Postscripts

Since the beginning of the twenty-first century, there have been a number of significant losses internationally of pioneers in the field of systemic and family therapy, all of whom appear in Chapters 1, 2 or 3 of this book. In the pages that follow, we offer a bird's-eye view of each of these pioneers and their distinctive contributions to the field of family therapy and systemic theory and practice.

Tom Andersen (1936–2007)

Although Tom Andersen once made clear in an interview, 'Please be careful and do not say "Tom Andersen developed the reflecting teams"', referring to the collaborative nature of the development of the idea, it is for the idea of the concept of the reflecting team that he will be best remembered. This is regarded as one of the major 'postmodern' contributions to the therapeutic process, and grew out of a discomfort with talking about clients away from their presence when working as part of a team of therapists observing a session. It was Andersen who had the idea to allow the therapists to become observed by the patients while discussing the session that had just taken place, and who wrote about the practice in *The Reflecting Team: Dialogues and Dialogues about Dialogues* (1990).

Born and raised in Oslo, Andersen began his career as a family doctor in the north of Norway, before completing training in social psychiatry and going on to become professor of social psychiatry in the Institute of Community Medicine at the University of Tromsö, the most northern university in the world, where he spent his entire career. Andersen first became interested in applying systemic ideas to his work out of a growing criticism of orthodox psychiatry, and its tendency to think in terms of labels and categories.

As well as collaborating with Harry Goolishian, Lynn Hoffman and Peggy Penn, among others, Andersen travelled extensively, most notably throughout Europe, Russia, Africa, and North and South America, and often joined in with the work of a local therapist or team while there. He also regularly brought the rest of the therapeutic world to Tromsö with his June seminars, run annually for over two decades, in which guests and speakers, including Luigi Boscolo, Gianfranco Cecchin, John Shotter and Karl Tomm, were encouraged to interact with the focus on their own experiences, a clear move away from the scientific, evidence-based discussions dominant in family therapy at the time.

> **When we finally began to use this mode we were surprised at how easy it was to talk without using nasty or hurtful words. Later it became evident that how we talk depends on the context in which we talk. If we choose to speak about**

> **the families without them present, we easily speak 'professionally,' in a detached manner. If we choose to speak about them in their presence, we naturally use everyday language and speak in a friendly manner.**
>
> (Andersen, T. (1995) Reflecting processes: acts of informing and forming – you can borrow my eyes, but you must not take them away from me, in S. Friedman (ed.) *The Reflecting Team in Action*. New York: Guilford Press)

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W. Barnett Pearce (1943–2011)

W. Barnett Pearce was a communication theorist at the University of Massachusetts Amherst who is best known for developing with his colleague, Vernon Cronen, the Coordinated Management of Meaning (CMM) theory of communication. Three principles of CMM attractive to and adopted by family therapists are: there are multiple social worlds, these social worlds are created in interactions and through conversations with others, and we are all active agents in the making of social worlds such that, as we are in conversation with one another, our social worlds are continually changing and being co-constructed.

One of the key issues that CMM aimed to address was the complexities of meaning-making, particularly as meaning can be located simultaneously both in the heads of individuals as well as in social interactions between people. Pearce and Cronen's work focused on patterns of interactions between groups and thus was appropriate for understanding family groups. This had two primary objectives; the first was to coordinate interactions in order to avoid meanings centring on hate or fear, and the second was to allow participants in a group to manage meanings so that they had some idea of the patterns of meaning in which they were situated.

Four models used in CMM and by some family therapists to explore the richness of human communication are: the *hierarchy model*, which looks at specific speech acts in the context of episodes, self, relationships and culture; the *serpentine model*, which calls attention to the process of emerging meanings from the twists and turns of one speech act to another; the *daisy model*, which assumes each event or conversation is the centre of many other conversations, so curiosity about the daisy petals enlarges meaning and connections; and the

LUUUTT model, an acronym which amplifies stories – stories lived, stories untold, stories unheard, stories unknown that once explored, expand the collective sense-making.

CMM also describes and analyses patterns in communication using the idea of the 'strange loop', which demonstrates how a dialogue or interaction has a series of contradictory or misleading communication patterns.

> **Communication is about *meaning* … but not just in a passive sense of perceiving messages. Rather, we live in lives filled with meanings and one of our life challenges is to *manage* those meanings so that we can make our social worlds coherent and live within them with honor and respect. But this process of managing our meanings is never done in isolation. We are always and necessarily *coordinating* the way we manage our meanings with other people. So, I concluded, communication is about the coordinated management of meaning.**
> (Pearce Associates (2004) Using CMM, 'The Coordinated Management of Meaning': A Pearce Associates Seminar, 4 August 1999, San Mateo, CA (revised 7 January 2004) [https://fliphtml5.com/ukos/gpog/basic])

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Gregory Bateson (1904–1980)

Gregory Bateson is best known among family therapists for the Bateson Project (1953–1962). Together with John Weakland, Jay Haley and Don Jackson, he researched on the nature of communication processes, context and paradox using Russell and Whitehead's theory of logical types. Their landmark article, 'Toward a theory of schizophrenia', published in 1956, described the double bind theory and offered an interactional perspective for understanding human communication that became foundational in the development of systemic family therapy.

Bateson understood how double bind theory could be applied to any number of contexts where relationships in human systems were at risk of arriving at an impasse. He thought the major problems in the world are the result of the difference between how nature works and the way people think.

Gregory was the third and youngest son of the distinguished geneticist William Bateson. He grew up in Grantchester, England, studied biology at Cambridge, and in 1929 began teaching linguistics at the University of Sydney, New South Wales, which enabled him to spend time in the Pacific pursuing his fascination with anthropology. In 1933, he met and worked with the anthropologist Margaret Mead and they married in 1936, moving soon after to California. Bateson, an ecologist and systems thinker, and a founding thinker creator of cybernetics and communication theory as applied to understanding human behaviour, was one of the most respected anthropologists of his era and whose work intersected many fields.

Bateson rejected linear thinking, believing that by assigning cause and effect blame can also be implied. Bateson viewed the world in terms of whole systems and patterns advocating a non-dualistic view, believing that an understanding of systems flows from focusing on relationship, form and pattern.

Bateson's emphasis on how context gives meaning to words and actions has given family therapists a lens to use when trying to make sense of disturbed behaviour and understand how interactional patterns, hierarchy, boundaries and feedback all contribute to symptom maintenance. He showed that when verbal and non-verbal communication become mixed, confusion, misunderstandings and conflicts arise in relationships, which can lead to a double bind situation where each person in the relationship system becomes 'stuck' because whatever each does they are 'damned if they do and damned if they don't'.

