

NETWORK NEWS

Commentary, News and Reports from Regional and International Correspondents

Contributors for this edition: Bruce Chenoweth, Hunter Region Guest Correspondent; Jan Drury, Hunter Region Correspondent; Janet Roth, Queensland Correspondent; Colin Riess, Victorian Guest Correspondent; Sarah Jones, Victorian Correspondent; Ann Stark, Tasmanian Guest Correspondent; Margaret Stoklosa, Tasmanian Correspondent; Adrienne Wills, Western Australian Correspondent.

We would like to thank two correspondents who are resigning their positions, namely Jan Drury from the Hunter, and Roslyn Phillips from NSW. Both have been very generous with their time and shown a lot of commitment to the *Journal*, in Roslyn's case a nine year stint and in Jan's case, five years! So thanks to both for the time and energy they have put into their positions, and we wish them lots of joy in the spare time they will hopefully acquire!

JANE CHAPMAN

Beyond Narrative

Bruce Chenoweth, Janet Roth*, Ann Stark and Adrienne Wills, edited by Jane Chapman.

This topic has not been an easy one for us to come to grips with. And we were not the only people who found it gave us lots of food for thought; some other family therapists who were consulted were similarly perplexed. One West Australian, who had been greatly stimulated by David Epston's recent workshops, responded to the wording of our topic, 'beyond narrative therapy' with 'is there anything else?' With family therapy, the topic 'beyond narrative' immediately conjures up Michael White and Narrative Therapy. However, 'narrative' is also a much larger metaphor. Perhaps we need to begin with the question of 'whose narrative?' we are aiming to go beyond.

Narratives have always been with us, in myths, metaphors, literature or simply in people's telling of their experiences. In this sense, narrative has been, is, and will continue to be a theme of life and therapy, regardless of one's theoretical orientation. Therapy has found various ways to intervene with people's narratives, and perhaps Michael White discovered that the term 'Narrative' gave expression to the essence of his practice.

Through the process of telling the client's story in therapy, it is anticipated that new insights will emerge, that new ideas will have the opportunity to develop, and that people will begin to gain a new experience of the self. White's Narrative Therapy uses the term 'restoring'. Janet Roth points out a surprising similarity to Russell Meares' (1995) psychoanalytic framework; Meares uses the term 'Narrative of Self' and states 'The implied therapeutic task is to help in the creation of a narrative that is more truly a manifestation of self' (541). Irrespec-

tive of one's position, narrative is an integral part of the therapy process.

What Reason Could we have for Looking Beyond Narrative?

It is interesting to look back over the evolution of family therapy. At particular points in time, when a well defined approach has been proposed, there has been a tendency for some therapists to think 'Aha! This is the answer!' But in the scheme of things, family therapy remains a relatively new therapeutic form, and therefore, one could assume that it will continue to evolve. Certainly, Narrative Therapy is providing many with a workable model that often promotes healthy adjustments, and possibly they feel satisfied with continuing to use this model. However, the very creativity with which people apply this model is probably ensuring its continued evolution. It is highly likely that practising family therapists develop their own approaches, but do not ever really articulate what they do, or present their work to a wider audience for scrutiny.

Even more focused on the contextual, political and societal constructions of reality than the more discursive systemic forms preceding it, narrative styles added further dimensions of rigour and epistemological purity to family therapy. Like most earlier techniques, narrative has gathered its adherents and zealots, its purists and protagonists, for whom the map can only too easily be confused with the territory. In the Hunter Region, developing therapists seem to be attracted to Narrative

styles whilst more experienced therapists are either staying away from Narrative, or going to Sydney for training in analytic methods, predominantly Self Psychology. Many of these latter are indicating discomfort with systems work as they see it evolving. For young therapists starting out, a technique which requires discipline, commitment and training is obviously necessary. Yet if it is allowed to be, the technique can become an end in itself.

Initially we emphasise the technique and pay less attention to the personhood of the therapist. Any therapeutic technique hopefully provides an opportunity for the expansion and personal growth of the therapist in the context of the work that he or she does. A personal style gradually develops or evolves and continues to be distilled from the ferment of a number of approaches during the therapist's long career. The importance of a 'heart connection' with the client is not easily taught through the observation and practice of a technique of clever questioning. Neither is the ability to sit in pain with the suffering, something inherent in our trade, readily acquired through training technique.

Despite its deconstructionist emphasis, narrative therapy is not without its own world view—itself a worthy subject of deconstruction. In some agencies, narrative therapy has become the dominant story, acting as a restraint against alternative therapeutic approach stories. Like it or not, narrative therapy has a cognitive or cerebral reputation rather than a heartfelt or empathic one. Perhaps this is how it should be for therapists whose personal styles fit the model.

