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## **Just Therapy**

*by*

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The Just Therapy Team, from The Family Centre, Wellington, New Zealand, consists of Warihi Campbell, Kiwi Tamasese, Flora Tuhaka and Charles Waldegrave. Their highly respected work, which involves a strong commitment to addressing issues of culture, gender and socio-economic disadvantage, has come to be known as Just Therapy.

*The following piece has been adapted by Dulwich Centre Publications from a plenary session entitled, 'Cultural equity: The necessary step to cultural reconciliation' that The Family Centre gave at the Family Therapy World Congress in Oslo. This extract represents just a small fraction of the work that was presented. It is included here as it describes the history of the Just Therapy approach and therefore fits with the themes of this publication. It is the belief of The Family Centre that reconciliation and the ending of marginalisation will require members of dominant groups to take up their responsibilities to deconstruct their own dominance, and for these deconstructive projects to occur in consultation and partnership with people from marginalised groups. The presentation of The Family Centre's story at the Oslo conference was offered in the hope that it might offer ideas as to possibilities for other family therapists working on similar issues in their own contexts.*

It was almost twenty years ago now, on one of our six monthly reflective retreats, when we realised that many families were approaching our agency seeking therapy for problems whose origins were external to the family itself. When we traced the origins of the problems these families were dealing with, time and time again we found that they were due to factors imposed by broader social structures. Families may have been presenting with psychotic problems, with psychosomatic problems, with behavioural problems, but when we traced the story of these ailments we found experiences of unemployment, of living in inadequate housing conditions, of being the victims of abuse, or of being a member of a culture that is marginalised by the dominant culture.

We consistently found that families who were coming to us for assistance with depression or ill-health were experiencing external problems such as poverty, ongoing racist experience, ongoing sexist experience, or ongoing heterosexist experience. It was these external factors that had made them vulnerable to depression which had then led to all sorts of problems of ill health.

We realised that the problems these families were bringing to us were not the symptoms of family dysfunction, but instead the symptoms of broader structural issues. We, like other family therapists however, were treating their symptomatic behaviour as though it were a family problem, and then sending them back into the structures that created their problems in the first place. We were unwittingly adjusting people to poverty or other forms of injustice by addressing their symptoms, without affecting broader social and structural change.

When we began to reflect upon this, we realised we were not alone. Much of the therapy that was being conducted with poor people or with marginalised groups around the world, was also simply adjusting people to problems caused by broader injustices. Twenty years ago, family therapists generally considered structural issues to be outside their domain, to be beyond them. In terms of therapy all that was seen to be dealt with were the immediate clinical issues. We had been no different.

We decided however that we were no longer comfortable with this aspect of our work and set out to make some changes. Critical amongst these were to make connections with the Maori community. We got very involved in the local marae (which is the gathering place for Maori people) and the local Maori community chose a worker for us. This was Warihi Campbell. They offered him to us and he became a part of us. We also began to make connections with the

Pacific Island community and Kiwi Tamasese joined us. This began the process of altering the cultural combination of the staff so that it would more adequately represent the communities with which we were working.

The Maori and Pacific Island workers began to get involved in community development projects dealing with social issues such as employment, housing and anti-racism while we also continued working with families in therapy. Gradually, new forms of therapy began to evolve. Kiwi developed a Pacific therapy or Samoan therapy in relation to her own community. This therapy draws upon what is found to be helpful from western social sciences and rejects that which isn't helpful. At the same time it calls upon the knowledge of the Pacific Island elders and the traditions of Pacific people as methods of healing. Warahi did similarly in relation to ways of working in the Maori community.

Over a period of time we developed cultural sections: a Maori section, a Pacific section, and what we call a Pakeha section (a European or white section). Numbers of staff joined each section. Other Maori people came and joined the Maori section, other Pacific people came and joined the Pacific section. In this way we began to develop what we call cultural capacity.

We then faced new challenges and questions. How could we as workers, women and men and people of different cultures, protect against gender and culture bias in our work on a day-to-day basis? We recognised that even though all staff were committed to developed concepts of equality, unintentional impositions were still likely to occur because of our cultural histories. With sexist and racist assumptions an integral part of the society in which we were living, we knew that we were likely to perpetuate these assumptions in our life and work.

