Paolo Bertrando – «To Some Extent»

An Interview with the Italian Systemic Family Therapist and Psychiatrist, Paolo Bertrando

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Introduction
During my training as a family therapist and as a doctoral student in systemic psychotherapy, the Milan Systemic Family Therapy approach has been of great inspiration. Thus, I was excited when I had the opportunity to interview the Italian systemic family therapist and psychiatrist, Paolo Bertrando. He was at Bergen University College to present the workshop: «Working on emotions.» In the workshop, he described and discussed his way of working with emotions, which has gained growing attention from systemic therapists in recent years.1

Based on his considerable clinical work from the systemic therapeutic approach, Bertrando has written numerous articles and books. For many years, he worked with Luigi Boscolo and Gianfranco Cecchin from the Milan Team. He has further developed the Milan Systemic therapy approach towards a greater focus on dialogues and micro hypotheses (Bertrando 2007), and emotions (Bertrando & Arcelloni 2014). Presently he works as a systemic therapist in his private practice in Milan. Here he sees individuals, couples and families. During fall 2015, he will also start the «Systemic-Dialogical School» which will be based in Bergamo, Italy. He has been in Norway several times the last few years teaching at family therapy programs, and has a lot to offer to the field of systemic family therapy.

In 2009, he wrote an important article where he claimed that systemic therapists tend to drift away from the field of psychiatry. He was concerned about the focus on evidence-based medicine and standardized manuals and treatments in mental health systems. He referred to his own experience in psychiatry

1. The Regional Centre for Child and Adolescent Mental Health (RKBU Bergen) initiated and organized the lecture in Bergen.
to argue in favor of the presence of the systemic approach within the field. It was therefore interesting to hear more about his thoughts about this, and to have a conversation with him about the history of systemic therapy, the influence on psychotherapy from politics and his contribution to further developing systemic therapy. As he has a close link to Milan Systemic Family Therapy history and development, and has further developed this approach, it was interesting to ask about his way into the field of systemic family therapy.

Towards systemic family therapy

Lorås (L): If you, Paolo, could start to tell me how you got in touch with the field of family therapy? I know you are a psychiatrist.

Bertrando (B): OK. Yes. It happened like that. In order to become a psychiatrist I had to do a thesis, not a PhD, but simply a post-graduate thesis. And they proposed that I do a thesis about expressed emotions in families of schizophrenics, the Leff and Vaughn (1985) ways of measuring the «emotional temperature» of families, and so we started to do interviews with those families. And then, what happened was that we discovered, more or less, that these families also needed some kind of support or family work. Now, at the time, we were all psychiatrists, and none of us had any ideas about how to deal about families.

L: OK

B: And so we began to read books together. So we read Paradox and Counter-paradox (1978) and somebody brought Bateson, somebody brought Watzlawick, and so on. It was the early ’80s at the time. And, after a while, I became really interested. And then I chose, or was chosen, to be the one to go through formal family therapy training, in order to help the team to deal with this very difficult situation. You know, chronic schizophrenia is not exactly the easiest thing to work with. And so, in the beginning I was looking for Mara Selvini Palazzoli’s school, and I discovered that there was none. Because Mara Selvini Palazzoli was not doing training. Boscolo and Cecchin, though, were doing training at the Milan Center.

L: Already in the beginning?

B: Yes, from the beginning. Because, actually, what happened was that the Milan team (as Boscolo told me) split, partly because Boscolo and Cecchin wanted to do training and Mara Selvini was not interested in training. She just wanted to do family therapy research. So, I actually I found the Boscolo and Cecchin training school, and I went to it. When I arrived there, it was the end of 1985, so it was the golden age of the Milan School.
L: So that was after they had split, Boscolo, Cecchin, Prata and Palazzoli?

B: Yes, they had split in 1980. Boscolo and Cecchin had begun training in 1979, one year before the split. But the split was partly due to ego problems, you know. The usual stuff splits are made of (laughter). So, actually, I never saw Mara Selvini Palazzoli working live. I saw Boscolo and Cecchin, literally hundreds of times. I only saw tapes of Mara Selvini, who had a very different style of working, comparing to the two men. She was more strong and assertive, more overtly provocative.

L: Yes, you talked about that, the paradoxical interventions?

B: It was not only paradoxical. It was really provocative, you know, she used to find the weak spots of people, and going on that. Whereas Boscolo was more empathic, and Gianfranco Cecchin more ironic.

