

# **Tribal processes in psychotherapy: the stand-off between psychoanalysis and systems**

Sebastian Kraemer

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## **Summary/introduction**

Throughout its history family therapy has tended to disclaim any connection with psychoanalysis. Unlike the cold and unyielding analyst, the family systems therapist sees herself as much more equal and friendly. This posture has its origins at the beginning of family therapy, when it seemed necessary to overthrow the prevailing methods of psychiatry and psychoanalysis. As in the Russian revolution existing authorities were simply obliterated, as if they had never been. Even psychology was removed, and replaced with philosophy and engineering.

The conflict between psychoanalysis and systems therapy was historically necessary, but there is no continuing need for mistrust. Because each has a different task, both approaches will continue to develop in their own ways, but this will be greatly enriched if they can acknowledge each others' unique contributions to psychotherapy. Systems therapists cannot pretend that there was no useful therapy before they came along. Psychoanalysts, especially when their work is applied in mental health settings besides the consulting room, can learn from the strategic innovations of systems therapy. This is not a recommendation for integration, but for mutual recognition. Object relations psychoanalysis<sup>1</sup>, in particular, has many areas of overlap with systems theory, even though the languages are different<sup>2</sup>.

## **Patient or agent**

Family therapy began in the 1950s, mainly in the United States. In the USA at that time psychoanalysis was a patriarchal profession. Only physicians could practice it. Transference interpretations would be given to a horizontal patient as if they were injections of the truth. Apart from 'material', patients probably felt that they contributed little to the process. Family therapists wanted to engage more actively with their patients, and found the transference a constraint. In family therapy "the therapist is less authoritarian. The traditional status differences of patient and therapist are downgraded, and there is a greater sense of mutual respect. The therapist is more humble, more open, more human and spontaneous. He takes the patient as a partner in the healing process..." (Ackerman, 1966). Yet the transference, the fostering of which leads to so much mystification and

misunderstanding, is not something that was invented by psychoanalysts. They were the first to describe it in any detail, and made it an analytic tool that brings experience to life in the room. But it is a naturally occurring phenomenon. When you go into a shop, for example, you have certain expectations of service, which are carried over from previous encounters of asking something for yourself. Children at school from time to time call their teachers "mum". Whether it is used or not, the transference is always at work in any kind of therapy.

While it is true that the proper technique of psychoanalysis involves sitting out of sight behind the patient this does not have to render the relationship unfriendly. While therapists should not become friends with their patients there must always be opportunities for closeness, whether hostile or friendly, which may lead to change. Systemic therapists emphasise the conversation that takes place between client and therapist. This is in contrast with the more hierarchical ("expert/dummy" (Hoffman, 1985)) interaction that is supposed to take place in psychoanalysis. The use of the word conversation to describe warmer therapeutic encounters is also evident in modern work derived from object relations analytic practice, such as Robert Hobson's (1985). It is a useful term for the process of therapy in that it shows that some kind of exchange of views is taking place. But it also leaves out a lot. In day to day work with families most of us have also to make sense of more obviously emotional data, both in ourselves and our clients - movements, muscle tone, gestures, play, jokes, facial colour and expressions, clothing and manner, even smell. Most therapists would accept this list, but the language used to describe systemic work filters out these stressful or exciting bodily phenomena, so that only perceptions, thoughts and meanings are left. It tended, until relatively recently, to leave out the exchange of *experiences*, as if the therapy as described in its learned texts were really conducted over the phone or by email.

There is richer use of the term 'conversation'. The interaction between infant and mother (or other caregiver) has been described in this way (Stern, 1985; Trevarthen 1984), yet it is clearly not one that could be reduced to verbal exchange. Imagine trying to converse with a baby on the phone. The original 'system' is the mother baby couple. "There is no such thing as an infant" said the paediatrician/psychoanalyst Donald Winnicott in 1940<sup>3</sup>. Post war psychoanalysis in the object relations tradition became increasingly interested in the way babies and mothers converse<sup>4</sup>. All psychoanalytic trainees now have to undertake infant observation for at least a year before starting clinical work. This combines theoretical and experiential data in a powerful way. Long before they can speak babies reach deep into our own minds by drawing us to them in an intense association, the prototype of all relationships (Murray and Andrews, 2000).

