nausea starting to rise up into my throat—how do I look to Karen?

Karen has not been to see a counsellor before. She sits stiffly, holding her cellphone on her lap. Her goal is to lose weight and, she says, to look at the underlying reasons for her out-of-control relationship with food. She says she does not like herself very much.

The poster on the wall behind us says:

"Can you pinch more than an inch? Do you give a shit?"

I feel very thin.

The appointment was motivated by Karen's lack of sexual feeling for, and lack of sexual intimacy with, her husband who has now left the marriage. Karen does not want to have sex any more, but wants to find out more about how the sexual abuse might have affected her family relationships. She came to the Women's Centre for counselling because a course she attended included a visit here.

She keeps smiling

I don't know what to do with my face but we start to work.

I choose to counsel in Women's Centres. There is a comfort, perhaps, in the explicit messages—from the posters, photographs and artwork—that meet us when we walk through the door. As a daughter of second-wave feminism, the images and slogans are familiar to me from Women's Centres in the UK, Fiji, and elsewhere. When I moved to live and work in New Zealand, I gravitated towards the Women's Centre as if towards "the known".

Working together now has been heartening, powerful, fun, mirroring some of the reasons why the women's movement managed to listen to individual stories and address political and social outrages—and that most-celebrated feminist challenge, "the personal is political". There is some evidence that a new generation of women is coming together, both in the virtual and real worlds, to work on similar litanies of assault and injustice: the high incidence of rape and low conviction rates, violence against women inside the home and out, sexual abuse (see, for example, www.thefword.org.uk).

Feminist theory and activism have made their mark. But I am sick of witnessing women's pain. After thirty years of the same kind of face that Karen's story shows, I'm wondering what we can do that will make a difference. Karen and I are both of European heritage. The intersectionality (hooks, 2000), or complex play of race, class, age, sexual preference, and other oppressions that might inform our work together, is partly addressed by the very centrality of gender—men are not allowed to work at the Women's Centre. Indeed, more generally in our profession, women are in the majority. And whatever the theoretical approach to working with Karen's so-called eating disorder that might be used (for example, Lock, Epston, Maisel, & de Faria, 2005; Nasser, Baistow, & Treasure, 2007), it seems to me that back in the schools, health centres, converted houses, and under trees, in counselling and other caring roles, women's low-paid (or voluntary) labour tends to the casualties of a world where women are still disadvantaged economically.

In her poem "I was a feminist in the eighties", Anne Kennedy (2003, pp. 81–82) uses the satirical rather than the polemical voice:

To be a feminist you need to
Engage in mature dialogue with
Your spouse on matters of domestic
Equality, button your coat thoughtfully,
Do the childminding, washing, shopping, cooking and cleaning
While your mind is on higher matters …
Then a lion came prowling out of the jungle
And ate the feminist all up.

Eaten up? Regurgitated, feminism might have, or need, a different name. It might emerge in different places. Some of the changes we see in third-wave feminism (Enns, 2004) may lead to women not "doing it all" and not being eaten by the lion.

Sue Webb: A starved heart

Marilyn has bread but not roses. She cries quietly, trying to decide whether to leave Craig, thinking of her age and how lonely it will be when the children are gone. He shouts and criticises, but never hits. She worries about the effects of divorce on the children.

She tells, with a sudden lift, what a difference a job has made. She has money —to fund the children's activities, school things, to buy them clothes, but nothing for herself. She reports Craig as saying that she spoils the kids. It is not just the money, but also a wider world, making a contribution, laughter and chat, a sense of competence and new skills—and new people to care for at work.

Behind Marilyn's story, I catch a glimpse of Craig's too, his mounting cholesterol levels and beer consumption in the safe company of mates. Bored with the sameness of his job and envious of Marilyn's shiny new career, at home he sits alone, channel-surfing in the next room as he waits for his tea, fearful that his children, together with his wife, no longer respect him. Feeling bewildered, unimportant, and unloved, he's no longer a hunter-gatherer like his dad, returning with warm banknotes for the family's sustenance. His needs hide behind instructions, powerlessness behind control.

I talk to Marilyn of grief and care for others, set her to discover more about who she is and what she wants, help her express her anger. Without thinking of feminism, we address moral issues, boundaries, and independence.

But I would really like to work with this couple. Possession of the television remote and the ironing board need revisiting. Set roles around parenting could change. How might they sit in the same room? Can Craig make the link between influence and responsibility at home that women have always understood? Can Marilyn let go of the power she acquires through caring?

Sisters may be "doing it for themselves", but isn't it time for someone else to butter the bread and tend the roses, and for women to find ways to let them?

When first we discussed this research, I wondered if my feminism might have become contested in the last twenty years, along with its place in the academy (Patai & Koertge, 1994). What reassurance, then, to discover that feminist thinking seemed to underpin much of the work with Marilyn. With hindsight, I had Gilligan (1982) on women's moral development, Lerner (1986) on boundaries, and even Woolf (1929) with

her room of one's own beside me, all of whom had impacted on my own life in time.