L: What would you say that Boscolo and Cecchin left the early Milan approach, when they left the «original» Milan group left from the 80’s?

B: I think they left most of the paradoxical part, most of it, not all. They still did paradoxical intervention, but they were more interested, rather than in creating paradoxes, in creating meaningful conversations. I think that, in the paradoxical days of the Milan approach, the idea was to use the session in order to build a final intervention. Whereas Boscolo and Cecchin, through circular questioning and hypothesizing, shifted the emphasis to the actual therapeutic process. That was the part that fascinated me in the very beginning, the fact that they were so interested in the micro-process of the session. It was very interesting. «What is going on?» «What if I say this?», «Something happened», «If I say that, something different happens». You change a word, and everything changes, and that was much more interesting to me than the idea to construct a powerful intervention. I have never been very powerful in my ways to construct my intervention. I have always been more interested in subtleties than in strong things. I was not drawn to a Minuchin kind of therapy, which was a great influence on the Rome schools of psychotherapy of the time. So I could have gone to Rome for a training more influenced by Salvador Minuchin and Carl Whitaker, but I didn’t like the idea of hierarchy within therapy. I preferred to see the therapist as a person who is more in the background. More similar to what post-modern therapy is like, although nobody was talking about post-modernity in the ’80s: everything was about constructionism.
Systemic hypothesis is always provisional

B: The other thing that I found fascinating was the idea of the systemic hypothesis being always provisional. You know the first paper they gave me to read was «Hypothesizing–circularity–neutrality» (1980), and in that paper, I was really struck by that sentence that I can still quote by heart. Which is: «The hypothesis is neither true or false, only more or less useful». The whole of constructionism, social constructionism in a nutshell, the idea that you can never reach the proper reality of the family. You can only just get to some shared understanding. But you will never know how the family is made, not because you cannot get there, but nobody knows how the family is made.

L: Yes, it’s just our own construction of it.

B: Not only ours, but theirs too. You know, in those days I was doing a lot of research. After my post-graduate course, I went for a PhD in «psychiatry and relational science», whatever that means. Since I had to do a research project, I went on making a lot of interviews and transcribing. For one of those interviews, I had to interview different family members, separately, about their family, and then have a joint family interview. And I discovered that if I took the perspective of different family members separately, you could hardly say they were talking about the same family. Because they had totally different perceptions of their own family. And so I had the empirical realization that actually nobody knows how a family is made, not even the family members themselves. Because they don’t agree on how their family is. So if they don’t agree, how can I know it? When all of the different members have different ideas about their own family, what can I arrive at? What I can do is to propose my own ideas. I can propose my own hypothesis, but I can only propose that.

L: Now you sound like a social constructionist.

B: Yes, but I am a social constructionist, to an extent. I am everything to an extent.

L: To an extent. You were criticizing social constructionism during your lecture today?

B: Yes, because I think that social constructionists were too enthusiastic. Meaning that the idea that everything can be deconstructed, I don’t think that is really proper. And I found this very beautifully expressed by Umberto Eco, the Italian philosopher; he contributed to a book on realism in philosophy. And he said something that I think is very important and very profound. He said that it is impossible for us to know what is real, but at the same time, we have to realize that there is something that is unreal. Or, he is very humorous in putting
things, he says: «we cannot say what is right, but all of us can tell what is wrong» (see Eco, 2012). And I think in families it is the same. We cannot say how right family interaction is, but we can say when there are unhealthy family interactions. I mean, family violence is wrong. If you follow social constructionism to an extreme extent, you could not say that violence is wrong. Why? Why must I impose my values about non-violent families? One hundred years ago, all families were violent compared to ours. So these kinds of ideas, which are implicit in most social constructionism, that everything can be deconstructed and re-constructed, are not exactly true.

L: It sounds to me like you are supporting David Pocock’s (2013) thoughts about critical realism?

B: Yes, yes – to an extent, anyway.

L: He’s talking about radical social constructionism and moderate social constructionism.

B: Yes, and I think I shift toward moderate social constructionism, and I think that Gregory Bateson would fall in the same category, because Gregory Bateson was partly a social constructionist, but he had a very good perception that there was a reality outside after all.

L: I asked Nora Bateson, his daughter, which epistemological position Gregory would have said that he had. And Nora claimed he wouldn’t put a name on it. Just like I think Tom Andersen would?