It is of concern to many therapists that the necessary support sought by them through supervision is rarely provided by an analysis of technique alone. Skilled Narrative therapists do not always make good supervisors, arguably because of a perceived failure to recognise supervisees' need to ventilate their own fears and concerns, and at times, to express their identification with the suffering in the therapy room. There is evidence that therapeutic outcomes are influenced positively when affective response occurs. Hopefully it is possible to move in the direction of truly engaging with a wider range of traumatised clients in away more meaningful to them and more satisfying for a wider range of personal therapeutic styles.

Narrative therapy may also eventually have to come to terms with the increasing 'biologification' of behaviour. If we are to offer a truly biopsychosocial or holistic healing framework, understandings of the—at times permanent—biological changes that occur in response to abuse, trauma, neglect and deprivation are required, and must become part of the therapeutic process. Indeed, the body generally as a metaphor for the human condition has been neglected by Narrative therapy in a way reminiscent of the old Cartesian body-mind duality.

Another way of looking at the neglect of the body is that language itself has become all important as a source of communication and knowing in postmodernist thought. Within a language-dominated view, other sources of knowing, such as bodily knowledge,

emotional knowledge, and experiences which are beyond words, can be easily overlooked, misunderstood or invalidated. Our challenge 'beyond narrative' may be to bring together the totality of the person. We may want to incorporate non-language approaches such as psychodrama, family sculpting, rituals or Gestalt (i.e. movement and action) in addition to spoken descriptions and meanings. For our inspiration, we could look to the healing rituals of indigenous peoples which included dancing, shouting and movement. Bradford Keeney's *Shaking out the Spirits: A Psychotherapist's Entry into the Healing Mysteries of Global Shamanism* is a step along this path. Is the place beyond narrative another instance of 'back to the future'?

However, the evolution of Narrative Therapy itself may stand or fall on the relevance to ordinary individuals of the literary metaphor. For many, this is a valid frame of reference, with which they are familiar. But there is still considerable work to be done to make the Narrative style more relevant to people whose educational options have been limited. Then there will be fewer blank faced clients at the end of the session wondering 'what was that all about?'; and 'I didn't understand half of those complicated questions'. The culture of elitism extends also to the community of therapists, many of whom are just as puzzled in workshops. Is it just an issue of highly 'restrained' or illiterate clients and therapists, or a systemic problem?

The therapist as 'expert' in relation to the client is a further factor worthy of examination. The power imbalance that was a prime component of Analytic frameworks in turn became a rationale for the evolution of humanistic therapies, and may now be making a comeback in the hands of some Narrative therapists. It is indeed curious that therapy has traditionally attracted gurus and messiahs whereas other disciplines, e.g. science, architecture, engineering and medicine have insisted on clarity, backed by the testing of null hypotheses repeatedly and reliably. Does a literary metaphor give us licence to eschew science or at least the attempt at scientific method? What happened to that fundamental tenet of the Milan model? Does the establishment of a hypothesis or even a null hypothesis contaminate the nature of an emerging story? Is it possible to work in a field free of hypothesis, simply tracking the client? Probably not.

It is undeniable that the therapist is in a powerful expert position (even the therapist who insists that the 'client is the expert'). The narrative which is encouraged by the therapist-expert could be viewed in a number of ways. It could be seen as 'a more privileged story' or as 'one story amongst many'. If clients adopt this restorying as their own, then what happens to their process of trusting their own knowledge and expression of their lived experiences? The danger lies not in restorying, but in giving insufficient attention to the telling of the original story.

How can we as therapists, regardless of our orientation, be mindful of the importance of the client's original story throughout the restorying process? How can

we remain cognisant of our influential position so as not to abuse our power in the rush for a more empowering narrative? Confronted with a client's agreeableness and respect for authority, how can we be sure if it is the therapist or the client who is moving beyond the original narrative?

Not 'Beyond' but 'Meta to'

From the perspective of a therapist in a relatively small and isolated family therapy community (Tasmania, to be precise), the challenge does not seem to be envisioning the future, but rather, survival in the present.

Whilst family therapists argue as to the relative value of different models and speculate about the next 'guru', oblivious to the many therapists and counsellors working within the community who have a tendency to view all of family therapy as a homogeneous and undifferentiated whole, we run the risk of missing opportunities to introduce others, not so intimately aware of family therapy, to the vital and valuable aspects of the field which inform and motivate our own practice. (It probably is these vital and valuable aspects of the field that keep us coming to conferences and reading the *Journal!*)

Ann Stark of Hobart reminds us of the plea made by fellow Tasmanians Chris Handley and Rohini Gore at the 1996 Conference, in their analysis of the opportunities for presentation of a systemic approach in an essentially cognitive behavioural program. They appealed to family (systemic) therapists to remember those other workers, and through them, clients, who would benefit greatly from the application of systemic perspectives, but often feel excluded by the language and trendiness which may accompany family therapists' discussion of their practice. Chris and Rohini made a plea for us to avoid 'inbreeding' in our analyses and consultations, and for us all to be conscious of the benefits which would flow from increasing the assessability of systemic models and ideas to a wider audience.

