

Psychoanalytic Ideas and Systemic Family Therapy: Revisiting the Question ‘Why Bother?’

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Despite a history of ambivalence, systemic family therapy has shown signs of a re-engagement with psychoanalytic ideas over the past fifteen years. This article revisits the question: why bother with psychoanalytic ideas in family therapy? A brief description of work with a family is used to prompt the theory discussion, which identifies and discusses particular ideas from psychoanalysis that are potentially very useful for everyday family therapy practice. These ideas are the unconscious and unconscious communication; the concepts of transference, countertransference and projective identification, used for understanding particular kinds of experiences in the therapeutic relationship; attachment theory, particularly if allied with the recent research on the transforming potential of coherent narratives; and ideas about emotional containment and the capacity to think. Reflection on the initial therapy example finds the value in practice of these psychoanalytic ideas. The article concludes with a discussion of the current debate about how the use of psychoanalytic ideas in the systemic context of family therapy can, or should, be framed.

In its first three decades from the 1960s, systemic family therapy had at best an ambivalent relationship with psychoanalysis and psychoanalytic thinking. The British family therapist, David Pockock (1997),¹ has even suggested that psychoanalysis served the function of the oppositional ‘other’ in the history of our theory — he notes wryly that psychoanalysis was conveniently linear while we embraced circularity, that we painted it as preoccupied with pathology while we searched for strengths, that it was committed to certain truth while we, of course, constructed multiple meanings, and that it charted a world of isolated minds while we mapped a world defined by context and relationship (Pockock, 1997: 284). Pockock’s commentary strikes a chord, and I have many memories

from the 1980s and well into the 1990s of a kind of routine negative gesturing toward psychoanalysis in various family therapy forums. Perhaps initially this habit of negative comparison served a function of differentiation in the early development of family therapy but, like many habits, it became rather empty. It even began to sound defensive, as if we could not claim the legitimacy and usefulness of our own theory and practice without always needing to build on the back of a critique of another more powerful and more established framework.

The rigidity of this oppositional positioning of psychoanalysis has lessened considerably — with a 40-year history, systemic family therapy is now no longer a newcomer to the field of psychotherapy, and so our legitimacy can be taken more easily for granted. As well, the influence of postmodernism has allowed the space for intersecting ideas from other therapy frameworks, and indeed from the social sciences and humanities (Flaskas, 2002a). Invitations to other knowledges are not just more easily tolerated in this last decade, but rather are part and parcel of the post-modernist package. Our knowledge, initially forged and created within carefully monitored boundaries, has become more open to other influences, and we are



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less driven by the modernist project of establishing exclusive models of practice.

Interestingly, in terms of this broader context of inclusiveness, a number of discussions have appeared very recently about theory diversity, eclecticism and generic practices in family therapy, and these have been popping up simultaneously from Australia (Flaskas, 2002b; Lerner, 2003; Rycroft, 2004), Britain (Donovan, 2003; McNamee, 2004; Pocock, 1997; Speed, 2004) and the US (Falicov, 1998; Hoffman, 1998; Sexton, Ridley & Kleiner, 2004; Sprenkle & Blow, 2004). This momentum for greater inclusiveness is a backdrop to the re-engagement with psychoanalytic ideas, which has shown itself most strongly in the past fifteen years in Australia and Britain. In both countries, the major journals have devoted special features to the relationship of systemic family therapy to psychoanalytic ideas.² In Australia, one might point to the work of Hugh Crago (1998), Paul Gibney (1991, 1996, 1999), Glenn Lerner (1996, 2000), and some of my own work (Flaskas 1996, 1997, 2002a), among others. In Britain, the list could include the work of Christopher Dare (1997), Mary Donovan (2003), Sebastian Kraemer (1994, 1997), David Pocock (1997, 2005), or especially John Byng-Hall (1986, 1988, 1995a and 1995b).

