

Belonging, Sacredness and Liberation



Therapeutic Conversations X
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The 'Just Therapy' Context for Families

- Context is critical to relationship
- Many therapeutic problems stem from injustice
- Focus on cultural, gender and socio-economic equity
- The sacred encounter



Context

“Context” in this instance refers to the impact and on-going influence of the lived experience of people from their earliest and given relationships to their mature choices and expressions of culture, gender and socio-economic positioning.



The Key Values: Belonging, Sacredness and Liberation

- We have chosen these three primary values that characterise our just therapy approach.
- When assessing the quality of our work, we measure it against the inter-relationship of these three values.
- The first is *belonging*. It refers to the essence of identity, to who we are, our cultured and gendered histories, and our ancestry.
- The second is *sacredness*. It refers to the deepest respect for humanity, its qualities and the environment.
- The third is *liberation*. It refers to freedom, wholeness and justice.



Values are Way More Important than Techniques

- Good values provide an environment of trust whereby the world of the family has pride of place and the therapist is invited to bring their skills into that world, rather than the professional world of the therapist defining the problems and the cures.
- It is a far more skilled approach to therapy because it calls for the therapist to recognise the cultural, gender and socio-economic context of the family and to ensure that predominant context is fully respected and central to the therapeutic work.
- Furthermore that context and that family are honoured throughout in a manner that enables resilience rather than a focus on pathology and deficits.



Belonging

- **Tupuaga:** The peoples from whom you come your ancestors, Gods and earlier generations
- **Feasinomaga:** The lands and the waters from whom you come
- **Tofiga:** Your roles, responsibilities, obligations and your heritage that you are born into

Belonging

- In ones “Lifetime” one contributes to all of these elements of belonging so they are enhanced for the next generations
- In short one belongs to past and future generations

Belonging

- It is in our families that we learn our first experiences of care
- It is also in our families that we learn our languages
- Remember the stories that those who cared for us put us to bed with

Belonging...

- I remember the legends
- I remember what I was told about the special relationship between brothers and sisters in those legends

Belonging cont..

- I remember the first words of love and
- The first words of admonition

Belonging cont...

- I learned from my family the etiquette and protocols of living struggles and death
- I learned about my culture from my Aiga of family

The Social Sciences

- Claims of objective knowledge
- Neutrality, independence, objectivity and verifiability
- Dominance of concepts of individuality and secularism

The Social Sciences cont..

- Universalisation of experience
- Minimization of alternative knowledge and plurality
- Cultures and cultural meaning becomes invisible

The Strange World of Universalized Therapy

- Problem focused and deficit based
- co option to the world and constructions of the therapists
- The metaphors of the culture(s) are absent
- The rituals of the culture(s) are absent

Re-Thinking Our Therapeutic Approaches

- Consider the families primary attachments
- Consider the families evolution of meaning
- Consider the vulnerability of families to influence therapy

Re-Thinking Our Therapeutic Approaches

- Consider their stories of intimacy and resilience
- Consider the familiarity and richness of their meanings, rituals and metaphors
- Wonder why this primary information has barely featured in therapeutic discourse

Culture as the Primary Expression of Belonging

- Celebrating cultural diversity
- Enabling the development of culturally appropriate therapies with their own meanings, rituals and metaphors

Culture as the Primary Expression of Belonging

- Supporting the emergence of new knowledge and paradigms
- Encouraging cultural capacity building

Culture as the Primary Expression of Belonging

- The intimacy of the culture(s)
- The meanings of the culture are absent
- Consequently the healing traditions of the culture are invisible

Liberation for Families

- Self determination: both collective and individual
- Maximise choices
- Intimacy and warmth
- Freedom from unreasonable and unfair constraints



Micro-liberation

- Freedom from the problems that constrain families healthy, happy and holistic wellbeing
- An authentic sense of love and warmth in the relationship that has varying aspects and differing degrees of security, pleasure, joint purpose, acceptance and respect
- Movement from problem centered meaning construction to liberating meaning construction that inspires hope and resolution



Macro-liberation

- Inclusive society
- Social and economic wellbeing
- Safety
- Trust



‘JUST THERAPY’ Questions

- What is good therapy when families are badly affected by the economic downturn?
- How do we address the fear and hopelessness that begins to set in when redundancies occur and people have to make major shifts in their lives?
- How do we respond to those families who were already marginalised as they address the extra stresses of service cuts and a tougher climate for getting jobs?
- How are relationships addressed when parents who struggle to feed their families are not able to access decent housing?
- How would a group of typical counsellors or therapists handle the problems differently from a group of typical community workers?



