

NETWORK NEWS

Commentary, News and Reports from Regional and International Correspondents

Contributors to this issue: Guest Correspondents: Harvey Miller (Victoria); Val Clark (NSW). State Correspondents: Akivra Bouris (NSW); Janet Roth (Queensland); Liz Mackenzie (South Australia); Sarah Jones (Victoria); Adrienne Wills (Western Australia). And welcome to the new ACT Correspondent, Janine Mahoney.

JANE CHAPMAN

What Distinguishes a Family Therapist?

Liz Mackenzie, Val Clark, Adrienne Wills, Janet Roth, Harvey Miller and Janine Mahoney, edited by Jane Chapman

Introduction

What distinguishes a family therapist? **Liz Mackenzie** has the image of an orienteer armed with maps of different scale and overlapping territories, with cameras and wide angle and microscopic lenses, perhaps wondering what he/she is doing there, but feeling no necessity to explain, and aware that it might all be a dream, or a virtual reality, anyway. Has this gathering from further afield helped family therapy retain a life, rather than fossilising? Is this process what keeps the body healthy, supple, with style and character?

How appropriate is the name? What is the nature and meaning of the 'changing face'? What is the place of the individual, of political responsibility, of social action, in thinking and practice? What is the role and place of a National Association? What is the viability of accreditation, and what might the process be? What constitutes an ethical base for the discipline? These are issues of identity.

Family therapy claims an identity in the exploration of 'relationship' and 'context'. Perhaps therefore, its distinguishing characteristics can be found in an exploration of its own context and history. How did family therapy invent itself? When did an identity begin to emerge? Under the influence of postmodernist thought, family therapy also faces an interesting conundrum. It has to a large degree moved from being creative and innovative to being legitimate. If it continues to evolve, and to truly incorporate postmodernist thought, it must deconstruct as an entity, with its own body of knowledge, legitimisation and status, and continue to be a process which validates uncertainty, exploration and questioning.

Val Clark points out the ways in which family therapy resists definition, including not clearly identifying its relationship to social work in its emphasis on con-

text. Family therapy is a conceptually rich, diverse and constantly changing field which resists easy definition. Still, as the field itself has shown, much can be learnt from 'resistance'—family therapy's resistance to attempts to either specify its distinguishing characteristics or to map the boundaries that separate it from its professional neighbours.

The key elements that make family therapy recognisable to a significant number of people, with at least some level of consensus, have changed dramatically over the years. Even its origins are disputed. Family therapy has generally been seen as emerging in the 50s and 60s, pioneered by psychiatrists and other psychoanalytically trained therapists, who began incorporating the context of 'the family' and 'relationship' into their work. In some accounts a founding status has been given to researchers and practitioners at the Mental Research Institute (MRI) with their historic shift of focus from treating individual psychiatric patients to facilitating change within family systems. The gender politics associated with this version of history is another facet to family therapy's identity.

Other accounts emphasise instead, for example the (systemic) family work undertaken by social workers since the last century (Furlong and Smith, 1995; Wood, 1997). However, as Liz Mackenzie reminds us, social workers' relatively lower professional status has generally resulted in this contribution being largely overlooked. While a systems oriented approach to helping individuals in their family and social context may have been new to psychiatrists, it was not new to social workers with whom they collaborated, who accepted the 'person in situation' as the cornerstone of their profession, and who had struggled with the interplay between the individual and the social, political, economic and cultural context for decades.

Additionally, Val Clark reminds us that with practice

models broadened to include work with organisations and communities, the boundary between family therapy and social work becomes less clear. Social work has traditionally used a range of intervention methodologies based on the central conceptualisation of the person and the environment. Within social work 'family therapy' can sit alongside other practice methods such as groupwork and community work. From this perspective, family therapy can be subsumed within a larger professional practice domain and be subjected to scrutiny from social work's values and ethical code of practice.

