

EDITORIAL

The Unconscious of the Individual and the Unconscious of the System

Last year, I had the opportunity to talk with a prominent Melbourne psychoanalytic psychotherapist about the differences between her way of working and ours. She wanted to know how family therapy dealt with the 'multiple transference' from a whole family, 'competing for the therapist's attention and regard'. I thought privately that the honest answer was probably, 'we don't'. I said that I suspected that what we called 'joining' enabled competent family therapists to *sidestep* competing transferences by persuading each family member at a *conscious* level that he or she was important to the therapist. I wondered afterwards whether I might have done better to say that family therapy, almost by definition, addresses the *conscious* mind of each individual, but (if we except some behavioural and cognitive family therapy approaches) the *unconscious* of the system as a whole, whereas psychoanalytic psychotherapy seemed to me to be addressing the unconscious of the individual, but perhaps in the process missing the unconscious of the system of which that individual formed a part.

In this regard, at least some family therapy approaches might be grouped with Ericksonian hypnosis and its associated strategies, in that they speak a metaphoric language direct to the system's 'collective mind' (a concept explored extensively by the British group analyst, Bion). By contrast, perhaps, the whole project of psychoanalytic psychotherapy from Freud onwards has been to make the unconscious conscious, to make it a subject of discourse. In this respect, if in no other, psychoanalytic approaches are closer to systemic approaches like those of Bowen, who consciously taught individuals in a system how the systemic unconscious works, rather than to those of Selvini, who attempt to manipulate the systemic unconscious without full understanding on the part of individual clients.

By foregrounding unconscious processes (including transference and countertransference), psychoanalytic psychotherapies activate certain potentials for change and development at the expense of others. By foregrounding another set of processes, systemic therapies activate different potentials. Like behaviourists, family therapists on the whole prefer overt, measurable behaviour (see Brian Cade's remarks in 'Refrains') to vague, messy feelings that are inchoate (see Stiefel et al in this issue). While most family therapists accept their clients' expression of anger, jealousy, and hurt, we tend to react to them with conscious efforts to resolve impasses, promote understanding, and catalyse change. We greatly value the expression of genuine tenderness, gratitude, forgiveness, understanding. To achieve such things in

a session is a cause for rejoicing. To a psychoanalytic psychotherapist, much of what we do, particularly in brief, strategic therapy, would seem intrusive, patronising, short-circuiting of clients' emotional processes, and ultimately, perhaps, would indicate our own difficulties in accepting strong feelings. Their judgement, harsh though it may sound, is borne out by the way family therapists behave towards one another: we avoid conflict, act with professional 'niceness', and voice our professional jealousy and aggression mainly in safe huddles with those of like mind—exactly how Bowen described 'triangling'.

By contrast, psychoanalytic therapists, from my much more limited knowledge of them, show their own angers and jealousies in a very upfront manner, and exhibit a kind of radical honesty that many people would consider 'rude'. They are often more comfortable with strong feelings than many of us are, and certainly more prepared to 'sit with' such feelings rather than attempting to 'do something with' them. Conversely, they often seem to find it harder to deal with feelings of softness, reading into affectionate impulses undertones of 'seduction'. If we generalise from these differential practitioner profiles to differential client outcomes, we would expect that patients after analytic therapy might be more deeply in touch with, and accepting of, their own anger, fear, jealousy and dependency needs; these awarenesses might not necessarily make them easier to live with, and in fact might make them seem more cantankerous or demanding than they had been before (causing skeptics to assert that psychoanalytic therapy 'doesn't work'). By contrast, patients after family therapy might seem more accommodating of others, and hence easier to live with—but perhaps more prone to conceal or minimise strong personal needs and emotions, leading perhaps to 'maturity' that is not based in deep self knowledge.

