

## NETWORK NEWS

### Commentary, News and Reports from Regional and International Correspondents

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**Contributors for this edition:** Janet Roth, Queensland Correspondent, Akivra Bouris, NSW Correspondent, Sarah Jones, Victorian Correspondent, Margaret Stoklosa, Tasmanian Correspondent and Adrienne Wills, West Australian Correspondent. Jeff Power, Guest Storyteller.

**JANE CHAPMAN**

# Family Therapy and the Unconscious

Janet Roth, Akivra Bouris and Sarah Jones

**Janet Roth** begins with a vignette which she calls 'Understandable Anger, Fear, and Sadness'.

Dad, an alcoholic, died suddenly last year. Mum and Dad were in the process of separating at the time Dad died. Mum and Dad had not been able to agree on the disciplining of their five children. Now the fifteen year old daughter has decided that she cannot live at home any more, and is in the care of the Department of Families, Youth and Community Care. She has been physically violent to her mother, and more so since Dad's death. The other children are very worried about Mum, who rejects any support or counselling, and they also worry about their sister.

The first session aims at getting to know each person separately, sharing empathically. It is important to provide support to Mum in her stance ('I'm fine, it's the children who need the help'). Carefully framed questions like 'What sort of things do you do that best help your mother, sister and yourself cope with this overwhelming pain?' bring to the fore unacknowledged resources and skills within the family. It seems that most people do not often think about what they do as being helpful or unhelpful. The therapist reflects, 'So by doing that, it makes your day and your Mum's day much easier?' Alternatively, the therapist might ask, 'So if you had an opportunity to do that, would it be easier for you to manage now?' A family is a group of individuals with a minefield of unconscious patterns which are being acted out. As the therapist reflects the feelings and the behaviours of individuals and of the family as a whole, family members can become conscious of their part in the problems and in their solutions. Our role as family therapists is to lower their threshold of awareness, in order to enable family member to discover their own solutions—to have that 'Ahaa!' experience.

**Akivra Bouris** notes that this topic invites a consideration of the place of unconscious processes in family

therapy practice—those emanating, as it were, from clients and therapist, and the interplay between the two. It seems also to invite a broader consideration of family therapy's relationship with psychoanalytic practice, since of course the 'unconscious' is an important idea within the epistemology of the latter.

In the past, many family therapists claimed an antithetical relationship between the two disciplines. Family therapy, meaning systems based therapy, habitually defined itself in opposition to psychoanalysis. By contrast, family therapy was brief, interested in the 'here and now' of behaviour, and (latterly) of beliefs; it disavowed notions of pathology and deficit. Most importantly family therapy claimed to be focused on change rather than insight, and thus was damning of psychoanalysis by implication. In short, it often seemed that the newer discipline defined itself through opposition—a stance somehow reminiscent of the behaviour of adolescents in families. Did oppositionality serve a developmental function? And is it continuing to do so? In some circles at least, this is indeed the case. In 1997 a controversial relationship between the disciplines was posited: 'It appears that the relationship between the two disciplines is more often characterised by suspicion than respect' (McFadyen, 1997).

How true is this? Carmel Flaskas, Senior Lecturer in the School of Social Work at the University of NSW has long held an interest in psychoanalytic ideas as they relate to family therapy. She is a frequent writer and speaker on this topic and has found that rather than being suspicious, family therapy practitioners are always very open and receptive to psychoanalytic ideas. She makes the point that perhaps oppositionality is more a US phenomenon than a local one.

A number of therapists who spoke to Akivra believe that in the present postmodernist era, a converging of the disciplines is taking place, and that this convergence is at the level of practice rather than at the level of theor-

etical model making. Many family therapists are quietly saying that they are influenced by psychoanalytic ideas. If there is suspicion by family therapists, Akivra didn't find it.

On the other side, psychoanalytic therapists are becoming more interested in the intersubjective, namely the intersubjective context. To take an idea from Object Relations theory: a child's real relationship to its primary caregiver, inevitably its mother, is the primary relationship through which the self of the infant is formed via the process of the internalisation of a kind of representation of this 'mother-object'. The quality or otherwise of this relationship, commonly referred to as attachment, determines how the child begins to know him/herself unconsciously, exclusive of other possibilities. An infant whose needs are attended to well enough develops a healthy vigorous self. This last point would probably receive widespread endorsement by therapists of many persuasions whatever the difference in theory or the language in which it may be expressed. All family therapists for instance would have an interest in strengthening family bonds. But why would they exactly? What theory informs this position? What about the familiar stuckness at termination? How is this understood?