However, much of what both first- and second-wave feminism lobbied for still seems incomplete and problematic. I reflect on my own struggle to set limits on caring, my lone mastery of the new washing machine's digital cycles, despite a limited grasp of the TV remote's functioning. I found myself imagining Marilyn marching with Clark, Cartwright, and Gattung, banners broadcasting the right to work, equal pay, reclaiming the night; not arm-in-arm but trudging along behind, thinking of her daughters. Have I too abandoned some of my own desires in the hope that the next generation will do better? And do my daughters, and also my sons, understand that there is still a fight to be won (Aronson, 2003)?

However, in 2007 the pressing need seems not to be the unfinished battle for equality in the workplace and for financial independence. Instead, it is the postmodern dilemma of an overload of selves that women must now mediate (Williams, 2002), and the way that intimate relations have yet to change to match new roles in the world beyond home. This aspect, too, I discern in my own life, and its accompanying dilemmas of maintaining household control, taking responsibility for children, and acquiring caring roles in the workplace (Crawford, 2006). These parallels are likely both to hone my empathy, and to risk my being blind to some of my client's issues (Webb, 2002).

I have also considered my preoccupation with the unknown Craig. Was this a concern for what sounded like serious mental health issues; or a recognition that without addressing his part the relationship was doomed; or my historic tendency to be drawn to attend to the needs of men? I suspect all three. Heterosexual feminists often struggled in second-wave feminism to justify their commitment to relationships with men, but also articulated the need for men to change. Recent feminist family therapy (Norsworthy, 2000) has asserted that powerful social forces impact on family lives, and that families need to respond functionally to exterior changes. Reflection on practice in supervision enables me to challenge the unthinking inheritance I bring with me and the social context that supports it (Hawkins & Shohet, 2000).

The battle for a better life for women, wherever in the world, continues. The family remains, however, the crucible of enduring change.

> *Our lives shall not be sweated from birth until life closes;*
> *Hearts starve as well as bodies; give us bread, but give us roses!*
>
> (Farina, 1976)

Nan Blanchard

As he comes into the room, Raj says, "You won't be able to help me, no one has." I immediately want to be the one who famously succeeds where no one else has.

Raj tells me he hasn't been able to sleep since he got here, which is over three months ago. He's from India, an international student at the college. His wife and three young children are back home, and it's uncertain at this stage just if or when they will be able to join him in New Zealand.

He's tried everything to get to sleep but nothing works. He needs his wife. He tells me he "uses" her to get to sleep.

My mind slips away to a woman in India. I imagine her through the eyes of Arundhati Roy, Bharati Mukherjee, Monica Ali, and Kiran Desai.[2] She is slim and fragile-looking. I imagine her at bedtime. Does she think of her husband far away? Or, after a long day mothering, preparing food and keeping house, does she experience relief at being able to just fall asleep?

I ask him if he's tried masturbating and he has, he says, but he can't, he feels guilty because it's against his religious beliefs. And nothing else works; he needs his wife.

I look at him and wonder what to say next. Clearly he is sad: lonely without his family, and lost and frightened in a foreign country.

He doesn't want to talk about his sadness. He wants to talk about not being able to sleep.

I can't convince him that masturbation is okay. Nor can I produce his wife. I am in the category of those who can't help—where I was before we started.

I am sick in my stomach. I feel shocked, miserable and inadequate. I worry that I have missed an opportunity to confront something that may be, at worst, rape, and at best, compliant sex. I worry that what I have decided is that rape or compliant sex (and I'm uneasy about the difference) is an interpretation of another woman's experience. I worry that my interpretation is culturally bound. And at the same time I hear the echoes of women's voices through the writing of Roy, Mukherjee, Ali and Desai. I know I am negotiating complexities of culture and gender. I am concerned about just how easily I lost sight of Raj and his struggle, and became preoccupied with his wife. I am disturbed by my pleasure at losing sight of him and at my fierce grip on this guilty pleasure. I am surprised to feel that a compassion for Raj lingers alongside my rage.

Segal (1999) asks, "Is the time for the renewal of feminism long past, given the remarkable shifts in gender relations?" (p. 2). This question can be extended to a reconsideration of the value of feminism in contemporary counselling practice in the light of Drewery's (1986) article. In my view the answer is, yes, feminism is relevant in counselling practice today, even given the remarkable shifts in gender relations, which still cannot be assumed when the intersectionality of class, race, age, and sexual preference is considered (Ritzer, 2007).

How to practise feminism in counselling is another issue. If men and boys are now (arguably) victims of gender relations as much as women (see Lashlie, 2005), then working with men, and incorporating purposeful feminism into our work with men, is relevant too. And yet this response smacks of women's traditional caring role and the assumption of responsibility for the wellbeing of others. At the same time it contradicts key dictions of feminism: for example, "the personal is political", "women as sex class", and "women-centred analysis and political concerns", that arose out of consciousness-raising in the 1960s and 1970s (Eisenstein, 1984). However, it can be argued that if we don't work purposefully with men, we ultimately disadvantage women. Also, I don't know if I want to disadvantage men. After all, I have a son I love, and I live with a man I also love. I want to work with men towards a vision of a better future of intimate relationships.