> **All experience is subjective ... [Information is a] difference that makes a difference ... What pattern connects the crab to the lobster and the orchid to the primrose and all the four of them to me? And me to you?**
> (Bateson, G. (1979) *Mind and Nature: A Necessary Unity.*
> Cresskill, NJ: Hampton Press)

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Insoo Kim Berg (1934–2007)

Insoo Kim Berg is best known as one of the co-founders of solution-focused brief therapy, setting up the Brief Family Therapy Center in Milwaukee with her husband, Steve de Shazer, and writing numerous papers and conducting workshops globally on the approach.

Berg was raised in Korea where her family was in the pharmaceutical manufacturing business. In 1957, she moved to the USA to continue her pharmacy studies before shifting her focus to social work.

Berg was attracted to family therapy but became dissatisfied with the ineffectiveness of many of the techniques of the time, particularly those drawn directly from psychoanalysis, which did not take properly into account the complex nature of working with families. Inspired by the systemic ideas of Jay Haley and others, Berg decided to train at the Mental Research Institute in Palo Alto and worked there with Haley, as well as John Weakland and Paul Watzlawick.

The move to California also led to a meeting with Steve de Shazer, and the pair went on to Milwaukee, setting up their own practice. Berg's clinical technique so impressed de Shazer that he later said that he 'had spent most of his career trying to accurately identify and describe in writing everything that Insoo did when she did solution-focused therapy'. Early on, however, their ideas proved controversial with colleagues, and in response they set up their own practice, which became the Brief Family Therapy Center. Solution-focused brief therapy switched the paradigm from solving problems to building solutions, focusing on the client's own abilities to know what is best for them. Therapists engage in language games with the client to jointly produce exceptions – identifying behaviours the client was engaged in before the problem existed, and solutions – a description of life without the problem.

Berg maintained an extremely active schedule throughout her career. As well as her work in Milwaukee, she travelled throughout Europe, Asia and North America conducting workshops and served on the editorial board of a number of journals, including the *Journal of Marital and Family Therapy* and *Family Process*.

> **Clients only look at it from one way, the way that gets them stuck. So we give them another way of looking at it. They are in the same situation, but turning it just a small degree helps them look at things from a different angle. And I think that is where the solution comes from. Not because every thing we say is right or smarter.**
>
> (De Shazer, S. and Berg, I.K. (1997) An interview by Dan Short with Steve de Shazer and Insoo Kim Berg, *Milton H. Erickson Foundation Newsletter*, 17(2): 18)

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Luigi Boscolo (1933–2015)

Boscolo was one of the original four members of the Milan Group, whose practice, teaching and writing using communication and interactional theory to conceptualize the nature of family problems made significant contributions to family therapy worldwide. He himself was particularly interested in how the therapist as an observer nevertheless becomes part of an evolving system with the members of a family.

Boscolo grew up in Vicenza, north-east Italy, where he and Gianfranco Cecchin, who was a childhood friend, went on to train in psychiatry, have a life-long friendship and internationally influential working partnership. In 1967, disillusioned with psychoanalysis, Boscolo joined Mara Selvini Palazzoli, Guiliana Prata and Gianfranco Cecchin with the aim of finding more effective ways to treat schizophrenia and anorexia at what became the Milan Centre for the Study of the Family.

For Boscolo, psychoanalytic explanations for problems depending on the belief that there was 'a truth' to be discovered if symptoms were to be understood was unsatisfactory. Inspired and influenced by the work of Gregory Bateson, Paul Watzlawik and others at the Mental Research Institute (MRI), Boscolo recognized how reality is socially constructed and the powerful therapeutic effect of bringing forth alternative perspectives using questions. In 1979, he and Gianfranco Cecchin set up their own training institute, the Centro Milanese di Terapia della Famiglia. For Boscolo, recognizing and collaborating with the time perspective of clients was necessary in order to maintain rapport.

> **In my opinion, if the therapist remains in just one time perspective (for example, the future), this can be effective in some cases but in others you can't create a rapport. It's a matter of circularity … to be circular also upon the time perspectives of the family … It is always good to assume a future-oriented perspective but taking into account a basic point – which is the time perspective of the client? If it is about the past, we have to assume their perspective … afterwards you can lead them step by step towards the future and evolution.**
>
> ('A Conversation about Time' between Luigi Boscolo and his colleague Gianfranco Cecchin, Centro Milanese di Terapia della Famiglia, *YouTube* video [https://www.cmtf.it/en/gianfranco-cecchin/])

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Ivan Böszörményi-Nagy (1920–2007)

Böszörményi-Nagy is best known for developing the contextual approach to family therapy, which emphasizes the role of ethics and justice, trust and fairness, in maintaining trans-generational patterns within families, and between families and wider society.

Leaving his native Hungary in 1948, where he had worked as a teaching assistant at the University of Budapest Neuroscience Clinic, Böszörményi-Nagy settled for a time in Chicago, before taking a position at the Eastern Pennsylvania Psychiatric Institute in Philadelphia in 1957 to study the connection between family relations and schizophrenia. He would work at the institute for 20 years, before heading the Family Therapy Section in the Department of Psychiatry at Hahnemann University, now Drexel University, from 1974 to 1999.

Böszörményi-Nagy, like many of his generation, was trained as a psychoanalyst, but unlike other pioneering thinkers in systemic therapy, looked to incorporate and develop these ideas in his therapy, rather than break with them – anticipating the growing rapprochement that we witness today. His major innovation, contextual therapy, looks at the web of invisible loyalties, legacies and ledger balances that operate within families, often across generations. A breakdown of trust can lead to an imbalance in the family system. For example, victims of child abuse may develop an urge to abuse their own children as a way of 'balancing the ledger'. The way out of this – and the role of the therapist – is to bring to light this web of loyalties and offer alternative options, opening up trust within the family system and breaking patterns maintained across generations. To this end, the therapy itself highlights fairness on all levels, and the contextual therapist strives to ensure solutions are relevant and just to all members of the family.

After retiring, Böszörményi-Nagy served as professor emeritus in the programme in couple and family therapy at Drexel University, a programme he had founded. He was also a founding member of the American Family Therapy Academy, as well as founder of the Institute for Contextual Growth, where he and his wife, Catherine Ducommun-Nagy, offered training in contextual therapy.

> **Do we see history moving toward freedom for the strong only, without respect for the authority of justice, or do we see it as moving toward ordered fairness, that is, accountability, for the welfare of the weak as well as the strong?**
>
> (Böszörményi-Nagy, I. (1997) Response to 'Are trustworthiness and fairness enough? Contextual family therapy and the good family',
> *Journal of Marital and Family Therapy*, 23(2): 153–69)

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Murray Bowen (1913–1990)

Murray Bowen, one of the early pioneers of family therapy, is best known for his work developing the family genogram and Bowen family systems theory, which is grounded in his observation that the human family is a living system. Bowen observed that the complex interdependence characteristic of all living systems impacts – for better or for worse – the health, happiness and quality of connections between individual family members and the group as a whole. Bowen's ideas were important in the 1950s in shifting the emphasis in psychiatry away from the individual towards understanding the individual within the context of the family. The genogram or family tree helped generate this understanding by giving the therapist a spatial map of the family unit.

