

AN UNCOMMON FAMILY THERAPIST: A CONVERSATION WITH MAURIZIO ANDOLFI

John Barletta

ABSTRACT: During August–September 2000, family therapist Maurizio Andolfi of Rome visited Australia and Papua New Guinea, and presented a series of professional workshops in Perth, Sydney, and Brisbane. During his time in Brisbane, Andolfi also participated in a video-taped interview with Barletta. In this article, which is essentially a transcript of the interview, Andolfi shares his approach, professional history, and insights into the development of family therapy.

KEY WORDS: family therapy; Maurizio Andolfi; personal perspectives.

Maurizio Andolfi, MD, was born in Rome in 1942 and studied medicine and child psychiatry at the University of Rome, La Sapienza. He lived in New York City in the early 1970s. At that time, he was a Fellow in Social Community Psychiatry at the Albert Einstein College of Medicine, worked extensively in the South Bronx, and later in South Philadelphia with very disadvantaged families of different ethnic groups. During his time in the United States, Andolfi studied in the most prestigious family therapy institutes of the East Coast, at the Family Studies Section of Bronx State Hospital with Israel Zwerling and Albert Scheflen; at the Ackerman Family Institute with Kitty LaPerrière; and the Philadelphia Child Guidance Clinic with Salvador Minuchin and Jay Haley. His major influential teacher in the following years was Carl Whitaker, with whom he studied and was associated with at many international meetings. During that time, he was Visiting

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The following is the transcript of an interview conducted at the Australian Catholic University in Brisbane on September 13, 2000.

THERAPY, THERAPISTS, AND TRAINING

Barletta: The process of counselling is a very personal and relational transaction that occurs in the family therapy context. Could you talk about what you see as the essential characteristics of a therapist?

Andolfi: That is a very good question and very hard to answer. I think basically, and most importantly for a therapist, it is to relate to other people, to understand their pain or their problems, and the capacity to know yourself well, knowing how you function in your own different parts, plus having a great deal of curiosity . . . like an anthropologist. It's like you have to go into a foreign territory and you have to find ways to enter that you don't already know.

Barletta: So, is this issue of curiosity something that is part of a therapist's personality, or is it something that educators or supervisors can nurture or train people in? It seems like it is a part of temperament or personality structure.

Andolfi: I think you have to have something uncommon, otherwise you wouldn't do this profession. You have to have something strange already in yourself, that you have to be invasive, interested, curious to

enter other people's life. I think that is a basic requirement, which I think is inside you and is part of your own family history. Then, of course, you can practice or you can enlarge this curiosity, or you can refine that. Some people may be too curious, but not too respectful about the limit to the curiosity. You can learn through training how to set limits, or how to enlarge limits.

Barletta: Part of that is through training and practice, and I know that you were psychoanalytically trained as well. To what extent is being in analysis or in therapy, working on some of your own issues prior to becoming a therapist, important?

Andolfi: I think that if you can get rid of the orthodoxy of whatever church you have belonged to . . . I think this is the best thing to become more flexible, for example, I found for myself, my analytic background was very useful, but I never thought that I was very orthodox and neither was my analysis very orthodox. In family therapy I always try to be marginal, not to fit into the main characteristics of a family therapist. If you can keep this sense of marginality and flexibility I think you can put together many different things.

Barletta: It almost sounds like the challenge is there to work across a range of approaches and training programs to get a picture of what the broad paradigms of therapy looks like but then push some of those limits and play around with your self in therapy.

Andolfi: Exactly. I think this is not an eclectic perspective, or a confusing perspective, that you are neither fish or meat. I don't believe that to be a good therapist you have to be one thing. You have to be many different things and try to use yourself in any given situation. For example, many people specialise being individual therapists, some people specialise to work in groups, some people with families, and if they go beyond this setting they don't know what to do. This is ridiculous. You cannot be specialised in one to one relationships period, or family relationships . . . then you cannot see an individual because you don't know what to do with one single person. This is what I call orthodoxy, to be locked in whatever has been taught to you.

