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PAPERS — Key Note Address

First Australian Family Therapy Conference "Family Therapy for the Eighties"

by **Moshe Lang***

Ladies and Gentlemen, Friends and Colleagues,

Allow me to start by confessing to being very nervous at the moment. My anxiety I guess is due to a series of interrelated reasons. Firstly I am always nervous when I speak to a large group of people. Secondly I get particularly nervous when I have to talk to them rather than with them. Thirdly speaking into a microphone is something that I am not used to. Fourthly to deal with my anticipated anxiety I wrote down my address, but when I read it out to my wife she noticed I kept putting the emphasis in the wrong places and my foreign accent became much more pronounced.

But today I have particularly good reasons for being anxious. I am called upon to give the key note address to the First National Conference of Family Therapy, and I have to confess to not being exactly sure what it is that is expected of me or, for that matter, what exactly it is that I really want to say. The only guidelines I have come from Geoff Goding who asked me originally to speak for 20 to 40 minutes. I noticed in a circular sent before the conference that 'Moshe Lang will give the key note address and set the tone for what we expect to be a great Conference'.

To tell the truth I was not even sure if I had ever heard a key note address before, until I spoke to my wife and she reminded me that I did hear one before but we both agreed it wasn't very good. To cope with my anxiety I decided to follow an idea of my friend Brian Stagoll. He suggested, when you are anxious try to fill the room with your friends. That I guess is one of the main reasons why I tried to encourage many of you guys to come to the conference. Unfortunately, now I find it is having a paradoxical effect on me because I may say things that you have all heard before. Perhaps today I am a living example of the Peter Principle – in giving the keynote address I have been promoted to my true level of incompetence. Being a committed Family Therapist and believing that from time to time one should do to oneself what one does to one's client, I am trying at the moment very hard to relabel my nervousness. I am reminded here of Fritz Perls who once said that nervousness and anxiety are the other side of the coin of excitement. Indeed, this is true of my own feeling at the moment. I'm extremely excited about this first National Conference. I am excited about the fact that we have over 240 participants, and many more had to be turned away – that we have a very rich and interesting program – that this afternoon alone we have seven simultaneous sessions – that about 90 of the participants are interstaters and New Zealanders.

In a way I feel that this, the first National Conference, is an occasion which calls for a celebration. It calls for a celebration because it is to me, as I am sure it is to quite a number of other people in the audience, not just a beginning, it is the beginning of a new phase; but it is also the conclusion of another. It is the end of an era of working in Family Therapy as scattered individuals or isolated groups. Today may be its coming of age. Hopefully it is the beginning of an organised national movement of Family Therapy. As it is for me the conclusion of an era, I would like to go back with you and survey some aspects of ten years of involvement with Family Therapy in order to draw some conclusions and lessons for the future.

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In 1965 I got my first job as a psychologist at the Bouverie Clinic which was at the time a child psychiatric clinic. My background consisted of a degree in psychology which included extensive training in statistics, personality theory and rat behaviour. However, my job required me to do play therapy and individual psychotherapy with children. So in order to get myself ready I read all that was available on the subject. This consisted of about two books and a few articles. A week or two later I was asked to see my first patient. I took his file home and read it carefully. It was about 12 kilograms long, but both the reading of the literature and the reading of the file did not prepare me for my first encounter. At the appointed time I went to the waiting room and asked Peter to come with me. I started walking towards the play room, turned left and noticed that Peter, instead of following me, began running and then climbed up a tree. Neither Anna Freud, Virginia Axline nor any personality theory provided me with the answer. Chi-square, T-test or analysis of variance weren't particularly helpful either. So not having anything to go on I decided to climb up the tree behind Peter. We spent the rest of the hour at the top of the tree. At the end of the session we climbed down and I said goodbye to Peter. After the next session I met the psychiatrist who simultaneously saw Peter's parents. He told me that Peter went home and told his parents that he had a new therapist — a very strange and bizarre man. He said 'imagine that, a grown man climbing trees!"

