

## NETWORK NEWS

Commentary, News and Reports from Regional and International Correspondents

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Welcome to Akivra Bouris who is the new State representative for New South Wales, replacing Roslyn Phillips. Contributors this edition: Sarah Jones, Victoria; Marta Lohyn, Guest Correspondent, South Australia; Janet Roth, Queensland and Ian Shochet, Guest Correspondent, Queensland.

In the themed section, I have left the contributions as discrete pieces this time. The different ways in which the writers approached the topic did not lend itself to trying to merge them.

JANE CHAPMAN

# Family Therapy with the Dying

Ian Shochet, Janet Roth, Sarah Jones, Marta Lohyn, edited by Jane Chapman

Ian Shochet and Janet Roth: *Unfinished Business*. When aging parents are dying, this process illuminates family dynamics and structures, bringing with it not only grief, but also what could be considered to be life cycle opportunities. From the Bowenian perspective, dying is an important transition point which illuminates coalitions between family members.

As death approaches, time becomes a scarce resource. Such an intense desire for the meeting of unmet needs can precipitate the re-emergence of sibling rivalry or other themes that may have been dormant for decades. One client had a falling out with his brother, when the latter's need to outshine other siblings in order to gain parental attention and approval resurfaced.

As the face of mortality presents itself, time seems to collapse from both directions. The 'Now' becomes an all-important, essential moment. 'Now' is perceived as the last opportunity for family members to help each other to resolve old issues, or to acknowledge limitations. For instance, a father-son relationship may finally become open to a sense of emotional connectedness that had previously been unexpressed, yet strongly desired. A positive reciprocal cycle evolves, as both parties (tentatively at first) reach out to each other in new ways. When Janet first spoke with Ian, she was unaware that his father in South Africa was terminally ill. Through their conversation, it became apparent that Ian is personally exploring and experiencing the rewards of completing an emotional connection with his father.

Through family therapy, dying can also provide an opening to reflect on intergenerational relationships and their meanings for different family members. In the collapsed time frame of dying, the past, present and future merge. 'Now' provides an opportunity to reflect on parenting as it was in the past in the family of origin, and

as it influences current parenting practices, and will continue to influence yet another generation of children. This can become an historical point of positive impact on families. The insights gained can be invaluable in terms of changing patterns of parenting, or even simply developing a deeper understanding of the forces operating across generations.

## Sarah Jones on: A Public Death

A very sensitive balance prevails in terms of being available to family members who have suffered a loss, without intruding on their privacy. Just imagine for a moment if Diana had not died with her lover and his drunken driver in an underpass in Paris. Just imagine. That sudden death gave her family no time to prepare. Although so terrible a fate, the untimely death of a young mother leaving two sons, it was an event that gave closure. That tragic event enabled mourning to begin. There was no time for anticipatory mourning, no time for hanging on to every good or bad sign, hoping for hope, fearing there would be none.

Just imagine for a moment that Diana was the one in the Paris hospital hooked up to machines to keep her alive. No one would know whether she was going to survive. What would be the role of the hospital based family therapist? Initial work might be with the hospital staff. Critical incident stress debriefing is an intervention becoming recognised as an important way to limit the stress and trauma for workers at the front line. There is a real role for family systems thinking when debriefing an entire team of people exposed to such traumas. Social workers are often the ones best equipped to give this help. The main task is to provide a space to think. It is especially therapeutic that this space is sanctioned by the authorities in the system and they value it as a

way for staff to express their distress. One way to do this is for the debriefer to help the involved emergency personnel to collect all the bits and pieces of information about the critical incident. It is especially helpful that as much as possible of the whole narrative can be put together. Usually the way this is done creates opportunities for people to express their feelings, often guilt, helplessness and anger.

