Journal of Family Therapy (2003) **25**: 115–135
0163-4445 (print); 1467 6427 (online)

Mind the gap: the need for a generic bridge between psychoanalytic and systemic approaches

Mary Donovan[a]

The context for this paper is the ongoing systemic/psychoanalytic debate. It offers an alternative perspective to the recent contribution by Brodie and Wright (2002), in which they are concerned to underscore difference between the two therapeutic approaches. Here it is argued that the relationship is a great deal more complex than Brodie and Wright's analysis might suggest. Attention is focused on significant areas of commonality, in particular the impact of social constructionist thinking across the two therapies as well as current developments in technique. A case is made for the consolidation of generic space where there is opportunity for cross-fertilization and for integrative and combined systemic/psychoanalytic approaches to be nurtured and developed where appropriate. Case vignettes are used to highlight different aspects of the generic component in child and family therapy and to underline the need for bridge-building between these key therapeutic approaches in the field.

Introduction

In recent years the subject of the relationship between psychoanalytic and systemic approaches has attracted considerable attention in the systemic literature (Flaskas, 1996, 1997; Pocock, 1997; Larner, 2000). In 1997 McFadyen memorably wondered if a *rapprochement* might be in sight but she also noted the disinterest that has so often characterized the relationship between practitioners of these two approaches. Despite the efforts of some systemic theorists, notably Flaskas (1997), not to minimize difference and to talk, for example, in terms of 'borrowing' from psychoanalysis rather than 'integration', the one-sidedness of the debate has been problematic thus far. It has lacked a critical edge that could come only from actual dialogue with theorists representing a psychoanalytic perspective. It is for this reason that the recent contribution by Brodie and Wright (2002),

[a] Systemic Psychotherapist, Anna Freud Centre, 21 Maresfield Gardens, London NW3 5SH. E-mail: *mary.donovan@annafreud.org*

'Minding the gap not bridging the gap: family therapy from a psychoanalytic perspective', is particularly welcome, insofar as it brings in a much needed psychoanalytic voice of difference. It offers some hope that a dialogue *between* the therapies might now follow. However, as a basis for ongoing discussion it is problematic and its significance within the unfolding of an important debate makes it all the more important that these difficulties are addressed.

Brodie and Wright (2002) frame their paper as a contribution to the debate about 'building bridges between a psychoanalytic and systemic approach to family therapy'. They are concerned that some recent systemic contributions have played down difference, for example, in wondering whether this is 'more imagined than real' (Holmes, 1985; McFadyen, 1997). On the other hand, they are concerned primarily to underscore difference using their own clinical material and by offering a critique of case material from the systemic writer Flaskas (1997), where she draws on psychoanalytic ideas of transference, countertransference and projective identification.[1]

In this paper I begin with a critique of Brodie and Wright's position that takes account of the wider context of the debate. In essence my concern is that families may be rendered rather passive within the emerging systemic/psychoanalytic dialogue. They are used as examples of how the approach being articulated can be effective or helpful in some way or other. This in itself is not unreasonable and it is clear that the families mentioned by Brodie and Wright benefited considerably from the interventions offered to them. However, a creative exchange across the therapy divide is likely to be one where less effective outcomes on both sides might also be explored, including families who fail to engage at the outset or leave in a way that seems premature. Perhaps the 'other side' may have something to offer. This, as I understand it, is essentially the spirit in which Flaskas approaches the issue, for example, using psychoanalytic ideas of transference to illuminate circumstances where an impasse may be developing in her work with a family. Brodie and Wright's paper does not consider whether this 'border crossing' might apply the other way around and their recent exchange with Flaskas suggests that we may

[1] See Flaskas (1996) for a discussion of transference, countertransference and projective identification from a systemic perspective. For a more detailed psychoanalytic discussion see Casement (1985, 1990), Kohon (1986), Ogden (1979), Sandler (1987) and Sandler *et al.* (1992).

still have some way to go before this kind of dialogue might be possible. My concern is that rather than contributing to this process, the tone set by Brodie and Wright's emphasis on difference could encourage complacency about the gap between the therapies. 'Mind the gap' might in these circumstances be useful advice for users of child and family therapy services even if professionals are content with 'not bridging the gap', to paraphrase Brodie and Wright. The view informing this paper is that an entrenched divide between psychoanalytic and systemic approaches has a potentially impoverishing effect on the wider therapy field by reducing opportunities for cross-fertilization between these key therapeutic approaches in child and family work. I am therefore arguing for the consolidation of generic space in which it might be possible to nurture cross-therapy debate and integrative practice where appropriate. A secondary argument is that such development could potentially widen the range of therapeutic choices available to families and could also make the offer of particular kinds of therapies, a more explicit and transparent process for families seeking help.

Bridging the gap between psychoanalytic and systemic approaches

On reading their paper together with the response by Flaskas (2002), I found myself wondering what the families being written about might think of the arguments on either side. Should families be made aware of the behind-the-scenes differences that pervade the therapeutic field? Put simply, do they have a choice between a Brodie and Wright or a Flaskas approach, for example? Are families inadvertently 'choosing' without knowing that a choice is being made? Or are these simply local differences within the professional domain that are of little concern or consequence for families seeking help? Could we formulate the differences in approach in any meaningful and accurate sense for potential service users? In the wider cultural context of increasing transparency and empowerment for users, this requirement might not seem so far-fetched; yet these questions belong to a debate that has barely begun in therapeutic discourse. This, I would argue, is a key reason for consolidating generic clinical and theoretical space that is less rigidly aligned to particular therapeutic approaches. Here the kinds of questions raised above might be explored and elaborated on more neutral ground and integrative or combined systemic/psychoanalytic ways of working also developed.

