A.N.Z.J. Fam. Ther., 1999, Vol. 20, No. 1, pp 28–33

Family Therapy: Out from Behind the Hero Narrative

Paul Gibney*

Schools of family therapy have been highly selective in their presentation of the theory/practice nexus. Family therapy's method of teaching (the infamous workshop format) has hampered it's growth as a practice and academic discipline. An inadvertent, unhelpful legacy of Gregory Bateson has been that lesser scholars have aped his capacity to draw on other fields of knowledge without his rigour, or his propriety. Family therapy's cavalier dealings with bodies of knowledge and its reliance on miraculous case studies has resulted in the bypassing of individual suffering. The heroic narrative that has dominated family therapy has precluded other styles of stories for therapists, theorists and clients. Family therapy has been dominated by the myth of the hero, with its accompanying motif of the puer eternus *(the eternal youth). Family therapy has been forever reinventing itself, forever the 'new kid on the block'. This fascination with newness has interfered with family therapy's capacity, at times, to consolidate its genuine value as a therapeutic entity.*

INTRODUCTION

It has seemed to me that in my life, and in my professional life, I have often played the role of *l'enfant terrible* (the terrible child), always willing to be *l'enfant*, irreverent, to mock convention and to challenge orthodoxies. I have played this role by natural inclination, at times by design and at times by the invitation of others who hoped I might be foolish enough to say what they wanted to say. Usually, I didn't disappoint. I was foolish enough to say the most irreverent things and then some. In this paper, I hope, irreverence might be experienced in the context of a thoughtful, and I believe necessary critique of some aspects of the family therapy arena.

Family therapy, for me, has always been a colourful field. It has boasted enormous variety, a large array of theories and practices held together under the one roof, a number of wonderful technical innovations, a willingness to explore and borrow from other intellectual disciplines, a proliferation of unique characters amongst family therapy teachers and practitioners, and a courageous ability to adapt its art and craft to address the most difficult clinical problems that present to beleaguered therapists in the whole range of practice settings.

The underside of this has been, for me, that family therapy has often had a 'bits and pieces' quality to it, a certain lack of the unifying themes and practices that should provide a solid base from which to launch other discussions. In Gregory Bateson's twin disciplines of 'mind' (rigour and imagination) family therapy has always seemed pretty good on the imagination side of things, and a tad short on the rigour. That is not to debunk family therapy as a whole—far from it—but rather, to 'get at', to develop access to, some problems that underlie the field. To do this, I need to sketch something of what I think the field of family therapy is about, and if I may be so bold, I would like to offer my own evaluation of what I think that family therapy has done well, and what I feel it has done poorly.

First, let's acknowledge what family therapy has been good at. Family therapy has made a substantial contribution to the therapeutic field by its introduction, development and utilisation of the concept of *context*. Like no therapy before it, family therapy shifted attention from the intrapsychic world to the world that exists between people—and more specifically, between intimates. This shift has been invaluable in at least three ways. It allows for richer theoretical constructs, it allows for more strategic therapeutic leverage and it allows for an analysis of the effects on the actual therapy of the context where the therapy takes place.

Secondly, to my mind, family therapy has made an important contribution in its utilisation of a very active stance towards therapeutic processes. From such great

*This paper was presented at the National Family Therapy Conference, Adelaide, 1997, as a plenary address. Originally entitled 'Family Therapy : Out from Behind the Hero Myth', it was changed to the current title for this written version. The 'Hero Myth' is a valuable myth and can organise the individuation of many a soul-searcher. My critique here is not aimed at that mythology and its depth experience in individual lives, but rather at glib narratives imposed by theorists on their clients' stories, and by theorists onto the therapeutic discourse. The term 'Heroic Narrative' best reflects that enterprise. I am indebted to Ron Perry for his reflections on this point. Address for correspondence: 121 Wickham Tce Spring Hill Q 4000.

originators as Satir, Haley, Minuchin, Madanes and onwards, we have seen that destructive processes in families and systems did not have to be endured, tolerated, or outlasted, but rather, both in the session and outside the session, that active interventions could be made into these destructive processes.