Liz Mackenzie also recognises that there are striking parallels between family therapy's search for an identity and social work's dilemmas regarding status and influence. Social work too, has struggled to understand context, has grappled with how to address the issue of theoretical diversity, with ideological and methodological differences leading to a loss of identity and questionable status and legitimacy as a 'profession'. However, an increased comfort with theory as changing and dynamic has led to increased comfort with exploration and a pluralistic methods approach. This raises questions regarding the valuing of relationship, connection, community (as more 'feminine' qualities) as against those of power, hierarchy, structure (as more 'male' qualities).

Both/and Perspectives

Janet Roth points out that in a recent conference in New York City, prominent members of the family therapy contingent engaged in heated discussion regarding the 'true' nature of family therapy. Key figures argued for the necessity of working with all members of a family in order to be truly practising family therapy. Other equally noteworthy family therapists did not share this view. This difference of opinion is most surprising. The most parsimonious solution seems to emanate from a both/and perspective, rather than an either/or perspective. The beauty of a both/and perspective is that it allows one to have the flexibility to engage one or more members of a family depending upon the circumstances of that family. Isn't that the business of a family therapist—to identify and meet the needs of families in a way that best suits the individual family?

It is thus a struggle to determine what distinguishes a family therapist from any other type of therapist. **Adrienne Wills** surveyed colleagues in Western Australia, pressing them to go beyond listing characteristics and skills common to most helping professions, beyond specifying the training, to identify specifics dear to the hearts of family therapists, like: 'being curious', or 'having reflected on one's own families of origin and procreation'. In surveying a number of colleagues who work in schools, private practice, government and community agencies, Janet Roth found that most of them answered the question with responses such as: 'I'm not, I'm eclectic', or 'I'm integrative now'. Janine Mahoney similarly reports that in Canberra the majority appear to be 'integrative or eclectic' therapists whose major focus

of attention is systemic, but whose particular work necessitates different techniques at different times, which may not be 'family therapy'. However there are still small identifiable pockets of 'purists'—people who work within particular family therapy frameworks at Relationships Australia and in a small narrative therapy group. So what has happened to all those 'family therapists' out there? Who are they?

It is difficult to address this topic without also questioning 'What distinguishes a good therapist?' The latter is perhaps more accurately and meaningfully assessed by the clients, the families themselves, rather than by the therapist, the supervisor or colleagues. How good a technician a family therapist is has no relevance if the experience of therapy has no meaning for the family.

Adrienne Wills discovered that families themselves had ideas on what distinguished a family therapist. One family identified that in contrast with other professionals they had encountered, a family therapist did not allow them to hold any one person responsible for their problems. Another family said that the family therapist helped them to find solutions from within their family relationships rather than finding solutions in individuals. Yet another family felt that their family therapist did not blame them as a prior therapist had. It is hard to know whether we can generalise from this tiny sample and say that these are distinguishing features of a family therapist.

Eclectic Base

Harvey Miller notices the similarities between so-called 'systemic' approaches to therapy and the so-called 'non-systemic' approaches. Many interventions used by family therapists are no different from those used in the field of behaviour therapy, while others are similar to interventions used by cognitive therapists. It seems that the question no longer is 'What distinguishes a family therapist?' but 'What do family therapists have in common?' One of the topics for discussion at the 1998 Family Therapy Conference to be in Brisbane this September centres on the question 'Is narrative therapy family therapy?' This issue has been a hot topic of discussion in Victoria where some members of the Association (VAFT) objected to the use of the word 'systemic' in the VAFT standards for accrediting training programs. One member in particular argued that 'in our teaching on narrative family therapy, we don't bother with teaching any systems theory or any "systemic" schools, i.e. structural, strategic, Milan-systemic, conversational schools, etc. It is irrelevant to us in our work.'