Barletta: Certainly your own training, especially in the 70s when you worked with some of the fathers of family therapy, like Ackerman, Minuchin, Haley, and Whitaker, really speaks to training that needs to be broad and comprehensive, before you develop your own personal style.

Andolfi: Oh yeah, I think, especially when you are young . . . it's like with children. Children have to be bombarded by information in order to grow. With their development they start to organise their own cognitive system. But if you only give little information, always the same to the child, the child might become retarded . . . very limited in curiosity. I think when you are a young therapist it is the same thing. You have to be able to move from one person or one approach who tells you something, and then go to another one who tells you the opposite of the first one. Then, how you can make these two things co-exist is a matter of playing with ideas, and then at the very end you choose. For example, some of the people that you mentioned, like the pioneers, remain very vivid in my head and I have been remembering their voices for many more years. Other people disappear because it is like I threw out some of their ideas. I don't like these ideas, but they were still my teachers and I was younger.

Barletta: If we stay on the issue of the pioneers that you worked with and collaborated with after training, what were some of the things that remain with you? What are some of the things of those pioneers that have been powerful for you?

Andolfi: That's a very nice question, I think I'll just give you a few. Nathan Ackerman was my first encounter with family therapy. It was mostly non-verbal because the level of my English was so poor in 1970, when I met him for the first time, that I couldn't understand his words, the content. But I would see how he would use the child in order to reach the adults in the room. How he would see the child as a bridge to connect with the parents. And the way in which he was doing that, at that time, for me, was very wild. I said, "Oh, this is so Yankee!" This would not have been possible in my department of psychiatry in Rome, which was very conservative. That was my first prejudice. Then of course after the years I realised that it was true, to mobilise problems from the child you need to play with the problem. So he was very provocative. I think the most provocative therapist that I ever met was Nathan Ackerman, in terms of intruding physically and emotionally with problematic children. I think Sal Minuchin is like the teacher of your primary school. I mean to say . . . if you have a good teacher in a primary school they are a very good basis to go on. So, in all this structural approach, I think it is important to build up things. Whitaker probably, who I didn't like in the beginning . . . the first time I met him I thought he looked like an orangutan. I couldn't stand this man, he was so strange and crazy.

Barletta: Which is interesting because he became such a close friend and colleague, and yet you had such a negative initial impression!

Andolfi: Exactly. The impression was so strange, but then he came to Rome once and I was translating for him in a family session, and I remember like yesterday, it was 26 or 27 years ago. There was he doing the most incredible things with a psychotic adolescent within the family. And he, of course, was going through me. Whitaker wouldn't talk with the guy, he would talk with me in English and I had to translate in Italian, and he kept getting more and more infuriated, and he was not infuriated with him, he was infuriated with me that I had to translate! That was such an incredible experience . . . I loved the kind of irrational approach of Whitaker and the way in which he was playing almost more crazy than the crazy patient in the session. We exchanged cards . . . I went to visit him many times in Madison, Wisconsin, I stayed a week in his home, I was going to work with him, and we did many workshops together in many parts of the world. What was important for me was that it was exactly complementary of what I learnt from Minuchin. Minuchin was very scared of what was irrational. He had to make order in disorganised family systems. He had to find ways to make more functional the dysfunctional unit. He was not so confident with things that were uncontrollable, mostly crazy stuff . . . while Whitaker was so easy to connect with irrationality, and so, I was able to take these two sides . . . Minuchin with structure and Whitaker so unstructured. I needed to take Minuchin first. Because many people who have been residents working with him didn't understand him, because he was too direct impact and too soon. So I waited a number of years before I started to appreciate Whitaker. And now that he has been dead for a few years, and I am older, I feel that a number of things from him I don't like anymore. You change perspective from time to time.

Barletta: It's a developmental issue.

