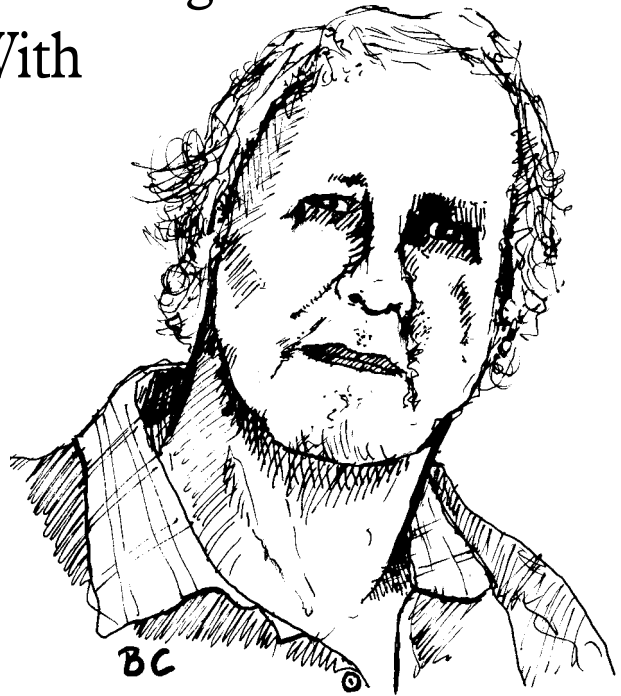


Family Therapy — An Enduring Passion: An Interview With Michael Locke

Chris Lobsinger

Michael has been involved in family therapy since 1975. He is a past president of the Queensland Association for Family Therapists (QAFT), and for fifteen years was an assessor for the *ANZJFT*. During this time he has been steadily training, and conducting his practice. Mike's involvement at Centacare has made him part of one of the longest-running reflecting team projects in Brisbane. The interview with Michael was playful, unpredictable and free from stifling earnestness. Chris Lobsinger interviewed Michael Locke in late November 2002.



Chris Lobsinger: Can you tell us a little about the work you are doing now?

Michael Locke: Well for the past three years I have been in a management role at Centacare in charge of a team of seven counsellors. I have a very small private practice, seeing the occasional family or sitting in with a colleague from time to time. I do a lot of supervision and case management, and in general try and support my team by offering suggestions which they think are great, but never carry out, as they usually come up with something more useful, sane, or appropriate!

Centacare has a tradition of family therapy that goes back to the 1970s. We have a strong culture of team-based frameworks, particularly using systemic ideas. From 1990 to 2000, I coordinated the family therapy project here at Centacare. We used a reflecting team methodology over the ten-year period, and during that time saw some 400 plus families. The team recently finished a project making use of Moshe Talmon's ideas around single session therapy. We are one of the few community-based agencies in Brisbane that still continues to provide a family therapy team approach to clients and families.

Chris: Could you please expand on this, and say something about the wisdom you have all gained from working in this way with over 400 families?

Michael: Perhaps the real issue is the practice wisdom of the families themselves, notwithstanding the problems that they brought to the team. In many cases what stood out for me was the courage and commitment of the women who headed single parent families, their commitment to take risks and do what they could to make their families better, happier, safer and more caring for each other. Many of these families presented violence and abuse, divorce and separation, ongoing conflict with the other parent, abusive and toxic interactions between the children, adolescents taking drugs and engaging in stand-over and control tactics against their parents. Also we observed the delight of sensible men who were emotionally and actively involved with their wife or partner in trying



Chris Lobsinger (left) the interviewer, is a Social Worker and Family Therapist in private practice in Brisbane. PO Box 445, Paddington QLD 4065, Australia.

Michael Locke's address for correspondence is Centacare Counselling Services, PO Box 289, Fortitude Valley QLD 4006, Australia.

to deal with the family issues. Children and young people also work hard to get their parents into counselling. Perhaps Chloe Madanes' ideas of the paradox of reverse hierarchies, or the systemic notion of strange loops, captures the experience of how the kids desert the problem and leave Mum and/or Mum and Dad with the therapist. The parents and the therapist can now talk about other matters while the kids can relax, draw, play, read books or make 'helpful' observations and commentary from time to time as necessary to the 'adult' conversation. Families being seen in team based therapy are very generous and accepting of all the 'therapy stuff' and our 'ways' — teams, mirrors, and reflecting — the procedures and props that we use to set the stage for how we behave in trying to help the family. The shadow, or dirty power games of families, are also in evidence, and have to be mindfully negotiated as part of the work.