Underlying the differences between Brodie/Wright and Flaskas there seems to be fundamental agreement concerning therapeutic specialism; that is, psychoanalytic and systemic approaches are seen to inhabit different therapeutic domains or 'frameworks', a term favoured by Flaskas. Their exchange hinges largely around the status and appropriateness of her 'borrowing' or 'border crossing'. Here I wish to emphasize that I am not taking issue with the importance of specialist domains as a space in which to develop and consolidate expertise, innovate and so on. I am however adopting a different starting point in thinking about how these therapeutic domains are socially constructed and maintained; to what extent do we involve families in our constructions; and how do we engage with those whose difficulties do not fall neatly within contemporary borders around therapeutic domains?

Questions concerning what families might make of differences between the therapies point in the direction of empirical research and it is noteworthy that systemic theorists have been impressed by findings that underline the importance of generic factors such as the therapeutic alliance and relationship in helpful therapeutic outcomes across the therapies (Flaskas, 1997; Pocock, 1997; Eisler, 2002). But findings regarding 'what works for whom' are far from comprehensive and this is particularly so in child and family work (Target and Fonagy, 1996). In their recent extensive review of outcome research across the different treatments in the child mental health field, the conclusion of Fonagy *et al*. (2002:385) is stark: 'As with psychodynamic therapies, family and systemic therapies have generally not been evaluated with the use of well-designed studies, despite their widespread use in clinical settings. The development of manualized forms of treatment is a useful first step towards more systematic evaluation.' Even with approaches that are researched more fully, notably psychopharmacological and cognitive behavioural treatments, large gaps in the evidence base still remain (Fonagy *et al*., 2002:374). Within the systemic field itself, recent commentaries have drawn less gloomy conclusions concerning its own evidence base (Carr, 2000; Eisler, 2002). However, it seems that in looking at the overall picture in child mental health from a research standpoint, there is little room for complacency concerning the relative merits of the different therapies. Furthermore it remains unclear what criteria practitioners in child and family departments are employing routinely in determining choice and allocation of the different therapies, to what extent these are informed by the existing research findings and

to what extent they are being driven by ideology or by resource constraints.

Beyond the indisputable importance of empirical verification, it may also be argued that choice and allocation of therapies is always going to involve a strong component of clinical judgement and capacity to engage families therapeutically. This, I believe, is a strong argument for the generic component of our work where clinical priority is around engagement and keeping different engagement pathways open, and where families might also have greater opportunities for involvement in decision-making about choice and allocation of therapeutic interventions that might work 'best' for them. This may not seem controversial, yet families are sometimes consulted *within* the framework of a specific therapeutic approach without this being acknowledged. Does this mean that some families might be ruling themselves out or are being ruled out of therapeutic intervention by failing to engage with one way of working, for example, a psychoanalytically orientated family therapy approach? My concern is that this arrangement can also make it more difficult for therapists to ask questions perceived as belonging to a different therapeutic discourse. In the case of systemically orientated family therapy this might be a question about whether a child or indeed a parent would benefit from long-term individual therapy, for example. Larner (2000) talks about 'the hidden psychoanalytic story' in systemic therapy and underlines that a systemic focus does not have to exclude a psychoanalytic focus 'which tells of the rich inner psychological life (symbolic, unconscious, emotional) of the *person* in the system' (p. 62; emphasis in original). If we accept this principle we cannot avoid engaging with complex clinical implications including possibilities for integrative therapy or combined therapies. We also need to be careful that the gap between the therapies is not used as a hidden means of rationing scarce therapeutic resources. One way to ensure this does not happen is to build bridges between the therapies so that we can help our clients bridge the gap where this might address diverse therapeutic needs in families.

Case study A

The A family were referred by their GP because of worry about Mr A's 8-year-old daughter Anna. She was exhibiting behavioural problems that Mr A thought might be linked to difficulties in her relationship with her stepmother. Anna's mother had walked out of the family four years earlier and there was

very limited contact. Subsequently Mr A had married a much younger woman. They had a child together and Mr A was concerned that his wife showed a preference for this child. Both parents are from an Eastern European country. Mr A has been in the UK for many years and is successful in his career. The family is materially comfortable and Mr A's pride in his achievements is evident, but there is also a theme of his struggle and responsibility in maintaining the family's material and social position.

During an initial phone call with Mr A, I struggle to get a word in edgeways and feel rather overwhelmed by his emotional intensity. I imagine this might continue in family meetings, and experience relief when a systemic colleague is able to join me. In the initial family meeting we are struck by the sense of being with one adult: Mr A and three children or perhaps two children and an older adolescent, Mrs A. In a later meeting Anna voices her fear of her father particularly when he shouts and loses his temper at home, and she clearly views her stepmother as a benign if somewhat detached intermediary. We arrange some meetings for the parents where an important focus is helping Mrs A find a voice in the meetings and more importantly in her marriage. Gradually ideas around shared responsibility are explored and we begin to hear encouraging reports that things are changing at home with less tension and more co-operation between the parents.

