Conversations with Inspiring Voices: 
An Interview with Maurizio Andolfi ¹

Kyriaki Polychroni

Kyriaki Polychroni (KP): I want to start off, Maurizio by asking you about how you first got interested in Family Therapy – if you could share a little of your personal history with us.

Maurizio Andolfi (MA): My beginning was in 1968 when I started my residency in Child Psychiatry in Rome. I actually started ‘against’ the system because I was not supposed to see families in the child psychiatry department – I was supposed to do ‘play therapy’ with children, alone. So, that was my first marginalisation because I started to play with mothers and children and I invited fathers and children then I invited siblings. And then, I was kicked out of the department – I left and after a few years I returned and started teaching at the Department of Clinical Psychology.

KP: Oh, you were kicked out!?

MA: Yes, because of that. But during that period before being kicked out – during my residency – I had been seeing, in a very clandestine way, families in my office by myself and with a colleague. At that time, I had an encounter in Rome with Mara Selvini Palazzoli. She came to the child psychiatry department in Rome, to talk about anorexia. She was very alive. She was for me a confirmation of my ideas about not seeing kids alone.

Then, in March 1970, I went to New York for a month. I was in interaction for a few weeks with Nathan Ackerman – this was my very first encounter with Family Therapy.

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In 1999, M. Andolfi was awarded by the American Association for Marriage and Family Therapy (AAMFT) for his special contribution in couple and family therapy.
I afterwards came back here to Rome where I was part of a group that started to do family therapy in a very pioneering way, with Luigi Cancrini, among others.

KP: So, you worked in family therapy with Cancrini at the beginning.

MA: Cancrini was the initiator. Actually, I was invited as the only child psychiatrist in the group; so the group was very much Cancrini’s ‘family and friends’. I was an ‘outsider’, because I was starting from children – they were all from adult psychiatry. I worked with them for 4 years. Then we had the first split - they were ready to teach - I was ready to learn.

So I moved to the United States to find my teachers, to find my way. I lived in New York for just over two years. I was in a program of Social Community Psychiatry, a fantastic research project.

KP: That was when?

MA: From 1972 to 1974, the same years Mony Elkaim was there.

KP: Is that when you first met Mony?

MA: Yes, we were in the same program, even though we had been working with different experiences.

I worked like mad; it was 2 years but it could have been 15 years because I was working full time, and was involved in many other activities. I was also in psychoanalysis at the Karen Horney Clinic.

KP: You were at the same time in psychoanalysis?

MA: Yes, which I continued back in my country.

I was also engaged in a family study section in the Bronx. It was a very active group at that time under the sponsorship of Israel Zwerling – he was the Dean. We later wrote a book together called Dimensions of Family Therapy, now an old book. Israel was a real Social Psychiatrist - he was in Family Therapy and very much socially oriented. So, that was very important; I worked in the South Bronx at a school that treated delinquent kids. I also was associated with the Ackerman Institute, with Kitty La Perriere and Peggy Papp and I traveled once a week to the Child Guidance Clinic in Philadelphia to work with Sal Minuchin and Jay Haley. So, that was my beginning – my real beginning.

KP: This sounds like such an exciting beginning!

MA: Very exciting, very plenty. I was also going to Washington to Murray Bowen, so I was collecting ideas from many different sources. Clinically speaking, the most influential one was the Child Guidance Clinic.
KP: You would say that that was your main influence?

MA: Yes, in terms of clinical work, in terms of training. In New York, you know, it was called the Child ‘Obedience’ Clinic. Because the Ackerman Institute was completely different - very friendly, very person-oriented, a lot of work on yourself, a lot of good feeling group work. It was a very nice period. But that was more in terms of the group training. I also saw families there. The impact was more, though, on my personal formation. I suspect all that attention to personal formation is gone now.

KP: When you say personal formation...?

MA: At that time there was a lot of sculpting, a lot of family genogram, a lot of group process in our training. At the Bronx, too. Now, for us, today this is normal, but at that time this idea really went against the system especially since many psychiatrists were involved in these programs too.

KP: It was pioneering.

MA: Yes. I think the South Bronx experience was one of the most enriching for me, in terms of systemic ideas, because I worked with children in the Elementary school, pre-delinquent kids in Junior High school, with the teachers, with the family, and the neighbours. Back then, there were trained paraprofessionals involved in this work, who today we might call ‘cultural mediators’. Then, they were trained paraprofessionals. I had a black paraprofessional working on this project with me. She was fantastic because she was the bridge that helped me with the local culture. So, that was my starting point.

KP: Would you say then, that you were not just a family therapist in the room? Rather that, from the beginning, you were being trained in social, community work?

MA: Yes. Actually family therapy was not in the room. Because, for example, I was working on a team, called the Crisis Intervention Team, going every Tuesday and Friday to the worst area of the South Bronx for crises, meaning that the psychiatrist and social worker would go to this area and would have to work with any sort of crises – people there were stabbing members of the family.

KP: You would go to the home?

MA: Yes, we did home visiting – crisis intervention. So, there was pretty much no office work. There were some, but most of us were in the community - in homes, in the mental health centre, in the community which was pretty much no more than small homes in a ghetto area.
KP: Yeah. This must have influenced the way you see and experience working with families?

MA: Not only that, but it shaped my ideas about what family therapy is for. Some ideas about family therapy were so much socially oriented because everything was organized in that way. And I never changed these ideas. Other people changed, I always kept these ideas.

KP: The social aspects…

MA: The social aspects of family therapy. Plus, not only doing family therapy with the family, but to look at the family and the school, the neighbourhood. To look at different sources - at problems and resources.

KP: To look at the problems holistically, searching for the resources.

MA: Yes, exactly – to see the broader problems and search for the resources. That was, I think, the best period for Family Therapy in the US - the 1970s and 1980s. But then, Israel Zwerling was my mentor…

KP: You consider him your mentor?

MA: Oh yeah, actually without him I wouldn’t be here, meaning that he really kept me in this program. Plus, I learned from him. He was not really known as a Family Therapist, even though he’d been practicing Family Therapy. But he was a fantastic Social Psychiatrist. He was very dedicated to poverty, psychotics, prisoners... He always worked in the very hard areas. Then, he moved to Hahnemann College in Philadelphia where he was the Dean of Psychiatry and, for about 10-12 years, I was a visiting professor there – for 1-3 months a year. And the context in which I taught there was really special - the city of Philadelphia had a contract with the University of Philadelphia, so the teaching for residents in psychiatry was done in very disorganized mental health community centres. But there, I taught the students ‘on the spot’ - I didn’t teach them ‘in the University’. So, that was fantastic. I kept this kind of connection for many years coming back.

