

Family Therapy's Intimidating Profile

As part of my private practice, I act as consultant to several teams in the areas of mental health, child protection, and supported accommodation. Recently, I engaged one of these teams in a discussion of what 'family therapy' meant to them. This team is characterised by good morale, has a mature, sensible attitude to 'success' and 'failure', and enjoys regular, supportive supervision in a context of good-enough team management (see Carol Boland's article in this issue). They do competent, caring work, with challenging, multi-problem families.

While they had undertaken training in solution-focused, narrative and strengths-based work, and routinely employed related techniques in their counselling, team members did not see this as 'family therapy'. To some, 'family therapy' meant something esoteric, difficult, and highly theoretical. It involved approaches that were powerful, complicated and potentially explosive ('it might make things worse'). One team member explained that when she works with a family, she sees her role as ensuring that everyone can speak, and be heard, without interruptions and short-circuiting. However, to her, this was not 'family therapy'.

Although I have not yet collected the data to prove it, I strongly suspect that this team's attitude is representative of professionals who work with families up and down the country. How has this situation come about? How is it that specialised training in family therapy seems so unmarketable to so many 'family workers'? How is it that so many 'family workers' see the annual Family Therapy Conference as something they would feel 'out of their depth' in attending? For years now, the board of the *ANZJFT* has puzzled over the question of why so few family workers subscribe to our journal. Could it be that what we publish is simply out of touch with the majority of youth mental health and child protection workers? As editors, Maureen and I have worked hard to commission and publish short, clinically focused papers that should be appealing to the typical frontline worker. Yet the best the *ANZJFT* can do is maintain its existing subscription base. And when we run e-discussions of published articles, most of our readers apparently consider themselves insufficiently erudite to contribute!

Some years ago, Bruce Hart advanced the view that 'family therapy' (both in the title of our journal and in other contexts) was off-putting to many of those who could potentially benefit from our ideas and approaches. The adoption of terms like 'family sensitive practice' (in academic programs

offered by La Trobe University and the Bouverie Centre) and 'family centred practice' (in programs offered by Monash University, in partnership with Barbara Fraser and Associates) has acknowledged the force of the same argument. Yet altering the name under which we are marketed may not be enough. I believe that a significant part of the problem lies with the paradigm of family therapy training itself.

This paradigm insists that students should be taught the history of family therapy and its associated conceptual shifts. Thus, students proceed from the early 'founding fathers' of first-order cybernetics, through the structural and strategic schools to Milan, and thence to feminist and postmodern critiques, and the development of narrative, solution-focused and other contemporary approaches. This is what almost all trainers have learned in their own family therapy training. Senior members of the profession have lived through it (or much of it). Yet in my experience it leaves many students dazzled by the parade of paradigm shifts and ideological revolutions, while unable to forge a clear position of their own ('But which school is the best one to follow?'). And, above all, it helps to perpetuate the belief that family therapy is 'hard', 'complicated', 'intellectual' and probably a bit dangerous: something that they would not themselves risk doing. Some lecturers in mainstream psychology and social work are probably only too happy to exaggerate student anxieties: according to them, 'family therapy' ignores evidence, is drunk on theory, and risky or even unethical in practice.

Of course, many teachers at all levels find it hard to look beyond their own educational experiences when constructing curricula. Yet this, I believe, is what we must do if we are to narrow the gap between what we teach, and the large number of mental health professionals who 'work with families' every day, yet feel quite uncomfortable about 'doing family therapy'.

I believe that our starting point, in any course devoted to couple or family work, should be *what distinguishes interpersonal from one-to-one approaches? What do we gain, and what do we lose, from meeting simultaneously with more than one person in the room? What attitudes must be adopted, and what microskills modified, in order to facilitate such interactive work?* From these very fundamental questions we could then move on to teach *a practice based on systemic commonalities*, rather than focusing students' attention on differences in terminology and emphasis. Concrete examples of such praxis

already exist (see Allison, Perlesz and Pote, *ANZJFT*, 23, 3: 153–158), yet seem to have made little impression on teaching and practice in Australia so far.

If we proceed in this way, we might help students to see that systemic theory actually offers ways out of dilemmas which individual approaches are powerless to solve. Frontline workers might cease to see family therapy as something impossibly intellectual, and instead start to see their own patient, sensitive attempts to create spaces for talking and listening in families as ‘doing family therapy’.

In the meantime, our e-discussions this year will no longer focus on a published article. Instead, our moderators will facilitate e-conversations about the kinds of immediate, practical problems that confront clinicians (see p.1 of this issue for more details of topics and how to take part). Further, they will systematically advertise the discussion widely in workplaces. This is something that the journal can do to bridge the gap; the rest, I believe, is up to those of us who run training programs. The need is urgent, and the time to act is now.

Hugh Crago

Letter to the Editors

Dear Editors,

I was interested in a statement regarding power made by Carmel Flaskas in her article, ‘Psychoanalytic Ideas and Systemic Family Therapy’ in the September issue of *ANZJFT*. She suggests that ‘... psychoanalytic therapies have been as spectacularly unsuccessful as the systemic therapies in construing power, and probably less successful at a practice level in addressing power ...’ Although Don Meadows in his response to Flaskas was not convinced of this, he did not go much beyond making the point.

Since Freud, psychoanalysis has always been concerned with issues around power in relationships without necessarily naming it as such. Freud postulated that the successful working through of the Oedipal complex

resulted in an understanding of both generational and gender *differences*. Klein and many successive psychoanalytic theorists have expanded our awareness of how the inherent inequality of the parent–child relationship can lead to problems in psychic development and impact on other relationships in life. The analysis of how the position of apparent disadvantage — or in today’s parlance, power inequality — is experienced by the psychoanalytic patient has always been a central concern and is the very grist of psychoanalytic practice.

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