Chris: What do you mean by the 'props and procedures that set the stage'?

Michael: Family therapy is about creating a significant sense of occasion for yourself with the family. The reflecting team methodology does this well — the ongoing recursive conversation and shifts within the session that, if done well, and with good enough congruence with family members, open up space and varying observing positions, and possibilities of something new or different for everyone. This is what the methodology aims to do. However within this process I have discovered how much I value the time to drift in my own private space of imagination, ideas and associations, finding one or two that might be useful for the family or for a family member. I also think that often the conversation that the family has in the car going home, or going to the fast food place after the session, is where the change work and 'real' conversation about the issues gets done.

I have also learned to value the natural and the simple. I try to keep the therapy pretty matter of fact. Everyone in the family meets everyone in the team. The kids, from the enthusiastic to the ultra cool, diffident or hostile, are invited along with the parents and actively encouraged to go behind the screen and check out how it works and what they can see. Of course what I am doing is joining and engagement, modelling and rehearsal. I am also being a respectful host and welcoming my guests to my place of work.

Chris: Let me ask you about your more recent experiences as a trainer in the QAFT bridging course.

Michael: I was invited by Chris Hunt to join the teaching team and be part of this bridging course for QAFT¹ I agreed and was really surprised and delighted at the interest shown in the course.

The bridging course has been a really good thing for me. It asks me to think about my practice, as well as allowing me to learn from the colleagues I am teaching with, and from the practitioners who are attending the course. For some participants, the course is a form of revision, a refresher program, while for others, it is their first real introduction to the history of family therapy and the development of systemic thinking and practices.

It seems that the course is meeting a real need for input on the foundations of family therapy. There is some skill component, but the key focus is on the development of systemic ideas and their use in some of the chief approaches to thinking about and working with families — a serious and not so serious presentation of first order and second order family therapy, the modernist and postmodern debate and so on. I tend to provide more of the irreverent and not so serious side of the debate!

Chris: Michael, we spoke briefly on the phone about the opportunity you have to introduce your students to some of the 'Mothers' and 'Fathers' of family therapy. Who are some of the characters that you introduce the bridging course participants to?

Michael: While other team colleagues present on Minuchin, Bowen, solution focused and narrative therapies, I present on the development and influence of the ideas and practices of the strategic generation, and the evolution to a less strategic view, notably the systemic model of Boscolo and Cecchin.² Naturally, I gleefully tell tales of strategic wickedness — when therapists, presuming to be expert in knowing what is best for the family, sought to take and use power to influence clients, and had fun and were playful in therapy, trying to 'trick' clients out of their problems.

I am very strong on the importance of valuing our tradition, our catalogue of theory development and our repertoire of technique. It is important that students have some knowledge of the vision and journey of family therapy from its beginnings in the 1950s to the present. I like to reference what Lyn Hoffman calls the 'great originals' and encourage students to go and find out what they have to offer. Jazz musicians have what they call their tradition, a catalogue and social history of music. Rock music now has a catalogue. There is the classical music catalogue. We have a catalogue of therapy, and I am pleased to have had the opportunity to speak about the great originals in this bridging course.

Having said this, the bridging course team made a decision that we would not cover the experiential work of Carl Whitaker or Virginia Satir. As I said, we focus the work of Bowen, Minuchin, MRI, and Milan. The reason we selected these approaches is that we felt that they were the most influential models for the early family therapy in Australia. However I think that Virginia Satir and the late Margaret Topham had a profound influence on the early practice of family therapy in Australia.

Chris: Does it surprise you that more people don't know of Virginia Satir?

Michael: Not really. Family therapy also has, as part of its tradition, a restlessness, being open to the fad and fashion of therapy technique, not to mention the marketing of the new or the revised approach. As a tradition, we are interested in difference, the distinction, be it by means of questioning, reframing or tasks. This is part of our restlessness and the evolution of the novel. The effect of this is that the old stuff is relegated to the back of the shelf. So Virginia Satir is passé, old hat. But I like to bring her back into focus. Given the present emphasis on valuing the personal experiences (stories) of the client, respect, transparency and the conversational and emotional stance, Satir may be out of fashion, but she is not out of style. I guess it is horses for courses. If I think students will benefit from spending time with Satir, Whitaker or Madanes, I will introduce their work.

