**Milan Routes to Roots Oct15.docx**

**Routes to Roots:**

**Historical premises, promises, and perspectives of systemic psychotherapy** [[1]](#footnote-1)

**Hugh Jenkins PhD** [[2]](#footnote-2)

I see this presentation in two main parts; first, personal reflections and then some professional reflections. Of course this is artificial to separate them entirely; as Bateson might have said, ‘to chop the ecology’.

**Horror stories**

Let me begin with a professional horror story. In 2012 I moved from London after thirty years to the beautiful county of Suffolk in East Anglia. Through my continuing practice I became involved in working with a family with three children; a girl and two boys. The middle child, John aged 7 years, has a number of problems. He is low functioning intellectually, has poor language skills, short attention span, poor peer relationships, and impulsive behaviours. He lives in a relatively isolated rural situation and his parents have significant relationship difficulties. His mother was sexually abused in her childhood, raped at college by her boyfriend, and had had a serious eating disorder for which she had been hospitalised. She had abused drugs, and as you would imagine, had little support from her family. Her mother had died when she was 13.

This truly is a family struggling to survive, and wanting desperately to do their best for all three children that had repeatedly been let down by being told they were coping and had support removed. I want briefly to comment on the professional support available. The mental health worker who saw John, first of all refused to speak to me (I had been unable to accompany the family to the appointment as they had hoped I could). He then at the end of our phone conversation said of John: “I hope he doesn’t get lost in the system” to which I replied that so long as I was involved this would not happen. There was already a history of professional agencies not seeing things through. I attended the case conference meetings, now called Team Around the Child (TAC). I realised that the most important thing I could do in those meetings was ensure that the parents had their voices heard, by these well-meaning professionals who seemed to see a major role to be to ‘educate the parents’ in front of the head teacher, so much so that on one occasion the father left the meeting in anger because of his sense of humiliation. As I had no official role with John, I could ask my ‘colleagues’ whether what was being offered was appropriate and therapeutic to support and strengthen the family, meet John’s specific needs, and the parents as parents and as a couple. Specialised resources were almost non-existent; co-ordination between services was equally deficient; follow-up was sporadic. Professional intentions were good but skills were inadequate, and it was truly frustrating and depressing to keep a focus and ensure that what was available was made accessible.

In a different context in this part of rural England I heard of the total failure in adult mental health services to offer effective treatment beyond anti-depressant medication without effective and appropriate follow-up. This was to an educated and professional family who know how to ‘use the system’, and where the patient was a lawyer.

The reason I begin with these cameos is that while in the cities and towns we may think that mental health services for children and parents have progressed, and that adults can expect better help, the reality is that in many areas we remain in the 1960s. And remaining in contact with colleagues in London, I know that lack of funding, cuts in services, and anything that has ‘mental health’ in the title is likely to remain the Cinderella of the professional system. However, being in East Anglia is like entering a time warp. We are only 90 minutes by train to central London, with an every half hour departure; we are almost fifty years away in mental health terms!

**Personal reflections**

I am at the stage in life when to take a long-term view I need to look back; inevitably any future view is more short-term! So, the theme of this presentation and the thoughts I wish to share with you are seen more through my rear view mirror than through the windscreen of life.

*Routes to Roots* is not an original title. It is the title of a CD by a patient, Solá Akingbolá, a Yoruba drummer who explores through his Yoruba language and history the myths and legends of his culture, putting his poetry to music as part of his road – his route – to re-connect with his roots. This is with his permission.

It is important to begin at the beginning, although how to decide what is ‘the beginning’! Nathan Ackerman, Thomas Szasz, Don Bloch, Virginia Satir? It is necessarily an arbitrary choice. I changed career in 1971 to begin as a social worker when social work was in the ascendency in a period of economic hope. Social work gives a great advantage from the start since professionally we think: community, context, culture, relationships. We think systems even without knowing it. In 1971 we thought about prevention and working with people to take charge of their lives, working where they were, in their homes, in the community. We thought therapeutically, though often lacking resources to carry through. Our pioneers in family therapy include; Virginia Satir, Marianne Walters, Monica McGoldrick, Betty Carter, Peggy Papp, Peggy Penn, Lynn Hoffman in the US. In the UK Gill Gorell Barnes, Rosemary Whiffen, Sue Walrond-Skinner, Barbara Dale, Judy Hildebrand, among others. All these are social workers, and interestingly, women. [[3]](#footnote-3)

So, paying tribute to our fore-fathers and fore-mothers, and remembering being here two years ago speaking on the theme of *Standing on the Shoulders of Giants* (Jenkins, 2013a), let me peer into my rear view mirror.