Bowen grew up in Waverley, Tennessee and completed his medical training at the University of Tennessee in 1937 followed by internships in New York from 1939 to 1941. During active duty in the Second World War his interest changed from surgery to psychiatry, so from 1946 to 1954 Bowen worked as a fellow in psychiatry at the Menninger Foundation in Kansas where he also started personal psychoanalysis. In 1954, he moved to the National Institute of Mental Health in Maryland, where he began work on Bowen theory. Bowen was a visiting professor in a variety of medical schools, and he was the originator and first president at the American Family Therapy Association (1978–1982).

Throughout his life, Bowen believed that human behaviour was regulated by the same natural processes that regulate all living systems. He challenged psychiatry's tendency to diagnose and treat mental illness in a detached and isolated manner using insights from a variety of biological fields, as well as the study of evolution. Individual behaviour was not ignored, but placed within a framework that included a patient's relationship network.

The genogram facilitated understanding of the processes by which behaviours, values, attitudes and beliefs were transmitted between family members, and how those processes also generated anxiety and dysfunction. Bowen theory, then, looked at ways to work to change the system to lessen the burden of chronic anxiety and to help individuals to manage their relationships with each other in order to increase their flexibility and resilience in the face of life's challenges.

Bowen also developed the concept of the differentiated self, which reflected the extent to which an individual could distinguish between the intellectual process and the feeling process that they were experiencing. Differentiation of self was related to the ways that individuals made decisions, and whether those were driven by impulse or by reflection.

> **To be human is to be in relationships … we can't survive without them but at the same time it's in our relationships that we can so easily get unravelled. That which is created in a relationship can be fixed in a relationship.**
>
> (Kerr, M.E. and Bowen, M. (1988) *Family Evaluation: An Approach Based on Bowen Theory*. New York: W.W. Norton)

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John Byng-Hall (1937–2020)

John Byng-Hall is best known for his integration of attachment theory with systemic family therapy, particularly his ideas about the power in family dynamics of family scripts and myths. His work was crucial in developing the links between attachment theory and systemic family therapy, translating attachment theories into transactional styles and family communication patterns.

Byng-Hall was born in Kenya in 1937, growing up on a rift valley farm and living through the early years of the Mau Mau uprising (1952–1960) before travelling to Britain aged 18 in 1956 to study at Cambridge University. During the voyage, John contracted polio and was left permanently disabled by the disease. Beginning with the Natural Science Tripos, Byng-Hall went on to do his clinical training in London at University College Hospital followed by psychotherapy training at the Tavistock Clinic and Maudsley Hospital. In 1969, he joined the Adolescent Department at the Tavistock Clinic collaborating with John Bowlby on his attachment research and developing the idea in systemic family therapy of the family as a secure base.

In 1975, Byng-Hall and Rosemary Whiffen established the first family therapy training programme in Britain. Then together with John's wife, Sue, they pioneered the use of the one-way screen and videotape recording of family sessions for training purposes. After his retirement, despite deteriorating health, Byng-Hall continued writing and maintained his interest in and support of developments in the field of family therapy.

Another of Byng-Hall's major contributions to the field of family therapy was his work on family scripts. He defined these as 'the family's shared expectations of how family roles are to be performed in different relationship contexts'. Having developed in his clinical practice the concept of the secure family base, which offers a stable platform from which each family member can securely explore and develop their options, Byng-Hall elaborated the distinction between individual personal scripts and shared scripts that operate between levels of the family hierarchy. Byng-Hall emphasized helping family members to change family scripts in a positive manner, aiming to encourage co-operation in the family.

> **The attachment subsystem plays a crucial role in family therapy because it provides a secure base during therapy leading to a more secure base for the family in the future.**
>
> (Byng-Hall, J. (2008) The crucial roles of attachment in family therapy,
> *Journal of Family Therapy*, 30(2): 129–46)

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David Campbell (1943–2009)

David Campbell was a consultant clinical psychologist based for much of his career at the Tavistock Clinic in London, and best known for his work as a leading proponent of social construction and the Milan approach, his pioneering applications of systemic ideas to organizational contexts, and his rare ability to engage with others' ideas, leading him to be one of the foremost figures in systemic psychotherapy in the UK.

Born in Chicago in 1943, Campbell completed his studies in the USA, gaining a doctorate from Boston University in 1971 before moving to Britain and soon afterwards taking up a position in child psychotherapy at the Tavistock Clinic in 1972, where he worked until his death 37 years later.

Campbell's clinical work and his teaching and writing informed each other throughout his career, driven by a view of relationships as created and potentially transformed through dialogue. Against the grain of the interventionist approaches of many of his American counterparts in the formative years of family therapy, Campbell emphasized working with families in order to engage them to find solutions, seeing his view as one among – and co-dependent upon – the others involved in the system. Particularly influenced by the ideas coming out of Milan, he became a leading proponent of the approach in the UK, editing, in 1985, *Applications of Systemic Family Therapy: The Milan Approach* with Ros Draper – and that partnership continued with the Systemic Thinking and Practice Series, published by Karnac Books, which currently totals more than 50 titles.

A talented disseminator of ideas, Campbell was highly influential as a teacher, writer and speaker within the field of systemic psychotherapy and elsewhere – training and presenting at conferences internationally on the subjects of families, mental health and communities. Beyond the boundaries of the public and voluntary sectors, Campbell was also innovative in applying ideas

from systemic psychotherapy to practice within organizations generally, becoming a successful consultant and authoring and editing books such as *Organizations Connected: A Handbook of Systemic Consultation* (2008) and *The Socially Constructed Organization* (2000).

> **I grew up in a family that had strong opinions, and since I was the last child, I felt that the family values were not open for negotiation by the time I came along ... so I am today fascinated by the way realities are created and held in place through a social process, and how an individual can take part in the process without losing his or her own voice.**
>
> (Campbell, D. (2000) *The Socially Constructed Organization*.
> London: Karnac Books)

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Gianfranco Cecchin (1932–2004)

One of the leading thinkers of Milan systemic family therapy, Cecchin was a member of the Milan Group, best known for developing a method of circular questioning as a way of engaging families and gathering information from sessions. Cecchin particularly emphasized the social constructionist aspect of this approach, rejecting fixed notions of reality, highlighting the effect of the therapist as observer and authority, and suggesting the position of 'curiosity', a standpoint from which the therapist's preconceived ideas and perceptions, if not completely set aside, are placed below the line.

Cecchin grew up in Vicenza, north-east Italy, where he was a childhood friend of Luigi Boscolo, his long-standing collaborator. Initially trained in psychiatry and psychoanalysis, he eventually grew disillusioned with the practice and searched for other ways of working with psychiatric patients.