Alongside any more adult and reasonable requests they might make people in distress will also have quite primitive assumptions about what we are going to do with them. The person seeking help always has two parts - the 'agent' who has to ensure the possibility of co-operation with the therapist (such as turning up for an appointment) and the 'patient' who brings more infantile expectations to the relationship (the transference). Therapy will be limited if either of these aspects is minimised. Classical psychoanalysis risked neglecting the agent, while systemic therapies may have neglected the patient.

### **The political impasse of psychoanalysis**

Psychoanalysis inspires fear because analysts might read your mind. In spite of their best and most thoughtful efforts, the august psychoanalytic organisations have had considerable difficulty in showing to their critics that they have understood why they create such terror. The transference is, after all, always there and provokes a very primitive awe. Critics of psychoanalysis are wary of its power, particularly as it can be so easily abused. Modern therapists, meanwhile, have grown up with the ghastly revelations of child sexual abuse, which we now know took place on a far greater scale than could have been believed in the past.<sup>5</sup> While psychoanalysis developed in spite of sexual abuse, the newer therapies have rightly tried to include an understanding of all abuses of power, both between genders and generations, into their methods. This, alongside embracing postmodernism, has been the decisive shift in systems therapy since the 1980s. By contrast the psychoanalytic institutions have until very recently seemed to be out of touch with social abuses such as racism, sexism and homophobia. This is partly due to the nature of psychoanalysis itself. Important social change does not necessarily impact on analytic ideas about early infant experience. For example, however much fathers may increase their participation in child care, for almost all infants the mother is usually still the primary psychological object, with whom the child wishes to have an exclusive relationship (Steiner 1996). Psychoanalytic theory of mind does not seem to owe much to events in the external world. And psychoanalysts were slow to acknowledge real external events in the lives of their patients:

“What is true is that psychoanalysis for a long time tended to close its eyes and ears to psychic trauma. This includes the abuse of power, for example by adults against children, as well as social terror and violence. The complaints of survivors who suffered persecution and were threatened with extermination were for too long attributed to neurotic mechanisms dating from childhood...Ill-treatment of children, sexual abuse and incest were frequently overlooked” (Halberstadt-Freud, 1996, p988)

## **Revolutions**

Real and necessary differences between psychoanalysis and systems therapy have been polarised to such an extent that each denies the value of the others' work. In the beginning of family therapy psychoanalysts were simply too horrified at the upstarts to take them seriously. (Harold Searles (1965) is an exception). The paradoxical interventions of the Mental Research Institute in California for example (eg Watzlawick et al, 1967) seemed truly 'wild'. Later, the use of video and one way screens were regarded as unethical and intrusive, as they sometimes are. But they also create a new kind of openness between colleagues, and a guard against retrospective adornment of therapeutic bravado. While psychoanalysis has evolved greatly in the past fifty years, few analysts have acknowledged that any of this could have been due to the innovations of systemic therapy (see Luepnitz 1988; McFadyen, 1997; Roberts, 1996; Dare, 1988; Lerner, 2000).

Family therapists tended to see their own beginnings as a revolution rather than as any kind of development. By ignoring their roots, systems therapy wrote off the previous generation, with persecutory results. The ruthless suppression of the past led systemic therapists to a shared unconscious fantasy of an autocratic and insensitive person who cannot understand anything about racism, sexism and homophobia, or indeed about modern families. This figure is the ghost of Sigmund Freud. A brief survey (in a specialist bookshop) of the lists of references in around a dozen texts in psychoanalysis and systems therapy showed no evidence of mutual recognition. The vast majority of the texts cited by systems writers were published after 1956.

In that year, the centenary of Freud's birth, a brilliant quartet at Stanford University in California produced the first theoretical masterpiece of systems therapy - 'Towards a Theory of Schizophrenia' (Bateson et al, 1956). This - the proposal of the double bind hypothesis - was a challenge not only to the prevailing practices of psychiatry, but also to classical psychoanalysis, which was far more influential in mainstream psychiatry than it is today. Bateson, Jackson, Haley and Weakland offered a radically different way of looking at the workings of minds in severe pain. They identified chronic and perverse misunderstandings in an intense relationship as a condition of thought disorder<sup>6</sup>.