Thirdly, family therapy actively developed and extended the role of the one way mirror in therapeutic practice. The mirror has been a valuable technical innovation both in terms of the performance of therapy, and in teaching and supervision. It has provided first line accountability to the practice of therapy, and by its openness, has made therapy more available for description and for critique. Fourthly, family therapy has engaged in a vigorous dialogue with broad social, cultural and political issues. Family therapy has celebrated and sought to include the voice of the marginalised in such areas as gender, ethnicity, indigenous peoples, and sexual orientation. In these areas, family therapy towers above other therapeutic approaches. Lastly, family therapy has been made more robust and less insular by its willingness to converse with other disciplines. Theory, and at times practice, have been enriched by family therapy's engagement with feminism, philosophy, physics, linguistics and biology.

However, I believe there have been a number of things at which family therapy has simply not been good. While I will expand on these points later, the major areas are family therapy theorising, the problem of suffering, and the acceptance of limitations.

By a negative reading of the success of family therapy theorising I mean that family therapy has lacked a core identity both in terms of its theoretical and its practical constructs. Proceeding from that there has been a confusion as to what constitutes appropriate scholarship and research in the field. Questions that to my mind have never been well resolved include: how do schools of family therapy relate to each other and what are the key concepts that makes a therapy a *family* therapy (or indeed, what makes a therapy, a *systemic* therapy?) When is it appropriate to borrow knowledge from another discipline and are there guidelines for delineating the parameters within which another discipline's knowledge can be used effectively in a therapeutic quest? And, in terms of the multiplicity of models, theories and techniques of family therapy, what works well when, and under what conditions?

Connected to this issue of the problematics of theorising, there seems to be a problem with the acceptance (or more correctly, the delineation) of the limitations of family therapy's field of expertise. Originally, I was going to say that there has been little research done in the field of family therapy. I quickly pulled myself up as I realised my mistake ... there is in fact a good deal of research into family dynamics and therapeutic processes. The problem seems more to be a vast separation in the field between what David Tacey (1997) would describe as the 'wets' and the 'drys' (1997). The 'drys' seek watertight frameworks, accurate research, replicatable studies that add accumulatively to established knowledge, and careful reworking of theory in light of new findings, whereas the 'wets' tear off with maverick joy, experimenting enthusiastically with new techniques, swooping on other disciplines for helpful catchphrases, settling for one-off testimonials as proof of efficacy and seemingly reinventing theory as the desire seems to strike. The gap between these groups, and I imagine that I don't imagine them, seems to be a chasm, and this gap, I suspect, has stopped family therapy making steady progress in demonstrating its usefulness and at times, its greater agility, compared with other disciplines. As one group gathers data on minutiae of family functioning, the other seems to imply they have resolved the issues of anorexia, schizophrenia, and domestic violence, and are now keen to take on broad cultural dilemmas that have confounded scholars, saints and mystics for generations. Dry because lifeless? Wet because just plain sloppy?

Lastly, in my opinion, family therapy has not been particularly good at dealing with the business of suffering. There have been notable exceptions and often they have been Australian initiatives, for example, the Bouverie Centre's project with families with a member with an acquired brain injury, the various projects serving clients with HIV-AIDS, and a number of innovative projects throughout Australia and New Zealand dealing with domestic violence. The point I wish to make, however, is that family therapy was so founded on stories of miraculous cures, heroic recoveries, discontinuous jumps, linguistic resolutions of problems and stunning reframes, that the plain, ordinary business of people suffering—suffering at times from problems that simply will never get better and can only be endured—has often been ignored in family therapy theorising. How do we relate to suffering, how do we understand problems that do not get better, how do we best offer succour and assistance in situations that simply suck, stink, will not improve, and challenge our tolerance and hope?