KP: I’ll ask you more about the social aspects and how you think that changed over the years, but I just want to stay on the historical aspects a little bit more. You described by what you were influenced at the beginning of your development, by your mentor...but you were also trained by others, for example Sal Minuchin, you had experience with Jay…

MA: I observed a great number of family sessions conducted by Sal Minuchin behind the one-way mirror and I learned a lot about his way at looking at families and working with them. At that time the Child Guidance Clinic was a small three-floor house on Bainbridge street in the middle of the dangerous ghetto area in Philadelphia. In the same time, I had
direct supervision with Jay Haley for 6 months on a black family with an encopretic child - I reported this case in my very first book called *Family Therapy-An Interactional Approach.*

KP: You also had experience with Carl Whitaker...

MA: Whitaker came a little later. I met Whitaker in the early 1970s in New York, on Long Island; I didn’t like him. I didn’t like him physically, I didn’t like his arrogant provocative way – I was not ‘ready’. Then Whitaker came to Rome some years later, in 1979 when he went to work with Camillo Loriedo and their crew. So, I volunteered to be Carl’s translator; I translated for him with a psychotic family and our ‘love affair’ started. It was our first encounter and after that I was connected with him for 15 years. Going over often to see him, staying in his home in Madison, working with him all day long and conducting many workshops with him in different parts of the world, Brussels, Rome, Lisbon, Chicago, Miami, even in South-Africa!

KP: I’m sure you must remember many stories about these pioneers in our field. From your experience with them, can you share with us something that touched you?

MA: Yes, sure, with Minuchin the story was ‘try harder’: I met him in New York at the end of a workshop he was running together with Virginia Satir. This was at the beginning of my years in New York. I was very formal at that time, I went to Sal and very properly I said, “Dr. Minuchin, before I go back to my country, I would like to come to Philadelphia and learn from you.” He said, “Write a letter”.

KP: Write a letter?

MA: I wrote a letter – no answer. After one month I wrote a second letter – no answer. Then any normal person would have given up. I wrote a third letter - then he answered, he gave me an appointment on the 10th of September, 9am, 3rd room. So, that’s a story to tell – that with Minuchin the only way to really get something was by insisting. Then he’d open up. This is one kind of story; I have so many stories…

With Whitaker the story was mostly working all day long, not discussing anything about the sessions. He wouldn’t discuss his work because he did not believe in reflecting on experiences and talking theories. So, then the only thing you could do together was canoeing - at the end of the long day we would go canoeing. And he loved that. So it was a very silent sort of social encounter with him. On the contrary, his wife, of Swiss origin, was very warm, very elegant, with all this kind of silver plates, she was a pianist... So, she was like a ‘counter partner’.
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I remember once, when he had not yet written a book by himself, he started writing something - it was the beginning of Midnight Musings. But, it was very disorganized, so the editor said, “You know it’s impossible to write a book with you”! Because it really was so disorganized and he was also still using handwriting. So, one time when we were at his home which was nearby a lake, his papers fell in the water. And I asked him what should we do now and he said, “Oh, it doesn’t matter; it just means I don’t have to write a book anymore”. So, this was his attitude towards things. In many ways he was a very withdrawn person, a little autistic, not so easy to communicate with, but very deep and altruistic.

KP: But when he worked he was not autistic?

MA: Not in his work. He always told me by giving me the example of an apple “If you want to go deep, you have to cut a very small piece. You cannot go very deep if you cut a big piece”. This was his metaphor. So, in his work he always tried to intrude in people, inside, and sometimes they were very scared. So, they wouldn’t stay. And he wouldn’t give a damn in that sense, he was not really encouraging people to come back to him, he would always put a lot of responsibility on them to make a decision. Like, for example, in the first meeting he worked with a family ‘shaking them’. And then he would never suggest to them to return. So, people would be at the door, ready to leave, and they would say, “What are we going to do Doctor with you?” He’d say, “It’s up to you! You want to come back? No?” So, then, if they would say, “Yes, we want to come back” he would reply, “Come back next Monday at 10”. Also, he would never write the names of the families in his appointment book, he would only put a series of crosses – 9am, 10am, cross.

KP: That’s all?

MA: Yes. And I’d ask, “Carl, you don’t write names, what for? How do you remember?” And he’d say, “I don’t need to remember, when they knock on the door I know who they are”. This was his way. Totally the opposite of Minuchin. Sal would rather die than see that the family wouldn’t change, wouldn’t make progress. He would put it on himself to change them. So, they were two opposite polarities, with a big distance one from the other. For me it was great to have fundamental learning experiences of creativity and irrationality from one and very much structure and family re-organization from the other.

KP: Do you feel you have any influence from Bowen at all?

MA: Of course, a lot. At that time when I was living in the States everybody in Family Therapy was very much influenced by Bowen, going back home
to visit with the old folks; going here and there with their suitcase. During that period, he was the most influential pioneer in Family Therapy in the field. Everybody in the ‘70s, ‘80s was doing this kind of reconnection work with his/her family of origin. So, I was very much influenced by him, by his ideas. I was not, though, very impressed by his Institute or the people there...who were very dependent on his charisma!

KP: Did you agree with his concept of differentiation?

MA: Absolutely. I still today use and teach some of his basic ideas on differentiation of Self from one’s family of origin. I appreciate it a lot. I found that Bowen, Framo and Nagy were important in terms of theory. They were at Penn University together, at the Pennsylvania Institute and were really sharing very interesting ideas. They came from a psychodynamic more than from a systemic background, and placed a lot of attention on the individual, which was very much denied by others, such as the group at Palo Alto. So, I think I enjoyed this part.

KP: So, would you say that you focus on the individual, not only for the sake of differentiation, but that you are also very much interested in the individual’s involvement with the family, with belongingness and with interdependency.

MA: Absolutely. They also were very much interested in the individual in the context of family. First, one must see *who* the individual *is*, second *how* to work with the individual and, then, how to look at the child, adolescent, adult, etc through his/her main connections. For this reason I always say that, “the best individual therapy is family therapy!” So, in many ways I always work connecting the present - the horizontal level - with the people’s history - the vertical dimension. The vertical dimension was lacking in the systemic theories of the people at the Mental Research Institute in California.

KP: Can you elaborate a little on that?

MA: Yes. If you think, starting from the classic book, *Pragmatics of Human Communication*, this whole work tells you about how the system functions, how you look for totality, for verbal and non-verbal language, context - fantastic concepts! But, then you have to look at these in which way? Only in the ‘now/here’, or the ‘now/here in relation to your history’? When you go to your history, then you inevitably move towards incorporating development, which we might view as psychodynamic ideas. Although, I would never be able to integrate systemic work with Freudian ideas about the individual. Whereas, my Neo-Freudian, Karen Horney psychoanalytic training was very compatible because it expanded
the perspective of the individual to include family dynamics and social and cultural dimensions.

