

Family Therapy's Extended Family

You will notice in this issue a response to Carmel Flaskas by Don Meadows, editor of the *Australasian Journal of Psychotherapy*, the journal for the psychoanalytic community. Some readers might wonder what value we editors see in inviting Don to take space in our journal. In fact, we see a great deal of value in doing so. In his response to Carmel, Don writes respectfully and knowledgeably, and as Carmel commented in an e-mail, he makes a contribution to the debate. For years now, Carmel (and others, including Raie Goodwach in her historical survey of approaches to sex therapy, in this issue) have acted as our link to the analytic world, translating key aspects of their lore for incorporation into our way of thinking.

You will also notice in this issue Anna McDowall's interview with Ruth Schmidt Neven, in which their discussion ranges backwards and forwards between family therapy and the analytic tradition. Anna refers to this as 'holding these two aspects in mind in a binocular vision'. Anna's professional body is the AARC. Reading these contributions makes very plain to us that we could learn from our colleagues in related bodies, and that to a surprising extent, we already talk a common language. Ruth Schmidt Neven at times voices knowledge we may not share, but at other times, she speaks with our own unexploited knowledge, for example,

... in the debate around ADHD, the voice of family therapy has been either silenced or is missing. I have to say that I have never heard a family therapist get up and say what I think really needs to be said about ADHD (118).

We have long championed the idea that family therapists should live up to their rhetoric and think about family therapy's own 'extended family'. It should be clear to anyone who has been part of the family therapy movement in this country that we do not have the numbers we used to. At the height of a movement's popularity it is natural enough to distinguish Us (the ones with the breakthrough knowledge) from Them (the people whose knowledge has lesser healing power). But when the popularity has moved on to some other group, then the once-popular movement has choices. Either they close ranks, look inwards and backwards, or they open their boundaries and look to strengthen their numbers by forming links with others. Australian family therapy can go on in exactly the same way as it once did, or it can start making friends with other groups who have some similar ideas and ideals, while also engaging constructively with their real differences from us.

During the last decade and more, we have witnessed the mushrooming of a wide variety of specialised conferences, as particular interest groups hive off from the larger organisations, form their own associations, and then arrange their own conferences. Most people cannot manage to attend more than one conference in a year. It takes only a moment to realise that one of the results of this development could easily be (to take an example at random) that within family therapy, the knowledge about trauma may not be as up-to-date as within an association devoted to trauma — and yet family therapists may find themselves needing the same body of knowledge. And by the same token, as in the comment about ADHD above, systemic ideas may be being silenced, in the context of debates about 'brain dysfunction' and child 'behaviour problems'.

With the proliferation of conferences, it becomes harder to book the venue we want, at the time we want. An alternative would be jointly planned conferences, which deliberately capitalise on the opportunity to allow people from two different fields to mingle, talk together, share presentations and learn from each other. On the third day of next year's Melbourne conference, we shall be sharing facilities with Gestaltists. It would be good if the organisers allow family therapists the freedom to sneak into Gestalt sessions (and vice versa) and encourage two-way curiosity!

It is not just in the reduced size of our conference attendance that we notice our dwindling numbers. As editors, we are sent each copy of *VAFT News*, and we are paid-up clinical members of both NSWFTA and QAFT. In the Old Days (unless we misremember), executive positions in state organisations were always filled. These days, it is not uncommon for the executive list to appear with a vacancy for vice-president, or secretary, or newsletter editor. For us, these are warning signals. When all the folks at the local bowling club are old and stooped, and their numbers shrink year by year, the clubs that survive are the ones that become creative. Doubtless a lot of 'over my dead body!' talk has to occur before the life-giving change is conceived!

Reflecting our culture, family therapy tends to act like a nuclear family cut off from other family members. Sometimes our difficulties could be illuminated by brainstorming with the other state associations, or opening our arms wider to conferences with other constituencies (as was done in Adelaide in 2003). Most of all, whatever form it takes, we need to replace 'cut off' with dialogue and reconnection.

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