Diana was a member of one of the most famous families on earth. What more high profile patient could there be? What then of the possibility of offering the usual routine help, treating her and her family as normal people? Can the system consider their needs or is everyone sidetracked by their fame and importance? What would your role be with the direct family? Who would you see? Here is a single parent with two sons. Do you ask as a routine to see the boys? Would the patient's ex-husband, or their respective extended families, be offered a service? Do you hang about and wait to get the whole sense of the family system? If you do see the family, what do you say your role is? (Often it is other people in the hospital who can see a need for family therapy skills, not necessarily the bereaved themselves.) You cannot bring back William and Harry's mum, so why should children be forced to face yet another well meaning professional? Many do not see children in need of specialist help, considering that the adults should be able to do this part. Those of us who have been put in just such positions professionally know that this is not always so. Would you, for instance, say you were offering family therapy? My experience of such a scenario is that you do just that, hang about, wait and see. Sometimes you play a very crucial role. People later say they are very grateful that someone offered so much time to listen—to let them be, not leave them be. Sometimes you don't have a role at all, despite seeing one for yourself. The family often do not want to be faced with anything that would enable more thinking. Shock and disbelief is a well known grief response. The importance of the employment of such a defence mechanism is that it does protect the person from the intrusion of too much reality too soon. The worst is yet to come; let it come slowly.

Social workers have traditionally offered the above services in hospitals. They were the original workers who claimed the individual and his/her system as their field of intervention. Maybe Diana, Princess of Wales, would have liked to know her family had been treated like everyone else, as normal people with normal needs and feelings.

### Marta Lohyn Writes On Grieving

In addressing the inadequacy of traditional family therapy responses to grief and loss I begin by paying tribute to Elizabeth Kubler-Ross, whose name is almost always mentioned in connection with work with the grieving. Kubler-Ross, the pioneering psychiatrist and author of the seminal work *On Death and Dying* is now 71 years old, and herself suffering constant pain following a mass-

ive stroke which has paralysed most of the left side of her body. An article on her life, achievements and current struggles in the *Australian Magazine* ('The Long Goodbye', by Cameron Stewart, October 11–12, 1997: 13–21) reveals Kubler-Ross to be a powerful, independent thinking and very feisty woman. This is someone who is not afraid to say exactly what she thinks and feels, irrespective of others' reactions. Her view of medicine is that it has its limits: 'Another fact not taught here [is that] a compassionate heart can heal almost anything ... The biggest help a doctor could give a patient was to be a good, caring, sensitive, loving human being' (15).

I was writing this just two weeks after hearing Paul Gibney address the 1997 Family Therapy Conference in Adelaide. In his critique of family therapy, one of Paul's arguments was that family therapy has had little to offer clients who are suffering intense emotional and/or physical pain. Gibney turned to the myth of the hero as an apt representation of family therapy. The hero is too busy rescuing, engaging in epic heroics, to be concerned with the simple yet universal needs of a human being in pain. This kind of hero cannot simply 'be' with the other; showing compassion, care and love is not part of this hero's job description.

In my view, Gibney's analysis of family therapy was both acute and timely. I found myself understanding something of my own dissatisfaction with family therapy theory and practice over the past years. The dissatisfaction turned into a private guilt that in some conversations with clients, not much that I said could be located in any sort of family therapy tradition. This was something I used never to discuss of course, because we all need a sense of belonging to some professional category, especially at those times when we least feel we belong.

For example, the woman whose baby died two days after it was born. She is now pregnant again, and her pain for her lost child is still raw and palpable. As the birth of this new baby approaches, her terror grows, lest the horror of the previous birth repeat itself. In conversations, she and I talk about her overwhelming sense of guilt, being punished by God, and her painful relationship with her own mother, who is emotionally unresponsive and has always been so. We talk about her struggle with trusting the medical system, and her almost paralysing fear that her story will repeat itself. I remember vividly her showing photographs of her dead baby; on that occasion, it was I who shed tears.

My client's pain is not going to change radically for some time. To what principles do I, as a therapist, appeal for guidance or direction in such a situation? Family therapy helps me with its general notions of patterns and contexts. Constructionist notions are helpful too; perhaps one day this person may be able to draw something out of this experience which will help her transcend the pain. But at the moment she is simply trying to take each day as it comes; the pain and fear sometimes seem just too much to bear.