KP: So, this was compatible with your systemic training.

MA: Yes, actually when Minuchin came to Rome during the International Conference on ‘The Pioneers of Family Therapy’ in 2000, he wrote a little patchwork of the different Family Therapy orientations, making a distinction between warm and cold approaches in family therapy, according to the therapist’s position in the process of therapy. And under what he defined as ‘warm therapists’, the precursors of Family Therapy were Erich Fromm, Karen Horney, and Harry Stack Sullivan. So, in many ways I felt that I had this kind of imprinting from the beginning. Then, of course, I feel I am very systemic when I work at the horizontal level and I’m developmental when I cross over to the vertical dimension, but I keep both levels in my head all the time.

KP: The crossing of the dimensions.

MA: Yes, and in many ways Mara Selvini Palazzoli said the same thing - I don’t know if it was before or after Psychotic Games – when she wrote about going ‘beyond systems theory’. That means systems theory is not enough to explain everything. And then she moved to three generations herself. When you move to three generations, systemic theory doesn’t tell you everything. It is important, but it doesn’t explain very much. Then, of course, it depends on which systems theory you believe. Myself, I always felt from the beginning that the intergenerational family processes were very important. Bowen, on the other hand, invented and described his so-called ‘General Systems Theory’, very different from the classic Palo Alto Systems Theory, and emphasized the concept of self-differentiation. Furthermore, at the MRI, where I was invited a few times when Carlos Sluzki was there as Director, it was difficult to include the family as a whole in their approach. But, still, historically Palo Alto has been the starting point.

KP: The Mecca.

MA: Yes, the Mecca. Then it’s strange because, as they believe information is not reality, they rarely worked with a real family. I, on the other hand, as I said before, always felt the need to work with individuals interacting with their family.

KP: Yes, and bring the ‘hands on’. I would like us to relate this to your personal history since we are talking about intergenerational processes. What about your family of origin - were you influenced and how by three generations?
MA: I was influenced in my life because I lived with three generations. I grew up with a grandmother, a widow from the First World War. My mother was orphaned from her father from birth. So, my grandmother always lived with us. I experienced three generations living together – grandmother, mother, father and three kids.

KP: So you had three children in your family?

MA: We were three. So, everything was three generational – distorted, but three generational. My father’s family was more distant, but very relevant too. My father’s parents from his mother’s side, were noble, very rich and creative. My grandmother, Manolita, was a Basque Marquess, In the family there were several centuries connection through Spanish marriages with Swedish kings and ministers. Manolita was a famous pianist of her time and my grandfather was an Orchestra Director. They lived for music and success, very self-centered. Manolita, very talented, was an impossible primadonna till the age 94 when she died and they lost all their money on the way. A big contrast with my mother’s side, poor, little education, working class, blue collar and great family commitment. As a child, I was fascinated by such family histories and I always played easily with the combination of rich and poor, of romantic stories and tough family deprivations. So, I experienced a lot of three generational processes. That was one thing. Then, of course, you probably know, I had a psychotic brother and the emotional context in which I grew up was very irrational and often dramatic. I was a student in medical school; my brother was getting crazier and crazier. Then, when I became a resident in psychiatry, his life was very much in danger, so, I was a brother, a doctor and a psychiatrist.

KP: A brother undertaking much more…

MA: I grew up with a lot of responsibilities and, as many of us, Family Therapists, I was a ‘parental child’ trying to figure out what to do in a very painful situation. But at the same time, I discovered, an incredible resilience in my family, in the way in which my parents were trying to cope with very dramatic, complicated realities. There was a very-long-term disease that ended in a suicide, so that was a big trauma in my family. But, it was also the context in which I developed my ideas. I felt, all my life, a lot of strength through this family event. At that time though, I - as we do in real families - of course put the blame on my parents. Gradually, by growing and understanding things better, I felt that my parents were trying to do their best while being totally impotent. The times then were not like today, my brother Silvano went through all sorts of therapy – medication, electric shock, individual therapy, even a kind
of family therapy that I attended, too. So, I mean, all the modalities were used, it was very complex, the situation was emotionally unbearable: through this experience I learned the importance of accepting losses, failures in life and to go on.

That was for me probably the most important experience that brought me to focus on the family, almost to feel as on ‘a mission’ in this. And also to go against prejudices and judgments, which is so much part of our work – to try not to keep prejudices.

KP: That must have been very forceful in you.

MA: Yes. ‘Bad mothers’, ‘bad parents’, ‘bad couples’, ‘bad adolescents’… you know, this kind of thing; we simplify things by giving labels, when we don’t know what to do. These have been some of the most important family influences for me.

KP: I appreciate you sharing these personal experiences, Maurizio, and how they influenced your development – thank you. Our experiences definitely play a most crucial role in our personal and professional evolution.

If we now move more to your actual work, how would you, after all these years of working with families, outline your approach? How would you define it and how do you think it is novel in terms of other approaches?

MA: I never have an easy time putting a label on my work, or on other people’s work, I always disliked labels – structural, narrative, strategic… But anyhow, if I had to give a label…

KP: Well, not a label, just a…

MA: …some definition… Ok, ‘three-generational’ would be the most appropriate one. I try to integrate structural with developmental theories; the foundation of my work is structural - I look first for boundaries, triads, role inversions, etc. Then I try to get an intergenerational understanding of people’s present life and conflicts and I link the ‘presenting problem’ of an individual to traumas and family developmental crises like deaths, diseases, divorces, betrayals, secrets, loss of job, immigration, etc.

So, in a way it’s a ‘structural – developmental’ approach, which can be seen as three generational and one that puts the presenting problem in relation to wider problems. I never liked the idea of some colleagues that ask “if you didn’t have this problem, what would be your second problem?” This I found a little nasty.

KP: What was it that you didn’t like? Could you tell me more?
MA: I don’t like the idea of “if you didn’t have this problem, which would be your other problem?” That’s not the point. If *this* is your problem today, *this* is your problem. I want the person that undertakes this problem and the whole family, that expresses it - to also look at their history. Very often when working with adolescents who have attempted suicide, who are violent etc, I ask information about their family history in the session and then I say, “Look, your problem is so little, it is so relative compared with the others; so why do you make this a problem?”…It’s *not* absolute, it’s *relative*. It is not the problem in your family...” This is the procedure. So, it is neither this nor that, because problems are always interconnected.

KP: So, you *do* gather information on the presenting problem and then relate it to the family history and the wider deeper family context.

MA: Absolutely. I build up a therapeutic alliance with the problem-adolescent by giving him a competent role in describing family history to me.

KP: This reminds me of the session that you did recently at ‘Anthropos’ in Greece with the adolescent boy. You asked a lot of information about his problem, but then you made it *so* small in relation to the information you had gathered about the larger family pain.

