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Presenters: Howard Liddle, Marion Forgatch, Daniel Santisteban, Nadine Kaslow

PLENARY I:

The Soul of New Orleans: What Is It? What Has Been Lost? What is Being Recovered?

Presenter: Andrei Codrescu

PLENARY II:

Immigration and Family Therapy

Presenters: Stevan Weine, Celia Falicov

PLENARY III:

Community Recovery and Resilience

Presenters: Andrew Eskew, Mindy Fullilove

PLENARY IV:

Spirituality and Family Therapy

Presenters: Froma Walsh, Melissa Elliott, Hugo Kamya

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American Family Therapy Academy



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AFTA

Monograph Series

Reflections of AFTA's Early Days:
Moving Forward by Remembering Our Past

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Fax (202) 483-8002
afta@afta.org
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AFTA

Founded in 1977, the American Family Therapy Academy is a nonprofit organization of leading family therapy teachers, clinicians, program developers, researchers and social scientists, dedicated to advancing systemic thinking and practices for families in their ecological context.

Through diversity in its membership and through continuous dialogue and collaborative interchange, AFTA flourishes as a learning organization that adds value to its members and to those whom they serve.

Reflections of AFTA's Early Days: Moving Forward by Remembering Our Past

Winter 2009

ISSN 1556-1364

Guest Editors

Martha Adams Sullivan, D.S.W.
MaryAnna Domokos-Cheng Ham, Ed.D.

Editor-in-Chief

Laura Roberto-Forman, Psy.D.

Design & Layout

Original Monograph Series
Design & Layout
Jay & Joyce Lappin

Issue Design & Layout
Gareth Breunlin
Cover by: Gareth Breunlin

Original Design: Cheryl Louise Olney

Advertising

Melissa Elliott, M.S.N., LMFT
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The *AFTA Monograph Series*, ISSN 1556-1364, an official publication of the American Family Therapy Academy, Inc. is published once per year.

Subscription Rate

\$16 per year for non-members
Individual issues: \$25 each

Advertising Information available upon request.

Editorial Offices, Address Changes, & Membership Information

American Family Therapy Academy, Inc.
1608 20th Street, NW, 4th Floor
Washington, DC 20009

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Introduction: "Pick It Up If It Falls Behind"

(Old Akan Proverb)

MaryAnna Domokos-Cheng Ham, Ed.D.

Martha Adams Sullivan, D.S.W.



The Akan people of West Africa embrace the concept 'sankofa' symbolized by a mythic bird that looks back while flying forward with an egg in its mouth. The Sankofa bird expresses the importance of returning to the past to "fetch what we forgot," to retrieve our past and see what we can learn from it in order to move forward. We do so, the egg reminds us, not as a mere rumination but in order to achieve our full potential as we move forward. Whatever we have lost, forgotten, foregone or been stripped of, can be reclaimed, revived, preserved and perpetuated (Telecommunications Hub / W.E.B. DuBois Learning Center, 2008). What could be a better symbol to characterize the narratives in this issue of the *AFTA Monograph Series: Reflections of AFTA's Early Days: Moving Forward by Remembering Our Past?*

Almost three decades have passed since the organizing meeting for the formation of AFTA took place in Chicago on April 19-21, 1979 (Bloch, 2000). At this first meeting, "a lot of interesting things happened...the excitement and spontaneity were contagious" (Framo, 1989, cited in Bloch, 2000, p.4). Yet, after 10 years, Don Bloch, in his retrospective piece in the *AFTA Newsletter*, writes of struggles brewing "for the small band of beleaguered male psychiatrists who started AFTA: the women of family therapy would shortly come on stage as leaders, teachers, and competitors for political power in the organization. Nor could anyone have foreseen that these and other concerns in turn would be quickly dwarfed by the changes in U.S. corporate healthcare that appeared to make irrelevant any of the versions of family therapy that had moved the founders." Almost prophetically, he

concluded, "One could not have guessed that the internal struggles would seem so soon to be faintly musty and out of date or that one might almost feel nostalgic for them" (Bloch, 2000, p.4).

This *Monograph* looks back at the early days of AFTA through the eyes of Charter Members who were at the meetings and gatherings that became AFTA. Consequently, there are many important voices in the development of the field that are not prominent in this issue: Sal Minuchin, Virginia Satir, Carl Whitaker, Jay Haley, Peggy Papp, and Monica McGoldrick to name a few. The narratives in this issue are not meant to comprise a factual, historical, or developmental account of the family therapy field and/or of AFTA. Other individuals have done that (Bloch, 2000; Framo, 1989, cited in Bloch, 2000, p.1; Hare-Mustin, 2000). The authors presented in this *Monograph* are not expert historians, only experts on their own experiences. Rather, we asked those who were AFTA Charter Members to speak of their lives and their work in the family therapy field at this time, particularly as related to their involvement in the development of the organization. We did so hoping that, through their accounts, a sense of AFTA's birth in context would emerge.

All current AFTA Charter Members were invited through e-mail and personal letter, to contribute to this issue. To frame the contributors' essays, the co-editors developed a set of questions. The first group of questions was intended to locate the author in AFTA's history by asking when s/he became professionally involved with AFTA and what personal and professional factors were important to her/his decision to join AFTA, as a

formal organization. Of importance to this first set of questions was to ask prospective authors to discuss their personal response to AFTA's mission and how it informed their professional identity. In the second group of questions prospective authors were asked about the legacy of AFTA. These questions were aimed to draw from members their memories of AFTA's early days and their reflections of AFTA's influence on their professional achievements. The third group of questions asked potential contributors to look to the future of AFTA. They were asked to reflect about the impact AFTA and family systems theory has had on society and to imagine the future relationship between the field of family therapy and AFTA.

The authors in this *Monograph* have been informed by their own experiences with AFTA and their hopes for promoting the potential of the organization. Their essays take these questions and integrate them into their unique perspective of both the past and future of AFTA.

The response to our call for papers says much about the passion that AFTA engenders among those it touches. Eighteen Charter Members responded to our request and we made the decision to include all of them. While the contributors, in many ways, are a diverse group the racial, ethnic and gender diversity of those involved early on is not representative of the membership of AFTA today. AFTA has evolved. These contributors do, however, represent a panoply of voices and perspectives. True to the spirit of AFTA and of the initiation of our field, these authors are often pushing boundaries. They are at times laudatory and at times irreverent, but almost always challenging the status quo. What ties these voices together is the belief that change is possible. Like the Sankofa bird, the contributors convey the hope that AFTA, while moving forward, is still capable of looking backward with an eye in its beak.

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Finding My Way into Family Therapy and AFTA

Kitty La Perriere, M.S., Ph.D., A.B.P.P.

My involvement with the field of family therapy began in 1963, when I joined the Ackerman Institute (which was then called The Family Institute). Originally a clinical psychologist, I had been a research associate in a psychoanalytically-based study on the development of infants. In this study, the observation of mother-child bonds nudged me from the intrapsychic to the interpersonal perspective. Coming into the new institute Nathan Ackerman was forming seemed a very appropriate next step. I was fortunate to benefit from an informal hands-on apprenticeship with Nathan Ackerman which helped to turn me into a family therapist. We regarded ourselves as pioneers working within a new epistemology and primarily sought to disqualify exclusively intrapsychic formulations, turning to family dynamics instead.

Family therapy at the time consisted of a series of “autonomous dominions”—a number of centers developing their own views on how to understand, treat, and research family systems. Antagonism existed in the 1960s between the East Coast (personified by Nathan Ackerman) and the West Coast (personified by Jay Haley), which may have blocked any thoughts of forming an organization. When Ackerman died in 1971, and Haley moved to the East Coast, that particular power struggle over primacy in family therapy was at an end. At that time the movement began to create a family therapy organization that coalesced around Murray Bowen.