I am telling this story for a number of reasons. Firstly, it is of great interest to compare the situation that existed then with the situation now. Today the beginning Family Therapist has available to him very extensive literature including many books containing verbatim accounts of what actually happens in therapy. He can visit many centres and view the actual videotapes of overseas and local therapists — he has the opportunity of watching his teachers, supervisors and other experienced therapists at work. When he comes to the point of seeing his first family he is likely to have a group of his colleagues and his supervisor watching him behind the one way screen, and if he does not know what to do if his patient climbs up a tree, he can ring his supervisor and ask what to do, or if he is lucky he may not even need to do that since his supervisor would beat him to it and tell him to climb up the tree behind his patient. In short, what happens now between therapist and patient has become public. Most of the mystery and mystique has been taken out of it, but to my delight not all. The experience has become much more direct and immediate, and is done not in isolation but rather in the context of group co-operation and support. In fact it is interesting to note that until recently there were only two things in life some of us were required to do without the benefit of prior observation, namely sex and psychotherapy.

Shortly after seeing Peter I was asked to see another boy. During our first meeting he told me that he had a very important secret, but he would not tell me until he could trust me. One day he came to therapy and said 'I think I am ready to tell you my secret'. Trying to conceal my excitement at being rewarded for months of hard work I said 'Oh yes' he said 'but you promise you won't tell anybody' and I said 'you can trust me'. Peter then said 'you know, my father barracks for Collingwood and he thinks that I barrack for Collingwood too, but deep in my heart I barrack for Melbourne'. The main reason for telling you this story is that it is Grand Final weekend and in Melbourne one has to talk about football at this time of the year. The second reason is to make the point that in order to understand our patients we need to go beyond the understanding of the family — we need to look at the ecological perspective. I am encouraged to note that in the program of this Conference there are a number of presentations dealing with this issue. One of the commonly held myths is that the family is only the nuclear family, and that family therapy deals only with this type of family rather than with natural social systems. Whilst we are talking about football maybe I could slip in the story of another patient. This particular patient was seen with her family by Brian Stagoll and myself. The patient suffered from a very severe phobia. She was unable to

leave home. The only time when she felt totally symptom free was Saturday afternoon at the football. Our first major intervention consisted of recommending to the mother to attend North Melbourne training sessions. Thus we increased her symptom-free behaviour by 300% with one single and simple intervention.

Once I get going on footy I can't stop, so I hope you can tolerate another comment on the subject. Many a Family Therapist labours under the serious misconception that the first use of the therapeutic paradox was by Victor Frankl (or some other Family Therapist). Nothing could be further from the truth. It's first use was here in Victoria by a famous footy coach by the name of Len Smith, who responded to his team's loss by ordering them not to train and not to touch the football for a whole week. It worked – they always bounced back, winning. For that matter the best exponent of provocative therapy does not live in the U.S.A. as rumour has it, but rather he used to coach North Melbourne, and if you can believe the paper is going to coach Melbourne.

Having talked about the first individual patient I ever saw, let me now tell you about the first family I ever saw. That was about 1970. The family was referred to the clinic because the 14 year old son was supposed to suffer from borderline psychosis. Having decided to become a Family Therapist I asked the whole family to attend. Both parents, the identified patient and his three siblings attended. I had a Social Work student with me. She took extensive notes as well as tape recorded the session. As the session progressed I became increasingly confused. I was totally buffeted by the constant talking by everybody, by the confusion and chaos that prevailed. When the session finished and the family left, I said to the Social Worker 'I have mucked it up, haven't I?' She said 'Oh no. I think you conducted a very good session'. I remember saying to her 'look, I'm a pretty big boy. I can take it. You don't have to be so nice to me', but she insisted that her perception was correct. She said 'No, I don't think so. I think it was a very good session. In fact you seemed to be so much in control and seemed to know what you were doing all the time'. I said 'You must be kidding'. She said 'well, I recommend that you read the transcript and for that matter listen to the tape of the interview'. I took her advice and did just that. And in fact I had to conclude that she was right. The interview was interesting and exciting and today I recall the following. Fred – the identified patient – at one stage started talking about music coming out of his backside. His parents looked at me and nonverbally communicated to me vigorously the message 'now you see what sort of a son we have. Don't you think he is crazy? Don't you think he is bizarre?' I turned to the whole family and said 'I have heard many a young person talk about farting but I have never heard anybody describe it more beautifully than that. Imagine – music coming from our backside! Farting will never be the same again!' Later on in the interview the patient, Fred, said that when he grew up he wished to become a psychiatrist. I said to him 'how would you like to start today? How would you like to take over and conduct the interview?' He said 'do you mean that?' I replied 'Yes indeed I do. To tell you the truth I'm not sure exactly how to go on, so if you take over it will make it easier for me'. Having reassured him that I really meant it I suggested that we swap seats. He sat on my chair, took a pencil and a pad, turned to his mother and said 'Mrs. such and such. Was your pregnancy with Fred planned or unplanned? Was he a wanted or an unwanted child? How was the pregnancy and what was the delivery like?'. And so he proceeded to take a very detailed developmental history of himself. Indeed I don't recall ever seeing anybody take a better developmental history than this particular patient.