There are "new" ways of understanding and negotiating these sorts of dilemmas. Feminist poststructuralism, for example, is concerned with disrupting and displacing dominant (oppressive) discourses (Gavey, 1989). It is also concerned with deconstructing "truth"; dismantling stable conceptions of meaning, subjectivity and identity; understanding existing power relations; and identifying areas for strategy and change (Weedon, 1987). How this translates into counselling practice is another matter. Narrative therapy is an obvious fit in terms of feminist poststructuralism, but I am surprised by my paralysis with Raj.

Perhaps my response is a product of a complex set of social, cultural, and historical circumstances that relate to the contradictions at the heart of feminism. These contradictions are difficult to negotiate but, as Joan Scott (1996) says, while feminism has only paradoxes to offer, it doesn't make it any less relevant.

Elmarie Kotzé and Kathie Crocket

We three take our gender project[3] to Norway.
A woman from South Africa and New Zealand,
A man from the United States,
And a woman from New Zealand.
Feminists all of us.
Our project a feminist project.

We show our DVD.
On the DVD Ireni speaks of the backlash.
Another man from North America watches the women's stories and tells us that he does not think the backlash is a useful concept.
On the DVD, Barney speaks of the pain that has contributed to the stories he tells of negotiating gender in his life.
Another woman from South Africa watches the men's stories and weeps for Africa, for men and for women.
We three, feminists all, notice that the men's stories are more hearable to our audiences:
the men's stories invoke compassion.

The f(eminism) word. Does it work any more?
In our hotel room in Kristiansand the Norwegian language magazine tells a story of Esben Ester Pirelli Benestad.[4]
Esben Ester—medical doctor, sexologist, family therapist, father, bi-gendered.
At the conference Esben Ester introduces to us mothers who love and support their little boys who want to be little girls.
We see the child's paintings as the little boy becomes the little girl he desires to be—paintings no longer black and bleak; now multi-coloured and hopeful.

The g(ender) word. Does it work any more?
In our seaside cottage in Langesund there is another Norwegian magazine.[5]
It tells a story
from Africa.
Women,
Beautiful glowing faces.

Beautiful glowing faces
that belie the breasts below,
skin dry and wrinkled,
ulcerated,
ironed flat,
a product of the p word.

The p(atriarchy) word. It still works.
Women in Africa with breasts ironed flat.
Women in New Zealand still working to make our stories hearable.

The g(ender) word. We still need it.
The f(eminist) word. We still need it, too.

On the DVD, Telling and retelling gender stories, Averill reminds us:
"There won't be any change without the conversations to speak it into being."

"Spaces between" (Lather, 2006) echo in our presentation. There are spaces between certainties and uncertainties. We hold to the certainty of the importance of a political analysis of gender power relations. At the same time, we reach for new language and ways of thinking that might take us into uncertain spaces where new, different, and local responses might be shaped in response to lived experiences of gender. Other "spaces between" include the following:

Different feminisms: Our quest is for the feminism that is fitting for the context. Bronwyn Davies (1998, p. 136) explained how she calls on a discourse, perhaps liberal feminism, when it is most appropriate to her particular purposes. We want to keep finding our ways between feminisms.

Gender: In-between spaces make the queering/querying of gender possible (Benestad, 2007; Heath, 2007). Stories of transgender journeys (Okumura, 2007) remind us that negotiating gender is more than negotiating binaries: "I consider myself both straight and queer" (Benestad, p. 68).

Geographic spaces: Our presentation speaks of crossing geographical spaces. We speak our New Zealand gender project in Norway, and people from China, Africa, North America, and the UK cross spaces when they speak in response. We then speak our Norwegian experience in this New Zealand presentation. We notice that we are two white women speaking what we witnessed, as we read a magazine in Norway, of the lives of women in Cameroon.

Spaces between men: When a man at our Norway presentation speaks his criticism of the idea of the backlash because of its association with essentialism, another man speaks his commitment to listening other-wise (Levinas, 1981), so that he might hear the pain of women's speaking.

Our purpose here is to highlight stories in the spaces—spaces such as those which queering/querying produces; those in which African and New Zealand women live their lives; between genders; between performers.

Sue Cornforth

Where to start.
There's Jane—not her real name—the silent one.
So earnest, so intent, so voiceless.
So indescribably, but indelibly, Chinese.

Inclusion my goal.
Laryngitis her response.

We dance around each other. Touch by glance, by smile.

Little by little her story—a waterfall at the end—
Emerges.
Only child of hard-working parents, Jane is left alone from babyhood.
Here is the clock. Time to get up, time to get your meal, time for school, time for homework, time for bed.
Jane ticks, not talks.
Silent at school, she is assessed deficient by psychology.

Now words wash over her.

What of those parents—working hard long hours—how could they not see the effect of their abandonment?
Yet Jane has been loved—I sense the roots of her connection.

Equality in the workplace?
What pain do we inflict on our children and old people by working where they are not welcome?
What work is worth this?
What pain did my abandoned mother feel alone, as dementia advanced and I at work?