Before going any further, I should note the deliberate use in this discussion of 'psychoanalytic ideas' rather than 'psychoanalysis', because the intersections that these different family therapists have been making have generally been quite specific and there has not been any full-scale turn to psychoanalysis. I have also been saying 'systemic family therapy' rather than 'family therapy', despite its sounding somewhat precious. Although systemic thinking is the mainstream tradition in family therapy, the different tradition of psychoanalytic family therapy is well-established (see for example Box et al., 1994; Scharff & Scharff, 1991; Slipp, 1998) — and, as you would expect, the theory and practice of a family therapy that has psychoanalysis as its foundation looks quite different to the way in which those of us who primarily use systemic thinking may call on psychoanalytic ideas. In the context of the discussion here, then, it is potentially confusing to slip into the shorthand 'family therapy' instead of the more accurate 'systemic family therapy'.

My article revisits the question: why bother with psychoanalysis? Just why would we be interested in ideas that address intrapersonal and intrapsychic processes when systemic family therapy is interested mainly in interpersonal process and the interpersonal context of individual experience? And if we talk about

'psychoanalytic ideas', precisely *which* psychoanalytic ideas might be of most interest to those of us in the systemic context? The discussion, then, is partly a map and partly an exploration, and its structure is straightforward. I begin with a snapshot of family therapy practice, and here I will be borrowing and summarising an experience of practice that is described more fully elsewhere (Flaskas, 2002a).³ The discussion then moves to the identification of a specific set of psychoanalytic ideas that potentially speak to practice concerns, and then brings these ideas to bear on the initial therapy example. Finally, I will address the current debate about how the use of psychoanalytic ideas in the systemic context of family therapy can, or should, be framed.

Beginning with Practice

A mother contacts me under pressure, very angry about her six-year old son. She is herself just 23, and has a new six-month-old baby girl and a semi live-in relationship with the baby's father. The boy has been a problem 'since before day one; they have been to counselling twice before, and each time she says it was 'useless'.

This is all in the intake notes, and it is not an easy first session. It is as if the mother needs to prove just how bad the boy really is, and there is a relentless attack. To witness it feels like collusion with abuse, yet I also know that any move on my part to rescue the child is likely to escalate the attack. Things finally begin to settle, and I am asking them to describe what it is like at home when the fights are really bad. We are going through the sequence, and in one of those peculiar Pollyanna moments that can grab hold of you in such a session, I say to the child: 'So after your Mum shouts and yells at you, you go to your room and have a good cry'. He looks at me and says: 'No, I don't have a good cry, I have a bad cry — a very bad cry'. Later in the session, the mother tells me about her attempts to get help in the past. One time, they saw a counsellor who just let the child 'twist her around his little finger — he really had her fooled'. The other time they went to a hospital service and it was 'terrible'. The mother was asked a lot of questions that they didn't have a right to know and it made her cry. It was quite clear that it was not a good cry but a very bad cry.

In a session with the mother and her partner, I hear the story of the boy's birth. The mother was just sixteen, and determined to have him adopted. She had told the nurses and the doctor that she didn't want to see the baby. But then they brought him to her, and she felt pressured into keeping him. In the

telling of the story, there was a sense that the very physicality of her son as a tiny baby had trapped her, and the story was told with anger.

In the first period of the work, progress is made steadily if slowly. Then, seemingly out of the blue, the mother's anger skyrockets again, and she begins to talk seriously about putting her son in foster care. I become very worried that the momentum to reject could easily spin out of control, with potentially disastrous consequences for the boy.

Practice grounds theory, and so although this paper is not about this experience of practice as such, I would still like the description of this family and their therapy to sit as background to what will now be primarily a discussion of theory.

Why Look to Psychoanalysis?