I am telling you this story because it highlights one of the most important features of Family Therapy for me. Namely the ease with which the experience of Family Therapy can be construed as a negative one both for family and therapist. One needs to take special care and make special provision in order to avoid this happening. Had it not been for the Social Worker's presence and for the tape recorder, I would have regarded my first ever interview

as a very poor one and the experience as a very negative one. But with the support of another person and with the opportunity of going back to an objective record, this became a positive experience for me.

I quote this story as it highlights the excitement that is often generated by working with a whole family. Working this way provides the opportunity and the stimulus for creativity and ingenuity on the part of the therapist. It was only later on I found out that what I was doing could be described as positive re-labelling, going with the resistance and so on and so forth. But it was the stimulus of the family in the first instance, or the stimulus of the occasion that induced that spontaneous and unusual behaviour on my part. I believe one of the major tasks of the Family Therapy movement is to foster and facilitate the development of creativity and freedom in therapists.

It was in 1973 that I started my first training group after some colleagues rang and asked to consult with me about their work with families. Others just wanted to drop in and ask me more about my work. Partly as an attempt to save time I suggested we get together and form a group to deal with family therapy issues. Soon it became apparent that some people came to the group not just in order to learn about family therapy but because they themselves felt inadequately trained for the jobs that they were supposed to do, and that some organisations did not provide proper support and supervisory opportunity for their staff. Most of my subsequent experience has confirmed this observation. I believe that we should be clearly aware of this situation, for it provides the Family Therapy movement with a great opportunity to fill this vacuum and thus become perhaps bigger and more influential. However, we should also be mindful of the potential complacency that could set in, since there is relatively little opposition or challenge from outside.

It was in 1978 during the International Conference of Child Psychiatry and Allied Professions that some of us went to the pub and started talking about the possibility of putting together an Australian Journal of Family Therapy. Today we are anticipating the fifth issue of the Journal, and we have a subscriber list of over 500. There have been many favourable comments made about the journal. I believe that some of its strength is derived from the fact that it is the working man's journal. It is by the practitioners and for the practitioners. It invites them to contribute rather than intimidates them. It demonstrates our willingness to accept ourselves where we are at the moment and to share our current state of knowledge, competence or confusion, rather than wait until we are better at it before we start communicating with each other, or wait until the good oil comes from overseas. After some initial arm twisting to obtain subscriptions and contributions we are now receiving them at a very encouraging rate.

I hope that this Conference provides further impetus both in terms of contributions and subscriptions to the journal. About five weeks ago on Friday at 10.30 at night I rang Michael White, the Editor, to ask how things were going. He was delighted to tell me that the fourth issue of the journal was ready and that he and his wife were busy putting journals into envelopes to be ready for posting the next day. This was necessary because Michael has a 9 to 5 job and as yet no paid secretarial help available to him. I mention this to highlight the fact that the journal, this Conference and many of the other activities of the Family Therapy movement have been done on a voluntary basis, at times under very difficult circumstances. I believe that we should have an appropriate sense of pride in our achievements to date and this pride should be further augmented by the knowledge of the circumstances under which it has occurred.