What was all the excitement about? In Europe in the late 1960s a new generation of war babies (I am one, born in 1945) were now adult. We experienced an economic boom, a sense of hope, despite high inflation in the 1970s. It was a period of new ideas, new building, of challenges to our parents’ and grandparents’ generations. Freedom was a heady drug against a backdrop of urban bomb-sites. University education became available too; new top universities were built; national service had ended. Along with The Beatles, LSD, the contraceptive pill, the mini skirt and cheap mass travel, the old world gave way to the cult of the new.

In the 1930s, 40s,and 50s, new ways of understanding the world began to take hold. A Greek word was co-opted into our vocabulary, *cybernetics*, (governor or tiller) and ideas about pattern, recurrence, circularity, as well as control (von Bertalanffy, 1968) and an interest in anthropology and communication in different cultures, (Bateson, 1958; Evans-Pritchard, 1976; Leach, 1976) with how these perspectives might help in contemporary contexts. Bateson (1973) challenged ideas about ‘how we see things around here’ and ‘how we do things around here’. The old boundaries were found not to be so clear or the certainties so certain.

I remember the young Hungarian man in the bed next to me in hospital in 1956; university friends going back to Israel to fight in 1967; I recall teaching in France in 1968 during the revolution on the streets. There was hope still in the air and much conflict too. But like many in the West, we knew little or nothing of what would become forty-five years of internal oppression, repression, summary execution, forced migration, and much more within our European boundaries. I am speaking of Romania, where since 2002 I visit regularly and see, layer by layer, the long-term legacies in that society. [[4]](#footnote-4)

So, behind this optimism, our world continued, and continues to struggle with a thin veneer of civilization. I recall speaking at the EFTA conference in Sorrento, (1992) and saying that less than an hour’s flight away were concentration camps in Europe. We still use out-dated phrases such as ‘war on terror’ with peace that is stretched to breaking point as we meet. Our politicians return to old and tested ways that do not work, (such as British troops in Afghanistan). As I read of French troops in the Sahel region of Mali, I learn now that fifty years ago when I was teaching in Gao, extreme Islam was already being nurtured. Suddenly the question “Where do I begin?” becomes less clear, and like time (Jenkins, 2013b) it becomes rather like trying to ‘grasp at shadows of shadows’ (Jenkins, 2015). This is surely not the same world that I began my career.

But of course all was not well then. The Welfare State in the UK was solving problems in the short term while creating problems in the long term. Capitalism and the free market have no feelings. History and legacies of loyalty get pushed aside in the acquisition of wealth and power.

**Professional reflections**

Back to the beginning!

*Recent history*

In the 1960s and 70s in the UK many of us were strongly influenced by the work of R.D. Laing (1961, 1965, 1969; Laing and Esterson, 1970). Psychiatric illness was no longer located discretely in the individual but in the social matrix in which the individual found her/himself. Current patterns and patterns over time become the focus for intervention. Laing was influenced in his thinking by the work of anthropologist Gregory Bateson (1955, 1936/1958, 1960, 1964, 1969, 1970, 1973) in understanding behaviour through pattern, feedback, and communication in the individual’s familial and social context. Other anthropologists were contemporaneously describing communication patterns (Leach, 1976) as a way to understand other cultures. *Family Life* (Loach, 1972), a powerful film of the era, reflects Laing and Bateson’s thinking about ‘madness and the family’, and the challenges to traditional psychiatry in the UK, and in the US by Thomas Szasz (1972). It reflects the tensions of new ideas confronting the beliefs of the dominant culture.

I changed career and came into this professional world in 1971. I was and had always been preoccupied with the nature of time, though I doubt if I could have articulated it to you in those terms at the time. While time is important in these and all perspectives, it remains mainly background; time informs and supports theory and practice. In life cycle models (Carter and McGoldrick, 1980, 1989; Jenkins, 1981, 1983) time is to the fore, but in terms of stages; stages that have duration, that can be distorted for different reasons, such as when a parent is chronically ill or dies and a young person takes on ‘parental’ roles beyond their years (Combrinck-Graham, 1985). However, this does not deal directly with the nature of time *per se*. Alternatively, what happens when we put time to the fore, not to suggest a novel model for psychotherapy, but to add a powerful dimension for all psychotherapeutic models? I have explored this elsewhere (Jenkins 2007, 2008, 2012, 2013, 2015a, b) putting time in the forefront and asking how by taking understandings from philosophy and anthropology we may enhance our practice as healers.