B: Well, you put me in a very good company (laughter), by not saying what my position is.

Epistemology

L: Earlier today, you described yourself as a Batesonian systemic epistemologist?

B: Yes, because I like the way Bateson put the systemic epistemology in the sense that it is very tentative itself. So Bateson does not consider systemic epistemology to be a closed system. He gives suggestions, he gives ideas but it’s not rigid. You know? Whereas I think a lot of epistemology, starting from Watzlawick and arriving to Maturana, tends to be very rigid. Maturana has very good and interesting ideas, but everything must be compressed in his way of thinking.

L: You are talking about opening for different epistemologies, and taking different positions as a therapist. Of course, that got a lot of good qualities. But I remember one sentence from some of your earlier writing: «A systemic therapist tends to drift away from the field of psychiatry» (2009). I think it’s the same
in Norway. I think that some of it has to do with that we cannot describe what we are actually doing. Is systemic therapy theory too vague?

B: To an extent it is, but I think at the same time that we are bringing what you can call a critical position to psychiatry. So for example, I wouldn’t say that the DSM is wrong. I would say the DSM is wrong if you take it as a Bible. If you take it as an article of faith. The DSM is useful inside its boundaries, to some extent. It is useful because it helps you to distinguish between conditions. Then I don’t subscribe to a lot of categories of the DSM, but most of all, I don’t subscribe to the fact that the DSM exhausts the possibilities of a person.

B: think this is the big issue of psychiatry today. That the idea is, once you have made the diagnosis, you have solved the problem. I think that once you have made a diagnosis, you have made a distinction, as Bateson would have said. That says something, but doesn’t say a lot. The problem is not the technology of psychiatry, it’s the values. Meaning that if you think that psychiatry is about reducing symptoms, that’s a problem in itself, to me. It is not the DSM, but the fact that it becomes the only relevant thing. I make the diagnosis, I look at the symptoms and then I think: how can I minimize the symptoms? And in this way, it doesn’t work. I talk about psychosis because I worked a lot with psychosis, or, better, with people with psychosis. If you give the right amount of medication, you can kill every symptom except that you kill the rest together with the symptoms. You know the old joke? I’m mad, but I’m not stupid. Then you transform mad people into people that are not mad, but now they are stupid, because if you take too much medication you are like a zombie. No symptoms, but nothing else left.

To me that’s wrong. But that is a value, the idea that you have to minimize symptoms. To me, the value is that you have to create the right environment for people to live the best way they can, and that is a totally different value from today’s psychiatry. It is not implicit in the DSM itself, it is implicit in the values of the DSM. So I think the next famous phrase that I would like to add is, «We should remain in psychiatry without being subjected to the values of psychiatry».

L: Can I quote you on that?

B: I must confess, it’s not my idea – the phrase. I modified it from Robert Fripp who is a guitarist, and not a psychiatrist. Robert Fripp said, a musician must stay in the marketplace without being subjected to the values of the marketplace.

L: So you have made it into your context?

B: Yes, I have adapted it. As I was saying today, I like to distort other people’s ideas.
"I do not build structures, I ask questions"

L: You have written about some of your inspirational sources. They seem to be Bateson, Boscolo and Cecchin. Are there other people you would like to mention?

B: (laughter). Yes, I have to mention a musician. Can I answer a musician? John Cage. He was a famous musician in the 20th century; he was the one who wrote a piece of music where the piano player doesn’t play the piano for 5 minutes. And that’s the music. And why John Cage? Because John Cage puts your basic beliefs into question, and I think that is what therapy should do. For example, the basic belief is that the music is something that you play. And if you make the piano player stop playing, what happens is that you are forced to listen to other sounds in the environment. So you have to change your frame of mind, and I think that therapy should do something like that. Put trivial beliefs into question. And open to different things. And I once actually met John Cage. Not individually, but at a press conference. And they asked him, since he had these original ideas about music, «How can you build musical structures out of these ideas», and his answer was the perfect answer for a systemic therapist, he answered, and I can literally quote: «I do not build structures, I ask questions». So I think that is what a therapist should do. We don’t build structures, we ask questions, we open. You know, lately I’ve been thinking about this in clinical work. You are working with somebody, and sometimes with families, you ask questions and you don’t get answers, maybe, and I noticed that usually young colleagues are very frustrated by this. You ask them questions, and they never answer. But I think today that it is not so important, because you have asked the question. And the question stays there, so maybe the questions will have an effect in three weeks, or three months, who knows? You do not need the answer. The answer is the certification for therapist, not for the families. For the family it is important for the question to be asked. To be there, on the table.