In this manifesto, I will be drawing from my own experience and reading, and in keeping with my intellectual projects of recent years, I will, in many ways, be re-imagining family therapy through a Jungian archetypal lens. I do this, not because I believe archetypal thought is in any way superior to family therapy theorising, but rather because it provides us with another reference point, and thankfully a related one, from which to view our own project.

TO SETTLE THE ARGUMENT, STEP-BY-STEP

The Theory/Practice Nexus

In younger days, when I was even more facetious than I am now, I used, in talks and workshops, to present a piece of reflection entitled 'The Healing Power of Bad Italian Trains'. This piece referred to a part of the Milan Associates' literature, where they noted that originally, they extended the time between sessions for purely pragmatic reasons—because some families were travelling hundreds of miles to see them, in overnight travel

on bad Italian trains. They found a more steady improvement in those cases where they had allowed the longer intervals. They then decided to make longer intervals between sessions their general style of working.

My facetiousness dwelt on the idea that perhaps the longer interval did not cause the improvement. Maybe the sheer motivation of the families willing to endure the hideous travel arrangements to see such gifted and famous therapists may have caused the improvement in and of itself. My lament was that as a social worker, working in the local psychiatric unit, I knew plenty of families who seemingly would not come two suburbs by car to see me, regardless of what methodology I used or what intervals I scheduled. In short, the Milan Associates, as four psychiatrists in private practice with large international reputations, had an outrageous contextual advantage that they did not include in their theorising.

Similarly (and I should state that I believe the Milan Associates to be among the more ethical and thoughtful theorists in the field) when Boscolo and Cecchin, with Hoffman and Penn, sought in 1987 to demonstrate the changes in their thinking, they did so through a series of commentaries on a number of one-off consultations in a country which was not their own. Certainly these consultations or commentaries might be interesting in various ways, but we might ask what was the relevance of ideas developed or demonstrated in such highly specific, time-limited contexts, to the theory required to construe the practice of some junior psychologist and junior social worker who have awkwardly, naively and bravely formed a co-therapy team that meets hour after hour with regular clients in a domestic violence agency, a sexual abuse agency or a spinal injury unit? Does the theory translate well into an agency where chronic problems with multiple presentations are seen by the youngest, least experienced and/or least empowered personnel?

Some family therapy theory is even less contextually sensitive and even more flamboyant in its implied claims to transcontextual efficacy. Presumably, this tradition has emerged from readings or misreadings of Milton Erickson's cases. In this tradition, a brilliant case study is held to be illustrative of a broad principle and/or style of working, which is then implied to be superior and beneficial in all contexts for all problems. One-off snippets, a clever technique supported by reported dialogue and/or video tape, are seen as proof of efficacy. What therapists and theorists from these traditions usually leave out of their presentations, both written and oral, are follow-up details on the case discussed, independent assessment of the case by another interviewer at follow-up, any statistics or samples regarding the style or technique's broad applicability, any case studies that went wrong, any suggestion as to when this model is simply not appropriate—the list goes on. All that remains are the heroic stories and the suggestion that one size fits all. This highly selective presentation of the nexus between theory and practice does not contribute to family therapy knowledge, but rather diminishes it.

The Workshop Format Has Hampered Growth

At the 1991 Family Therapy Conference in Brisbane, Kerrie James stated in a panel discussion that she thought that one of the ways that family therapy would change over the years would be that it would be taught in organised university settings. Mercifully, her prediction has proved to be correct.

Before this move to academia, family therapy was taught in a series of often unconnected workshops by visiting individuals; a format and arena that Lynn Hoffman (1988) has comically referred to as the 'dog and pony show' of family therapy. Now, I cannot be too derogatory about this arena, as I, for one, am a regular performer in what does sometimes seem to be something of a circus. And I like to think that my own combination of the ring master and performing animal roles is both entertaining and informative, usually in more ways than one! Seriously, workshops have their place as interesting expositions of thinking and practice, hopefully designed to both perturb and dialogue with the participants; so that we may all benefit from a mutual exchange as to what therapy is about.

