

Setting the House on Fire: The Melbourne Interview With Salvador Minuchin

Brian Stagoll

Brian Stagoll interviewed Minuchin via satellite in front of a conference plenary audience at the Inaugural Pan Pacific Family Therapy Congress in Melbourne, 2001. Minuchin looks back over his working life, and weaves the various leaders of the family therapy field in the US into an 'American Quilt'. He also responds to questions about his own impact on the field, and his prediction that by 2000, family therapy would be triumphant.

Jeff Young had the idea of interviewing Salvador Minuchin via satellite for the last plenary session of our Pan Pacific Family Therapy Congress on September 7, 2001. A great idea, but also beyond anything we'd ever tried at our conferences. In late 2000, Jeff phoned Minuchin, who was characteristically receptive and generous, and offered to do the interview for no fee. In turn, Jeff invited me to conduct the interview, a very daunting task. In my obsessive anxiety, I decided to go to Miami in June where Minuchin was keynote speaker at the American Family Therapy Academy Conference. Salvador was gracious, magisterial and also rather frail, and I wasn't at all certain if it would all work.

I planned, I rehearsed, and I canvassed questions, advice and reassurance from everyone; then minutes before the start we couldn't get sound out of the satellite link, and I panicked, as everybody, following my direction to 'Bloody be on time', had packed the room. This is a transcript of the interview, with very little editing so as to capture Minuchin's Spanish rhythms and intonations. The interview turned out to be more dramatic than we had ever imagined.

Brian Stagoll: Salvador Minuchin is a foundational father of family therapy. His visit to Australia and to the Bouverie Clinic 25 years ago was the event that really set us developing a movement and culture of family therapy in Australia. Today that is brilliantly embodied in this Conference and in our *Journal*. It is wonderful that we can have Salvador with us today. This is the kind of thing that was unimaginable 25 years ago.

Salvador Minuchin is a hero to many of us, brought up on the dazzling tapes he left behind after his visit in 1976. *How many people have seen Minuchin tapes?* Please show your hands? [Most of the audience put their hands up.]



In an article in the *New Yorker* a few years ago, Janet Malcolm wrote

... life is supposed to be disorderly, boring, fragmented, repetitive, in need of drastic editing. Watching a Minuchin tape of a session is like being at a tightly constructed, well directed, magnificently acted play. No-one disputes his dazzling effectiveness or denies his position as a kind of Horowitz or Pavarotti of therapy.

And Sal has still got the magic: I was lucky enough to meet him in Miami a month and a half ago and he is still fantastic. Here he is, sitting in a studio in Boston.

Salvador, can you hear us? Welcome to Melbourne.

Salvador Minuchin: Thank you.

Brian Stagoll: Salvador, you were last here twenty-five years ago. What do you remember of Australia in 1976?

Salvador Minuchin: Not much [laughs]. I remember speaking with Geoff Goding about the bias against new Turkish and Greek immigrants. I remember watching the opera in Sydney.

But really I was a little bit anxious about this presentation, so I decided that I need to know a little bit more about the way you people think. Brian, you gave me this magazine, the Sept. 2000 issue of the *ANZJFT* and I read it. I wanted to know what are the issues that you have at this point. And as I read it I became more and more anxious. In general the writing was beautiful and erudite, but it privileged philosophical and sociological



Brian Stagoll is a former President of the ANZJFT Board. Address for correspondence: 579A Brunswick Street, North Fitzroy, VIC, 3068; bstagoll@vicnet.net.au

concepts, rather than clinical issues. I was surprised: there were four references to Derrida, a writer that I have always found very difficult, but there were no references to Bateson, no references to Whitaker or to Bowen, and there was one reference to me, but that was because in 1998 I wrote an article about the fate of the family in postmodernist family therapy. As I read the content of the 'Dialogue on Diversity in Therapy', I felt attracted by the focus on sociological, political and ethical issues that clearly interests my colleagues. Issues about depression, colonialism, justice, violence, diversity, gender, post-expertise collaboration and therapeutic uncertainty.