Arguing from this Tasmanian experience, we are not sure whether we are ready to, or indeed should, look 'Beyond Narrative'. Rather, we need to continue our attempts at integrating ideas and practice. In this way, the differences already in existence within the general field of family therapy can be reconciled to give increasing depth to our practice. Rather than being 'beyond' anything, this is 'here and now'—our need to enhance the effectiveness of our work with clients and to widen the awareness within our local therapeutic community of the advantages we experience in the utilisation of a systemic orientation.

This is not an argument against development, or indeed diversification per se. However it will not serve us or our clients well if we are seen to be forever endorsing a 'new' way of doing. Perhaps our task is more to move to an exploration of a 'meta' model which incorporates the best of our challenging and evolving field, and as a sign of developing maturity, be prepared to hold ourselves ever more open and accountable in what

we are already doing. So maybe, rather than 'Beyond Narrative', we should be looking 'toward accountability'.

Acknowledgements Janet Roth, Queensland Correspondent, offers her thanks to Michael Locke, Peta Briner and Steve Mayers for their thought provoking comments on 'Beyond Narrative'.

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Editors' Note

We suggest that readers turn straight to the Queensland Correspondent's Local News report, to see that Paul Gibney calls for self-discipline within the field, in a way very similar to the plea made by Anne Stark of Tasmania, in the final paragraphs of this essay.

Beyond Narrative Therapy: A Personal View

Reflecting on the question of 'Beyond Narrative', I feel a little like the child whose parents have told him to 'just tell the truth' before he's about to speak during a family session. One knows that the mere suggestion is enough to drive the child into silence (even if he was just about to spill the beans).

I am confronted by a similar array of silencing questions and conjectures. Why 'beyond narrative therapy'? Does that mean we are planning, constructing or plotting its used-by date? Is this a pointed reminder that this therapeutic approach is ultimately overly narrow and therefore should be widened? Or does the topic wish to draw our attention to the next wave about to hit our novelty-starved shores? Is the topic a straight attempt to put this vigorous young movement back into line? I have been struggling with all these questions along with some of my own concerns about the evolving relationship between the narrative therapy 'movement' and family therapists.

This is not a dry academic topic; there are already some evolving conflicts and unfortunately even bitter divisions are erupting as individuals speak out on this topic. My personal aim in writing this paper is not to add to any conflict or fuel a particular line. I would hope my views invite reconciliation and promote inclusiveness and tolerance of difference, a hallmark of our Australian movement in my view.

Despite my misgivings, I think that as Narrative is a highly popular 'newish' therapeutic paradigm emerging from predominantly our own field, we have a responsibility to share our thoughts on its impact and implication for our field. So I will escape my bind by redefining the topic as a brief examination of the issues for family therapists that this emerging movement is posing, or what narrative therapy might mean to the future of family therapy.

My personal position is that as a practitioner and theorist, I am strongly influenced by and interested in Narrative Therapy. It is one of my own dominant therapeutic modalities and one that lives alongside others and integrates with a general systemic perspective to family therapy. My work colleagues and agency have a long and fruitful association with Dulwich and acknowledge Michael White, David Epston and their colleagues' significant ongoing contribution to many aspects of our work. In this piece, I intend the term 'Narrative Therapy' to cover the practices, theoretical considerations and the therapeutic movement primarily initiated by Michael and David along with their colleagues. I acknowledge that there is of course a larger group of narrative and constructivist practitioners and theorists and that some of these comments are pertinent to that larger group.

Narrative theory still features in most family therapy training courses and its proponents have not officially divorced themselves from our movement, and yet as a practice, theory and social movement, it has for some years been emphasising its separateness from family therapy. Many may disagree, but I believe it is rapidly becoming in its own right an alternative to 'old-fashioned systemic family therapy' as I heard some participants at a recent FT conference comment.

I would conjecture that this is happening for a number of overlapping reasons:

1. This is a practice and theory which revolves specifically around language. It is extremely vigilant and precise about how it is understood, reported and practised. Therefore it sees it as safer to remain conceptually and practically separate and firmly bounded.
2. Inspired by the feminist, postmodernist critique, it is part of a larger wave of disenchantment and concerns about instrumental, systemic and 'scientific' aspects of foundational family therapy practices.
3. It seeks to avoid the traditional family therapy 'next wave' phenomenon by making itself above fashion.
4. It is an outcome of success and popularity and the demands of the therapeutic marketplace for a discrete marketable identity.
5. It is seen as ideologically incompatible with other forms of family therapy.