Much of my early practice was in people’s homes; people living on the margins, experiencing disempowerment from the majority, those who experience higher levels of unemployment, poor health, mental health problems, relationship breakdown, early death rates. Words such as ‘alienation’ and ‘anomie’ entered the language to describe an urban experience of disconnection in liminal worlds. Minuchin (Minuchin et al., 1967a) published *Families of the Slums*, and this should still be required reading. [[5]](#footnote-5) The genius of this group was that they realised that the children and families they worked with at the Wiltwyck School did not have English as a first language; had low employment security; poor housing; lived very much in episodic time and were disconnected from the mainstream. They realised that they, the professionals, had to change; to change their use of language and move from the abstract to the concrete, to adapt to the realities of this population; to think in different temporal terms (Jenkins, 1983, 1990).

When I look in my diary I have dates and plans sometimes eighteen months in advance. The family I am seeing does not know if the welfare payment will arrive on Friday, and if it does not, how will they? These are two completely different temporal worlds. In effect, Minuchin said that we should do therapy by the patient and not by the book (Casement, 1985). In effect, he re-wrote the book!

A seminal paper is *A Systems Dilemma* by Hoffman and Long ((1969). Here we have a template for working in the community, with those family members who find it hard to engage; mental health and social services that become part of the family system; a liminal world that lies at the edge of multiple boundaries; an approach that reaches out rather than says “do it on my terms”. This reminds me of a social worker who came to the psychiatric adolescent unit in Cardiff to present a potential referral. She asked the team if we knew how many professionals were involved with the girl’s family? Fifty-three. This remains me of the mother who needed to have her children for a family session at the Maudsley Hospital, London. This of course was before mobile phones, internet, or anything like that. By phone calls to friends, by use of telegrams, messages left at a school, she had her five children all there on time! We so easily forget the highly advanced skills that many so-called disorganised families need in order to ‘manage’ the professional systems on which in different ways they rely.

In the 1980s there was a strong movement against the professionalization of Family Therapy. Training programmes were structured to help mental health and other professionals develop skills within their core professional disciplines. Haley (1980, 273) took a clear view on this:

“What therapists have in common is independent of a particular profession. … A therapist must find a way to follow the rules of his clinical profession and also be a therapist, and at times the two are incompatible.”

There was strong resistance to professionalising or validating family therapy posts in our field by the Association for Family Therapy (AFT) when I was Chair. We now have Masters programmes and professional doctorates, validated by AFT. Should we worry that by taking this particular *route* we risk losing touch with our *roots*? George Bernard Shaw said that ‘all professions are conspiracies against the laity’. [[6]](#footnote-6)

So what has happened in our field? New books continue to be written, sometimes to my eyes it is with a sense of ‘the Emperor’s new clothes’; therapeutic approaches are refined, new models claimed. But have we lost the ‘families of the sums’? Much emphasis is on therapy in the clinic. I wonder, where is therapy in the home, where people live, love, and hate (Jenkins, 1983, 1990)? The clinic is more convenient for me, but if this becomes my only place of work, will I lose touch with my professional roots? I recall Virginia Satir being asked (1977) where she practised family therapy. She reeled off a whole list of places and contexts, and only one was her office!

You may feel that I am bordering on catastrophising. In the UK we have a strong professional association; we retain much of the enthusiasm of earlier years. I know many excellent trainers who devote great care and attention to their responsibilities. We have real centres of excellence. [[7]](#footnote-7) However, I think I still need to ask this question. Is what we teach sufficient in terms of breadth and depth?

I recall in the late 1990s in Oslo when I was external examiner to a diploma programme. A discussion with their internal examiner, a highly experienced clinician and thinker: asked what happens when these skilled narrative therapists find that their narrative skills are not enough? What can they refer back to, since little was taught about other models, and nothing about basic human growth and development / psychology of the mind, and the early history of psycho-analysis and the wider field? These therapists had a grounding in relational dynamics and could describe ‘the spaces in between’ (Jenkins and Asen, 1992), but how did they conceptualise and draw on ‘the spaces within’ (Jenkins and Cowley, 1985) and our Western models for mind? Even to acknowledge the important work of Freud and those who followed – to agree or disagree. None of this was taught.