Family therapy has continued to borrow and integrate ideas from other disciplines and fields of thought, incorporating wider social movements relating to gender, ethnicity and class, and has become a movement which is heterogeneous, multidimensional and multi-theoretical, takes multipersonal perspectives, has no comprehensive theory or method of intervention, and continues to be evolutionary, synthesising, self-reflecting and emergent. Liz Mackenzie observes a

dynamic tension between the search for a 'grand theory' and rigorous examination of the particular, between the micro and the macro, the old and the new, inclusiveness and exclusiveness, belonging and separateness, enquiry and certainty, expert and learner, processes and structures. These tensions are perhaps family therapy's strongest characteristics, with the nature of its own change process demonstrating the dynamics of embracing and resisting change, or transition and transformation. It has become something of a weird and wonderful animal, a chimera ('a fabulous creature composed of incongruous parts—an impractically fanciful or absurd hope, plan or conception'). As such, is it bound eventually to self-destruct? Or is it bound to continue recreating itself?

Contextual

Janine Mahoney puts the discussion on a personal level by describing her own case. For the past six years she has referred to herself as a 'family therapist' despite having had different labels as a therapist prior to this. She now considers herself to be an 'integrative' or 'eclectic' family therapist. She has worked in three different settings in the past eight years. Her perspective as a family therapist working within an independent school system, with public servants, and more recently in private practice has not changed dramatically, but the tasks and techniques she employs have diversified.

As a school counsellor Janine employed a range of different techniques which were not strictly 'family therapy'. These included behaviour modification techniques, cognitive strategies, psychodrama, transactional analysis and techniques appropriate to a range of other activities such as groupwork, parent and teacher training skills programs, peer support, drug and alcohol education programs and team teaching. However, reflecting on her role in this particular position, she realises that it was the diversity of her experiences which assisted her to gain her systemic perspective. If she was asked to investigate a child for learning difficulties, she may have carried out some individual psychometric assessments of the child, but her major focus was to observe the child within various contexts; usually the school, the various classrooms, the family and the peer group. This would also mean observations of classroom behaviour, parent and teacher interviews, and perhaps interviewing of peers. Her focus would not have been on what was wrong with the child, but on working collaboratively within the child's system, aiming to create solutions.

By the time Janine began working as a psychologist in an employee assistance program where her clients were primarily public servants, she had gathered some more 'you beaut' techniques such as EMDR, Schema-Based Cognitive Therapy and hypnosis. She carried out critical stress debriefings, conflict resolution, coun-

selling of individuals, couples and work groups, consultancy and training in stress management and interpersonal skills. Once again she employed various techniques which were not strictly family therapy; however, her perspective tended to be holistic. If she counselled an individual who presented with work-related difficulties, she would encourage a workplace perspective and sometimes a family perspective if appropriate. If the client were a couple, she would encourage a focus on feedback mechanisms and homeostasis within the relationship and family system. If she was training employees in stress management strategies, she would focus attention on the individual in the broader system, for example, the family, the department for which they worked, the organisation, and the government of the day.

Harvey Miller likewise emphasises context in his analysis of what distinguishes a family therapist. When he receives a phone call from a new client, he explains to them that he would like to see the family together, at least initially, and that he views the problem as being located not so much in the individual, as in the way that people in the family get on with one another. This is a slightly less formal way of stating that it is a family therapist's job to focus on the context of the behaviour, and the interpersonal relationships of the people involved. Dysfunctional behaviour is an indication that part of the system is faulty.

Once some preliminary definition of the dysfunctional pattern of behaviour has been achieved, there is great variance among practitioners about the way to proceed. However, relationship and context became, and continued to be, central themes, with interaction, circularity, pattern, reflection, co-evolution, exploration, 'field of enquiry' and meaning becoming important concepts, rather than specific knowledge as such. What is happening between people is seen as defining their reality, and there has been a constant changing and development of the frames of reference in an attempt to understand this reality.

In this process, family therapy has discovered how much it has in common with other disciplines and bodies of thought, and the strongest trend in recent years has been towards reincorporating other ways of understanding clients and context, and other ways of 'doing therapy'. The notion of context has moved from one of mechanistic structure, through incorporating biological metaphors, and on to the postmodernist notions of knowledge being interdependent with the knower, and being linguistically and socially constructed. Context has been recognised as infinitely complex and wholeness has been understood to have infinite dimensions.

