

Creating contexts for discovery

A conversation with Johnella Bird

Johnella Bird is the co-founder of the Family Therapy Centre in Auckland, Aotearoa New Zealand. She continues to privilege using the discoveries made in therapeutic and supervision relationships to advance theoretical knowledge and technical skills.

Cheryl: During the 1980s, there really was a context of excitement, discovery, energy, and commitment in New Zealand wasn't there? What were some of the conditions that assisted to create this context of 'discovery'?

Johnella: It's only in retrospect that I've come to really appreciate those times. Starting with the mid 1970s to early 1980s, the impact of the feminist critique in this country (and my guess also in Australia), and also the rise of Māori and Pasifika critique of colonisation, created a context where practitioners started to use a feminist and cultural lens when reviewing therapeutic, psychiatric, and social work theory and practice.

At around the same time, the human development movement was influential in shaping the practice of a number of psychiatrists. In New Zealand, a psychiatrist called Dr Fraser

McDonald coined the phrase 'suburban neurosis' in order to name a particular social context that was influencing the number of women who were being diagnosed as depressed. He and others started to talk about 'treating' isolation rather than treating a 'disordered' individual. This is an example where a small number of psychiatrists acted to highlight the influence of the social context on mental health.

In the 1970s and early 1980s, liberation theology also had a significant impact on the theoretical orientation of some social services practitioners. All of these influences converged to create an environment where conventional psychological knowledge was challenged in relation to psychiatric diagnosis, psychological constructs, and the 'treatment' of individuals and families.

This was an exciting time where we felt we were part of a community that was creating new and revolutionary psychological theories and practices. It took me a long time to accept that changing institutional processes is extremely difficult and unfortunately many of the gains we made in the 1970s and '80s have been lost or, at best, stalled.



Johnella & colleagues
of the Leslie Centre

Cheryl: I think New Zealand, at that time, was well ahead of Australia in terms of the politics of culture and race and looking at therapy through the lens of colonisation.

Johnella: In those years, there was an excitement and interest in the possibility of social change. In New Zealand, family therapy interest groups emerged as people were drawn to the notion of prioritising systemic change rather than individual change. People were optimistic and believed that we could influence the direction of psychiatry, psychology, and social work. I relished being part of this experimental environment where it felt as though anything was possible.

Cheryl: I remember those times so well. I'm a little bit older than you, so it's the late '60s, early '70s, that I recall so vividly when young people rose up against Australia's involvement in the war against Vietnam. We genuinely believed that if we joined together we could make significant change. This flowed over into therapy and all sorts of other situations, including women's liberation of course. I completely agree with you that it was a gift to grow into adulthood at a time when we really did believe change was possible. Do you think there was anything particular about the New Zealand and/or Australian therapy context that was significant in this?

Johnella: In both New Zealand and Australia, our physical distance from 'gated' professional bodies in the USA, UK, and Europe, allowed a climate of experimentation to flourish. In New Zealand, anyone with an interest in family therapy could join groups, attend, and present at conferences. Consequently the family therapy community included psychiatrists, social workers, youth and community workers, psychologists, and child and adult psychotherapists. We joined together to learn and practise without the constraints of professional identity.

I think this freedom from legislating professional bodies made a real difference to our capacity to create and to invent. It meant that anybody who had an idea was welcome to share this at the next conference. As long as the focus was practice-based, people could present what they were interested in presenting rather than having to fit into a known professional format.

The focus in the family therapy environment I was working in was on making discoveries through therapeutic practice. We'd read an article, or look at a video, and then decide as a team how we would test this out in the therapeutic context. Then we would review what we had discovered. The focus was always on:

- > how do we translate this into our practice?
- > does the clinical experience reflect the didactic descriptions of the practice?
- > what are the effects of this practice on the people we work with?
- > what was the effect of power differentials on the conversation?

Cheryl: Those early conferences were generative weren't they? Do you remember the time when it was decided that, just for one year, the Australian Family Therapy Conference would not have any speakers from the northern hemisphere? So that 'downunder' ways of working would have a chance to develop?