The best I can do is offer to be with her in all this,

keep encouraging her to express her experience. This is most important as she is someone who has always believed that to show distress is a sign of weakness. So I challenge this central construct of hers by inviting her to say how she feels, thinks, acts. Sometimes I offer ideas about how to deal with the medical profession, and how to deal with her mother and her guilt. Only occasionally do I suggest the possibility of hope and healing through the being of the new baby, but this always seems so wrong for her and so far away from her experiences. Most of all, I offer her readiness to be with her in this part of her journey, if that is her wish. So far it has been.

So, to a large extent, I am dipping into my own human resources to be present with someone in her suffering. It almost seems disrespectful to think of 'techniques', although I have set 'homework' on occasions. She has found journaling to be sometimes useful, and Milton Erickson said that you could 'pretend' anything and come to master it, so I suggested she 'pretend' that she enjoyed getting out of the house, and see what happened. She liked this idea and used it to help her do trivial but important chores like shopping.

Ken Wilber has written a very moving and profound book called *Grace and Grit* (Shambala, 1991). It is the story of his wife dying of cancer, and their journey together through this most trying time. As he says in his brief introduction, woven into the narrative are 'explanations' of the great wisdom traditions (from Christianity to Buddhism), the nature of meditation, the relation of psychotherapy to spirituality, and the nature of death and healing (2). For him, the story and the 'perennial philosophy, or the world's great wisdom tradition' are 'inseparable' (1).

Wilber's book gives a rich, complex framework from which to learn about the pain and possibilities for

change and growth that can emerge from the human struggle with death and grieving. His wife Treya turned to teachings from a number of spiritual traditions (Buddhism, Hinduism and Christianity) and in the end, saw her illness as an opportunity to develop spiritually. This is essentially how she managed to deal with the fact that ten days after she married Wilber, she was diagnosed with advanced breast cancer. She writes: '... but I'm more excited by my internal changes, my sense of increasing health on higher levels than the physical, by the spiritual work I do each day' (360).

I know of nothing in family therapy parlance which aptly describes the process this woman, or my client, has endured and experienced. As yet, family therapy has not developed towards an exploration of the 'perennial philosophy'. For example, there has been little attention in the literature given to spiritual development and experience and its relevance to therapy and change. This lack seems most apparent when we are asked to respond to someone who is in a process of grief, either for themselves or for another. This is because the challenges entailed in such a process seem so very difficult; the pain experienced cannot be explained or understood in ways we often understand other difficulties in life. Where death or grieving is involved, what sometimes seems like a gross injustice often cannot be accommodated in the ways we adapt ourselves to other sorts of changes imposed on us by life.

I end as I began with Elizabeth Kubler-Ross. If we as therapists are called upon to respond to someone's suffering, in my view, reframing, deconstructing or reauthoring simply seem inadequate. In the end, simply being present alongside the person, alongside the pain, is the most helpful response. In the end, one may simply *be*.

## Local News

### QUEENSLAND

The 1998 Family Therapy Conference will be held in Brisbane from 23 to 26 September, along with pre- and post-discussions and activities. The conference committee has been working very hard to make this an enjoyable and stimulating event. As many people come to the conference from quite a distance, every effort has been made to incorporate interesting activities in and around Brisbane. To entice you here we have chosen a venue which is just a short ferry ride to the city on the fast new City Cat, and each evening a special activity has been organised. The choice is yours whether to join in or go your own way. Some activities will be on the river or at Southbank, the former Expo site which has now been re-created as a centre for cultural events along the river. In addition to the Gold and Sunshine Coasts, Moreton and Stradbroke Island are just across the bay, for

those wishing to take extended holidays and perhaps do some whale watching, beach-bumming, 4-W driving, or just general exploration of the area. Also, the Toowoomba Flower Festival is a spectacular display of Toowoomba's finest gardens in competition. Toowoomba, at the top of the range, is a little over an hour west of Brisbane. The whole town, whether competing or not, is ablaze with colour at this time of year. I'd better stop there, or I will be accused of working for the Qld Tourist Bureau!