It has become a convention to say that family therapy was forged historically in opposition to the individual therapies and especially the psychoanalytic therapies, but the intensity and pattern of that opposition varied in different contexts. Within the English-speaking world, Britain perhaps had the most ambivalent relationship — writers like David Pocock (1997) and Anne McFadyen (1997) note the strength of the opposition, though Pocock also notes the persistent presence of those who crossed the border between these knowledges, and Gwyn Daniel (1998) cites the richness of the informal crossovers between the two 'camps' in the early days of the development of systemic therapy in Britain. The North American literature, which was very dominant in the first decades, was the most counterposed to psychoanalytic ideas (in that sense, the most negative and least ambivalent), and family therapy in Australia and New Zealand perhaps lay somewhere between the two.

However, despite these local differences in its oppositional relationship to psychoanalysis and psychoanalytic ideas, family therapy across the globe began with a commitment to viewing individual behaviour in terms of context and relationship, and to using the therapeutic leverage of interpersonal rather than intrapersonal process. This commitment sets the enduring parameters of the systemic family therapy tradition, despite the emphasis of different models across time and place, and indeed the differences now between contemporary frameworks of family therapy. To list some central practice ideas:

- sequences as patterns-across-time, including inter-generational patterns
- patterns of communication and relationship

- life cycle and developmental contexts
- the importance of social and political contexts, including gender, race, culture and class
- the construction of meaning within relationships and the significance of language, and
- the current 'umbrella metaphors' of narrative and storying as particular ways of thinking about the role of language and meaning in constructing our experience of ourselves and our relationships.

Yet though this constellation of ideas faithfully reflects the parameters of context, relationship and interpersonal process, some aspects of our experience as family therapists, and some aspects of families' experience, are not met particularly well by systemic understandings. The three areas I will single out are these: power, emotional experience and the therapeutic relationship. Of these three, the greatest shift over the past ten years has been in understandings of the therapeutic relationship, and here the sheer weight of practice has been used to force it onto our systemic theory agenda (Flaskas, 2004). Power, however, continues largely to be bypassed, apart from the injunctions that we give it up and work collaboratively and transparently. It seems that even in the new postmodernist discourse, we have moved remarkably little further than the earlier Batesonian constraints with respect to our understandings of power.

But where is this heading with respect to psychoanalytic ideas? Though one might argue that the psychoanalytic therapies have been as spectacularly unsuccessful as the systemic therapies in construing power, and probably less successful at a practice level in addressing power, they do offer a rich source of understandings about emotional experience and the therapeutic relationship. Psychoanalysis is a knowledge bounded by a central interest in intrapsychic experience, yet the contemporary strands of psychoanalysis show a long-term consolidation of relational understandings of intrapsychic experience. Moreover, as you would expect, the effects of postmodernist ideas have been felt in psychoanalysis as well as in our own field, and a postmodernist perspective brings a strong attention to relationship.

But of course, the interest that I and many others in family therapy have had in psychoanalytic ideas is not born just of a lofty academic interest in relational understandings, postmodernist or otherwise. Like many other family therapists from the systemic tradition, I have been interested in psychoanalytic ideas primarily because they speak to my experience of practice, and because they offer understandings of

individual experience and the experience of being-in-representation-with that can be enduringly useful.

And Exactly Which Ideas from Psychoanalysis?

All this goes some way toward answering the question: ‘Why psychoanalysis?’ However, it is important to move beyond this level of generality, and to start the identification of exactly which ideas might be claimed as ‘enduringly useful’ and why. Here I will simply list four sets of psychoanalytic ideas that speak most strongly to the systemic context of my own practice, and that have surfaced in the recent discussions within family therapy. I will add, though, that they are the ideas that have also emerged most strongly in my experience of ‘cross-boundary’ supervision — including my own experience of both systemic and psychodynamic supervision, plus my experience of supervising in agencies where there has been ‘dual’ supervision. The list then is this:

- the whole idea of the unconscious and unconscious communication
- the usefulness of transference, countertransference and projective identification as ways of understanding particular kinds of experiences in the therapeutic relationship
- ideas about attachment, despite their ups and downs, and particularly if you ally them with the research on the transforming potential of coherent narratives
- related to these themes (and last but not least), some of Bion’s ideas on the conditions for thinking, emotional containment and its relationship to the capacity to think, and the implications of these ideas both for the therapeutic relationship and for family’s struggles.