For Cecchin and his associates, the linear thinking of the psychoanalytic model depended on a belief that the stories it uprooted were true, and the modality seemed too absorbed in its own view of reality. Cecchin emphasized instead the systemic, contextual and circular aspects of meaning-making, and undertook a shake-up of the structures of reality that families were bound up in, as well as the structures that underpinned the therapeutic situation.

Drawing inspiration from the USA, and in particular the writings of Gregory Bateson and Paul Watzlawick, Cecchin was one of the originators of the Milan

systemic approach in 1971, together with Luigi Boscolo, Mara Selvini Palazzoli and Giuliana Prata. Although the group disbanded in 1979, Cecchin continued working with Boscolo, setting up their own institute together at the Centro Milanese di Terapia della Famiglia, and preferring to be referred to as the Milan Associates, in order to distinguish their work from the previous group. Unlike some of his colleagues, Cecchin continued to work with students throughout his career, feeling that the challenges they brought refreshed his thinking.

> One should feel *she is the master of her existence*, even in the worst conditions. It is not a paradoxical message, [it] is a message of esteem. I esteem you as an independent, active person, you can be active even in your tragedy. This is the postmodern message. Maybe the genome makes you mad, but even in there you have some freedom, some autonomy. That is the therapeutic message.
>
> (Boscolo, L., Cecchin, G., Hoffman, L. and Penn, P. (2004) *Clinica sistemica. Dialoghi a quattro sull'evoluzione del modello di Milano*. Italian edition of *Milan Systemic Family Therapy*, ed. P. Bertrando. Torino: Bollati Boringhieri)

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Steve de Shazer (1940–2005)

Steve de Shazer is best known as a driving force behind solution-focused brief therapy, setting up the Brief Family Therapy Center in Milwaukee with his wife, Insoo Kim Berg, and writing ground-breaking books on the approach.

De Shazer grew up in Milwaukee, the son of an electrical engineer and an opera singer. He originally trained as a classical musician and worked as a jazz saxophonist as a young man, before gaining a degree in Fine Arts and then a master's in Social Work before becoming a therapist.

Solution-focused brief therapy evolved as a shift away from the focus on diagnosis and treatment in traditional psychotherapy. Drawing together de Shazer's wide-ranging theoretical knowledge and Berg's clinical experience, the approach was influenced by Erickson and Wittgenstein among others, and integrates a detached focus on the problem with a social constructionist

perspective. Solution-focused brief therapy focuses on the client's own abilities to know what is best for them, and therapists engage in language games with the client to jointly produce exceptions – identifying behaviours the client was engaged in before the problem existed, and solutions – a description of life without the problem.

De Shazer lectured on his ideas across the globe, and solution-focused brief therapy, particularly suited to a wide range of clinical applications, has become one of the most popular approaches to psychotherapy. As well as founding the centre in Milwaukee, de Shazer was a member of the European Brief Therapy Association Board and served as President of the Solution-Focused Brief Therapy Association Board of Directors. Through centres such as the Brief Therapy Practice in London, his ideas continue to gain influence and are attractive to purchasers in the public sector.

> **My rule of thumb is that if the client doesn't talk about it, then it is none of my business.**
>
> (De Shazer, S. and Berg, I.K. (1997) An interview by Dan Short with Steve de Shazer and Insoo Kim Berg, *Milton H. Erickson Foundation Newsletter*, 17(2): 20)

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Ian Falloon (1945–2006)

Ian Falloon is best known as a pioneer of family interventions for schizophrenia, and for developing the psychoeducational approach known as behavioural family therapy – which shifts the focus from the patient to a complex behavioural analysis of the whole family environment.

Falloon was raised in Masterton, New Zealand. He trained in medicine at the University of Otago before studying in London, where he became interested in behaviour therapy, and Los Angeles, where he developed and tested his own model of family intervention on the basis of that interest – a randomized controlled trial of the use of family interventions in the prevention of exacerbations of schizophrenia.

Falloon's approach to therapeutic intervention in the case of schizophrenia strongly emphasized the role of the family's behaviour. The aim is to recognize and restructure exchanges of positive behaviour, often using written contracts between family members.

Alongside his clinical and research interests, Falloon will be remembered for his skill in formalizing and training, shown in his 1988 publication, the *Handbook of Behavioural Family Therapy*, and his contribution to the evidence base for family interventions for schizophrenia, which determined the NICE guidelines. Falloon's work took him across the globe, working with and training teams in early intervention, relapse prevention and restoring daily living to people with schizophrenia. After a period of living and working in the UK, Falloon moved back to New Zealand to take up the post of professor of psychiatry in the University of Auckland, before moving to Umbria, Italy, and running training courses from his home there.

> **We're trying to get the family to work together as their own therapists so that we can sit back and just give them encouragement. Once they've learned to do this, we can fade into the background.**
>
> (*The New York Times* (1982) Helping families aid schizophrenics, *The New York Times*, 17 June)

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Harry Goolishian (1924–1991)

Harold Goolishian was a clinical psychologist and family therapist whose contributions to family therapy were always at the cutting edge of new ideas. Together with his colleague Harlene Andersen, he is known for developing the conversational non-expert dialogical therapy approach in the field of family therapy and psychology.

Goolishian, born to an Armenian father and Irish mother, grew up in Boston, Massachusetts, receiving his master of arts in psychology from Michigan State University. By 1949 he had completed his internship at the Veterans Administration Hospital in Michigan and psychology residency at the University of Texas Medical Branch Galveston. In 1953, he received his doctorate in psychology from the University of Houston.

Beginning in the late 1950s, Goolishian was one of the pioneers of multiple impact therapy (MIT), a two-day federally funded intensive therapy project for families of adolescents being discharged from hospital who, because of living at a distance, were unable to attend regular follow-up sessions. MIT enabled the families of adolescents to work intensively with a multidisciplinary team of professionals over a period of 2 days.

In the 1970s, Goolishian worked on a cybernetic, systems-oriented form of psychotherapy, and he became known for his diverse group of interests in hermeneutics, social constructionism, language and narrative. Goolishian was to become professor in the Department of Psychiatry and Behavioral Sciences at the University of Texas Medical Branch and in 1977 was instrumental, together with Harlene Anderson, Paul Dell and others, in establishing the Galveston Family Institute. From this group emerged the ideas of collaborative language system theory, which maintains that problems are not solved but dissolved in language.

Goolishian was an adept teacher and travelled the world in order to train new therapists, believing that clients were the experts about their problems and the therapist's role was not to be an 'expert' but instead, in conversation with clients, to enable different understandings and possible ways out of clients' dilemmas to emerge. The therapist's job was to create the kinds of conversations and relationships with clients that allow all the participants to access their creativity and develop possibilities where none seemed to exist before.

By the 1980s, he believed that no-one should be adopting an 'expert' role with clients, and began to eschew the emphasis on 'family' in family therapy, believing neither he nor anyone else should take an expert role with patients. His sessions focused on the particulars of the use of language and on the agents who had a stake in the family system. Therapy for Goolishian was a way for people to construct and develop their own family system.