I make the point that Satir and Whitaker are hard to package, and that is because their ideas and practice are not as popular or no longer as well-known as other therapists' work. I think this is also true of some contemporary therapists, James Gustafson, the psychoanalytic brief therapist, comes to mind. Gustafson has some enriching and interesting ideas to offer. But he is not packaged and does not, as far as I know, have an approach that can be packaged.

Chris: Can you say a bit more about Gustafson?

Michael: I find his ideas add richness to my own thinking and practice of therapy. He has a very literary style of writing, very poetic and trance like at times. He has referred to his writing style as 'long periodic prose' — trying to capture and embody in his writing the rhythm of colloquial American prose.

A recurring motif or theme in his writings is the ongoing resolution of the tension of the dialectic, or the dilemma that the therapist and the client have to negotiate. He emphasises the tension of resolving the bind of double descriptions. Hence in his writings he is forever referencing the

point/counterpoint that the therapist and the client are paying attention to and negotiating.

These are rich and varied and include inner and outer surfaces of the clients' situation; contests in fields of power; brief therapy as small moves with large effects; and therapist focus within simple fields and shifting to complex fields. The therapist is an 'architect of movement' whose work is to move the client from one place (the current episode of distress, the pain, the dilemma, the symptoms/

“Satir was a very charismatic, tall, striking woman. I loved her sophistication, her worldliness.”

pathology into another place (resolving distress, less pain, resolution of the dilemma, lessening of the symptoms). Gustafson's writings see the focus of work as the client's dilemma, his/her conscious issues or surface activity, in tension with the (out of awareness) unconscious shadow.

Gustafson attempts to weave the ideas and practices of psychoanalytic brief therapy and the ideas of Milan systemic and narrative therapies into a 'method of methods'. This 'method of methods' is a rich, and at times a complex, tapestry that seeks to allow the therapist depth, range and flexibility in attending to the client's story, interactions and context.

Chris: You spoke about a 'catalogue of therapy'. Having amassed a huge catalogue yourself and having practised so extensively, which parts of the catalogue are the ones that have stayed with you over time?

Michael: That's a big question! Well, let's stay with Virginia Satir. I attended her workshop here in Brisbane in 1978. She was the first real family therapist I had met, and she taught me a lot about feeling and nurture and about optimism. I mean, no one was allowed to be pathologically sick around her for very long!

Satir was a very charismatic, tall, striking woman. I loved her sophistication, her worldliness. She had red fingernails, and she smoked cigarettes about five inches long! She projected confidence, a sense of command, and she was also very approachable. Then there was how she approached and thought about people's feelings. She taught me the obvious, that people's emotions are embodied. Pay attention to the person's soma. If she sensed that the person or family member was tense or anxious she would say things like 'When I get stressed, I find that my breath gets short and the base of my neck becomes tense. When you get

stressed, where do you experience this stress in your body?’ Self-evident perhaps, but very freeing for me in 1978.

Then there were her family sculptures, and her sense of empowerment. I recall her saying at the end of the workshop, and using a piece of paper ‘It has only taken me 40 years to figure this out, and so I give and share it with you. Take what you want and if the rest does not fit, or is of no use, then throw it away.’ With this she crumpled the paper and threw it away. The theatre of it all, yet so congruent! Beautiful! Is it any wonder that Bandler and Grinder of NLP fame spent time with her, as they did with Fritz Perls and Milton Erickson, trying to unpack her genius!

Satir gave me some great learning. The use of self and giving yourself permission to take risks, to fail well, to use humour, to really put yourself into therapy.

Chris: Wonderful! So tell me about Whitaker then.

Michael: Well, again, as with Satir, there is a theme of permission. I was so impressed by Whitaker’s sense of playfulness, and the outrageous way he would carry on with families. He gave me permission to take risks with humour in a respectful way.

I had my own fantasy image of Carl Whitaker. I decided I never wanted to see a photo of Whitaker because I valued my own relationship in fantasy with Carl Whitaker more than the reality of what he was like. I would like to think he would approve of my craziness. I carried his article (‘The Growing Edge’ from Haley and Hoffman’s book *Techniques of Family Therapy*) in my briefcase for two years, and read it many times for inspiration. I still love and value the intention of his outrageous actions with families, and the permission he gave me to make use of my own sense of absurdity and playfulness.

Chris: Do you see a lot of playfulness and theatre in family therapy now?

Michael: Playfulness, humour and theatre have always been a significant part of family therapy and find expression in all of the schools. To me, they are part of the creative and imaginative aspect of working with people in a therapeutic process. Reframing, the use of metaphor, enactments, role play, sculpture, the emergence of new narratives, story telling, and collaborative space are all informed and influenced by a sense of theatre and playfulness. I think most therapists, regardless of their orientation, would agree with this. Of course when working with families in distress and the problems that they bring, we have to sit with due care and respect.