L: So the question is an intervention in itself, without being answered?

B: Independently from the answer that you get, I think. Because with a question, you open the field. And that is good in itself. So if you get an answer you can go on collaborating; if you don’t, it stays there. But anyway, you have done something by asking a question.

L: Are there any other persons you would like to mention as an inspiration source?

B: Let me think. I don’t want to be unfair to anybody. You know, it depends, because I could quote hundreds of people that I have been interested in.
Towards an emotional focus

L: I think you have made a new therapeutic direction, by bringing forth the systemic emotion. Which person has led you into this, or inspired you to this?

B: Well, actually I was led into this by two considerations. The first was that I was really tired of hearing people say, «Oh, you people in the Milan tradition, you don’t bother about emotions,» «You are so intellectual,» and so on. So in the beginning I wanted to write a brief paper stating that we are not simply intellectuals (laughter), this kind of stuff, but we actually work with emotions. And the other was Boscolo himself. In his last days of work, he used to give more importance to emotions. For reasons of health, he could not work on this, so he never wrote a line about that. But in talking it came out. And then I read a lot and put a lot of things together in working with emotions, so I cannot say I have one definite influence more than another.

And of course, for a period I read a lot of Bakthin, but in the end I don’t think he really became central for my work. Bakthin was important for a while, for developing dialogical ideas, but I cannot say that he is one of my most important inspirations. I think I can quote Michel Foucault, for sure. I had been reading Foucault a lot for many years before becoming a systemic therapist. Because in Italy, in the ‘70s, if you studied psychiatry, you had to read The History of Madness (1961) by Foucault. So I read it in 1979, before even thinking of systemic therapy. What I was interested in about Foucault was not only his discourse about power, so I think I read Foucault with a different emphasis compared to a narrative therapist. What was interesting to me was Foucault’s discourse about knowledge. The way in which the dominant discourse influences your way of knowing things. And in Foucault’s later work the way in which the dominant discourse influences the way you are. The subjectivation and so on. Therefore, I think I got a different understanding of Foucault compared to narrative therapists. When I read Foucault interpreted by Michael White, I had already known Foucault from another point of view. Therapeutically speaking, Luigi (Boscolo) and Gianfranco (Cecchin) were my most important sources of influence. Probably because I knew them very well, I saw them working a lot from the pragmatic point of view. Then of course I had many, many other readings. But this was my root from the practical therapeutic standpoint.

L: This was from the early ’80s? Or mid-’80s?

B: Mid ’80s. And then I saw them working live until the mid-2000s. So it was for 20 years.
L: Would you agree that the development of systemic therapy started in the early '70s?

B: The Milan systemic therapy started, as we know it, in 1971. I was not there, because I was going to school at that time.

L: Their book, Paradox and Counterparadox are from the mid '70s?

B: The book was published in 1975, and 1978 in the States. But they had begun publishing papers before that. The first paper is around 1972–73. Some papers on rituals, this kind of stuff, even earlier.

L: How would you describe the development of systemic family therapy from that time, from the '70s and the years you have been following it until today?

B: I think the first phase, that culminated in Paradox and Counterparadox (1975), was a phase in which the Milan therapy was actually a part of the strategic field. They were very strategic, and they quoted Watzlawick and Jay Haley as major influences in Paradox and Counterparadox. And I think that the first big change was when they actually read Bateson in the original. It was very interesting, because Bateson published Steps to an Ecology of Mind in 1972, and before that his papers were really impossible to get, because they had been published in obscure journals, and so forth. A lot of people read the Pragmatics of Human Communications (1967) with a lot of Batesonian quotes that had been selected by Watzlawick, and so everybody thought they had read Bateson, but actually they had read Watzlawick, who was a different person and a different author. What Bateson didn’t like about Watzlawick, I know this, because it was in his official biography, from a letter he wrote at that time, was that Watzlawick neatly arranged Bateson’s ideas in a system. But Bateson didn’t want his ideas to become a system, and so actually if you read Bateson in the original, it is more messy and more interesting to read. But of course, where Watzlawick draws a conclusion, Bateson leaves everything open.