Andolfi: He was always too demanding. Families have to take responsibility from the very beginning and he would never anticipate the responsibility. For example, at the end of the first meeting, instead of saying "Maybe it is useful for you to come back," Whitaker would say nothing. So the people would shake hands relieved, and then at the door they would say, "What do we do?" He would say, "What do you mean?" "Are we going to meet again?" "If you want, yes, otherwise, who cares?" This was his style. I am more dedicated . . . I try to construct moderations

with people . . . maybe I have more tolerance. Maybe he was too optimistic that people would take responsibility . . . and sometimes they don't and you don't have to give up if they don't do immediately, what you might like them to do.

THE PROCESS OF FAMILY THERAPY

Barletta: Now that we are talking about the process of family therapy, I'm wondering if you could share a little of your approach, the role of the therapist, and function of family therapy? I heard you talk a couple of weeks ago here in Brisbane about getting the "frame" when exploring problems . . . could you discuss this a little?

Andolfi: I came from psychiatry so I know how we doctors and psychiatrists frame everything with our own DSM-IV mentality. So I try to stay out of this frame to see if I understand about families' development how I can use my categories to make a diagnosis. Not to make diagnosis on people without knowing their history. So I give more credit to people, history, their developmental crises, to our own knowledge about people's disturbances. How you change what is in the background and what is the centre. To me, problems are the background and what is central is the life of people, their development is what I look for, to enlarge . . . it is not the problem. Then the problem has to fit in this type of developmental issue.

Barletta: In terms of getting a picture of the history of the family, I know one of the things you use is a genogram, but in different ways to many therapists.

Andolfi: I don't believe that we own people's history. When you have a child's folder with information, it is information of a person's history that we took directly and from talking with a social worker making an intake, or psychologist, or someone. I don't think this is history. This is taking notes. This is useless.

Barletta: Cold data?

Andolfi: Cold data! I like to start with the cold data because I have to start somewhere . . . and to make this data alive. For example, when people call, we have a system, a psychologist does the intake forms . . . generally you get a call from mothers who are very anxious about a child, or wives that are very anxious about their marriage . . . gener-

ally the female side takes the initiative. So this person, this psychologist, takes notes on the form, through the telephone, and gives them to me. Then I have this information before I meet the people . . . I start to play with this piece of paper. I say "Do you know what is written here?" and if it is the wife, to the husband, or if it is from the parents, to the children. "What do you think your mother has been telling us the reason for you to be here today? Do you guess? Do you have any idea? Do you want to see it?" So I play with that, and people have to guess what Mommy has been telling the doctor on the phone about their need to come here. Then you start to build up a history, an interaction. So they have come with different motivations. Then of course, the genogram, especially when I do consultation, people bring family genograms. I like to share the genograms with the family, because it is theirs. Very often in our professional jargon, in our professional system, we talk a lot about people. We put on the blackboard the genogram or a transparency, data, we discuss for hours about this family, without the family. This is what I learnt from Whitaker, "Never make plans on the shoulders of people." For example, in many schools they do the pre-session discussion, which means before the family comes, the group talks about the family.

Barletta: Independent of the family?

Andolfi: Before the family comes . . . or the family might be in the waiting room and they are discussing them. I think this is a waste of time. Or even more, it is a prejudice that you build professional ideas on people without having the people to contribute to these ideas. So that is the idea. To make them protagonists to their own history given to us.

Barletta: Allowing them to interpret and be descriptive of their own genogram rather than telling them what their family history and dynamics have been.

Andolfi: Exactly! Plus, you don't have all the people that are described in the genogram, so I try to make people that they don't describe or are not there, more alive. So it's not just taking family history from the family. How to enlarge the perception of the family history by including the people that they might not like to describe at all. But they would say, "All these people are dead." So they don't talk about them because they are dead. So I say, "I would like to know more about those who are not present," then to talk only about the people that are present in the family.

Barletta: So that really comes back to your interest in intergenerational issues from grandparents to the child, and horizontally with siblings?

Andolfi: I think that is my idea and is a sort of medicine. People who see more problems, the more they shrink their realities. More people open their reality, the less problems they see. It's almost like giving a pill to ameliorate problems. You make the problem become more relative the more history you put in the picture.

Barletta: So part of the motivation for using the family as "the frame" is to make that part very rich?