Though it is beyond the scope of this paper to do justice to these sets of understandings and their potential intersections with systemic thinking and practice, it is nonetheless quite possible to give a broad-brush picture of the way in which these ideas may intersect with systemic concerns.

The Idea of the Unconscious

The idea of the unconscious is surely the single most important contribution of psychoanalysis to the understanding of human experience. At the same time, although the unconscious occupies a taken-for-granted centrality within psychoanalysis, how it may be thought about has been the subject of lively and contested debate. The idea of the unconscious alerts us to the human capacity to hold thoughts and emotions

that we are unable to think about or ‘know’ at a conscious level. What Christopher Bollas (1987) calls the ‘unthought known’ can get us into messy territory in therapy, and the small consolation here may be that this is a part of the very messiness and richness of human experience. Though some strands of thinking about the unconscious theorised it as (simply) a repository of the unbearable or unknowable aspects of conscious experience, most contemporary strands of psychoanalytic thinking now understand the relationship between conscious and unconscious experience in a more complex way.

“Across the divide of the theoretical differences, one is nonetheless seeing a common intense engagement with understandings of the unconscious as relational.”

For example, Wilfred Bion’s work, which has been profoundly influential particularly within post-Kleinian British psychoanalysis, marks a transformation from a simple understanding of the unconscious-as-repository-of-the-repressed to an understanding of unconscious processes as multilayered, existing in complex relationship to emotional experience and the capacity to think (see for example Bion, 1967, 1970; Grotstein, 1983). Beginning with Donald Winnicott’s work (see e.g. 1971, 1989), the general move from a one-person to a two-person psychology within psychoanalysis also marks this shift, as does the popularity of the intersubjective and interpersonal perspectives that have emerged strongly in North America (see e.g. Mitchell, 1988; Stolorow, Atwood & Brandschaft, 1994). Across the divide of the theoretical differences, one is nonetheless seeing a common intense engagement with understandings of the unconscious as relational.

Holding in our mind as systemic therapists the life of unconscious experience in the families that we see, and indeed in our own experience, allows us to begin to give some substance to the notions of ‘unspoken stories’ and ‘stories-not-yet-told’ — these kinds of phrases have just started appearing in our own theory as ways of addressing some of the limits

of conceptualising narrative solely as languaged stories. For if we think of storying as a process in which the important element is not so much the story itself, but the relationship between our experience, our struggle to give meaning to it and the story that then emerges, then it may well be that a very significant part of this storying process involves the *dynamic* of unconscious and conscious experience.

Transference, Countertransference and Projective Identification

But let's move from the idea of the unconscious in general into more specific territory. Here I will single out the ideas of transference, countertransference and projective identification, for this set of ideas addresses the dynamic of unconscious and conscious experience *within the therapeutic relationship*.⁴ Though always central to psychoanalytic work, in the systemic context these ideas are useful as part of a much broader repertoire of understandings. I have suggested in other places that in systemic work we are more likely to use them at strategic points — for example, in negotiating some of the mysteries and difficulties of engagement and impasse (Flaskas 1997, 2005).

In its application in systemic work, transference may be understood as the process of a person recreating her or his patterns of emotional experience in the context of the present therapeutic relationship. Transference, then, is about an individual's patterns of relating and, as such, it can occur only in the context of a relationship; and of course it occurs in any significant relationship, not just the therapy relationship. David Scharff and Jill Scharff (1991: 203) describe transference as 'the living history of ways of relating' and, from this angle, transference patterns are valuable to attend to because they can show core emotional dilemmas and struggles which are often outside languaged representation.

If transference refers to the patterns of experience that clients enact in the therapy, countertransference refers to the therapist's involvement in the relationship, and the emotions, attitudes and patterns of relating which the therapist may begin to experience and enact in the context of the therapeutic relationship. Some countertransferences primarily come from the therapist's own experiences, which though they may be triggered in the process of interacting with the client's transference, nonetheless speak more loudly of the therapist's own conscious and unconscious struggles than of the family's experience.