If all that fun isn't enough, the committee has considered feedback from previous conferences, and has instituted a number of exciting innovations. For example, our keynote speakers are very well known, and many people have expressed a desire to have time for in-depth discussion with them, where ideas can be more intimately shared and discussed. To address this

need, round table discussions limited to only twelve people will occur each day with our key speakers. This is your chance to get up close and personal with some of our world's most dynamic and engaging family therapists! Practical skills based workshops also feature prominently in the conference program. We are most excited here in Queensland about the possibilities this conference will offer to very experienced practitioners as well as newcomers to the field of family therapy.

Our three challenging keynote speakers are Deborah Luepnitz, Andrew Samuels, and Paul Gibney. For further information please contact our conference organisers: Organisers Australia Ph: +61 7 3369 7866; Fax: +61 7 3367 1471; Email mail@organs.com.au

JANET ROTH

## VICTORIA

VAFT'S Code of Ethics, in draft form, appeared in our August 1997 newsletter. It is a very professional document. Many thanks to all those who have worked so hard, collaborating and consulting widely, and producing such an elegant, lucid code. The Ethics committee, consisting of Colin Riess (Convenor), Helen Hoffman, Barbara Fraser and Nada Miocevic asked for suggestions and comments from VAFT members. A final document was presented at the March, 1998 VAFT AGM. Readers from other states who are interested can contact Colin Riess (+61 3 9376 9844).

Is the production of such a code a statement that we have come of age? In Britain more and more employers are offering positions for 'family therapists', not tying the job to any specific health discipline. This has happened at Melbourne's Bouverie Centre. Some workplaces are more tied to discipline funding and therefore the disciplines themselves hold onto the budget, and thus the selection and eventual supervision of the person. What then are the pros and cons of a separate discipline? Child psychotherapy is a field which is now a

separate discipline in Victoria, attracting people with a primary degree in one field, going on to train and be identified with child psychotherapy. Its strength lies in being able not only to promote the importance of child psychotherapy treatments but also to act as a professional body to represent those trained in the field. If family therapy in Australia is moving more in this direction, a separate specialism with its own defined field of practice, we must have a code of ethics.

However, what exactly will be the power of our family therapy organisation to enforce this code, and what are the consequences for a person who breaks it? Section 1.6 in the Code of Ethics states: 'Sexual intimacy with clients is prohibited. Sexual intimacy with former clients for two years following the termination of therapy is prohibited.' If, for example, a Clinical Member of VAFT was charged with sexual misconduct with a patient, what would VAFT do that would indicate its disapproval? (Section 3: 'Procedures for Handling Ethical Matters' is currently in progress.) Will VAFT's Ethics Committee become a toothless tiger? In the social work discipline, a member of the Australian Association of Social Workers (AASW) who acts unethically and is reported to that Association's Ethics Committee can lose his/her membership. However, many social work jobs do not require membership of the AASW. Therefore the offending social worker is still able to apply for social work positions. Would the same loophole exist for family therapists? If such a hypothetical miscreant applied for a job in the field of his/her original discipline, how would that employer know of the applicant's previous history?

All these scenarios are reasons why we need a Code of Ethics, whatever the potential cracks in the pavement. We can always go back and dig up the pavement when we have learnt some more. Well done to the Code of Ethics team, and to any others involved! We look forward to hearing more from you in this Journal

SARAH JONES

## Letter From Germany\*

Here it comes—a letter from *Meyn* (pronounced like the English word 'mine'). You may wonder where this Meyn is. Of course, it is the centre of the world—just because the world is round (like a circle filled with air or just like a balloon) the centre is always where *you* (whoever you are) are. Thus, the world consists *only* of centres! This sounds somehow circular—but not confusing, I

hope. Anyway, Meyn is a little German village (about 500 people) in the north of Germany, just a mile from the Danish border. This is the context which you need to know—'a middle of a cornfield' as some US colleagues framed it some years ago. It has been this peaceful retreat that gave me time, energy and much more to do all those things I did and am still doing ...