In a family meeting that follows, the conversation turns to football and the fact that there has been quite a lot of it on television recently. Mr A mostly watches the games on his own, which he says he prefers. Suddenly he switches into talking about a documentary programme he has seen. This is the story of a football team from a remote communist country that visited the UK many years ago. The team members formed strong friendships with some English people in the area where they played, and against all the odds these relationships endured over the years. It is a rich and multi-layered story and we struggle to catch all the details, such is the passion and urgency of its delivery. Mr A tells us how he wept as he watched this programme and he seems surprised and taken aback by his response. I am struck by the contrast between his strength of feeling and his family's apparent disengagement during the telling. We talk about the emotional charge and symbolism of football and wonder about ways in which passions and feelings might be shared in this marriage and family.

At the end of the meeting Mrs A indicates that perhaps they do not need to continue to attend, since things are much better. We encourage them to continue, saying that there seems to be quite a lot that still needs to be talked about and we also need more time to reconnect with the children following a number of couple meetings. Another appointment is made and, in the hustle and bustle of finishing the session, Mr A unexpectedly asks us if he 'should see a shrink'.

There is no time to respond or even to ask what he means, but afterwards I recall that I wanted to be able to ask if he had thought about seeing a therapist himself. When my colleague and I reflect on the session we share the view that there is much that can be achieved potentially by continuing in the frame of a family/couple intervention. Perhaps Mrs A's hesitation about continuing has been experienced as an abandonment by her husband. The reference to 'shrink' might be a reminder of his worry that there is something 'wrong', something 'mad' which makes women leave. There may be a worry in the family about how long we can see them. Mr A's question perhaps indicates feelings about being passed on or left, which are being picked up in my countertransference and in danger of being enacted. These are all themes that we might well try to explore in future family/couple meetings. A question about individual therapy at this time might cut across our work. I think about Mr A's football story as a family story but also as part of his 'hidden psychoanalytic story', to borrow Larner's words, that tells of the 'rich inner psychological life (symbolic, unconscious, emotional) of the person'. We need to go on exploring ways of integrating this into the emotional life of the couple and family and perhaps 'shrink' the emotional load he seems to be carrying. However, I still want to find a way to talk about the idea of additional therapeutic possibilities. Perhaps we could begin with a reflecting conversation between ourselves in the presence of the family, as my colleague seems more in touch with certainty about the value of our family/couple intervention while I am moving more into uncertainty about what is needed. Mr A has spoken of a troubled and unhappy early life in one of the couple meetings and I find myself wondering if he might benefit from the emotional intensity of the transference experience in individual therapy in which to explore these early experiences of trauma and difficulty.

Ultimately of course this is not a decision for us to make, but it seems important that we find a way to share something of our thinking and the differences in our thinking with the family as part of the ongoing process of constructing and reconstructing the therapy with them. I think of it as a momentary experience of bridge-building between therapeutic approaches that has as yet no obvious outcome but which tries to take account of the diversity of needs that families sometimes bring to an intervention and which, in my view, can be thought about most helpfully as belonging to generic therapeutic space.

Writing from a systemic perspective, Boscolo and Bertrando (1996:35) advocate the idea of being able to work across different therapeutic approaches and suggest that the idea of a plurality of models is consistent with 'the emerging paradigm of complexity… in the humanities and sciences, according to which the most appropriate way of seeing and understanding the world is through a network of

theories'. However, they are also worried about the danger of drowning in a diversity of theories and the need to avoid a confusing eclecticism. They conclude by defining their relationship to their core systemic stance as one of 'chosen lifeboat'. Here they are reminding us that therapists sometimes understandably need the solid ground of their core specialism from which to connect with clients. Conversely the argument of this paper is that therapists also need to step into the generic waters of uncertainty from time to time so that they might reach some of their clients. In these circumstances it seems to me that it is not so much a case of 'minding the gap not bridging the gap' as one of working in the gap.

The social constructionist influence in contemporary systemic and psychoanalytic approaches

Some similarities between contemporary developments in systemic and psychoanalytic approaches are mentioned in passing in Brodie and Wright's paper, notably their reference to the prevailing ethos of openness and plurality of ideas across the therapies. Paradoxically, a disappointing feature of their contribution was that it did not reflect, in any convincing sense, this plurality of ideas *inside* psychoanalytic discourse. In what follows I will briefly consider two areas of development in psychoanalysis that might lead towards a rather different view of the relationship with systemic thinking and practice. The first concerns the influence of social constructionist thinking across the two therapies and the second relates to therapeutic technique. My interest is not to minimize difference but to redress the balance following Brodie and Wright by underlining areas of commonality, and I will use this as a framework to think further about the complexity of the relationship between these two therapeutic approaches. In so doing I hope to broaden the terms of the debate and to demonstrate that, using a different psychoanalytic perspective, one that might be described loosely as a psychoanalytic developmental stance, it is possible to reach rather different conclusions concerning the status of Flaskas' case material from those of Brodie and Wright. Here I am underlining that both 'systemic' and 'psychoanalytic' therapy are broad categories with the potential for a range of allegiances, cross-therapy debates and so on.