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Local News

NEW SOUTH WALES

The NSW Family Therapy Association Committee continues to plan for the 1999 Sydney Conference. There has been much discussion, with themes such as the political and organisational contexts of practice being among the suggestions. Further to this the committee has requested the assistance of the membership in the undertaking of important subcommittee work, e.g. the organisation of speakers, social activities and publicity.

In February, the association was happy to report on the best attended clinical meeting since the reintroduction of these in June, 1997. In February, Maxine Davis presented on 'The Effects that Relocation Stress has on Families and their Relationships'. Inspired by her own personal experience—she has relocated with her family an amazing fourteen times—Maxine presented findings from her master's thesis on how relocation affects different family members. There are various losses that are relevant here—of significant relationships, of intimacy, of identity, of feelings of control over one's life, loss of one's real home as well as of a sense of home, and the loss of (or diminution of) the shared responsibility for parenting. Maxine argued that these were for the most part the experience of the 'trailing spouse', i.e. of the woman and children, and resulted in symptoms of depression and the familiar 'acting out' in the children. On the positive side, families can become closer as a result of having to negotiate change, and because of the need to communicate and support each other well throughout. At the April meeting, Eric Lyleson presented on the interesting topic of 'Milton Erickson, Pre-postmodernist Postmodernist'. Via the illustration of case examples (for which Erickson was renowned), Eric described aspects of Ericksonian therapy. He argued that this approach, so influential to the development of the systems based models of family therapy, was post-modernist in that it was social constructionist, utilised the idea of multiple explanation, and disavowed essentialism. Eric described Milton Erickson's use of hypnotic language (which created a trance state) as a way of getting people to experience other realities, with the idea that 'knowledge is performed, not found'. Erickson saw every client as unique and each therapy as a unique co-creation. He had a tremendous ability to deconstruct and reconstruct his client's reality by, for example, re-orientation around time and by the use of confusion techniques for those with strong, conscious mind control. Some contemporary therapists, e.g. those who use Narrative or Milan style questioning, work in ways which are reminiscent of these Ericksonian techniques. Erickson trusted his unconscious to come up with solutions for his clients. In a sense his unconscious was 'trained' by his experience of his personal afflictions—he was a polio victim, dyslexic, colour blind and tone

deaf! This legacy, Eric argued, enabled an enriched difference-making perspective.

The past year and a half has seen the development of the Narrative Network in the Penrith and Blue Mountains area of New South Wales west of Sydney. The Network is open to therapists interested in Narrative practice and meets monthly at Springwood (famous as Norman Lindsay's home is situated there). The Network is coordinated by the child protection and multi-therapy Gunedoo Centre (from the Aboriginal name of one of the 'Three Sisters'—a famous landmark in the Blue Mountains). The Network concerns itself with the mutual support of often isolated therapists and offers opportunities for exchange of ideas and methods of working, consultation (via use of case transcripts) and learning (for example scripted role plays and conversations about literature). The Network was considering the establishment of practice groups and reflecting team work as well. This year the Network has been very active in running a successful workshop by Michael White in January and planning a two day conference and a two day intensive workshop with Alan Jenkins in August.

AKIVRA BOURIS
NSW State Correspondent

QUEENSLAND

Victoria has been leading Australia in family therapy for many years. As many readers of this *Journal* would be aware, VAFT has taken the initiative to create guidelines for family therapy training and accreditation. So what does this have to do with Queensland?

At our AGM in 1998, Barbara Fraser was the keynote speaker. Barbara has been practising family therapy in Victoria for over 25 years and was a key figure on the VAFT Training and Accreditation Committee. One of the main reasons for Victoria taking this initiative was to protect the consumer from poorly trained helpers. Another purpose was to establish training guidelines. Yet another impetus of the group was to fall into step with other bodies in family therapy and in the health and social sciences, both Australian (e.g. APS, AASW) and international (e.g. American Association of Marriage and Family Therapists). Rather than wait for an undesirable recommendation by the state or some other organisation, VAFT chose to establish its own standards of professional accreditation and a code of ethics in family therapy in Victoria.