New voices were being heard in many places. This was at a time of post war stirrings against imperial power in the Western world (decolonisation of the British and French empires, Suez, Hungary etc; and even revisionism in the East: in 1956 Khrushchev denounced Stalin at the 20<sup>th</sup> Soviet Party Conference), the very beginnings of anti nuclear and antiracist protest, and the first expressions of adolescent moods in theatre, literature and music. In the mental health field in Britain the psychoanalyst John Bowlby found himself isolated as he began to introduce ethology to the study of

childhood development (Holmes, 1993). He was also seeing whole families in therapy, which no one had done before (Bowlby, 1949). While Bowlby was undertaking a radical revision of psychoanalysis, the Palo Alto researchers overthrew it entirely. They dispensed with psychology, and in its place put a theory of communication based on the early mathematical work of Bertrand Russell and Alfred North Whitehead (and to a lesser extent on the theory of self governing systems - cybernetics - derived originally from engineering). Though brilliant, this was a significant step which left family systems therapy without a developmental and psychological base. It is significant that much of the most original systems work was based on the Palo Alto studies and on the work of Gregory Bateson, who was an anthropologist with no claim to clinical competence.

On the other hand the actual clinicians, such as Salvador Minuchin, Don Jackson, Carl Whitaker and Virginia Satir were superb, and charismatic, therapists. One of the crucial influences on the practice, as opposed to the theory, of family therapy was the work of Milton Erickson, a physician with a remarkable gift of hypnosis. He could entrance whole audiences. Gregory Bateson and Jay Haley (1973) had observed his work closely, and strategic and structural techniques of family therapy, derived from Erickson's work, dominated the field until the Milan therapists took over in the 1980s. Making people change was the simple goal, and the methods were far from analytic. It is a curious irony that Freud himself started as a hypnotist.

While family therapy is approaching its half-century, psychoanalysis has already passed its centenary. *Studies on Hysteria*, by Josef Breuer and Sigmund Freud, was published in 1895, the *Interpretation of Dreams* in 1900. Here are the conditions for a classical Oedipal contest between the old master and the young upstart, in which gratitude is stifled by anger and rivalry, and the fear of therapeutic impotence is routinely projected by one into the other. Although, or perhaps because, many of the first family therapists had been trained as analysts they had to obliterate the record, but in so doing replicated some of the patriarchal attitudes they had tried to escape from. This continued until it was pointed out to the young masters by the next generation, the first to be led by women therapists (Goldner, 1985, Hare-Mustin, 1994).

And while systems therapies were being conceived, psychoanalysis moved in new directions, particularly in its focus on the mind of the analyst. The countertransference, through which the therapist attends to his or her own fantasies and reactions to the patient (Heimann, 1950) was recognised as a technical development of Freud's "evenly suspended attention" (see below). These developments were lost to systems therapy until much later, when rediscovered under different names, and graciously recognised by the exceptional Flaskas and Perlesz (1996).

## **New skills and convictions**

Psychotherapy is potentially very demanding on all participants. Not much work can be done without some anxiety and some courage to deal with it. This is true of both therapists and patients, whatever kind of work they are doing, but the pressures on family therapists are of a different kind. Pure psychoanalytical technique is limited in effectiveness in the presence of an active, restless group of people like a family in trouble. A family is a more primitive organisation than an individual. This is an ethological, not a moral, statement. Humans are, like many other group living mammals, intensely social creatures under constant pressures both towards conformity and rivalry. Family and systems therapists have had to devise new maps to guide them through the chaos. Most of these depend on the understanding that, unlike the individual mind, a family is an organisation with little capacity for thought. Although we use words in interviews and hope to reach the ears and minds of each person in the room, the context and process of the meeting - who attends, and for what purpose - has as great an effect on the outcome as any reflections made during it. Salvador Minuchin (1974) and his colleagues demonstrated this in brilliant consultations at the Philadelphia Child Guidance Clinic in the 1970s. Minuchin made a simple and enduring point about families: that whatever the underlying condition or symptom children tend to improve when the parents can collaborate in looking after them.