MA: Exactly, which in the end brings in the idea of, what I call, ‘history heals’.

KP: History heals?

MA: Means that, it’s the way in which you re-describe history, the way you re-edit the history with the family that is important. Now, people may say, “this is narrative”.

KP: Yes, I was going to ask you that, would you say that this is a narrative approach?

MA: Well, I wrote a book *The Myth of Atlas: Families and Therapeutic Stories*, many years before narrative was serious talk. Minuchin was also always talking about stories. So, in many ways narrative is like ‘reinventing water’. Because our work has always been based on family stories - even Ackerman from the beginning was on the ‘same team’, looking at the family history and stories; Murray Bowen introduced the family genogram as a graphic tool to describe three-generational stories - the whole field was like that.

But the way to enter in people stories is not academic or cognitive. It...
is very experiential and intersubjective: you, as the therapist, enter and contact with people's pain and despair, as well as with their desire to join forces and find solutions inside the family.

So, to synthesize, I'd say that my approach is in many ways experiential, it’s an experience that you have with the family in the frame of three generations, looking for the connection of presenting problems with family history events – if I had to summarize with a sentence, this is what I more or less would look for.

KP: And would you say that you center on change in the session - by focusing on something happening in the here and now and not by giving them things to do until the next session?

MA: Yes and no. I don't believe in looking for change in the session; in that sense I never liked Sal's idea teaching in...

KP: ...in enactments.

MA: Yes. Of telling the couple, one partner after the other, “now you do...” or “now you listen...” This is so educational. It doesn't work and to me it is not appealing. So, the point is just the opposite; to meet people inside an experience where they may feel stuck, they may feel ambiguous – “do I want to take the risk to change?” It’s not so much the experience of the change in front of me; you create an emotional experience that is so strong and so important and so connected that they can carry on some change afterwards.

KP: You want to create an emotional experience in the room.

MA: Absolutely. For example, I had an obese girl -140 kilos - who came to therapy with the family. In the first session I said, “Ok, write down on the blackboard your actual weight” -140. Then I asked her to divide the blackboard in two parts: mother’s side, and father’s side. “Write down how many kilos you want to give back to mommy’s side”. “How many to daddy’s side?” I told her to include her parents’ families of origin. Then I asked her to add and subtract...At the end of this work, it came out that she was to give up a total of 70 kilos. This is the project of the therapy. In a way, I created a context for a deep interpersonal experience. When she was doing that, she was very moved – when she had to reflect on the weight she had been carrying on her shoulders and write down how many kilos to give back to the mother or the father, it was very intense – she stayed in this counting very long time, so as to be precise - and the parents, too, were waiting anxiously to hear the numbers, which represented their personal involvement in the daughter’s problem. So, this is an example of an interpersonal experience in which I participate.
with the family and, through which, a project emerges. At the same time, I implicitly communicate to the young woman that I feel her discomfort and that ‘I am there’ - there to help her with the family. This context, based on curiosity and a search for transformation, is not at all judgmental and people never feel offended or exposed, even if I am very concrete and matter of fact. Being direct and authentic is much better than the present ‘politically correctness’ which is always based on not saying things as they are.

KP: The process of change, then, is *initiated* in the session through a project entailing a deep personal and interpersonal emotional experience.

MA: Yes. And this emotional experience brings them to become involved in the *therapeutic* project. That’s more or less what I like to do with a family – to create an experience with them that brings a commitment. Sometime you can call it a contract, meaning that now the family members ‘sign’ that they want to do this with me – some sort of project where I fill the role of ‘the guide’. If they commit, then I help them through my guidance to go where they feel it is good for them to go.

KP: Yes. Now the example you gave here is again of an adolescent. This brings me to ask you about your long-standing focus on children or adolescents. You are a Child Psychiatrist, but many of your colleagues focus only on the child as the patient, formulating diagnoses and giving medication or they work on the parents separately, so as to help the children. Also, many Family Therapists do not focus on working *with* the child in the therapy. You seem, all these years, to have utilized the child in your work.

MA: Yes, because I kicked out ‘the psychiatry’ and I kept the child.

KP: (laughing) Ok!

MA: It’s true.

KP: Well, how did that develop?

MA: It developed just because of what happened. As I told you, I was kicked out of Child Psychiatry - I left - and I kept the child with me. In those years, I really started to give a lot of credit to small children, first of all because I was seeing children every day. Secondly, because I started to give a voice to them inside the family and in therapy. For example, the father was never there, so I discovered by experiment that there was only one way to have the father - and that was to ask the child to bring the father in. If you ask the wife, she always complains or doesn't want him to come in. I found that the child can tell you many things about the family, and his ideas about it… So, I kept the child and adolescent as a
priority and they became my Co-therapists. Now, I feel, this is probably the most important idea I didn't learn from my teachers: to look at the problematic child as my main resource. For example, Whitaker would always say, “I give the ‘shoulders’ to the patient”, meaning that he wouldn’t even consider the client as a patient. He was always normalizing…all the time.

KP: “He gives the shoulders to the patient”…?

MA: …meaning that when a patient tried to say, “Oh I’m here, I have problems…”, Whitaker didn’t give a damn - he normalized. His way to work with problematic people was to deny that they are problematic – more or less. Now, Sal - the opposite. He wants people to work in order to change…he empowers the father - his way is always to empower adults. I, on the other hand, always empower children in order to help parents who feel incompetent to solve family problems. I believe that ‘the best is in the worst’, meaning that the patient – particularly the child - is my Co-therapist; he is a specialist in the family. I saw a family in Paris with a boy who had his eyes closed for three years. He kept his eyes three quarters shut for three years.

KP: Three quarters shut…

MA: Yes. Which means that ‘you are looking at the feet’ all the time. Elida Romano brought me this family that she was seeing. And I said to the parents at the onset of the session, “My God can you honestly try to stay for just one minute with your eyes three quarters shut?” You see this boy was not psychotic, he was very intelligent but he had a very bizarre symptomatology. So, then I transformed it into a specialization of ‘closing eyes and opening ears’. After we passed through and healed very severe family losses and pain, he opened his eyes.

KP: You transformed his symptoms into a strength.

MA: A strength, yes. This is always what I do; I try to look at the strength in some strange behaviour of the problematic child and use the child with the problem in a therapeutic way. Not only that, but I even have the child – and this is something colleagues don’t usually like to do – to help me in marital crisis. I always bring in the child.

KP: You have to tell me about this; I think it’s an important point in your approach. When you have a couple that have a problem of escalating arguments about their relationship as partners, why would you involve the child?