However to be honest, I sometimes wonder if contemporary family therapy practice doesn’t take itself a wee bit too seriously. I sometimes feel that working with families is being presented as an earnest endeavour.

Chris: Why do you think that is?

Michael: Perhaps I miss the youthful exuberance of family therapy! The field has matured, and legitimate critiques of past models of practice are valid. Now is a different time. I often wonder if the economic climate and managed care in its many guises are creating a climate where risk-taking and the irreverent stance are somewhat constrained. I have also wondered if the playfulness of therapy has not been pushed aside, or diminished, because of an over-focus on questioning. This may seem an odd observation, given the positive contribution of the questioning formats that are part of contemporary therapies. However I meet many young therapists who are very technique-driven and are very competent with their theory and model of practice. But they are not told about the ‘Big A’. That is, the Big Anxiety. They are anxious, not because they lack experience (although this may be a factor), but because they need to give themselves permission to put themselves into their therapy. An undue reliance on the question, dressed up as the conversational process, is a great way to distance yourself from your client. It is the meeting with the family that we need to be mindful of — the sense of occasion that is being enacted between the family and ourselves. We need to be gracious hosts and create safe space for the family.

Chris: Can you say more about this?

Michael: I have a great affection for circular questioning and it is part of my repertoire when I am working with families. However, therapy is more than questioning. I am quite taken by the narrative questions and ideas, and for me, the hypnotic and mini-induction quality of the conversation that they generate. However, I recall a workshop I attended during the 1990s conducted by a terrific therapist. There was this point during the workshop when I, along with about 60 other participants, were writing down questions that were being modelled. It was when one of the participants seated next to me said ‘That’s a good question!’ that I became aware of my anxiety. I realised that I hadn’t captured the exact wording of the question. I looked up and stopped. Everyone was so earnest about the questions and anxious to get them down, that the rationale of the questioning had been pushed aside in the quest for a ‘magic’ that was in the questions themselves.

I thought there was something very earnest about this. It's the same old trap that family therapy has to always guard against, regarding its technique base. The risk is that the question, as the strategy of contemporary family therapy, will frame and objectify the person. Of course any technique can be used badly. I don't know who said 'The only good question is the one that makes sense to the client'. Using questions as a process of engagement and intervention, we need to make sure that we see and hear the client. It is not useful to have the questioning sitting behind us, directing the process.

Chris: You mention the performance elements of the questioning process. What do you mean by that?

Michael: It's about the theme of playfulness and sense of theatre that I've already mentioned. When I work with students in brief therapy approaches, I usually sit alongside them in the role-plays and act as a director/coach, as they use question formats. It is more a process of rehearsal than role-play. I tell the students 'Let's workshop and play with the questioning rather than role-play'. If I sense that the student is stilted in their questioning, with the focus being on the question, not the process, then I encourage them to play and fool around with the questioning. I have the trainees ask the question (say it is the miracle question), in different ways. I would ask them to ask it in a rambling sort of way, or in a very serious and ponderous way. I ask them to ham it up, and ask it in a new way. I am trying to get playfulness back into the question and to get the performance aspect back into their therapy. I think all the great therapists do that. They have their performing style for doing therapy.

Chris: I heard you talk earlier about the packaging of therapy and you've got this phrase, 'taking off the cellophane'. What's that refer to?

Michael: Well, therapy is a big industry, and therapies that are well packaged can be promoted, and no doubt sell better. The workshop circuit and the Master Therapist are part of our tradition, along with the learning of therapy via the workshop. I guess the issue for me is not that therapy is packaged as such, but rather — let's undo the package, take off the cellophane, have a look inside the box and see what is there. Promotion and packaging are about difference — Therapy X as opposed to Therapy Y or a variation of Therapy X and Y, but also incorporating something of therapy A.

I'm not so much interested in the difference being promoted, but in the similarities with what I already have or know. Well, let's be respectful and

pull off the cellophane see what is there — see what the similarities and differences are. Therapists do not develop in isolation, so what are the similarities? Carmel Flaskas uses the term 'intersections' in her writing on theory diversity and in her efforts to make space for the weaving together of narrative and psychoanalytic ideas with systemic ideas and practice. 'Intersections' is a useful concept. Allowing space for weaving and intersections between diverse theory and practice. Unwrapping the package.

Chris: Other influences on your work?