Now, out of some corner of my Jewish background came the memory of an idea that in Hebrew is described as *Tikkun Olam*, the healing of the world. It seemed to me that the focus of the paper concerned this commitment to healing, which means accepting the responsibility of belonging to a world that is far from perfect. As a therapist I have always felt the tension between my humanistic focus and the limitations of my clinical tools. I have always felt that when I wanted to do something big, I needed to go political. To heal the world is a task for God and if she is not able, for politicians.

But that left me, and I assume many people that think like me, with a very narrow scope for my efforts. Very early in my career, first as a psychoanalyst and then as a family therapist, I recognised the need to find a small world where I could help God with my healing tools. I needed to find a world that was small enough so that with the healing tools of a clinician I could be effective. I selected to work with Afro-American and Latino populations in New York. That meant that I needed to learn. There was so much that I did not know. As an Argentinian Jew who was an immigrant in the US, I didn't even realise that I was white. In Argentina I was not white, I was Jewish. I didn't realise I was white until I came to New York and I went to Harlem in the black ghetto. I came from a middle class background and I didn't know much about how poverty restricts life. I spoke a very rudimentary English — much worse than today — and I needed to communicate in black English that is quite different. I was a professional, accustomed to reflect and to articulate my subjective ideas and I was working with a population that experienced itself through action. Therefore I needed to create a language with which I could communicate.

I created a therapy that was a response to my clients' needs. I developed experiential techniques, like enactment, in which family members interact with each other in my presence during the sessions, and I became involved in their transactions. I looked for techniques to facilitate communication, but also to calibrate feelings so that the anger against the dominant majority, experienced by the marginalised population that I was working with, did not turn into a violence against each other. Of course, as my colleagues and myself began to look at the social context of poverty we saw that the government agencies that monitored the life of the working population, and the institutions that serve the poor, were part of the mechanism that oppresses. For the last two decades I have been working, sometimes effectively, but always

with difficulty, to create small changes in governmental agencies so that they can become more family-friendly.

Some time ago I wrote a book called *Families of the Slums* (1967), describing the characteristics of underprivileged families who had delinquent children. And since then I have written other books dealing with psychiatric hospitals and with foster care agencies. In the process I learnt that knowledge is achieved gradually: with commitment and with effort, and that expertise is useful, and should not be dismissed. Because of this experience I have problems with the politically correct orientation of collaborative postmodern family therapy. Perhaps by polarising collaborative and non-collaborative therapy, the field is creating a straw man. Mostly however, I have problems with the dismissal of previous knowledge and with the abandonment of responsibility for using that knowledge on behalf of all us. So you see I start with a strong commitment of where I stand now. From here, let's go on to the next question.

Brian Stagoll: My second question is about the origins of family therapy in the 1950s and 1960s. Would you like to tell us about how the culture of family therapy was built? It seemed to have wonderful diversity in those days.

Salvador Minuchin: It was a great period. First, I was much younger and I had a tremendous amount of energy. But it was a period of the creation of a movement. We used to go with our video tapes just like musicians to large audiences — 500, 700 people. It was quite an interesting experience, and what was happening also was that there were a number of people that thought in different ways, but we were all friends. We were competitive but we listened to each other. Reading this article of your magazine, I was concerned about the fact that I detect some elements of competition among family therapists today that does not allow dialogues.

I want to describe to you how things started. Family therapy started in four different places in the United States. It started with Ackerman in New York, with Bowen in Washington, it started with John Elderkin Bell in Providence and it started with Bateson, Jackson and Haley in Palo Alto. Essentially if you want to think about that period, you can think about the development of a quilt in which, in each corner, people were working some kind of patchwork that was, seemingly, a complete theoretical idea. I see this quilt as having two borders. In New York it was Ackerman and in Palo Alto, on the West Coast, it was Bateson. These were the two significant people at the beginning of family therapy.