Andolfi: Very resourceful. It is very simple to imagine. Like if you have a fight between a father and a son, they don't understand each other. If you keep these two characters as the main frame, you are amplifying the difficulties in their relationship. If you try to connect these two people to a third one, or to another generation, or to other entities, then they start to collaborate. Because they will be focusing not on one to one, but they will be focusing on the third party . . . this is fascinating what I understand about systemic theories. This is the way in which you always look for triads, for other parts of the system.

Barletta: Bring in these issues of relationships and collaboration, I know you use the child as a signal of what is happening in the family or the marriage. There could be some issues of resistance or reluctance if we try to get the child to work with you, that might indicate that there is something happening in the family. How do you get around that to build a collaboration?

Andolfi: I think in that sense I am very lucky because I enter family therapy through the child. I was a child psychiatrist and I started to appreciate children very early in my professional development. Many family therapists come from the door of adults, and they don't understand anything about children. Actually, it's like they are scared by kids. They don't know how to handle them. They make noise, have a strange language and want to play . . . so I think these family therapists are very handicapped, because they miss a really important resource, which is the child as a reality in the family . . . this is natural. Children are so relevant for adults. If they do okay, adults feel happy, if they are doing bad, they feel bad. If they are sick, the parents feel very anxious. The children are so much the barometer of family atmosphere. So why don't we use that? I think the problem is in our profes-

sion getting more and more puritanical and protective . . . instead of being like an anthropologist and wanting to explore things, they want to protect things. So protectiveness is very often the best way not to know any damn thing. Because you just have to protect something from danger, instead of looking what things are like on the inside. It's like prejudice with minority groups. They have a different language, a different way to say things, a different way to protest, and children are a minority group in the world of the adults. We don't understand unless we enter into their world, which is based on playing, symbols, non-verbal language, and it is not so much a constructed language. I think this is one side. The other point is that if a child has a problem he is the carrier of this problem . . . but the problem doesn't belong to him only. It is one thing is to carry, and another thing to own the problem. So, to me, there is no child who owns his own difficulties. He carries on his body, on his behaviour, that response to this way in which we see changing problems in children. If you work helping the adults to become better with them among themselves, children's problems change tremendously. If the adults don't change or they fight a lot, or if there is a lot of tension, children increase problems.

Barletta: That can be quite challenging and quite a task to get parents accepting responsibility that what they are doing is having an effect on children and this has potential for resistance.

Andolfi: Of course. I remember it was a very important message from Salvador Minuchin when I was working with him, about never to jump on the couple when you have a problematic child. What does that mean? If you want to shift from the child to the marriage, like that, the child will do two things; increase symptoms, or will quit. Which are both not useful things. So it is important that you play with children's symptoms and you work indirectly with the marriage. I am not saying, "Okay, the child is fine. Tell me about what is wrong in your marriage." This is ridiculous. Very often, even if therapists don't do that, they think that in their head, so it is like doing the same thing. So I never think that the marriage is wrong, because the child has problems. I always like to see with the child, how we can enter in family issues through his problems. Then of course, among family issues you find also marriages. I find very often that adults don't have enough courage to have cared for their own marital issues, because they have to find an agreement between two, "There is trouble in the marriage, let's see if someone can help us." Many people don't do that because they are too competitive, too arrogant with themselves, "I

don't need help!" or maybe, "You need help, I don't need help!" When both of them know they are in trouble. What happens often is that the child brings them to therapy because he starts to have problems. And I think this is a very useful idea. The child performs symptoms in order to bring parents to therapy. I welcome that and I call that camouflage, which is a very useful way to start.

Barletta: Whereas others would see that as parent training, or maybe look at the child's pathology.

Andolfi: Exactly. That's the problem, because if you look only at that, you will focus too much on the child, and parents don't get help for their own issues. So the point is how you re-balance the tensions in the family.

COLLABORATION AND EVERYDAY LIFE IN THERAPY

Barletta: You tend to avoid diagnoses, labels and pathologising, things that most physicians and therapists tend to rely upon . . . do you still think in terms of diagnoses and put them aside, or is your framework so, that you look more at relationships and signals?

