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Cultural and gender accountability in the 'just therapy' approach

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There is an increasing awareness these days of insensitivity and injustice in therapy experienced by women and cultural groups different from the dominant one. In the family therapy field, feminist writers and theoreticians (Goldner 1985, 1992; Harré Hindmarsh 1987; Kamsler 1990; Luepnitz 1988; McKinnon & Miller 1987; Walters, Carter, Papp & Silverstein 1988; among many others) have identified both the patriarchal determinants of family life and their infusion in therapy in modern Western societies.

To date, much less has been written concerning cultural bias in therapy (Boyd-Franklin 1989; Durie 1986; Gurnoe & Nelson 1989; McGoldrick, Pearce & Giordano 1982; Waldegrave 1986, 1990). There is, nevertheless, an emerging consciousness of the inadequacy of social science models that grow out of ideas from one culture being applied to another.

Social science theories, models and practices, for example, were largely formulated in one general cultural context – that of Western Europe and white North America. We have learned that social science is not a neutral gathering of information, as many have claimed. Rather, we have come to view it as one cultural way of describing events. When these descriptions are imposed on families of subjugated cultures, where understandings of behaviour and healing are quite different, the opposite of healing often occurs. This is because their places of belonging – their cultures – are displaced in the process.

Literature on these subjects identifies the biases in mainstream theory and practice, and offers alternative processes and personnel to overcome gender and cultural bias. By personnel, we refer to women therapists being more appropriate to address many of the problems women come with to therapy. Likewise, therapists of the same culture as the clients are much more likely to understand and facilitate the strengths of families of those cultures as they attend to the stresses that bring them into therapy.

The aspect that is not addressed in the writings on this subject, apart from our own (Waldegrave 1990), is the issue of ‘accountability’. *How do workers, women and men and people of different cultures in an agency or institution, protect against gender and cultural bias in their work on a day-to-day basis? Furthermore, how do they do this in societies where sexist and racist assumptions are an integral part of the upbringing and way of life, as they are in most modern industrial states?*

It is surprising that so little has been written on this aspect around which so many organisations experience conflict. Most therapists have experienced the

situation where a group that has been unjustly treated in society begins to raise subtle and not so subtle experiences of discrimination which they discern among their colleagues and in their workplace. When such discussions centre on issues of culture and gender, feelings can run very high.

In our experience, therapists, who are usually very concerned to facilitate resolution in the conflicts of others, tend to be very slow to address these issues among themselves. Instead, people on both sides of the conflict retire hurt, and are left to carry a mixture of feelings of fear, outrage and distrust. This does not inspire in the organisation an atmosphere of co-operation and respect. These are two of the values that are necessary for both a just institution and a just therapy.

Naming the injustice

When an individual or a group articulates concerns about gender or cultural bias within an organisation, relationships can quickly become precarious. The naming of this problem conflicts with the status quo, and feelings of comfort immediately dissipate, especially among therapists with whom one can expect to have acute sensitivity to the pain of others. The experience can be disturbing, upsetting, guilt-inducing, and polarising and generally creates disharmony.

This article is not written to address situations where outright hostility or total rejection of such claims occur. Our concern is with the liberal therapeutic environment where such claims are often acknowledged, but subtly avoided. In our experience three common outcomes of such naming strengthen the resistance to change. These we identify as ‘paralysing’, ‘individualising’ and ‘patronising’ responses.

Naming an injustice is an essential early step in the process of overcoming it. It usually highlights the issue, and relieves some tension in the person or group that considers they have been unjustly treated. Likewise, it often encourages a self-conscious reflection in the person or group that is considered to have acted unjustly. This too, is an essential part of any process of change.

Obstructions to this process occur when there is a recognition of some substance to the claim, but terrible fears about its implications. Men, in

particular, though not exclusively, are susceptible to this in conversations on gender. So too are white people, women and men, in conversations on culture. They are often too nice to fight it; they just become paralysed.