However, there is another layer of countertransference experience that is more closely linked to the

therapist's involvement in the client's transference and unconscious experience. Projective identification is an analytic concept that over time has become more and more important in understanding the territory of countertransference. Projective identification as a process may occur when clients are struggling with emotions or dilemmas that are too difficult to sustain or know at a conscious level. Within this understanding, the unbearable and unconscious thought or feeling or impasse becomes split off and projected outwards and away from self. However, projection is only one part of the relational process of projective identification, which requires another person to take the projection on board via the identification process. The conditions for this identification involve a sufficiently connected relationship, and the ability of the other (the therapist) to find sufficient resonance for the identification within her or his own emotional repertoire.

For systemic therapists, transference, countertransference and projective identification offer compass points for thinking in a different way about both the family's experience and our own, and for thinking about the interplay of conscious and unconscious experience in relationships. As systemic therapists, we are more likely to put these reflections alongside other ways of understanding what is going on. However, reflection using these psychoanalytic ideas has the capacity to generate empathy from a different position, and also to protect and nurture empathic connection, particularly at the times in therapy when our capacity for empathy becomes compromised. In this sense, they offer a different lens for seeing our use of self as therapists in the therapeutic process, and both David Pocock (1997, 2005) and Mary Donovan (2003) have given some beautiful descriptions of using these ideas alongside systemic perspectives in their work with families.

Attachment

John Bowlby's early work on attachment and loss in the 1960s was followed by his long period of collaboration with Mary Ainsworth, leading to theorising the attachment styles of babies and young children with their primary caregiver within a developmental frame.⁵ Bowlby and Ainsworth identified the (by now very familiar) primary distinction of secure and insecure attachment, with anxious/ambivalent and avoidant styles being identified as different versions of insecure attachment. Later, they added the category of disorganised attachment, which was an attempt to describe the observed dilemma of children (often in abusive situations) who showed an anxious movement toward the

parent, then a frozen moment of something like fear, followed by avoidance. A second strand of work, largely associated with Mary Main, has focused more on adult attachment styles, and some of the resulting research has targeted adult attachment in parent–child relationships as well as in couple relationships.

The last ten years have seen a very interesting phase in the development of ideas about attachment. From infant psychiatry, Daniel Stern (1998) has synthesised the relational constellations of attachment, and drawn out the importance of parents' representations, both conscious and unconscious, in their interaction with infants, and the way in which early experiences of attachment form templates or blueprints for ways-of-being-in-relationship-with. From family therapy, John Byng-Hall has had a long-term commitment to extending the ideas of attachment theory in work with families. Byng-Hall has been interested in understanding not just the wider context of the dyadic attachment relationship, but the way in which the relationship network of the family itself may serve as a secure base of attachment (Byng-Hall, 1995a). Other very recent attachment discussions have also emphasised a family ecology view of attachment (see Hill et al., 2003, and contributions to a special issue of *Family Process*⁶).

Byng-Hall was also interested in the metaphor of storying long before it became popular in family therapy. He published a number of articles using the idea of family scripts in family therapy (1986, 1988), and in his recent work, he has linked these practice ideas to some of the emerging research on metacognition or narratives of attachment (1995b, 1997). Here he uses the research by Main (1991) on the coherence of parents' narratives of their primary attachment experiences, and the relationship of these narratives to their attachment patterns with their children. This research suggests that it is not the goodness or badness of the parent's own experience of early attachment which unilaterally determines the attachment pattern with their own children, but that this experience can be mediated quite powerfully by the extent to which the parent has come to have a coherent narrative of her/his own experience as a child. If you like, the experience may be quite bad, yet there are transformative possibilities in the capacity for secure attachment if the person has been able to achieve a meaningful and congruent story about it.