My point, however, is that in days gone by, the workshop was family therapy's main vehicle for the dissemination of knowledge. And if I would ask theorists to be contextually sensitive—to describe both the contexts in which their theories were formed, and the context in which they might be applied—then I am obliged to ask: what has been the impact of the content of workshops on the development of family therapy knowledge?

My personal answer to this question is that workshops are possibly very dangerous and destructive contexts for the presentation and development of knowledge. They can easily become a closed shop where the presenter tells his or her favourite stories, illustrated by his or her favourite snippets of tape, where 'group think' (Janis, 1983) takes place, and where questioning of the presenter's line is either not allowed or not elicited. This is not about knowledge development. It is about persuasion. Hugh Crago has for many years had strong opinions about how conferences and workshops could be conducted (Crago, 1991, 1992). I agree with his proposals. There needs to be less persuasion, more discussion, more gaps left for questions, more contrary opinions sought. In short, less certainty, more dialogue. More critical thought, less persuasion.

Undisciplined Borrowing from Other Disciplines

Gregory Bateson's influence on the development of family therapy has been both well documented and well critiqued. His intellect was clearly awesome, and his cybernetic metaphor provided our field with a guiding fiction—a fiction that many say (quite appropriately, due to its machine like quality) made it possible to be more concerned with feedback loops than with people. In his

academic life, Bateson studied indigenous cultures, patterns of communication, families with schizophrenic members, therapeutic dialogues, marine mammals, formal philosophy, and natural science: he constantly sought to find that 'pattern which connects'.

One of the more ambivalent gifts that Bateson bequeathed to family therapy was just this pattern of drawing from other disciplines. He did so with due and complete regard for the context from which the knowledge came, and with substantial sensitivity to the new context in which the knowledge was applied. When Bateson sought to use another field's metaphors, he outlined why he was doing so, what advantage it afforded, and what the implications of doing so were. In other words, Bateson was a responsible and competent scholar. Unfortunately, many family therapy theorists who followed him seemingly weren't. I get to read family therapy theory both in published texts and in academic theses that I examine. There seems to be a frightening scholarly malpractice abounding in the family therapy literature—a willingness to borrow from other disciplines and fields with very little explication as to why it is necessary to do so, for what purpose or for what advantage.

One then sees anomalies like complex sociopolitical discourses and critiques reduced to one line questions that are squeezed into interviewing schedules somewhere between the 'miracle' question and 'exceptions to the rule'. Theory and critique developed in relation to large-scale patterns of social choreography are not easily taken from the highly abstract world of sociology and philosophy and turned into simplistic, glib, often repeated one liners in therapy interviews without doing major damage to the subtlety and value of the original concepts.

It is not only published theorists who initiate these odd borrowings without contextualisation or critical thought. For example, I have read theses by a number of family therapy students at a postgraduate level, who refer to some family therapy theorists as 'postmodernists'. A thorough reading of poststructuralism, deconstructionism and postmodernism should quickly convince any reader that these intellectual quests are a profoundly disturbing project: one should know this by the radical nature of the proposals and by the fact that one feels bodily, emotionally and intellectually disturbed when that material is encountered at any depth.

So then, how can we have an intellectual and social project which is aimed at tearing apart grand narratives and socially comfortable palliative procedures being used to describe therapy—not only therapy in general with all its warm intentions, but more mind-bogglingly, therapy that is simple problem solving based on cognitive reframing and rhetorical manoeuvres? I have no problem with that style of therapy in some situations and for some purposes, but what has it got to do with postmodernism? Very little that I can discern.