Paralysis is a guilt response that takes in the criticism and deeply experiences the shame associated with it. The problem with it is that many people can't move beyond it. They note the complaint, agree with it, and offer sympathetic responses. Many people in this situation feel overwhelmed with the enormous process of changing the institution they work in, afraid of the bewildering implications for their own future and the possibility they might cause the same offence some time in the future. To avoid these risks and open conflict, they do nothing and feel impotent. Unfortunately, the passivity functions as a form of control because it further entrenches the status quo.

Individualising is a closely associated response when threatened with criticisms of cultural or gender oppression. 'Liberal' white people and 'sensitive' guys, somehow, separate themselves from their cultural and gender histories, and claim they can only be responsible for their personal behaviour. They then attempt to be individual paragons of cultural or gender equality.

The problem with this approach is that it cleverly sidesteps the institutional and collective reality of the problem of discrimination. It is the collective of men and the history of patriarchy which has created the environment that privileges the decisions and actions of men over women. No matter how committed to women a man may be, he may still continue to benefit at every level in a patriarchal society, at their expense.

Individualising the problem avoids both the sense of belonging and the responsibility to change the fundamental problem. I, a white person (one of the authors), was not alive when my ancestors and others colonised New Zealand. As a result of it, however, I have grown up with access to resources and other privileges denied to many Maori people. I now have the choice of working with my own to stop this collusion, or to continue benefiting from it. Individualising does not address this basic issue.

The *patronising* response is more crude, but no less common than the other two. It refers to people from the discriminating group who U-turn to such an extent that they become self-appointed spokespeople for the group their culture or gender oppresses. Men start speaking for women, and white people

become the articulators for discriminated cultures. Not only is this sort of response quite inappropriate, it is likely to be inaccurate and resented.

Responsible partnerships between the genders and the cultures

In the 'Just Therapy' approach, we have endeavoured to discover a way that responsibly addresses the institutional and individual modes of cultural and gender discrimination. The approach attempts to reverse the societal bias against women and the dominated cultural groups.

Cultural sections and gender caucuses

Within our overall collective at The Family Centre, the Maori and Pacific Island sections are self-determining. The Pakeha (white) section, because it is the dominant culture, runs its own affairs, but is accountable to the other two sections. Although all staff are committed to developed concepts of equality, unintentional impositions are still likely to occur because of our cultural histories. This accountability ensures an ongoing process of monitoring against intrusion into the processes of the groups that are dominated in the wider society.

Likewise, the women and the men caucus separately at times to address their own issues. As with the cultural work, we have found it helpful to agree to creative forms of accountability and monitoring that address our gendered histories and consequent biases. The women's work is self-determining. The men manage their affairs and responsibilities, but are accountable to the women. The point of such caucuses is to highlight the particular concerns of key groups so that their needs are not lost in a compromised partnership.

Cultural caucuses have now been institutionalised as cultural sections. With regard to gender, we have formalised groupings of men and groupings of women into separate caucuses. The women's caucus call the men's caucus to a meeting when an issue of injustice is felt in staff relationships, models or practice.

Issues are laid out, and a convergence of meanings is sought about the incidence. This may take one or several meetings depending on the complexity of the issues. Policy decisions emanate from these discussions. Meetings can also

be called where a group wishes to put forward innovative ideas for discussion. We set clear boundaries to ensure the caucuses carry out their responsibilities. For those associated with injustice, the primary responsibility is to collectively transform attitudes, values, structures and forms of relationships that dominate. The responsibility of the subjugated groups is to identify their pain, recover their untold stories, and articulate their direction in relation to others who share the same pain.

Caucusing enables a collective of voices to speak as one. It is particularly helpful where a gender or cultural grouping has fewer numbers and lower status positions in an organisation. Their collective voice can be heard in a more equal manner. We value the voice of each individual in many discussions. On other occasions, it is important to hear the collective voice of women, of men, or of different cultural groups. Having met together previously, each caucus can share both their concerns and responsibilities. This sets up a different dynamic and focus in discussion.