Gregory Bateson was an interesting figure. He was tall, angular, an intellectual English don. He was responsible for the introduction of the basic theoretical ideas. But he was more interested in the meaning of ideas than in the people that created them. As an anthropologist he was wary of change. He was concerned about the danger of meddling in another culture and about imposing the culture of the observer on others. He did not trust the position of participant observer taken by other culturally minded thinkers such as the psychoanalyst Harry Stack Sullivan. The language of Bateson's writing at this point moved therapists toward descriptions instead of prescrip-

tions. This was a welcome red light in a field populated by therapeutic labels. But it also moved his followers towards ideas and away from people and away from emotions. It put distance between the therapist and the family as a human group, when emphasising the characteristics of systems and repetitive patterns. I remember once hearing Wendell Berry, a poet and a friend of Bateson, saying to him, 'I have a piece of land, I walk on my land, I kick a stone, the stone flies: you, Gregory take your intellectual shovel and throw the land, the stone and the kick into my frontal lobe'. Bateson's patch then incorporates the revolutionary elements of his thinking about systems, but also his conservative, distant relationship to the human family.

Nathan Ackerman was Sancho Panza to Bateson's Quixote. He was short, barrel chested and close to people. He moved slowly from psychoanalytic concepts and work with individuals, towards the interaction of people with each other. I saw him in the late 1950s presenting a tape of his work for a family of two parents and a misbehaving eight-year old. He picked up the child and put him on his lap, crossing his legs and immobilising the kicking legs of the child and he continued gently talking with the parents, as the child slowly relaxed against his chest. The audience that was filled with psychoanalysts and psychiatrists was shocked by this display of authoritarian and unprofessional behavior. While the parents of the child and the child felt supported, the psychiatric field was absolutely enraged. Ackerman's early writing evolved from the focus on the intrapsychic life of the individual to concern for the interactive psyche of the family members. From his psychoanalytic experience, he bought a view that a countertransference feelings of the therapist could provide a window into the dynamic of the family, and the therapist's self was a positive instrument in therapy. Ackerman's patch contains his confident emphasis on the importance of the therapist/client relationship as the motor of healing. While the field was moving with the excitement of the new ideas that Bateson was bringing about systems, he remained respectfully faithful to clinical explorations of the individual within interpersonal context.

These borders created by Bateson and Ackerman reflect a fault line in the field of family therapy today. The stress is clear if one looks at the current argument about the roles of the therapist. In the 1960s when the field was born, most of the pioneers had been influenced by psychoanalytic theory. We saw the therapist as an objective, self-controlled expert, guided by the interests and needs of the patient. We thought that the therapist's experience of the client was a useful tool for understanding and healing. Bateson challenged this notion. That (Batesonian) view of the therapist resulted in an emphasis on protecting the clients from the therapist's power and highlighting the necessity, above all, for therapeutic restraint. This polarised view of the therapist has split the field into two camps: one that perceives the therapist as a benign healer, and one that perceives the therapist as a restraint facilitator. In the first group (the group in which I position myself), the healers accepted the responsibility of their expertise. Most members of the group have been analysed

or been in psychotherapy and they assumed that they have gained self-knowledge and were, therefore, objective. The second group saw the therapist as an explorer of family dynamics in a democratic and collaborative relationship with the family, and their responsibility was as facilitators of family resources.

I want to describe both groups. I have selected three people from each group and I would like to describe a little bit about how I saw them then and how I see them today. I have put five weavers near Ackerman's border: Murray Bowen, Carl Whittaker, Virginia Satir, Ivan Nagy and myself. All five were influenced by psychodynamic thinking, but they all were transformed later on.

By the way, can I see how many people in the audience have seen Murray Bowen doing therapy? [a few people put their hands up]

Brian: There's about ten, and we did have a workshop yesterday on Bowen.