Family therapists often go outside their articulated knowledge base to deal with many issues. In truth, systems theory is not a rich explanatory framework, except when the subject is how systems work. Family therapy has always had a curious relationship with its knowledge base. Much of what therapists believe about how individuals and how families are, is knowledge that is implicit. As a trainee ten years ago, Akivra found Family therapy to be a highly effective practice which markedly lacked first principles. Rarely is the term 'family' defined, for instance. Incidentally, this may explain family therapy's notorious penchant for the indiscriminate, albeit sometimes poetic, borrowings from various academic disciplines.

So as an *idea*, do family therapists believe in the unconscious? Kerrie James argues that they do and always did. Kerrie argues that the important point is that the conscious is all that therapists, whether psychoanalytic or systemic, have access to, all they can work with. The difference, Kerrie further argues, is simply that the different disciplines have come to privilege different aspects of therapy. To paraphrase Freud, for family therapists, the 'royal road' to change was never via the unconscious. This is akin to a cross-cultural difference.

Family therapists, being a rather heterogeneous group, vary in the importance they assign to exploring meaning as a passage to change. Those who argue for its importance work in a way that more closely resembles psychoanalytic therapy, at least in spirit, and increasingly, perhaps, in practice. Some therapists argue that the Milan model, founded as it was by four analysts, pays the most attention to meanings of any systemic model.

The thinking might go something like this. Since we cannot access the unconscious, meanings may come to represent its conscious manifestation, and hence the

very stuff of therapy. Meanings are what people end up constructing from the real events in their lives, and meanings are filtered through the unconscious. Similarly feelings, or the affective content of therapy, are more important to psychoanalytic practice. Those family therapists who have been critical of the lack of centrality of affect have in recent times moved to embrace Emotion Focussed Therapy, for instance. As a trainee, Akivra was told that you could not feel anything until you first thought about events in a certain way—cognition as a precursor to affect. This made sense at the time, and was welcome news to former caseworkers frustrated with those endless discussions of feelings with their clients. But it's not the full picture. What sense do you make of a client who cries unaccountable, unfathomable tears? Feelings, emanating as they do from the unconscious, can not only precede cognition, but invite cognitive constructions to deal with them. Feelings are deserving of respect on their own terms and when attended to, can change the way that clients think about themselves and the world. Therapists who interest themselves seriously in what their clients feel inevitably come to interest themselves in their clients' unconscious processes.

How does the systemic relate to the psychoanalytic? Some therapists see them as different but related 'layers of the onion'. The disciplines may constitute different domains of explanation in the way Newtonian physics and sub-atomic physics deal with the physical world—both are necessary, but neither are sufficient explanatory frameworks. In their day to day practice therapists find that systems therapy is successful where the problem can be conceptualised within the boundaries of the consciously accessible system, e.g. the family as they present in the therapy room. Systemic therapy would fail when the relevant 'system' needs to include considerations of the unconscious internal life of key family members, typically one or both of the parents and their projections.

Particular client groups may require that the therapist draw on aspects of the psychoanalytic tradition. Margaret Condonis and Megan Solomon argue, for example, that you cannot work with foster children without reference to Bowlby's attachment theory. Groups for foster children and their non foster siblings are successfully conducted by RAPS—an agency well known in Sydney for its strictly systemic orientation in practice and teaching. The purpose of the group is to deal with the internal 'splitting'—the 'being in or being out' dichotomous positions with which these children view the world. Margaret introduces the idea that a third position is possible, namely 'being with'. The 'being with' position is about being close to, but separate from, others, which means that the children do not diminish themselves in the face of others, nor diminish others when they fear rejection. Within the language of family therapy the intervention could be defined as a reframe, an externalisation, a drawing of distinctions, or a restorying. This is fine, except that some might consider that the theory is properly psychoanalytic in origin and

ought to be thus acknowledged. Having said that, it was interesting to note the use of the narrative model in the introduction of metaphor. After the introduction of the metaphor of the 'broken mirror' through which they see themselves, the adolescents are encouraged to notice and comment upon bits of glass that were broken and to learn to manage these, so to speak.

According to Annette McInerney and Ingeborg Stiefel, object relations trained family therapists at the New Children's Hospital, the *unconscious story* is central to their work with highly symptomatic children and their parents. Their thinking goes like this. The child (now adult) has come to think of him/herself in a certain way as a consequence of carrying within him/her the projections (anxieties and other feelings) that in reality belong(ed) within his/her parents. For example, the abused child has come to interpret his/her own needs as objectionable (since they have been left unmet); the child has also come to see him/herself as responsible for the neglect of those needs, and thus to see him/herself as unworthy. The child's internal dialogue goes something like this: 'Do I say it's my mother or father abusing me or do I say that it's my fault? I will blame myself in the hope that one day they will look out for me.'