Radicalising modes of accountability

The unique aspect of this approach is the reversal of usual modes of accountability. Because management and decision-making is commonly exercised primarily by men or white people, the patriarchal and racist assumptions in society simply permeate the therapeutic community. Our reversal consists of full recognition of dominated groups to be self-determining, and a requirement of the dominant groups to check out key aspects of their orientation and projects with the other groups.

This process has been very effective, because it enables a genuine monitoring of discriminatory behaviours and processes. In our view, the best judges of injustice are the groups that have been unjustly treated. Thus, the women are accorded the role of guardians of gender equity, and the Maori and Pacific Island sections the guardians of cultural equity at The Family Centre.

They have the right at any time to call the agency, or parts of it, to address equity issues. When they do, the agency is absolutely committed to seeking a solution that satisfies the guardians to whom the rest of the agency is accountable. This is not an authoritarian process. We endeavour to seek a

consensus that we can practice with integrity, that satisfies those to whom we are accountable.

Sometimes an issue can be satisfactorily resolved in one meeting. On other occasions, where the issues require a lot of discussion and fundamental shifts in thinking, resolution may take a number of meetings over months. We persist until those to whom we are accountable consider their concerns have been adequately dealt with. The commitment not to give up has enhanced trust and facilitated creative solutions.

In practice, when the Maori or Pacific Island sections or the women have a grievance, we usually move through the following process:

1. *Institutional Space*

Time is set aside to hear the cause of concern. The group that considers they or their people have been unjustly treated, or an agency practice needs to be changed, are accorded uninterrupted space to tell their story. We refer to this as institutional space, because so many agencies do not set time aside for such a process and, if they do, they often don't allow uninterrupted space. Only after all the aggrieved people have articulated their concerns can discussion ensue, initially around points of clarification on both sides. This first step involves hearing the story, and the meanings the group is giving to events that have occurred.

2. *Converging of Meaning*

The group associated with the injustice is then committed to listen as openly as possible and authenticate the complaint in whichever aspects they can, with integrity, agree. This is not an empty-headed agreement. After clarification of any misunderstandings and points of fact, we usually discover substance in the concerns that have been brought forward.

Most white therapists and most male therapists, for example, would avow anti-racist and anti-sexist practices. The difficulty they have in practice is that they seldom experience what discriminated people experience. Furthermore, they are seldom in situations where they are required to respond to the issues raised by a caucus of colleagues with stories that are very different from their own. They are usually aware of the stories of at least some discriminated people, however, and, if invited to authenticate a complaint, they usually can.

The authentication from the group associated with the injustice enables a converging of meaning between the two parties. Where this occurs authentically it is very painful, but anti-sexist and anti-racist learnings take root in an organisation. Furthermore, an analysis has taken place and the substantive issues have been agreed on, which enables some practice goals to be set towards resolution.

It is important to note that this process does not occur cheaply. We are not interested in 'politically-correct guilt' or 'white and male flagellation'. Our concern springs from the pain of our colleagues who feel we have failed them. We trust their pain and their ability to discern the significant obstacles, and they trust us to take them seriously and act honourably. The process is a vulnerable one for both sides.

3. Addressing Our Own

Having reached considerable agreement about the problem, and having shared the emotional pain of the hurt that has come between us, we begin to carve out a better future together. Sometimes the problems centre directly around our own actions. On other occasions they centre around sexist and racist practices that impinge on the agency from outside, which we could have done more to prevent.

Male therapists, for example, are often insensitive to the feelings of violation female therapists may experience when working with a family in which abuse has occurred. Likewise, a narrow clinical focus can completely overlook the constant strain and pressure therapists from dominated cultures experience, when working with their own people. The people they work with usually have so few of society's resources allocated to them. These experiences can raise broader contextual and social policy priorities for an organisation.

We endeavour to talk together with the same sensitivity and skill that we practice in our best therapy. Where we have directly hurt another, we apologise. When the pain is very deep we are sometimes 'unprofessional' enough to cry, just like the families that come to see us. After all, we tell them it is healing to cry, don't we?