Salvador: Then I will tell you something about Murray Bowen. He was a psychiatrist and he moved from the Menninger Clinic where he had been doing research on mother-child symbiosis for the National Institute of Mental Health. He had described a phenomenon he called 'anxious attachment', a pathological form of mother-child bonding in which emotionality usurps reason. And he continued to explore this idea at the NIMH in Washington. The individual, said Bowen, is caught between the family pull toward togetherness and a push towards differentiation. His central premise was that unresolved emotional attachment to one's family must be resolved before one can become a mature individual. The dualism between thinking and feeling that was central to Bowen's theory created a particular form of therapeutic intervention. I invited him once to come to the Child Guidance Clinic where he interviewed a couple. He asked each one of them to talk with him and not with their spouse, instructing the other to listen and to comment only to him about their reactions to what was being said. His directive to both was 'Don't tell me what you feel, only what you think — I am not interested in feelings'.

Next to Bowen was Carl Whitaker. He was very, very different, though the two men were colleagues and friends for over three decades and their training and experience was quite similar. Both were psychiatrists. And each one of them worked extensively with schizophrenic patients. What they took from their experience of working with severely disturbed people, however, was diametrically different, both in the conclusions they drew and in the way they worked with families. Whitaker responded to the irrationality of his schizophrenic patients by becoming interested in the meaning of their speech. He thought that he could connect with his patients by exploring the irrational aspect of his *own* thinking. His way of paying attention to the marginal processes of his own mind came through to the family as an invitation to accept and communicate the non-logical aspects of their thinking. In an interview, for instance, he said to the wife of an intact couple 'Do you have an idea when you divorced your husband?' After a stunned

silence she replied 'I think it was before Jean was born'. To which the husband said softly 'I think it was before that'. Whitaker was using a metaphor about proximity and distance, and the couple understood immediately, though it was puzzling to the observer.

So here we have the patches of Bowen and Whitaker, clearly complementary: reason versus the non-logical, mental versus intuition, cognition versus experience, middle distance versus proximity. Each would need the other to encompass the human complexity. But they considered their viewpoints complete and their patches have very discrete boundaries. The Bowen patch contains the careful self-discipline of the therapist; Whitaker's patch is marked by his challenge to the primacy of logic.

Brian: Did Whitaker ever influence Bowen, or vice versa? They saw a lot of each other.

Salvador: They lived in parallel universes. They were good friends, they jogged together, they saw each other's tapes, but I don't think they ever understood each other [laughter]. Whitaker influenced me. I felt very close to him as a person, and felt influenced by his focus on the non-rational, his ability to connect with people's unconscious.

Now I would like to talk a bit about Virginia Satir. How many have seen a tape of Satir? [many hands] — that's wonderful.

Virginia was the *grande dame* of the period. After working at the Mental Research Institute with its emphasis on family communication, she moved to Esalen where she became involved in the Human Potential approach. And here her patch was filled with large array of concrete techniques that she collected or invented. She used, for instance, the language of Gestalt therapy, saying things like 'Would you allow your body, at this point in time, to sit in this chair near your mother?' Immediately after that she would introduce techniques of relaxation. She might tie family members together with a rope to symbolise emotional linkages and the power of love. Or she would ask spouses to create a human sculpture while the children observe and participate. In all her sessions, Virginia was central and proximal, using herself as a midwife in the birth of connections among family members. She had the same proximal approach in her teachings. She called her students 'the beautiful people' and she met with them and their families each summer, interviewing them as normal families and searching with them for ways of enhancing harmony and connection. At the time when other clinicians were concerned with power and with cybernetic explanations of family functioning, Satir ahead of her time, was focused on the power of connections as a healing tool.

(Now I want to tell you some interesting experience that I had with this audience today. The camera focused just now on a person who, when I talked about Virginia, had an expression of transcendental encounter, as if she had been a student of Virginia at some point and I thought that I was talking with her!)

I will not talk about Ivan Nagy, who introduced some very interesting ideas about ethics into the field. Or about Jay Haley who developed the work with (hesi-

tates): okay I worked with Haley for ten years but I don't remember what he developed!

Brian, are we still together, can I continue, or is it boring?

Brian: [who is distracted] This is wonderful, I think ... [widespread applause].