A particular application of the structural model is in dealing with families where the parents are separated and continue to fight over their children. I and a colleague were asked to see a child who was said to be desperate about visiting his father. His mother sent us a tape recording of him shouting after a weekend with father. It was at once clear that the parents were in a poisonous and continuing dispute, involving lawyers, school teachers, family therapists and many more. With enormous difficulty we managed to get the parents together, without the child, and saw for ourselves how they could only argue. Yet there were tiny opportunities for compromise, and after 35 minutes I told them we had finished, that this was the best they could expect to achieve. I explained that they risked harming their child's emotional development if they continued to fight, and that he would gain nothing if one or other of them were to 'win'. With the parents' permission I put this in writing with a copy to the head teacher of the boy's school, whom mother had been particularly keen that I should contact. The child, whom I saw some months later on his own, seemed satisfied.

During the brief session with the couple I found myself filled with magisterial power. There was very little opportunity for conversation or discussion. The parents were squabbling children and I responded by being a bossy parent. Had I not held in my mind a basic assumption about how families function this would quite possibly have been abusive therapy. But I was confident that if parents can reduce their disagreements, their children will benefit. Together with the parents' urgent demand for help, this conviction gave me the authority to do what I did.

This intervention seems to owe nothing whatever to psychoanalytic wisdom or practice. The active instructive therapist is certainly not an analytic creature; (he more closely resembles the chairman of a TV political debate). Haley and Minuchin, though steeped in the new theories, also knew that promoting change required powerful methods, and they were not afraid to charm and challenge families in equal measure. But they were also working in parallel with the object relations tradition that sees symptoms as bearers of meaning (Home, 1966, Rycroft, 1966), and not merely as the result of linear causes. Rather than ask what made this happen, the question is 'what is the function of this behaviour or complaint?'. In this case the shouting, and the mother's bringing it to me, demanded a joint parental response.

### **Neutrality**

The family therapists who followed Minuchin and his colleagues were increasingly preoccupied with families who seemed stubbornly unable to change. Their adolescent children suffered from appalling problems; eating disorders and other bizarre symptoms. Where parents were clearly helpless and apparently at the mercy of their disturbed offspring a new strategy was required. Rather than pressing families to change, the Milan team<sup>7</sup> saw that in these resistant cases it was far more effective not to try. The 'positive connotation' contained elements of the paradoxical techniques of the Mental Research Institute and of the hypnotic methods of Milton Erickson, but the state of mind of the therapists was different (Kraemer, 1994). It was much closer to that of a psychoanalyst. The family were told that they should not expect, nor even try, to change. They learned, with some amazement, that the symptom which had so far baffled every therapist and psychiatrist who tried to shift it was actually necessary for the family's functioning. No doubt a better arrangement could be found in due course but 'for the time being' it had to be accepted. The therapeutic attitude required to work this way is one of heroic neutrality. An obligation to understand the present state of the family in all its complexity has to take precedence over the wish to get rid of the offending symptom. The Milan therapists made much of neutrality, and how one must be trained to achieve it - "to see the system, to be interested in it, to appreciate this kind of system without wanting to change it" (Cecchin, 1987, p152). But it is not a new idea. Almost eighty years ago Freud wrote of the analyst's obligation to have "evenly suspended attention" in the presence of the patient, ".....to avoid so far as is possible reflection and the construction of conscious expectations, not to try to fix anything that he heard particularly in his memory, and by these means to catch the drift of the patients unconscious with his own unconscious" (Freud, 1922). No one in Western medicine or psychology had ever before suggested anything so radical. The conventional attitude of a healing practitioner was, and usually still is, to try to work out what is wrong with the patient and then try to change it. Freud's instructions still read like a message from another culture, from the

East rather than the West. The British psychoanalyst Wilfred Bion took up the theme with his dictum that the analyst should "inhibit dwelling on memories and desires" (1970, p 41) Later (1987) he spoke of the effort required to get to therapy, and advised analysts to be impressed by the very fact of the patient's attendance. There is a clear continuity between this approach and the later developments of Milan systemic therapy. Gianfranco Cecchin's reflections (1987) on the mental state of systems therapists - 'an invitation to curiosity' - have become a classic in the family therapy literature. But neither neutrality nor curiosity can exist without a secure base of theory.