Andolfi: I cannot forget that I studied medicine for many years, I studied child psychiatry and neurology for children too, for a long time . . . plus my experience. I can smell a psychosis from the first three minutes I see a child. When I am in doubt, because my smell is not enough, or the signals I have in my own diagnostic tools inside . . . I try to create a collaboration with colleagues who are specialised in making diagnosis and giving pills, or treatment. I always encourage that and I try to work with this collaboration, but I never try to do the two things myself at the same time. For example, for 30 years I have basically never prescribed pills in my sessions, but many of my clients have a lot of prescriptions of medicine through their doctors, through their psychiatrists. I even invite them to go to psychiatrists who are colleagues of mine that I trust, and they go there and then the doctor calls me. Yesterday the psychiatrist that works with me wanted to talk about two cases that I sent him. When I go back to Italy I'm going to call him and hear about what he thinks. He is a very traditional psychiatrist, but also open to see that I can help, as well as him. So I don't think that you have to look only at relationships. You have also to look at some organic, some dysfunctional data in a person, but I don't get blocked

by saying, "Okay, this is a psychotic young boy, he has to have pills, he has to have this treatment." I also think you can do also a lot with helping the family out, to change things about the symptoms.

Barletta: There is certainly a collaborative approach you use with medication being an adjunct without being directly involved.

Andolfi: I think there is a problem of inferiority complex. I have found many psychologists have such an inferiority complex with their medical colleagues, and on the other side there is a superiority complex. If you think about a phone call between a psychologist and psychiatrist they are not at the same level. The psychiatrist is (up) here, the psychologist is (down) here. Psychologists don't like to connect on the phone with someone who is high hierarchically too . . . if he thinks he is too high. But if you disregard what the psychiatrist is doing you miss the point. So I always train my psychologists and therapists to call a psychiatrist even if they don't want to bother. I say, "Why don't you call? Call him! If he is important, make him even more important. You can tell me, do you think that counselling or psychotherapy would be useful for this person? And maybe I'll start, you can tell me how things are going from your perspective." As soon as you do that, the person will feel much more open towards your approach. If the patient comes with a bunch of prescriptions for pills and you put them on the floor and say, "Let's talk about your family," you are disregarding all the medical procedures. So I think you have a need to play with the medical procedure . . . to give credit to this part. I have a formula, "The worst psychiatrist is better to have as a friend than as an enemy." So I try to create friendships.

Barletta: That's very Italian! I've seen you work and know that you use humour to good effect in therapy, yet many educators avoid even the discussion of the topic. What would you say to educators and therapists in this regard and what do you see as the role of humour in therapy?

Andolfi: As much as we talk about history of families you have to talk about history of professionals too. I often say, at least in my country, that what we're doing now with couples and families, 30 years ago was done by priests in the parish. So in a way we are stealing jobs from other people that have been doing them before, and maybe very well. So, in a sense, the region for opening up intimate personal issues was the Church. Then another door, because when there is abuse, when there is violence, there is a Judge. This means that people have to go

through being judged for what they did wrong. Church and Judge. Therapists are neither a branch of the church or a branch of the judge's system . . . the court system. This is a totally different idea of what the therapist could be. I have found many therapists are too nice or too judging. I think you have to be nice, but you don't have to be extraordinarily nice. You have to try to be syntonic with people who are in front of you. A sense of humour is a fantastic tool because it's not part of your technique, it's really part of life. People with a sense of humour probably have a longer life, better quality of life, better relationships, more friends, they get access to more areas that are otherwise unknown. Why is that? Because they get empathy. Humour creates empathy. Plus, if you go back to some of the pioneers in the field of psychotherapy, like Winnicott, what was seen as the final result of psychoanalysis of clients was a capacity to regain the possibility to play. I think at the very end he was very discouraged how little psychoanalysis had been doing in order to allow that. Why is that? Because the psychoanalysts themselves don't play enough. Now family therapists too have become so boring because they always talk with a kind of seriousness . . . with a serious talk. They always talk about language and conversation and when they talk they start to be very serious. I have found that this is useless. It is much better to put humour as one of the main complements with your theories. Humour is not making fun of people. It's being able to play with realities. When you say a joke you might convey a very interesting message to a family without taking responsibility for the message. Though the message is a joke, at the same time it's the joke that brings a message . . . and the message can be very provocative and very important to them. Respect for people is a totally different idea. Respect doesn't come by any professional voice or pseudo-empathic attitude. I think it's much better than being so educated, if you are able to get on floor and play with the kids as this sends a message to the adults . . . it is much more useful and respectful than to stay on the chair so well educated.