Queensland has responded to this initiative seriously, and with the interests of QAFT members in mind. At the AGM, the Queensland Association for Family Therapy Inc. reintroduced a two-tiered membership structure, the first tier being Associate Members, and the second tier, Members. Full Membership applies to those who have tertiary qualifications in the health and behav-

journal sciences. Associate Membership includes all others who do not meet the criteria for full membership, including those currently enrolled in tertiary studies in the health and behavioural sciences.

The aim of this structure is to keep QAFT and its members in step with family therapy moves in Australia. A further aim is to begin the process of ensuring that the limited but excellent quality of training in family therapy in Queensland is maintained and developed. Clearly not all health and behavioural science degrees necessarily prepare one for the systemic focus of family therapy. Therefore, QAFT's reintroduction of a two-tiered membership is only a beginning step in establishing a structure for family therapists and for family therapy training in Queensland.

The work that has been done in Victoria is certainly well-researched and has enlisted the expertise of some of Australia's most respected and dedicated family therapists. QAFT is committed to building upon their efforts, to ensure that Queensland members are kept up to date with national and international trends in family therapy.

JANET ROTH

Queensland Correspondent

VICTORIA

The most recent membership application form I completed as a referee implied, to me, a different sense of the organisation's interests and ethos from previous forms. As someone who uses Object Relations concepts in family therapy, how should I honestly answer all the questions about commitment to, and practice in, systems therapy? Likewise, Narrative therapists, it seems, could well view the altered Training and Development Committee's guidelines as excluding them from VAFT's broad umbrella.

At the VAFT AGM this year, the controversial place of Narrative therapy in family therapy was raised. This became an issue when the VAFT Committee of Management changed its application for clinical membership form in 1997. Did VAFT, in its effort to improve the standards for clinical membership, also intentionally alter the philosophy of VAFT from being a family therapy association to a *systemic* therapy association? This challenging question was posed by Ron Findlay in the VAFT *Newsletter* for December, 1997, followed by responses from Robin Pym Detheridge and Peter

Cantwell in the March 1998 Newsletter. The AGM attendees heard the ensuing debate argued by Tom Paterson, Peter Cantwell, Brian Stagoll, Pam Rycroft and others. In summary, the Training and Development Committee's aim in framing the new form was to specify more clearly their supervision and training requirements. Exclusion of those therapists working from a Narrative framework was completely unintended. Pam implored us not to make 'systemic' a dirty word; but by the same token, it should not be the one and only word to describe our association's membership criteria.

What was interesting in this debate was the spirit of goodwill that pervaded the discussions. At the AGM people did not want a breakaway group; the speakers articulated VAFT's tradition of being able to manage difference and wanted the organisation to continue to be broad church, not narrow. The message conveyed at the AGM suggested that the current theoretical questioning was a sign of strength in the association, not an indication for splitting the membership.

SARAH JONES

Victorian correspondent

WESTERN AUSTRALIA

Perth has seen a lot of activity in the area of family therapy over recent months, and more is planned for later in the year. From March to May, KinWay provided a six-session course for practitioners titled 'Working with Resilience in Family Therapy'. Centre Care has continued with Narrative Therapy Training, including two-day workshops at level 1, 2 or 3. A number of eight-week training courses have been offered by William Street Family Therapy Centre, including 'Working with Stepfamilies in Distress', 'Therapy for Addiction in Families' and 'Couples Therapy'.

Perth family therapists are excited about the December visit by Michael White. This has been arranged by Centre Care, and in the two-day seminar Michael will review his most recent work in narrative therapy and illustrate developments in his current practices. The 1998 Family Therapy Conference in Queensland is an event that a number of West Australians are hoping to attend—in spite of the great distance.

ADRIENNE WILLS

West Australian Correspondent

Letter From Argentina

Rosalía Bikel* and Eduardo Cazabat**

A Story of Landings

Argentina and Australia share beginnings as nations settled by European countries, even if the rhythm and nature of our development then varies significantly.

In February 1536 don Pedro de Mendoza landed on these shores and founded the city of Santa Maria de los

Buenos Aires. Argentina gained its independence from Spain in 1816 and has since then been an independent Republic. However, we continued to be culturally influenced and economically dependent, while adhering to social models that came to us 'from the North', i.e. from Europe and also from the United States. This,

together with the two major immigration streams flowing in at the end of the nineteenth century and after the Wars, has made us a pluralistic and multifaceted society.