Salvador: I will talk about the restraint facilitators. This is a group of therapists that cluster near Bateson's side of the quilt. They evolved a practice where what was important was to shrink the therapists' authority. While that general description holds for all of them, they differ in their conception and practice of therapy. First it was the Mental Research Institute in Palo Alto that was the site where Bateson met with a group of brilliant clinicians, Jackson, Weakland, Haley, Satir, Watzlawick. They transformed systemic thinking into strategy of intervention. This group created a revolution in the 1960s. In his book *Change*, Paul Watzlawick described the theory that families, in an attempt to solve problems, crystallise patterns of response that narrow the alternatives so they actually become a problem. And the therapy then must be directed at changing the behaviour pattern.

Brian: Salvador, Salvador, can you stop a minute! You would not believe this. The reason I was looking a bit disconcerted a minute ago was that there has been a fire downstairs in our hotel. You've set the place alight. I'm assured the fire is out, there is no danger, but there is a bit of smoke in the room.

Salvador: What do we do then?

Brian: Hold on a minute, the manager of the hotel is making an announcement [the all-clear is given].

Salvador: I want to ask you if I am at all guilty: nothing that I did? [laughter]

Brian: Inflammatory speaking!

Salvador: We will continue then?

The therapists of MRI developed a minimum intervention that was a model of brief therapy that would last no more than ten sessions and that was because they thought that minimal contact between the therapist and the family was better. They were concerned that if the therapist was wrong, then the therapist would impose his point of view on the family. Therefore they developed a brief therapy, sometimes with five sessions, sometimes with three sessions. They would ask the family to select the most significant issue that they wanted to change, and they addressed themselves only to that issue. They also began to interview individual people, sometimes couples, every once in a while, families.

I will jump over the Solution Focus Model that I assume all of you know. I will go to the Milano model. I put the Milano group in the American quilt because they were tremendously influencing in the American field.

Brian: Which side of the quilt?

Salvador: They are certainly close to Bateson. They developed a group of people at the Ackerman Institute, Peggy Papp, Peggy Penn and a number of other people

that were very influential in bringing the Milano model to the US. There were four — Mara Selvini Palazzoli, Luigi Boscolo, Gianfranco Cecchin, and Guiliana Prata. For the Milan group, the non interfering aspect of Bateson's philosophy was basic. They focused on restraining the therapist, while helping the potential of the family to create constructive changes. They developed a series of relevant concepts and techniques, including neutrality, hypothesising, circularity. Things that have become absolutely common in the field. They also developed techniques that were very important — the technique of the team behind the one-way mirror, so the therapist was not the individual therapist, but the therapist in a team. That was a way of restricting the position, the authority of the therapist. The group split during the 1980s, Palazzoli and Prata continued exploring the dirty games that severely disturbed families tend to play, while Boscolo and Cecchin took a different route. They moved toward a therapy of collaboration with families, helping families to examine the process in order to choose the best way of living. The therapists were curious about the result but were not responsible for the change. That is very surprising — both Boscolo and Cecchin are extraordinary fellows. I have seen them for many, many years. They are master therapists. For them to say that they are not responsible for therapeutic change seems to me paradoxical.

I want to talk about the postmodernists that of course you know very well since you are very much the centre of the narrative therapists at this point in family therapy.

Brian: It is currently a large part of the quilt!

Salvador: Yes. It appeared in the 1990s as another challenge to systemic thinking and this time with a decidedly French accent. Not an American accent or an Australian accent, but certainly the accent of Michel Foucault, a French historian and philosopher. Foucault described the way in which in different historical periods, the dominant discourse provided a perspective and a language that controls the way people experience events. This was a radical challenge to the perception of reality, maintaining as it does that reality is constructed by the consensus of people. Reality then becomes narrative and no longer has the power of truth.