I do not see these reasons for separation as unique to Narrative. Any successful new development is likely to follow this trend.

The consequences of this separation are already being experienced. In Victoria we hope to avoid promoting any formal schisms and we have dropped the term 'systemic' from our collective label for accreditation purposes because it is seen by most as too confining—a view I do not share! To state it boldly, I see the stage being set for a starker divide between the pure 'narrative therapists' and those who see this approach as a therapeutic and theoretical dimension or element in an integrative 'systemic family therapy approach'.

The traditional tension between purists and 'liberals' is I think healthy, as long as there is a vehicle and forum for productive dialogue and a possibility of an open exchange of ideas. These conversations are beginning to occur particularly in generalist settings, and at our centre, we recently held an event to promote this dialogue. At this stage, I observe that many of those immersed in narrative therapy appear to see little relevance in understanding or seeing the links with traditional systemic approaches, or looking for common elements across models. I am concerned that this present understandable position will become entrenched, creating a gulf and unnecessary competitive dynamics between approaches.

Narrative therapy, along with almost all other recent developments (Solution Focussed, Feminist theory and other constructivist approaches) have found family group involvement to be less central to their methodology. In fact, the family or social group as the unit of engagement or primary interest appears to be diminishing. A meaning based therapy has relevance to all practitioners and although applicable to family group work, does not require the presence of the group to be effective.

Although I applaud the flexibility we now enjoy with families, I value the unique contribution and space that family (group) therapy provides. I believe there will always be structural and economic constraints to involving whole families in therapy, and profound cultural biases that will always promote individual work in our culture. Therefore I am concerned that we may lose some of the acceptance our work has gained.

A further consequence may be a loss of opportunity for the necessary refinement of the unique set of skills involved in interviewing and working with a multigenerational family group. As practitioners, we should not stray too far from the family group as our core target group. This issue is still to be finalised in our state's deliberation about what constitutes adequate family therapy training for accreditation purposes.

On reflection, I suppose I am (not so subtly) looking behind or before narrative therapy back to the roots of family therapy, and seeing that there are still areas of thought and practice to be harvested and explored. I am still interested in the nonverbal, behavioural elements of our work, reinvestigating the interactional here and now in the light of the present array of language based theories. I have not mentioned the issue of the place and role of the therapist in our field, but I believe this is a productive place for open dialogue between the differing approaches. I am not sure if this essay is ultimately a piece of nostalgia, but it comes from a strong intuition that there is truth and value in a multitude of conceptual domains, and if we are wise, we will keep our eyes, minds and ears open.

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Victoria's Family Institute

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Local News

HUNTER

This is my last reporting as regional correspondent for the Hunter. I have found it an enjoyable (if challenging) involvement and I look forward to reading the contributions of my successor, who at the time of writing is unnamed. It's been quite a time of change for the *Journal*, which has had no bearing at all on my decision to conclude my work as correspondent. Indeed, I extend my best wishes for the continuing and expanding success of the *Journal*.

Reflecting the interest in Narrative Therapy in the Hunter, Steve Armstrong's graduated series of workshops, run twice throughout the year under the HAFST auspice, have been well subscribed. Pre-bookings have already been taken for a subsequent series. Disappointingly, a workshop with Paul Gibney failed to attract sufficient numbers for it to be financially viable. Monthly meetings throughout the year have been varied, interesting and well attended. The committee of HAFST has worked well in our interests. Hopefully, we will again be able to attract some newcomers to join the 1998 committee. Committee membership involves sharing the tasks associated with planning, promoting and organising presentations, workshops and activities, and maintaining membership and advertising lists. Those on the committee have a chance to develop or expand skills, and also to extend their professional network in a way which most find enormously valuable.

JAN DRURY
Hunter Correspondent

NEW SOUTH WALES

Over the year, several new ideas have been explored—not least, of course, the monthly clinical meetings. The venue has changed too. The Association meets the third Wednesday of each month 6.30–8.30 at Tresillian Family Centre, Shaw Street, Petersham. The new or newish ideas have been from Cathy O'Brien's work with adolescents at the St George Adolescent Service, from Annette Coulter and the field of art therapy, from Julie Diamond and process work and from a creative collaboration around helping children who are to be court witnesses.

Some details. Cathy O'Brien, briefly President (before she left for Europe) reflected on the nature of collaboration. The particular focus at Rockdale Community Health Centre has been on early intervention in youth suicidal behaviour and the use of the notion of collaboration in work with adolescents and their families. Amanda Watts, Social Worker with the Hunter Region Sexual Assault Service and Fiona Robertson, Psychol-

ogist with the St George Child Youth and Family Team, have collaborated (or in deference to Cathy O'Brien, I should use another word) to produce an activity book for child witnesses. It is meant as an adjunct to therapy and court preparation. Amanda and Fiona worked together in Newcastle before the latter headed south. Amanda is studying for her MSW, and her thesis is on the consultation of children regarding their court experience. *About Court: An Activity Book for Kids who are Going to Court as a Witness* includes information about legal processes in words easy for children (and their parents) to understand. It aims to make the whole process less stressful and to build up a child's sense of confidence, to enhance self esteem.