Unlike that of Australia, the native population of Argentina has had neither the numeric impact nor the cultural clout to become an autonomous force. Throughout the country, the immigrants who made Argentina their second home literally merged with the local population. Consequently, except for small groups that strive to uphold their aboriginal identity, our country is (and boasts of being) 'a melting pot'.

This becomes even more obvious in the large cities. And here we come upon a distinctive fact: our capital, Buenos Aires, is not only the political seat of government but also blatantly concentrates population and economic and cultural development. Other important cities such as Cordoba and Rosario have managed to evolve, but always taking Buenos Aires as their axis. Thus, many scientists and scholars reside in Buenos Aires. While we in the capital are the reference point for those living in the 'interior of the country', we in turn refer to the original developments carried out in Europe and the United States, sometimes by Argentine émigré scientists who have founded schools in countries that have more consistently fostered academic activity and research.

Although our fight for independence came to an end in the mid nineteenth century, our country has often suffered the turmoil of internal struggles. We have gone from dictatorial, sometimes strongly repressive, governments to revolutions and back to democracy again, a sequence that has become a regrettable tradition in many Latin American countries. This has hampered scientific development as a result of the social and political uncertainty that has in turn caused marked economic ups and downs. In the last ten years we have suffered through periods of hyperinflation, high unemployment and a shaky, unstable economy. Now that we are again living in a democracy, Argentines are fully aware of the need to uphold it. For instance, on March 24, just a few days before we wrote this letter, there were massive marches to protest about the military coup of 1976 and to commemorate the lives of the 30,000 *desaparecidos* (missing persons).

Within this framework, the field of mental health has undergone the same fortunes as other scientific areas. Psychoanalysis, imported from Europe in the 1930s, had a very successful 'landing' here. It had an exceptional growth, to the point of cult status within some socio-cultural contexts. Almost every middle-class family that saw itself as educated and well-read had at least two or three members undergoing orthodox psychoanalytic treatment, to the extent of three or four individual sessions a week. Even today there are some social groups that continue to consider psychoanalysis (be it Freudian, Kleinian or Lacanian) the most 'prestigious' psychotherapy.

Towards the end of the 1960s, the first publications about systemic family therapy 'landed' in Buenos Aires.

Systemic family therapy's first steps on these shores were hesitant and difficult, given the conflicted early 70s economic and social environment and the strong bias towards psychoanalysis. Yet slowly family therapy began to take root. Earlier, in the 50s and 60s, many Argentine psychologists and psychiatrists had emigrated either for political or personal reasons, arriving primarily in Europe and the US. This had two immediate effects. On the one hand, some professionals, like Salvador Minuchin and Carlos Sluzki, created important theoretical and clinical models, but within the American framework. On the other, from the 1970s, Buenos Aires woke up to a growing interest in systemic epistemology and clinical practice which quickly extended to the rest of the country. Unfortunately, the Junta which governed the country from the military coup of 1976 till 1983 once again curtailed scientific and institutional activity, thus generating a new wave of professional émigrés. In addition, many colleagues were persecuted and killed. In 1984, when democracy was reinstated, we found ourselves with a number of private institutions that had sprung up during the dark years. A flourishing took place as a result of the exchange and grouping of these private institutions. The Systemic Psychotherapy Association of Buenos Aires (ASIBA) was created in 1984, and a year later its journal, *Sistemas Familiares*, came into existence.

Since that time, dozens of systemic therapists have 'landed' in our country. Representing the American schools of thought we've had Whitaker, Watzlawick, Sluzki, Haley, Keeney, Goolishian; from Europe, Selvini Palazzoli, Prata, Andolfi, Cecchin, Boscolo, Andersen, Saccu; from Latin America, Maturana and Varela. Each has groups of local devotees and is in close contact with them. Nevertheless, Argentine therapists are not well-known worldwide. Clinical work and training is very intense and yet there is insufficient dissemination of our ideas and clinical practice. We are still fluctuating between our reverence for our 'teachers'—who are always foreigners—and our willingness to enhance our valuing of our local original developments.