MA: I work with the couple and, also as you know, I work with the family of
origin – the parents of the couple. This is my three generational model. But the first thing is the child - why? First of all because the couple does not usually react negatively to my asking to have the child in a session. Whereas you have to spend a lot of energy before a couple accepts to bring their parents in a session. I tell the couple, “If I get to know your child, I know the best of you; if I see the child, he/she might give us some ideas, because children always have creative ideas. I would like to see your children because they are the best you’ve been producing together, the best part of you. So, bring the child. Not for all the therapy, for one session, because they will know a lot about you and the family”. And the children come and they are very helpful. I sometimes ask them to give grades to the parents on the blackboard. The children are very honest. If they give a low grade, I say, “Ok, this is the first semester, what could be the improvement, what is your suggestion?” I find that children are always very much a part of marital crises - always. But we deny that. We work with couples, the parents, and believe that children don’t see, don’t hear, don’t smell, don’t feel anything. “We don’t have a problem with the children. We argue as a couple, we don’t argue with the children”, the couple says. “That’s not the point, though”, I respond. “The child gives us ideas about positive aspects, something good”. The problem of intimacy is crucial for a couple, but it is also the relational modality in dealing with interpersonal issues in the family and consequently, children absorb authenticity or lying and facades from their parents. It is important to bring in this reality, so as to open doors of ‘adult arrogance’.

KP: And then you also bring in the previous generation – the parents of the couple.

MA: That’s the other side, which is of course the most important part. This idea I learned a lot about from Framo, from Whitaker…from Bowen. But then I developed my own approach. For example, Framo would always do a family of origin therapy session with one parent - one spouse. I don’t like to keep the responsibility of the family on me, meaning that if I meet with the wife and her parents and the husband is not there, I may know many things about her family that the husband is not going to hear. So, I would become the bridge.

KP: You don’t want the role of bridging…

MA: No, I don’t want to do that. Whereas having both partners together in a session is very nice because the couple become almost like two children who have to take a personal risk with their family. So they feel close; sometimes they touch each other, they mutually support each other, because they know that to call in the family of origin is very hard.
You see, asking help from parents is such a painful, moving experience, but it is also so liberating and productive. When the couple succeeds and their parents come in to help them, they always feel so proud, so happy and they gain a lot of personal strength. And the therapist is all the time with them, sharing this deep down experience.

KP: And how do they go about that? They would have to tell their parents that they are having difficulty as a couple.

MA: Absolutely. That’s the first part, because sometimes the couple says, “We’ve never told them” or “We don’t want to tell them”. But then I explain, “Your parents are not stupid, when you visit them, they see that you are in trouble, all parents know when their children are in trouble”. Secondly, if they cannot tell them, then they are still under ‘intergenerational intimidation’, as Don Williamson would say, which means that they are still very much not sure that they can talk as adults with adults. “You fear your parents will feel guilty, they will feel bad, they will be sorry”…this kind of child-parent protection. And we are talking about people in their 40’s or 50’s… So, what’s wrong in having them relate as adults to the adult parents - they don’t have to go into details. Then their parents usually feel very empathic. That’s the first step.

KP: Don’t you feel that there’s a danger of enmeshment here in the sense that once the family of origin has information regarding the couple, they may then advise, start giving them solutions and telling them what to do and, in general, intervening in their relationship?

MA: Yes, of course, they can do that. But let’s look at the advantage. My idea is that many people really never grow up and they become ‘chronic children’, never differentiating themselves. So, they carry this issue into the marriage - a lot of marriage issues have nothing to do with the marriage in itself; they have to do with the history that the spouses have - runaway from their family, cut off, or enmeshment with their family. It’s true - many families are enmeshed. So, if you have been enmeshed, to invite your family into a session is a way to get out of enmeshment because the enmeshment is already there, you’ve never really dealt with it.

KP: By inviting the family of origin in, if a couple is or has been enmeshed, they can work on moving away from the enmeshment?

MA: Definitely. I will give you an example. A couple of doctors – psychiatrist and oncologist with an adolescent kid - came in as a couple in big trouble, almost ready to separate. He is the son of a poor woman – his father had immigrated to Germany from when he was a child. So, he lived all his life with his mother in a small village in some place in the north of
Rome. This man is now an oncologist, very important in his field. But at 55, he is enslaved by his mother; any time she is sick, although he lives 2 hours away from Rome, he has to go there, for a fever, for any sort of thing, because she ‘owns’ him. The wife is very upset with him, as all partners get upset with ‘unfinished business’ of the family of origin. So, she is upset and says, “You never stand up in front of your mother”, which was very true. And he says, “She was poor, she’s a hero because she lived alone. I was the only child; I saw how my mother suffered and coped with life”. But then he has never been able to say, “I am an adult”. So, finally, his mother comes into the session. We encourage him to say to the mother that he is not the child anymore - he’s 55, that he can have his freedom to feel that he is an adult; that he has his own family, that he still loves her but is not a slave of hers. With a sort of timid attitude he sits up the first time and tells the mother, “Please, stay out of my life”. Once he was able to open up and stand his ground relating to her as an adult, his mother accepted and appreciated him. When one makes this shift, parents usually accept it in their relationship. So, this kind of process is very useful because you help people to get out of enmeshment, if they are enmeshed, or not to run away if they have been running away all their life; so you pick up some of these family of origin dynamics…

KP: …and work through ‘unfinished business’ issues as they have been transmitted to the couple relationship.

MA: Yes, exactly. There is also another point here. And that is, when a couple is able to bring in their parents, the couple looks different. Most couples look like happy children because before they were afraid of asking for help and receiving a ‘no’ from their parents. Very often couples say ‘no’ in advance exactly because they are afraid of receiving a ‘no’.

KP: They are afraid of not mattering so much for their parents.

MA: Exactly. Now, this doesn’t come only from Family Therapy but from my Karen Horney work who always talked about the ‘pride system’ of the adult. The pride system means, “I will never ask for help”. So, you are in trouble but you can never ask for help. The magic point here is how you can change this very arrogant attitude into being able to ask for real help and into being more humble.

KP: An arrogance that is really on the surface, whereas underneath you may have fear of rejection. A concept very much in line also with attachment and adult relations.

MA: Exactly, and I try to help them to reconnect. So, I have found that not only what happens in the session is important. It is even more important
that the couple is able to ask their parents and get them to help them by coming into a session. The parents come as consultants to the therapist and are expected not to talk about the marriage, but about issues related to each partner in his/her development in the family of origin.

KP: And you first ask one partner’s parents and then the other’s partner’s to come in?

MA: Yes. First the one, then the other. Before I used to do this almost at the beginning of working with a couple. Then, through our research, I realized it was too much, too early. So, now we build this up over a longer period of time.

KP: You give them more time so that they prepare to invite their parents, a process which is, as you describe, is therapeutic in itself.