The other new idea explored by the NSW Association this year has been process work, which was developed by Drs Arnold and Amy Mindell from Switzerland (see *City Shadow* and *The Shaman's Body* both by the Mindells). The Mindells' approach to psychotherapy, large group dynamics, somatic complaints and conflict resolution was expounded by Julie Diamond, a psychologist from Portland, Oregon. Briefly, the approach makes use of pain or conflict to facilitate growth or insight.

Some difference is news. News is about difference but some differences seem very familiar.

ROSLYN PHILLIPS
NSW Correspondent

QUEENSLAND

There are people who are able to bring forth and articulate the thoughts which linger in the background of other people's minds. Their words are generally timely and elicit a 'Yes, of course ...' type of response from an audience. Paul Gibney is able to do this in a powerful, clear and humorous manner. Paul is one of Australia's leaders in family therapy thought and practice. He is a practising therapist, who has also inspired many people to embrace the world of family therapy through his ongoing seminars and workshops. He is affectionately referred to by his colleagues as 'the big guy', as he has a passion for hanging about at local gyms.

At a recent QAFT meeting, Paul presented his forthcoming plenary address for this year's Family Therapy Conference in Adelaide in September: 'Family Therapy: Out from Behind the Hero Myth'. We received the *'uncut, unplugged and unmedicated'* version—a trial run! There is not scope for a thorough discussion of his address here, but only for brief mention of a few ideas which struck me at the time. I have undoubtedly failed to raise points which others would have considered equally important.

In the hero myth of family therapy, the family therapist is the hero who can reframe, restory and offer heroic insights *ad infinitum*. Family therapy has become a heroic narrative which is 'better' than the narratives of other therapies: more intellectual (Bateson); more innovative (Erickson); more accountable (one-way mirror); and more spectacular (paradox). The hero myth is shaped by the view that *one* model of family therapy (take your pick) is the *only* model. Our seminars and workshops have become snippets of videos which support the theoretical orientation of the presenter. But what, Paul asks us, of the demonstrations that did *not* work? What happens when people do not get better?

Family therapy has concentrated on language, but some things are just not reversible by language. Gibney offers the survivors of the Holocaust as an example. There may be no way to restory such an experience. Survival may have meant participating in horrific acts. If we speak of survival as demonstration of an individual's resourcefulness, what does this mean about the individual's sister or father who did not survive? Were they unresourceful? uncourageous? lacking in some way? Paul insists that at these times the therapist must just *be* with the experience of suffering. He refers to Adler's premise that we are all born with an inferiority complex. Paul encourages us to stay in touch with our own inferiority and inadequacy, and to be moved by this in attending to a client's pain and suffering. The hero myth promotes being in touch with one's most clever self, leading at times to a smug correctness. Who, reading these words, has not felt this way? While there are times when the spark of the hero is important and necessary, there are undoubtedly other moments when the inferiority and inadequacy of the anti-hero is the best we can do.

There is of course the danger of replacing the hero myth with the anti-hero myth. Family therapists put their heroes on pedestals with a religious fervour. As long as people search for 'the model', the pedestals will remain occupied by both heroes or anti-heroes. We may need to reconceptualise family therapy, and what it means to be a family therapist, in order to discover the common threads which link all models of family therapy. An integrated approach could be based on research which clarifies when each approach has been consistently demonstrated to be most or least effective and under what conditions. Paul Gibney's main argument was that family therapy has a reputation for being imaginative, but not rigorous, and a balance is required. It is time for family therapy to use its very useful notion of context, not just in reference to the 'family system', but to the theory and practice of therapy itself. As Paul quite simply expresses it, 'What works well when?'

JANET ROTH
Queensland Correspondent

TASMANIA

The Family Therapy Association in Hobart continues to meet on a bi-monthly basis, ably organised by Rohini

Gore and Shauna Buscombe. We have had some interesting speakers on Family Mediation and Child Representatives in legal cases. We meet at Clare House, the Child and Adolescent Services unit of Community and Health Services. The Clare House Family Therapy Team continues to meet regularly and offers other professionals a unique opportunity to participate or observe this team in action. Ann Stark and Stephen Pinkus are again offering their Family Therapy Training Course which runs for two ten week terms. We are looking forward to organising a workshop with Moshe Talmon on Single Session Therapy, hoping to piggyback on his visit to Melbourne. Anne Stark has kindly written our contribution to this issue on the topic of 'Beyond Narrative', but from a uniquely Tasmanian perspective.