> **Not-knowing requires that our understandings, explanations, and interpretations in therapy not be limited by prior experiences or theoretically formed truths, and knowledge … the therapist does not 'know,' a priori, the intent of any action, but rather must rely on the explanation made by the client. By learning by curiosity, and by taking the client's story seriously, the therapist joins with the client in a mutual exploration of the client's understandings and experience.**
>
> (Anderson, H. and Goolishian, H. (1992) The client is the expert:
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Jay Haley (1923–2007)

Jay Haley is one of the founding figures of family therapy. He is known for his influence in steering the course of family therapy in its early days, collaborating with some of its pioneering figures and holding a number of defining positions, including co-founder of the Family Therapy Institute in Washington, DC, founding editor of the journal *Family Process* in 1962, and director of family research at the Philadelphia Child Guidance Clinic from 1967 to 1974. Haley pioneered techniques such as filming therapy sessions and using one-way mirrors. His work on brief and solution-focused therapy, and in particular the exuberant way in which he presented it, was highly influential.

Haley had an eclectic background, completing degrees in theatre and library science before undertaking a masters in communications at Stanford, where he was invited to join the team working with Gregory Bateson on schizophrenia, which led to the seminal paper 'Towards a theory of schizophrenia' (1956), and the proposal of the 'double-bind' theory.

Working with Bateson in 1952 provided Haley with a systemic model, and his subsequent work with Milton H. Erickson between 1955 and 1971 led to the application of this model to working with families. Haley's own therapeutic style was solution-focused, offering brief interventions that focused on concrete and immediate problems and experimented with possible solutions inspired by both therapist and client – against the dominant ideas of the time, which saw therapy as an ongoing process focused on the therapist leading the client towards an understanding of their past. Haley's thinking in this area was highlighted in *Problem-Solving Therapy* (1976), one of the most influential books in the field.

As well as Bateson and Erickson, Haley notably worked with Salvador Minuchin while in Philadelphia in the late 1960s. He also held posts at Howard University, the University of Maryland, the University of Pennsylvania, and at the time of his death was research professor of marital and family therapy at Alliant International University in San Diego.

> **It's the therapist's job to change the patient, not to help him understand himself.**
>
> (Jay Haley in conversation with James Masterson,
> Phoenix Psychotherapy Conference, 1985)

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Lynn Hoffman (1924–2017)

Lynn Hoffman was best known as an author, social worker and family therapist who throughout her life chronicled with endless vision and curiosity the development of systemic family therapy from the mid-twentieth century in ways that impacted the broader social science community. Originally a systems-strategic theorist and therapist, Lynn became an advocate of postmodern collaborative approaches in systemic therapy. In her flowing storytelling style, she documented with clarity and a light touch the complex ideas reshaping the field, weaving in and illustrating her texts with her own first-hand experiences of working with other pioneers of the field.

Lynn was the first of three daughters born to Ruth Reeves, a ground-breaking textile artist and co-creator of the American Index of Design. Raised in New York state among a community of artists, she graduated from Radcliffe College in 1946 and later earned a master's degree in social work at Adelphi University. In 1963, she took a job editing Virginia Satir's *Conjoint Family Therapy*. She worked with Satir, watching families from behind a one-way screen, and then found work as an editor for Don Jackson. Lynn then went on to work with many of the most notable family therapists of the mid and late twentieth century, including Jay Haley, Mara Selvini and other members of the Milan group, Harry Goolishian, Tom Andersen and Michael White. For many years on the faculty of the Ackerman Institute in New York and Smith College School of Social Work, she was an advisory editor of *Family Process* and the *Journal of Marital and Family Therapy* until her retirement in 2000.

Hoffman was interested in the lens that we use when approaching the world, and keenly documented the shift from the Batesonian and cybernetic systemic models of the 1960s and 1970s towards the later, more constructivist and postmodern models used towards the end of the twentieth century. Hoffman was influential throughout the 1980s and 1990s in bringing together family therapy practitioners from around the world, enabling many therapists and thinkers to come together, and inspiring research projects. Hoffman authored a number of books, including the seminal texts *Foundations of Family Therapy: A Conceptual Framework for Systems Change* (1981) and *Exchanging Voices: A Collaborative Approach to Family Therapy*. Hoffman was awarded a Lifetime Achievement Award by the American Association of Marriage and Family Therapy. Hoffman is also the subject of a film, 'All Manner of Poetic Disobedience' (2013) created by Chris Kinman, which includes interviews with many of her colleagues.

> **A first-order view in family therapy would assume that it is possible to influence another person or family by using this or that technique: I program you; I teach you; I instruct you. A second-order view would mean that therapists include themselves as part of what must change; they do not stand outside. This view allows a whole new picture to appear.**
>
> (Hoffman, L. (1985) Beyond power and control: toward a 'second order' family systems therapy, *Family Systems Medicine*, 3(4): 381–96)

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Donald Jackson (1920–1968)

Don Jackson is best known for his championing of the interactional approach and a paper on homeostasis in which he suggested physical illnesses, including psychosomatic disorders, often play an unexpected role in maintaining emotional balances within the family. Such disorders, he maintained, are useful barometers of family emotional difficulties for physicians. Jackson is known for being one of the founders of family systems therapy and was first director of the Mental Research Institute (MRI) in California. Jackson's ideas influenced the strategic work of Jay Haley, the brief therapy model and structural model developed by Salvador Minuchin, and solution-focused therapy developed by Steve de Shazer.

Jackson completed his medical training at the Stanford Medical School in 1944, before going on to study with Harry Stack Sullivan. In 1951, Jackson performed one of the first recorded family therapy sessions, when he invited a mother to join in with her daughter's session. Between 1953 and 1962 he worked with Gregory Bateson, John Weakland and Jay Haley developing his thinking in family therapy, brief therapy, systems theory and communication theory, and was one of the developers of the double-bind theory of schizophrenia. In 1958, Jackson founded and was the first director of the Mental Research Institute (MRI), and in collaboration with Jay Haley and Nathan Ackerman, Jackson also founded the first family therapy journal, *Family Process*.

Speaking of Don Jackson's contribution to systemic therapy, Richard Fisch, a colleague from the MRI, said: 'How did Don Jackson influence the field of family therapy? How did Watts influence the steam engine? He made it. Others have refined the steam engine into a better, more efficient machine. I'd say that is what Don did for family therapy, he established the discipline. Others have gone on to refine it.'

Jackson's fundamental contribution to the field was to open up psychiatry from the examination of individuals in isolation, and consider behaviours as manifestations of broader networks of relationships. His work was characterized by his attempts to integrate individual symptoms within the wider disturbance of the family, and in all of his writings he placed heavy emphasis on developing an understanding of the relationships between people, as opposed to seeing the individual in isolation. Having an uncompromising interactional view of human interaction allowed Jackson to move away from the idea that family therapy is contingent on having all members of a family

participate in therapy, as family therapy has more to do with a way of thinking on the part of the therapist than the number of people there are in the therapy room.