Annette explains that children abandoned at critical times by even the most caring of parents can find themselves in later years as parents themselves overwhelmed by their child's demand which for them is poignantly fraught because it is reminiscent of the earlier abandonment. Annette vividly describes this as the situation of 'having two seven year olds in the room'. (As Akiyra listened to this, she thought, 'what if the family issue is so 'close to home' for the therapist that there are actually *three* seven year olds in the room, and one of them is supposed to be in charge!) When experiences have been profoundly distressing for the parent, they become unavailable to their child. 'Unavailable' typically will mean that they will either over-respond (over-discipline, become over-emotional) or under-respond (withdraw, ignore). Either way, the child feels abandoned.

*What if the family issue is so 'close to home' for the therapist that there are actually three seven year olds in the room, and one of them is supposed to be in charge?*

According to Deborah Luepnitz (1991) object relations theory also allows therapists to understand the development of the gendered self better than systems based therapy, which has long been held to fail in domestic violence work both from a feminist viewpoint, and from the point of view of gender development. From a psychoanalytic point of view, the cycle of violence can be seen to contain 'splitting'—the 'being in' (good) and 'being out' (bad) that characterises these men's roller coaster relationships. Work with these men typically

uncovers early abandonment in the form of violence, and/or in the form of the painful neglect regularly contained in the gender stereotyped male upbringing. Their later splitting is evidence of such a history.

While it would seem that psychoanalysis performs best at times as an explanatory framework, family therapy performs best at times as a therapy for change. To combine the two disciplines must greatly enhance the repertoire of practitioners and it's not surprising that some attempts have been made and are being made to construct a complementary model. It is also not surprising that presently many family therapists are describing themselves as psychotherapists and describing their practice as a kind of blending of the two approaches. At one time, family therapy was rather a programmatic exercise. Carmel Flaskas makes the point that therapy as practised now is less directional and has become more 'a space for something to happen'. This, Carmel argues, can be seen as a development of the Milan idea of neutrality in its fullest sense, and not as a strategic position (as it incorrectly sometimes became). Here we can see the connection with psychoanalysis.

Family therapists will continue to work with the manifestations of the unconscious—meanings, projections, affect, even dreams—for a reason that they have always held dear—because it is useful to do so. It is increasingly being recognised that working with relationships, including the therapeutic relationship, always entails a working with the unconscious. Indeed at times, the 'unconscious' gets up and hits you over the head and cannot *not* be dealt with!

**Sarah Jones reflects:** As this is written, Christmas '97 has just passed. As you read it, Christmas '98 will be half a year away. I was prompted by this to consider how family therapy meetings have some parallels with the Christmas festival. Both experiences are opportunities for families to meet together, both contain the message that healing is possible.

How is it that Christmas happened to become one of the times when families gather their members, celebrate, and renew contact? For many of us, Christians or not, Christmas is a family occasion, a break in the year to go on holidays, wind down. Unconsciously it may be that the need for tribal membership is still strong; staying with the group in the past was the only way the individual survived. Revisiting that group may be part of a primitive need to stay connected to those who were so important.

Historians tell us that in the fourth century, the Christian church hitched its new festival celebrating the birth of Christ to the pagan celebration of the birthday of the Sun on the 25th of December. Before then, fires were being kindled in token of Sun celebration by pagans and Christians alike. The festival signified the reassurance that the sun would continue to offer light and life after the winter solstice. The church elders' appropriating of that day seemed wise; increased observation and respect for their holy occasion could be expected to follow. Those rituals and ceremonies still remain in our culture.

Yule logs, holly and evergreens are remnants of a time when people thought the sun's diminishing in winter needed to cease, and life, warmth and hope needed to be rekindled. Christmas trees, a seventeenth century addition, are a vestige of ancient tree worship. Despite our lack of need for such worship, there is one pine tree in each house, one for each hospital ward, one for each shopping centre. Many of us would be perturbed if there were not. Candles replace the old Feast of Lights, now most local Councils have just such a festival in the form of 'carols by candle light'. All these rituals relate back to an unconscious fear of extinction during the cruel depths of winter (European winter, that is!) which is dismissed as we again celebrate the survival of the group and the renewal of hope and life.

Despite the coming of the technological age and its superior methods of communication, we still participate in family traditions of wanting to meet together at Christmas. What is it that makes many of us gather with our friendly, fractured or feuding families? A hope of reparation? The healing of past wounds? Do some of us really have such infantile expectations that laborious, long lunches in the heat of the Australian summer can make these things possible? There is an unconscious drive that sends people literally driving around the country, flying round the world in an effort for just that opportunity.