I have to thank the editors of the *ANZJFT*, Hugh and Maureen, for the privilege of becoming a *Foreign Correspondent* in such a foreign (far away) part of the world where I have never been (though I met some of you over the years here and there around the world. Just in September I sat in a garden here having breakfast with some Australian relatives—isn't it strange that one has

\*Jurgen Hargens was the founder editor of *Zeitschrift für Systemische Therapie*. You will find Graham Martin's interview with Jurgen in *ANZJFT* 7, 3: 159–164.

relatives all over the world—if one is looking hard enough?)

As the New Year has just begun, my very best wishes to all of you: may no more than sixty percent of your dreams come true this year (you may need the other forty percent for dreaming as well as for having dreams that make it worth living ... ) What can I tell you that you might be interested in? I do not know, so I just make a guess, hoping that you will contact me directly, letting me know what you like to hear. This time I would like to tell you a little bit about Germany and family/systemic therapy 'up here'—from Meyn viewpoint (my point of view). Since the beginning of the 80s I have taken part in the development of systemic therapy 'up here' (among other things by founding and editing *Zeitschrift für systemische Therapie* in 1983).

Systemic ideas have become very popular throughout Germany and even in traditional institutions they are broadly applied. This does not mean that these ideas are officially respected—quite the contrary: in the German health system only three psychotherapeutic approaches fit into what is called *Richtlinien-Psychotherapie*—psychoanalysis, 'deep psychology' and behaviour therapy. A commission both of health insurance companies and physicians' organisations decided about that years ago. Seen this way, in Germany there is officially no family therapy, no systemic therapy, no solution focused therapy, no reflecting team—though everywhere these approaches are practised and help to secure psychotherapy for the people. You should know that a national government report stated in 1991 that the health system cannot guarantee psychotherapy for all people who need it, and this still holds true nowadays.

But this does not mean that there is no 'other side of the coin'. A lot of other approaches are used but not officially spoken about (one reason is that insurance companies do not pay for them). Anyway, systemic work has become very popular in Germany, and in a recent meeting of experts to report to the Secretary of Health, it was stated that in psychiatric hospitals, systemic work has proven its importance and effectiveness. The three German associations which promote systemic and/or family therapy—*Deutsche Arbeitsgemeinschaft für Familientherapie (DAF)*, *Dachverband für Famili-*

*entherapie und systemisches Arbeiten (DFS)*, *Systemische Gesellschaft (SG)*—have just applied to make systemic therapy another accepted therapeutic approach.

You realise that in Germany there has been a little shift, from family therapy or systemic family therapy to 'systemic therapy'. This goes together with an 'institutionalisation' of systemic therapy: organisations have been founded, they go for curricula and certificates, formalisation and bureaucracy. To use Jay Haley's warning: does institutionalisation become a hindrance or obstacle to further developments—a question which I think is a very important one, but also a question which is not very often asked in professional meetings and publications. From Meyn viewpoint (my point of view) systemic therapists should reflect the context they are working 'in'—therapy (as I see it) is always part of the social community and thus, it will be influenced by this community as well as influencing it. It is a two-way street.

Let me give you another idea about that: the economy strongly influences our work. Again, Haley has mentioned one issue—a session usually lasts about 50 minutes simply because insurance companies pay for it. The economy seems to get worse; how does this influence psychosocial and therapeutic work? I read some papers about unemployment—but basically about unemployment from the client's point of view, and not with respect to its possible impact on the therapist. These are some of the lessons I am currently learning about—to take theoretical notions of systemic work seriously and to apply them on my own work, e.g. self-recursiveness, context, frame, interrelatedness. What may all this mean with respect to the way I do my work? How would my work look different if I did not have to look for my own income? There are a lot of questions. I like Bateson when he quotes Cummings: always the person who asks the more beautiful questions will get the more beautiful answers. So, what will your question be? That is my question!