It is not necessary to become an analyst or psychodynamic therapist to respect, understand, and draw on these ideas. Patrick Casement wrote *On Learning from the Patient*, (1985) a title that should stop us all in our tracks as we work to acquire new skills. [[8]](#footnote-8) It was learning from my students that forced me to re-evaluate my thinking and practice; it was my students in Budapest that over ten years changed me. They made me realise the loss I had sustained by abandoning my earlier psychodynamically oriented training and understanding. I went back to my books; to re-read old texts and explore new ones. And I realised that I was now approaching the familiar with new eyes. Proust is paraphrased in this quotation:

‘The real voyage of discovery consists not in seeing new sights, but in looking with new eyes’.

In organisational consulting there was a fashion for ‘reverse engineering’. This is what I felt I was doing; beginning to become more ‘systemic’. That is, to have a framework that allowed me to conceptualise internal worlds, external worlds, and the interface between them; drawing on my transgenerational work and thoughts about gendered stories over time (Jenkins, 2006), and of course the influence of great giants such as: Minuchin and Palazzoli; Bowen and Boszormenyi-Nagy -Nagy; Bateson and Erickson, Satir and Hoffman *inter alia*.

I think that one of the problems for our field is that we were born (may be conceived) in opposition, in reaction, triumphant in our discovery of ‘the family’. We are rebels who became mainstream! Of course Freud writing in his *Introductory Lectures to Psycho-analysis* was well aware of the power of family dynamics:

‘... that the patient’s closest relatives sometimes betray less interest in his recovering than in his remaining as he is. When, as so often, the neurosis is related to conflicts between members of a family, the healthy party will not hesitate long in choosing between his own interest and the sick person’s recovery.’ (Freud, 1917 Vol. XVI; 459)

As he reflects, in psychoanalytic treatments ‘the intervention of relatives is a positive danger and a danger one does not know how to meet’ (Ibid. 459). In his time and socio-cultural context in Vienna, it would have been inconceivable to convene the family together.

Our dismissal of these models may have been inevitable, as for a period we ‘threw the baby out with the bathwater’! Our great teachers forgot to remind us how their early psycho-analytic insights or psychodynamic training; their experience in analysis or of working as analysts, even though they had abandoned those models, continued to *inform* all that they did and wrote, (though I recall Minuchin saying at a workshop in Cardiff, 1977) that every family therapist should be able to interview an individual. This was their deep, solid foundation. This had been part of their professional right of passage and like any rite of passage it had required submission to an ordeal (Vitebsky, 2001); part of what had changed them. Like deep solid foundations to a building that cannot be seen but which assures the integrity of the structure, they can be consciously forgotten for everyday purposes, but they are always there.

**What is the current status of family and systemic therapy?**

When I ask myself this question find myself divided. First, we should celebrate that the interest in family and systemic therapy continues to grow; that training programmes are well run and standards are maintained. In the UK we have excellent trainers and I know many others in Europe. [[9]](#footnote-9) In Romania I see how thinking and practice are becoming part of psychiatric teaching, though as elsewhere, it will take more than a generation for the cultural and structural changes needed to happen.

At the same time, I have misgivings, often reflected back to me by my students when at the Institute of Psychiatry (IoP) and even at the Institute of Family Therapy. It is that there remains a blind spot as regards our psychodynamic heritage, despite an increasing interest in make the bridge in more recent publications of the *Journal of Family Therapy*. The tendency is to recommend and use texts, excellent though they are, which are digests of our key thinkers, such as Murray Bowen, Carl Whitaker, Milton Erickson, Gregory Bateson, Ivan Borszormenyi-Nagy, Virginia Satir, Peggy Papp, among many others. When students have as their material the digest of other thinkers, the student no longer has to grapple with the original material. It is a bit like ordering a takeaway meal by phone to have delivered to their door. It will be warm, or it may have to be re-heated, certainly it will not be hot to challenge the taste buds! Reading source material is becoming rare. I was intrigued in my MSc reading seminar at the IoP when I asked what were the thinkers they felt we should cover that had not been covered elsewhere. The three names given were: Freud, Bateson, and Satir. Bowen could well have been mentioned if I had not already introduced students to his work.