The psychoanalyst Jeremy Holmes (1996) notes the intersection of narrative ideas and attachment theory made possible by Main's research, and the evidence of the transformative possibilities of coherent

narratives is beginning to make an important contribution to the resilience literature (see Rutter, 1996; Walsh, 1996). And as Byng-Hall (1997) notes, Main's research confirms the importance of the activity of psychotherapy, which has at its heart the attempt to draw meaning from difficult experiences.

Emotional Containment and the Capacity to Think

We come to the last set of ideas on the list: ideas about emotional containment and the capacity to think. Bion's work has been mentioned before in the discussion of the unconscious, and it is central to the landscape of contemporary psychoanalytic theory (see e.g. Grotstein, 1983; Symington & Symington, 1996). Bion is best known for his ideas about thinking, and his theorising traces the dynamic of conscious and unconscious experience in the individual's attempts to know, and the way in which the capacity for thinking itself is part of an emotional and relational process (see e.g. Bion, 1967, 1970; Symington & Symington, 1996). Although Bion is very much interested in the truth of the individual's experience, it is important to note that his theory is devoted more to understanding the dynamic of approaching or avoiding thinking about truth-of-experience, and the process of the linking and breaking of links in thinking, than to establishing truth itself. For Bion, trying to find and hold the capacity for thinking is a process that both requires and achieves emotional containment. He uses the developmental metaphor of the baby's experience of unlanguageable and unlanguageable distress, which comes to be emotionally held by the parent's capacity to try to make some meaning out of the baby's experience, and to have the baby and the baby's experience 'in mind'. To learn to know how to know, then, requires the precondition of a relationship with another who wants to know us and respond from that knowing, and it is in the containment of this relationship that the capacity for thinking and reflecting emerges.

Outside psychoanalysis, Bion's work is probably best known for his development of this idea of containment as it applies to the analytic relationship, and in particular the space for thinking that the analyst tries to create in the intensity and emotion of the analytic work. This is also the idea that Glenn Lerner (2000) focuses on in developing his discussion of the common ground of not-knowing within family therapy and current psychoanalytic theory. He argues that the stance of not-knowing needs always to be held alongside the desire for knowing, and that the dynamic of not-knowing and knowing provides a frame for developing meaning within the therapeutic

process. Larner goes on to suggest that the narrative movement can itself function as an emotional container in the psychoanalytic sense, and this process within the therapeutic relationship helps clients develop and 'hold' their own knowing.

Back to Practice

But let me take all these ideas back to the practice that I used to start this discussion. I am not going to try to box it all up neatly — instead, I will simply offer another round of reflection, weaving the psychoanalytic themes in and out as I go.

Seeing this family is hard work. The mother's anger and attacks on her six-year-old son have all the hallmarks of long-term emotional abuse, and certainly her negative storying of him feels set in concrete. There was nothing particularly surprising about my own countertransference, as I struggled with my anger toward the mother as she attacked her son, and persisted in trying to find the therapeutic space in which I could feel genuinely in touch with her dilemmas. This really only became possible for me in the session in which I saw her with her partner, when she talked about her son's birth when she was sixteen, and her sense of being forced to keep him. The mother did not speak of her own history of abuse in this session, and it seemed important to respect her censorship at the time. However, this history was palpable, and my sense was that she had a physically and emotionally very abusive childhood, and that she experienced her conception and pregnancy with her son as a continuation of the abuse.

I feel the usual hopelessness in witnessing the intergenerational repetition of abuse and the stuckness of patterns and stories. This becomes easier when some positive changes begin, and then without warning the mother wants her son put into foster care. The momentum to reject him is very strong, and I fear it is quite possible that she will act on it. I am horrified at the prospect for the boy, and yet also hang on to the idea that the mother needs some time and space to think about whether she really wants her son, and whether she thinks she can mother him.

This all happens across a number of sessions, and the mother's attacks on the boy become more contained in almost direct proportion to her freedom in considering her choice. She decides she will keep him, and there is no question that this is a significant turning point in her relationship with her son. Moreover, in the process of actively claiming her son, she begins to have a much more detailed and compassionate story about herself as a very young

mother and where she is now, and about her son as a baby and how he is now. If you like, the narrative becomes fuller, it begins to be more congruent, and she starts to be able to represent herself and her son in ways that don't rely on attack and rejection.