Family therapy in essence does what Christmas does: it is a gathering of the clan, big or small. Long passed ghosts, ancestors and living members are invited

to attend, all are kept alive by the momentum, memories and history of the group. One big difference between the two, however, is that in family therapy the therapist is engaged in the role of 'outsider', someone able to hold all views but partisan to none, someone who can hold the despair and offer hope of change. Someone who can point out which relationships need attention, and show that it is through the curative function of the family group that help is achieved. Hope and reparation underpin people's unverballed expectations of family therapy. We are all aware of the families who come with huge expectations that family therapy will take away all hurts, create conflict free marriages, change rebellious adolescents, remove the 'terrible twos' from the two year old, and help the infant sleep through the night. Perhaps at an unconscious level, we sometimes have similar expectations of our yuletide gatherings.

### References

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## Local News

### NEW SOUTH WALES

The AGM of the NSW Family Therapy Association was held on 12/11/97 and a new committee was elected. David Horner, who works as an Adolescent Family Counsellor in Sydney's greater west, was elected President, having held the position of Vice President for the past few years. Apart from his training in the solution focused approach and his experience with adolescents, David brings to the position a history in the British Army (joined at fifteen!) all of which should stand him in good stead. The new committee has the exciting task of planning for the 1999 ANZ Family Therapy Conference and to this end are seeking the assistance of the membership.

Guest speaker at the AGM was Max Cornwell. Max inspired the group to consider its direction and to more clearly articulate a vision for itself. He argued that the Association has the responsibility to enter the public discourse in regard to certain social issues on which it has knowledge and experience.

The Association has taken the important step of appointing two membership secretaries who are working on a format which will better manage membership

details. For example, they have developed a 'welcome package' for new members and are developing a comprehensive computer data base. NSW has one of the smallest memberships in the country, which has always been disappointing—this tends to be attributed to the fact that 'Sydney is just that kinda place'! Nevertheless any innovative attempts to look after the membership better will hopefully prove fruitful in the long run. There are murmurings within the community that accreditation as it exists in Victoria might be the way for NSWFTA to go too.

As a result of poor attendances, clinical meetings have moved to a bi-monthly schedule, beginning in February. They are held at Tresillian Family Care Centre at Petersham on the third Wednesday of that month (that is February, April, June, August, October and December) from 6.30 to 8.30 p.m. The October 1997 clinical meeting was a very interesting presentation by the dynamic Carol Boland (*also* ex-British Army) on the topic 'The Politics of Childhood: Implications for Assessment and Therapy'. Drawing on the work of Deborah Anna Luepnitz, Carol analysed the role of power in the development of children and proceeded to describe her approach to the psychosocial assessment of children. As

always, Carol's seminar, which she had also presented at the Adelaide Conference, was very well received. Also well received was the November seminar by Lea Crisante who stepped in at the last minute to present on cross-cultural counselling with couples. Using videotaped material, Lea discussed the issues involved in conducting therapy with couples of mixed cultural background.

Arising, phoenix like, from a decimated service, the Wesley Mission's Dalmar Child and Family Counselling Service is again fully operational in Penrith and is planning services in two other locations in the Hawkesbury/Nepean area. David Bailey is the team leader, and the team is supervised by Laurie Mackinnon. This is a much needed service in the Australian region most heavily populated by children. Also expanding its family therapy profile is Unifam, which recently appointed Margaret Condonis as its new Director of Clinical Services. Margaret, formerly coordinator of RAPS, is well known in Sydney as a highly skilled family therapist and trainer. Prior to this, Unifam has been better known as a provider of couple therapy services.

To mark the 50th anniversary of Relationships Australia (formerly Marriage Guidance) RANSW is holding a national conference in Sydney from the 12th to the 14th of August at the Masonic Centre. The conference, which is also to incorporate skills workshops, is entitled 'Domestic Violence: Current Responses, Future Directions'. NSW is well placed to coordinate this conference as it has for a number of years offered a comprehensive response to domestic violence.

**AKIVRA BOURIS**  
NSW Correspondent

## TASMANIA

The Family Therapy Association of Tasmania continues to meet on a bi-monthly basis. Rohini Gore and Shauna Buscombe, who have been our able leaders for several years now, have stepped down and a decision about how to replace them (perhaps by a committee, so that responsibilities can be shared more equitably) will have been made by the time you read this! We now have a local newsletter that is being coordinated and edited by Lorraine Richards. The newsletter is a great addition—we can keep up with the news if we are unable to attend meetings.

We were treated to a workshop in October given by Moshe Talmon on his favourite topic, Single Session Therapy. I think we all went away inspired with some new skills to add to our repertoire as family therapists. The highlight of our December (Christmas) meeting was a panel talking about how differently the season is celebrated in other parts of the world, and how, therefore, different family issues are elicited. We left that meeting looking forward to the changes and challenges of 1998!