There was a lot of sentiment against having an organization and especially against having a profession of “family therapists,” which was seen as limiting. Family therapy was supposed to be a paradigm shift for at least all mental health professions and not just another set of practices for one profession. We felt at the forefront of a revolution not only of how

to view therapy, but also how to view and ameliorate the hardships of the human condition.

Around 1975 or 1976 a few people “bit the bullet,” and aggregated around Murray Bowen, and then began meeting together to plan an organization with the family as its central concept. The original planning group of nine men and three women (most of whom are no longer alive and some of whom have been AFTA members for many years) decided to ask ten active family therapists to join the planning board in 1977 for a total of twenty-two Board members. We continued meeting in Philadelphia for another year or two. These get-togethers before the founding Chicago meeting were concerned with what kind of organization AFTA would become.

It was the personal invitation by the planning committee that honored me, by recognizing that I had a professional voice, particularly as a woman at a time when the important people in the field were predominantly men. The original twelve member planning Board consisted of Murray Bowen, Isidore Zwerling, John Spiegel, Harvey White, Gerry Berenson, Norman Moss, John Pearce, Jim and Mary Framo, Ivan Boszormenyi-Nagy, Geraldine Spark, and Judy Ladner. When this original group decided to enlarge the planning Board to twenty-two, the first person invited was Virginia Satir. There had been disagreements within the field around Virginia’s activist methods of taking her work on the road and of expanding it to systems other than families. Inviting her was an effort at inclusiveness. Although Virginia accepted the invitation, she never attended because in those days she traveled over 300 days a year and was hard to “capture.” I was the second person to be invited, as well as Carolyn Attneave and Peggy Papp. When it came time to convene the prospective membership,

La Perriere

a group of some two hundred people selected by personal affinities, each of us contributed \$400 to provide working capital with the intention to organize the Founding Meeting in Chicago in 1979. The money was later refunded out of collected membership dues.

At the time AFTA was forming, I was Training Director at the Ackerman Institute. My joining AFTA was not supported by my Institute. I felt professionally isolated and was looking to AFTA to provide a group of colleagues to share ideas at the time—particularly ideas about training. I had become somewhat alienated from the course family systems theory had been taking, emphasizing the family therapist as expert. I was more interested in exploring the “natural shapes” relationships would fall into. While everyone seemed concerned with overcloseness, I tended to see the pain of alienation and too much separateness. The first year of AFTA as a formal organization with its 200 members is a bit hazy to me, as I was immersed in personal challenges that also coincided with my resigning from my position as Director of Training and Education at the Ackerman Institute. For a brief time, I joined the Columbia University Department of Child Psychiatry as visiting professor of family therapy. I traveled widely throughout the U.S. and Europe teaching, speaking, and consulting with family therapists abroad about how to set up training programs. As a divorced woman when that was a stigmatized identity, and as a person of multiple cultural backgrounds and languages, I felt in many ways in a meta-position to the theories of family advanced at the time. I think I lacked strength, determination and ambition to develop a platform of my own, and my thinking was expressed mostly verbally and in my work. I think that, in facing oppressive constructions of my identity in larger society, I chose to express my thinking verbally rather than in print.

I have been a member of AFTA ever since that first year—AFTA became a life saver for me. I personally looked forward to the organization as a broader base for collegiality. There had been occa-

sional meetings organized by various family therapy centers internationally and nationally. People were reaching for a more predictable association. There were many questions about the kind of organization AFTA would and should become. We believed that a loosely connected, open structure befitted a field which was at the time fighting for open and fluid systems. There was concern among the participants that creating a formal organization would lead prematurely to codify and rigidify the parameters that were relevant to family therapy—and there was not much agreement about what these parameters were. Although the original intention was to leave boundaries open, the model of an informal personal network upon which AFTA was built led too soon to the opposite of what it had intended—instead of nurturing a growing, open organization, it grew exclusionary toward issues of gender and diversity and the inclusion of younger professionals. These tensions contributed to a schism between AFTA members who wanted to focus on clinical practice and those who advocated for social-political sensitivity and activism.

In looking back from multiple roles within AFTA over the years—as President, on the Board and Nominations Committee among others—I would say that the original mission to study, teach, and practice family therapy proved to be too restrictive. In addition, the inability to deal with internal conflict despite our grandiose internal perception that we possessed resources which could heal the world, made us at some crucial times quite inadequate. Dealing with the big social issues—gender, diversity, poverty—created much turmoil along the way.

I remember the early years of AFTA as a place of great enthusiasm, warmth, and mutual acceptance. We tried to keep disagreements from becoming disruptive. We tried to make room for researchers when they voiced their sense of being excluded. We had great parties with skits and send-ups. Meetings had structural difficulties, for example, because it was still a time when dancers were heterosexual

couples. If you were a single woman, an evening of dance was a dispiriting event. Male members dominated the membership and presentations, while the “audience” was increasingly female. At the same time the proportion of M.D.s was decreasing. I had always battled my way into primarily male domains, starting with an academic high school that accepted two or three girls in a class of 20 and all the way through admission to medical school where there were about 15 entering women in a class of 200. I had tolerated discrimination because the alternative was worse. Thus, I was not freshly outraged that so few women participated in AFTA leadership positions. Actually, a few had turned down invitations to run for the Board, observing accurately that they might not have been allowed much of a say anyway. I tried to talk some of them into changing their minds, but I did not stop enjoying and appreciating my male colleagues, especially those that had begun to show awareness of gender issues. Here I think of John Pearce, Frank Pittman and Lyman Wynne primarily. I touch on one issue briefly, because it may have provided a basis for what later became the surge of the feminist critique and successful politicization of gender inequities. I was, in fact, the first woman President of AFTA, and I am very proud of that, and I deeply appreciated and still appreciate the help of Monica McGoldrick, Froma Walsh, Carol Anderson, John Pearce, and Frank Pittman who encouraged me to run. Sadly, in recalling the development of AFTA, some women who describe themselves as feminists have tended to erase me from AFTA history: this experience has hurt.

There were years when I thought I knew every single member. I personally miss the cozy connections I used to feel with many. I am pretty sure that today’s active members experience the same level of connection, bonding, excitement, that was so heady for us in the earlier years. I have loved the excitement and fertile exchanges that took place in the annual AFTA meetings, the growing closeness of the family therapy network, and the excellence of AFTA members. I have been concerned

about boundaries that were closing in many areas. Fortunately, many of these early problems are currently being addressed in a vital manner that is also in touch with the changing socio-political realities. AFTA has become welcoming to younger members, and has become active both internally by reaching out to potential new members, and externally by shaping activist positions. People from non-mental health disciplines, while not becoming members, are, at least, often included as invited speakers during conferences.

The idea that family therapy will introduce systemic thinking and revolutionize society now appears another utopian dream of the heady 1960s. Nonetheless, the ability to hold a systemic view of human events is an empowering perspective. AFTA needs to continue to expand its boundaries to be hospitable to many ideas and practices, and to manage the tensions that may ensue. I am very optimistic that it is a task that is not beyond the enthusiastic and talented membership who comprises today’s AFTA.

Author



Kitty La Perriere, M.S., Ph.D., A.B.P.P. spent her first decade in Czechoslovakia, and the next years in Switzerland which gave her shelter during WWII. When she embarked for New York in 1950, she was stateless and pretty

much on her own. Connecticut College came to her rescue with a scholarship. She went on to Yale and Washington University. She got married, had a daughter, lived in Venezuela, and then moved back to NY. She worked as a research psychologist with Margaret Mahler on her separation-individuation studies, then joined the Family Institute (now the Ackerman Institute for the Family) and became a family therapist, active in teaching, clinical work and professional concerns. Currently she is remarried, semi-retired, and lives part time in San Miguel de Allende, Mexico.

AFTA Memories

Linda Bell, Ph.D.

