

Dear Editors,

I thoroughly enjoyed the articles on Bateson in the recent September 2006 journal issue.

Family therapists might be interested to know that Jacques Derrida, the deconstructive philosopher, was familiar with postwar cybernetics, including Bateson's work on the double bind, and often used the language of systems thinking to explicate the workings of deconstruction. In *Resistances of Psychoanalysis* (1998) he mentions Bateson directly by name: '... beginning with Bateson and others, it is assigned (the double

Dear Editors,

I would agree with Hugh's editorial (Family Therapy's Intimidating Profile) in the March issue of *ANZJFT*, that there is a growing community of therapists, social workers, psychologists, counselors, doctors, psychiatrists, etc. 'out there' doing family therapy who do not strictly identify themselves as 'family therapists', nor regularly attend conferences or training or read and subscribe to the journal etc. (An aside on the issue of falling subscriptions, online library access through university affiliations is widespread particularly for clinical psychologists like myself, although I do subscribe to a paper copy). As Hugh suggests the challenge is how to welcome them as 'family' therapists into the systemic fold through a more inclusive definition of the discipline. This is an issue that has motivated my own work on integrating family therapy into CAMHS practice (Larner, 2003).

Nonetheless I suspect the situation will gradually change as family therapy becomes more accepted as an evidence-based practice, something that may already be happening. In September, 2005 I presented a paper 'Family therapy as an evidence-based psychology practice' at the Australian Psychology Society Conference and made representation to its scientific committee about putting family therapy on their 'better outcomes' list. To my surprise I was informed this is immanent. To quote the reply which should be of interest to all family therapists who are psychologists:

Dear Glenn

Thank you for your email. The APS recently conducted an updated review of evidence based practice for the list of psychological disorders listed under the BOMHC initiative. This review included a number of interventions other than CBT and IPT, including family therapy. The review did show family therapy to be effective for a number of the disorders.

A revision of the information currently on the website for BOMHC is expected once the 2005 review is accepted by the Government.

Thanks again for the information you have provided. I hope you find the outcome satisfactory.

bind) a schizogenic power to which some fall victim while others are immune' (p. 36).

In a move Bateson may have appreciated, Derrida extended the idea of the double bind beyond relational pathology to the paradoxical interplay or aporia between structure versus freedom in a language, text or institution. What is interesting is that for Derrida as for family therapists influenced by Bateson meaning is always relational, contextual or systemic.

Glenn Larner

Senior Clinical Psychologist

Kind regards

Rebecca Mathews, PhD Research Officer, The Australian Psychological Society.

I supervise clinical psychology and psychiatry trainees and the word is out that family therapy is considered a desirable and important part of therapy training. In NSW there is a beginning presence of family therapy in some university clinical psychology programs and in the training of psychiatrists at the NSW Institute of Psychiatry where I teach. Many of my CAMHS colleagues are interested to learn and apply family therapy approaches and I dutifully encourage them to read the journal, attend conferences or training events like the recent Bertrando visit and many have done just that.

In NSW 'Working with Families' training is currently being implemented in adult mental health services courtesy of Dr Ann-Marie Bickerton, child and adolescent psychiatrist, and suddenly the profile of family therapists appears to be higher. This, together with increasing recognition of the importance of working with children and families of parents who are mentally ill (COPMI), has opened up a rationale for learning family therapy skills. Personally I feel significantly more optimistic about the politics of family therapy since I wrote on the topic in 2004.

Concerning what the journal publishes, I would agree with Hugh's suggestion for briefer clinical papers and discussion of practice issues through forums and e-discussion and at the same time making space for more challenging articles for die-hard family therapists (like me) raised in the halcyon days of epistemology and heavy theory. These do not have to be either/or alternatives but a both/and catering to a broad community of readers. Otherwise there is a risk the journal may lose interest to those who do go by the name of family therapists.

Glenn Larner

Senior Clinical Psychologist, Sydney

(This letter was dated May 28, 2006, and thanks to a cyberspace accident, is only now being published. Eds.)