And why do students accept that it is postmodern? Seemingly, only because authors in the field claim that they are postmodern. Frankly, when Enid Blyton tells me that Noddy drives a car—I don't believe her. I don't believe that there is a Noddy, outside her and my imaginations, and I certainly wouldn't trust him with my car, his car or anyone else's car. James Hillman said many years ago, that analysts should turn the methodology of analysis backwards to rigorously analyse analytic theory. In the same vein, family therapists should deconstruct and rigorously contextualise family therapy theory. It would seem that we understood Bateson on the issue of imagination; some may have missed his twin disciplinary requirement of rigour.

The Bypassing of Individual Suffering

Those of you who have heard me talk on, or read my work 'Family Therapy: Inner, Outer and the Issue of Pathology', will know this theme as I have outlined it at length before (1996). Accordingly, I deal with it only briefly here. As most of us know, students and supervisees in their early years of family therapy involvement often, to use the vernacular, 'lap it up' as they find the power and capacity of systemic and contextual thinking and interviewing. After some time, they present to supervision sad and disillusioned when they start to find that the systemic theory does not always prove helpful. Typically, the situations in which it doesn't prove helpful are in cases that involve individual suffering, specifically involving the client's body. Clients who have been physically and sexually assaulted, clients who are dying, clients who are disabled, clients who have incurable illnesses—these bodily complaints and bodily experienced phenomena do not respond well to circular questioning, reauthoring, or questions regarding exceptions, no matter how well they are asked. Despite some notable and valuable exceptions, family therapy has not dwelt well with the body and hence not dealt well with individual suffering. Most clinicians' experience suggests that such issues are only dealt with via the provision of a supportive therapeutic relationship—another phenomenon that family therapy has only recently begun to address via its engagement with psychoanalysis and feminism. We might well ask ourselves 'Why has family therapy not engaged in discussions, informally or theoretically, around individual suffering and why, until recently, did it not address the body nor the therapeutic relationship?'

The Limiting Effect of the Heroic Narrative

Family therapy had its own story to tell. As a discipline, it has often presented itself as an advance on previous therapies—a radical discontinuity from previous therapeutic theory and practice—a discontinuous jump. Not surprisingly, this has also been the sort of story that family therapy has favoured for its clients: the discontinuous jump into new patterns of wellness. The family game is articulated and the identified patient gets better. The future miracle is envisioned, and the present problem is dissolved. The dominant paradigm's insidious influence is delineated, and the client and their family

are empowered. Family therapy has privileged the heroic narrative as the therapeutic story *par excellence*.

Jung wrote in 1929 that what he did with clients was to develop a healing fiction with them. In 1983, Hillman took up that theme and wrote *Healing Fiction*. Hillman noted that there were four major literary styles seen in therapy:

i. those that showed the ego's development through the obstacles and defeats of childhood: the *heroic epic*;
ii. those that showed the foolish mis-starts that finally result in happy adjustment: the *comic*;
iii. the unmasking of hidden plots: the *detective*;
iv. those addressing societal influences on family development: *social realism*.

Hillman goes on to make an argument for the value of 'the picaresque' as a mode of therapeutic literature: a set of stories that concentrates on the varied flavours of daily experiences. I would add 'the tragic', that is, a style that attends to the poignant and the heart-breaking; and I would include 'the romantic', a style which attends to those moments of life where movements of the heart are discerned, when we are touched and when we are fascinated.

Tragically, family therapy has often foregone the richness, depth and subtlety of these modes of imagining our lives and our clients' lives. Instead, we have saddled ourselves with the heroic narrative: the family's escape from trouble, schizophrenia defeated, anorexia unmasked, patriarchy challenged, hidden gender agendas exposed, temper tantrums tamed, exceptions highlighted, possibilities uncovered and destructive dominant paradigms subverted. Forever, the heroic narrative.

No therapists I know live their lives in an endless series of heroics. The colours, the shades, the greys and palenesses, the appreciation of small variations, the tragedy of enduring sadness, all these add texture to our lives and often to the therapy that we find ourselves involved in; why do we continue to be battered by the single line plot development of the heroic narrative?