I was a young AFTA Charter Member. I had finished a 2-year postdoctoral training program at the Family Institute in Chicago in 1976, and promptly moved to Houston, Texas, seeing myself as a missionary for family therapy. Family systems thinking had transformed how I thought and worked, and I was anxious to share.

There were lots of surprises in Houston, Texas: Harry Goolishian, George Pulliam, Harlene Anderson, Don Williamson, and Morris Taggart among them. So much for the missionary concept! Family systems theory was blossoming all over the Houston-Galveston area. The university where I was teaching, the University of Houston – Clear Lake, was two years old. The faculty were all young professionals from the 1960's era, committed to teaching and offering programs which students wanted. Israella Meyerstein, on staff at the University of Texas Medical Branch in Galveston, had taught a course in Family Therapy and gotten everyone excited. So, when enthused students asked the Dean to find a family therapist, I was recruited. Along with Cheryl Rampage, I created the Family Therapy Program which eventually became accredited and widely respected.

I saw myself as a psychologist with a specialty in family therapy. At that time, AAMFT was not held in high regard by those with whom I had trained, but because AAMFT would be the organization that my students joined, I also joined and became a clinical member. When the issue of marriage and family therapy as a separate, certified profession came up, I was opposed. It seemed to me that family systems thinking was a major paradigmatic shift that should be integrated into, and transform, all mental health professions. Chuck Kramer, the founder of the Chicago Family Institute (now The

Family Institute at Northwestern University), called me when AFTA was being organized, told me about the new organization, and asked if I would become a Charter Member. I remember thinking that perhaps being in Texas might have been a factor. I could help bring geographic diversity.

This was a time of struggle and competition between AFTA and AAMFT, which had been around for a long time but did not include the family therapy movement leaders, those who were creating the new organization of AFTA. My understanding is that originally the founding of AFTA was motivated by a desire to take responsibility for family training in the country. However, AAMFT was chosen for that responsibility. This decision by the Department of Health, Education, and Welfare was fresh when the first meeting of AFTA took place, and a disappointment. So there was much discussion of what AFTA's mission should be. I don't remember a mission statement coming out of those discussions, but perhaps it did. There was a lot of brain-storming and discussion of the need and focus for AFTA.

At the first meeting of AFTA I remember two things most. The first was gathering together and grieving for those who had been leaders in the field, but who were now deceased. My memory is that Carolyn Attneave led a very moving experiential exercise. The second was being a bit awed by the members in attendance. Everyone with who I had studied was there! All-in-all that first meeting was a wonderful, heady experience. Over the years AFTA has been a great source of inspiration, learning, and collegiality and my membership deeply enriched the family therapy training program I was leading.

Author



Linda Bell, Ph.D. trained at the Chicago Family Institute, now The Family Institute at Northwestern University, in the mid 1970s. She then took a faculty position at the University of Houston-Clear Lake where, along with Cheryl Ramage, she created an AAMFT accredited program in Family Therapy. She also taught family therapy in Japan in the 1980s. In 2006, Linda moved to Indiana University-Purdue University Indianapolis where she is a Professor of Communication Studies and Family Health. Her article, “Mindful Psychotherapy,” will be published in early 2009. Linda’s research involves longitudinal and cross-cultural studies of marriage and family.

AFTA: A Place for Generative Conversations

Karl Tomm, M.D.

It was James Framo who first invited me to join the initiative to start AFTA back in 1976. I had met him in Philadelphia during the early 1970s, and we connected around a common interest in the contribution of family of origin to patterns of interaction in couple relationships. As a psychiatrist with a passion for exploring the effects of family relationships on individual mental health, I felt alienated from my individual-focused psychiatric colleagues, and longed for an opportunity to share and debate the rapidly evolving systemic ideas and practices in family therapy. At the time, AAMFT had already emerged quite strongly as the dominant family therapy organization in North America, and it seemed to be a possible candidate to host such conversations. However, along with Jay Haley, I was deeply concerned that AAMFT's preoccupation with regulation and control of an emerging new profession might stifle the kinds of open exploration of generative ideas that I was most interested in. Thus, I enthusiastically joined in with Framo, Haley, Bowen and other early family therapists to help co-create AFTA as a forum to provide collective intellectual and moral leadership in the field of family therapy.

As things turned out, AFTA became the organization with which I identified most strongly throughout my whole career. Although I belonged to many other organizations over the years, it was at AFTA that I was able to meet like-minded colleagues and participate in the excitement of developing systemic ideas and practices. I especially appreciated the ways in which AFTA's annual meetings were deliberately structured with interest groups, round tables, and fora to enable dialogue, and how the organization was willing to openly address and struggle with contentious

social justice issues like sexism, racism, heterosexism, and reproductive choice when they were still often taboo among most professionals. Indeed, it was partly through vigorous debates at AFTA that I became aware of the incredible social privilege that I was living as a white, heterosexual, able-bodied male with a stable academic appointment in the medical school of a respected Canadian university. The early feminist debates at AFTA led by Rachel Hare-Mustin, Virginia Goldner, and Monica McGoldrick shocked me at first, yet became incredibly enriching through the years. The clear articulation of complex issues in racism by Ken Hardy and Kiwi Tamasese, in reproductive polarization by Laura Chasin, in heterosexism by Gary Sanders, in ethnocentrism by Nydia Garcia-Preto, in classism by Dick Chasin (to cite just a few of many influential conversations), helped me expand my awareness of the powerful effects of larger cultural beliefs and practices on families as systems, as well as on the mental health of individual family members. Concern about the pathologizing effects of pervasive social injustices and the restraining power of "grand narratives" continue to be important growing edges for me.

Perhaps one of my personal contributions to AFTA during those early years was to introduce and/or popularize some of the important new developments in second order systemic theory and practice. I happened to have a good "sniffer" and was often able to recognize the potential significance of new ideas and methods developed by others. The originality of their work always excited me and I immediately wanted my friends and colleagues to hear about it too. For instance, my enthusiasm about Luigi Boscolo's and Gianfranco Cecchin's Milan approach, Vern Cronen's and Barnett

Pearce's communication theory, Humberto Maturana's theory of knowledge, and Michael White's and David Epston's narrative work compelled me to bring them and/or their ideas to AFTA. The late 1970s and the 1980s were very heady times and the debates about these new ideas and methods were sometimes very intense. AFTA played an important role in providing a supportive context in which these dialogues could take place and it was extremely rewarding for me to be so deeply immersed in the middle of it all. I will always be grateful to AFTA, its members, and its administration, for enabling the conversations that were so generative for me and for the development of the field as a whole.

In retrospect, the single biggest change in my own ways of thinking and practicing occurred during the late 1970's and early 1980's when I shifted from empirical assumptions as a basis for my work to a radical constructivist, social constructionist, and ultimately a bringforthist stance of collaborating with family members to co-construct preferred possibilities. It was this shift that left me with an abiding fascination with how the people who consult me have drifted into enduring habits of thought and action that trouble them and/or those with whom they live. As a method to deconstruct old constraints and enable fresh movement, I explored the idea of experience of "self" as arising from a richly interconnected "internalized community" and the development of internalized other interviewing.

The bringforthist stance has also left me with a deepening curiosity about the nature and effects of different kinds of questions that therapists can ask in understanding and influencing evolving systems – it is a curiosity that continues to grow to this day. For instance, I continually ask myself meta-questions about the questions that I am asking throughout an interview and wonder about their possible, probable, improbable, and impossible effects. Michael White's notion of co-constructing a 'scaffold' together with a person/family using questions to open space for an emergence of some

'absent-but-implicit' value, belief, commitment, or competency, has helped me enormously in my recent clinical practice. Finally, I am encouraging myself to enquire more carefully about many levels of contextual issues; all the way from one's concrete living conditions like poverty, employer and peer pressures, friends, presuppositions about therapy to a family's cultural heritage, values, and beliefs, and current relationships with legal, school, medical, and social systems, and even implications for one's carbon footprint.