**MARGARET STOKLOSA**  
Tasmanian Correspondent

## VICTORIA

Victorian family therapists Sue Jackson and Gael Wallace, in collaboration with photographer Ponch Hawkes, have written and produced *Women of Substance*, which is now available in the book shops, published by Allen & Unwin. Those who attended their presentation at the 1997 Adelaide family therapy conference received a sneak preview of the delights of this publication. The book was created out of their therapeutic work with women who felt dissatisfied with their bodies, irrespective of their level of fitness or body weight. Family therapists are often privy to their clients' most private concerns without necessarily knowing ways to address these concerns in the public domain. Here is a book which celebrates diversity by using individual stories of women from a range of background cultures and sexual orientations. Congratulations to Sue, Gael and Ponch.

Our VAFT newsletters have become more polished and varied, and if the last one in 1997 is an indication, more political. Thanks should go to Jan Riley, current Editor, for the superb job she has done not only in changing the newsletter's layout and look, but also in reflecting the advances in the organisation in regards to the recent work on our Code of Ethics, and the sub-committee on Training and Accreditation Development. Two articles in the December issue challenge readers to give careful consideration to certain proposals made by family therapists which can become absorbed into the profession's dogma, potentially to its detriment. The first one questions some of the 'advances' made by VAFT and amounts to a major, and it seems, needed challenge to the Association. In the form of a Letter to the Editor entitled 'Silent VAFT Coup d'Etat—Systems by Stealth', Ron Findlay presents a detailed and well argued statement of his concerns about the change in emphasis, as he sees it, of VAFT from being a family therapy organisation to one now only accepting and acknowledging *systemic* family therapy. He observes that this came about via the VAFT Committee of Management's attempts to set down more clearly the acceptable components and desired standards in family therapy training. These, he argues, covertly alter the organisation's direction towards systemic practice and therefore contribute to the exclusion of non-systemic therapists such as those who practise from the narrative therapy model.

Ron Findlay takes up some of the more recent elements in the training and practice of systems therapy. In particular, he focuses on the compulsory inclusion of family of origin presentations by trainee family therapists, which is one of the proposals in the draft document of the Training and Accreditation Development sub-committee. Narrative therapists see themselves as different from their systemic colleagues and yet, apparently, represented under the general banner of our family therapy association. This letter is one therapist's attempt to have the Association's processes and policies made open and accountable to its members, and ulti-

mately to represent ourselves honestly to our public, be that the students in training or the clients who use our services.

The second article in the same issue of the newsletter is by Peter Cantwell, entitled 'Benefits of Cross-cultural Counselling'. In this short paper, Peter questions statements made, in this case at the Family Therapy Conference in Adelaide, that clients from marginalised cultures should have therapists from within that culture. Obviously context plays a role in this statement, and when the position is articulated by someone who has witnessed abuse of clients belonging to less empowered groups by therapists who took a dominant, non-culturally sensitive perspective, one can well see why the statement was made. However, I valued Peter's thesis that it is participation and collaboration in the therapeutic endeavour that is important. Cultural awareness is essential but should not be confused with cultural 'knowing', which can inhibit therapeutic curiosity.

The debate needs to develop. Are any other organisations having similar issues raised by their members? I am sure the *VAFT News* editor would be delighted to hear from them!

**SARAH JONES**

Victorian Correspondent

## WESTERN AUSTRALIA

Perth continues to have visitors from other states and other countries, providing workshops to the many interested family therapists in WA. A notable visitor was Karen Kaiser who is currently Associate Professor in the Graduate School of Social Work at Boston College (University). She has a substantial publications record in the area of relationship and family therapy, and her research on marital disaffection has been presented in her book *When Love Dies* (1993). Karen was brought to Perth by KinWay. In her workshop, she demonstrated the process of working with a dwindling emotional bond. She addressed the identifying factors, assessment, and phases of disaffection and intervention.

Late in 1997, the William Street Family Therapy Centre had the official opening of the extensions to its building. It is hoped that with better facilities and greater space, more events focussing on family therapy will occur.

Training programs continue to be offered in 1998, with high numbers of applicants confirming their popularity.

**ADRIENNE WILLS**

WA Correspondent

# Conference Report: Infant Mental Health Conference, Adelaide, 1997

The Australian Infant Mental Health Conference was held over a weekend in October, sandwiched between two full day workshops by two of the overseas speakers. The adjectives I would use to describe my experience include: positive, rich, full to overflowing, stimulating, energising yet powerfully calming.