An important trigger for systemic interest in psychoanalysis in the past decade is the perception of common ground in what may be described very loosely as hermeneutic and postmodernist thinking

(e.g. Foucault, 1972; Gadamer, 1981; Ricoeur, 1981). Both strands of theorizing draw attention to the way reality inevitably grows out of our experience as language-using, social beings. When people talk to each other, the world, as we know it, gets constructed. This thinking has been taken up and developed enthusiastically in the postmodern era, and during the past decade in particular a burgeoning literature in psychoanalysis has focused on these and related themes (e.g. Holland, 1983; Hoffman, 1991, 1992; Natterson, 1991; Renik, 1993; Gill, 1994; Goldberg, 1994; Leary, 1994; Bouchard, 1995; Aron, 1996). In turn this literature has been a source of interest in the systemic field where hermeneutics and social constructionism have also had a substantial impact (e.g. Shotter and Gergen, 1989; McNamee and Gergen, 1992). Gabbard (1997:22), an influential psychoanalytic commentator, summarizes the unifying factor of the postmodern theoretical movement as one of scepticism towards fundamental or unquestionable truths: 'In an era where constructed truths and multiple perspectives are the currency of psychoanalytic discourse, uncertainty is far more fashionable than a search for truth.' Interestingly he is making these remarks in the context of arguing against what he sees as the excesses of postmodern relativist thinking in psychoanalysis. The certainty of Brodie and Wright's paper, particularly with respect to Flaskas' case material, might lead one to view such concern as misplaced! However, this may also reflect their 'outside' status in what has been essentially a systemic debate about the relationship with psychoanalyis up until now. Either way, attention to the framework for dialogue seems imperative if we are to secure the best possible opportunity for creative and useful exchanges. It is all too easy for powerful and unifying myths to develop on either side concerning the other. The challenge of engaging with the debates and different shades of opinion *inside* each therapeutic domain is an altogether more uncertain and messy affair. Here it is worth remembering that a logical conclusion of social constructionist thinking in contemporary systemic and psychoanalytic discourse is that these separate therapeutic domains are *themselves* social inventions. This does not imply that they are unhelpful or inaccurate demarcations as such but only that they may obscure alternative formulations of therapeutic reality and therefore need critical scrutiny. We must ensure that in maintaining and asserting our differences, mapping our specialist territory and 'not bridging the gap' we are not also privileging our own needs as therapists for coherence and security of identity over and above the needs of families.

Writing about another ideologically charged encounter, that between psychoanalysis and cognitive behavioural therapy in adult mental health services, Bateman (2000) argues that experienced clinicians across the therapy divides are already using their 'brand-named' therapies in a flexible manner, bringing in elements of theory and technique borrowed from other approaches. In their recent review of outcome research, Fonagy *et al*. (2002) confirm the trend towards integration between the different treatment orientations in child mental health and suggest that it may in fact become increasingly difficult to distinguish psychosocial treatment approaches in future reviews (p. 397). On a more personal level, the systemic writer Speed touches on similar integrative themes in describing the change in her work style that resulted from a move into private practice where she received more individual and couple referrals and where there was less pressure to offer brief interventions: 'In response to these changes, I have found myself using regular systemic ways of working alongside ways that can be loosely identified as deriving from object relations psychotherapy' (1999: 131–132). What might be a suitable training context for this integrative style of working to which Speed refers? Might it also work the other way round, that is, use of regular psychodynamic ways of working alongside ways that could be identified loosely as deriving from systemic psychotherapy, to paraphrase Speed? My own answer is yes, and I believe this integrative thinking and practice belongs to a space between the therapies that needs to be recognized as an important component of psychotherapy training.

Many people, possibly the majority of those who access psychoanalytically informed/psychodynamic therapy, will do so on a 'non-intensive' basis of once-weekly sessions. This is a good example of psychoanalytically informed practice where there is great potential for bridge-building with other therapies including systemic therapy. My own experience of undertaking a clinical psychodynamic training in once-weekly individual work is that little attention was paid to ideas around integrative practice. Much of the psychoanalytic literature that informed our training was drawn from a model of intensive four- or five-times-weekly psychoanalysis, yet it is questionable whether this way of working translates seamlessly into a model where people are seen less frequently and the transference relationship is therefore often more diluted. An introduction to systemic thinking and practice was included but not as something we might be able to adapt or use ourselves. Rather, the purpose seemed to be one of underlining

difference so that we might know when to refer for family therapy. Later when I undertook clinical training in systemic therapy my impression was of considerable hesitation in exploring what psychoanalysis might have to offer, and it seems to me that the voices of Flaskas, Larner and others who might be described as representing a more integrative stance – even if that is not how they would choose to represent themselves – have yet to permeate systemic clinical training to any great extent. On the other hand, it is also my experience that there is a sizeable group within the systemic field who are deeply interested in psychoanalytic thinking and ways of working and, as Pocock (1997) suggests, there may well be a correlation here with personal experience of psychoanalysis or psychoanalytic therapy. Given the current social construction of the therapeutic field and training, perhaps it is not only families but also therapists who are being forced to 'choose'. Conversely it may be argued that it is unreasonable to expect specialist training to foster a generic/integrative ethos, and perhaps what I am drawing attention to here belongs more to the realm of lifelong professional learning and uncertainty. None the less, my experience of psychotherapy training leaves me with a sense that the gap between the therapies is problematic insofar as difference becomes disproportionately emphasized and attention deflected from areas of commonality. My concern is that this may restrict the therapeutic choices for some families and make it harder for them to access integrative forms of help that might reflect something of the range of contemporary therapeutic expertise relevant to their difficulties.

Case study B

Ms B is a single parent with two children. The younger child has been attending a nursery in a therapeutic setting and is about to start school. The older child, aged 7, attends our clinic for individual psychoanalytic child therapy. She has now settled into school following an earlier period that was seriously disrupted because of her mother's distrust of the several schools and nurseries in which she enrolled her child. Ms B has a history of mental health difficulties and there is a complex professional network that includes the community psychiatry service and a psychiatric day hospital, and social services are also involved from time to time due to concerns about the children.