Yours peacefully,

Jürgen Hargens

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## And an unexpected but very welcome Letter From Ireland

The Family Therapy Association of Ireland celebrated its twenty-first year of growing in 1996. Over this time, much has been developed, leading to the present exciting issues of professionalisation. The Annual General Meeting in 1997 addressed some of the implications of this change, e.g. networking, to create further links and supports to those in the profession of family therapy

and those interested in developing systemic ideas more generally. More regional links and developments can now be strengthened as a strong centre has been formed.

Most training takes place in Dublin, along with workshops; in the past year speakers have included Harlene Anderson, Karl Tomm and Michael White. An intro-

ductory training course in Limerick is now in its third year. For those in the West of Ireland, Paddy Sweeney led a workshop on 'The Milan Systemic Approach' last November. Local Family Therapy Forums continue to be provided for those interested in systemic ideas. More recently, a smaller group of family therapists in the area have agreed to meet to focus more on actual practice and development of family therapy ideas, which should see the emergence of some exciting thoughts.

In Ireland, the recent Divorce Legislation has brought significant change, resulting in interesting challenges and debates around concepts of the family and gender issues, along with custody and contact matters that impact on the family. Suicide and bereavement

also surface as common themes. The challenge of creating groups to attend to these themes, using systemic ideas, is one area of excitement. In general, there is increased acceptance of family therapy or any kind of psychotherapy among clients. It is exciting to be part of the change occurring within clients in the process of creating more life fulfilling stories. Hopefully, we in Ireland will be able to maintain a balance in the formation of a professional identity, along with the continuation of the open exchange of ideas that creates the spark and vibrance of family therapy.

LORRAINE O'GORMAN

Guest Correspondent, Lyradoon, Family Centre  
Galway, Ireland

## Report on the South Australian Conference: Part Two: Doors Opening on a Tidy House

'Journeying Together Out from Behind Closed Doors' was the theme of the Family Therapy Conference held in Adelaide last September. Topics the organisers hoped would come out included ideas about racism, sexuality and homophobia. And, yes, we did break out from behind motels, hotels, homes and campus doors and journey together to the Dining Room at Adelaide Students' Union for the *Welcome to the Lands and Conference*. Now to be honest, I was not looking forward to the Opening Ceremony. I feared it might be either condescending, a boring exercise in political correctness, or the beginning of what I see as an insidious racism where you never talk and listen to Aboriginal people about family therapy and then once a year have them open the conference. You see the kind of cynical views that organisers have to contend with!

My anxieties disappeared though with the strains of the didgeridoo as we walked into the room. It seemed just right. So did Uncle Lewis O'Brien. Uncle Lewis talked about the differences in the way our cultures go about things. Eye contact is considered important in European culture, while Aborigines sit next to a person and show respect that way. Then while Aborigines begin a meeting with many ideas and confer until they finish with one, whites begin with two ideas and try to finish with one. He spoke about how good it feels to survive one day by yourself under the stars and know that you can. And he attempted to explain to us the way of the Australian indigenous people by telling the story of an Aboriginal tracker on the reservation where he grew up who knew the difference between bull and cow prints, but would not tell him because Life is about working things out for yourself. So Uncle Lewis sat in a paddock for six hours in an attempt to work out the difference. 'And what do you think *is* the difference?' he asked us. 'If you want to know *you* go and sit in a paddock for

six hours!' The morning progressed naturally with lessons in how to play the didgeridoo—oops, that is a European distortion of the word 'yadeki' or if you prefer 'iria-deki' (of course I don't know how to spell it!)

Next came the New Zealand contingent. Kiwi Tama-sese, first in her own tongue and then in English, acknowledged the hospitality of the South Australian people and the work put into organising the conference, and she sent greetings to the Kurna indigenous People of the Land. Kiwi had a little problem with the theme because where she comes from, houses have no doors. But she came out anyway! She defined family therapy theories of positivism, constructivism, critical theory, problem focused, solution focused and post structuralism, which is a feat in itself, then she challenged the therapists present to look beyond theories which are located in the social sciences and look to parents and children to identify how culture fits with these.