*It is refreshing to find such evidence-based links that family therapy needs to underpin its validity in these days of economic rationalism.*

The overseas speakers were Professor van Ijzendoorn whose brilliantly clear presentations based on his and others' research on attachment theory summarised the present position and looked to the future; Dr Watanabe, whose quiet, gentle yet powerful clinical work in Japan brought us face to face with the use of attachment theory and psychodynamic theory in individual case

studies; and Dr Erickson's presentation revealing her dynamic work in secondary prevention working with most at risk families and also utilising attachment relationships to underpin her work.

All the presentations were amply illuminated by videos illustrating particular points, provoking thought and stimulating emotion.

Attachment theory has a lot to say to family therapy. It provides a well-researched link between the general overarching theories of families and systems and the minutiae of everyday behaviour and interactions. It is refreshing to find such evidence-based links that family therapy needs to underpin its validity in these days of economic rationalism. Clearly, attachment theory is only one of the links that need to be made. The challenge is to find other equally researchable hypotheses to provide direction for family therapy in the future. I thoroughly recommend becoming acquainted with attachment theory and attending future infant mental health conferences.

**COLIN MACKENZIE**

Private practice, Trevallyn, Tasmania

### Story: Externalising the Rock (Or Projective Identification?)

*Tarantino ... Quentin Tarantino ... this sounds like the script of a Quentin Tarantino movie. Lots of blood and beatings.* It was only five minutes into the first session and I could feel a tightness in my gut. Some part of me wanted to put considerable distance between myself and the client's pain. I wondered how warm and accepting you could be seated inside a Sherman Tank with all the hatches bolted shut. (I must admit it was more than the first five minutes that did it to me, as this client had made a visit to our agency a few weeks ago with his former girlfriend. Now maybe 'visit' is the wrong word. Saying I had a 'visit' last night from aliens who proceeded to do strange experiments on my brain does not sound quite right. Less a visit, more an occasion. I recall feeling particularly religious that day and from the safety of my office said 'Thank you God, thank you for sparing me'. Meanwhile the mother of all arguments in another part of the building rattled my windows. Eventually this session would enter agency folklore. In years to come when intrepid trainees gathered behind the one way mirror the old timers would recount how 'clients are not how they used to be'. Once more the story of *that* session would be told. The video of the session would eventually self destruct after untold rewinding, pausing one frame at a time, and searching for the exact moment that schismogenesis occurs in the room.)

Another five minutes had elapsed and not even a hint of an irresistible invitation from me yet. Suddenly the image of a former teacher, an old bearded Gestalt therapist appeared in my mind. I tried to banish it, thinking I'd moved on from that stuff. The image would not budge and he was saying 'Use the Force Jeff—use the Force'. The client kept talking as I argued in my head 'I do deconstruction these days not science fiction!' The image smiled knowingly,

motioned to his solar plexus and said again, 'Use the force, take it into you ...' 'Yeah, right', I answered cynically, 'exactly how do you take *language* into you?' The image faded as the tightness in my gut began to melt. It was as if I was somehow opening myself to the destructiveness and despair embodied in my client's narrative. I leaned forward and looked deeper into his eyes. He stopped talking for the first time. Somewhere outside a dog howled, a stillness entered the space between us. Then as a pertinent question was beginning to form in my mind, another strange sensation began to grow in my gut. Stronger and stronger, as if someone had got inside and pushed a rock up under my ribs. I broke out in a sweat, shifted uncomfortably in my chair. The room seemed to have compressed and darkened. Some part of me knew this was somehow connected to the client's experience. How? My eyes roamed across the bookshelf ... 'Body, body, what have I read about the body in therapy?' Blank.

'You look a bit crook mate,' said the client with genuine concern. 'Thanks, ah I might take a toilet ... a break, think... a sick, think toilet...' I grabbed the weighty bible of Family Therapy and stumbled out the door. Hunched over on the toilet, my eyesight blurred as I scanned the index, 'B, B, here we are—Body in therapy'. My sight focused temporarily. 'What!! *Buddy* in therapy—see Co-therapy... God-damned Americanisms!!' I slammed the book shut, staggered back to my room, and apologised profusely that I was feeling sick, would have to finish and could he please make another appointment. The client looked at me knowingly, gave a slight smile and said: 'Gut ache hey, yeah I get them real bad too'. He left and unfortunately has not returned. As for the questions—well the questions that arrived that day have not left since.

**JEFF POWER**  
Lifeline Gold Coast

## Letter From Britain

Harold Wilson, the British Labour Prime Minister of the 1960s, had a well used phrase, 'a week is a long time in politics'. This principle may hold equally true for the social process that engages us, therapy, but I was forcefully reminded of it when re-reading my last Letter from Britain. By the time it appeared in *ANZJFT*, my enthusiasm for the Blair government was looking decid-

edly exaggerated and idealised. Sad to report, the *Animal Farm* effect had already set in. Like the pigs in George Orwell's satire, the incoming government has taken on many of the same characteristics and policy positions of the government they replaced! Still, there you go.