MA: Exactly. And, over the last 20 years, we also invite friends to come in and talk about the couple. This is a good test to see how open the couple is, and to evaluate their social skills and functioning. It is a diagnostic tool too: no friends, very rigid couple system; many friends, more space and connections outside the house. When you invite friends in the session, they become a sort of support system for the couple and they offer their genuine resources to the process of therapy.

KP: Actually this important support system was traditionally given through the community.

MA: Absolutely. Today families are much more isolated. If you bring the system of friends in, you bring in a piece of social realities. So, it’s not only families, it’s about friends of the couple, of the adolescent… it’s a more enlarged picture, a broader context.

KP: Very much in line with you being a systemic practitioner and not only a family therapist. Let’s now approach one of the other concepts I wanted to ask you about. In Athens you spoke about the importance of ‘creativity in therapy’. How do you conceptualize creativity in relation to therapy? The reason I’m asking is that there’s a lot of talk about creativity as one of the major skills that the 21st century human being has to develop in order to function and evolve. How, then, would you describe the skill of being creative as a therapist?

MA: Being creative means basically to be able to play with any part of you. From your mind to your body, too.

KP: Any part of you?

MA: Of yourself, yes. Cognitive, experiential, funny, humorous, any part. To
be able to use a language that is not only based on logic. Creativity is mostly a capacity of imagination, of symbolic and metaphoric language, of playfulness, of moving between comedy and drama. Meaning that you have a repertoire of different tools to look at any family event and reality in a flexible way.

KP: So, a therapist’s creativity is very much related to his/her flexibility?

MA: Exactly, because a person who is still and rigid will never be creative. I think it also has to do with the capacity to keep some ‘childish aspect’ in yourself as the basis in constructing realities, changing realities – changing by keeping your ambivalence alive. We always look down at ambivalence. We are taught that ambivalence is wrong – “you have to be straight” - “tell me straight!”. What does it mean, ‘straight’? We live not in perfection; so, you can have an idea, you have the opposite idea, then, through this ambiguity, you find your way on.

KP: You seem here to be also touching upon the importance you give to ‘curiosity’ in therapy.

MA: Absolutely! Curiosity is the ‘biggest gasoline’ for creativity.

KP: I have often seen you in therapy, but also on more social occasions, you have such curiosity in your eye contact and you ask questions that are very curious, even when talking about very simple things. It seems to me that genuine curiosity is an important part of you, professionally and personally.

MA: Yes. That’s something I took from Minuchin- he was so curious, even for the most insignificant details.

KP: But you do it in a more playful way

MA: Yes, I like to play very much. For example, I like to use the eyes as a mirror, to interpret and give relational affects to people through their eyes: “beautiful and sad...like your father”, “deep like your mother”, “worried like your brother”, smiling, tricky, etc.

KP: Playful ‘eye names’. Creativity related to flexibility and being curious…

MA: And, also related to standing on your own feet, because many people are not creative because they don’t believe they have anything to offer or don’t know if they have the permission to say things in the way in which they experience them.

A few days ago, after a live consultation, a competent therapist told me that she would never say in a session what I had said to an old woman a few minutes before: “If you want to reach your daughter, you have to
stop crying; you crying all the time is part of the wall in between you two and she will always feel guilty and angry for your crying, instead of standing on your feet; you have been a competent professional for thirty years, but as a mother you never believed in yourself”. And then, I turned to the grandchildren who were present in the session, “You can help by checking granny’s eyes: anytime she cries ask for a gift as her punishment and when she smiles, you kiss her a lot”.

KP: Why do you think the therapist couldn’t say that, Maurizio?

MA: She could say it but, first, she has to experience the wall between mother and daughter, their distance and despair. Then she has to transform the action of the old lady’s crying into a search for becoming a different woman, one who doesn’t have to put the blame on her daughter for having given up as a mother; plus she has to know how to use metaphors and especially how to play with children in a therapeutic way. Any therapist can learn to do this, as long as they allow their creativity and passion for people to flow without the fear of making mistakes.

KP: Your ideas of the importance of curiosity and creativity have very much come from therapy.

MA: Well, not only from my work with families; it also came from my teaching in the University for 35 years and more. I actually wrote a paper called *The School as the Prison of Creativity.*

You see, when I teach at the University I feel very discouraged by so many Professors who screw-up kids’ creativity by making them conform to general ideas, to *their* ideas, to *their* definition of reality. Never interacting, never allowing the students to discuss their ideas, their theories. You see, the same students that are very passive with some teachers; become other people if you give them some space for creativity. They *love* that: for example, I propose to them to prepare a lesson together So, they start to circulate ideas, then they come in very energetic, they bring pieces of movies, power points - a piece of this, a piece of that. They have interesting interactions on Facebook and they do it by *themselves* – I only do as much as to stimulate them. And then they say, “This lesson is very special, this is so different!” But, I say, “Why? It should be *normal!* Not different”. *That is the problem* – creativity has *never* been valued. Maybe with small kids, teachers fortunately still allow creativity.

But, as soon as they move to Junior High – in 6th grade more or less – parents say, “Now stop playing, you have to be serious”. And teachers say, “School is a serious matter, you cannot play anymore.” By doing that they repress pupil’s creativity because play is only for small kids.
KP: Then how do you go about developing creativity, specifically for the therapist in training? You have a system of schooling that doesn't encourage creativity and you want the therapist to be creative. How do you do that in training then?

MA: First of all, you try to change their minds, their expectations to keep depending on teachers because they’ve been 'colonized' by school. Like, for example, I always say, “You have to take psychology out to become yourself. You have to read and study psychology, then forget your books, your theories and be yourself; which is very risky. If you don’t study you are empty; and, when you keep books in your head, you are too heavy. So, you have to take out all that heavy stuff and be yourself”. Then of course, you teach how to use different repertoire; some trainees are extremely creative, but they get frozen in the session. Because they have to be very professional, they have to be serious all the time; they have to ask clever questions. So, I try also to increase their creativity and alternative directions: instead of saying, “You should do 'that' in the session with the family when you get an impasse”, I say, “You know, you are doing 'this' in the session. You can keep doing this. But maybe if you do 'that', it can be more fun, more interesting, but you have to take a risk. You choose”. *Choice* is the main door to creativity; when you don't have choices, you cannot be creative because everything is one-way.

KP: It’s like what Von Foerster says that the goal of therapy is to help clients see more alternatives. This, then, also becomes the goal of training; to guide the trainee in seeing more alternatives.

MA: Exactly. Actually, families, in general, have many more alternatives than therapists. I always say therapists are the weakest part of the system, so, I have to help them to move on more than the family. I mean, the family too, but...

KP: …you also have to help the therapist.