What pain my tearful firstborn daughter—"cuddles Mummy!"
And yet, the agony of my earlier under-employed self.
Harsh exclusion from affairs of state.

A divided house here—against itself.
Feminism cannot, alone, unpick this dualism.

Wendy Drewery's (1986) article invites us to reflect on three themes: the relationships of power between counsellors and those they work with; the value assumptions underlying the practice of counselling, and the usefulness of the psychological theories that inform counselling interventions. These challenges remain alive for me, although they have taken a different shape. In the following paragraphs, I chase my shape-shifters.

My encounters with Jane left me powerless and puzzled. In some way I felt imbricated, drawn in, implicated. While strongly tempted to blame parents who leave a child alone, I cannot absolve myself from participating, and desiring to participate, in practices that separate home from work. I have laughed at posters on the ECE Centre door, showing a gleeful mother leaving her child behind, with the caption, "And mother said I'd feel so guilty!" I have chosen not to give up my work in order to care for an increasingly confused mother at the end of her life. I have sought promotion and personalised rejection. All these decisions leave me troubled.

Duelling values. A feminist lens might identify a dualism—a double world of public and private enterprise, powered by the different valuing of justice and care. Gilligan and Wiggins (1987) suggested that the values of justice and care were "two moral perspectives that organise thinking in different ways" (p. 20). To some extent, later feminist theory has remained fraught on this dualism (e.g. Held, 1995), with many philosophers still seeking reconciliation (e.g., Sterba, 2001). I wonder if the relative silence of the feminist voice in counselling may be attributed to the irreconcilable task of living with opposites (Chaplin, 1999).

From psychology to intersectionality. I was further disturbed by the cultural difference between myself and my student. Who was I to pass judgement on a generation of Chinese who had survived gruelling experiences during the Cultural Revolution? In what way was I competent to intervene in such a foreign and complex situation? It is here that the concepts of intersectionality and minoritisation (Burman, Gowrisunkur, & Sangha, 1998; Chantler, 2005) prove useful for me, for they take me beyond dualisms. Intersectionality allows me to see that women hold multiple positions. Jane's mother

was not just a working woman; she was also Chinese, with access to other categories, with other values, beyond my comprehension.

Several of our stories feature women from other cultures. We appeared to find embodied connection across continents, to resonate with the pain of those suffering the tragic effects of minoritisation in "the process of being positioned as a minority group" (Chantler, 2005, p. 244). It is striking to me how the feminist lens has widened. Feminism is no longer, for me, a white middle-class practice. It has global implications and takes its responsibilities seriously. While the concept of intersectionality has allowed me to track my shape-shifters to the slippery interfaces of culture, gender, race, and difference, the concept of minoritisation invites exposure of the relationships of power that perpetuate discrimination. Together they allow me to view oppression as existing in multiple dimensions. This view challenges traditional psychological theories, founded on the self-reliant, bounded individual, and shifts focus from individual subject to the practices within which people are offered subject positions. Where, previously, I might have debated the use of challenging versus supportive interventions, I now agree with Chantler who argues for "active engagement to address structural inequalities" (p. 254).

Patricia Sullivan-Thompson: I will not die an unlived life

Now in their seventies and married for nearly fifty years, they came together for their first-ever counselling session. When I asked where they would like to begin, she spoke first, calmly and quietly stating she wanted a divorce.

It was obvious by his response that this was the first he'd heard of this. Clearly she wanted someone else—a mediator—present when she made this announcement.

Five children and nearly fifty years later, she said she couldn't bear the thought of being buried next to him. She said little else except that she'd been miserable for years.

He was angry. Very angry, and blamed it on her going to "that crazy women's centre". He asked her who was going to cook for him. He really did.

I wondered what finally gave her the courage to do what she said she had wanted to do for years.

I pondered on how his concern for his meals was the best he could come up with in the face of such an announcement.

> I thought of her going to the women's centre and becoming aware,
> discovering her sense of entitlement,
> and how sad we have so few role models
> on how to be assertive without being aggressive,
> certain without being arrogant,
> and angry without being violent.
> I saw her about a year later at the supermarket, and hardly recognised her …
> she looked so well. She told me he was still angry.

Two people in such pain sitting there in front of me, and I'm reminded of Markova's (2000) book, *I Will Not Die an Unlived Life*. In their seventies now, and with equal intensity—his anger and her resoluteness—I'm taken aback that the best he could come up with in such a serious moment seems to me tragic, sad, shallow, and yet somehow completely understandable.

I sit there, part of me personally struggling with the temptation to take sides and applaud her for the courage to leave, while telling her I'm amazed she could last so long. I am acutely aware of how their situation triggers my need for supervision: I acknowledge my frustration towards him (and men like him) as I resist falling into the abyss of my own family-of-origin issues and cultural upbringing from Southwest Louisiana. And I wonder who I'm cheering on for the courage to state that she needs more. I struggle to stay impartial and professional.