Johnella: No, I wasn't there for that event, but that decision does resonate with the ethos of the time. Our family therapy conferences were very much about practitioners presenting their local work and trying to develop local practices.

Cheryl: Were there any particular ways that helped you to orientate to discovery/creativity in your own therapeutic practice in those early days?

Johnella: The use of the one-way screen and reflecting teams was particularly influential. Even though one-way screens were sometimes used problematically (for instance people we worked with were sometimes provided limited options other than agreeing to use the screen), there was a huge benefit in moving therapeutic conversations out of a private space into a more public space. This movement allowed us to contrast how we

thought we acted with how others noticed us acting. Suddenly our pre-suppositions were out in the open. Whatever we took for granted as ‘true’ was exposed and available for scrutiny. This was very exciting although at times extremely challenging. As we worked in teams, this would produce an awareness of multiple viewpoints which supported us to move away from notions of a singular ‘right’ way. Integral to this process was a willingness to discover the gender, cultural, and psychological truth positions we were blind to and inevitably had been unwittingly subjecting others to.

Cheryl: *The transparency of this was quite startling at the time, wasn't it?*

Johnella: It was a huge change as it meant that whatever therapeutic practices we were using were available for critique. If somebody thought they were using circular questions for instance, but what they were demonstrating was actually clearly something other than circular questions, we then had an opportunity to talk with the therapist and say, ‘What you were actually doing is different from our understanding of the Milan group’s view of circular questions. Here’s the question you asked and it had this effect, and here is a circular question; do you notice the difference?’ These kinds of conversations involved great learning

for us all. There was a rigor that surrounded these practices. To reflect on the work was energising, rather than a drain or evidence of inadequacy.

Cheryl: *The one-way screen also made considerations of gender more visible, didn't it? You'd see a male therapist actually turn his body towards the father in the family over and over again ... all of those minute gendered practices in the therapy room were suddenly visible and open for critique ...*

Johnella: Absolutely, and some of the not-so-minute gendered practices were also visible. For instance, a therapist agreeing that ‘Oh yes, it’s perfectly reasonable to expect your female partner to be sexual with you twice a week as a matter of course’. We started to witness some pretty ‘out there’ gendered truth statements and assumptions by therapists about how families ‘should’ operate, as well as very subtle gendered body language in relation to who the therapist is speaking to, who he or she gives eye contact to, whose words are legitimised and remembered, and whose words are forgotten or dismissed, and so on. All of this became very clear through the use of the one-way screen together with the ethic of exposing and reflecting on the influence of taken-for-granted truth assumptions.

Cheryl: And did these critiques lead to new practice developments?

Johnella: Absolutely! And the changes weren't only in terms of gender but also in terms of re-orientating therapeutic conversations toward an exploration of what works. For instance, Michael White's relative influence questions redirected the therapeutic conversations toward an in-depth exploration of what works, what has worked, and what might work around challenging a problem. This was a huge change! Up until that time, people were largely unaware of the skills we needed as clinicians to access what works. Michael's orientation generated a dramatic shift in the focus of conversations and therapeutic work. During this time, I also had the pleasure of watching David Epston demonstrate enormous persistence as he searched for an ability he could draw a young person's attention to, thus enabling the young person to be active in making changes in their lives. It took some years of work and reflection to shift our orientation away from a knowledge hierarchy to a process where we made discoveries with people, and shifted our enquiry priorities to include an exploration of what works, rather than only focussing on what's problematic. These were two profound practice shifts.

The externalising practice that Michael White developed was incredibly helpful for respectfully and playfully entering into conversation with children. His work with children over that time, and his enormous appreciation of them, was inspiring. David Epston had (and still has) a particular skill in imaginatively entering children's worlds. The strategies he used to actively engage with children's imaginative resources in

order to create change was exceptional. I continue to carry with me the ideas and practices that evolved from our work with children in the 1980s. In particular, I am still drawn to playfully break all sorts of rules!

Cheryl: You and David were working together with children and families at the Leslie Centre, weren't you? I remember you both as experimenting and sharing and creating together. From afar, it seemed like a very fertile time.