Depending on whether you see it as starting with Freud and Breuer's discovery of 'cathartic' treatment for conversion hysteria, with the publication of *The Interpretation of Dreams* in 1900, or with the later institutionalisation of 'classical psychoanalysis' as a powerful training and professional body, the psychoanalytic tradition has up to a hundred years of history. It has accumulated a vast, diverse, and sometimes perverse, theoretical literature (through which, in this issue, Jo Grimwade conducts a light-hearted but thought-provoking Exploration). As Ingeborg Stiefel, Julie Rohan and Poppy Harris observe, the forbidding terminology evolved by the psychoanalytic tradition has actually con-

tributed to our failure to learn from it. Introductory psychology texts summarise Freud's tripartite theory of personality (ego, id, superego) as if that were his one major contribution, and leave the rest well alone. Generic texts on counselling meaninglessly name 'defenses', 'working through' and 'free association', leaving students none the wiser about what psychoanalytic therapy might actually be like, let alone what it might have to teach them.

Family therapy's history, even if we date it from the earliest possible point, is less than fifty years old, and its founders explicitly rejected the psychoanalytic tradition—which, as Akiyra Bouris points out in her Network News contribution, is 'a stance somewhat reminiscent of the behaviour of adolescents in families'. Essentially, the new systemic paradigm brilliantly illuminated the way that dysfunctional behaviours were maintained and (sometimes) could be changed; it had little to say on how they originated, which sometimes left family therapists resourceless when their change-oriented techniques failed to elicit change from certain client groups.

Yet family therapy has never entirely lost touch with psychoanalytic thinking. Rather, we can detect two currents within our tradition. One tends to the positivist and the biological, and is oriented to acceptance of what is perceived to be inevitable (and hence ultimately aligned with Freud and his successors). Bowen's work, and Selvini's 'invariant prescription' are two examples. The other current is constructivist, meaning-centred and optimistic about the prospects for radical change, as exemplified by the whole strategic/brief strategic tradition.

The psychoanalytic tradition has its own version of the same dichotomy. Freud always saw himself, in Sulloway's phrase, as a 'biologist of the mind', and there has been a strong quasi-biological, deterministic strand in much psychoanalytic thinking. Robert Langs' recent book, reviewed by Brian Cade and Carmel Flaskas in 'Refrains' is a classic example. Also in this issue, Averil Earnshaw talks about her own extension of the famous Tavistock question ('why *this* symptom? why *now*?') into a controversial hypothesis about the cross-generational time-linking of life crises. Yet despite its reputation for gloomy determinism, the psychoanalytic tradition holds out the hope that a 'good enough' experience of therapy can restore trust and a measure of selfhood even in the most damaged of humanity. In this issue, Ingeborg Stiefel and Sally Young reflect both the tempered hope, and the confronting honesty, of the

psychoanalytic tradition when it struggles with clients who are a far cry from the wealthy neurotics often portrayed as consumers of analysis.

Family therapy has been all too prone to adopt in a fairly superficial way the specialised terminology and concepts of other disciplines. It would be a great shame if the gradual revaluing of psychoanalytic thought within family therapy were incorporated in this manner. If we employ the analytic terms 'holding' and 'containment' as loosely as we have employed terms like 'story' and 'conversation', we will derive no lasting benefit from the rapprochement. Family therapy has much to learn, but we must first learn to digest, rather than 'swallow whole'.

By the same token, family therapy has opened up areas of experience and knowledge that radically challenge aspects of psychoanalytic theory and practice. When you have sat many times with an entire family in a room, and heard how very differently family members construe the same experience, once you have been witness repeatedly to the gap between words and behaviour, it becomes impossible ever again to believe (as clinicians and theorists of the stature of Masterson and Greenspan still do) that what adult patients say in therapy about their parents is necessarily an accurate guide to the 'dysfunctional parenting' they received.

And then there is the dilemma of the one way screen, video supervision, and conference 'demonstrations'. To most in the psychoanalytic tradition, these things seem intrusive, boundary-breaching, unethical. Indeed, family therapy has itself (for somewhat different reasons) moved increasingly away from them. Yet our understanding of family processes, and of therapeutic effectiveness, has been hugely aided by these same devices. Have we thrown away the baby with the bathwater? Should we move back towards the 'privileged', confidential relationship of patient and therapist, in which our only source of information about the wider system is the index patient? Or will we find in so doing that our therapeutic relationship is uncomfortably isomorphic with the secrets, gaps and failures of communication within our patient's natural systems?

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References

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