Michael: Well as you would expect over 30 years, there are many strands. As a social worker, the context and social field in which people find themselves has been a primary frame of reference for me — coupled with the old social work maxim of being where the client is at. I had a reasonable grounding in psychoanalytic theory, notably object relations, and I have certainly had the experience of being on the psychoanalytic rack. My social work background also included sociology and I have always found the work of the symbolic interactionists emphasising the symbolic and social nature of human interaction to be of great interest.

Then there's the many families and clients I've seen, and what they've taught me. My years in

“I don't know who said 'The only good question is the one that makes sense to the client'.”

child protection, developing ways of working with cases of child sexual abuse, have left a profound influence. The young people I worked with were my first real teachers of how I was to do therapy. Then there have been the many colleagues, friends and mentors, my therapy sisters and brothers. My collaboration with Geoff Dean, and our presenting together at the first Family Therapy conference in Melbourne in 1980 (called 'Family Therapy for the 80s'), was an important developmental period for me. Moshe Lang's advice to me to do secret therapy in hostile environments was very supportive and confirming. And my conversations with Brian Cade always add zest and laughter to my thinking about therapy. And there's Mick Geary (we call ourselves the Michael Club), fellow traveller and kayak enthusiast and good friend. Our discussions on therapy are priceless. And of course the support and learning I gained from my

colleagues in teams — Jennifer Wiltshire, Aileen Flynn, Peta Briner and Jill Uhr!

Within the family therapy field, I usually place myself in the brief therapy approaches that derive from Milton Erickson and systems thinking. They are the therapies of my youth and are still relevant for me. Ericksonian-influenced hypnosis is also important to me. The Milan systemic approaches form a significant aspect of my practice. The narrative therapy ideas as applied to work with men who perpetrate abuse/violence have been very helpful in my ten years of work with domestic violence men's groups. Over the years, the theory and practice writings by the women therapists of the Ackerman Institute (including Lyn Hoffman, Olga Silverstein, Peggy Papp, and Virginia Goldner) have been a rich source of ideas and inspiration.

My love of jazz has provided a rich metaphor in thinking about my practice as composition, improvisation and performance. Brad Keeney's ideas on the same themes have been a touchstone for me.

Chris: One final question, Michael. If you were omnipotent and omniscient, where should family therapy be going?

Michael: What attracted me to family therapy was what I call its 'principle of charity' — its stance of trying to be non-normative and non-pathological, coupled with its insight that people are best understood in their interactional contexts. The ongoing development of family therapy theory, technique, practice, together with its debates and squabbles, is in a way an ongoing commentary on these two themes. No doubt there are more themes, but these two continue to be important motifs.

The challenge for family therapy is not only the development of useful theory but being equal to the demand of practice. If family therapy succeeds in its struggle to be open to where the family is going in its diversity, and to what families are struggling with, then we should continue to be useful and have something to offer.

Of course, being a brief therapist, I could take a ten-minute break to think about this question in more detail! I'm sure I would come up with something that might be really useful to the field!

Interviewer's Note

This interview/conversation continued well after the tape recorder had run out. I saw this as a testament to Michael's enduring interest and involvement in family therapy. I was enjoying myself far too much to stop myself asking questions. I would like to thank Michael for giving of his time and himself for this interview.

Endnotes

- 1 When QAFT moved to offer two grades of membership (member and clinical member), the association provided bridging courses in 2002–2003 to teach the information judged to be foundational for all members.
- 2 See p. ii for Brian Cade's Obituary of Gianfranco Cecchin.

Reference

- Gustafson, J., 1992. *Self Delight in a Harsh World: The Main Stories of Individual Marital and Family Psychotherapy*, NY, Norton. ©

Subscription Reminder

'That was his trouble, that he could lay bare his soul, for ordinary healthy folk don't analyse their feelings.'

Whether author John Buchan believed this in 1919, when his novel *Mr. Standfast* was published by Thomas Nelson, or whether it was the point of view of his narrator-hero, Brigadier-General Richard Hannay (also hero of *The Thirty-Nine Steps* and *Greenmantle*),

we can't say. We can all agree in 2004 that 'ordinary healthy therapists' need to keep up with their profession, and reading the *ANZJFT* is a way we recommend. Naturally!

Send your sub to the Subscriptions Manager and tell her about your address change!

Australian and New Zealand Journal of Family Therapy

Subscription Manager

P.O. Box 135 Moorebank NSW 1875

fax: + 61 2 9825 4885 email: journalsubs@anzjft.com