L: That’s quite a big difference.

B: Yes, that is a difference. So the concepts are the same, but the way the concepts are developed is totally different. So when the Milan people read Bateson in the original, I think this reading resonated a lot with their Italian and European roots. We love complexity, whereas Watzlawick put it simply. Watzlawick, actually, was able to think in a complex way, but he wanted to put it simply. And Bateson left it completely complex. At that point, the Milan systemic therapists started to change, because the idea of finding simple solutions didn’t appeal too much to them anymore. And so, rather than finding solutions, you create a hypothesis. And there was of course a transition, so in the begin-
ning the hypothesis was a way to find solutions. In the end, the hypothesis became a way of finding a hypothesis, period. And I think this was the development that happened in the 1980s. The original Milan group arrived as far as the hypothesizing–circularity–neutrality (1980) paper. And that was their final statement in 1980. Then Boscolo and Cecchin began to develop this idea, and at that point, they encountered for the first time Maturana and von Foerster, and so they developed systemic therapy as a branch of constructivism. Differently from social constructionism, it deals with how the individual, the observer, constructs his/her reality.

L: Yes, not just between people, but within themselves?

B: Yes, in their own. I think this is one of the problems with constructivism, it may lead you to solipsism. Because I can just know how I construct the world, but I cannot be sure that the other is constructing it in the same way. A kind of pre-Kantian idea, if you want to put it philosophically. It is Kant without the transcendental categories of Kant, if you want. And so, I think the very development of the Milan school along these lines brought in all those kinds of therapies that were called post-Milan. And we can put Tom Andersen, Harlene Anderson and Harry Goolishian in the post-Milan field. We can also include Michael White, to an extent, although Michael White probably would not have agreed about that. And, of course, Karl Tomm. I think Tomm was instrumental for most of the evolution in the systemic model in the past 30 years. Karl Tomm and Lynn Hoffmann discovered the Milan team and exposed the Milan team to the world, actually. And after that, Karl Tomm discovered Michael White and exposed the narrative model to the world. Both the Australian narrative and the Milan systemic models became influential because they passed through the United States. At the time, it was necessary to pass through the States. Today, not any more. But, in the ’80s, you had to get your baptism in America in order to get through to the rest of the world. So what happened was that the Milan team went to America and then became important in Europe. And Michael White went to America and then became important in Australia (laughter).

L: Would you describe narrative therapy as an inspirational source for the post-development of systemic therapy?

B: For sure. I think that when I wrote two books with Boscolo, *The Times of Time* (1993) and *Systemic Therapy for Individuals* (1996), and especially for *The Times of Time*, narrative ideas were extremely important. It was written in 1993, so it’s a lot of years ago. At the time, Michael White was just becoming famous, but he was already an influence. Because, if you think about time, all these
ideas about story and narratives, of course he was important. The idea is that if you take the idea of system and you put your system in time, you get a story. In order to think about time, you have to think about narratives. So, it’s impossible today to think about systemic therapy without thinking of narratives, actually.

L: When you were describing the main ideas of your therapeutic approach today, in the initial part of your lecture today, you did not mention any narrative theory.

B: Because I wanted to mention the things that distinguished systemic therapy from other approaches. If I had to mention all the references, I would have mentioned narratives; I would have mentioned dialogical conversation and so forth. But I wanted to stay within the absolute specificity of the systemic approach.

L: That is very interesting. Because if I ask Norwegian therapists to describe the main elements in systemic therapy, they would say, it’s about relations, context, narratives, language and so on. And they would absolutely include narratives, externalizations, re-authoring etc.

B: Yes, of course. But, although narratives are important, they don’t distinguish systemic therapy from other approaches. If you think widely, there is a lot of narrative thinking in psychoanalysis today. There is a lot of narrative thinking in cognitive therapy, though not in CBT. But cognitive therapy itself can be very narrative. So, it is something that is widespread.

L: In your therapeutic approach, do you ask for unique outcomes?

B: As I was saying today, I don’t like to apply manuals. So, I don’t ask about unique outcomes using all of Michael White’s questions, but I do ask for unique outcomes a lot of times. I mean, I have no structured set of questions to ask about them. But I am interested in knowing, have there been times when you have been outside of these issues? Moments when you felt free of your symptoms or problems?