With this perspective, postmodernists developed a family therapy that privileges the way in which family members give meaning to life by the way they tell their stories. The therapist becomes a copy editor in the process of retelling their stories. I appreciate the political power of this theory which explains how dominant cultures have maintained their positions by controlling the labelling of events and the hierarchy of meaning. As a young socialist, I read literature that talked about the same thing. But in its application to family therapy, the focus on the particular denies the reality that families have universal features. Postmodern therapies have focused on the individual in therapy, on the individual stories, while family members become the audience who validate the meaning by listening. The emphasis on individual meaning moves intervention back toward expansion of self — the expansion of 'me' instead of the expansion of 'us', that for me is

basic in family therapy. The sense of responsibility towards others is replaced by a return to cognitive construction. With the rejection of the universal and the emphasis on the singular, postmodernists may have been caught in the dominant discourse of the time in which fragmentation prevails and both loyalty and responsibility are considered old stories. [Strong applause.]

I touched some people, some people agree with me there!

The last patch that I want to talk is about the feminists that I met in the 1990s.

The first time that I met with feminist family therapy was in the Philadelphia Child Guidance Clinic. I had learned that there was to be a meeting convened by Marianne Walters and Peggy Papp who were supervisors at the Clinic and two other family therapists, Betty Carter and Olga Silverstein. They didn't tell me that there was this meeting in the Clinic that I directed, and I remember entering the room. I wanted to say something and I was asked to leave. They said nothing I could say would be relevant to this group. I felt chastised and I left. The feminists in family therapy had entered into the lion's den and evicted the lion. The first year of the feminist challenge had, I think, more heat than light. Affect seemed to interfere with content; men were seen as oppressors and there was an element of exclusion in the movement. Intellectually, I understood the need for militance, but as I became a target I felt uncomfortable. But slowly two things happened. For one, the movement lost its strident tone, beginning to accept feminist men. And men therapists in response became less defensive, myself included. The movement also generated a number of theoretical formulations that were clearly interesting and important, recasting family therapy from a feminist perspective. Feminists, for instance, raised the question concerning the concept of power in systemic thinking, especially when working with family violence. If the theory presents a man and a woman as equally maintaining the violent process in the family they asked system thinkers: 'Are they blaming the victim and condoning the perpetrator?'

In all, feminist therapists have not replaced system thinking. Rather they have sensitised family therapists to include awareness of gender in psychotherapy. But they have also articulated a broader concern for social/political issues, focusing on the impact of the political environment, on the life of families and helping clients to resist oppressive social forces.

To finish, I want to summarise my quilt. As I look at my quilt I see the content of the separate patches. Bateson: innovations about circular causality and homeostasis; Ackerman: beliefs in the therapist's use of himself; Bowen: concern about the destructive power of family emotionality; Whitaker's focus on the creative capacity of the unconscious to trigger human crises; Haley's use of control and his distrust of insight; Satir's emphasis on the power of positive connections; Ivan Nagy's critical concern about mutual responsibility and justice; my own map of family organisation; the development of minimalist intervention by the Mental Research Group and the solution focus therapies; the capacity of

Palazzoli and the teams from Milan for self criticism and change in the therapeutic practice; the focus on social diversity that accompanies the postmodernist challenge. And finally the overall awareness of gender bought by the feminist movement which drew attention to social and political issues.

The overall impact of this quilt is powerful. As a group, these weavers and others were inspired by the unifying idea that individuals are embedded in the social and historical context as practitioners in the craft of healing. They all selected the family group as the minimal unit for looking at individuals and as a telescope for looking at society. In general, what is wonderful as I look at this history is the tremendous sense of diversity and dialogue that accompany the first three decades of the development of family therapy. We were full of the sense that we had the truth but we were in continuous dialogue and discovery and we were aware of our ignorance, our uncertainty, and certainly questioned the idea that we were only benign people that came to that field in order to work with people and help them.

Brian, this is the end of my prepared part. Can we have some dialogue with the audience?

Brian: Thank you Sal. I've canvassed a number of questions from the audience. The first question I'd like to ask you is about that one part of the quilt that you didn't mention: your own work on psychosomatic families. Can you tell us where that fitted into the quilt and where has it gone now?