Of course Freud was a nineteenth century man, and even Bion, though he died in 1979, could be regarded as a creature of a lost age. He had, after all, fought in the first world war. In contrast, modern systems therapists are proud of their acute consciousness of the influence of culture on judgement, but this does not mean that we are free from such influences. Indeed it may even become a restraint if you try to censor your observations for fear of being derogatory or prejudicial. What is curiosity? If you are curious about something you want to know more about it. Cecchin, demonstrating his approach in a 1992 conference discussion, emphasised the urgency and compulsiveness of this state. Presenting work with a couple who are in a violent relationship, he asks them "why do you do this to each other?". This seems to be just the sort of question that anyone might ask. How is this different from the similar-sounding comments made by the couple's friends and relatives? One important difference is that the therapist is actually struggling to be more interested in finding an answer than in stopping the offending behaviour. The usual reason for asking such a question is less out of curiosity and more a way of saying "why do I have to put up with this?", which is not the same question at all.

Though neutrality is a goal to be aimed at, it is not achieved by ignoring one's prejudices. It is necessary to have some very ordinary emotions as a therapist, including rather innocent ones - as a small child might wonder about why people do what they do. Curiosity in a therapist requires an active exploration of one's own states of mind. Much of the material presented to us in clinical settings is quite upsetting, sometimes disgusting. The activity of seeking to answer the simple question "why?" must entail some kind of self-analysis. How else is it possible to know what to ask? One would not get very far, in Cecchin's case, if one had not oneself been in a potentially violent situation with a loved person.

The innovations of the Milan group were themselves superseded by yet another revolution. The view that all perceptions, even of one's innermost feelings and thoughts, are socially constructed has distanced family therapists even further from their psychoanalytical past. Gergen (1991) argues that looking for a deep structure is impossible. Instead



understanding evolves by co-construction between people. Yet as a definition of an object relations psychotherapy this can hardly be bettered! The postmodern therapist eschews 'psychic reality', but a successful consultation with such a person might well be experienced by the client as an exploration of something very real and immediate, whatever language the therapist uses in her discussions with colleagues and in learned articles. Although social constructionism finally buried any traces of the objective in the systemic approach it did not - could not - remove the subjective. The hoped-for readiness of both therapist and client to accept what they find is a common feature, separated only by tribal definitions.

Our effectiveness as therapists depends ultimately on the fact that we are suffering humans too, with the advantage that we have been thinking about suffering and have a language in which to talk about it. None of this is novel or surprising, yet there was until recently little evidence in systemic literature that therapists are willing to say where their questions come from. Of course they come from our own minds, but these are minds that have been practising for years to think, and talk about love and hate, about mental and physical pain, grief and gratitude, dreams, desire, anxiety, envy, anger, jealousy, powerlessness, guilt and shame, masochism, sadism and revenge, dishonesty and betrayal, and so on. Countertransference fantasies require disciplined review during therapy. In the sense that our most basic experiences are shaped in the earliest relationships, all judgements about mental states are socially constructed, but 'social' usually refers to the wider culture. If thoughts and feelings are seen only as cultural constructions they will not survive as useful information for therapy.

### **Common ground: triangular relationships.**

In any human predicament there is always a story to tell about attachments and origins. Two people, a man and a woman, create a third, and a new chapter of the story begins. The earlier chapters are of course the stories from the previous generation, and these exert a powerful influence on what comes next. The triangles of family relationships are the stuff of psychotherapy, from the Oedipus complex to circular questioning, and beyond. Whatever form the family takes - lone parent, adoptive, step, extended - it will be made up of interlinking triangular relationships, even when these are not evident to outsiders. This is common knowledge amongst the therapeutic child and adolescent mental health professions, but it is also implicit in the observation that one of the primary functions of ordinary conversations is to talk about 'third parties', that is, to gossip (Dunbar, 1996). Dunbar argues that, while apes cement social relationships by grooming, humans, who live in larger groupings (and have not enough body hair), use gossip for the same purpose. In our conversations we are almost always busy with observations about others,

but it is the original triangle, so elegantly described in a much-quoted paragraph by Ronald Britton, that we are all born into:

"If the link between the parents perceived in love and hate can be tolerated in the child's mind it provides him with a prototype for an object relationship of a third kind in which he is a witness and not a participant. A third position then comes into existence from which object relationships can be observed. Given this, we can also envisage being observed. This provides us with a capacity for seeing ourselves in interaction with others and for entertaining another point of view whilst retaining our own, for reflecting on ourselves whilst being ourselves" (1989, p87)

Though they speak in different languages the theories that explore this process most fully are modern psychoanalysis and family therapy.