I want to shout: "Is that the best you can do? Do you not realise the seriousness of this present moment? Is it so very difficult to be real and acknowledge what is happening right now even with this situation? Life is offering you an opportunity here. I know you must be hurting but I can't see it anywhere!" I refrain.

My own helplessness and anger shift from a rather judgemental stance to genuine empathy—for them, for myself, for us all. I wonder about his story, and how many years his practice of stonewalling has been necessary to stay afloat emotionally (Gottman & Silver, 1999), and how old his fear of abandonment is.

I wonder how his response (or lack of) fits with Freud's belief that much of our emotional life is unconscious, and feelings stirred within us do not always cross the threshold into awareness (Gilligan, 1997), or if, instead, his response fits with Beck, who believed our spoken conversation and our silent conversation could potentially poison a marriage (Goleman, 1995). Or was it her response (or lack of). I don't know. But what a cost.

If one of the keys to satisfying and authentic lives is for us to be able to hold many truths—which is a way of accepting not only our own experience of life but the experiences of others as well (Gilligan, 1997)—then those of us from dysfunctional homes may recognise the particularly challenging work with the denied and lost aspects of ourselves (Hendrix, 1992) that are manifested in intimate relationships.

Feminism? Or humanism? I listen and learn from my learned colleagues about feminist literature and the history and future of third-wave feminism; I sense broad global implications for what we're discussing on personal and cultural levels across generations. Equality, respect, and the concept of multiple truths will hopefully enable us to learn how to "show up" well before our seventies so as not to die an unlived life.

Coda

The music fades. The triumphant conclusion, the final display of feminist solidarity we initially envisaged is at odds with the impact of what we have witnessed/re-presented. Tears flow and we are unsure of our ending. What now? There is silence. We have created a gap, a space, a fracture. Do we now resume our old lives, enriched and energised by developing connections, raising the gender issue at various local sites? Have we become third-wave feminists?

Our stories lead us to conclude that gender issues remain alive in our professional lives, and that third-wave feminism does not provide the answers we seek in addressing the pain we encounter. In this project, we have had to confront/work past other voices that might relegate the feminist cause to an historical event. In the wake of transformative theorising and political liberation, we (still) encounter women (now) struggling with overburdened selves.

Our vignettes expose the slippery surfaces that exist between (discourses of) race, gender, class, and age. We also note further differences within and between feminisms, gender, race, class, and age. Feminism alone cannot account for the struggles to which we bear witness. Instead, we note the spaces and gaps. In this performance, we have striven "to create and recreate spaces and places for the exercise of agency" (Jackson, 1995, p. 144).

We have worked to speak the unspeakable in the hope that new meanings might emerge and inform new actions.

Endnotes

1. This article was first presented as a paper at the 5th New Zealand Association of Counsellors' Research Conference, Hamilton, October, 2007. Our thanks to Steve Lang, who provided the background for the performers on that day.
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3. Kotzé, E., Crocket, K., & Gaddis, S. (2007). *Telling and re-telling gender stories*. DVD. Hamilton, New Zealand: University of Waikato.
4. See Benestad, E. E. P. (2005). Questioning sex and gender identity: Was it a girl or was it a boy? *International Journal of Narrative Therapy and Community Work, 1*, 59–61.
5. *Aftenposten*, 15 June, 2007.

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Interlude

The Editors

As these women were speaking, the stories they told called forth other perspectives from some who heard them. As the echoes of the voices fade, and silence falls, an antiphonal chorus of different voices now speaks into the space that has been opened up. Amid resonances with the first speakers, different notes and new tonalities can now be heard.

A Response to the "F" Word

Meera Chetty and Estelle Mendelsohn

This paper is an invited response to "The 'F' Word: The challenge of feminism and the practice of counselling 20 years on." As two women who had not met before, we discovered that we had come from vastly different worlds, from different ethnicities, cultures, life and work experiences, and we came together holding different perspectives on and understandings about feminism and its relationship to counselling. In presenting a response to issues this article raises, we first speak individually about our backgrounds, work, and views of feminism, then we join together to comment on the challenges presented by feminism in relation to the practice of counselling at the present time. We identify some options for a way forward, while also encouraging further engagement with the topic.

In attempting to produce a joint response to "The 'F' Word", we found ourselves engaged in stimulating and thoughtful discussions in which we came to appreciate each other as individuals and as women counsellors, savouring the areas of commonality and difference. We grappled with the topic of feminism, listening to and learning from each other, bringing to the dialogue the very different worlds we emerged from and our varied life experiences, as well as referring to academic literature. We came to new personal understandings and a thirst for further engagement on the subject. We also appreciated the transparency and reflective practice of the authors of "The 'F' Word" as they initiated what we consider to be a very necessary discussion among counsellors.

We recognise that this debate is multifaceted and complex. In sharing our musings about issues raised in the article, we hope to contribute to what will no doubt be an ongoing process of engagement with the implications of feminism for the practice of counselling. First, we introduce ourselves.