How will today’s graduates fed on takeaway material become the trainers of the future? What will they know about their roots and how they can communicate not only their knowledge but also capture some of the enthusiasm and passion that characterised the 1970s to the 1990s in the UK? What happens when training becomes ‘hearsay training’, already slightly adrift from our roots? Or will all this become part of mythology? Myths are powerful and important (Jenkins, 2013). They embody truth without the account having to be historically and factually true. If my dsytopian vision has any truth, we will have models of therapy that are effective when they are effective, but that when clinicians are confronted by more profound existential questions by their patients, do not provide the depth of understanding necessary for clinicians to navigate that uncharted territory.

I mentioned the excitement and challenge of the 1970s to 1990s in the UK. What did this consist of? I have suggested it was in part the zeitgeist of the times; the sense of hope after the immediate post war years, the post war years in Britain for me symbolised by the Festival of Britain, organised by a country that was technically bankrupt after the war, and would only pay off the final debt to the USA in the last decade or so. I think that what was so exciting were two fundamental ideas. These were: that each of us in our professional disciplines had something valuable to offer that did not rely on status (or income, though of course that did cause resentments at times among some).

Haley (1975) provocatively wrote a paper *Why a mental health clinic should avoid family therapy* highlighting the impact of democratising the acquisition of skills and therefore how such change would upset the status quo, itself of course a goal of therapy. That here was a way of being, and therefore of doing, that could offer hope to patients, that did not have to be long term, also upsetting received wisdom about time, length of therapy, and change, and that involved the family actively in their treatment. Perhaps that was the times we lived in. It was a period when we thought we could define what a normal family might be like. Lewis and colleagues, (Lewis et al, 1976) published *No Single Thread: Psychological Health in Family Systems*. This was a brave attempt to measure and therefore understand something of the complexities of family relationships, and while very out of date – it was almost out of date as it was published such was the speed of change and development in the field – it was a responsible attempt to make sense of where we were now working.

Then there was something else, embodied in the ethos of the Institute of Family Therapy (IFT) in London. This was that all models and methods of family and systemic therapy were valued, and that there was an open dialogue between those who were more behaviourally oriented and those from a more psychodynamic background. The structuralists listened to and learnt from the Milan Systemic therapists, while those with a more transgenerational approach listened to and learnt from those who favoured the work of the MRI and of Milton Erickson. This meant that our training programmes reflected a truly rich range of approaches and skills for students to benefit from. It allowed them to decide where they best fitted and to develop styles congruent with temperament and work context. My sense today is that this variety has to a large extent been lost; that while producing skilled and committed therapists, that unique blend of breadth *and* depth is no longer there.

Of course, there were tensions, but part of the ethos was that those who taught and / or offered therapy through IFT received the same fee, irrespective of position, status, or experience. Though we never put it in these terms, there was something truly ‘communist’ or communal in the best sense of the word, and that continues to this day.

Of course, there were strange moments in our field. I still wonder about our preoccupation with the ability to turn the eye of a newt so that it had a different, and no doubt totally disorienting, experience as we struggled to understand Maturana’s work and apply his ideas of structurally determined systems in everyday practice. Sometimes there were brilliant ideas, brilliant in their simplicity as in Steve de Shazer’s (and Insoo Kim Berg’s) counter intuitive reversal of focus on solutions and not problems, for Solution focused therapy, with his first book *Patterns of Brief Family Therapy: An Ecosystemic Approach*, (de Shazer, 1982). Then as he continued, he seemed to be trying too hard, at the risk of losing the clarity of the original concept; quoting Saussure, Wittgenstein, and Foucault in a way that detracts from accessibility, as if attempting to gain legitimacy. This is what I see in *Words Were Originally Magic* (de Shazer, 1994). This laboured writing style presages the unnecessarily convoluted style of much of narrative therapy texts. I say to myself: “It must be simpler than this!” It is as if, having lighted on an idea or concept that no doubt originates from complex ideas, there is a pressure (from where?) to legitimise it by wrapping it up in abstract and (pseudo-) philosophical concepts in a search for respectability. It reminds me of a saying be the Romanian artist, Brăncuşci, “Simplicity is complexity resolved” (Georgescu-Gorjan, 2012, 94).