Charles Waldegrave took up the theme and argued that although more indigenous people are going to university, the battle for justice is being lost. He says that they will never be able to access resources while the current level of awareness continues and the cultural and spiritual needs of indigenous people are growing faster than they are being resourced. One of the restraints he sees preventing us from moving forward is what he calls a myth of cultural competence. It is his strong view that the most inappropriate way to behave is to work with indigenous people yourself. Rather, he says, we should be working for therapeutic centres for indigenous people which ensure an independent cultural sector in their control. It is not surprising that his talk generated some interesting discussion. Questions were raised about whether this could work in Australia; whether the concept could or should be extended to include other cultures; whether it is a viable idea; and whether we have any right to say it isn't.

After lunch it was time to get into the serious Conference Stuff and this is where it gets difficult to talk about what happened because I could only be in one place at a time. This fact had been impressed on my mind earlier when I went to register for the conference and discovered that we were asked to decide which workshops we wanted to attend and list our names on the board. When in Rome, it is said, do as the Romans do, and I discovered that When in South Australia, you should try to be Very Organised. The conference committee, being South Australian, had us register for almost every workshop. While it was said that this was needed only for those workshops restricted by presenter or size of room, out of the sixty workshops on offer, there were only about three not on the list board. The committee did however assist us to comply with this request in two practical ways. The first was a bowl of chocolates on the desk. The second was to organise the abstracts in order of presentation for easy location. Brilliant! I hope other conferences follow this practice.

One workshop actually had no attenders at all. The people I heard discussing this over tea came up with no solution to the problem. It might be better to have less choice and have the committee select suitable workshops, but it always happens that workshops that *you* might not like, other people find fascinating.

After a day's hard work, we came out of the doors of the Union Building and travelled together to look at Adelaide city and the South Australian people. I observed that the city looked as if they had spent weeks cleaning it up before we arrived. I also spent some time watching the locals. I was especially fascinated with their behaviour at the traffic lights. I noticed that after a while they just step off onto the road! I was shocked. I mean, we do that in Sydney, but it is pretty dangerous. How could they be so reckless, I thought. But, just a split second after they step off into the street, the lights go Beep-Beep and the traffic stops. *They know when it is going to happen!* Now, if you want to know how they do this, *you* spend the hours in the city observing them. (And if you find out, could you please tell me?)

On Thursday, we were ready to Open more Doors. I am not sure, however, how ready we were for the Ple-naries given by Paul Gibney and Catherine Sanders! Now when Adrienne Martin, who introduced these speakers asked us to treat the presenters with respect even if we didn't agree with them, I knew she must have had a sneak read of their papers beforehand. If not, why in such a well behaved place as South Australia would she remind us to be good? But we did not fall off our chairs, Adrienne, or run from the building. On the contrary, Paul's and Catherine's words were heard and discussed and referred to by various presenters and delegates during the day.

What were these words? Firstly I want to say that I feel quite daunted at the thought of explaining and commenting on such weighty stuff with the resources at my disposal. However—Paul Gibney called his talk 'Out from Behind the Hero Myth'. He began with a summary of what has been helpful and not so helpful about cur-

rent family therapy. On the positive side were political issues, and the ability to converse with other disciplines. On the negative side he talked about family therapy forever reinventing itself and about theories which embrace 'One Size Fits All' concepts. He was also critical of the way our theorists borrow from other fields without saying how or why. He bemoaned the way in which family therapy grew out of dissatisfaction with myopic therapies, yet has come to a place where it can be criticised for being long on technique and short on empathy and understanding.

The gap between schools of theory is one of the things Paul sees as problematic if family therapy is to make steady progress in demonstrating its suitability over other disciplines. 'As one group,' he says, 'gathers data on minutiae in family functioning, the other seems to imply that they may have reduced the issues of anorexia, schizophrenia and violence and are now ready to take on board cultural dilemmas that have confounded scholars, saints and mystics for generations.' I wrote this down so that a) I could think about it some more, and b) it's such a good quote, don't you agree?