Salvador: I spent five years working with diabetic, asthmatic, and anorectic children. It was a very intense and a very meaningful period. First because I worked with people that were in danger of death. It was the intensity of working with people that I knew could die in my hands. I developed a team of collaboration, working with pediatricians, with The Children's Hospital, with the Child Guidance Clinic. The development of a pediatric family therapy evolved. I was certain that it would become a movement for family pediatrics. That really did not happen. What happened is something different. In the US, we have a very important movement of family practitioners: which has combined medical practitioners and family therapists, social workers and psychologists and work in collaboration. This group has a journal [*Families, Systems and Health*] and it is a very important group. I feel myself as having been a pioneer in the development of that group and I belong to that group.

Brian: In 1980 you predicted that by the year 2000, family therapy would be the dominant form of psychotherapy. Would you like to make a prediction of where family therapy will be by the year 2020?

Salvador: [laughs] I certainly can do a prediction because I will not be there. It will be very easy. When I did that 1980 prediction I was certain I was right, and clearly I was wrong. I think we should look at why it did not happen the way I thought it would. I still believe that family therapy is the right response to the mental health of people, I think that at some point in five or ten years that will happen. I think that we have done a number of mistakes. One of the mistakes is that, in our development

of family therapy, we rejected psychiatrists. In the US, family therapy is the product of social workers, psychologists and a few of us psychiatrists that are really not in dialogue with any other psychiatrist in the American Psychiatric Association. So that at this point what happened is that the American Psychiatric Association has moved in a direction that is absolutely pharmacological. They do not look at families, they don't look at individuals; they only look at the interconnection of neurons. So there is an absolute lack of dialogue between family therapists and psychiatrists. And the psychiatrists have more power. I think we have not been politically wise. If you want to look at a group of people that had been wise in that, you need to look at family therapy in Great Britain. In the major hospitals in Britain there are senior psychiatrists that have evolved significant teaching and practice in family therapy. It's also happening in Italy. I think Europe has developed much more of a political wisdom and that we in the US have been naïve and unable to develop political power.

Brian: Implicit in your advice is what we should do in Australia. One of the good things about Australia is that it is the always the morning after.

[Pause] **Salvador:** Yes I understand that; in Australia today is always tomorrow! Your question, Brian.

Brian: You gave us very good advice in 1976 — what sort of advice would you want to give us now?

Salvador: [laughs] This is something I have always tried to avoid. To give advice to people in a different culture. I don't know your culture and so I would really be very wise to say I do not know what to tell you and remain a benign friend.

Brian: Let me ask you — what has been your most exciting experience in all your years in family therapy?

Salvador: There are two areas in which I think I have left an imprint. One of the areas was the psychosomatic. This was an area in which I developed a model of working that is enduring in family medicine. The other is in my work with marginalised populations. I began to work in 1960 in family therapy at the Wiltwyck School for Boys. Here I developed my language with Afro-American families that had delinquent children. What happened to me was that I adopted the marginalised poor population as being my brothers and sisters. As a Jew I had experience of growing up as a marginalised member of an anti-Semitic culture in Argentina. Therefore I felt a sense of commitment with this particular group: they became my Jews, or I became their Black. Working with this population I became tremendously indignant about the way in which governmental organisations that are working with these populations really operate with a tremendous disrespect for the family organization. The ideas of the people who work with the welfare population are that the parents of poor children need to be replaced. They need to be replaced by governmental agencies, by children's hospitals, by residential places, by foster care agencies. What I did was to spend

most of my professional life battling and being in a polemic with this particular group. I think that it is this polemic that probably represents the best of me and if I need to think about what will people remember about my contribution to family therapy, I hope it's that.

Brian: Salvador, we are going to finish in a minute. You still have the great ability to set things on fire. You are a hero for many of us since 1976, and today I think we have also seen the very best of you. I would like, on behalf of Australian and NZ Family Therapy and our Conference to thank you very, very deeply. And I'd like everybody to join in.

[Standing applause from 550 people.] **Salvador:** Thank you very, very much.

Postscript

Later that night, Jeff Young and I called Salvador in Boston to thank him. He, like us, was very pleased with the interview. He said the satellite broadcast hadn't dampened the emotions or experience of the audience. (The smoke and fire probably helped a bit too!)