A good example for me is *Narrative Means to Therapeutic Ends*, (White and Epston, 1990). This describes some useful ways of thinking and practising. In seminars I have listened to colleagues praise this text. Then I have said (it really is like breaking wind in public!) that I find the writing impossible, compounded by Michael White’s unnecessary insistence on telling us every time an idea in this jointly written book really is his. Usually there is a slightly embarrassed silence, and then agreement. As de Shazer says, (quoting Freud) ‘words were originally magic’. It seems to me that there are times when we ‘systemic thinkers’ flog words to death, at least in the writing, and that the narrative community has a particular tendency to fall repeatedly into this trap; like a lack of a sense of humour or taking oneself too seriously. It is as if we took a lithograph by Henri Matisse, an image created with four, five, or six lines, and filled in all the gaps, and joined the lines together. Why? Because? Can we not tolerate the tension of simplicity, or do we fear that we will be discovered for a lack of rigour and credibility? Or to be side-lined by the big mental health guns?

One of the strengths, and equally of the weaknesses of our field is its willingness to embrace new ideas. We are intellectual and artistic scavengers. The danger is that we fall in love too easily with the latest idea that we embrace and begin to apply without a deep understanding, though this too can lead to innovation and creativity. Perhaps we should learn to embrace and not believe ourselves or take ourselves too seriously. The heady days of the 1980s and 90s for constructivism and social constructionism – forever being confused in students’ minds, - is a case in point. I recall my former supervisor saying to me, repeatedly: “Hugh, there is no absolute reality” to which my stock response was, “Brian, that is your absolute reality”. These ideas and many others are immensely helpful.

Of course we construct our worlds and realities through language (though I am not sure why we then have to create a verb out of a noun: to language). But our language comes from history, culture, geography, and much more. Language shapes and is shaped by our environment in every sense of the word. The first time I stood on a cliff in the Arctic Circle looking out over the sea as the sun set, in absolute silence, a silence so profound that it almost hurt, I remember thinking: now I begin to understand you Tom Andersen, how you are able to be, to listen, you who once said to me that you never interrupted anyone in therapy. That stillness (the Norwegian word sounds lovely ‘*stille’*) comes from a whole history, culture and land. It cannot be manufactured; it comes from inside.

So, to return to social constructionism, it was a relief when I read Kenneth Gergen (the ‘high priest’ of social constructionism!) say that if we always functioned within the logic or framework of social constructionism, we would never get anything done!, (Gergen, 1999). Surely this is a healthy invitation to take our theories seriously but not to confuse ourselves with them, and consequently, not to take ourselves too seriously.

**Future thoughts**

As I begin to think about the future, I realise that my part will be much less than in the past; purely because of age and time. When I was external examiner to the Diploma and Masters programmes at the University of Derby, I had the privilege to observe how carefully the lecturers married theories of systemic psychotherapy, of change and growth, with their models for teaching. This was of the highest order of congruence. And that is the challenge for all of us as trainers; it is what we strive for in our programmes in Timişoara, [[10]](#footnote-10) programmes that are designed and run with so little resource of personnel and money; programmes that at times feel like an act of faith, as students experience often for the first time in a Romanian context, a professional training that values them as people, that respects them and their views, that encourages creativity and encourages each student to realise their potential professionally and personally. For us it is always the ‘whole person’.

This is in stark contrast to their history. Here are professionals who believe in the possibility of healing, who live the consequences of a society whose back was broken over a forty-five year period through institutionalised trauma and systematic destruction, as chronicled in *Memorial to the Victims of Communism and the Resistance* in Sighet. These systemic therapists and trainers commit to a new model for mental health in Romania, and we begin to see small signs and the impact already through the more than a hundred who have graduated.

When I see and join with my colleagues in Timisoara, and witness their dedication to achieving the best with the least resources, I am humbled and privileged to be part of this. And I am greatly encouraged because if these ideas can flourish in such a professional, political, and economic environment, then I know there is hope for our field.

In the UK we have been fortunate to have Paolo Bertrando as an important contributor to our thinking, maintaining the dialogue that we had with Mara Selvini Palazzoli, Gianfranco Cecchin, and Luigi Boscolo. Paolo is an Associate Editor of our *Journal of Family Therapy*. Why do I mention him? He is an excellent example of a clinician who keeps his feet on the ground while allowing himself to fly high! He combines the artist and the scientist, no easy feat. His articles and his books with Boscolo are well known in the UK [[11]](#footnote-11), and he is a respected speaker at conferences there too. No doubt we would have differences of emphasis in discussion, but that is never the point. The point is that we continue to have a professional field where the excitement of extending the field continues in a way that remains accessible to patient and therapist alike.