I think it was 1976 that Sal Minuchin visited Victoria. Subsequent to his visit some of us decided to form a study group. This gradually changed to become the Victorian Association of Family Therapists with a membership of over 200 and which now has at least four regular meetings per year. Actual case material, usually with video tape, is presented. Also the Association has been involved in organising a number of overseas visitors. I hope that this national conference will provide the impetus

for the development of similar organisations in other States.

In 1965 for a psychologist to be a psychotherapist was almost unheard of. In fact I recall a number of instances when I rang some psychiatrists, to talk about a case, and they refused to talk to me. Many of the mental health psychologists meetings were devoted to the subject of 'why aren't psychologists allowed to do psychotherapy?' The situation now has dramatically changed, and the Family Therapy movement has played a major part by providing the social worker, the psychologist, the occupational therapist with a body of knowledge, training opportunities and professional legitimacy to enable them to become therapists. The importance of this should not be underestimated in that it allowed those groups of people to make much greater use of their potential and to provide a superior and more effective service.

I would like to see this knowledge and training opportunity extended to include other professional groups, such as nurses, lawyers, policemen, ministers, G.P.'s and teachers, because these are the people who are usually at the front line. It is the policeman who is called in the middle of the night to intervene in a family fight. It is the district nurse who sees the suffering in the home. It is the teacher who has to deal daily with the unhappy or angry child. And it is the G.P. who is usually the first to become aware of tension, anxiety or psychosomatic illness in the family. I would like to take it even further by proposing that the knowledge of family therapy and its principles be made available to the community at large – be made public – so that for example psychiatric symptomatology would be thought of as residing in the inter personal domain rather than in the head of the individual.

It is interesting to note that most family therapists have had their original training in dealing with and thinking about the individual and his symptoms and in order to become Family Therapists had to retrain themselves in thinking about wider social systems.

I am eagerly awaiting the contributions of the sociologist, the anthropologist, the historian and the economist – in short those who are trained to study larger social systems and in order to study the family would have to narrow their field of enquiry. It is very gratifying to note the many areas in which family therapy is being practised. This is demonstrated in this Conference by the contributions which come from community mental health clinics, child psychiatric centres, mental hospitals, schools, private practitioners, ministers, research workers, marriage guidance and family policy makers. This latter may be one of the most neglected areas in that family therapy thinking appears to have little influence on policy making.

Family therapy is entering into a new area of specificity where its relevance to certain clinical conditions has been specifically described. These include some psychosomatic conditions – alcoholism and so on. There are additional areas where the relevance of family therapy needs to be studied. As far as I am concerned the growth areas are depression, school refusal, academic underachievement, some of the most common sources of complaint such as tension, overeating, headaches and possibly hypochondriasis, and also the most neglected section of our community – the aged.

The Family Therapy Movement is not made of a nuclear family with a single father, but rather it is a large network containing a number of families and a number of founding fathers. Some of the founding fathers that come to mind include Ackerman, Bateson, Jackson, Watzlawick, Haley, Minuchin and Whittaker and so on. You could make your own list of favourites. Each one of the contributors to the Family Therapy Movement has brought with him his own theoretical background and made his own theoretical contribution. It is this diversity of theoretical contributions that has made Family Therapy so exciting, rich and interesting. One can detect the influence of psychoanalytic thinking, existentialist psychotherapy, gestalt therapy, humanistic psychology, philosophy such as that of logical types, mathematical models, psychodrama, hypnosis and so on. I am eagerly anticipating the contribution of learning theory and behaviour therapy. Once behaviour therapists think in terms of recip-

rocal re-inforcements their thinking for all practical purposes comes fairly close to that of the feed back loop.