His frustration with viewpoints that didn't include sufficient context to explain behavioural patterns led to the influential publication *Pragmatics of Human Communication* (1967). His influence is multifaceted and can be found throughout the field of family therapy.

> **Over and over again it has been necessary to learn the lesson that the observer influences the observed … In the field of mental health, we have not only to reckon with the natural effect of the observers' own bias but we also have to deal with a second variable: the effect of this bias on the patient.**
>
> (Jackson, D. (ed.) (1960) *The Etiology of Schizophrenia*.
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Bryan Lask (1941–2015)

Bryan Lask was a pioneering child and adolescent psychiatrist and family therapist best known for his special interest and expertise in the treatment of eating disorders. He was known for being able to bring scientific rigour to his subject while retaining enthusiasm for finding new ways of treating illness. At a time when treatment studies in the field were rare, he carried out a controlled investigation of family therapy with patients with childhood asthma, demonstrating benefit to those who received the treatment. In 1987, the results were published of one of the first large studies led by Lask of children suffering from anorexia nervosa between the ages of 7 and 13. The fact that many of the children were pre-pubescent helped Lask and his clinical psychologist research colleague, Rachel Bryant Waugh, to disprove previously dominant ideas that anorexia was a disease of adolescence, or that it was somehow linked to fears about maturation in children.

After his medical qualification in 1966, Lask trained in psychiatry and then child psychiatry at the Maudsley Hospital and Great Ormond Street Hospital. He was appointed consultant child psychiatrist in 1975, where the main emphasis

of his work and research at Great Ormond Street would be eating disorders. In 1991, Lask identified the so-called pervasive refusal syndrome, where children refused to eat, drink, walk or talk for years at a time. This was later identified as a major syndrome, and has since been applied to understanding the behaviour of some refugee children who have given up hope at a time when they feel their parents have also given up hope.

In the 1990s, he attempted to integrate neuroscientific research findings into his understanding of eating disorders and worked on a theory alongside a psychiatrist colleague, Kenneth Nunn, suggesting that the insula could be responsible for the development of eating disorders. These studies, which contributed to shifting the blame away from parents, who were often considered responsible for causing the disorder, were brought together in a book called *Eating Disorders and the Brain* (2011), which he co-edited with Ian Frampton.

Later in his career, Lask set up a major research programme for the Regional Eating Disorders Service at the University of Oslo, became professor of child and adolescent psychiatry at St George's University of London and medical director of Rhodes Farm eating disorder treatment centre for young people.

> **One thing that brilliant scholars have in common is humility, not exactly an obvious bedfellow of our field's recent incursion into dogma. So, I shall end with a question to myself: 'Can I try to be more of a walking question mark, than a stampeding explanation mark?'**
> (Lask, B. (2013) Dogma or humility?, *Advances in Eating Disorders: Theory, Research and Practice*, 1(3): 183–85)

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Salvador Minuchin (1921–2017)

Salvador Minuchin is best known for developing structural family therapy, which aims to address boundary and generational problems within families by exploring the relationships between family members and relationship subsystems in a family. Families in distress, according to Minuchin, fall into two

patterns: too enmeshed or too disengaged. Structural family therapy aims to separate those family members who are too close and bring together those who are too distant. The therapist aims during a family therapy session to perturb dysfunctional relationships within the family and to restore them to healthier patterns.

Minuchin, the son of Jewish immigrants from Russia, was born in San Salvador, Argentina where he became active in leftist protests opposing the military regime, even being jailed for several months while a student. After obtaining a medical degree from the National University of Cordoba in Argentina, he enlisted in the Israeli Army during the 1948 war for independence. He then studied child psychiatry in the USA with Nathan Ackerman who was to establish the Ackerman Institute for the Family in Manhattan. Minuchin then returned to Israel and worked with orphans and children displaced by wars before returning to New York in 1954 to train in psychoanalysis.

In 1962, Minuchin began working with Jay Haley in Palo Alto and throughout the mid-1960s he was the director of psychiatry at the Children's Hospital in Philadelphia, director of the Philadelphia Child Guidance Clinic (CGC) and a professor at the University of Pennsylvania Medical School. In 1975, Minuchin began dedicating his time to teaching his model at the CGC's Family Therapy Training Center. Returning to New York in 1983, he established the Minuchin Centre for the Family. He retired in 1996 but continued to teach and write.

Working in the 1960s as a child psychiatrist at the Wiltwyck School for delinquent boys in the Hudson Valley was when Minuchin developed what became known as structural family therapy, writing about the experience and outlining his theory in *Families of the Slums* (1967). During this period, Minuchin became convinced there was no point in treating delinquents without involving their families: 'I was influenced by medicine as I strived to describe family systems. I was looking for something like the structure of an organ, like the architecture of the heart, something that had a perceivable organization.' Also during this period, Minuchin developed the one-way mirror technique, where one psychiatrist would have a therapy session while others watched.

For Minuchin, family therapy involved bringing the family drama into the therapy room, encouraging and enabling family members to interact directly with one another and, with the therapist's support, change the family drama and narrative by changing the ways they interacted with one another so that symptoms became unnecessary. Structural family therapy is a strength-based, outcome-oriented treatment modality and one of the dominant approaches in systemic family therapy today.

> **We work with the family to get their conflicts out into the open, so that everybody can see that their problem isn't that they have a little girl who won't eat, but that the family is enmeshed – they are all into each other's lives so much that the system simply can't work. The children have no rights as children; the parents have no rights as parents.**
>
> (Minuchin, S. (1974) *Families and Family Therapy*. Cambridge, MA: Harvard University Press)

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Mara Selvini Palazzoli (1916–1999)

An Italian psychiatrist, Mara Selvini Palazzoli is best known – together with Luigi Boscolo, Gianfranco Cecchin and Guiliana Prata – for the creation in 1971 of the Milan Group and their pioneering family work with people suffering with anorexia. The Milan approach focused on the communication relationship patterns between family members, with therapists validating symptoms as attempted solutions to family relationship problems and dilemmas. This validation or positive connotation by the therapist would in turn enhance the clients' engagement with and motivation for therapy.

Born in Milan, the fourth of five children to a merchant family, Mara attended medical school at Milan University Hospital training in internal medicine. Motivated by her work with anorexic patients, she developed an interest in psychotherapy and switched specialisms to psychiatry. In 1950, she began training as a psychoanalyst specializing in treating patients with anorexia nervosa. But in 1965, dissatisfied with the psychoanalytic approach and despite her international reputation as a therapist and researcher, she closed her practice and, together with the other members of the Milan Group, embraced the systemic approaches of the Palo Alto group and Gregory Bateson. At the time, this systemic approach was a departure from the typical approach in Italian psychotherapy. In 1980, the Milan Group dissolved. Then, in 1982, Marai, together with Giuliana Prata founded the New Centre for the Study of the Family where the field of research included larger systems such as schools, hospitals and companies.