Johnella: Oh, a hugely fertile time. We were very lucky to be in an environment that allowed us to mostly do our own thing, to experiment and create a discovery orientation within the Centre itself. It was a wonderful time. We were evolving as family therapists, we began a teaching program, we invited internationally-renowned family therapy teachers to facilitate workshops, and we turned clinical discoveries into community resources. It was an era where we weren't constrained by a focus on institutional safety.

Cheryl: I'll always remember how very respectfully David spoke of your shared experiments and energy and the fun that you seemed to be having. By then, Michael was in independent practice and it sounded such a joy to be working with someone in an organisation together in those ways.

Johnella: Absolutely. I don't think David and I necessarily really appreciated it until we went into independent practice and tried to replicate what we had at the Leslie Centre. Because of the conditions of independent practice, it was impossible for us to replicate what we had once had. I think that was a great sadness for both of us.



Cheryl: Were there any other shifts that took place when you established your independent practice? Particularly any that contributed to you developing an awareness of power relations in a therapy context?

Johnella: Yes, there was a big shift in my therapeutic focus from 1988 on, when I went into private practice with David. David's clinical focus was predominantly working with people suffering from anorexia, and my clinical focus shifted to both couple work and people who had suffered from sexual trauma, particularly in childhood. I don't think we consciously chose these areas, at least for me, it was just who came through the door. Working with people who have experienced sexual trauma led to a profound shift in the way that I worked and created enormous room for discovery.

What I discovered was that I needed to use the experiential – feelings and body sensations – to create a narrative resource as the past was often experienced as barren territory. The experiences people had within the therapeutic relationship, including the experience they had of me, became a rich location for new narrative threads. This focus allowed us to make a resource of the present moment where we could highlight moments of agency and change. For instance, people might say something like, 'Johnella, I don't trust you. I know I'm stupid to think that, but I don't trust you'. I discovered that these sorts of experiences could be fertile locations for

an exploration of and experience of agency within a power relation. We could begin to explore both the experience of trust and, in the space of seconds, the experience of the loss of trust. We could also talk about the rebuilding of trust as an active process, which we could both contribute to. When we construct conversations like this in a therapeutic context, we (all conversational participants) are positioned to contextually explore and develop trust as a relational construct. Once we do this, we can identify and experiment with those processes that are involved in building, shaping, weakening, or strengthening of this experience which is named as 'trust'. When trust is perceived as a relational construct, it is shifted from a personal quality, such as 'I don't trust people, what's wrong with me?'. This shift creates an environment where I can highlight that we can both be active participants in the creating of this experience of trust.

From 1988 onwards, people's experiences within the therapeutic context, such as 'trust', 'disappointment', 'love', 'need', 'fear', 'betrayal', 'comfort', became an important site for co-discovery of new life-changing narrative threads. This was a huge turning point for me. During this period, the concept of 'borderline personality' was shaping professionals' interactions with the group of people I was working with. My experiences of this work, and the discoveries I was making with the people I was working with, was entirely different

from some other professional groups' experience of the work. The people I worked with needed to find expressions for the unspeakable. The unspeakable was 'felt' and what was 'felt' was often translated into evidence of personal deficits. Relational descriptions allowed me to name these experiences as relational constructs and this in turn allowed people to experience the context within which these experiences evolved thus freeing the person from judgement, shame, and blame.

Cheryl: If I remember, you became known as the person who could respond well to women who'd experienced sexual abuse or violence and this became the largest part of your practice for many years?

Johnella: Yes that was my predominant practice for probably 10 years.

Cheryl: Can you say something about what sustained you during this time?

Johnella: There were times when I was extremely exhausted and that was partly due to feeling professionally isolated around these practices. However, one of the things that we spoke about earlier was optimism around change. I really was enormously sustained by that sense of optimism which is expressed in the following words: 'We will find a more sustaining way through this. Even if I don't know the way right now, together we will find a way'.

That sort of enormous optimism really does help. Secondly, I was supported by the way I describe experience both out of session and in session. Relational descriptions created enough space for me not to drop into other people's direct experience.