This theoretical diversity enables the therapist to respond more appropriately to the specific requirements of the family. Some families anticipate quick solutions to specific problems. This could be best dealt with by strategic family therapy. Others complain about their failure to talk to each other. Here communication theory might be useful. Other families need and seek some cognitive understanding of what is happening to them, or wish to spend time exploring the meaning of their life, and here existentialist psychotherapy or psychoanalytic theory may be helpful. Further, this theoretical diversity provides a counter balance to the hazards of fashions and theoretical imperialism. For example, in 1970 in Melbourne the 'in theory' was direct communication – anything else was strictly prohibited and defined as 'gossip'. In 1980 the 'fashion' is indirect communication such as in the use of the paradox, or more specifically the restraint imposed by the Palazzoli group who instruct one family member to talk about two others in the family, i.e. just to gossip and nothing else.

In order to make a further point I'd like to tell you another story. As part of a research project involving the use of video tape, I once saw a family consisting of parents and three mature age daughters. After the first interview a group of us reviewed the tape carefully, discussed it and tried to predict what effect the interview would have. Three weeks later the family came back and reported dramatic changes. The reason for the changes were attributed to something very specific in the first interview which none of us had noticed. After the second session I asked my colleagues to see if they could pick up the specific 'intervention' that brought about these changes. After repeated and careful reviewing of the tape no one could pick it. What actually happened was that during the first interview Mother said 'In a female family such as ours', at which point I interjected and said 'I beg your pardon'. She said 'I'm sorry' and went on. She reported that she went home, felt devastated, stayed awake night after night thinking about what she had done to her husband all these years and talked to everyone about it. This led to the dramatic changes.

In this case did change precede insight or did insight precede change? I could come up with a convincing argument for either of these propositions. Is it therefore possible that by asserting the universality of the notion of change preceding insight we have worked ourselves into a theoretical corner which does not respect the different and complex ways by which families change.

There are two ways of understanding Family Therapy. Firstly Family Therapy is defined as occurring when the whole family is studied or treated. The second is thinking of family therapy as an epistemological stance, a theoretical position, a different way of thinking and looking.

Each position has some very important logical consequences. The first position would have it that doing psychodrama, psychoanalysis or discussing the meaning of life with the whole family constitutes family therapy. From the perspective of the second position seeing the whole family and analysing their behaviour has nothing to do with family therapy. Further, from this position you could see the individual and still do family therapy. From this perspective the substantive issue of family therapy is in bringing about a change in the structure and interaction in the family, and who is in the room with you at the time is not really important. To take it even further you could be a General Practitioner who does family therapy by prescribing medication, such as prescribing medication to a child and recommending that he take it by himself. This could lead to a major change in the organisation of the family. In fact one could paraphrase Watzlawick and say that you cannot **not** do family therapy.

To be more provocative, from the perspective of the first position it makes some sense to talk about indications and counter indications for family therapy – from the second none whatsoever. There is an inherent contradiction, conflict and tension between the two positions. But this conflict and tension is in itself very productive and therefore should be fostered. There is nothing wrong with adhering

to one or both positions — what is, I believe, wrong is not being aware of the difference. Whilst on the whole I have an 85% preference for the second position, and whilst displaying considerable fluctuation, I notice some early signs of what can be regarded as the development of a new orthodoxy among some adherents of the second position. These include claims such as 'only we really understand system theory', substitute, 'only we can see the true light'. Or some signs of guilt and discomfort when heard using some unacceptable language, such as projection, denial, commitment, personal choice, freedom, caring, and (God help us) love.

I was once supervised by a very experienced existentialist psychiatrist. He told me the story of a young woman who was referred to him because of chronic depression. She received seven years of intensive psychoanalysis which did not help. After interviewing her he established that she was very depressed as her father totally rejected her. He rang the father and asked would he agree to an interview. Having met with the father the therapist managed to re-establish some contact between the two, and the patient improved considerably. When I told him that in my view he was a family therapist and for that matter a very good one, he disclaimed that very vigorously, saying he was just a 'no nonsense' psychiatrist. Similarly the social worker who is working with single mothers and their children in the commission houses, the doctor who is trying to help the physically sick patient and his family, the counsellor who is dealing with the student's academic and familial problems and only occasionally meeting other family members, all often say that they are not really true family therapists. I would like to re-iterate what I have been saying now for a long time — that all these people are doing family therapy, and indeed at times under very difficult circumstances. What's more, some don't even know it!