As our world simultaneously shrinks and explodes through technology, my hope is that we will find ways to live more fully in humane interpersonal spaces, both in our personal lives and in our work with families and communities. What roles, if any, could AFTA play in staging further generative conversations to enable a collective shift from striving to become good family therapists towards becoming good 'human becomings' in our emerging global village? I remain extremely curious about what future possibilities we will actually step into.

Author



Karl Tomm, M.D. is a Professor in the Department of Psychiatry and the University of Calgary where he founded the Family Therapy Program in 1973. He is well known in the field of family therapy for his work

in clarifying and elaborating new developments in systems theory and clinical practice. For many years he was at the forefront of a new approach that emerged from systemic, constructivist and social constructionist ideas. This approach is collaborative and emphasizes therapeutic conversation to deconstruct problems and to co-construct healing. His articles have been published extensively in the international family therapy literature and he has been on the editorial boards of several family therapy journals.

Reminiscences: Do They Relate To The Future?

Jean Barr, M.S.S.

In 1963 I began a two year training program at the Family Institute of Philadelphia (FIP). Jim Framo, Ivan Nagy, and Geraldine Spark, along with ten other professionals, had just founded the FIP and I was in the second group of trainees. FIP was the second such institute, preceded by the Ackerman Institute.

The three aforementioned founders of FIP, along with family therapists from across the country, were in close communication and as a group were responsible for initiating the idea of AFTA. Each of that larger group of “founders” submitted names, and that list of names became the core of who was invited to the first AFTA meeting at the Family Institute of Chicago. Chuck Kramer was the president of the Chicago Institute and hosted the meeting.

At the urging of Ivan Nagy and Gerry Spark, I attended the first meeting and was duly impressed. I chose to attend Fred Ford and Bob Ravich’s workshop on typologies; Fred of Berkeley, California and Bob of New York City each had their typology and were beginning to explore other typologies and the idea of a meta typology. The fifteen or twenty of us spent considerable time together and decided to continue as a group. At the first meeting, I was also “hooked” on Frank Pittman’s film presentations. He had a library of films and would select one or two to present and discuss in terms of family dynamics.

It saddens me that many of those very special people who have passed on have also been passed over. I wish ideas from these pioneers could continue as our legacy. Over the years I have heard many fine presentations from the newer generation of family therapists and wonder how this current

group of family therapists could acknowledge the foundation of these brilliant pioneers and yet be encouraged and recognized for their own accomplishments. I only hope AFTA will rediscover the joy in being curious and innovative, just as those pioneers were.

Author



Jean Barr, M.S.S. is a graduate of the Michael Reese School of Nursing and Smith College School of Social Work. She retired as Associate Professor from Hahnemann University in the Department of Mental Health Science, and continues with clinical work and consultation. At the time of AFTA’s inception she was active on the Board and the Membership and Finance Committees. Currently she is on the Board of the Family Institute of Philadelphia, which focuses on continuing education for local family therapists. During her career she published chapters in a number of family therapy books. Her expertise includes family work with sexually acting out adolescent girls, and the complex network of illegal drug users.

The Early Years

Don-David Lusteran, Ph.D.

In 1973 I began to develop a program in family counseling at Hofstra University. It was the first such program on Long Island, and I sought other family-oriented colleagues. I met Jerry Berenson who was then head of the family therapy program at North Shore Hospital. In about 1977 Jerry began to talk about an organization that he was helping to create, and I was touched when he asked if I would like to become involved.

I attended the first meeting in Chicago and was excited by the intense debate about whether or not to become an organization at all, whether we would remain a small and elite group, or be open to many new members over the years. I remember Murray Bowen answering the questions about exclusivity with his usual oracular impatience: “Let them form their own groups; let there be as many as needed” (or words to that effect). Would we be a guild organization? A collegial forum? A certifying group?

One could feel the energy and excitement in the room. Some had been ardent members and supporters of AAMFT, formerly called AAMFC. When I joined AAMFT in 1974, I remember seeing the large signs that had been carried from conference to conference for many years. The letter “C” had been whited out, and replaced by “T.” There was a sense of victory in the air. We were no longer Counselors. We were now Therapists. I imagine that many entertained the fantasy that this change in titles augured a significant change in authority, income, prestige, and whatever illusions of power these ideas evoked.

Family counseling had grown up as the child of couples’ counseling. In the early years many AAMFC members were trained as pastoral

counselors. Many at this first AFTA meeting had previously made an effort to find a comfortable berth in AAMFC, and continued to experience the same struggle in AAMFT. To them AAMFT was becoming a strong, sincere movement that seemed less attached to theory and more to a faith-based framework, more on marriage counseling and less on family therapy. This is not to say that AFTA’s beginnings were nothing more than an attempt to create a counter-group to AAMFT, but certainly it was part of the ferment. There was a sense that the demographics of this first AFTA meeting were quite different from those of AAMFT. Many of us were practitioners, some of whom were also academics, heads of programs, researchers, or theorists. If you listened to the voices at our first annual meeting, they were more likely to sound East Coast. If AAMFT was centered in the Midwest and the country’s interior, our group seemed more out at the edges, not only geographically, but in a radical bent, at the edges in a very different way. This dynamic seemed to spur a great need for our group to define and differentiate ourselves.

Many positions were strongly stated, but it seemed certain to most participants that we were headed in the direction of what Robert-Jay Green described in a letter, written before the first meeting, but published in the *AFTA Newsletter* (Green, 1980) soon afterward. He described two possibilities: One was a model of peers who shared substantial expertise, and the other a group that, in addition to the exchange of ideas, would include a “wide range of ‘political’ goals such as developing standards for evaluation and accreditation of training programs, professional licensure, health insurance, and related ‘lobbying’ efforts on a national level....[concluding that] personally, I find myself

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torn between these two alternatives. I like the idea of ‘rubbing elbows and brains’ with others who have a primary and long-standing interest in family theory and therapy, who are innovators, and I like the idea of getting together with other experts in comparatively small groups. My own learning needs will best be served by plan #1, and I suspect the other charter members have similar feelings” (Green, 1980, p.2).

Robert-Jay was quite correct. Most Charter Members shared this view, but not all. In the same issue of the *AFTA Newsletter*, Larry Constantine wrote a passionate essay entitled “On Open Systems and Closed Reactions” (1980). He began with a quotation from AFTA Board Member Virginia Satir: “There are two kinds of systems—closed and open... A closed system provides for very little or no change at all. An open system offers choices and depends on successfully meeting reality for its continuing life. If one were to deliberately design a closed system, (the) first step would be to separate it as completely as possible from outside interference” (Satir, cited in Constantine, 1980, p. 5).

“The Board,” said Constantine, “repeatedly assured us that they wished to practice an open, democratic style” (Constantine, 1980, p. 5). He continued to say that despite this assurance he felt betrayed by the tone of the meeting. Perhaps prophetically, he worried that AFTA had neglected the issue of sexism and sanctioned elitism that showed insufficient concern for the rights of minorities in our budding organization.

My feeling then was that it seemed ironic that our collegial networking had produced an almost completely white group. I could not quite grasp at that time that “collegiality” is a concept perilously close to “the old boys’ network.” A major source of conversation early on was the ease with which we met and conversed, but many members who left in the mid-1980s complained that this warmth was gone, and everything was getting “too political.” It took a while before I understood what those who

left meant. A brief excursion into my personal history may be of use here.