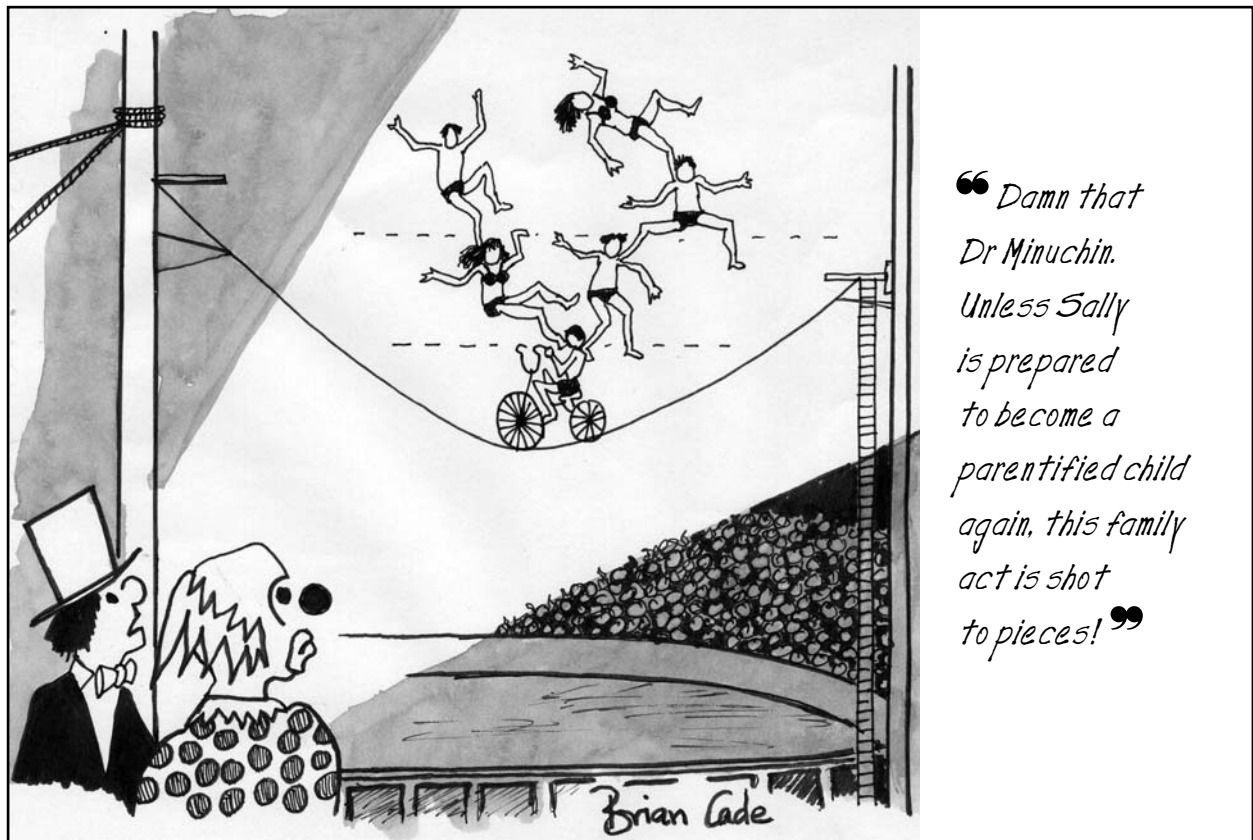
The next day we discovered to our great chagrin that somehow, some way, we had not managed to slip a blank

video into our extremely costly satellite recording system. So if you weren't there, you missed it!

Four days later the World Trade Centres were blown up and our carelessness seemed trivial. Jane Davis from Melbourne took some Australian wine to Boston for Salvador and he promised to serve it at his eightieth birthday dinner. He wrote 'I really had a great sense of immediacy during the conference. There are some things in this world that man has made difficult, that are, nonetheless wonderful. Regards, Sal.'

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