### **The conversation that is just beginning**

At no time since the beginning of psychoanalysis has it, or any psychotherapy related to it, had a secure scientific or political base. The most powerful authorities in science, medicine and mental health are not generally friendly to therapy, because 'there is no evidence that it works' (even though there is. See Roth & Fonagy, 1996, Richardson, & Hobson, 2000, Leff et al 2000, Vetere, 2000). Meanwhile psychotherapists argue amongst themselves, yet from Mars, or even from the offices of any newspaper or TV station, the differences between systems therapy and psychoanalysis are virtually undetectable. Our disagreements can be ascribed to 'the narcissism of minor differences' - to use Freud's (1930) apt phrase - but they are, like sectarian religious or tribal ones, necessary anthropological processes. These are disputes not only about therapy but about human nature itself.

If therapy were only a social activity then we would all do it very differently! Unlike social intercourse, which is casual, therapists depend upon people coming for help, one by one, or family by family. This is a necessary condition of therapy and our only chance of being effective. You cannot offer therapy to people who do not ask for it. But when they do, they bring the power of the transference with them: the primitive hope (or fear) that something can be done by someone more powerful than themselves. Therapeutic work begins with the request for help and the task is defined by the naming of the problem. If that turns out only to be a social problem no therapy is possible, nor is it ethical to attempt it. It is interesting how clearly and intuitively people understand this. They do not come to us to change the injustices of the political world, but in personal pain. And these pains are powerfully determined by the intimate spirals that entwine members of families to one another, both past and present and, indeed, the inevitable injustices of such relationships. All this takes place in a social context (including one that aims to protect dependent people from abuse) but it is not a social process. Even when it seems

friendly, it is not a task that real friends can properly perform. While personal relationships can be profoundly therapeutic, that is a side-effect, not an end in itself.

Change in therapy can be quite unexpected, to both therapist and patient. Unlike friends we deliberately set out to be surprising. The moments of transformation that we look for in therapy depend on our taking considerable risks, which would not be ethical without a firm base in good practice and good theory. Yet patients are not interested in theory. They are interested in therapists. Like boxers, they will push their partner to the ropes to see what they are made of. Psychotherapy is intensely personal, after all. Besides sympathy and understanding, bullying and seduction are also ingredients in an intimate relationship, whether social or therapeutic. An explicit commitment to avoid these undesirables is necessary in any therapy training, but it is not on its own sufficient to prevent it. In any case we need to use our prejudices in a conscious and active way. clinical hypotheses are generated from half-formed thoughts and feelings that are not always polite.

In the end the tale is a moral one. Moments of change in therapy depend on making connections, primarily between experience and thought, but the quality that makes the difference is authenticity. This is an aesthetic sense of rightness that (almost) everyone can recognise. It is what makes the difference between good and bad drama, novels, poems and so on. Whatever else it involves, our craft is a literary one, with all the possibilities and pitfalls that that entails. The greatest crime that the therapist, or the client, can commit is lying. We do not have to have a theory of 'truth' to accept that dishonesty undermines therapy. The experience of connectedness between therapist and client is, as every research study invariably concludes, one of the strongest predictors of effectiveness. Honesty and courage are the most highly valued qualities in therapy.

### **For and against integration**

Integration of therapies should not be a goal in itself. It is a good idea to be acquainted with the range of therapies available. The monotherapist, who sees every problem in terms of one theory is going to be helpful only to those patients that fit the theory. No theory fits all patients, so some will be mistreated by this approach. Therapy trainings must, and usually do, ensure that students know the limitations of the method they are learning. On the other hand an integrative or eclectic approach, though superficially attractive and inclusive, risks leaving the practitioners with no convictions at all, except an exaggerated belief in their own capacity to help everyone. A certain fundamentalism, based on principles to which one returns at points of crisis, is required to do therapy well. This is quite different from slavish adherence to dogma, so anathema to the theme of this book. Good

theories always require exploration afresh at every new turn; they don't generate answers, only questions. True eclecticism has to weigh the relative merits of different methods to suit the skills, tasks and personality of the therapist. That is what patients want, and need: a person who understands the theories ("knows his stuff") and can at the same time note carefully just how and where the patient doesn't quite fit any of them. The patient will discover that such a person, when up against the ropes, will talk straight, and not take refuge in mystification.