I came to AFTA after years of work with a disadvantaged population, and service as a freedom worker. Perhaps naively, I believed that family and ecosystemic work was imbued with the same spirit. When I was thirteen my family left a secure and stimulating Jewish community in Brooklyn to settle in a still-rural Long Island. Caught up in the many social and economic changes that occurred following WWII, native Long Islanders sensed that a cherished way of life would soon be gone. They were correct. The Island would soon become a bedroom community, a satellite of New York City. The area in which my parents settled was known for its ties to the German American Bund (in German, “*Amerikadeutscher Bund*”), a pro-Nazi group. The Ku Klux Klan also played a role. The area was changing, as the local anti-Semitic weekly proclaimed: The land-fill that was replacing the southern tip of the town would produce a site for houses for the Jews, but would destroy the marshes that were so much a part of the lives of our town’s “clam diggers.”

A few years after we moved to the Island my grandfather mentioned that as he waited for a bus to go to work, he overheard the men saying how crowded the town had become. Only after a cross burned on our lawn and taunts of “Jews go home” proliferated did we understand that “crowded” was a code for “Jewish.” These experiences and my perception of a growing alliance between Jews and people of color in the labor and civil rights movements convinced me that we must lock hands and stand together.

I often think about AFTA and our attempts to reach out to minority groups. The work was difficult and sometimes created discomfort for some of our fellow members. The shifts that have occurred in AFTA over the years have changed my perspective. I now think the so-called clam diggers who so hated the oncoming onslaught in my town felt

ill-treated and were profoundly concerned their lives would never be the same. "Crowded" was a code word. For some of us in AFTA the codeword was "political." Both symbolized a loss of privilege. There were many AFTA conversations between those who stayed and those who decided to leave. Some who left claimed that we had lost our mission to integrate issues of theory, practice, and research, and had abandoned them to become "preachers." The counterargument was that if we did not examine, understand, and attempt to change noxious contexts, we would live in a false world. The conversations seemed very civil, but the tension could be felt. AFTA's plunge into feminism, issues of class, race, and social justice were "political." I cannot think of any of the social issues with which we have struggled that have not enlivened and stretched us in each of our missions: research, theory, and practice. Had we been able to open a better dialogue with our departing friends and colleagues, we might have held many of them.

I decided at the first meeting to gain a position on the membership committee to try to help us to diversify. I remained with this group for many years, as we floundered in our attempts to achieve diversity. We traversed many sincere but unsuccessful routes. We placed advertisements in professional journals such as the *Journal of Black Psychology* and used our own connections with professional people of color, but to little effect.

In the first few years, a number of new members of color or ethnicity found their way to AFTA, perhaps a harbinger of the diversity that Larry Constantine demanded but feared we would never achieve. Some of these new members found a good comfort level, but others, equally gifted, felt either isolated or perhaps prized as symbols rather than respected for their accomplishments. Some left because they felt that we (AFTA) seemed impenetrable. Some of us reached out, but not enough to allay the discomfort that these new members felt. Early on, the membership committee struggled to

hold these new members. There were some painfully honest conversations about race and privilege. The stress of representing not only one's self, but also one's people was sometimes overwhelming. Sometimes when a person who very much wanted to stay began to feel that the pressure and isolation were too great, the best argument was simply to say that if that person stayed, others would come.

As I write about the power of diversity I find myself thinking of our very first meeting. The late Caroline Attneave, an American Indian, who later became a dear colleague and friend, and probably an inspiration for founding the Jewish Family interest group, brought many special gifts to our world. At the first meeting she came supplied with balls of beautifully-colored yarn. She threw them randomly and then asked each recipient to throw the yarn to a colleague or friend to whom s/he felt connected. When we were done we were a colorful and multi-connected group. Caroline told us that this was a network. Everyone in the room was touched. No more words were needed.

AFTA from the beginning was the opportunity to meet and share with thoughtful colleagues. I have often said, "AFTA is our think tank." Today many in AFTA work to bring our abilities and knowledge to the great social issues. They cause me to feel even more privileged to be a member.

The town I came to in my teens saw remarkable change. The people who felt crowded left. A small group in town created a "Human Rights Council." They helped a first African-American family find a house here. Vile things appeared on the wall that day. A group of clergy joined with the Council to bring more than a hundred townspeople for a "paint-in." People helped not because they favored "civil rights," but as they talked with one another and met the new family, minds began to change. Today our town has achieved a remarkable integration, as will AFTA.

Lusterman

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Author



Don-David Lusterman, Ph.D.

is a family psychologist practicing in Baldwin, New York. He is a Charter Member of AFTA and a recent recipient of its Lifetime Achievement Award (2008). He is the author of *Infidelity: A Survival Guide* (available in translation in French, Turkish, and Hebrew). He has co-edited or co-authored three books published by the American Psychological Association, and a systemically-oriented educational psychology textbook published in 1979. He is the author of many articles and book chapters, and a frequent presenter.

A Memorable First AFTA Conference, – And More

Rachel T. Hare-Mustin, Ph.D.

After I received my Ph.D. in Clinical Psychology in 1969 I went to work at Philadelphia Child Guidance Clinic. It became immediately apparent that I was joining a revolutionary movement, for family systems therapy emerged as a revolutionary movement opposing established therapeutic approaches, particularly psychoanalysis. Family therapy provided a critique of the individual self in splendid isolation. The self was an invention of the Modern Era, of the Enlightenment, which brought rationalism, individualism, and science with its claims of discovering objective reality. In contrast family therapy brought ideas of systems, feedback, ecosystems, and linkages of people in a social context.

Philadelphia Child Guidance was a stimulating cauldron of theory and practice. You never knew when Sal Minuchin, the director, would burst into your family session from behind the one-way mirror and stir up the system. Or, Jay Haley would hold up for examination a wee bit of interaction on a videotape you were presenting at a staff conference. My other colleagues included Braulio Montalvo, Harry Aponte, Lee Combrinck-Graham, Cloe Madanes, Ross Speck, Caroline Attneave, Marianne Walters, Carter Umbarger, and many, many more.

Unfortunately, it is the fate of all revolutions to become conservative, because that is how they assure that what they fought for is preserved. Now we are faced with a different conservative turn in therapy, with the remedicalization of problems we face in everyday living, and an emphasis on neuropsychiatry, diagnosis, and the prescription drug industry. Evolutionary theory, which serves to legitimate male dominance and Whiteness, is once more ascendant. We see the impact

on the family of the new right movement that has dismantled welfare structures, drained public services, and placed restrictions on the reproductive rights of women. Furthermore, in the name of sexual freedom, new ways of treating women as sexual objects and commodities have arisen. Furthermore, in this anxious era, the bureaucratic surveillance of the State has replaced family links and family control.

The Philadelphia area in the 1970's had many active and gifted family therapists at agencies and hospitals, and we often met at the programs and training workshops of the Family Institute of Philadelphia. There was talk in the air of forming a national association, one that would not be focused on guild issues as the American Association of Marital and Family Therapists (then called Marriage Counselors, as in AAMC) seemed destined to be. As Jay Haley urged, the focus of the new association would be on those who were teachers and trainers in family therapy, who were bringing forth new ideas and new approaches to be shared with their colleagues. It would provide an opportunity for the exchange of ideas at the cutting edge of family therapy and family systems theory, so many of us joined in the effort.

Imagine my surprise when the new American Family Therapy Association (later named Academy) planned its first national meeting in Chicago. This was a time when most national academic and professional associations were not meeting in Chicago. At the time, the Equal Rights Amendment to the U.S. Constitution needed the vote of only one more state to pass, and it was hoped that Illinois would be that state. Associations, especially those that heeded their activist women members, were trying to influence Illinois with a boycott.

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I was aware that the American Psychological Association was boycotting, just as it had done previously in the South on civil rights issues. Why wouldn't the new AFTA also join the boycott? When I had asked the leaders of the new AFTA why they didn't boycott Chicago as other associations were doing, the reply was, "It never occurred to us." **That** was the beginning of AFTA.