We endeavour to discern the colonising and patriarchal influences around the problem, and try not to separate ourselves, our cultures, and our genders from our histories and current contexts. We deeply analyse the different meanings we give the same events, and try to understand and value marginalised meanings.

We then agree to new practices that deepen the respect and sensitivity among us. These new practices take on a collective, as well as an individual dimension. Men in the agency, for example, are seen to be responsible, not just for themselves but for each other. The unenviable task of honing new sensitivities among men is not just left to women. Likewise, Pakeha (white) people are expected to develop responsible anti-racist perspectives among their own. These new strengths are not driven by reaction but by the deep commitment to honour each other.

Our agency often chooses to go a step further in this direction. We frequently take responsibility to address these issues in the wider therapeutic community, and even beyond that in society as a whole. It forms a central part of our writing, teaching, media work, research; and work in the community. As with the work in the agency, the dominating groups are seen to have a major role in developing cultural and gender sensitivities among their own.

4. New Perspectives

In our experience, this approach has inspired trust between the cultural groups and the genders. Because the agenda of the dominating group was jointly agreed to by the dominated groups, and because the latter have the powerful right to both monitor and call to account, a genuine partnership has the possibility to emerge. The quality of that partnership depends on the spirit in which it is carried out.

Though the processes are often painful, new relationships, new therapies, and a greater sense of wholeness is spawned. Probably most important of all, the therapeutic organisation begins to reflect and model the sorts of relationships we strive for among families. In our experience, most agencies fail to address the issues among themselves that they expect the families they see to work on.

We recognise that the creativity that has emanated from The Family Centre over the last decade has its origins in this process. The partnerships encourage us to consider different meanings and different processes. The Richness often gives birth to new ideas.

The trust that develops between groups, who in any other organisation nurse resentments, enables creative and equitable arrangements between the cultures and the genders. Stories and practices from groups that have been dominated become central to the life of the organisation. These include, for example,

women's stories, cultural practices around greeting and food, processes during meetings, and spirituality in the broadest sense.

Over the years this process has helped us negotiate a path through many conflictual situations. The details of those discussions are obviously confidential as staff members have approached each other vulnerably. From a cultural perspective, we have addressed such issues as: the silence some cultures prefer to Western verbalisation; respect and time given to elders in some cultures that is comparable with the respect and time given to influential achievers and people of status in the white world; opportunities for expressions of spirituality in situations where Europeans often feel a little uncomfortable; and the setting aside of a greater proportion of the financial budget and other resources for hospitality and gifting which involves audit justification within the institution.

These discussions between caucuses require a lot of sensitivity. They are discussions that most institutions do not make time for, and so the dominating culture simply holds sway in that structure. People from dominated cultures usually politely co-operate with the status quo, and so the therapeutic institution mirrors the power difference that frequently occurs in the therapeutic relationship as well.

From a gender perspective, we have addressed such issues as respect for women workers' knowledge of the complexities, vulnerabilities, and potential dangers in family life. This has required men to stand aside and listen to quite different meanings given to events in family life from those which they were taught or experienced personally; changing every structure of our organisation to reflect gender equity and participation at all decision-making levels, from workshop presentations to the structure of our Trust Board; and the development of non-patriarchal policy guidelines as, for example, in work with men who abuse, that are overseen by the women in the agency. An example of this is outlined in another paper (Waldegrave 1990).

These examples are not an exhaustive list of the issues we have worked together on, to discover equitable partnerships. They simply indicate some areas that point to the types of discussions and dialogue we have become involved in. Interestingly, they do not only benefit the women and Maori and Samoan workers. Men, for example, have gained a greater sense of identity and co-operation as they have learned to recognise their vulnerability together. Pakeha (white) workers have also benefited significantly. One example is reflected in the

new-found openness to the wisdom of their own elders. This has led to their direct help and input on specific projects.

Pain as a preferred meaning

The pain carried by many women and people from subjugated cultures who seek therapy from us, is not unfamiliar. We know its touch, its feel, its many, many faces. We link into it intuitively. For those of us from histories of colonisation and subjugation (one of the authors), the pain of loss is immense. As the Samoan novelist Albert Wendt has put it: *we are what we have lost* (Wendt 1991).