It is timely to sound some words of warning because we are entering into a new phase in our development, where more organisation and more structure is inevitable and perhaps desirable. It is desirable only if we can foster and enhance the best qualities of our earlier days, namely the spontaneity and excitement, the openness to different professional groups, different areas of work, and diverse ways of thinking.

Some think linear, others circular, and most of us zig-zag all over the place as I have done today.

POSTSCRIPT

I was scheduled to deliver my key note address on Friday at 11 o'clock. Having raced against the clock for the previous two or three weeks, and managing to finish it the night before, I got up, went on my regular run, showered, had breakfast, and then, as I was all ready with nothing to do, I walked around the house like a chook without a head. My wife, being a true strategic Family Therapist and therefore aware of the importance of timing in relation to intervention, realised this was her opportunity and suggested maybe I could polish my shoes — something which I knew she secretly wished me to do for the last three years. Having nothing better to do I accepted her suggestion. Then I gave my key note address, and to my absolute horror and disappointment, not one of a large audience of over two hundred people actually noticed or commented about the fact that my shoes had been polished after three years of waiting. I am concerned that, like my shoes, other things have not been properly recognised and acknowledged so I decided to write this postscript and make a few additional comments.

I believe the conference was a great success. There was a feeling of excitement, involvement and celebration which generated the enthusiastic response that was expressed at the conclusion of the conference. I consider that this was primarily due to its participatory nature. Many of the presentations were of the workshop variety allowing active audience participation. There was a successful avoidance of the expert/passive audience model, but rather yesterday's presenter was today's audience and the experience was of people working together on a joint task. I re-experienced this quality of co-operative participation with greater clarity when some of the interstate and New Zealand visitors came to Williams Road and took an active part in my

supervision groups. This was remarkable in that here were people who had never met before, able to work co-operatively together, on some very real and difficult tasks. They appeared to speak the same language, as if they had been working together for a long time. Probably the conference was greatly helped by the fact that visitors were billeted. This facilitated the creation of a friendship network as well as a satisfying professional meeting.

Conferences such as this however do not occur without planning and sheer hard work. To single out for special mention those who carried out this hard work is a most difficult task and it is impossible to do justice to everyone. However this should not deter one from attempting to do just that. The first one who should be mentioned here is Geoff Goding. I recall talking to Geoff from time to time since the early seventies about the possibility of having a National Conference. Geoff retired from his full time position as the superintendent of the Bouverie Clinic in 1979 and went on an extended overseas trip. On his return home he took upon himself the organisation of this conference and spent a considerable amount of time putting it together. This conference is a further example of Geoff taking a pioneering stand and scoring another first amongst many in his professional life.

I believe that Brian Stagoll gave the organisation of the conference the rigour, discipline and skill that was so greatly appreciated. Jim Crawley and his committee accepted the task of organising the scientific program and did it extremely well. Sue Russell should be congratulated on co-ordinating the complex task of billeting, working out who could safely be asked to stay with whom. The Caulfield Institute of Technology team who prepared the venue so well should certainly be congratulated. It was their work before and continuous attention during the conference that ensured it ran so smoothly. Patrick Farrell who was in charge of registration and money managed so well that we ended up with an unexpectedly large profit.

It is worth noting that during an open Meeting at the conclusion of the Conference several decisions were reached.

1. The States should take turns in organising Annual Conferences.
2. It was decided not to form a National Association of Family Therapists since it was assumed that the host state could organise the annual conference more easily and efficiently. Also the Journal provides an adequate vehicle through which family therapists can communicate. As the above are the main functions of a national association it was agreed it would be redundant to form such a body.

I would like to finish by expressing my deep gratitude to Tesse, my wife, for the great help in writing the key note address, as well as putting up with me whilst I was doing it. Most importantly for laughing at my stories and jokes, not because they are any good, but because she knows what's good for her.