The purpose of our weekly meetings is to offer therapeutic help to Ms B with parenting issues and to support her child's therapy. She has declined offers of therapy for herself but seems to find it more acceptable to receive help that is

located in the context of a child and family clinical setting. She rarely misses appointments and, in her own way, is very engaged with our work. However, it is an engagement that is often silent, rather sullen and sometimes overtly hostile. The world she speaks of is filled with secrets, distrust and people who let her down. She rarely allows much by way of exploration of her own childhood and seems to view such talk as irrelevant to her current difficulties, although she has acknowledged that her school life was traumatic.

This is a case where a strong and overtly negative transference dynamic is evident. However, it is not a situation that lends itself easily to interpretation of the transference and I use this technique sparingly, first because I have neither agency nor client permission to offer individual therapy to Ms B but also because she often seems to have great difficulty engaging with this way of working and responds blankly. My impression is that her way of being with me is not that different from how she is with other people in her life, but it is difficult for her to stand back from the immediacy of the situation in order to reflect on what might be happening. From a psychoanalytic perspective she might benefit from more frequent contact to create a context where explicit technical use of the transference could be experienced as more meaningful. However, this is not the situation we have here. Occasionally I will make reference to our relationship when I judge it likely that she may be more receptive. Here I would agree with Flaskas (1996) that situations where an impasse seems to be developing in the work are flashpoints for thinking about transference issues, even in work that is not explicitly psychoanalytic in orientation. I might, for example, link a holiday break from our work with feelings of anger and of being let down by me when she is perhaps talking about not coming back. Over time it is possible that her receptiveness to this kind of intervention will increase and she might even become sufficiently interested in her inner world to consider individual therapy. This is hard to predict, and questionable whether it is indicated given the external demands of her situation, and in any case it is not the primary objective of our work.

It is a clinical situation where I often find myself drawing on systemic technique to keep alive a sense of curiosity and to engage in a therapeutic conversation with – in this case – a tacitum and distrustful client. One marked feature of the case is her highly enmeshed relationship with her older child, and in our meetings she will become deeply preoccupied and overwhelmed around such themes as 'my child gets bullied all the time' or 'my child and I have a terrible relationship'. Thinking about the systemic configuration of the family is helpful, for example, in reinforcing the discipline of keeping the second child in mind. I often draw on circular questioning (Penn, 1982; Brown, 1997) or reflexive questioning (Tomm, 1987b) to loosen up the rather fixed ruminative

thinking which pervades meetings, and to disperse attention throughout the system. Most obviously I might use reflexive, 'mind-reading'-type questions that focus my client's attention more specifically on her second, rather forgotten child and encourage her into the observer position, as in 'What do you think she made of it when …?' This is slow, painstaking, sometimes repetitive work in which I am largely helping my client to think and in particular to think less rigidly, more creatively and expansively about her own mental states including her beliefs, her feelings and so on, as well as those of her children, and to think also about the links between them. I do so within the framework of the transference/countertransference, which I keep in mind and occasionally interpret usually when it seems that this might help preserve her engagement with the therapy. It is a piece of clinical work that to my mind unfolds in generic space between systemic and psychoanalytic approaches and where I consider it more productive to think about integrative ways of working rather than ways that accentuate difference.

Interestingly, Brodie and Wright suggest a similarity between the systemic idea of 'reflexivity' elaborated notably by Tomm (1987a; 1987b) and the psychoanalytic concept of 'reflective functioning' (Fonagy *et al*., 1991, 1993, 1994; Fonagy and Target, 1996). They note Tomm's understanding of 'reflexivity' as a space within which individuals can engage in activities that generate an awareness of process in which they are simultaneously performers and audience to their own performance. Here they see similarities with the psychoanalytic idea of 'reflective function' which draws attention to our human capacity to 'mentalize' or reflect on our own and others' mental states including feelings, beliefs, intentions, desires and so on. This psychoanalytic concept has emerged from a theoretical and clinical context of making sense of the difficulties of those not usually amenable to a traditional psychoanalytic insight-orientated approach, those who might have been described as 'unpsychologically minded' or 'concrete', for whom significant areas of mental functioning seem inhibited or undeveloped, people who may in some instances receive a diagnosis of narcissistic or borderline personality disorder. For those presenting with difficulties on this spectrum, the concept of 'reflective functioning' highlights the clinical priority of engaging and encouraging their capacity to 'mentalize' or reflect on their own and other people's mental states. Here the therapeutic strategies recommended are strikingly similar to those of a systemic practitioner, for example, the emphasis on differentiating feelings, breaking down unmanageable experiences into simpler, more manageable entities, helping the

development of an 'as if' attitude where ideas can be thought about as ideas rather than reality and so on. I raise this subject because of its resonance for the presenting difficulties in Case study B described above. Recognition of some common ground between 'reflexivity' and 'reflective functioning' need not negate their differences but it does draw attention to some of our shared therapeutic objectives across the various therapy divides, in this instance helping someone to expand their thinking processes about themselves and others. Perhaps in recognizing this essential commonality in our work we might also feel less daunted by our differences and more interested in what we can learn from each other.