MARGARET STOCKLOSA
Tasmanian Correspondent

VICTORIA

Victorian family therapists who missed hearing Max Cornwell talk at the March VAFT AGM are fortunate in being able to read the whole talk in our July 1997 upmarket *Newsletter*. The article includes descriptions of some of the successes of Victoria's family therapy scene, interspersed with literary, sociological and linguistic stories. It is also enjoyably indulgent, providing an historical perspective few people would be able to offer. The points I wish to expand on are firstly Max's acknowledgement that 'therapy is hard work', secondly, his point that few of us speak about how we are sometimes plagued with doubt, and finally, the question of practising without harm.

Our profession has been colloquially depicted as 'listening to other people's problems all day', not a description many of us would use ourselves. Yet our work does have an intangible quality, which on good days is part of its beauty and interest and on bad days is evidence of its transient worthlessness. To know why we chose this work and why we decide to continue doing it is part of our responsibility as therapists. Is it an act of reparation on our own behalf that we stay in a field that is concerned with other people's suffering? This coal face has, for many therapists, such an infinite fascination. Some theorists would offer, by way of explanation, that our own problems and conflicts are unconsciously being dealt with by dealing with the pain of others. Others would contend that there is a quest for mastery in all aspects of our lives, and that our work choice reflects this more than other choices. It is a fact universally acknowledged in introductory therapy courses that first born and older children are disproportionately represented in the therapy field. Are we then, as family therapists, just repeating and rediscovering our roles as therapists to other families, as we were novice therapists in our own? How does Jung's concept of the 'wounded healer' apply here? Therapy is hard work, and best done with the fullest possible awareness of its power over us.

The second point I wish to thank Max for making is that doing therapy can generate intense self doubt. No matter how experienced or dedicated we are as therapists there will always be times in the therapy room where we cannot make sense of the material, and wonder what on earth is the 'right' thing to say. Theory is useful in applying some retrospective order to the chaos, but the intense suffering of others is painful and distressing. Some interviews can be such hard work that we are filled with other people's sense of impotence and despair of things ever changing. Maybe it is important for us to acknowledge how hard this stuff is, how often we question deep down inside what our own personal 'success rate is' and why we might secretly prefer to avoid for example, one way screens or supervision if we can. Maybe Max declaring his own doubt enables us who have not been in the field for 30 years to be more humble, more accepting of ourselves and of our clients—surely a good place to start?

Finally, to consult a therapist can be a most painful and agonising position, one which makes people face the oftentimes shameful thought that they cannot solve their problems alone. Those who find the courage to sit down with a stranger are entrusting us with their vulnerabilities, the shameful parts of themselves, their fears and their doubts about things ever being better. Max's dictum is an ancient one but worth remembering, *first do no harm*. How many of us can say that we have not harmed a client? Is the fact that the 'harm' was unintentional, sufficient excuse?

Therapists joining the field after Max's editorship have missed a particular period in our history although, no doubt, he will remain a figure in our midst. An unusual person, long time editor of this journal and senior in his field, his talk (and article) will give you a small glimpse and feel for this man. He offers us his own eclectic interests, a broad mix of Anglo-Saxon heritage with a deep and abiding respect for those persons marginalised by ignorance, history and language. He is not swayed by flavour of the month theory, yet seems to respect the new, holding on to the existential essence of therapy. Knowing the indefatigable Max Cornwell briefly and in the context of this *Journal* has been a privilege.

SARAH JONES
Victorian Correspondent

ADRIENNE WILLS
West Australian Correspondent

Letter from USA

My view of what's currently happening in the family therapy world of the US is shaped by the national family therapy conferences I've been attending this year, as well as by two more local conferences I've participated in recently. So here are my conference impressions, shared with you in a sort of postcard format.

WESTERN AUSTRALIA

Perth was very lucky to have had two high-profile family therapists visit and provide workshops in April–May 1997. Moshe Lang's workshop was sponsored jointly by the APS College of Clinical Psychologists (WA) and the WA Family Therapy Association. His one day workshop, 'The Long Shadow', on working with survivors of trauma, presented a lot of information based on his experiences of working with holocaust survivors. The feedback from those who attended the workshops was very positive, and many comments were made about the role play, wherein Moshe played the therapist, and a workshop participant took the role of one of her clients. It was indeed a moving and memorable experience, where Moshe combined great skill and great warmth to demonstrate his approach to working with trauma survivors.

Moshe's second half day workshop 'The Therapist's Resilience' was again well attended, and focused on an exploration of the resources required by therapists in order to survive the work that they do. It was unfortunate that not everyone had attended the previous day's workshop, as a lot of this material was referred to in the second workshop. Therefore, there was some repetition, and for those who did not attend the first day, there may have been a sense of disjointedness. Nonetheless, it was a valuable experience, and a reminder to all therapists, whether experienced or new, to consider how we develop our own resilience in the face of the traumas we hear about, and the therapeutic relationships we develop.