To be a therapist is to have to be at some level

an optimist either by inclination or, like the otherwise pessimistic Freud, to believe that the base metal of the human irrational could, just occasionally, be converted into the gold of rationality and better choices. When family therapy took off in Britain twenty years ago it was dominated by an optimism (and a mythology) about its ability to produce change, an optimism that seems positively hypermanic today. No problem was too intractable, no family too resistant to its influence—and, if they were, well, hell, the therapist (or team, or theory) was creating the resistance. So, heh presto—change your theory or ‘master’ and you were back in the business of change. Psychoanalysis was a conspiracy to make money and sustain dependency; they took years, we took days. A week indeed was a long time in therapy.

Family therapy then was a child of its times caught up in the afterglow of the late sixties and a revolutionary ethos in which all was possible. So, gone is the naivety and the almost evangelical zeal, to be replaced by a greater richness of ideas, and the role of the therapist as director or manipulator and driving agent of change have given ground to one that Rogerians would recognise as the listening, respectful enabler. Trainees realise family systems work is as difficult a training as any other, and the pathway to achieving change is as full of struggle, frustration and setback as any other approach, while retaining the special, creative buzz of team-working and live learning. Family systemic therapy has reached a place where it can see itself for what it is, like an lake containing the confluence of many psychotherapeutic inflows—from behaviourism, the depth psychologies, humanistic and constructionist therapies—yet retaining its unique, holistic world view. It is a synthesis both in its theory and in its search for outcome.

This analogy came to me in October when my wife and I went to the 25th anniversary celebration of Milan systemic therapy held beside the smallest, most westerly and loveliest of lakes in Northern Italy, Lake Orta. The setting with its mountainous encroachments, late autumn colouring and particular light gave rise to the existential joyfulness that the Italians seem effortlessly to create, and generated an ambiance of celebration and soulful partying.

As with every therapy conference, the differences made the difference, though never disturbing the genuineness of gratitude and affection felt towards Gianfranco Cecchin and Luigi Boscolo. Giuliana Prata who was there from the original group spoke publicly about the team for the first time at an international gathering. Mara Selvini Palazzoli (referred to by some Italian therapists as ‘the Boss’) was not, though she sent greetings, generating more hypotheses about her absence than there were fish in the chill, misty waters of Orta.

The Milan Associates presented little else. International therapists did most of that. Many acknowledged the enduring influence of the group on their work; others seemed to give a nod in the Milan direction *en passant* on their own journey. I felt discomfited sometimes as the large Italian contingent patiently endured

while most of the presentations were translated from English into their own tongue (and got understandably tetchy when no English translator was available for one of the few presentations in Italian). It was palpably a conference for non-Italians.

*Mara Selvini Palazzoli (referred to by some Italian therapists as ‘the Boss’) was not, though she sent greetings, generating more hypotheses about her absence than there were fish in the chill, misty waters of Orta.*

This tension was not helped when Tom Andersen was followed by Peggy Penn using tapes of sessions at the Ackerman each had made. Both featured naturally eloquent couples (one straight, one gay) in each of which one of the partners was dying. The wife, in the follow up session after her husband’s death, gave a deeply moving rendition of ‘Amazing Grace’ on camera. Delegates were caught up by this bombardment of emotion which incensed many, but as a group seemed to do so less for the Italians than the rest. ‘Why did North Europeans and North Americans seem to value ‘crying therapy’ as if it was an objective in itself?’ went the cry. This seemed like ‘self-indulgence’. ‘The passion from therapy comes from the dispassionate commitment to the work, not exhibitions of intense emotion’ went the argument. They had a point—neutrality was after all one of the Milan group’s original core conditions and wasn’t that what we had come to celebrate?

So we were into a role reversal of cultural stereotyping—after all didn’t Italy give the world that most passionately expressive of art forms, opera? But then, as Freud would be the first to acknowledge, the Romans had a tradition of rationality second only to the Ancient Greeks (a tradition drawn on in a vivid presentation from modern Greek family therapists at the conference). Family metaphors abounded to mark out this tension between inside and outside groups and within the original Milan Associates (who we learned had never sought a consultation for their own team process). Fostered and adoptive children were welcomed into the ‘Milan family’; while ‘the boys’ (Boscolo’s description) left home to introduce the Milan approach to the world, ‘the girls’ (Prata, Palazzoli) stayed at home and got on with the job of researching.