Consider this usual scenario: a country is colonised; her indigenous people made to live on the periphery and are enforced to ape the 'civilisation' of the dominant culture. They are then told that they will never make the grade anyway. Their histories, distorted/erased/dismissed, are left untold.

These are the faces of pain that we see daily as families seek therapy from us. This is also the pain that we as therapists from these cultures carry in so many institutions in which we work. We as women have a long history of being unnamed, cancelled, made extra, and having our contribution to humanity taken for granted. These are the faces of pain. It is also the pain of many women therapists.

'We are what we have lost.' Though the pain is immense, we, as women and peoples of subjugated cultures, can vouch for its potentialities for change. Such pain is not only directly inflicted, it can also be just as piercing through subtle passivity, non-action, and even silence.

Remember the instances when that pain became so immense that we refused to be allocated the peripheral spaces in conversations about models, theories and practices of our disciplines. Remember the times when that pain became so much that we refused to be lied to any more about our history. Remember our meticulous uncovering of story, the piecing together from the many fragments of memory. Remember the time when the pain of exclusion became so much that we stood up and claimed a central placing. Remember that!

The pain carried by women and peoples of subjugated cultures is real. It is a result of long histories of domination. The articulation of this pain illuminates behaviours, attitudes, values, and structures of domination. At a functional level, societies, disciplines, agencies, including family therapy

agencies, cannot afford the non-hearing of this pain. Structures and disciplines of domination have caused the disruption and brokenness of many families – a brokenness our societies can ill-afford. Our only home for the human family – the Earth – has even been broken by structures, values, and apparatuses of domination.

At another level, the stories of pain of the subjugated, and the meanings they give to their stories, pose an interesting question. Do we see their stories and meanings equivalent to the stories and meaning of domination? We have referred to ‘preferred meanings’ (Waldegrave 1989) as those that are articulated by the people who have been unjustly treated.

For example, if we want to understand what has really happened in South Africa over the last century, we must listen to the meanings black people and their movements give to events, more so than to the stories in the white community. Because they experienced the pain of domination directly, they know exactly what they lost. This is usually underplayed in the white community. As such, the black story offers a preferred description of events. The same can be said of the story of a woman who has been abused, when compared with the story of the perpetrator.

This is not to say one group has the whole truth. Rather, it is to recognise hidden stories and the particular association of pain with truth. The stories of pain call from us an ethical stance, for: *Every human act has an ethical meaning because it is an act of constitution of the Human World* (Maturana & Varela 1988).

Accountability as vulnerability in trust

After hearing the cry of pain, one of the obstacles that block the way to creative change is the fear of role reversals. A common unspoken question is: ‘Will they who have been unjustly treated exercise the same control and domination over us as we have over them?’ ‘Will they develop a blindness to our pain similar to our blindness to theirs?’ These are legitimate fears, for all around us abound the culture, structures, attitudes and rituals of domination.

However, the cultural memories of the subjugated peoples hold vestiges of relationships other than the vertical arrangements of relationships that are characteristic in Western nations. These cultural memories are being recovered,

for they often hold a differing value system of humility, respect, sacredness, reciprocity, and love that underpins new structures and processes of accountability.

For example, our analysis of pre-colonised Samoa revealed a covenant relationship (*feagaiga*) between brother and sister that had the capacity to equalise the relationships between women and men (Falenaoti 1992). The Western models do not always offer the liberative new structures that people are currently searching for. Accountability was institutionalised into The Family Centre as a result of our work with families of subjugated cultures and subsequently in our work in the area of gender. We made a commitment, in the first instance, that all our work with families of cultures, other than the dominant culture, would be accountable directly to the therapists of that culture. This was because the therapists of these cultures had the knowledge of their own people's stories, meanings, and rituals.