David Epston was brought to Perth by Centacare's Brief Therapy Service, to conduct a two day workshop on 'Narrative Therapy with Children and Families'. He used videos and transcripts to demonstrate his approach, along with exercises in developing a narrative discourse to assist participants in developing their skills. Feedback from those who attended was very positive, with descriptions of 'inspiring', 'stimulating', 'useful' and 'reassuring'. David's workshop has even provided the stimulus for one agency to develop its own Narrative Therapy Interest Group. It is great to see that with a little prodding, family therapists in Perth are prepared to use their initiative to develop further their knowledge and skills.

March 20–23, 1997

Here I am at the Family Therapy Network Symposium, a national family conference sponsored annually by the *Networker* in Washington, DC. (Some of us call *Networker* 'the People Magazine of family therapy' because it's very slick, great reading for the non-academically

inclined, and circulates much more widely than any of the more scholarly family therapy journals).

According to the program, this year's conference, titled 'The Marvel of Human Complexity', is attended by 2,500 'committed professionals'. It's a big conference, with people packed into the plenary sessions so tight that many are standing, squeezed against the walls of the giant hotel ballroom. I am presenting a workshop on my work with low income women in a community-based free treatment program for survivors of interpersonal violence and abuse. Most of the people attending my workshop seem very eager for practical information. They want to know how to replicate what we have been doing. Some of them are working in corporate health care settings and seem not to be put off by my attitude towards 'Mis-Managed Care'. I don't know whether to be relieved that they're not arguing with me, or worried that they seem so comfortable with what I'm talking about. Don't they understand that I am suggesting a program that is based on principles of social justice, that advocates turning clients into political activists who challenge the for-profit healthcare system?

I attend various plenary events and am very impressed by such speakers as Cornel West and Mary Pipher. Cornel West is a charismatic African American writer and orator. He exhorts us to confront racism and poverty, to be political activists. Mary Pipher, a white Mid-Western writer, tells us that the only way to save the American family is to abstain from the rampant consumerism and TV addiction that the US is famous for. I'm inspired!

But the next night I go out for dinner with friends and they get a lobster dinner for two that costs \$150. I am so stunned by how much money we collectively spend for one meal that I go back to my hotel room and turn on the TV to calm myself down! Contradictions overwhelm me. What are the other conference attendees spending for dinner? Are they also watching TV in their spacious hotel rooms? And how many family therapists, especially those who come from poor communities, couldn't afford to attend this conference?

April 11–13, 1997

I experience something quite unusual. I attend a conference called 'ECOPSYCHOLOGY AND PSYCHOTHERAPY': I'm spending the weekend with 27 other therapists—quite a few of them seasoned family therapists—who want to learn more about how ecology and psychotherapy fit together. We talk about how to understand clients—and ourselves—in relation to the larger ecosystem, not just the family system or the socioeconomic system. We talk about political action projects. We walk together outside in the dark night and silently experience woods, rocks, trees, and a few ticks. We sleep in simple, very comfortable camplike rooms and we eat delicious vegetarian food. We do some Buddhist meditations. We laugh a lot. It's kind of New Age, but it's politically interesting.

My partner Pat Wieland and I begin planning our 'Ecopyschology and Just Therapy' courses. We're intrigued by how we can combine this new area of psy-

chology with our great enthusiasm for the work of the Just Therapy group from New Zealand.

June 18–21, 1997

Here I am, out of the woods and in the hotel culture again. This time I'm at the AFTA (American Family Therapy Academy) annual conference, 'CHALLENGES FOR FAMILY THERAPY IN A CHANGING HEALTH CARE SYSTEM'. The conference is held in Minneapolis, Minnesota. (Many of us who live in the North East never go to the Mid-West unless a conference is held there. We're quite geocentric, making regional jokes about the South and the Mid-West. Minneapolis is a beautiful, very progressive city—I begin to rethink my bi-coastal elitism).

I am giving one of the plenary speeches. The plenary speakers seem generally to represent AFTA's progressive tendencies. Another speaker, Ramon Rojano, talks about community-based therapy in his predominantly Hispanic and African-American community while I describe my work in a poor white rural county of Massachusetts. Another speaker, Dr. Steffie Woolhandler, represents the views of 'Physicians for a National Health Program', an 8,000 member organisation that advocates single payer national health insurance. And at the Awards Banquet, three of the four awards are given to family therapists from non-dominant (i.e. non-White middle class) cultures. There is a Gay and Lesbian networking dinner, a networking meeting for People of Color, an evening Women's Institute attended by almost every woman at the conference, and Interest Groups to discuss such topics as mutually beneficial alliances between AFTA members and community groups developing initiatives on behalf of minorities and the poor.