The decision to hold the AFTA meeting in Chicago that year revealed that the leaders of the new AFTA lacked awareness of biases against women, including those in their work and in their field. The new family therapy approaches were based on traditional views of the family, with the husband or father in the dominant position. Family therapy interventions often centered on supporting the father and disparaging the actions of the mother. A survey of therapy journals at the time revealed that mothers were blamed for 95 percent of the problems in the family and among family members. It was accepted that women earned less than men for their labor, that women were assigned domestic work, which was held in low esteem, and that male violence against women was pervasive, often supported by families, peers, and cultural forces. Male and female were represented as a dichotomy in sex role theory, a popular view that emphasized equal and opposite differences, and thus obscured inequality and imposed a false symmetry on non-symmetrical relations.

Early on, I went to an AFTA meeting in Boston. The opening reception seemed to be an occasion where everyone was standing around with a drink in hand and telling each other what great therapists they were. I think that is not what we do any more. At another early meeting in Seattle I went to an Interest Group on Couples. It seemed to consist mostly of therapists with their young second wives telling each other what great relationships they had. That doesn't seem to happen any longer either. AFTA has changed in many ways since the early days.

I first presented in an AFTA program in 1985, at the Del Coronado Hotel in San Diego. I thought it was rather strange to be staying at the luxurious Del Coronado and having a conference theme of "Poverty." But, who knows! Betty Carter organized a panel for that AFTA Conference after the 1984 Stonehenge conference for women, where women in the field had agreed to support one another in professional activities and bring ideas about gender to the programs. So as not to alert those in power at AFTA (e.g. Frank Pittman had chaired the AFTA conferences for years), Betty titled it something like "New Approaches to Therapy," without mentioning gender. As I recall, those on the panel included myself, Olga Silverstein, Judith Libow, and Virginia Goldner. We were accused afterward of sounding like Darth Vader.

In hindsight, the reaction of those attending was mild compared with that to the first plenary on violence against women at the AFTA Conference in 1991. It is astonishing today to listen to tapes of that panel with their reasoned presentations on research and clinical approaches to violence and on men's support groups for violent men, and to contrast them with the outcry of nasty and exaggerated attacks on the panel and the presenters at the time. Obviously many AFTA members felt threatened by having what was then a taboo subject voiced. The anger about the topic continued at AFTA meetings and in family therapy publications for years.

What the women's movement in family therapy did was call attention to our cultural meaning systems, so firmly embedded in language and daily life, so much a part of the air we breathe, that they are hard to recognize and challenge. Women drew attention to how family therapy unwittingly reproduced the oppressive practices of society, inflicting on patients the same dominant discourses by which they had been previously harmed. Rich Simon in *The Family Therapy Networker* subsequently identified the feminist movement in family therapy as the major force for challenge and innovation in

family therapy over the next decade. The ferment about gender led in turn to an awareness of diversity issues. Family therapy at AFTA was no longer “more of the same.”

Some AFTA activities, in addition to professional presentations, were enjoyed as less contentious and even light-hearted. To raise money we sold T-shirts that read “Forever AFTA.” We produced an anthology of poems by AFTA members. We had a song contest and selected an AFTA anthem. And we sponsored a trip to Russia to meet with Russian family therapists.

As systems therapists we knew that change was never easy. Over time in AFTA we have learned how to share ideas, include more diverse members, respect one another, and still have fun when we get together. Moreover, while doing all this we have also become more aware of process in our meetings and conferences and become more self-reflective in our therapy and in our collegial interactions.

What many family therapists have come to realize is that the question in therapy is always about the choice of question. What are we failing to see? What are we helping obscure? What is the therapist’s responsibility for bringing in the unsaid? Do we just further people’s adjustment to social norms, or do we examine and challenge those norms? These are the questions that persist at AFTA. We see a world of power inequities, resource inequities, and life choice inequities. What makes family therapy emancipatory is that it opens up possibilities and questions established hierarchies. In this way it furthers the achievement of dignity that comes with voicing one’s own story and accords that dignity to others.

Author



Rachel T. Hare-Mustin, Ph.D., served as AFTA President for 1990-1991. Under her presidency AFTA initiated many changes including establishing the Cultural and Economic Diversity Committee, the Family Policy Committee, the New Member Breakfasts, the Women’s and Men’s Institutes, the Clinical-Research Conferences, and the change of AFTA’s corporate name from Association to Academy. Rachel served on the staff of the Philadelphia Child Guidance Clinic and as a faculty member at Harvard University, universities in Nigeria and China, among others. She has published over 120 chapters and articles and several books. Her work on feminist theory and practice and on ethics in psychotherapy has been recognized by many awards and international honors including the AFTA Award for Distinguished Contribution to Family Therapy Theory and Practice.

Turning Points

Rosalind L. Edelstein, M.S.W.

As far back as the 1960s, I had been impressed by Jim Framo's workshops and a particular piece of advice: anyone of us can and should go home again. I was so taken by these words of wisdom and others from his workshops that when Jim, one of AFTA's founders, recommended I join AFTA I did so. At that time I was director of staff training at a family-counseling agency in Atlanta, where there was formidable resistance to family therapy among senior staff who limited their work to individual interventions. So I was thrilled to network with colleagues through AFTA and to learn with them.

Coming from a Jewish Eastern European family, and having worked in a variety of cultural settings (from New York to the segregated South, then to Venezuela, Canada and back to a more liberal South), I was keenly aware of the fact that families shape individuals, while ethnicity shapes families. These facts spoke to the importance of interventions at the family level. The sensitivity of AFTA members to such issues impressed me.

In the early years there was a greater emphasis on interest groups. I learned much from Norman Paul, who led the interest group on Loss, and I cherish memories of the interest groups on Remarriage and Jewish Families. Having worked with Holocaust families, and their legacy of pain and loss, I found it useful to exchange ideas with colleagues who shared my belief in intergenerational interventions.

Another important experience for me was the eruption at the Women's Institute at the conference in Baltimore. After individuals representing marginalized groups spoke about the prejudice they'd faced, the discussion exploded into a series of heated arguments about ethnic and racial hurts. It was a

turning point. AFTA changed dramatically over the next few years, recruiting a more diverse membership, working for social justice, and encouraging more soul searching among its members.

Some members felt strongly that the changes came at the cost of limiting our programs on clinical work. AFTA has been struggling with the process of striking a balance between clinical work and social activism. Most of us recognize that cultural identity affects who we are, and that interventions at the systemic level are crucial and effective.

However, working with families requires sophisticated skills, and we have veered away from the clinical work we were originally so dynamically advancing. The complexity of working with families and the reality of present day pressure for medical solutions, necessitates that we hone our skills in family therapy. The clinical voice of family therapy needs to be heard.

Author



Rosalind Edelstein, M.S.W.

was trained at the University of Pennsylvania Graduate School of Social Work, and was heavily influenced by Otto Rank, who emphasized the significance of relationship, time, and separation. Her early work was as a caseworker at a child placement agency in Brooklyn, New York. Since then she has practiced at family agencies in Caracas, Venezuela, Toronto, Canada, and Atlanta, Georgia. Today she is in private practice in Atlanta, Georgia.

Reflections on the Origins and Evolution of AFTA

Ira D. Glick, M.D.

Introduction: How I Became Involved in AFTA

I joined AFTA in 1978, and was on the Board from 1982-1984. I was heavily influenced to join and, in fact be one of the “founding members” by leaders in the field a generation ahead of me. These included Lyman Wynne, Sal Minuchin, Murray Bowen, Margaret Singer, and Irwin Greenberg (who was a supervisor of mine at Hillside Hospital and had trained at Yale with Steve Fleck and Ted Lidz).

As a resident in psychiatry, I found the family model to be a refreshing alternative to the psychoanalytic model dominant at the time. I was excited that AFTA was started as a “formal organization,” since I believed that the field needed an anchoring organization to guide its development. The original mission was to develop a research and teaching base for the theories underlying clinical practice. That mission has changed over time expanding into other areas like diversity and social justice issues. Over time, the Board decided not to develop educational standards and to not promote research directly. In my opinion, this decision had the consequence of the organization being viewed as less rigorous and scientific as other professional health organizations.