Estelle Mendelsohn

I was born in Australia, but have lived more than half my life in Aotearoa. Diversity is alive and well in our family in many dimensions. I trained as a psychologist decades ago, then as a psychodramatist, so I have a love for group work. My work has focused on moving beyond trauma survival, especially for women. Earlier on, much of my work concentrated on sexual abuse trauma, but it has expanded to working with refugee and immigrant women. Doing this work and writing it up for my MPhil made me become much more disciplined and focused on just how I operated as a feminist in a transcultural context.

As I talked with Meera, I remembered why the human rights umbrella was not enough for me. In my thesis (Mendelsohn, 2002), I quote some major feminist activists who point out that human rights organisations, from the United Nations to Amnesty International, have not readily addressed issues of women and oppression. I still want to foreground gender equity and power structures.

Whether I overtly call myself a feminist or not depends on where I am and what my purpose is, and there are times when I may choose not to use the term. Over five decades of professional practice, I have needed to revisit this concern on many occasions. I have also had to endure being stereotyped and misunderstood when I do call myself a feminist, but part of my decision is to honour the many waves of feminism that have gone before.

In order to reflect the diversity of thinking, especially across cultures, I underscore the need to talk about feminisms, rather than feminism. Fluidity is another key word for me, as it reflects the changes in my own thinking as a result of reading the work of Middle Eastern and Indian feminists.

Meera Chetty

I am a South African woman of Indian origin and have lived in New Zealand for the past twelve years. I trained as a counsellor in South Africa and have worked with both adults and teenagers. Since coming to New Zealand, my client base has been very multicultural, and my work now includes individual, couple, and group counselling.

In responding to the article, I had to consider my position with regard to feminism. My answer to the question of whether I would call myself a feminist was a somewhat tentative, "No, but …" I felt the need to clarify my response with explanations about how I still believed in and practised many of the tenets of feminism in my life. I had never identified myself as a feminist. However, as I pondered this question, I realised that gender issues had never taken precedence in my life for two reasons. First, having spent most of my life under the oppressive system of apartheid in South Africa, racism and human rights were my focus. The rights of women were incorporated into that struggle. Second, I wondered to what extent I had been riding the wave of, and benefiting from, the work of feminists of the previous generations. It seemed as though life for women had changed significantly between my parents' generation and mine, so that gender issues were not a priority, certainly not enough to take priority over racism.

As a consequence of having been faced with racism in various forms for all of my life, and having experienced the impact of assumptions people have made about me or my life experience based on my ethnicity, I hold strong beliefs about human rights, about valuing diversity, and the unique experience of every individual. When working with my clients, I am careful not to make assumptions about the outer coverings that I see, reminding myself of the importance of getting to know each person, beyond the limits of my vision. I attempt to understand their experience of the world and to enquire about the meanings they make of their experiences, often asking questions to ensure that I have an accurate grasp of the situation.

My response here represents my current position, as well as my ongoing quest for further understanding of the relationship between feminism and counselling.

The "F" word: what does it mean today?

We concur with the authors of "The 'F' Word" that it is important to raise the issue of feminism, and to encourage further discussion about the commonalities of definition as well as the diversities. Gender issues and inequities remain alive in our world, as do other forms of oppression.

As we explored literature on the issue of feminism, it was interesting to note that writers comment on the reluctance of many women to identify themselves as feminist (Crown, 2005; Dankoski, Penn, Carlson, & Hecker, 1998). Dankoski et al. (1998) found that therapists, even when reluctant to describe themselves as feminist, believed in and practised many of the tenets of feminist-informed therapy. They suggested that the

multiple, divergent definitions as well as stereotypes of "feminism" appear to prevent many therapists from claiming adherence to the label "feminist".

Several feminist philosophies have emerged over time, including socialist feminism, academic feminism, Marxist feminism, radical feminism, activist feminism, lesbian feminism, multicultural feminism, and liberal feminism (Holman & Douglass, 2004). A definition that attempts to integrate and fuse various tenets of several of those philosophies, and one that resonates with both of us, is offered by Holman and Douglass (2004), who suggest the term *developmental feminism*. Their definition keeps gender as a central organising identity for men and women, which interacts with other identities such as culture, race, ethnicity, sexuality and class in diverse and overlapping ways, resulting in the dominant gender, male, having a disproportionate allotment of power and opportunity. However, the construct of developmental feminism is fluid and continually evolving, while allowing individuals to be accepted at their developmental level, and encouraged to embrace new knowledge and explore their unique feminist identities (Holman & Douglass, 2004).

The complexity and diversity of feminist issues become especially apparent when viewed from a multicultural perspective. As reflected in the preceding article, we are increasingly likely to find ourselves working in our counselling practices with clients from different cultures, given the effects of globalisation and migration. Evans, Kincade, Marbley, and Seem (2005) remind us of the key tenet of feminism, which has always been that the personal is political. They point out, however, that the nuances of what feminism means for individual women will differ on the basis of their particular racial, cultural, and class-related circumstances. Further, they warn that it is essential to construct theories and therapies that are "shared, inclusive; and culturally, racially, politically, and gender sensitive" (p. 8).