Cheryl: Can you say more about that?

Johnella: For example, if I'm talking with someone about 'the fear of visibility' and I reflect on the discoveries we are making in a session, I will say something like the following:

You notice that this 'fear of visibility' limits the willingness to reflect on certain times and events in your life. We discovered that the flipside of this 'fear of visibility' is the *strategy of invisibility* that you used throughout your childhood. Talking to me today about the 'fear of visibility' was a huge visibility step. You said your hands were shaking and you had begun to perspire; however, after a time, you began to feel a sense of relief. If I was to say or do something that generated this 'fear of visibility', what would be the first sign and how could you alert me to this?

This sort description, 'the fear of visibility', positions people (including the therapist) as looking in on this fear as an experience constructed within a particular context. In contrast, if I was to say, 'So you feel really fearful every time you're visible. Are you feeling frightened now?', that sort of description drops people into the experience where they are either fearful or not.

The effect of describing experience as a relational construct holds the other person or other people, including the therapist, out of the direct experience. From this 'hill top' perspective,

people will often experience other thoughts, memories, narrative threads, feelings, or body sensations that shift the focus of the conversation from ‘the fear of visibility’ to something else, for example, ‘the desire to be seen’. Within this process, the therapist is also positioned relationally. From this relational position, therapists can access the kind of questions that re-search the construction of this ‘fear of visibility’ or the construction of ‘the desire to be seen’. I’ve often described how using relational expressions keeps me on the top of a hill, looking at the surrounding environment that is generative of experience.

Witnessing people’s experience through therapeutic and super-vision conversations has, and does, touch and change me; however there’s a enough distance (from on top of the hill) for me to know this is not my experience, this is someone else’s experience. I can be a witness to suffering but not get lost in that suffering.

Cheryl: That’s a great way of putting it. I just have one more question, and it leaps back in time a bit. How important do you think or not, were those early Women in Family Therapy meetings in terms of women being able to have the support to step up and present and share their work and contribute to new discoveries?

Johnella: I think those women’s meetings before each family therapy conference were significant. I enjoyed them and they provided significant support. I remember a number of times when I’ve presented my work that a number of women have come up to me afterwards and said things like, ‘You know, I’ve had similar thoughts to you, but instead of pursuing them, I’ve dismissed them’. I believe many women who are practitioners dismiss any tension they notice between whatever an expert (particularly a male expert) is saying or writing and their experience or ideas. When women experience this tension, they will often talk themselves out of that tension rather than acknowledge, name, and explore this tension. If I feel a tension, I tend to listen to it, not in a way that says that the presenter is wrong or right, but to listen to the tension, to the awkwardness, to the mismatch if you like.

What was significant about those early Women in Family Therapy meetings was that a place was created to take seriously those tensions, mismatches, and real effects of structural inequality and internalised gender assumptions. A space was provided where women could listen to each other’s experience and experiment with at least naming some of the tensions. Of course, if women do listen to the tensions they experience, do the work to describe this, re-search and present on whatever they have discovered, they still can’t control how this knowledge is received, remembered, or referenced. Gender and gender relations continue to be such interesting and absorbing areas!

Cheryl: I totally agree! Especially with younger generation practitioners now stretching the field in relation to transgender and gender-diverse experience ... and cross-cultural differences of gender and sexual identity. Johnella, to close, if you had a wish for young people setting out on their journey with therapy, like a hope or a blessing or a wish, what would it be?

Johnella: I would wish for them to take the courageous stand of joining with two or three other people to review the skills used to create environments of discovery in the therapeutic work. I would wish for a review process where there was an expectation that conversations would focus on opportunities taken and opportunities missed. Around the opportunities missed, I'd wish that people had the resilience to playfully experiment with a conversation process that explores that missed opportunity. I'd also wish for a willingness to move beyond right/wrong positions to a stance where nuances were re-researched and privileged. I'd wish for the capacity to notice and re-search the experiential space that lies between notions of right and wrong, good and bad, true and false.



Johnella & her grandad