Barletta: While talking about getting on the floor and playing with kids . . . we talked the other week about your using pets in therapy . . . this is very unorthodox!

Andolfi: You have a dog and I saw that the dog is a very living part of your quality of life and relationship during the day . . . because the dog creates a bridge between couples, families, and for kids . . . I found that they are part of the family. This is why I invite dogs in the session and they tell you many things, in their own way, because the people will

show how they relate through pets. I remember once there was, and this is very vivid in my memory, a psychotic adult woman who, with her brother, came to the session with three little birds. Their idea was that she was the vulnerable person in the family. So we wanted to see how she could take care of a little thing that was very vulnerable. For minutes she was holding this little bird in her hands . . . it was so touching. Then came a point she couldn't take it anymore, the bird flew to the roof. All the people, and the family therapist too, tried to get the birds to put them in the cage . . . that was a most remarkable thing. All the family participated to get the bird back. I didn't care . . . therapy should be more like family life at home than a laboratory of research under a microscope.

Barletta: The therapy context in the clinic should mirror everyday life rather than being sanitised.

Andolfi: Exactly . . . exactly. If you have a bird in a cage in the house and the bird gets out in the room, clearly everybody tries to catch the bird . . . so why not in the office? It's a lot of fun . . . and then in the office you can find some message to convey by this.

Barletta: Earlier you talked about priests who would provide guidance . . . and recently there has been much discussion about spirituality in therapy . . . do you have any comment about the use of spirituality?

Andolfi: Just the use of the word "spirituality" is so dangerous. It's like "use of pets," "use of toys," "use of spirituality." Using spirituality is like using love. Love is there or not there . . . you can't use it. You can allow people to express more or less that kind of thing. I am not convinced that spirituality is something that people can talk about or define in books. I think spirituality, because it is so abstract and so important to people, that you if you allow people to be more authentic, or to look more inside themselves instead of throwing things outside, they might reach some more intimate part of themselves and then they can disclose with other people. Maybe this is a higher level of connecting yourself with other human beings. It might be a level of spirituality . . . it might not be. I don't like even to talk about that. I feel that we're dealing with something so precious in people's life and development that we have to respect them. Therapy is a special occasion for us to connect with our own intimate world through what we do with other people. This is just by interaction, by a capacity to connect with other people, that we might reach something on our own side more, which in our language we call "resonance" or "countertransference." How is

the impact that certain problems or issues that people bring to us can have on our own consciousness of ourselves? To me this is the most rich part of this profession. How you can grow by whatever comes to you through therapy. Which again is reaching your more intimate part . . . that can be your spiritual soul.

TRENDS IN THERAPY AND TRAINING

Barletta: Continuing to talk about trends . . . over the last 15 years we've seen brief, solution-focused, and single-session therapy . . . many of which have paralleled popular culture . . . could you comment on these and other emerging trends you find interesting or concerning?

Andolfi: I think psychotherapy is not an area of free discovery. It is always linked to what is happening in society. Today, society, like fast-food, is fast . . . everything is fast . . . so they want fast therapy too. I don't think people invent something that is their own creation. They just might be forced or might be willing to propose what they think is *needed* at any given moment. This is the period that you, I don't know how to say in English, when you take something and you use it and then you throw it out. In Italian we say "usa e getta!"

Barletta: Throw-away society.