Studies on Health Status and Inequalities

- They show a distinct relationship between inequalities in society and physical and mental illhealth.
- Poorer people die earlier, consistently have the poorest health and the highest hospitalisation rates.
- Furthermore, when there is an overall improvement in a country's population health status, the health inequalities do not decrease.
- The evidence is overwhelming.



THERMOMETERS OF PAIN

- Therapists, as a professional group, are the most informed 'experts' of the collective grounded levels of hurt, sadness and pain in modern countries.
- Those who live in deep pain are of course the primary 'experts' in the sadness and hurt they and their communities experience, but therapists are the professional helpers who continually witness that pain with many individuals and families and across a variety of communities week after week.
- Instead of withholding their knowledge in clinical vacuums, they can apply it contextually and relevantly in current social and economic circumstances.
- Their questioning around lived experience and conditions in therapy and affirmation of the survival and resilience of families under disadvantage and pressure can transform vulnerability into resilience and agency.
- They can also register the rise in the mercury level by quantifying, describing and identifying causality for all to see. Their voice in the public debate will add reality and depth.



What do you need to do in the therapeutic environment to allow the social and economic context to be fully explored?

What sort of questions would you ask?

How do you transform perceived failure into seeds of resistance?

How do you enable resilience while at the same time addressing identified problems?



Questions that encourage contextual information

- From what you have said, it must be hard making ends meet. How have you been able to do that?
- These medical expenses must be pretty costly. Do they eat into your food and rent money?
- Can you tell me a little bit about your house? Is it comfortable for you?

When the context has been broadly explored it is important to honour the families' survival and management wherever that is appropriate



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I just want to say how impressed I am with how you manage your household budget. It is very tough today with all the demands for food, rent and kid's needs, and it requires a lot of responsible decision making. You do that very well. I see a lot of families and there are not many that I reckon can manage their budgets as well as you do. That is a great contribution to your family. You guys have a very able mother.



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Some Focus Group Household Conditions

- The children of the family are assumed to be between 7 and 11 years of age
- “Income” includes the value of all money, goods and services received by the household regardless of the source;
- The financial circumstances of the household are not expected to change significantly;
- The members of the household are drawing on a common pool of resources (this can include, to some degree, people not living in the same house and exclude some who are);
- There are no costs relating to generating income;
- Work done within the household has no financial value;
- The goods and services that are available, including public services, will continue to be available at the same cost;

Minimum Adequate Weekly Expenditure Estimates by Low Income Panels, 2003

Using focus group food estimates (2A+3C)

		2A+3C	Equivalent estimate for 2A+1C (2A+3C/1.314)	Equivalent annual	Median annual	Equivalent % of Median
Maori	Auckland	634.5	482.88	25109.59	37590	66.8
Maori	Wellington	567	431.51	22438.36	37590	59.7
Pakeha	Auckland	591	449.77	23388.13	37590	62.2
Pakeha	Wellington	649	493.91	25683.41	37590	68.3
Pakeha	Christchurch	366	278.54	14484.02	37590	38.5
Average		561.50	427.32	22220.70	37590	59.1
Median		591.00	449.77	23388.13	37590	62.22

Incidence and Severity of Poverty, After Housing Costs

	People		Adults 18-64		Adults 65+		Children 0-18	
	1998	2001	1998	2001	1998	2001	1998	2001
Incidence								
Market	29.7	30.2	19.5	21.2	75.3	70.6	33.5	33.9
Disposable	20.3	21.9	16.7	18.8	12.3	10.8	33.5	35.0
Efficiency	31.6%	27.5%	14.4%	11.3%	83.7%	84.7%	0.0%	3.2%
Poverty Gap \$m								
Market	6059	7283	1059	1654	3222	3438	1778	2191
Disposable	1211	1589	422	626	146	115	643	848
Efficiency	80.0%	78.2%	60.2%	62.2%	95.5%	96.7%	63.8%	61.3%



Food

Respondents rated the following food items as the six most essential:

Basic carbohydrates (potato, kumara, pumpkin, taro, rice, pasta); fresh fruit and vegetables; dairy products (milk, cheese, butter); packaged bread (white, brown and mixed grain); tea, coffee, cordial; and beef minced dishes (eg rissoles, meatloaf).