Common ground between psychoanalytic and systemic technical concerns

Within the psychoanalytic field a key technical concern now revolves around ways of working analytically with people not readily amenable to a traditional psychoanalytic interpretive approach and it is from within this context that the concept of 'reflective functioning' has emerged. I refer to this debate about psychoanalytic technique primarily to underline that it is an altogether more complex and evolving affair than Brodie and Wright's paper taken in isolation might suggest. It is also the case that within this field there are different shades of opinion on the status of interventions that might be seen to deviate from traditional psychoanalytic interpretive work. Child and adult analysts at the Anna Freud Centre, for example, have written extensively about the 'developmental help' or 'developmental therapy' component of analytic work with some children and adults (e.g. Fonagy and Target, 1996; Hurry, 1998; Edgcumbe, 2000). Within this developmental perspective a distinction is sometimes drawn between the role of the analyst as transference object and as new/developmental object. The significance of this distinction is that it allows for recognition of the therapeutic potential in the analyst's role as a developmental object acting *differently* from the original developmental object being sought in the transference. An example of the latter is in Flaskas' case material which Brodie and Wright discuss, where the mother was given up to care by her own parents. Flaskas links this with her countertransference feeling of wanting to get rid of the case quickly. This brings us to a key point concerning Brodie and Wright's critique, namely the claim they seem to be making that

Flaskas' response amounts to a 'corrective emotional experience'. They write:

> The therapist is aware of both a sense of fear and a wish to prematurely terminate treatment. However, what happens is the strengthening of an attachment in the work and the offer of an open-ended contract. What is not clear, which, as psychoanalytic family therapists we would be interested in, are the attempts to process, symbolise or work through the internal dynamics in this sequence.
>
> (Brodie and Wright, 2002:210)

They are particularly concerned that the hostility which Flaskas picked up in the transference was not addressed:

> Using a psychoanalytic approach, we would have been more curious about these negative feelings and how to address them in the context of the therapeutic encounter. In Flaskas' account, feelings appear defensively split with the hostility located outside of the relationship, while more nurturing ones define her contact with the family.
>
> (Ibid.)

Within psychoanalytic discourse 'corrective emotional experience' is a term with a rather pejorative connotation. Its use in a dialogue across therapeutic discourses strikes me as provocative and unhelpful. What is more problematic however is that Brodie and Wright's discussion masks a rich and complex technical debate within psychoanalytic discourse about the role and status of non-interpretive aspects of analytic work (e.g. Winnicott, 1965; Balint, 1968; Baker, 1993; Chused, 1996). This includes a distinction between 'corrective emotional experience' and 'corrective analytic experience'. Central to this distinction is the emphasis placed on the spontaneity of the analytic encounter that is contrasted with ideas of rehearsal or role-play associated with corrective emotional experience. The analyst as new object as well as transference object is integral to the conceptualization of a corrective *analytic* experience. Analysts writing from this perspective are generally anxious not to devalue the importance of interpretive work but they embrace a much broader account of the technical unfolding of analysis:

> Ideally a psychoanalyst should have a relaxed, stable and undriven awareness of what a corrective *analytic* experience is….The patient would then be protected against the poorly-judged or badly-timed interpretation, the too-clever interpretation or the correct interpretation given too early or without empathy, which, as we all know can be deeply

> traumatising. This is the very opposite of active technique and is quite different to the provision of a corrective emotional experience, but it is a reflection of empathic listening…when correct transference interpretations and reconstructions are eventually given, the patient will have enough of a relationship with the analyst as a new object to be able to work analytically and transferentially with him.
>
> (Baker, 1993: 1230–1231)

Some empirical studies in the psychoanalytic field seem to lend support to this broader view of the analytic process. Summarizing these findings, Weiss (1995:26) writes:

> the patient benefits not just from interpretation but, equally important, from his relationship to the analyst. Indeed the patient may achieve a great deal without benefit of interpretation if the analyst, by his approach passes the patient's tests. Our research supports the idea that the patient benefits from a particular kind of corrective emotional experience, namely the experience that the patient himself unconsciously is seeking by his testing of the analyst.

This is a complex debate about psychoanalytic technique to which I cannot hope to do justice here, nor is it my aim. My overriding point is that whether or not one agrees with the above strands of psychoanalytic thinking, Flaskas' intervention may have more in common with them than Brodie and Wright allow for. In that sense their particular delineation of the difference between a psychoanalytic and a systemic approach using Flaskas' material breaks down. For example, by not getting rid of the family one could say that Flaskas 'passed the test'. She disproved the unconscious expectation of being got rid of that was brought into the work. One might argue further that her work style, as she describes it, represents a particular way of working in the transference not altogether different from that used by psychoanalysts or psychoanalytic therapists working with patients variously described as 'not ready for interpretations' of unconscious content (Klein, 1990) or for whom such interpretations seem developmentally inappropriate. Flaskas (2002:229) herself offers the following helpful description of her style:

> I use my reflection about my countertransference first and foremost as a way of containing myself and holding open my own capacity to think and reflect and I would leave open the question of whether this thinking may or may not be helpful and meaningful to the family.