The approach developed by the Milan Group linked the disturbed person, the therapist and the family into a system moving family therapists away from believing they observe a family towards including themselves and their observations as part of a larger integrated system. Drawing heavily on the cybernetic work of Gregory Bateson and Paul Watzlawick's *Pragmatics of Human Communication* (1967), the Milan approach also emphasized the importance of language, and refrained from diagnoses where possible, instead preferring to consider the family unit as a system in 'schizophrenic transaction'. The Milan Group became one of the most influential family therapy training teams worldwide.

> **I think without envy of those family therapists who work in organisations. They may find themselves in the impossible situation of having to fight on two fronts: the family game and the organisational game.**
> (Palazzoli, M.S., in DiNicola, V. (1984) Road map to schizo-land: Mara Selvini Palazzoli and the Milan model of systemic family therapy, *Journal of Systemic Therapies*, 3(2): 50)

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Robin Skynner (1922–2000)

Drawn to a career in therapy by his own traumatic experiences as a bomber pilot in the Second World War, Robin Skynner is best known as one of the major pioneers of family therapy in the UK, founding the Institute of Family Therapy and promoting systemic ideas to a lay audience through books such as *Families and How to Survive Them* (1984).

Skynner grew up in Cornwall, and had a public school education before volunteering for the RAF in 1940, at the age of 18. He later said that it was partly the 'mysterious insanity' of people killing each other on such a scale that drew him to psychiatry. Yet at the same time, the unique trust between pilot and navigator offered hope that solutions could be found. Skynner enrolled at University College Hospital and qualified in medicine in 1952, going on to psychiatric training at the Maudsley Hospital, working at first in child psychiatry.

While at the Maudsley Hospital, Skynner was influenced by systemic ideas and particularly by S.H. Foulkes, a pioneer of group analysis in Britain who had developed group approaches to treating war neuroses. This interest in group work led, in 1959, to the founding of the Group Analytic Practice by Skynner and other disciples of Foulkes, specializing in the training of group, family and marital therapy. In 1977, Skynner founded and became the first chairman of the Institute of Family Therapy.

As well as his many clinical and teaching roles, and founding the Institute of Family Therapy, Skynner was also instrumental in the development of the Association for Family Therapy and regular contributions to its *Journal of Family Therapy* were among his prolific writing output. Skynner had a notable working relationship with his second wife, Prudence, in establishing credibility for therapy with couples and families. His two books co-written with John Cleese, *Families and How to Survive Them* and *Life and How to Survive It*, did much to promote systemic ideas to a lay audience, as did his admissions of

his own need, along with the majority of people, for therapy – he maintained that only 1 in 20 could consider themselves in optimum mental health. Skynner, ahead of his time, would make his own emotions and responses a central part of the therapy session. Even after suffering a stroke in 1993, Skynner continued to travel and lecture across the world.

> **[The family] has enormous creative potential, including that of life itself, and it is not surprising that, when it becomes disordered, it possesses an equal potential for terrible destruction.**
>
> (Skynner, R. (1976) *One Flesh, Separate Persons: Principles of Family and Marital Psychotherapy*. London: Methuen)

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Paul Watzlawick (1921–2007)

Paul Watzlawick is best known for his work in communication theory at the Mental Research Institute (MRI) in Palo Alto, as one of the three founding members of the Brief Therapy Center, and for his contributions to constructivist theory. Watzlawick's influential ideas include that one cannot not communicate, and that people create their own suffering in the very act of trying to fix their emotional problems.

Watzlawick was born in Austria, the son of a bank director. He was awarded a doctorate in modern languages and philosophy by the University of Venice in 1949, going on to study analytical psychotherapy at the C.G. Jung Institute for Analytic Psychology in Zurich. In 1960, Don Jackson invited him to Palo Alto, where he spent the rest of his career, first in research at the MRI, and then also teaching psychiatry at Stanford University. Watzlawick continued in private practice until 1998.

Opposed to psychoanalytical ideas, Watzlawick emphasized relationships over introspection, and believed that human well-being relied on communicating effectively with others. His 1967 book, *Pragmatics of Human Communication*, written with Beavin and Jackson and following in the footsteps of Bateson, sets out the principles of interpersonal communication and looks at the part these principles have to play in the formation of mental and behavioural disorders. Watzlawick's work in communication went on to become the foundation for his contribution to the Brief Therapy Center at MRI, as well as his ideas on constructivism, which gained popularity in part through Watzlawick's playful

and engaging approach, drawing on an eclectic range of influences and using examples from popular film and everyday life.

As well as work at MRI, Watzlawick was a member of the clinical faculty in the Department of Psychiatry and Behavioral Sciences at Stanford University Medical Center from 1967 until his death. He also lectured and taught internationally, travelling back to his native Europe to undertake speaking engagements.

> **It is difficult to imagine how any behaviour in the presence of another person can avoid being a communication of one's own view of the nature of one's relationship with that person and how it can fail to influence that person.**
> (Watzlawick, P., Weakland, J. and Fisch, R. (1974) *Change: Principles of Problem Formation and Problem Resolution*. New York: W.W. Norton)

Suggested reading

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John Weakland (1919–1995)

John Weakland is best known as one of the originators of brief psychotherapy, and a prominent early researcher and theorist in the field of systemic family therapy. Weakland influenced the two key guiding principles of the MRI's Brief Therapy Center: the first of which was a tight focus on the client's key presenting complaint, ignoring other elements of their presentation; and the second principle arising from the realization that it is not easy to get people to change, so that Weakland advocated for a willingness to try unorthodox or unconventional tactics in order to facilitate change.

Weakland was a native of Charleston, West Virginia and such a gifted student he entered Cornell University at the age of 16 where he received a degree in chemical engineering. While working in his late 20s as a chemical engineer with the DuPont Company, he met Gregory Bateson. Encouraged by Bateson, he switched to the study of anthropology at Columbia University, working on a cultures-at-a-distance project with Margaret Mead and Ruth Benedict.

Having been invited by Bateson to join his research project, Weakland moved to California in the 1950s and with Jay Haley and Don Jackson was a member of the group who produced many of the seminal papers in the field of family therapy, particularly the milestone paper 'Towards a theory of schizophrenia' (1956). During this time, both Weakland and Haley also studied with Milton Erickson.

In the early 1960s, Weakland was a founding member along with Paul Watzlawick and Dick Fisch of MRI's Brief Therapy Center, which was to have a profound impact on the field of family therapy. This centre helped to inspire many of the influential brief therapy approaches. Weakland mentored and befriended many therapists who would go on to make major contributions to the field of systemic family therapy.