Where abuse is overt, it is usually pretty impossible to miss your own countertransference. That I would struggle with feeling hopeless about the family and angry with the mother is not very difficult to understand, nor is it hard to understand the lack of equanimity I feel when it seems that the mother might in fact reject the boy and foster him out. Yet to stay only with the level of the reasonableness of my emotional responses may miss something about the connectedness of my own experience and the family's experience. The anger in the family was quite conscious, but feeling 'rotten through-and-through' (the mother's words about the son at one point) was a more toxic emotion that moved in and out of conscious experience. It surfaced in the 'bad' crying, and when the mother threw the badness at her son in her attacks on him, and he would reciprocate to get back at her.

When I felt most outraged and most inadequate in sessions, I would find myself needing to censor a desire to attack the mother — who in that moment in my fantasy was bad. This pattern in the therapy — the need to defend against feeling bad by disowning the badness and throwing it on to someone else — was embedded in the pattern of abuse between the mother and son, and I think almost certainly repeated the mother's own experience of abuse as a child. It wasn't particularly nice finding myself involved in this sequence in the therapy, carrying the bad feeling and struggling not to aim it at the mother, and yet reflecting on what might be happening in my own experience of relating to this family made it easier to feel more in touch with the most difficult part of their relating. These thoughts in turn helped me resist scapegoating the mother and hold a more empathic and therapeutic position. The containment process in the therapy was first to keep thinking in the face of feeling bad, to use thinking and reflection to contain and orient myself more respectfully back to the family's experience, and in turn then to be able to offer a more contained and safe therapeutic environment for the family.

Of course, there are many different ways in which good therapeutic work can be done with any particular family, and colleagues using a different mix of systemic ideas, or those from a more psychoanalytic persuasion, may well have worked quite differently. However, I think that the challenges I faced as a therapist in trying to facilitate the environment of a process of change with this family are exactly the same challenges that any

therapist would face, regardless of the way in which a particular practice framework might language and orient to the difficulties.

Yet having said this, I find it invaluable to have some way of thinking about the difference between the conscious languaged stories at work in this family, and the powerful effects of unconscious meaning that were being lived out in their relationships. I think it is helpful to have a handle on the difficulties the boy faces in his experience of attachment to his mother and that she faces in her attachment to him, and to have as the therapist some sense of the possibilities for nurturing belonging and attachment for both of them. I find it enormously useful to have some ways of understanding my own negative reactions to this family that orient me respectfully back to their struggles, and help me resist invitations to either join in their sequences or act against them.

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In short, with this family and with many other families, I like to hold in my mind the psychoanalytic ideas of: the interplay of conscious and unconscious experience; transference, countertransference and projective identification; patterns of attachment and the importance of congruent meaning-making and narrative in processes of attachment and relationship; and the process of containment and the conditions of thinking and reflecting in the therapeutic environment.

Conclusion

A sufficient conclusion to the particular questions ‘Why bother with psychoanalysis?’ and ‘Which psychoanalytic ideas anyway?’ has just been given by way of reflections on practice. Yet there remains one further set of questions to be flagged if I am to relate the specific investigation of this paper back to its broader context. My introduction set the re-engagement of psychoanalytic ideas within a broader context

of a more recent momentum toward inclusiveness, fuelled in part by the influence of postmodernism, and related in turn to a spate of recent discussions about the issues of theory diversity, eclecticism, integrative practices, and the value and limits of model-based (or even framework-based) thinking.