It is important to bear in mind that systemic technique evolved historically in a context where therapists were often trying to engage and help people not motivated primarily by an interest in interpretation of intrapsychic processes (Crowther, 1988). This to my mind is part of the strength and richness of the systemic therapeutic legacy. In cross-therapy dialogue it is pointless to discuss alternative theoretical formulations of clinical material unless there is complementary technical discussion of *how* this might be worked with. As psychoanalytic technique evolves and extends its range it moves closer to shared concerns and challenges with other therapies including systemic therapy. Arguably this holds great potential for creative engagement across the therapy divide and for integrative development in the space between. In discussing one of their cases, Brodie and Wright talk about the importance of holding a 'firm third position' about what the problem was and finding a way to talk to the family about it that is 'helpful' and 'non-persecutory'. They do not say much about how this was achieved from a technical perspective. A reflecting team conversation in the presence of the family might be one possibility, and I do not see any fundamental incompatibility here between a systemic and psychoanalytic stance. If the family find it too persecutory then the chances are it may not be all that helpful and it is better to try something else. On the other hand, an intervention that encompasses different shades of opinion, perspectives, feeling and so on that is presented to the family in the shape of a spontaneous evolving conversation between two or more therapists can be a powerful and moving experience for the family: an opportunity for them to witness and observe 'thinking in the making' about things that may be painful and hard for them to think about. Looking through their lens of difference, Brodie and Wright seem in danger of missing the potential complementarity between systemic and psychoanalytic practice. I would argue that the systemic practice of reflecting team conversations (Andersen, 1987, 1990) can be an invaluable means of opening up and shaping an interpretation of the transference, and one that is particularly suited to complex multifaceted transference situations (such as Case study A, discussed above) in family therapy. Here the priority is one of finding effective ways to communicate that families might find helpful and meaningful. It is surely a missed opportunity if we allow ourselves to be deflected from a debate about our shared methodological challenges by the glare of our ideologically charged differences.

Summary

The context for this paper has been the systemic/psychoanalytic debate of recent years. In it I have made a case for greater attention to the generic/integrative component of child and family therapy. Here it could be argued that I am saying nothing new or even noteworthy in practice terms. In a sense this would be a welcome criticism to the extent of confirming that we are probably more generic in the privacy of our practice than in the publicity of our theory. There is, I suspect, something of a disjuncture between the rather exciting certainty of a theoretical discourse organized around oppositionality between the therapies versus the ordinary practice-based uncertainty of our search for a way of working that 'fits' with a family's particular circumstances and therapeutic needs. It is the latter perspective that I have tried to convey in the case material discussed.

My argument is not with therapeutic specialism, which would clearly be absurd. However, I have wanted to give voice to the generic aspect of therapeutic practice and to make a case for its development and recognition in psychotherapy training. Cultivation of the generic ethos could potentially increase the therapeutic choices and range of interventions available to families and make the process of offering particular therapies more transparent. Finally, I have wanted to emphasize the complex dialectical interplay of specialism and genericism in our work, of commonality and difference and of certainty and uncertainty. Perhaps the greatest challenge for all of us across the various therapy divides is to hold on to our sense of valuing what we can offer while all the time engaging with the uncertainty that comes from recognizing its limitation.

Acknowledgements

I would like to acknowledge the helpful comments of David Campbell, Julia Fabricius and Paul Tibbles on an earlier draft of this paper.

References

Andersen, T. (1987) The reflecting team: dialogue and metadialogue in clinical work. *Family Process,* **26**: 415–428.

Andersen, T. (ed.) (1990) *The Reflecting Team: Dialogues and Dialogues about the Dialogues*. Broadstairs: Borgmann.

Aron, L. A. (1996) *A Meeting of Minds: Mutuality and Psychoanalysis*. Hillsdale, NJ: Analytic Press.
Baker, R. (1993) The patient's discovery of the analyst as a new object. *International Journal of Psychoanalysis,* **74**: 1223–1231.
Balint, M. (1968) *The Basic Fault*. London: Tavistock.
Bateman, A. (2000) Integration in psychotherapy: an evolving reality in personality disorder. *British Journal of Psychotherapy,* **17**: 147–156.
Boscolo, L. and Bertrando, P. (1996) *Systemic Therapy with Individuals*. London: Karnac.
Bouchard, M. A. (1995) Specificity of hermeneutics in psychoanalysis. *The International Journal of Psychoanalysis,* **76**: 533–545.
Brodie, F. and Wright, J. (2002) Minding the gap not bridging the gap: family therapy from a psychoanalytic perspective. *Journal of Family Therapy,* **24**: 205–221.
Brown, J. (1997) Circular questioning: an introductory guide. *Australian and New Zealand Journal of Family Therapy,* **18**: 109–114.
Carr, A. (2000) Evidence-based practice in family therapy and systemic consultation 1. *Journal of Family Therapy,* **22**: 29–60.
Casement, P. (1985) *On Learning from the Patient*. London: Tavistock.
Casement, P. (1990) *Further Learning from the Patient*. London: Karnac.
Chused, J. (1996) The therapeutic action of psychoanalysis: abstinence and informative experiences. *Journal of the American Psychoanalytic Association,* **44**: 1047–1071.
Crowther, C. (1988) A psychoanalytic perspective on family therapy. In G. Pearson, J. Treseder and M. Yelloly (eds) *Social Work and the Legacy of Freud*. London: Macmillan.
Edgcumbe, E. (2000) *Anna Freud: A View of Development, Disturbance and Therapeutic Techniques*. London: Routledge.
Eisler, I. (2002) Comment – The scientific practitioner and family therapy: a way forward, a strait-jacket or a distraction? *Journal of Family Therapy,* **24**: 125–133.
Flaskas, C. (1996) Understanding the therapeutic relationship: using psychoanalytic ideas in the systemic context. In C. Flaskas and A. Perlesz, (eds) *The Therapeutic Relationship in Systemic Therapy*. London: Karnac.
Flaskas, C. (1997) Engagement and the therapeutic relationship in systemic therapy. *Journal of Family Therapy,* **19**: 263–282.
Flaskas, C. (2002) Comment – Border crossing and the integrity of frameworks. *Journal of Family Therapy,* **24**: 222–231.
Flaskas, C. and Perlesz, A. (eds) (1996) *The Therapeutic Relationship in Systemic Therapy*. London: Karnac.
Fonagy, P. and Target, M. (1996) Playing with reality: 1. Theory of mind and the normal development of psychic reality. *International Journal of Psychoanalyis,* **77**: 217–233.
Fonagy, P., Steele, H., Moran, G., Steele, M. and Higgit, A. (1991) The capacity for understanding mental states: the reflective self in parent and child and its significance for security of attachment. *Infant Mental Health Journal,* **13**: 200–217.
Fonagy, P., Moran, G., Edgcumbe, R., Kennedy, H. and Target, M. (1993) The roles of mental representations and mental processes in therapeutic action. *Psychoanalytic Study of the Child,* **48**: 9–48.