MA: Yes, because the therapist is often idiosyncratic - concerned with his/her own safety, conformistic and too tied to general schemes. ‘*My approach, my idea*’ - this kind of attitude has nothing to do with reality and therapeutic encounter. So, the question is ‘how do we, as supervisors, help them to be curious – curious about details of the family and curious about themselves - because many therapists think that they have to only look at clients, they don’t have a dialogue with themselves.

KP: An inner dialogue…

MA: Yes, *an inner dialogue with themselves*. In order to be creative with the others, you have to keep some sort of good connection with your own self.
KP: And all this has to be included in the training of therapists – training to be able to really ‘open up yourself’. Is this part of your training program, and how?

MA: Yes, it is. For example in the first year we work on the trainees’ family genogram. The way in which people describe their genogram is always very stereotyped; I rarely have had trainees saying what good parents they’ve got - always ‘bad parents, bad family’. At least one part is extremely negative, a little piece on the other side is ok, but then the bad wins. I always think that to introduce different thinking about your own roots already creates some shift in yourself, ‘to go beyond prejudice and family mythologies’. Of course, I always encourage a debate with the group of fellow trainees. The group expresses different opinions that help bring the presenting trainee to a different understanding. Plus, when relationships and conflicts are ‘sculpted’ in a non-verbal dimension, both the trainee and the group experience something very different and more authentic than what was told with words. In this process, the group is active by giving a sort of ‘restitution’, which means that, after a trainee has presented a family genogram, the others respond by bringing him/her metaphorical objects – ‘something for you’. This is a way to share pain and self-disclosure in a very touching and creative way.

Once, I remember a male trainee brought a cage with a little bird and gave it to a trainee as a reflection to her genogram she had presented. She was the little bird in the cage and she now had the key to open it and fly. So, I think if you allow people to be creative, they can be very creative. Then, of course, I believe in creativity, creativity which, as a skill, can be developed.

KP: This brings me to another aspect that I wanted to talk to you about. You refer here the value of creativity in the service of the other, of the people we work with. In Athens, you also talked about the ‘humanness’ of the therapist. What would you say are the most important values in our work as therapists?

MA: I think one of the most important values is the search for authenticity; authenticity has nothing to do with preaching or being perfect. Authenticity means to be yourself, to be direct, to not use ‘double thinking’, according to Whitaker’s philosophy; to be honest and say what you experience in the therapeutic process without resistance. I believe in the fact that any family that has troubles comes in to us with difficulty, so we need to come in with all of ‘our self’, so as to create an inter-subjective deep experience with them. And people know immediately if you are there with them. So, what they value is not so much your competence –
that, too – but, more importantly, your genuine desire to search together for resources and positive transformations of their suffering or their sense of impotence.

To become authentic also means to stop projecting on families in treatment the ‘unfinished business’, that comes from the therapist’s past family experience, Just to give you an example: once I was consulting a very dedicated and sensitive Family Therapist working with a family with a big trauma: The wife had lost her husband and in a car accident after being in a coma for 9 months. At that point she had a little two-year-old boy and was pregnant with the second one. The husband’s coma and her pregnancy were going on in parallel. A few years later the older boy presented some school problems and he was very depressed - how could it be any different with such a recent trauma! The therapist, a Child Psychologist, saw the boy alone, the two boys with the mother and the mother alone. She did her best, focusing always on the nuclear single-parent family. When I consulted her - with the family, as always - I looked for resources outside and with the help of the older boy, who was now 7 years old, I learned that the mother had 5 sisters, who she had taken care of during their difficult childhood with an alcoholic mother and an absent father. Then I explored if the mother would like to ask for help from her sisters and her ‘pride system’ came out: “They don't have time, they are busy with their children”, etc. She also said that if any of her sisters will need help, she would run!! Then, I asked the therapist if she believed in siblings and their support system and she was blocked. She did a lot of work, but never enlarging the definition of family and looking for other forms of support. How come a competent therapist who has been trained very well 'forgot' to invite siblings? She didn't forget, she couldn’t believe in this because she grew up with the experience of no sibling ties and no sibling alliance; she suffered for that but, implicitly, this became a taboo area for her. Now she understood that it was important for her and for the family in treatment to overcome this resistance; now she could invite mother's siblings in a session because she changed her own prejudices and could relate with clients as a human being not only as a competent therapist.

KP: Another value - to relate with clients as a human being.

MA: Yes, and at the same time, I think you also have to show a passion.

KP: A passion? Is it passion or compassion?

MA: Both. I like passion, meaning that you really are there with them, with some sort of positive, enthusiastic…
KP: …passion for the encounter. A passion for the encounter, of being with them…

MA: Exactly. A passion for the encounter, for the work that you do. People know if you do your work, or if you love doing your work. Many people work. That is normal. But, if you love your work, you give much more to the people that you are with; also to yourself as well.

KP: So, basically you are saying that you do need skills and you do need your theories, but you also have to be yourself, the human being behind the role, the person that you are; and that you are each time passionate about the work you do - that’s what the family is going to get from you.

MA: Yah…you know, a few days ago I was in Santiago, Chile; I saw a family with a 15 year-old kid who really lived in a context of delinquency. So, what happened to this child? He was with a girlfriend and some guys tried to do something to them. He got upset and confronted them and they stabbed him, they perforated his chest. So, he comes to the session after surgery, he was upset. Father and mother also come. The father is a very simple man, he also had a ‘rough life’ when he was young. And now they only have one child. This boy, in his own way, is ‘clean’ but he lives in a ‘dirty’ area; so he’s clean but he’s dirty, too. So, I start with him and from the very beginning I say, “Let me see the scars, I’m a doctor”. So, he took off his shirt - he was very proud…

KP: …proud to show you the scars.

MA: Yes, his scars. And then I started to touch him; I asked, “Do you feel this here?... Here?” And then I said, “Oh my God! Look at that!” I said to him, “What would happen if you would have died? What would happen to this family?” Which was really the case - the mother was completely gone emotionally, cause she thought she had lost him. And he really could feel then that she was gone. So, from that action – my looking at his scars – I brought something from myself in. The best for me is bringing something in that you feel – you feel like a father – you feel like a doctor, you are a psychotherapist, you have achieved many things and then you feel, “Oh my God, if this would have happened to my child!”.

KP: You are all of yourself there, at that moment.

MA: Yes. For example, I don’t know if this happens to all therapists, but anytime I see a family I have a hundred of different thoughts. These may not have anything to do with what happens there in the family, at the same time I know what is happening, because it’s part of our lifes. To know that things are always the same - parents, kids, tough marriages, grandparents; so we are embedded in the same issues of development - fear for the kids when
they grow up, accidents, bad events, breaking marriages, parents dying, grandparents dying. And you are sure to have experienced some of them. So, you have a lot of associations, which you don’t necessarily share. But you can share something of yourself when it is appropriate; this form of self-disclosure can empower people and connect them to you through your own stories. Carl Whitaker was a genius in self-disclosure, which he would call free associations or ‘crazy thoughts’.