The concept of intersectionality also resonates with us in this regard, and reminds us to respect the individual experiences of women. Chandra Mohanty (1991) points out that the intersections of the various systemic networks of class, race, sexuality and nation all position us as women (Mohanty, 1991, cited in Mendelsohn, 2002). Speaking of "a theoretical gridlock that characterises much current feminist discourse about race, racism and ethnicity," Susan Stanford Friedman (1998) observes that

> *Scripts of denial, produced largely by white women for whom race has not been a source of oppression, cover a range of stories affirming female and feminist sisterhood that, in their exclusive focus on gender, covertly refuse the significance of race.*
>
> (p. 41)

The "blindness to categories of race and ethnicity as coordinates of identity" that can arise from adherence to the feminist goal of an alliance of women everywhere against patriarchalism, may be associated with denial of "the structural process of 'othering' by a host of other factors such as race, ethnicity, class, sexuality, religion, national origin, and age" (p. 41). In our work with our clients, we are in danger of replicating the power relations we intend to challenge, if the scripts we reproduce are determined by the way we create otherness through our white feminist lenses. These may inhibit us from seeing the nuanced complexity of our clients' identities and experiences.

In an earlier paper, Mohanty (1988) pointed out the danger of stereotyping both men and women:

> *An analysis of "sexual difference" in the form of a cross-culturally singular, monolithic notion of patriarchy or male dominance leads to the construction of a similarly reductive and homogeneous notion of what I shall call the "third-world difference"—that stable, ahistorical something that apparently oppresses most if not all the women in these countries. It is in the production of this "third-world difference" that western feminisms appropriate and colonize the constitutive complexities which characterize the lives of women in these countries.*

Whether one is engaged in feminist academic discourse, or in attempting to build relationships with clients in our counselling rooms, "defining women as archetypal victims freezes them into 'objects-who-defend-themselves,' men into 'subjects-who-perpetrate-violence,' and (every) society into a simple opposition between the powerless (read: women) and the powerful (read: men) groups of people" (Mohanty, 1988). Discussing the development and importance of relational thinking about identity, Friedman (1998) explains the ways in which cultural narratives of relational positionality help us move beyond binary perspectives, and recognise the fluidity of interacting situational identities. "Power and powerlessness, privilege and oppression, move fluidly through the axes of race, ethnicity, gender, class, and national origin" (p. 49).

Feminism and counselling

We believe that a challenge exists for any counsellor who wishes to express feminism as a practitioner in ways that will enable her to meet the needs of both men and women: Is it possible for those beliefs and values to be held in a manner that allows the counsellor to engage respectfully with her clients? We see the vignettes in the "The 'F' Word" as illustrative of contexts in which counsellors may encounter this dilemma.

The problem is not inherent in the feminisms practitioners may identify with, but in the potential impact on their interactions and relationships with clients.

Based on the information provided in some of the vignettes, we were concerned with the ways in which counselling environments, counsellors' emotional reactions to client issues, and counsellors' assumptions and worldviews seemed to impact on the counselling processes. We offer some questions for consideration.

What are our obligations as counsellors to ensure that the physical environment in which counselling takes place is welcoming and inclusive for clients? In choosing the way in which we decorate our rooms, to what extent should we focus on what may be comfortable for our clients, rather than primarily for us as counsellors? To what extent could our assumptions or worldviews limit our ability to enter fully into a client's world? To what extent does the intensity of our emotional response hamper our engagement with a client? Could our generalisations and stereotypes about other cultures prevent us from entering into clients' individual life experiences? When might the lenses through which we see the world and through which we interpret our clients' experiences, and the filters through which we hear our clients' stories, limit our capacity to respond compassionately and competently as practitioners?

We also believe that the following questions need to be addressed. How do we stay present with and respectful of our clients? Would we have the courage to take these issues to supervision and would they be addressed there? Are there supervisors available who hold an awareness of, and sensitivity to, issues related to *both* feminism and multiculturalism? How do counsellors hold their perspectives as feminists while working with individuals from other cultures, in the counselling environment, who may or may not be feminists, or sensitive to feminist thinking? How do counsellors ensure that they do not impose their views of what it means to be feminist on their clients?

A way forward?

It seems to us that, as counsellors, we need more opportunities to examine and reflect on our perspectives on issues related to feminism, as well as on the various forms of oppression experienced by women. This could happen in supervision, particularly as relevant issues arise in the context of working with clients. However, due to the risks associated with discussions of race, gender, and culture, it would be important that supervisors understand their own experiences and position on these issues, prior to engaging in discussions with supervisees (Nelson, Gizara, Hope, & Phelps, 2006).

Instead, it may be more productive and satisfying for women practitioners to

meet with other interested colleagues to have open discussions about their experiences as women in the world, and about feminist theories that may illuminate or challenge the ways in which we make meaning of these experiences. Particularly enriching would be having such discussions with groups of women from various backgrounds or life experiences, to provide us with wider perspectives. To be effective and ethical practitioners, we need to make every attempt to understand the individual experiences of women, rather than, however unwittingly, making "blanket" judgements about groups of women and men based on their ethnicity or culture. While acknowledging that we are always affected by our own particular cultural lenses, through which we see and interpret the world, developing personal relationships and engaging in genuine dialogue with diverse women is likely to enable us to be more available to our clients, and more able to explore their unique experiences with them. Only when rapport and relationship are established with our clients do we have a mandate to challenge or propose alternative viewpoints within the counselling process.