Fonagy, P., Steele, M., Steele, H., Higgitt, A. and Target, M. (1994) The theory and practice of resilience. *Journal of Child Psychology and Psychiatry and Allied Disciplines,* **35**: 231–257.

Fonagy, P., Target, M., Cottrell, D., Phillips, D. and Kurtz, Z. (2002) *What Works for Whom? A Critical Review of Treatments for Children and Adolescents.* New York and London: Guilford Press.

Foucault, M. (1972) *The Archaeology of Knowledge*. London: Tavistock.

Gabbard, G. (1997) A reconsideration of objectivity in the analyst. *International Journal of Psychoanalysis,* **78**: 5–25.

Gadamer, H-G. (1981) *Truth and Method*. London: Sheed and Ward.

Gill, M. M. (1994) *Psychoanalysis in Transition: A Personal View.* Hillsdale, NJ: Analytic Press.

Goldberg, A. (1994) Farewell to the objective analyst. *International Journal of Psychoanalysis,* **75**: 21–30.

Hoffman, I. Z. (1991) Discussion: toward a social constructivist view of the psychoanalytic situation. *Psychoanalytical Dialogues,* **1**: 74–105.

Hoffman, I. Z. (1992) Some practical implications of a social constructivist view of the psychoanalytic situation. *Psychoanalytical Dialogues,* **2**: 287–304.

Holland, N. N. (1983) Post-modern psychoanalysis. In I. Hassan and S. Hassan (eds) *Innovation/Renovation: New Perspectives in the Humanities*. Madison, WI: University of Wisconsin Press.

Holmes, J. (1985) Family and individual therapy: comparisons and contrasts. *British Journal of Psychiatry,* **147**: 668–676.

Hurry, A. (ed.) (1998) *Psychoanalysis and Developmental Therapy.* London: Karnac.

Klein, J. (1990) Patients who are not ready for interpretations. *British Journal of Psychotherapy,* **7**: 38–49.

Kohon, G. (ed.) (1986) *The Independent Tradition*. London: Free Association Books.

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

Leary, K. (1994) Psychoanalytic 'problems' and post-modern 'solutions'. *Psychoanalytic Quarterly,* **63**: 433–465.

McFadyen, A. (1997) *Rapprochement* in sight? Postmodern family therapy and psychoanalysis. *Journal of Family Therapy,* **19**: 241–262.

McNamee, S. and Gergen, K. J. (eds) (1992) *Therapy as Social Construction.* London: Sage.

Natterson, J. (1991) *Beyond Countertransference: The Therapist's Subjectivity in the Therapeutic Process*. Northvale, NJ: Jason Aronson.

Ogden, T. H. (1979) On projective identification. *International Journal of Psychoanalysis,* **60**: 357–373.

Penn. P. (1982) Circular questioning. *Family Process,* **21**: 267–280.

Pocock, D. (1997) Feeling understood in family therapy. *Journal of Family Therapy,* **19**: 283–302.

Renik, O. (1993) Analytic interaction: conceptualising technique in light of the analyst's irreducible subjectivity. *Psychoanalytic Quarterly,* **65**: 553–571.

Ricoeur, P. (1981) *Hermeneutics and the Human Sciences,* ed. and trans. J.B. Thompson. Cambridge: Cambridge University Press.

Sandler, J. (ed.) (1987) *Projection, Identification, Projective Identification*. London: Karnac.

Sandler, J., Dare, C., Holder, A. and Dreher, A. (1992) *The Patient and the Analyst*. London: Karnac.

Shotter, J. and Gergen, K. J. (eds) (1989) *Texts of Identity*. London: Sage.

Speed, B. (1999) Individuals in context and context in individuals. *Australian and New Zealand Journal of Family Therapy,* **20**: 131–138.

Target, M. and Fonagy, P. (1996) The psychological treatment of child and adolescent psychiatric disorders. In A. Roth and P. Fonagy (eds) *What Works For Whom? A Critical Review of Psychotherapy Research*. London : Guilford Press.

Tomm, K. (1987a) Interventive interviewing: Part 1. Strategizing as a fourth guidline for the therapist. *Family Process,* **26**: 3–13.

Tomm, K. (1987b) Interventive interviewing: Part 11. Reflexive questioning as a means to enable self-healing. *Family Process,* **26**: 167–183.

Weiss, J. (1995) Empirical studies of psychoanalytic process. In T. Shapiro and R. Emde (eds) *Research in Psychoanalysis: Process, Development, Outcome*. Madison, CT: International Universities Press.

Winnicott, D. W. (1965) *The Maturational Processes and the Facilitating Environment*. London: Hogarth Press.