KP: It is as if at that moment you are going through what they are going through on your level…

MA: Exactly, this is the ethics of being with all of yourself there.

KP: Being there with all of who you are – so very important.

Now, I have two more questions but I don’t know if we have time.

MA: Yes, let’s do it.

KP: You began today by talking about your development and referred to the Social Psychiatry movement and how that was an exciting time for Family Therapy – a time when the social aspects and the broader context were very very evident. Today, 21st century, completely different world, what do you perceive as the goal of Family Therapy today? Would it be facilitating the resilience of the family? What is the goal of today’s Family Therapy – today’s systemic practice?

MA: Family Therapy developed as a fantastic opportunity to look at individual problems with a family lens. The goal of today’s Family Therapy is the same. The differences are in the new family forms: single-parent families, step-families, multicultural, adopted, same-sex etc. But at the very end isolation and a lack of healthy dependency with the family still need to be addressed: issues of being loved by parents – at least one! - the need of attachments, intergenerational bonds and the need to develop social networks are still very similar. The resources of the extended family and community support are poor today. The ‘neighbor’s door’ is not available. But the social context and the family of origin are still there. So, the function of Family Therapy today is to help families re-open doors.

KP: To re-open doors that are still available…

MA: Yes, to the social network. Because people in Europe and in the western world today are more wealthy in general, but much more isolated and in despair for connections. But they don’t know how to do it. So, the job of the therapist is to reconnect people.

KP: To re-open families to reconnect…
MA: Exactly, to re-open the family to vital relationships inside and outside. How to develop and maintain friendships is more of a job in present society and therapy can help to re-incorporate friendships in our life.

KP: So, then, you believe that each therapist has to work on opening up the family to new connections, not just to work *inside* the family, with the values you referred to before – of being authentic, present with all of yourself, passionately involved in the encounter, curious and creative in helping families reconnect with their social networks.

MA: Yes, that is for me Family Therapy today.

KP: How would you say, then, that this translates into the connecting of Family Therapists? How is this relevant to our network, our relations and interactions as Family Therapists? In the 60’s and 70’s the goal and social role of Family Therapy Associations was obvious – what we had to do was clear – today?

MA: Yes, that’s a big question; I don’t know the answer. Before, you had a certain number of people in this field, who got inspired by the pioneers, who fought for establishing Family Therapy in the scientific community. Today you have a huge number of people studying this approach at the university level, many doing this work in private practice or public institutions. So, even though things seem not to be going very well, there is a huge amount of people that, at least on a certain level, are involved in Family Therapy. What is missing today are a few basic ideas that everybody agrees on, more specifically, on the same nature of Family Therapy. It’s almost like the ‘Ten Commandments’ in Family Therapy; there are no Ten Commandments; every School has its own Commandments. So, really there is nothing that everybody agrees on as part of this field anymore – even the theory and definition of family work. In 1997, Minuchin organized a big Conference in New York, inviting – Karl Tomm, Insoo Kim Berg and myself. Sal said to us, “Bring in 45 minutes of your best Family Therapy work”. I brought a Bangladesh family with an anorectic girl; Sal brought a disengaged black family with a group of small children; Karl Tomm brought one individual, and Insoo Berg brought one person, too. They said this is our Family Therapy work and they started to talk about theory: Constructivism, Social Constructionism etc. So, then the people asked, “We knew that Family Therapy means a number of people, that we call family, coming together to the session”. Not even *that* is a common denominator anymore because for many therapists you don’t need a family in therapy, you don’t need the family *group* to do Family Therapy. Virginia Satir, when she started - because nobody was doing Family Therapy yet - called her book *Conjoint Family Therapy*, meaning
to put people *together* in family therapy. At that time this was needed because nobody knew about Family Therapy. Today it’s almost like I have to say, “I do *Conjoint* Family Therapy” because people like Karl Tomm does family therapy with only one person. So, we don’t have much in common to share. So, what are the ‘Ten Commandments’ in this field? Before, one was that “Family Therapy is a social tool”, doing therapy with the family together was a ‘social intervention’. It was *obvious*, to Psychologists, Psychiatrists, Social Workers… Now, do you think it’s the same? No, I don’t think so. Today private practice is more common and lucrative, home visiting had almost disappeared and the Mental Health System is more and more individual oriented - all based on diagnoses and medications - and the mission of Family Therapy has been transformed into doing a job.

KP: The mission has changed…it has become a job.

MA: Yes, and trainees now want to learn ‘how to do the job’, so they choose their Schools on that criteria. Schools offer different training programs according to their theories and models of intervention. When a trainee chooses one of them, the risk is that he/she will stick to it, like to a ‘small church’, not learning in other places, from other teachers with a different philosophy.

KP: So, maybe then we have to open up the churches, not only re-open doors of families, but we, as therapists and trainers, have to also open up *our* churches.

MA: Exactly.

KP: Maurizio, you began this interview today by talking about Social Psychiatry, not Family Therapy; you talked about the Social Psychiatry movement and how it was related to the goals of our work…

MA: Social Psychiatry was the *context* in which we started. Psychotic patients were the first challenge for Family Therapy and we were looking for resources in the extended family and in the community.

KP: Would you say, then, that our work has to once again go in that direction? Re-opening Family Therapy’s doors to include working with the social context?

MA: Yes. In a way, we are in a position where, even if we don’t want to, we are forced to. Because of immigration, poverty, social injustice – which have all been increasing. These sorts of issues force us to ‘go back home’, to work in the street, and in the community.

KP: ‘Going back home’ will this help in ‘opening up the churches’?
MA: Oh, yes. For example, look at the children. They had been neglected in the field of Family Therapy for a long time. They became at the center of attention because of the increasing child abuse all over the world. Through this sound disaster therapists got interested in children again; similarly attention has been drawn to phenomena with immigrants, refugees, poverty. But, not only poor children are abused or abandoned today: in western wealthy society, children are abandoned too. Guidance in families is now more fragile, isolated and easily fragmented. Children get everything in material terms, but they are very unhappy because of a lack of care, love and protection. Therefore, I believe we, as Family Therapists, have an even bigger mission than 50 years ago: to open many more doors in many different contexts. We can achieve this mission if we are able to look at family problems as an opportunity for new positive solutions.

KP: A positive perspective – disasters of today’s social context becoming opportunities for opening up doors of families and of ‘churches’ in our field of Family Therapy.

Perhaps a good point for us to close our conversation. My dear, Maurizio, I want to thank you ever so much for this interview.

MA: I think Kyriaki we covered a lot of stuff – thank you also. I enjoyed it very much.