L: So, you can use that in your post-systemic therapy?

B: I can use De Shazer-inspired questions, what would happen if you get free of your problems tomorrow? Something like miracle questions. Except that I don’t want to do that in the structural way they are proposed. I use them like suggestions rather than proper techniques.

L: Narrative therapy can actually be very manualized? If you really look into the interventions and their different sort of questioning?

B: Yes. It is interesting. Usually when they ask me to make presentations about questions, I tend to present circular questions and narrative questions
together, because I find them to be somewhat complementary. In the sense that, if you think about questions that investigate relationships, and then bring them back to the individual, you are asking circular questions. Most narrative questions, instead, are about individual effects, about the person herself, and then the effect she has on others. So, I tend to say that circular questioning is centripetal, it goes to the system and back to the individual, whereas narrative questions are centrifugal, from the individual to the system. So, I feel it is interesting because if you think like that, then you can wonder whether in a certain moment you prefer to focus on the individual and see what effect the individual has on others; and in other moments you can focus on others and on the effect they have on the individual. Putting it like that is very schematic, I think it is more flexible than this but, anyway, adopting these different techniques you see things in different perspectives.

L: What led you to the integrations of emotions within systemic therapy?

B: I wanted to say to people, «Listen, we are actually working with emotions.» I was working with a colleague at the time, the co-author of a paper that has just been printed (Bertrando and Arcelloni, 2014), Teresa Arcelloni, and then she went on to do other things. In the beginning we said, «OK, let’s describe what we are doing with emotions.» And so we started, wondering, what are we doing now that is related to emotions? Because we knew that emotions were an important part of our practice, but at the time we lacked a vocabulary to deal with them. You start to read about emotions, and the more you read about them, the more you discover that you have to read something else. And at a certain point you discover that you have to read something else. And at a certain point you discover that, by putting your attention on emotions, your way of doing therapy changes. I simply wanted to legitimize what we were already doing, and I discovered that the more I focused on that, the more my way of doing therapy changed. So for example, it’s very simple and it doesn’t take a lot to name emotions during a therapeutic session, but this changes the way in which you conduct that very session a lot. And after a while it also changes the categories you look at in the session. So it’s a kind of circular process. There is something that happened, and you find some theory that supports you, and then the theory changes a bit of what you are doing, and then you are left with something different to explain. In the end, doing this for the past ten years, my way of doing therapy changed a lot actually, although, the basic principles remained the same.
Micro hypotheses

L: One phrase you were talking about in the final part of your lecture today, which I have never heard earlier, was «micro-hypothesis». Where did that come from? I’m always thinking about how to make a good hypothesis and then you explained how you just «throw out unprocessed hypotheses as they «come» to you.

B: A change in my preferred work setting meant that at a certain point, partly for economical reason, and partly for clinical reasons, I found myself working alone with clients, sometimes families, sometimes individuals. When I have families or couples I can find a co-therapist, but for individuals I have to work on my own. And so, I realized that if I am on my own, and I try to elaborate a hypothesis by myself, that can become very complicated, I lose contact with my clients. So what I did instead was to try to discuss those hypotheses with them. And from this comes the idea that I don’t give them fully formed hypotheses, I give them fragments, and then we build on that.

L: You have written about that in the *Dialogical Therapist* (2007), but you didn’t use the word micro-hypothesis.

B: I didn’t think in terms of a micro-hypothesis. It came to my mind when I realized that if you focus on emotional issues, the fragments become even smaller than before. Because usually the emotion happens in moments, and so you do not have the possibility to build something very grand. And so I called this a micro-hypothesis because it is really small.

L: It really made sense, especially when you talked about cooperation to make somewhat more meaningful hypotheses.

B: And the smaller it is, the bigger the collaboration should be. The smaller the hypothesis you give is, the more you enhance the competence of people. It is like saying; you are able to create some different understanding of your life cooperating with me, rather than being subjected to my thinking. But, at the same time, I think that it is different from simply expecting people to be healed by the very fact of talking about themselves, which is the risk you run if you go too much in the direction of pure conversational therapy.

Clients are as fallible as therapists

L: I was wondering, how much do you follow the family? How much do you challenge the system?