The Boy Who Never Grows Up

Family therapy grew out of a dissatisfaction with previous therapies. Over the years, it has portrayed itself as a significant advance in practice and has at times actively scoffed at psychoanalysis. It has, until recent years, remained blissfully myopic about the similarities it shares with other therapies and about the large debt that it owes its forebears. As noted above, family therapy's broad declaration of independence is part of the heroic narrative, the 'discipline as hero'. We then have a lot of theory that is heroic, we then have therapists who are heroic and we then have therapists coaching family members that they actually are heroic though they have never realised it before, until they got in touch with the endless heroic paradigm that informs the therapist.

The hero is invariably youthful, and the hero archetype is closely aligned to the archetype of the *puer eternus*—the eternal youth (literally, the eternal boy, or the Boy who Never Grows Up). The Puer Eternus always flies to the sun, always sees no limitations, always mocks the past and its representative, the *senex* (the elder mode of consciousness). As Hillman notes:

> ... if a puer youthful myth is dominating ... then you throw out every reference to the past as out of the question. History and time would ruin your position completely. The puer never learns with time and repetition: he resists development and is always unique. No precedents, no past, that's how it feels to him (Hillman, 1983: 117–118).

Family therapy has had more than its own share of therapists who either have no idea or no willingness to recognise therapeutic influences before family therapy, and it has certainly had no shortage of theorists who choose not to cite their influences, their indebtedness to previous traditions and previous times. The suggestion is, and at times is explicitly made, that family therapy in general (but more usually, various *models* of family therapy) are unique in therapeutic history and exist without reference to the past. This is an amusing attitude in a fourteen year old, but a grotesque attitude (and a profound lack of intellectual and academic competence) in any theorist seeking to add to the knowledge of her or his profession.

Beyond the Hero Myth

Clearly, here, we have an answer (maybe not *the* answer, but I believe a valid answer) as to why we have down played individual suffering. Also, it explains why most heroic models are long on technique, one might even say, over-reliant on technique, and short on empathy and understanding—because the hero loves *action*. It is easy to half listen to a family's story and then smugly launch into a well-rehearsed set of questions organised by an over-familiar map. However, it is not heroic (though I would argue it takes a good deal more courage) to sit with people's feelings, their despair, their ravagedness, their heartaches, and not to reach for some glib solution or reframing that would make 'the therapist feel better'. Forming a therapeutic relationship is always thoughtful and often hard work. Witnessing a family or a client's experience is not technique-driven. It includes a willingness to feel their pain, and to be lost with them. To witness. To attend to the soul.

Clearly, this myth of hero and the heroic narrative can be subverted in family therapy by emphasising our links to the past, by celebrating theory that struggles with the body, by celebrating therapy that sits with unresolvable problems, theory that painstakingly locates itself in therapeutic and intellectual traditions with appropriate contextualisation and by generous, open dialogues that stay alive to failures and incongruencies. These earthy concerns, so often embodied in the lives and practice of family therapists but so often missing from family therapy theorising, can ground our theory in lived

experiences—as opposed to turning complex lives into bad replays of a Rocky movie.

Before summarising and concluding, I would like to briefly share two insights that have meant a lot to me in the past few years. 'Family therapy' as Moshe Lang once said, is a good enough name so long as we remember it is not always about families and it is not always about therapy. Brian Stagoll has said that family therapy has passed, but we should not surrender the name. I was once accused in a role play of behaving as if I thought being in a family was a good thing. I was flabbergasted—I never liked the wholesome sound of 'family therapy', much less saw myself as an apologist for traditional family values.

And yet, I now sit much more comfortably with the term 'family therapy' and 'family therapist'. Not because I see myself as promoting happy families. But rather, because I see myself as a therapist who is specifically interested in the relationships between inner maps and outer contexts, and nowhere is that more poignantly formed, demonstrated, frustrated or destroyed than in the family matrix and the fractionations that accompany it. In the dissolutions and reformations of families, people discover joy, love, heartache, treachery, betrayal, hope, sadness, ecstasy and loss. This is the stuff of therapy, and for anyone interested in the therapeutic domain, the family forms a stunning primordial structure for the therapeutic essence. I now take the title 'family therapy' in that spirit.

