

A conductor approached this well-known well-dressed but absent-minded Professor and said - "Sir, can I see your ticket please?" The Professor started searching for his ticket and became increasingly anxious and said, "Sorry, but I can't find my ticket". The conductor said "Don't worry sir, take your time, you will find it eventually". The Professor continued to look for the ticket, couldn't find it and became very very anxious. The conductor noticed this and becoming increasingly reassuring said to the Professor "Look sir, don't worry, you're well known, exceedingly respected, you have taught my children and many other children in our community. I know that you must have bought your ticket, so just take your time, look for it and eventually I am sure you will find it". The Professor replied - "It's all very well for you to be so reassuring because you know where you are going. Me, without my ticket, I don't know where I am going".

In December 1964 I had just completed my University course and came to Bouverie Clinic to be interviewed by Geoff Goding for a position as a Psychologist on the staff. At the end of the interview, Geoff told me that if I wanted it, I could have the job. I said, "Geoff, in all fairness I do not intend to stay for more than one year". He said that would be perfectly O.K. As it happened, I stayed for 15 years.

After the signing ceremony of the Peace Treaty between North Vietnam and the United States, the President of France suggested that the American and Vietnamese representatives give an impromptu speech, about the importance of the French Revolution. Kissinger was exceedingly happy to oblige and immediately launched on a lengthy, erudite and eloquent exposition on the subject. When he finished, the North

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by Moshe Lang.

Vietnamese representative got up and said "As to the French Revolution, it is too early to say" and sat down.

Predictions are very difficult to make, particularly about the future. This and many other thoughts crossed my mind as I prepared my speech about the future of family therapy, which is as I recall, what Geoff Lipp asked me to speak about. Then the note about the meeting arrived and stated a different subject. When I read it with it's suggestion of talking about the past, the present, the future, dilemmas, problems and responsibilities, I thought to myself "Where have the good old days gone?" Once upon a time, when I was invited to address such a meeting, I would take one of my recent video tapes and show it to my friends. We would look at it, discuss it and explore ideas together. As I continued with these thoughts, I remembered the lines "Nostalgia is a form of revenge; revenge a form of nostalgia". So after lengthy consideration I decided to restrict my talk to three topics.

1. The loyalty dilemma.
2. How shall we define family therapy?
3. Why family therapy?

The loyalty dilemma

I think one of the most difficult issues confronting family therapy is to what degree we keep our organization sufficiently open, flexible, tolerant and receptive, so that it would allow it's different members with their different backgrounds and traditions to remain loyal to their professional family of origin and their different traditions. In order to illustrate the point, I briefly want to explore some of my own loyalty issues and difficulties. My own loyalty to my profession of origin in psychology has diminished to a point where it's almost non-existent. I reject the over-exaggerated claims of the importance of empirical research and certainly the implied assumption governing a lot of

Psychological writing, that knowledge derived from empirical research is somehow superior to other forms of knowledge.

Nonetheless, I still recognize that empirical research has an important place.

In 1974 Palazolli published her book "Self Starvation". The Italian version of "Paradox and Counter Paradox" was published a year later in 1975. In 1978 the English version of the book was published. In the same year, Minuchin published "Psychosomatic Families". Grossly oversimplified, they claim that they discovered the cure for psychosomatic illness and schizophrenia. Here we are 20 years later, and hardly any attempts to replicate these findings have been reported, let alone any attempt to explore them further. This to me parallels the medical world allowing claims by its leading practitioners and theoreticians to have discovered the cure for cancer and then not following it up. As a profession, we have not taken ourselves seriously and we are not entitled to expect others to take us seriously. It is this observation, plus many others, that make me feel family therapy has not lived up to its earlier promise in some significant ways.

The second loyalty that I would like to explore today is my loyalty to Carl Rogers and the Rogerian approach to psychotherapy. As I am sure everybody here knows, at one stage, Carl Rogers claimed that a positive outcome in counselling and psychotherapy is dependent on four conditions, namely - empathy; acceptance, unconditional positive regard and the client's perception of this attitude as present in the therapist. Subsequent empirical research by and large supported those observations of Rogers. Curiously, I do not recall one reference or discussion of this position

in the family therapy literature. Is it that we believe that the attitudes of the therapist to his client, or in our case the family, are immaterial and irrelevant? Or is it that one way or another we know that the basic attitudes of the therapist are essential, but admitting it would somehow challenge our rejection of personality theory, would invalidate many of our practices, and would require us to look at issues that are too hot to touch? I believe the latter.