Andolfi: Now you don't have to buy that. That's the problem. There is no law that says what you do in your individual work has to do with what happens outside your door . . . otherwise you are always contaminated, which is that last crazy thing in the world. Like men in a consumeristic society. To bring this same flavour in your therapy is not compulsory, but many therapists will do it because they don't see any capacity to stand in the way of what is not the mainstream. Today somebody says that in three sessions you will cure an autistic child. To me this is a crime . . . ridiculous that you cure a very severe relational problem in a child. Many people say that this is a rule of economics because of budgeting and I say, "Okay, you don't have to treat this person because your budget doesn't allow you to connect with very severe pathologies. So it's your problem because you don't have money for that. Don't think that you can cure autism in three meetings." And people like that . . . I think are very unethical, or very stupid, which is even worse.

Barletta: That's been something we've seen in the USA from managed care . . . health insurance companies dictating.

Andolfi: Many doctors are just quitting the profession because it is like they don't have the right anymore to tell . . . "This is a person who had a heart attack and they need this kind of treatment." Economics, whatever that means, tells us how many days of hospital a person can have! We have changed who is in charge of the medical proceeding. It's not the doctor anymore, it's the administration that defines medical proceedings. Now we have a new God that defines the rules of what is useful or not, it's the budget. The hierarchy has been shifted. It's not just the money . . . this is the cover-up. It is a new way in which, from certain doors, power is being beaten down.

Barletta: It's not the profession driving itself by standards of care and best practice, it's popular culture, politics and economics. We could say, "It's the tail wagging the dog!"

Andolfi: This is very discouraging, but also, I think this requires a critical mind. Many people are very passive . . . they buy whatever comes, and if they do that, they get totally sucked into this system.

Barletta: Recently you said to me that in the USA, family therapy is dead!

Andolfi: Very simple, because my teachers were all American, you mentioned some before and there were three or four more. I tried to rent my teachers, to find things when I needed . . . they were very generous. Thinking back to the 70s for example, there was a tremendous concern about social issues, about minority groups, about the mentally ill, social injustice, about training people from minority groups in order to make them become mediators of cultural realities. All these things were extremely useful and are now gone. I had a fellowship in social-community psychiatry and I was very proud. I worked in the South Bronx trying to set up projects to see if you could stop delinquent behaviour in children, in junior high school, in Puerto Rican and Black kids . . . to see how social injustice created delinquency. They provided money, professionals, tools, and research. We would see that delinquency was a social career . . . you can define it. It is not genetics, it is social determinism . . . so you can change that. We used energy, a lot of money and had a lot of interest. All these things are gone today . . . it doesn't even exist anymore "social-community psychiatry." It's called "public psychiatry" and there is no budget. This also has a lot

to do with a shift in politics and moved out of social needs, and this didn't only happen in the States. This has been the mistake in this movement of family therapy. They started to antagonise psychiatrists and doctors. They said others didn't understand anything because they were locked in diagnosing, that there were no mental disorders, that everything was relational, so they antagonised the psychiatrists, the MDs, which means they lost the power of the institution. Now the basic training in family therapy is an MA . . . which is okay, but it is a very weak, limited profession. Family therapy was against the mainstream philosophy and approaches. It was very alive when it was talking against established ideas. They were trying to open more doors. Now family therapy became the new established thing . . . people want to remain established . . . they don't want to fight with ideas, with changing. They are getting a sophisticated epistemology of jargon that isn't worth a damn thing, and they put less into the reality of people who bring problems.

Barletta: There has been a watering down.

Andolfi: A tremendous decrease in social tension, in social interest. People don't do any more home visits. They don't care about trying to know more about family history or resources, nor do they go in the neighbourhoods. They don't have time.

Barletta: A quick fix.

Andolfi: A quick fix. If it is quick, it doesn't stay long.

Barletta: Next year will be the 20th year of you providing the practicum in family therapy in Rome. What is it like to have colleagues and friends around the world and be influential on that level?