Weakland was one of the pioneers of the use of one-way mirrors, audio and films in order to help trainee therapists. He authored a number of papers alongside Dick Fisch and Paul Watzlawick which explored the techniques of brief therapy and interactional perspectives. A passionate advocate of the interactional approach, Weakland stressed the importance of observing all levels of communication exchanges between all of the parties in any situation including the observers.

He believed it was essential to observe communication at all levels of interaction, broadening the scope of this idea far beyond the family, to organizations, governments, and other institutions that affected people's lives.

> **While not always easy, one of the strengths of the field from its earliest days has been constructive reflection and discussion of its diversity. The emphasis on having things 'my way' and needing something new each year has distracted us from serious and useful dialogue about what aids people in distress and facilitates change.**
>
> (Weakland, J., in Eron, J. and Lund, T. (1998) *Narrative Solutions in Brief Therapy*. New York: Guilford Press)

Suggested reading

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Carl Whitaker (1912–1995)

Carl Whitaker was one of the most powerful voices in shaping the practice of family therapy as it developed in the 1960s. He was a psychotherapist whose charm and charismatic manner gained him the reputation of being a fearless, idiosyncratic and unorthodox therapist. Whitaker famously maintained: 'Every marriage is a battle between two families struggling by to reproduce themselves.' His approach to working with families became known as experiential/symbolic family therapy and is summarized in *The Family Crucible* (1978), co-authored with August Napier.

Whitaker first trained as a gynaecologist and obstetrician, receiving his MD from Syracuse University. Working in a psychiatric hospital in 1938 he became fascinated by the challenge of treating schizophrenia. Observing that most patients recovering in hospital had their symptoms re-emerge when they returned to their families, Whittaker decided to focus on treating the whole family. From 1946, Whitaker worked as chairman of the Department of Psychiatry at Emory University where he continued his work with schizophrenics, with a particular focus on family integration. He later became a professor of psychiatry at the University of Wisconsin-Madison in 1965 and worked there until his retirement in 1982.

Whitaker is credited with pioneering the technique of 'co-therapy' when during the Second World War, in response to the pressure of counselling workers in a long stream of back-to-back sessions, Whitaker experimented with two therapists working together so that one therapist could take more of an observer position during the session. Naturally enough he was also an early exponent of live supervision, where student therapists would see patients in a supervised environment, with a mentor on hand to step in and make adjustments.

He was famed for his confrontational and unorthodox style, choosing to largely ignore empirical data in favour of an approach based on his felt experience of the emotional process and structure of a family. Many of his more confrontational techniques were designed to challenge elements of the family's emotional relationships that he felt were damaging, and were combined with his warmth and affirmation towards family members for doing the best they could. Whitaker generally rejected theories in favour of what he termed 'pseudocraziness' and deliberately eschewed the idea of methodology, once stating:

> **I'm deliberately not interested in scientific rigor … I would rather suffer for taking what I have and going full tilt with it than to be cautious and not get anywhere.**
>
> (Whitaker, C., in Simon, R. (2012) Still crazy after all these years?,
> *Psychotherapy Networker*, March/April)

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Michael White (1948–2008)

The Australian psychotherapist Michael White was best known for his work, with David Epston, in shaping personal accounts and memories by viewing them as stories that can be rewritten, leading to the practice of narrative

therapy set out in the influential 1990 publication, *Narrative Means to Therapeutic Ends*.

Raised in a working-class family in Adelaide, White left school at 16. After some time as a welfare probation officer, he returned to education to train as a social worker and, in 1983, he and his wife Cheryl set up the Dulwich Centre in Adelaide as a base for their work.

White was influenced early in his career by systems theory and cybernetics, though these interests were put aside to make way for a wider approach drawing on literature, anthropology and philosophy, in particular Michel Foucault's notions of power and subjectivity. White's influences culminated in a postmodern influenced separation of the self from the problem, and narrative therapy that sees the root of problems in the methods we use subconsciously to make meaning for ourselves – both of the past and in shaping our future course of action. By realizing that a problem becomes a problem because of the stories we associate with it, we can take a step back from the problem and 're-author' those stories that have a negative effect on our lives.

White devoted a large part of his life to travelling to communities devastated by trauma, such as the Native American Indian and Australian Aboriginal communities, in order to use storytelling and narrative techniques to heal the past and build foundations for a new vision of the future. He also used income to finance projects to develop war-torn regions of the world, such as the West Bank and Rwanda. Just a few months before his death, White set up the Adelaide Narrative Therapy Centre in his native Adelaide, with the aim of both providing counselling and training services and further exploring the possibilities of narrative therapy.

> **The person is not the problem. The problem is the problem.**
> (White, M. (1989) *Selected Papers*. Adelaide: Dulwich Centre Publications)

Suggested reading

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Lyman C. Wynne (1923–2007)

Wynne was a researcher in psychiatry, best known for his work on schizophrenia, which questioned dominant ideas that blamed the early environment of the sufferer, in particular the role of the mother, and looked instead at the condition in the light of the family as a unit. These ideas were influential in highlighting the effectiveness of family therapy, and played a large part in its subsequent development.

Wynne grew up in an impoverished but intellectual Danish family on a farm in Minnesota. He received a full scholarship to Harvard University in 1941,

going on to earn a bachelor's degree, medical degree and doctorate in social psychology; and trained in psychology, psychiatry and psychoanalysis. Wynne joined the National Institute of Mental Health in 1952 and served as chief of the adult psychiatry branch from 1961 to 1971, before taking up a position as department chairman and professor at the University of Rochester Medical Center's Department of Psychiatry, from which he retired in 1998.

Inspired by the ideas of his mentor, Erich Lindemann, on the 'social orbits' of disorganized families, Wynne's insights, as early as 1947, into the cause of schizophrenia led to a shift in the way the patient was regarded within the family unit, taking blame away from the parents.

Wynne's later work retained his interest in family communication patterns and combined it with a focus on the interaction of genetics and the environment in the development of schizophrenia, spending 30 years on a study, with Pekka Tienari and Karl-Erik Wahlberg, of adopted children in Finland whose birth mothers had schizophrenia. The study confirmed that those who had a genetic disposition to schizophrenia had a high sensitivity to family problems, and that communication variance within family units led to a higher risk of mental disorders.

Influential as a clinician, teacher and scholar, Wynne was active in promoting the practice of family therapy and was president of the American Family Therapy Academy in 1986 and 1987. In 1997, he and his wife Adele endowed the Wynne Center for Family Research at the University of Rochester.

> **In families with a schizophrenic member intense and enduring pseudo-mutuality or pseudohostility characterize the family relationships. In pseudomutual relationships any attempt by individuals within the family to establish a separate identity is perceived as a threat to the family's relationship system. On the other hand in some families one might observe individuals who would use expressions of anger or pseudohostility to mask a need for intimacy.**
>
> (Wynne L et al (1958) Pseuduomutuality in the family relationships of schizophrenics. *Psychiatry*, 21:205-220)

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