

International Congress, Health System Reform, In-Home Therapy and Self-Help!

Another year has passed by, and sometimes I get the impression that time seems to accelerate — which might simply be a consequence of getting older (or a consequence of the idea that time itself is only a construction!). Getting older might also mean that things seem to happen over and over again, becoming routine, trivial. Nevertheless, there was a huge event last year in Germany, a very special one — the International Congress for Family Therapy and Systemic Praxis of the European Family Therapy Association (EFTA), organised by the two German associations for family therapy and systemic work (DGFS and SG), taking place in Berlin. Unfortunately I was unable to attend. With more than 3.500 participants from 41 countries it was the biggest event of its kind in Germany. This conference was a great success with regard to science, the profession, and politics, as Kurt Ludewig, who ran the organising committee, stated.

Currently no one can foresee in which way this will shape the future of systemic ideas in Germany. One thing is already happening — the German professional organisations are about to apply a second time for systemic therapy to be acknowledged as a regular psychotherapeutic approach within the German health system. If this turns out to be successful, it will mean that systemic therapy is paid for by the health insurance companies on a regular basis. But no one can be sure — the commission rejected this application last time, defining systemic therapy as of no scientific value! Of course, you know that in the realm of economics and politics, this kind of decision is not only fed by scientific or professional arguments but by financial arguments which relate to issues of power and definition. Welcome to the so-called real world!

Thus, in Germany the costs for the health system are constantly increasing and the federal government works on reducing the costs — which basically means either reducing the service provided or increasing the dues. No matter which way you look at it — the bills are paid by the customer. That's economics.

No wonder that professionals are looking for some niche. I was reminded of this when reading Andrew Fuller's paper on 'Home-Based Family Therapy', framed as 'a view from 1991' (2004). In Germany there is a strong movement for home-based family therapy, which has resulted in a special section (task force) within one of the two great German associations. The setting up of this task force is mainly due to Marie-Luise Conen (1996; 2002) who succeeded in bringing it about that nowadays the youth welfare system, at least in Berlin, mostly pays for home-based family therapy. She also offers a training course.

I think home-based therapy is facing three crucial questions:

1. It has to find positive ways to cooperate both with the youth welfare institutions and with the family. This is also to say that the home-based worker (I prefer this term instead of therapist) has to bridge two sometimes contrary concerns: that of the institution (which mostly aims at 'control') and that of the family which mostly aims at getting rid of the institutions. (Of course, one should never forget one's own agenda!)
2. Working within a constructivist frame, I caution against believing that the worker can get to know more about what is 'really' going on when seeing the family in their home. 'What is really going on' is also just a construction, I believe, which may trigger another struggle about who's right and who's wrong (which I would describe as 'resistance', though 'resistance' is a term frowned on in a systemic way of working).
3. The worker/therapist who enters a family's home is facing the challenge of being a guest in the family's home as well

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as being a *professional*. Sometimes this might turn out to be a delicate balance (Hargens, 1993, 1995).

Anyway, I believe that in-home family therapy is an interesting way not only to look for a niche, but also to find one — from a constructivist point of view it constitutes a difference whether I am ‘looking for’ — or whether I am ‘finding’ ...

In the place where I work (the city of Flensburg) psychotherapists are also looking for and finding a niche — the local association of physicians and psychotherapists have built a task force to improve the cooperation between general practitioners and psychotherapists, whose working conditions are very different. The group meets on a regular basis and is making good progress.


Whatever course the reform of the German health system might take, it basically requires (and demands) more individual responsibility. This might be seen as another side of the systems therapy idea that the customer is the expert. This idea has led me to make systemic ideas more open to my KundInnen — I have started to write tiny little books about how to use helpful (therapeutic) ideas without the help of a professional. These books — about 80 pages each — contain ideas in form of invitations, of possibilities, and thus, they are not framed as ‘self-help books’ but as ‘(no) self-help books’.

I enjoy writing them because it has helped me a lot to get clearer about what I am doing (for what reasons) in

therapy and it has made me even more humble — reminding me that the ‘real hero’ of any non-therapeutic enterprise is the KundInnen and clients themselves. And I have the privilege of supporting them and being an observer of their progress.

Yours peacefully
Jürgen Hargens

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Letter to the Editors

Dear Editors,

As co-editor with David Paré of *Collaborative Practice in Psychology and Therapy*, I thank Peter Churven for his recent review (26, 1: 53) and would like to make a brief comment. The rationale of our book was precisely to establish Peter’s point that postmodernists and social constructionists who reject a modernist perspective run into all sorts of confusion, contradictions and paradoxes. On this my thinking has been informed by deconstructionist philosophers like Derrida and Levinas. They argue that to reject modern philosophy or science is not only absurd but repeats the violence and dogmatism of modern

theory in closing down difference and other ways of thinking about and acting in the world.

In the book our objective was to map a third both/and path in the modernist/postmodernist debate, which concerns how to be a postmodern therapist while working in a modernist world. As Peter notes this dilemma is faced by all of us who value the important role of dialogue, conversation and narrative approaches yet can see the need for family therapy to establish itself as an evidence-based practice or systemic/contextual science.

Yours sincerely
Glenn Larnar