The purpose of this chapter is not to propose an integration of psychoanalytic and systems techniques but to encourage the putting together of the fractured story of therapy. No doubt it was necessary to make the break in the 1950s and 60s. The gravitational pull of the prevailing theories was just too strong to allow for radical change. But now that the revolution is over an appreciation of the past is necessary, and evolution can take its place.

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## REFERENCES

- Ackerman NW (1966) *Treating the Troubled Family*. New York: Basic Books, p54
- Bateson G, Jackson D, Haley J, Weakland J (1956) Towards a Theory of Schizophrenia. *Behavioral Science* 1(4), reprinted in G. Bateson, *Steps to an Ecology of Mind*. St Albans: Paladin, 1973, p 195
- Bateson G (1979) *Mind and Nature: A Necessary Unity*. London: Wildwood House, p14
- Bion W (1970) *Attention and Interpretation*. London: Tavistock, p42
- Bion W(1987) *Clinical Seminars, Brasilia and São Paulo, and Four Papers*. Abingdon: Fleetwood Press.
- Boscolo L, Cecchin G, Hoffman L, Penn P (1987) *Milan Systemic Family Therapy: Conversations in Theory and Practice*. New York: Basic Books. p152
- Boszormenyi-Nagy I, Spark G (1973) *Invisible Loyalties: Reciprocity in Intergenerational Family Therapy*. Hagerstown, Maryland: Harper & Row.
- Bowlby J (1949) The Study and Reduction of Group Tensions in the Family. *Human Relations* 2: 123 - 128, reprinted in Eric Trist & Hugh Murray (eds) (1990) *The Social Engagement of Social Science: A Tavistock Anthology, Vol 1: the Socio-Psychological Perspective*. Philadelphia: University of Pennsylvania Press. pp291-298
- Britton R (1989) The Missing link; parental sexuality in the Oedipus Complex in J. Steiner (ed) *The Oedipus Complex Today: Clinical Implications*. London: Karnac
- Cecchin G (1987) Hypothesizing, circularity, neutrality revisited: an invitation to curiosity. *Family Process* 26: 405-413

Dare C . (1998) Psychoanalysis and family systems revisited: the old, old story? *Journal of Family Therapy* 20: 165-176

Dunbar R (1996) *Grooming, Gossip and the Evolution of Language*. London: Faber & Faber.

Flaskas C, Perlesz A (1996) *The Therapeutic Relationship in Systemic Therapy*. London: Karnac

Freud S (1922) Two Encyclopaedia Articles, (A) Psycho-Analysis in *The Standard Edition of the Complete Psychological Works of Sigmund Freud* (trans J. Strachey) (1955) vol XVIII, London: The Hogarth Press. p 239

Freud S (1930) Civilization and its Discontents in *The Standard Edition of the Complete Psychological Works of Sigmund Freud* (trans J. Strachey) (1961) vol XXI, London: The Hogarth Press. p114

Gergen K (1991) *Exchanging voices*. London: Karnac

Goldner V (1985) Feminism and family therapy. *Family Process* 24: 31-45.

Halberstadt-Freud HC (1996) Studies on Hysteria One Hundred Years On: a Century of Psychoanalysis. *International Journal of Psycho-Analysis* 77: 983-996.

Haley J (1973) *Uncommon Therapy: The psychiatric techniques of Milton Erickson MD*. New York: Norton.

Hare-Mustin R (1994) Discourses in a mirrored room: a postmodern analysis of therapy. *Family Process* 33: 19-35. p22.

Heimann P (1950) On Counter-Transference. *International Journal of Psycho-Analysis* 31: 81-84

Hobson RF (1985) *Forms of Feeling*. London: Tavistock.

Hoffman L (1985) Beyond Power and Control: Towards a 'Second Order' Family Systems Therapy. *Family Systems Medicine* 3: 381-396.

Holmes J (1993) *John Bowlby and Attachment Theory*. London: Routledge.

Home HJ (1966) The Concept of Mind. *International Journal of Psychoanalysis* 47: 43-49.

Jacobsen T, Hibbs E, Ziegenhain U (2000) Maternal expressed emotion related to attachment disorganisation in early childhood: a preliminary report. *Journal of Child Psychology and Psychiatry* 41: 899-906.