Over 60% of respondents who had rated these foods as essential had been unable to buy each of these six items at least once in the previous three months because of a shortage of money.

24% of all respondents said they could not afford to buy essential food items most times when they bought food.



Health

56% of all households had members who did not visit a doctor when they needed to in the previous year because of a shortage of money.

40% had not been able to afford to visit the doctor when they needed to three times or more during the previous year.

59% of all households had members who did not visit a dentist when they needed to in the previous year because of a shortage of money.

22% had not been able to afford to visit the dentist when they needed to either three times or more, or when they had ongoing tooth ache during the previous year.



“And then if it’s the food, and you feed the people who need it the most, like the ones who are sick are usually the kids. Then the adults are going to get sick because they haven’t eaten and there is going to be more medical bills.”

“And you find, I think, that with a lot of the beneficiaries, and especially the elderly, that is happening. They are cutting in places that they really need, their warmth and that, just to make ends meet.”

“Some kids are embarrassed to go to school with no lunch anyway because they have to sit there and watch everyone else eat.”



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**Child Poverty Rates
60% of Median Poverty Threshold (BHC) 2009**

Turkey 2006	36	New Zealand 2009	20
Mexico 2004	30	EU-27 average	20
United States 2004	29	Ireland	19
Latvia	26	Belgium	17
Canada 2004	25	France	17
Italy	24	Slovak Republic	16
Spain	24	Germany	15
Lithuania	24	Netherlands	15
Greece	24	Austria	13
Poland	23	Czech Republic	13
Portugal	23	Sweden	13
Luxembourg	22	Finland	12
Australia 2003	22	Norway	12
Estonia	21	Slovenia	11
United Kingdom	21	Denmark	11
Hungary	21	Iceland	10



Significance of the Research

- **Significant change in living standards experienced by lower income households in the late 80s and 1990s**
- **Research at arms length from government**
- **At time when government's research priorities did not include significant work on living standards of poverty**
- **Significantly advanced our understanding of the concept of poverty and the incidence of economic hardship in New Zealand**

Impact on Policy

- **Influenced political parties: eg. Labour's 1999 "Pledge card" included an undertaking to introduce income related rents, New Zealand Superannuation rate**
- **Contributed to more recent government initiated research on living standards**
- **Contributed to analysis that saw 2004 Budget investment in family incomes**

The Sacredness of all Life

- The process of therapy is a sacred process in the best humanitarian sense.
- People share their deepest vulnerabilities and are deeply exposed
- They come with problem centred webs of meaning and our task is to offer alternative meanings that inspire resolution and hope
- We call this a sacred exchange
- It offers an alternative metaphor to the casework/client one



Spirituality: Don't be afraid of it

- Spirituality provides meaning for a large proportion of people who live on the earth
- This does not mean they are ill-informed or lack intelligence
- Spirituality creates meaning for people who choose to embrace it
- It is as important to engage with those meanings respectfully as it is to engage with cultural and gender meanings
- Don't worry it is probably not contagious!
- There are numerous studies that demonstrate the enhancing qualities of spirituality for enduring pain and creating hope – the very resilient factors we seek to encourage.



Creating a Comfortable Definition of Spirituality

Spirituality is essential about relationships:

1. The primary relationship between people and their environment
2. The primary relationship between people with other people in terms of justice and love
3. The primary relationship between people and their ancestors and heritage
4. The primary relationship between people and the numinous, the transcendent, that which is other and beyond, which in some religions is referred to as God or Gods



- Pathologising spirituality is not particularly informed
- Acknowledging someone else's spirituality does not endanger secular or other views of life that you might hold
- There is no place for proselytization or the imposition of religion on another person in the therapeutic relationship
- In the social science world, silence around spirituality has become a dominant mode
- This is not particularly honest and it lacks courage
- To honour the meanings that people bring to therapy and to draw deeply upon them for their liberation and healing is an act of respect



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