B: It depends on the situation. Sometimes I noticed that I tend to challenge a lot, really really a lot. And sometimes I go with them. It depends. I don’t have a
Sometimes I become very enthusiastic in constructing a hypothesis, then in the next session we discover that it made no sense at all (laughter). Clients are as fallible as therapists are, actually. They may get it wrong, exactly as we can get it wrong. I think, through this kind of process, you give people the possibility of thinking differently about their own lives without getting stuck either to the old narrative, or even to the new narrative. You can live through different narratives, which I think is better because otherwise you risk substituting a new version of life with the old one. But nobody knows whether this new version is OK, or will be so in six months’ time. The idea is to promote flexibility or possibilities of living differently. And I think this process of constructing ideas together, and then seeing if they fit, and then going back to them, is a process that enables them to open more possibilities than before. You know, optimally you can’t balance this, but that is another issue, I think.

**Minimalistic systemic therapy**

L: Is it possible to an extent, I think about your systemic approach, to define your therapy as «systemic emotional focused therapy». I don’t know what you want to call it.

B: I don’t want to find another name, there are too many names already in the field.

L: Do you want to call it systemic?

B: It is a variation of systemic therapy. Because otherwise, every time you have a new idea, you create a new name. And there are too many names.

L: How would you describe your variations of systemic therapy? If it is possible to narrow it down, despite your Batesonian ideas?

B: I called it at a certain point dialogical systemic. But then I don’t know how to accommodate the emotional part. And I cannot transform it into dialogical emotional systemic because that is too much (laughter). Minimalistic systemic therapy, we can call it.

It is minimalistic in the sense that it is centered on details, rather than the big picture. And those details can be emotional, they are dialogical details and the fact that they are shared in the very moment in which they emerge. And it’s acceptable to be very fallible, because in a lot of instances you have *non sequiturs*, which in Latin means «inconsequential,» or, better, «with no consequences.» In the sense that you have a brilliant idea that you throw into the conversation, that simply dies out, and it doesn’t matter. And you wait for the next one.
From another point of view, I could maybe name it holistic systemic therapy. In the sense that you don’t draw all those distinctions, is it systemic, is it dialogical, is it narrative? Is it focused on hypothesis or emotions, or whatever? I think the fact is that it is everything at the same time. It should be very mobile, in the sense of shifting from one perspective to another. What is important is, what I still keep, what’s important is to be focused on relationships. The second part is to think hypothetically, in the sense of never believing one has reached the final answer. It must be open until the end.

L: When you talk about doing everything at once and having different perspectives, this is also in accordance with David Campbell.

B: Yes, of course. It is the opposite of the prevailing psychiatry value of today, which is reductionist.

L: By the cognitive therapy situation, by the thought and beliefs.

B: Yes, you have to explain everything by putting it in building blocks and then you know that the basis is this, whereas I think David (Campbell) very clearly had the opposite perspective. The idea is that you must have in mind as many elements as you can, and you work on that.

Some external realities are not changeable by changing the discourse

L: What do you think, Paolo, would be the next revolutionary idea in systemic therapy, if any?

B: I don’t know. At this moment, I don’t know what the idea would be. I have some suggestions about what problems to address. Because I think today, we have to deal with the social, economic and political conditions, which are changing, in a way that we have never heard of before. I’m thinking about that, and I’m talking about that with other people, but I don’t know how. It is probably why realism became interesting again. Because there are external realities that are not changeable by changing the discourse. When the economics are running badly, as they are, you realize that you can change a lot of discourses, but your bank account remains the same, and that is a big problem.

L: That is not a construction.

B: Well, what is interesting is that your bank account is a social construction, but it is a social construction that you cannot deconstruct. I was at a conference at the London School of Economics, and Fathali Moghaddan spoke, he was one of the co-authors of the book about positioning theory (Harré and Moghaddan, 2003). In addition, he had this concept, that he calls «interobjectivity». Inter-
objectivity means that, when something is interobjective, it is constructed by the interaction among people, but the idea is so shared by everybody that it becomes an object. So, for example, a law is interobjective, it is constructed by people. It is a social construction. All the same, if you steal a car, you go to jail. And this is not a social construction. This is real. So, a lot of things that are created by consensus, but then cannot be modified without being modified by the whole social structure, can be called interobjective. So for example, DSM diagnoses are interobjective, because they are a way of dealing with facts, because some behaviors of people are external facts. The fact that they become a diagnosis is a social construction, but the diagnosis in itself is interobjective. And, this is why I think it is utopian to think that you can deconstruct diagnoses in your therapy room, because to deconstruct diagnoses, you have to change society. You can change their value in therapy, but that is different.