Gibney's biggest cannon was saved for the concept of theorising suffering and the inability of our field to relate to problems that won't get better, which is a shock to me, because I always thought that when I came to a problem that I thought would not get better it was time to close shop. He called on us to sit with our own inferiority, to conduct workshops which question rather than esteem heroes, to borrow respectfully from other disciplines and to recognise human suffering. Incidentally he thinks 'family therapy' is a good title for what we do as long as we remember it is not always about families—or about therapy.

Catherine said that the key to a society is not its 'bottom line', but the way it *debates* important matters. She talked about the paradoxical position of family therapy and urged us to look both within and outside ourselves. It was as if she was inviting us to step over the line and see what is *post* postmodern. What will we call it? What will it look like? She quoted people from the past like Goolishian, and Flaskas from the present, to give substance to her warning against approaches that have become repressive and abusive. She wants us to look beyond becoming Master Story Tellers and think about how we will speak to women clients; to look beyond the therapies we have available to us now and to take with us pieces from the past, like notions of Truth. For instance, to a Holocaust survivor, notions of Truth have value, and many people who see themselves as witnesses want to claim that knowledge about their experience.

Her talk was like an invitation to an exploration — freely moving inside and outside and seeing what therapy has to offer us and our clients, but doing this in a way that does not draw back from the uncomfortable position of knowing ourselves or from the terrifying notion that we are in the position of being Oppressors. She wants us to look at the dangers of Blind Prejudice, which she sees to be more dangerous than lack of skill

and she urges us not to expect life to be neat and predictable.

On Friday, a workshop I attended took on the challenge offered by Paul to workshop ideas rather than speaking from theoretical wisdom. When Carole Meech and Andrew Wood began their workshop, rather than asking participants not to critique, as many had, they actually invited discussion around the case they presented by asking for comments and opinions on theoretical and philosophical aspects of their work. This proved to be interesting and stimulating. It was one of the workshops that stayed with me after the conference. However, I imagine it would have been extremely difficult for the presenters. To begin with, controlling time is difficult when you do not know how long the participants will want to speak. But the most threatening aspect for me would be how I would cope with colleagues' critique of my therapy. I am sure the presenters would agree that 'Beginning with Many Views and Finishing with One' is a difficult and time consuming notion.

Carole and Andrew had obtained the permission of their client to share a lot of her story with us; the presenting of this material to the conference was to be part of their work with her. It was certainly a worthwhile activity to be engaged in and one that increases my enthusiasm for the Round Table Discussions planned for the next conference. It does not seem fair to talk about the workshops I attended and leave out the others, so I won't do that.

Finally, we gathered again in the Conference Room for the usual array of formalities. A training scholarship was presented to the beautiful Rosemary Wanganeen who had opened the Conference; there were prizes for workshops which most reflected the theme, and the

Journal presented an award for distinguished service in Family Therapy. This award is given for outstanding contribution in research, teaching or scholarly contribution, and this year it was awarded to Colleen Brown for her achievements in increasing awareness in her work with Aboriginal families. Colleen is an educational worker and a family therapist. Her articles on the Stolen Generation and work with young Aboriginal artists are among her most significant projects. There weren't too many dry eyes when she interrupted her comedy patter and told us 'I love you all'.

The South Australians apart from being organised are also hard to ruffle. Even when organised events did not arrive, they picked up and got back on track. Even hardened stirrers like Kiwi Tamasese and I failed to unbalance the organisers. Kiwi at the closing ceremony found some papers lost from her opening plenary address and tried to whip up some controversy, suggesting people could write to her about the events of the 1995 conference, but by then all we wanted to do was hug people and send them on their way happily.

As for me, the only thing I could find to tease the locals about was the Crows AFL team preparing to defeat St Kilda on the weekend, but that would have been too heartless. When the taxi driver on the way to the airport told me how he had missed out on Grand Final tickets when his 'mate' found out how much he could acquire from selling them, I simply wished him well for the footie and flew back to the wicked, rude, lazy, disorganised 'Emerald City'. I don't know about you, but I just can't wait to pack my bags for the next conference.

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