Thirdly, I would like to speak about my loyalty to the Bouverie Clinic model. To repeat some of the things I said upon Geoff's retirement from his position as Superintendent in 1978. The importance of the Clinic under Geoff's guidance was:

1. It provided training and work opportunities for so many practitioners around Victoria, particularly social workers and Psychologists to whom at that stage the field of psychotherapy was closed.
2. The encouragement of a cooperative multi-disciplinary approach to our work.
3. The attempt to combine clinical work, teaching and research in the belief that the three would enhance each other.
4. Opening doors to the non-professional and encouraging them to help others, specifically the development of mothers [or parents] groups that were run by other parents, using Dreykus approach. [I wonder what evidence leads us to believe that in dealing with behaviour problems in children, family therapy is superior to the Dreykus approach that we used in the '60s?].

5. The openness to different ideas, techniques and theories.

I recall, for example, that in 1966 or 1967 Geoff approached me and asked me to take an autistic child for treatment. He suggested that I might consider using behaviour therapy because his reading indicated that behaviour therapy seemed to be the most promising and appropriate form of treatment. This was done in the context of a Clinic that primarily used a psychodynamic model of working. This suggestion led to me spending a few fascinating years working and studying childhood autism and it is interesting to note that even though I haven't closely followed the literature, I believe that what Geoff said to me then about the treatment of autism hasn't changed in any significant way.

I now want to deal with the second dilemma which is -

How shall we define family therapy?

Family therapy can be defined simplistically and instrumentally by saying that it occurs when the whole family is present at the interview. Clearly however, there are some very serious difficulties with such a definition. A therapist can invite the whole family but engage in any form of treatment. He could see the whole family whilst blaming one or all of its members for its difficulties. The second way of defining family therapy is, that family therapy occurs when the therapist thinks systemically. Again, not a bad definition, however, such a definition could exclude some practitioners eg Kempler who does Gestalt family therapy, many of Erickson's followers who attempt to do family hypnosis. Certainly Erickson himself would have been excluded from family therapy, probably on the definition of criteria one and two.

The behaviour therapist who chooses to work with the whole family would also need to be excluded under this definition.

A third way of defining family therapy is the belief that the pathology resides in the interface and the therapist is interested primarily in the inter action between family members. If I recall correctly, our actual Constitution defines family therapy in those terms and I for one would like to argue that a rigid adherence to such a way of thinking is very frightening. Family therapy that chooses to ignore the inner experience of the individuals, the persons feelings, values, beliefs, dreams and wishes is running a very serious risk of being Fascist. Or, fourthly, family therapy can be seen as a way of thinking in which the therapist attempts at all times to see the pattern that connects what happens within the individual with what happens outside, between family members and in the larger social systems.

Why family therapy?

Reading and listening to some people in the field, the history of family therapy sounds like the history of some heroic deeds by some great individuals. Admittedly, reading about charismatic individuals makes for good reading, but nonetheless it is curious when it comes from family therapists. The other possibility is that family therapy developed as society's response to the emerging evidence of the disintegration of the family, thus family therapy was developed to maintain the status quo. It is society's solution to this problem, thus we are here not to solve the problem but to maintain it.

Secondly, family therapy owes its origin to the development of the

complex industrial society in which there are ever-increasing areas of specialization with further splitting of experience. Thus new experts emerge and make territorial claims. In the helping profession industry we see evidence of that splitting, so now we have sex therapists, dream therapists, pain therapists, self assertion experts, relaxation therapists, marital therapists, divorce counsellors, sexual assault victim therapists, violent men therapists and also [God help us] family therapists. Thus we become another professional group that further contributes towards the splitting and fragmenting of the human experience. So that when you are in trouble, you take yourself to a multitude of therapists to deal with your fragmented self or social unit.

Thirdly, perhaps, family therapy developed as part of a larger movement that increasingly recognized the importance of the ecology, the simple observation that we are all dependent on each other, that change is not necessarily progress, that change at times may have unexpected and unwanted consequences, that in human affairs, certainty is often illusory and that simplistic solutions and linear thinking can lead to complications and pain.

I am told that new members are now demanding that we further clarify the criteria for membership of our organization. The membership committee finds the definition somewhat vague. But with the passage of the years, as the demand for further clarification of the criteria continues, the wall around the organization is getting higher and higher and more potential members are excluded and discouraged from applying for membership.

I would like to argue against yielding to the temptation of defining family therapy rigidly for the purpose of bureaucratic convenience. In so doing, we run the risk of excluding potential members. Milton Erickson, Virginia Satir, Kempler, let alone Bateson, would not have qualified.

Moshe Lang, Melbourne.