In the meantime, systemic therapy continues to strive to occupy a place within the scientific community. Our public universities, which are also the most prestigious, are just beginning to slowly include systemic epistemology in their curricula. Until now only privately owned institutions disseminated systemic thought, something which proved an arduous, if rewarding and sustained, task. There are many Argentine therapists who are looking to land on their own shores—and finding they can—with their own enthusiasm and interest in issues that belong to us. In this way, if we talk about violence, power and gender or approach epistemology, training and clinical studies, then we do so, taking the ideas generated in a globalised world and choreographing them into our own 'dance'—even, perhaps, with a tango rhythm.

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Vietnam: The Legacy of Family and Community

For many westerners, the word 'Vietnam' evokes images of war. In my opinion, it is the most tragic result of the Vietnam War that a country of such exquisite beauty, inhabited by people of grace and gentleness, is remembered for an event marked by violence, divisiveness and infamy. The Vietnam I visited last year was in marked contrast to the negative images often popularly portrayed.

The first of my two visits took place in January, 1997, as a tourist with my wife, Michelle, and eight month old daughter, Clarice. We spent two weeks travelling from south to north Vietnam. We had wanted to visit Vietnam for two reasons: first, two of my family members, one of whom was my father, had served in Vietnam during the war; second, Vietnam had developed a reputation as an interesting place, relatively unspoiled by the ravages of tourism.

The second visit was undertaken in November 1997, for three weeks, on my own. TAFE NSW permitted me to take leave so that I could visit aid projects in Vietnam that were being sponsored by the Catholic Church. My role was to gather information on the projects for promotional purposes, as well as provide support and guidance in relation to our funding process. A minor part of my trip was devoted to investigating commercial, cultural and educational opportunities for the New England Institute of TAFE.

The reception received during both trips was very positive, particularly my second visit. This was due to my helping role *and* the fascination of the Vietnamese (especially the youth) with westerners. The tragedy of the Vietnam War is contextualised when meeting the people and experiencing their hospitality, generosity, friendliness and warmth, as well as the affectionate nature of the children.

My trip was limited to projects in the south, due to tensions between the Catholic Church and provincial governments in central and northern Vietnam. As it was, I experienced difficulties in the south, being under surveillance and warned of police intervention. In recent years, the relationship between the different levels of government and the Church has further deteriorated. The Church is clearly the predominant welfare provider and social advocate in Vietnam. Its stance on human rights and social justice issues has intimidated the government, due to its increasing influence amongst the marginalised and poor, who represent a substantial proportion of the country (estimated per capita income of US\$300 per year) (Storey and Robinson, 1995: 41).

A striking example of the Church's influence occurred while I was in Vietnam. On Saturday, November 8th, 1997, in the Diocese of Xuan Loc (just north-east of Ho Chi Minh City) approximately 10,000 women,

children and elderly men (the younger men did not become involved, for fear of triggering bloodshed) clashed with approximately 300 police. Minor injuries were sustained by both sides. Apparently, the local government had requested that the police seize some of the Church's land. The local parishioners were not prepared to allow this to happen, forming a barricade to prevent the police moving in.

Despite a history of persecution, war and suffering, the Vietnamese people have survived and at times prospered, through their emphasis on family and community ties. Yet, in discussions with Church leaders and other officials, it appears that this historical legacy is under threat, particularly in urban regions. Ironically, this threat has been precipitated mainly by the 'free world', who, in their attempts to emancipate Vietnam, have contributed their own form of enslavement. While the oppressive government policies of the Socialist Republic of Vietnam (SRV) have been responsible for a range of human rights abuses, marginalisation of many groups within Vietnamese society, and a massive impoverished underclass, they have also served to mobilise and unify family and community efforts, reinforcing the influence of these ties. Outside influences, while aiding economic development and human rights reform, have also contributed to undermining Vietnam's two greatest resources: the extended family and the community support network.