I feel very much at home here. Most everyone I talk to is very concerned about how family therapy can make contributions to communities of the variously disenfranchised. Perhaps because AFTA's membership consists largely of senior therapists, professors, supervisors, etc., few people at this conference are preoccupied with joining Managed Care panels or developing three-session 'cures'.

June 26–30, 1997

Now I'm at a conference in Burlington, Vermont, titled 'Social Justice and Family Therapy' and featuring New Zealand's Charles Waldegrave, Warihi Campbell, and Luamanuvao Winnie Laban from The Family Centre, Lower Hutt, Aotearoa (New Zealand). The Just Therapy team spends five days sharing with us the work and ideas they have been practising. This is a very exciting learning experience for all of us and a great networking opportunity as well.

I do a lot of talking with my colleagues from Antioch New England about how we can import some of these wonderful principles and practices into our academic community. All 150+ Americans in attendance seem very excited about the work of the New Zealand team and seem to be talking about how to use these ideas to fight the oppressive practices occurring in the US mental health system. I am thrilled when the Just Therapy

team publicly acknowledges my own work, and even more thrilled to be invited to visit them in the coming year!

September 18–21, 1997

Will I attend the 55th annual conference of AAMFT in Atlanta, Georgia? Probably not. And it's not because I don't want to leave the North East to venture into the South. I don't really want to attend the AAMFT because it appears that I will be brought back to the reality of 'essential information for professionals ... with business planning, therapists can begin to develop a proactive posture in the market ...' as promised by one presenter who seems representative of most of the offerings at

this conference. Or maybe I don't want to enter a nostalgia for the Good Old Boy Days as represented by featured speaker Salvador Minuchin. And yet, there *will* be kindred spirits like the Narrative-centred presenters, an advanced seminar offered by Ken Hardy on 'therapy and complexities of race', and a keynote speech by Reverend Jesse Jackson, president of the National Rainbow Coalition. So there will be echo of the progressive visions advanced at the conferences I've already described.

That seems to sum up my reflections on what's hot and what's not. As we say at the end of American post-cards, 'wish you were here'.

DUSTY MILLER
US Correspondent

Report on the South Australian Conference: Part One

'Journeying Together: Out from Behind Closed Doors' was the theme of the recent FT Conference held in Adelaide. The organisers would not have been disappointed since a wide range of plenaries and workshops took up the theme and we discussed it over paper bags at lunch. The opening ceremony seemed just right. So did Uncle Lewis O'Brien who was introduced to us as a member of the Kurna People and who told us some REAL HISTORY of the area and its people. It seems that the Kurna People have been hosting conferences for thousands of years; and that there were certain foods they did not eat. This meant that those foods were available for their guests. We began to wonder what the whites had in store for our morning tea. Then we had lessons in how to play the didgeridoo and what could have been better after all than Bush Tucker of Poppy Seed and Pepper Leaf Damper with Quondong and Native Currant Jam? We were off to a good start!

The selection of workshops was outstanding. There were the stimulating, the encouraging, the interesting, the relaxing, the overcrowded—I suspect naughty New South Welsh turning up without writing their names down—and some were under crowded (one had no attenders at all!)

If Wednesday was about real history, Thursday was about making history. It was something of a privilege to watch the Family Therapy bud flowering before our eyes. I was stunned how two people so many miles apart could be so in tune with what is happening in their field as to be able to articulate a message that was spoken differently and yet be so in tune with each other. Catherine Sanders noticed it when she was speaking and said 'I have not consulted Paul [Gibney] about this.' Each of the speakers was riveting. Each had thought

carefully and spoke significantly about where family therapy is heading in this country now.

There is one workshop that needs a mention. There was an audible buzz at afternoon tea on Friday afternoon and if you think this was caused by people catching up with colleagues before they left the conference, YOU ARE WRONG. They were discussing the Sex Workshop. As far as I can make out, they were practising a technique for getting more out of You Know What by breathing—yes that's correct! Heavy Breathing and gyrating around the floor. Somebody has to have taken photos of the scene of thirty family therapists writing—no, gyrating, they tell me! Please do not think I am critical of the usefulness of all this for our clients. I just wish I'd been there!

For many, the highlight of the Business Meeting was the move taken by the South Australian Association of Family Therapists to support the Wik Finding. The Association has rewritten its constitution to accommodate the rights of indigenous people, in the hope that if community groups adopt them, it will be continually harder for the Federal Government not to do so. A formal apology was made to the indigenous people, and a motion was made from the floor of the conference to support the Wik Judgment. Brian Stagoll on behalf of the Journal announced that he would plan with Max Cornwell a full page advertisement allocated to an expression of the will of the community to endorse native title.

YVONNE MCDONNELL
Sutherland Family Counselling Service

To be continued next issue!