The early days of AFTA were formative in that the founders vigorously and openly exchanged ideas about (a) how to study the new model, i.e., do clinical research, (b) how to teach it, and (c) how to do it, i.e. clinical practice. The question has been asked: at the time of origin of AFTA, what was going on interactionally among the players, and what were we thinking about its development? As I recall, the primary venues were the

yearly meetings of advisory editors of the founding journal *Family Process*. They were usually in quiet retreats like Asilomar or at distant resorts such as Santa Margarita off the coast of South America. The format was usually small groups working on topics such as how to diagnose or treat, meaning what kind of strategies for what kind of family intervention, and similar issues. There was the usual give-and-take, including political jockeying for dominance, but as a junior member I thought there were thoughtful discussions of a new way of conceptualizing psychiatric and non-psychiatric issues (problems in living) involving “sick” patients and/or “sick” families. My recollection was that developments were more research-based, rather than based solely on anecdotal, authoritative pronouncements (as psychoanalysis had evolved – and which ultimately led to its relative demise, fading from mainstream psychiatry). But perhaps my memories are distorted by my own biases. The tone was respectful, critical, and collegial with little gender, ethnic, or other areas of conflict. Getting the field established was the mutual overarching goal.

At the time, I was a psychiatrist in training. My professional interest was to see if family therapy worked, if so, for whom, and whether the beneficial effects would last over time. As such, my professional work at the time AFTA was created was always multimodal: that is, based on combining family intervention with individual therapy and medication depending on the needs of a particular family. After residency I became an academic psychiatrist first at Hillside Hospital - Long Island Jewish Medical Center (1963-1965), then Langley-Porter, University of California at San Francisco (1968-1975), Payne-Whitney Clinic - Cornell Medical

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- New York Hospital (1978-1993), and finally at Stanford Medical School (1993 to present). I was heavily invested in designing family therapy training for psychiatric residents – and Payne Whitney was one of the first programs that was mandatory, rather than optional.

Professional Achievements

The professional achievements that have made me “feel the proudest” include: (a) joining with Jay Haley in producing the first annotated bibliography of family therapy articles and books published from 1960 through 1982 (Haley & Glick, 1965); (b) serving as senior author of what some consider the classic textbook in the field—*Marital and Family Therapy*—now going into its fifth printing (Glick, Berman, Rait et al., 2000), and (c) serving as senior author of three NIMH-funded controlled research studies evaluating marital and family therapies for Axis I disorders including schizophrenia, bipolar, and personality disorders (Glick & Hargreaves, 1979; Spencer, Glick, & Haas, 1988; Schooler, Keith, Severe, Matthews, Bellack, & Glick, 1997). The importance of this text was that the field has a basic “bible”: one which is eclectic, rather than one based on a particular model or charismatic leader, so the text could be used by beginners as well as experienced therapists, clinicians from any discipline, and by those trained in a particular model (experiential, narrative, psychoanalytic, etc.).

My research provides part of an evidence base for the field. The most influential contributions/legacies that I feel I will leave to the field include a series of papers/books on family therapy, training, and education (Glick, 2004), and several papers and chapters on differential indications and contraindications (including family psychoeducation) for family treatment (Greenberg, Glick, Match & Riback, 1964; Greenberg, Fine, Cohen, Larson, Michaelson, Rubinton & Glick, 1988). My hope is that my text on education will be used to teach family therapy clinicians of all disciplines and levels, and that my research will provide core, classi-

cal references to support the theory and practice of family therapy. My training and theoretical work in family therapy have led to a central focus on my professional development and professional identity: that is, combining couples and family intervention with psychopharmacologic intervention for Axis I disorders. My choice of this focus was based on my work with patients (and their families) that have Axis I disorders like schizophrenia and bipolar disorder. Combining medication with family therapy interventions seems to provide better outcomes than either used alone (Glick, 2004). The colleague most influential to me was Lyman Wynne, who served as a role model and teacher for integrating family therapy into the psychiatric field (teaching, research, and practice).

The Impact of Family Therapy on the Field

In summary, AFTA was started to develop family treatment, education, and research squarely in the context of the rapidly evolving fields of psychiatry, psychology, and social work. It was viewed as innovative: an additional, if not alternative, model to the existing models. Over time, family therapy was marginalized by all three disciplines. In my specialty, psychiatry, it was seen as a threat to psychodynamic psychiatry. On the other hand, as it turned out, the family model is a very useful complement to psychiatric medications. This is because if you don't take the medications, they “don't seem to work.” The crucial issue is compliance – and the best way to improve compliance is to work with the family using family psychoeducation and family support to improve adherence. Along the way, understandably, the organization opened its arms (having been said to be elitist) to individuals who were predominantly clinicians as opposed to primarily academics and researchers. Interests of these new members brought AFTA into pressing social issues such as poverty, gender inequality, violence, and war, discrimination toward sexual orientation. In the process, a modest degree of controlled sci-

entific research has been carried out by AFTA and non-AFTA members, but has not reached the level of early member/pioneers like Wynne, Singer, and Michael Goldstein. Controlled research sponsored by NIMH has been done mostly by non-AFTA members like Miklowitz, Clarkin, Haru, and Keitner.

From the prospective of four decades, and in the context of the changes in the field, AFTA needs to not only be at the cutting edge of innovation, but also return to its roots. The strength of the family therapy model was its ability to help people with psychiatric illnesses relationally maintained in ways that individual therapy, group therapy, or medication cannot. As with any treatment, it must be scientifically tested to determine its efficacy, effectiveness, and limitations. This is happening, just not funded by AFTA – but AFTA can throw some of its weight into the effort

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Ira D. Glick, M.D., Chief of the Schizophrenia Clinic at the Stanford University School of Medicine, has an extensive background in research, education, and academic medicine. He has been a professor at three prestigious medical schools (UCSF, Cornell and Stanford), and a senior science advisor to the Director of the National Institute of Health (NIMH). He is internationally recognized for his broad expertise in education, research, clinical care and as an ardent advocate for consumer organizations. As Chief of the Schizophrenia Service, he has embraced a clinical mission to provide each patient with the highest quality care including cutting-edge medication, psychotherapeutic support and family intervention.

My Dual Identity as a Family Therapist and Psychoanalyst

Fred M. Sander, M.D.

In 1977, at age 40, while teaching family therapy at Albert Einstein during its halcyon days, I was delighted to join AFTA and the Advisory Editors of *Family Process*. I saw these as ways to consolidate my identity as a family therapist. At the same time, I also had trained as a psychoanalyst. My psychoanalytic world, however, was and still remains family-unfriendly. Evaluating and treating families were, and still are, absent in psychoanalytic curricula, so I looked forward to and was fully supportive of a national family therapy organization. I also wrote a book in 1979, addressing the integration of individual psychoanalytic and family therapy.

Two early memories of AFTA meetings come to mind. While I was chairing a discussion group on psychoanalysis and family therapy, a senior member of AFTA who was “pushing” systems theory questioned the idea of “transference” as a meaningful concept. This had, to say the least, a chilling effect on the discussion. Some years later, in contrast to that experience, I attended a men’s group meeting in Philadelphia which will remain etched in my mind forever. I felt very much a part of the AFTA family. Men’s groups had become part of our culture at the time, and the Men’s Institute had been started some years before by innovative AFTA members such as Larry Feldman and others. I assume the group was partly a response to the feminist challenges to society’s gender biases. This particular meeting was energized by Frederic La Belle’s ability to take the risk of speaking from his heart. The opening up of men to one another was unheralded in my experience and made AFTA feel like a home for many years afterward. This was and still is important to me.