Vietnam's increasing exposure to the telecommunications, print media and information technology industries has communicated images of a surreal outside world that enjoys freedom, wealth and well-being. Such images are particularly appealing to the young. Wherever I went, whether it was a university, rural school, or the streets, children and adolescents would ask me questions about what it was like to live in Australia, and what opportunities there were for them to come to Australia. Others commented on my clothes, or even mimicked my actions.

This interest in the developed world has introduced a new set of problems. Western 'products' such as fast and junk food, alcohol, and smoking have introduced new health concerns, including obesity, high blood pressure and heart disease. Partaking of these products is more about image than enjoyment. They represent affluence and western appeal. I noted with concern, in Ho Chi Minh City and Hanoi (the Vietnamese capital), significant alcohol consumption by young people and men. The increasing presence of Karaoke premises, bars and nightclubs has facilitated alcohol consumption by catering to the social nature of the Vietnamese. Drug trafficking and usage is again developing a presence, due to economic progress and the rise in tourism. I was sur-

prised to find a drug syringe in the streets of Hanoi, the heartland of Communism. Low level crime has become an increasing concern since 1989, after military expenditure was reduced and thousands of soldiers were discharged, adding to the 'already saturated job market' (Storey and Robinson, 1995: 118). It is difficult to ascertain what influence tourism and the drug trade have had on this problem.

AIDS is becoming a community concern in Vietnam, with numerous billboards educating people on preventative behaviour. After apparently coming to an end in 1975, prostitution has again become increasingly visible. I was regularly approached by women offering sexual favours, or cyclo drivers asking me if I wanted 'boom-boom'! In speaking to some of these women and to members of the clergy, I discovered that many of the women are married and solicit to supplement their family income. Others are young girls sent out to support struggling households. Apart from the risks of exploitation, violence, AIDS and other STDs, some of these women inadvertently fall pregnant. Many undergo abortions, which create further physical risks (a female translator pointed out an abortion clinic as we drove past in the car, informing me that the foetuses were fed to the pigs). Some of these women (particularly young girls) decide to keep the babies, and are shunned by their families. The Catholic Church has established a number of centres that care for these women. One can only guess at how the mother's and/or daughter's solicitation affects the family dynamics, as well as extended family and community perception.

Many Catholic bishops, priests and sisters, as well as teachers, discussed with me the social problems afflicting Vietnam, identifying the pressures on traditional family and community life as the greatest cause for concern. They talked of significant increases in family conflict, separation and divorce rates; growing numbers of stepchildren and the special difficulties they experience in Vietnamese society; the increasing divide between the values of the young and old; rising unemployment, homelessness and prostitution; marginalisation of Vietnam's approximately 60 minority groups; the

developing underclass created by education restrictions; and ongoing discrimination against families who were loyal to the south during the Vietnam War. Some of these problems have been exacerbated by the growing inculcation of self centred, individualistic Western values, particularly among urban youth.

Formalised counselling services were not evident. Historically, family and community support has assisted in fulfilling the types of outcomes that we derive from therapeutic intervention. Even today, the assistance gained from the support of local communities is significant, particularly in rural areas. Community support is a reality in Vietnam, not a pious platitude. I came across a wonderful example in a rural region, where local Catholics and Buddhists shared spiritual, physical and social resources. Unfortunately, increasing westernisation is threatening this traditional mode of existence.

I remember meeting a three-year-old boy who was being raised by a small community of Catholic sisters. He approached them himself, no longer able to cope with severe physical abuse from his father and stepsiblings. The abuse (which included multiple cigarette burns) was so severe that his father was eventually gaoled.

Government social support services are non-existent, with the only welfare services (clothing and food assistance, free medical treatment, accommodation, employment programs, disability services, informal counselling and support) provided by the Catholic Church, a few smaller Christian churches and international relief organisations, such as the Red Cross.

With such limited counselling and welfare services available, maintaining strong family and community ties is imperative for the future of Vietnam. Indeed, if Vietnam is to flourish, it will need to preserve its kinship ties and cultural identity as it engages the rest of the world.

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