Our approach to accountability involves an act of humility. It requires a recognition that we don't have all the knowledge pieces to provide healing and wholeness to peoples of other cultures. Furthermore, a more critical and humble approach to the achievements of the social sciences, to date, is called for from us.

It follows from this that our models, theories, and practices in the Pacific Island and Maori sections are accountable to selected people of our communities. We hold meetings whereby we lay out our thinking and practice for our elders and co-workers to comment on.

Accountability, for us, is essentially an ethical process, a process that calls from all of us humility, respect, sacredness and love. It is required of all workers who are involved in healing, both those associated with domination and those associated with subjugation.

Cultural and gender accountability involves a dialogue between groups associated with opposite experiences. In dialogue we are mindful when we articulate, that we speak from positions of unequal power. We have created a structure that makes an open dialogue possible where hidden and exposed meanings are both addressed. It also involves a dialogue beyond the Centre, whereby workers in cultural sections go to selected members of their communities.

Accountability that fosters commitment to actions makes a difference to the lives of those who suffer. If it lies in the bedrock of values like humility,

reciprocity, love, and sacredness, a mutual learning process can take place, for both those who call for accountability and those who respond. It becomes a mutual learning in vulnerability.

In essence, accountability is about the building of trust with the group with whom trust has been broken. Therefore, accountability in such a process is not about a simple reversal of roles in the hierarchical sense. It is an offering of vulnerability in trust to each other, so that the pain of injustice can be transformed.

The sequence of events

The development of this process occurred over a decade. It may be helpful to indicate some of the historical markers. In 1979, The Family Centre was set up as a family therapy agency. When we listened intently, we learned that many families who came to the agency associated the onset of their problems with issues outside the family system. They identified issues like housing, unemployment, racism, and sexism. It was the early 1980s and New Zealand was going through an economic recession.

The agency, after reflection, was moved to respond by opening up a community development wing to work specifically on these issues. This took place in 1982 alongside the therapeutic work. Reflections from this proved to be another turning point. During this period, the community work informed the development of family therapy, and the family therapy informed the community development work. The early signs of 'Just Therapy' began to emerge.

The marginalisation of peoples of cultures other than the dominant one took place even in organisations of the marginalised. Primarily, the peoples' senses of belonging were with their cultures. As a result, The Family Centre decided to move its community development work away from an issues base to a cultural base in 1986.

Three cultural sections were set up to address the issues in culturally appropriate ways, and to further develop their approaches to therapy. We removed the director position and, in its place, set up three cultural co-ordinators, one from each section, to head the agency. The Maori and Pacific Island cultural sections are self-determining. The Pakeha (European) section organises its own

affairs, but is accountable to the other two sections. It was at this stage that we began to institutionalise accountability along the lines set out in this article.

We then developed gender caucuses. It became apparent in the gender area that a model of accountability needed to be put in place, given the disparity in the male/female positionings. In our caucuses the principle of collective voice is employed.

The institutionalising of gender and cultural equity is now formally reflected in our constitution of 1991. Our 10 person Trust Board is strongly represented by all three cultures, and women and men. Our constitution states: *The Family Centre is composed of a Maori Section, a Pacific Island Section, and a Pakeha Section. The sections are to be self-determining, co-operative, and are to share all resources equitably.*

The following statements comprise three of the seven objectives in our constitution:

- *Advocating for justice with particular reference to the prevention of discrimination against women and cultural groups, and the prevention of all forms of poverty.*
- *Providing cultural and gender-based services in family and community development work.*
- *Articulating and safeguarding the spiritual values of the cultural groups represented in The Family Centre.*

Finally, we do not consider our story as triumphal in any sense. We have walked a path which has many more challenges and obstacles ahead. It has been very painful and, on occasions, probably prompted some workers to move on. It has also been the source of great joy. We have no illusions that we have reached some Utopia of total gender and cultural equality, sensitivity, and understanding. It is precisely because we are becoming more sensitive to our own biases that we have set up these systems of accountability. There have been no models for us to go by. This approach is changing us, our relationships, and our ways of working. Hopefully, the next generation will find it easier because we and other groups have made a start.

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