That too is what I believe this conference to be about.

The sun does not have to set, at least not in the Norwegian Arctic Circle in the period of the midnight sun. Of course eventually the sun will set, and in this beautiful world far north, will come the time of the Northern Lights, where we began, the Aurora Borealis; each has its time; we must celebrate each and accept its rhythm in its grandeur. And if we can hold this in our minds and allow ourselves *to be*, rather than chasing some illusory goal, trying to control our environment, we may continue to safeguard the health of our field, and with it, the ways that we encounter our patients, who equally encounter us.

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1. International Congress: Social Systems and Family Systems between Crisis and Development. Società Italiana di Recercra e Terapia Sistemica (SIRTS) Mlano 16-17 October 2015. [↑](#footnote-ref-1)
2. Former Chair of the UK Association for Family Therapy, 1982-5; Director, Institute of Family Therapy, London, 1987-96; awarded the Medal of the Hungarian Family Therapy Association, 1996. Senior appointments at the Maudsley Hospital and Institute of Psychiatry, University of London, (1981-2011. Full-time independent practice, London, 1996-2012. PhD thesis: Jenkins, H., (2013) *Time: the silent guest at the therapeutic table,* University of London. British Library. e-theses online service. [www.ethos.bl.uk](http://www.ethos.bl.uk) Independent practice, Wortham, Suffolk, UK [www.hughjenkins.com](http://www.hughjenkins.com) [↑](#footnote-ref-2)
3. The male pioneers in the US and UK were mainly psychiatrists, with the outstanding exception of Mara Selvini Palazzoli. Psychologists seemed to get the gender balance into slightly more equilibrium. [↑](#footnote-ref-3)
4. Ten years of teaching in Budapest, 1988-98, and beginning to learn of the effects of Russian occupation and dominance; of professional reference to Moscow; and of the costs to some colleagues who refused to become agents of the regime, did not prepare me for the quite different and insidious nature of what I may call a ‘Romanian gulag’ run by Romanians in every sense. [↑](#footnote-ref-4)
5. See also Minuchin and Montalvo, 1967b. [↑](#footnote-ref-5)
6. George Bernard Shaw (1906) *Doctor’s Dilemma*. The conspiracies refer to the methods used by professions to acquire prestige, power and wealth.

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*“All professions are conspiracies against the laity” (George Bernard-Shaw).*[J R Ashton](http://jech.bmj.com/search?author1=J+R+Ashton&sortspec=date&submit=Submit)

The way in which professions acquire prestige, power and wealth is by taking unto themselves a body of knowledge and expertise and only relinquishing it in doses in exchange for payment. The creation of dependency is an intrinsic part of that process. In contrast, public health should share with the more enlightened types of psychotherapy the desire that individuals and communities should attain, maintain or develop self-sufficiency and sustainability. The term empowerment currently enjoys a popular usage, but this itself can seem patronising if the natural state is the achievement of mastery over the environment by individuals and groups. Striking a style of practice that is respectful of people’s strengths and the gifts that they bring to problem solving is the challenge to all public health practitioners and systems. [↑](#footnote-ref-6)
7. Those that I have direct knowledge of include: Institute of Family Therapy, London (with Bedfordshire University); Manchester University; Derby University; Institute of Psychiatry, London as part of Kings college, the University of London. [↑](#footnote-ref-7)
8. He continued in this vein with his subsequent books:

Casement, P. (1990) *Further Learning from the Patient: the Analytic Space and Process.* Hove. Brunner Routledge.

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Casement, P., (2006) *Learning from Life: Becoming an Analyst*. Hove. Routledge. [↑](#footnote-ref-8)
9. In particular I have close knowledge of the following and their high standards of training in Europe. The Centro Studi e Applicazione della Psicologia Relazionale, Prato of Dr Gianmarco Manfida; the Stuttgarter Institut für Systemischer Therapie, Stuttgart, with Bernd Roedel and Ingrid Kellermann; Dianoia Institute for Family Therapy and Systemic Practice, Timişoara, with Dr Ileana Radu. [↑](#footnote-ref-9)
10. Dianoia Institute for Family Therapy and Systemic Practice, Timişoara, Romania. <http://www.dianoia-tm.ro> [↑](#footnote-ref-10)
11. Boscolo, L., and Bertrando, P., (1993) *The Times of Time.* New York. W.W. Norton.

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