In response to these challenges, we developed partnerships and processes of accountability which we have written about in some detail. The Maori and Pacific Island sections are self-determining. The Pakeha section, because it is the dominant culture, runs its own affairs, but is accountable to the other two sections. Likewise, gender work including that carried out in men's groups is directly accountable to the women in the agency. This is to ensure that a therapy is judged as just, primarily by the group that has been treated unjustly. This is not an authoritarian process. We endeavour to seek a consensus that we can practice with integrity, and that satisfies those to whom we are accountable. The values of humility, sacredness, respect, justice and love, trust and co-operation are

absolutely central to our processes of accountability. And our processes of accountability are central to our efforts in creating a just therapy.

Over a period of time, as we built stronger links with local communities and as we became active in the fields of community development, we decided that we needed to be able to make an impact upon policy makers. We found that it was possible through media coverage of community development projects to make an impact upon the public, but for a considerable time we were unable to influence policy makers. For this reason, we decided to become involved in social policy research. We found that if we could quantify problems then policy makers would understand. Policy makers are not usually moved by narratives, but they are moved by numbers! We became involved in social policy research and are now one of the leaders of the New Zealand poverty measurement project.

And so, in recognising that the problems families face are largely generated by broader social structures, The Family Centre came together to develop new forms of family therapy to work alongside community development work, social policy research and education.

Our change of focus also involved a change in language. We moved away from medical metaphors of cure, diagnosis and cases, and away from biological metaphors of systems and mechanisms. Instead, we developed a language that fitted our ways of working and articulated key values that underpin all of our work. These values or principles are those of Belonging, Sacredness and Liberation.

Belonging refers to people's sense of belonging - where they come from, who their people are, what their ancestry is. This is just as important for white people as anybody else. In family therapy, we believe it is crucial to understand issues of belonging. It is not that everything about our histories are good - often that is not the case. But we believe it is vital to assist people to find the liberative elements of their shared histories. In therapy, we seek to honour everybody's place and to ground people in a sense of belonging to their people, place and history.

Secondly, we have developed a concept of sacredness, in the sense of the sacredness of human life. People come to us full of pain and in vulnerability, as they do to other therapists. Their stories are given in vulnerability and in trust, and to us this is a sacred gift. We have found that in order to work together on issues of healing we have needed to develop a language of sacredness and ways to talk about spirituality. Initially, the Pakeha section saw spirituality as separated from physicality, as in the western tradition body is separated from

soul. But for the Maori and Pacific members of staff, body and soul are fused together. It was unheard of to them for spirituality not to be a part of healing. In order to find ways forward, we have needed to develop inclusive understandings about spirituality, which we have described elsewhere. This process has certainly deepened the quality of our relationships and helped us to express together, in the workplace, the sort of relationships we are endeavouring to facilitate in therapy. By using sacredness and spirituality as our central image for an exchange within the therapeutic process we believe we are much more likely to treat people with a greater respect than if we applied the more commonly used mechanistic descriptions of casework.

The third principle which underpins our work is that of liberation. As therapists, we listen deeply to the stories that are told to us and, no matter how strange they may sound, we honour these stories and analyse the web of meaning that has created the problem. Then, in the best spirit of liberation, we facilitate new and transformative meanings that inspire hope and reconciliation. A metaphor of liberation evokes the choices people want, and the need that they have to be self-determining, either as individuals, as groups or as peoples. This principle of liberation also orientates us to our task of facilitating freedom from the problems which bring people to our door.

These are the principles upon which our therapy rests. They inform the questions we ask and the reflections we offer as a therapeutic team. These principles also inform the other work that we do - our community work and our social policy work. They guide us in our long term aim of transforming institutional structures so that they mainstream equity issues.

We need to be quite clear that we are not suggesting that what we do at The Family Centre is the only way, or the best way. It is just what we have done. It is one pathway. We have simply shared one story about the ways in which we have tried to find processes that enable reconciliation between cultures. We realise there are many different ways to grapple with these issues. But sometimes it is helpful to share a story.