How can, or should, one frame the project of re-engaging with psychoanalytic ideas within systemic family therapy? This question has been the subject of a very recent debate in the (British) *Journal of Family Therapy*. Fiona Brodie and John Wright (2002), who work from a psychoanalytic base, have queried whether the discussions within systemic therapy have blurred the boundaries too much, and in doing so, obscured the distinctiveness of what a psychoanalytically-informed family therapy has to offer. From the systemic side of the boundary, there is another discussion to be had about the ideas from psychoanalysis that do not find a good fit within the systemic context (my article of course has been written from the reverse perspective). Borrowing a phrase announced with monotonous regularity on the London tube as one alights at the station, Brodie and Wright advise that we should ‘Mind the gap’. Mary Donovan (2003), however, argues not so much for an integrative theory, but rather for the possibilities of an integrative practice crafted carefully within the demands of everyday practice with families, and a generic bridge between systemic and psychoanalytic approaches.

In my discussion here (and other places), I have stayed with the image of bounded knowledge frameworks, locating myself within the systemic boundary, and imagining the ‘trespass’ into psychoanalytic territories as deliberate and strategic; if you like, visiting specific sets of ideas which, once brought ‘back home’, can sit quite harmoniously alongside systemic ideas. With respect to the question of knowledge integration, I am inclined to the view that theory from quite different frameworks cannot easily be ‘integrated’ into a unified practice knowledge, not the least because some ideas do not fit well, and personally I would forego that aim and live with the tension and creativity of difference in ideas.

However, integrative practice is different to integrative theory or even an integrative practice ‘framework’. Though Donovan aims for a more thoroughgoing integration of psychoanalytic ideas in contrast to my own more strategic use, I nevertheless agree strongly with her plea for integrative practice — for it is practice, in all its specificity, that provides the place for creative integration. Like Celia Falicov (1998), I am inclined to think that it is best to *teach*

models and frameworks, and to *learn* at least one particular framework or model of therapy fully and ‘from the inside out’. However, as Falicov also notes, the demands of practice are not identical to the specific demands of learning and teaching.

Oddly enough, in the immediacy of the therapy room, and in contrast to debates about theory and knowledge, integrative *practice* feels relatively unfraught. Having the aim of strengthening subsystem boundaries while asking circular questions around an externalised presenting problem is nothing unusual for a seasoned practitioner. Several sessions that look like ‘straight’ cognitive behavioural therapy can sit very easily in a therapy informed by systemic understandings of the presenting problem and work on relationships. To be curious about transference and countertransference while using systemic ideas and techniques does not feel at all like a trespass of boundaries. In short, integrative practice, which is the creative (and usually sophisticated) practice of experienced practitioners, is produced in the environment of day-to-day, family-to-family therapy. The controversy about mixing theory and crossing boundaries loses its heat in practice, where integration is achieved in the specificity of the way in which therapeutic ideas are being used to ‘meet’ and facilitate a (particular) family’s process of change.

No doubt the debates about the possibilities and limits of ‘mixing’ knowledges will continue. Yet in all these discussions, we would do well to hold the experience of practice as our main orientation point, for the way in which different theory relates to the territory of practice and families’ experiences provides the richest possibilities of dialogue between and across frameworks. Ultimately, it is the territory of practice that provides the common space for theory and knowledge in psychotherapy.

Endnotes

- 1 Mindful of the arguments that the sole use of family names in referencing conventions obscures gender and depersonalises authorship, I will give first names and family names in the first in-text reference of each author within each major section. I will not give first names where the reference appears in brackets only, or in the References section.
- 2 See Volume 19 Number 3 (August 1997) for the special issue in the *Journal of Family Therapy* and Volume 19 Number 2 (June 1998) for the special issue in the *Australian and New Zealand Journal of Family Therapy*.
- 3 For the fuller discussion of this practice example, see Flaskas, 2002a, pp 136-137 and pp 148-150.

- 4 For a fuller discussion of these ideas as they relate to the systemic context, see Flaskas, 1996, 1997 and 2002a.
- 5 Ian Bretherton (1992) discusses the early Bowlby-Ainsworth foundations, while Robert Karen (1994) gives an excellent historical mapping of the development of attachment theory and research.
- 6 Volume 41, Number 3, Fall 2002.

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