Secondly, if my understanding of the Jungian paradigm is correct, Jungians believe that in our inner worlds we have access to numerous personalities that exist within us. Hillman reviewed Adler's work and noted that Adler was highly misunderstood as saying that people have a desire to be superior. To the contrary, Hillman says that Adler sees that we gain our humanity and our sense of community through the fact that we all feel inferior, we all feel inadequate, and it is only the masculine protest that denies our humanity and seeks superiority.

Hillman then takes Adler's thinking one brilliant step further in this passage regarding the *inferiores*, the 'inferior ones', the subjugated personalities inside us. He writes:

> We have now embarked upon an Adlerian critique of psychotherapy. We do this on the constant base of our first question, what does the soul want? Having assumed that the soul speaks with the voice of the inferiores, those kept down, below and behind, as the child, the woman, the ancestor and the dead, the animal, the weak and hurt, the revolting and ugly, the shadows judged and imprisoned, then it will be the task of any psychotherapy to stay in touch with and be moved by these inferiores (1983: 113).

That is to say, therapy is not about getting rid of what might be seen as 'inferior' aspects of self, or family for that matter, but rather about staying in touch with them, so that we may be more whole, more responsible, more human. The valuable therapists are those who can unheroically sit with their own inferiorities and inadequacies and be moved by the same in others, so that together they might become more complete, more whole, more human.

CONCLUSION

I have suggested that family therapy has been good at dealing with the concept of context, has benefited from having an active stance towards the possibility of intervention into destructive processes, has done well in its use of the two-way mirror technically and theoretically, in engaging the marginalised, and in its willingness to engage in dialogue with other disciplines.

I have suggested that to mature further and to consolidate its value as a therapeutic discipline, family therapy theorists need to seek out and demonstrate anomalies and incongruencies in their theories and practices, to offer workshops that encourage dialogue, to borrow knowledge respectfully, to consider the body and individual suffering, to recognise the effect that the hero myth has had on their consciousness and to seek other styles of literary imagination that will free them from the heroic narrative.

I began this essay by recognising my own role as that of *l'enfant terrible*. I recognise that this role must mature in me, and I must mature beyond it. Similarly, family therapy can no longer keep presenting itself as the 'new kid on the block'. It must mature beyond that. The time has come to come out from behind the heroic narrative; the time for heroics is over; the humble work of delineation and consolidation has begun.

References

Crago, H., 1991. The Past and Future of Family Therapy in Australia, *QAFT Newsletter*, June and July: 2–6; 5–14.

Crago, H., 1992. Thoughts on National Conference Organisation, *QAFT Newsletter*, April: 3–4.

Gibney, P., 1996. Inner, Outer and the Issue of Pathology, *ANZJFT*, 17, 4, 173–190.

Hillman, J. 1983 *Healing Fiction*, Woodstock CT, Spring Publications.

Hillman, J. (with Laura Pozzo) (19). *Interviews. Conversations on Psychotherapy, Biography, Love, Soul, Dreams, Work, Imagination*, Woodstock CT, Spring Publications.

Hoffman, L. 1988 in Somin, R., 1988. Like a Friendly Editor. An Interview with Lynn Hoffman, *The Family Therapy Networker*, 12: 54–58, 74–75.

James, K. 1991. Panel Discussion: The Future of Family Therapy, Brisbane Family Therapy Conference. Brisbane.

Janis, I., 1983. *Groupthink: Psychological Studies of Policy Decisions and Fiascos*, Boston, Houghton Mifflin (Rev. 2nd Edn).

Tacey, D. 1997 Opening Address, *July Conference*, Melbourne.