Andolfi: This has been my way to escape from being born and to have lived in a small country like Italy. I never felt comfortable to feel fully and only Italian. I am Italian and I am proud of that, but I cannot stay on my localistic definition of a small country on the Mediterranean Sea. I always thought it was a very provincial concept . . . you have to escape from that . . . so I travel a lot. But then, you get very tired if you travel a lot. So I make people travel to me . . . and that is how I started with this practicum. I didn't know if I would have a second year. In 1981 when 12 people came from different parts of the world I discovered that cross-cultural resources were the basic tools. They were very useful because the other people that came from many different countries were too locked in their cultural background so they wouldn't

respond. But when they were all foreign to each other, and they were in a foreign territory . . . what happened was more honesty. They were coming from Australia, North America, South America, South Africa, Israel, North Europe, Japan, and they could talk about personal issues and professional difficulties in a much broader perspective with a much more deep understanding . . . than in their own professional institution. I thought, "Oh my God, people open up much more when they are out of the system of security and control!" There are other people who don't fit in their culture and are very empathic . . . very supportive in their understanding of themselves. They became really energetic tools and people were going back home with a sense of being empowered . . . knowing more and keeping this memory very alive. So, this created a network among people. Not only on a professional level, which I think has been always my idea, that you can not divide the personal and professional person . . . you have to play with these two parts. People now meet, go to visit each other and their families . . . to keep friendships . . . different cultures and different realities . . . to exchange ideas, trainees, books, workshops . . . that created a network. Through the years I was very afraid that I would become a kind of "guru." Just two or three years ago I talked with the senior group, because now we're a bunch of 40–50 people who remain connected, that I was going to quit in the function of being the organiser of this meeting that we have every two years, because I felt that they would become too dependent on me and too dependent on how good and beautiful the network was we created. When things are very good you don't have to build up a church on that, because that would become rigid. I think that has been more or less my experience . . . to keep things flexible.

VIEWS ON AUSTRALIA

Barletta: Finally now on this trans-cultural note . . . this being your second trip to Australia and I imagine not your last, what have you seen, experienced, and learned about Australia and Papua New Guinea that has informed your curious and adventurous nature which might impact your work?

Andolfi: I like very much of Australia I can't tell you . . . this is my own personal data. I am very, very interested in the issues of racism, social and ethnic prejudice, and I found that among the countries I have been visiting, Australia looks like one of the countries where there is less

prejudice about differences . . . much less racism than I have experienced in other countries, like in the US for example, where there is it tremendously high, even if it is officially denied. About my background . . . the Italians, and many Italian emigrants in different parts of the world, North America, South America, Australia, I have found the Italians here were much less discriminated than Italians in other places in the world. Basically what happened was the jump was done with one generation less. Which means that whatever happened, for example in North America through the difficulty of two generations and with the capacity of the third generation to emerge to be accepted, here it came with one generation less . . . and less problems of prejudice. That's been very interesting . . . it might be wrong, but this is how I see things. The other thing is the tremendous respect for nature, of which you have so much. You are lucky in terms of the relationship between nature and people. But, if you would have many more people maybe there would be less respect for nature, because there will be too many people who use nature. But, at the same time, there is a tremendous respect for nature and also to make nature available to everybody. I found these two things very interesting. Papua New Guinea is a totally different story . . . it is a very interesting territory to understand how people who speak 700 or 800 different languages coexist, and what it means in terms of cross-cultural issues when people don't have one language.

Barletta: I'm sure you will continue to reflect on that issue and write about it so we can profit from your experiences.

Andolfi: If I can say just one sentence more? I found that if you want to look in the future, we cannot stay only on the next present to the future. We have to go back as much as possible to what we call "primitive." Because the primitive will reach the future . . . the present to the next future will make the future shrink. It is to do with history, with time . . . when you are so close to the future, you don't see what is back behind you, then the future becomes very limited. It is better to look at the future by going back to the past . . . to bring to the future something from there. Which I think is my philosophy of life and work.

Barletta: It seems like there is this is part of you that is "the anthropologist" and is played out in your family therapy. Thank you very much for your time this morning, your knowledge, experiences, wisdom and curiosity, and that fine Italian spirit!

Andolfi: Thank you for the questions . . . it was very nice.