Coda

Having engaged with this material individually as well as in discussion with each another, we have each evolved to a new but different stance with regard to the construct of feminism. Meera needs to have a human rights perspective, but now also sees the need to engage more consciously with the specific, gender-related needs of women and men in their social contexts. Estelle would still like to foreground feminism, as she is still not convinced that human rights, as currently constructed, pays sufficient attention to the needs of women. We join with the writers of "The 'F' Word" in hoping that through further debate and discussion, new meanings might emerge that could lead to new actions.

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Biographical Information

Nia Addy is currently employed by Lifeline Aotearoa. She also works with women affected by family violence. Nia lives in Auckland with her partner Ana.
Email: niaaddy@xtra.co.nz

Nan Blanchard is an Assistant Lecturer in Counselling at Massey University.
Email: j.n.blanchard@massey.ac.nz

Peter Bray is a Senior Lecturer in Counselling in the Faculty of Arts and Social Sciences at the Eastern Institute of Technology in Taradale, Hawke's Bay.
Email: pbray@eit.ac.nz

Meera Chetty is a counsellor, educator, and training facilitator who works in private practice. She works with individuals, couples, and groups.
Email: meerachetty@hotmail.com

Sue Cornforth is a Senior Lecturer in the School of Education Studies at Victoria University of Wellington.
Email: sue.cornforth@vuw.ac.nz

Kathie Crocket is Director of Counsellor Education at the University of Waikato.
Email: kcrocket@waikato.ac.nz

Philip Culbertson is an Adjunct Lecturer in Theology at the University of Auckland, and co-editor of the *New Zealand Journal of Counselling*, though he currently resides in Palm Springs, California.
Email: p.culbertson@auckland.ac.nz.

Yvonne Evans is a school guidance counsellor working at Tokoroa High School.
Email: yvonnee@tokoroahs.schoolzone.net.nz

Karen Lupe Ilinanoa is a psychosynthesis-trained counsellor and psychotherapist, of Samoan and English descent. She is currently on a long-term sabbatical from working in private practice in Auckland.
Email: karen_lupe@yahoo.co.nz.

Elmarie Kotzé is a Senior Lecturer in the Counselling Programme, Department of Human Development and Counselling, University of Waikato.
Email: elmariek@waikato.ac.nz

Estelle Mendelsohn is a psychologist and psychodramatist who has a private practice in individual counselling and supervision. She also contracts to do group work with a team.
Email: estelleinaction@xtra.co.nz.

Susan Sliedrecht is a counsellor at the Auckland Spinal Rehabilitation Unit in New Zealand.
Email: SSliedrecht@middlemore.co.nz.

Patricia Sullivan-Thompson is a counsellor and currently a PhD student at Massey University.
Email: p.a.thompson@massey.ac.nz.

Sue Webb, formerly Senior Lecturer and Coordinator of Postgraduate Programmes in Counselling and Guidance at Massey University, is now in private practice as a counselling consultant.
Email: sb.webb@xtra.co.nz

Jeannie Wright is Programme Coordinator of the Counselling Education Programme at Massey University. Outside of this full-time occupation, she practises counselling at the Women's Centre in Palmerston North.
Email: J.wright@massey.ac.nz

New Zealand Journal of Counselling
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The purpose of the *Journal* is to provide a forum for the sharing of ideas, information, and perspectives on matters of common concern among practitioners and those undertaking research in the field.

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The overriding criteria for selection are that the material is professionally relevant, the presentation is of high quality, and that the writer has communicated effectively with readers.

There are two issues per year. The closing date for the submission of papers for the December 2008 issue is Friday, July 25; the closing date for the June 2009 issue is Friday, February 27.

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19. Authors are asked to avoid the use of sexist language, and generalisations about all people from limited data.
20. Submission does not guarantee publication. Furthermore, publication does not imply that the views expressed in any article represent those of the New Zealand Association of Counsellors Te Rōpū Kaiwhiriwhiri o Aotearoa.
21. The typical process to publication will be:
    - Submission of paper
    - Acknowledgement of receipt
    - Paper sent to referees
    - Feedback to author following receipt of referees' responses re acceptance/ changes needed
    - Resubmission following author modifications (if required)
    - Copy-edit
    - Proofs created
    - Publication

Manuscripts for consideration should be emailed to both editors, Margaret Agee and Philip Culbertson, at: m.agee@auckland.ac.nz and p.culbertson@auckland.ac.nz

The postal address for the *New Zealand Journal of Counselling* is:

Dr Margaret Agee and Dr Philip Culbertson
Editors, *New Zealand Journal of Counselling*
C/o School of Counselling, Human Services & Social Work
Faculty of Education
The University of Auckland
Private Bag 92019
Auckland