It was a time for networking and I much valued meeting Michael Madden and Lawrie Moloney from Oz (and picking up a wonderful story about Germaine Greer’s father).

The Milan Associates have gifted psychotherapy a well-developed method as innovative in its own way as Freud’s use of free association. Those who encounter circular questioning as a technique in training for the first time are frequently enthralled and excited by its

possibilities. Suddenly the point of viewing even the internal world systemically becomes clear.

I was grateful to be able to be able to join in the collective thank you to the team, especially in such a magical place. I'd be happy to change my column to

**Letter from Italy** anytime. Your editors have only to say the word!

**JOHN HILLS**  
UK Correspondent

## ***ANZJFT* Authors in Translation**

Bohn Stafleu Van Loghum in the Netherlands and Belgium publishes *Gezinstherapie (Family Therapy)*, a quarterly with translated articles which previously appeared in international journals. Since 1989, they have featured a number of articles from the *ANZJFT*. This is a matter for pride for Australian and New Zealand family therapists in general, for the translated authors, for the Board and for our predecessor, Max Cornwell. For your interest, we print the following list of articles already published in *Gezinstherapie*.

**Young, J., Perlesz, A., Paterson, R., O'Hanlon, B., Newbold, A., Chaplin, R. and Bridge, S.**, 1989. The Reflecting Team Process in Training, *ANZJFT*, 10, 2: 69-74, *Gezinstb.*, 91/1.

**Andersen, T.**, 1989. Back and Forth and Beyond, *ANZJFT*, 10, 2: 75-76, *Gezinstb.*, 91/1.

**Seymour, F. W. and Epston, D.**, 1989. An Approach to Childhood Stealing with Evaluation of 45 Cases, *ANZJFT*, 10, 3: 137-143, *Gezinstb.*, 91/1.

**Jordan, P. K.**, 1989. The Relationship Chart: A Recording and Therapeutic Process, *ANZJFT*, 10, 2: 85-91, *Gezinstb.*, 91/3.

**James, K.**, 1989. When Twos are Really Threes: The Triangular Dance in Couple Conflict, *ANZJFT*, 10, 3: 179-186, *Gezinstb.*, 91/3.

**Israelstam, K.**, 1989. Intimacy and Distance Regulation: From Homeostasis to Structural Coupling and Coherence, *ANZJFT*, 10, 1: 7-11, *Gezinstb.*, 91/3.

**Scott, E.**, 1989. The Family, the Statutory Worker and the Therapist Working Together for Change, *ANZJFT*, 10, 4: 219-225, *Gezinstb.*, 91/4.

**Milgrom, J. and Green, S.**, 1990. System Consultation in a Hospital: A Strategic Map for Negotiating the Larger System, *ANZJFT*, 11, 1: 11-19, *Gezinstb.*, 92/1

**Gleeson, A.**, 1991. Family Therapy and Substance Abuse, *ANZJFT*, 12, 2: 91-98, *Gezinstb.*, 92/3.

**Frankcom, K.**, 1992. Injured and Silenced: Working with Workers' Compensation Claimants and their Families, *ANZJFT*, 13, 4: 219-223, *Gezinstb.*, 93/4.

**Hafner, J.**, 1992. Anxiety Disorders and Family Therapy, *ANZJFT*, 13, 2: 99-104, *Gezinstb.*, 93/4.

**Jenkins, A.**, 1991. Intervention with Violence and Abuse in Families. The Inadvertent Perpetuation of Irresponsible Behaviour, *ANZJFT*, 12, 4: 186-195, *Gezinstb.*, 94/3.

**Price, C.**, 1994. Open Days: Making Family Therapy Accessible in Working Class Suburbs, *ANZJFT*, 15, 4: 191-196, *Gezinstb.*, 96/2.

**Nicholson, S.**, 1995. The Narrative Dance: A Practice Map for White's Therapy, *ANZJFT*, 16, 1: 23-28, *Gezinstb.*, 96/3.

**Crago, H.**, 1995. The Anxious Boys' Newsletter, *ANZJFT*, 16, 1: 29-37, *Gezinstb.*, 96/3.

**Vassallo, T.**, 1994. Systemic Therapy and Aged Respite Care—A Neglected Area, *ANZJFT*, 16, 2: 73-80, *Gezinstb.*, 96/3.

**Wileman, R. and B.**, 1995. Towards Balancing Power in Domestic Violence Relationships, *ANZJFT*, 16, 4: 165-176, *Gezinstb.*, 97/4.

**Shaw, E. and Pye, S.**, 1995. Towards Balancing Power in Domestic Violence Relationships: Rejoinder, *ANZJFT*, 16, 4: 177-178, *Gezinstb.*, 97/4.