Kraemer S (1994) The Promise of Family Therapy. *British Journal of Psychotherapy* 11: 32-45

Larner G (2000) Towards a common ground in psychoanalysis and family therapy – on knowing not to know. *Journal of Family Therapy* 22: 61-82

Leff J, Vearnals S, Wolff G et al (2000) The London Depression Intervention Trial: Randomised controlled trial of antidepressants v. couple therapy in the treatment and maintenance of people with depression living with a partner: clinical outcome and costs. *British Journal of Psychiatry* 177: 95-100

Luepnitz D (1988) *The Family Interpreted*. New York: Basic Books.

McFadyen A (1997) Rapprochement in Sight? Post-Modern Family Therapy and Psychoanalysis. *Journal of Family Therapy* 19, 241-262.

Minuchin S (1974) *Families and Family Therapy*. London: Tavistock Publications.

Murray L, Andrews L (2000) *The Social Baby*. Richmond, Surrey: CP Publishing.

Richardson PH, Hobson RP (2000) In Defence of NHS Psychotherapy, *Psychoanalytic Psychotherapy* 14: 63-74

Roberts J (1996) Perceptions of the significant other of the effects of psychodynamic psychotherapy: Implications for thinking about psychodynamic and systemic approaches. *British Journal of Psychiatry* 168: 87-93

Roth A, Fonagy P (1996) *What works for whom?* New York: Guilford Press

Rycroft C (1966) *Causes and Meaning* reprinted in *Psychoanalysis and Beyond* (1991) London: Hogarth Press

Schore A (1997) Interdisciplinary developmental research as a source of clinical models, in M Moskowitz, C Monk, C Kaye, S Ellman (eds) *The Neurobiological and Developmental Basis for Psychotherapeutic Intervention*. Northvale NJ: Aronson

Searles HF (1965) The contributions of family treatment to the psychotherapy of schizophrenia in I Boszormenyi-Nagy, JL Framo (eds) *Intensive Family Therapy*. Hagerston MD: Harper & Row.

Selvini Palazzoli M, Boscolo L, Cecchin G, Prata G. (1978) *Paradox and Counterparadox*. New York: Jason Aronson.

Steiner J (1996) The aim of psychoanalysis in theory and in practice. *International Journal of Psycho-Analysis* 77: 1073-1083.

Stern D (1985) *The Interpersonal World of the Infant*. New York: Basic Books.

Solomon J, George C (1999) *Attachment Disorganization*. London: Guilford Press.

Trevarthen C (1984) Emotions in infancy: regulators of contacts and relationships with persons in K Scherer & P Ekman (eds) *Approaches to Emotion*. Hillsdale NJ: Erlbaum

Vetere A. (2000) On the effectiveness of family, marital and systemic therapies in S. McPherson and P. Richardson (eds) *Clinical Audit and Clinical Effectiveness: Resource pack for clinicians*. London: Tavistock & Portman NHS Trust

Watzlawick P, Beavin JH, Jackson DD (1967) *Pragmatics of Human Communication*. New York: WW Norton.

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<sup>1</sup> Unless otherwise qualified, 'psychoanalysis' will refer to the object relations tradition in its broadest meaning, incorporating the work of Melanie Klein and her successors, and the Independent ("British") school, Donald Winnicott, W D Fairbairn, John Bowlby, Michael Balint, and their successors.

<sup>2</sup> for instance the state of mind attained by thinking systemically has something in common with the depressive position which acknowledges conflict within oneself, while 'linear thinking' is more preoccupied with an external cause and with blame, the paranoid position.

<sup>3</sup> This statement was never published, but Winnicott recalls that he said it in a scientific meeting of the British Psycho-analytical Society in about 1940.

<sup>4</sup> Attachment theory grew out of this preoccupation, and has led to new insights into underlying biological processes: "a conversation between brains" (Schore, 1997).

<sup>5</sup> one of the reasons, perhaps, why Freud changed his mind about the origins of hysteria; his earlier post traumatic theory of neuroses was abandoned in favour of what was to become psycho-analysis proper. The trauma was sexual abuse.

<sup>6</sup> see Jacobsen, Hibbs & Ziegenhain, 2000 for a modern reworking of this desperate entanglement. The study of attachment disorganisation (Solomon & George, 1999) promises to be a major step in the systematic understanding of pathogenic relationships.

<sup>7</sup> as reported in *Paradox and Counterparadox*, the second masterpiece in systems therapy (Selvini Palazzoli et al, 1978).