L: That leads me to maybe my last question: Does systemic family therapy have a future in psychiatry?

B: There are two possibilities. It can survive as a technology, in the sense that psychiatrists mostly don’t know what to do with families. So, as long as there are troubled families, there will be family therapists. So, as a specific technology to deal with, I wouldn’t say troubled families, but troublesome families (meaning the families that create trouble for psychiatrists), it will be used. But, of course, in this way it becomes subjected to psychiatry. In order to survive as a model I think we must challenge the prevailing values of psychiatry, but this is something that must be done at the social and political level.

L: The therapists can’t do this fight in the therapeutic room.

B: No, in therapy you can just do what you’re allowed to do. Which is not to challenge the value of psychiatry, this must be done at the social level. When systemic therapy came out in America, nobody wanted to challenge the values of psychiatry, because it had a different history. When systemic therapy came out in Europe, though, it was exactly in this fashion. It was a challenge to the prevailing value of psychiatry. Systemic therapy became important in Italy because in Italy we had a very strong critical psychiatry movement that brought the famous Italian law that closed mental hospitals in 1978 (see Bertrando, 2009). After the closure of mental hospitals, all of a sudden, psychiatrists had to do with families, and this is why systemic family therapy became very important in Italy. I think this is the very reason why Italian family therapy has been very influential: because there was a lot of social demand for family intervention. Boscolo used to say that in 1978, they had their first course in family ther-
apy and they expected to have a few people. All of a sudden they had a flood of psychiatrists and nurses and psychologists. Mental hospitals were closing, and they didn’t know what to do with the families. They had a lot of angry families, coming: «What should we do with this guy that you have discharged from hospital, and now he is coming to us, and you must help us!» They had to open new courses, and all of a sudden in Italy, family therapy became a very important thing.

L: Maybe that is what we need to do in Norway, close down psychiatric hospitals and send the patients home?

B: And if you do that, you will have a lot of consequences and, at that time, the systemic way of thinking will become important again. You see, in the end the important thing is to be able to give some answers to questions that are partly clinical and partly social. And I think that one important issue of family therapy at large, and systemic therapy specifically, is to be in a sense at a crossroads between the clinical and the social. And I think, in order to survive, we must maintain this kind of identity. If it simply becomes a clinical tool, it will become something that is not culturally effective. It will be a specialized branch like group therapy is. Group therapy for a period seemed to be a revolution in psychotherapy. Today it’s simply a specialized branch of psychotherapy.

L: You know my interests after all these questions; is there a last good question that you haven’t been asked?

B: No. I think they are all relevant. Actually, you haven’t properly asked me about the social parts, but I have answered all the same. To me that is the qualifying aspect for the systemic movement, so to speak.

L: Thank you so much for the interview, Paolo.

Closing comments
Since the mid-1980s, the inclusion of social constructionist ideas has been considerable in systemic family therapy. At the same time as supporting these ideas, Bertrando is also challenging some «taken for granted truths» when he claims that even if it is impossible to know what is real (considered as constructions), it’s necessary to realize that something is unreal. It’s therefore not appropriate to define what «correct» family interaction actually is. However, it’s possible to identify unhealthy family interactions. Bertrando therefore claims that systemic therapists should not deconstruct everything that is a result of consensus (such as diagnosis), but can challenge the value of generalist knowledge. Bertrando is therefore advocating a moderate social constructionist stance.
Bertrando’s thoughts may be considered a contribution to “building bridges” between the psychiatry discourse and systemic family therapy ideas because of his “both-and” thinking, instead of a reductionist view of knowledge. Nevertheless, Bertrando warns against reducing systemic therapy into mere clinical “tools,” which does not pay allegiance to the core concepts of making therapy culturally and contextually adapted. Hence, he emphasizes the importance of therapists (and mental health services’) epistemological reflexivity.

Acknowledgement
I wish to acknowledge Paolo Bertrando for making this interview possible, and for being available for further inquiries in writing up the interview. I would also like to thank RKBU Bergen and Inger Jensen Nordeide for the practicalities of the interview. Finally, I would like to thank Elisabeth Minde for transcribing the audio-recorded interview.

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A selection of Paolo Bertrando’s most popular publications