My family therapy world seemed as intolerant of, or antagonistic to, psychoanalytic ideas as

psychoanalysis was to family therapy ideas. What to do? I spent the next 30 years with divided loyalties. During that time, I discovered that one of the deeply rooted determinants of my dual career was my family’s immigration to America when my family and I escaped Nazi Germany in 1938. I was 2 years old. At that early age, already speaking rudimentary German, I had to learn English while also becoming my parents’ young ambassador to the U.S. So, it was partly my fate to try to integrate the languages of individual therapy with family therapy. I thought a great deal about the context of this theoretical integration and my own acceptance of it over time, which led to my 1979 book as well as a book I am just completing on the Pygmalion myth as adapted by G.B. Shaw. This book is about how, by using language, we shape and are shaped by others in families, in training, and in therapy, as Henry Higgins attempted to shape Eliza Doolittle by changing her language or way of speaking.

I have strongly felt the impact of integration of individual and family therapy in my fantasies and dreams. Recently, I wrote a short fictional /memoir, published in *The American Psychoanalyst Newsletter* (2008), describing a trip to Rome where I performed a family consultation for Maurizio Andolfi at the Accademia di Psicoterapia della Famiglia (the Academy of Family Therapy) in Rome. Maurizio had trained with me in the 1960’s. In my piece, I imagined myself introducing family therapy to Freud. I wanted Freud to see how his theories could be applied to family therapy. I vividly imagined Freud sitting across the table, showing curiosity as well as skepticism, and expressing interest in observing the interview. I imagined explaining to him that family members

attempt to create others, as Pygmalion did with his ivory statue in Ovid's original story, in their images of the other(s). "Yes, indeed," Freud might have said, "this is what I described as narcissistic transferences in my 1914 essay 'On Narcissism'."

In the book I am currently completing I review the history of psychology, its diagnostic system, and treatments. This history includes the shift from 19th century Kraepelinian psychiatry, to psychoanalysis in the first half of the 20th century, back to today's neo-Kraepelinian biological psychiatry and the arrival of family systems therapy. It is a complex history, partly because we have been dealing in disorders through Western eyes without the physical findings and the universal idea of an individual patient demanded by Western medicine. Of course, diagnoses are in reality created by fashions, financial, and cultural factors. So in the "DSM VII," perhaps fifty years from now, given our current trajectory, a time traveler might find an endless list of bio-psycho-genetic disorders.

Ironically, biological psychiatry and problems of integration with relational theory may themselves become horrifyingly eclipsed by sociopolitical and economic disruptions and dislocations resulting from global warming, weather system changes, environmental damage and neglect, food shortage, poverty and war. New community level post-traumatic stress disorders like those engendered by the tragedy of Katrina may increase in number, and perhaps they may become the new Axis I of psychiatry. Fortunately AFTA will be well positioned to intervene at this level. The recognition of systemic contributions to mental disorders is the contribution of the family therapy revolution, which may occupy center stage in the 21st century as psychoanalysis did in the 20th century. These revolutions, as the psychopharmacology revolution, are all driven in part by the powerful Pygmalionesque drive to create our therapies in the images and motives of their founders and supporters such as pharmacological and insurance companies. One hopes that they will be more driven by the needs of our clients and our families.

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Author



Fred M. Sander, M.D. is Associate Clinical Professor in Psychiatry, Weill-Cornell Medical School. He is also a faculty member at the Association for Psychoanalytic Medicine and the psychotherapy training program at the New York Psychoanalytic Institute. He is a member of Section VIII, Division 39 of the American Psychological Association, a Charter Member of AFTA, husband of Joelle and father to Stephen and Jason. In 1979 he published *Individual and family therapy: Toward an integration* (Jason Aronson) and is currently at work on his book on the Pygmalion Process in families and in therapy

An AFTA Journey: From Then Until Now

Jan Goldman, Psy.D.

I joined AFTA as a Charter Member in 1978 or 1979. As I first encountered AFTA, it seemed already formed as an organization, though behind the scenes activity may have still been in process. I was thrilled to be invited to join and have a chance to know many of the people whose work I had read and admired. I was immediately drawn to the idea of a peer network organization where one could get support and exchange ideas with the best and brightest in the field. I had just graduated with a doctorate in clinical psychology and had taken on an early professional identity as a family therapist. I had had a chance to watch family therapists Oscar Weiner & Gerry Grossman behind a one way mirror and from the beginning. Family treatment seemed right to me. I remember Oscar Weiner saying to us, “Families don’t want it (a corrective experience) from you. They want it from each other” (personal communication, n.d.). Family therapy seemed about making that very thing happen.

At that time, I had a young family of my own, a husband, and three children, age nine through fourteen. I was a White, Jewish, upper middle class, heterosexual, advantaged woman from an East Coast city in whose suburbs I had lived all my life. Upon graduation from Hahnemann, I had been offered a faculty position where I taught clinical psychology graduate students, and was in charge of family therapy training for residents in child psychiatry at one of Hahnemann Medical College’s training clinics.

I had begun writing professionally and getting published while still in graduate school. One of my proudest achievements in those years was an article in *Family Process* on family therapy after divorce. Divorce was just then reaching epidemic proportions, and other professionals were look-

ing for ways to work with post divorce families. There were many requests for reprints, and in the days before the Internet and email, I actually ran out of reprints. The article was included in a volume edited by Berenson and White (Goldman & Coane, 1981).

I have seen many changes in the field. When I started to treat families, there was an essentialist perspective, one that saw the 1950’s nuclear family as the model for normal family functioning. I have been witness to the feminist revolution, the addition of cultural, social, and economic lenses, and the overall broadening of sociocultural perspective to include family arrangements of all configurations being accorded legitimacy. Of all of these changes and revisionings, the most significant one for me was the women’s movement. It taught me to see the dimension of power in family relationships and the institutionalization of privilege for men. It gave me a new way to see my own life and the dilemmas with which I had struggled. The annual Women’s Institute at AFTA was important to me as a place where I could check in and see what was happening for my professional sisters and compare the similarity and differences of our personal journeys.

Along with the broadening of perspective that these additional lenses brought, I have seen the eclipse of the promise of family therapy as a form of treatment. The sheer logistics of getting all the family members together in one room, especially as family members began to live at greater geographical distances from one another, made family treatment increasingly problematic. At the same time, family therapy as a field was becoming less of a stepchild and more a part of the mainstream, which had been incorporated into

many training programs with terminal degrees as its own specialty.

Over these years AFTA, as an organization, its public persona of annual meetings, dealt less and less with family therapy and its vicissitudes, and more with questions of how the broader social contexts affect families. This trajectory seemed to lead to less and less emphasis on traditional family therapy and rather to the extension of the lessons of family therapy to larger groups and contexts. I believe this trend will continue, and that the family therapy professional of the future will be one who is comfortable with a systemic approach applied to groups and social contexts at various levels. Families will still be seen, but in different configurations, over a briefer period and for specific purposes. Along with this shift, those of us who labor in this vineyard will still rely on AFTA for the way it continues to challenge old certainties, and the collegial warmth it provides. I wouldn't have missed it for the world!

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Author



Jan Goldman, Psy.D. is a clinical psychologist in private practice in Jenkintown, Pennsylvania, a suburb of Philadelphia. She was formerly on the faculty of Hahnemann University, where she held the position of Clinical Associate Professor of Mental Health Sciences and taught family therapy to the residents in child psychiatry in a training clinic. In 1981, she was named the outstanding Alumna of Hahnemann's Graduate Schools. She is listed in Who's Who of American Women, Who's Who in Health Care and Medicine, Who's Who in America, and Who's Who in the World. She lives with her husband Nick in suburban Philadelphia and has three adult children and four grandchildren.

AFTA: Toward the Political Lens of a Systemic Clinician

Hinda Winawer, M.S.W.

I am the daughter of Polish Jewish immigrants. My parents embraced the U.S. with gratitude. My mother would hold up a glass of New York City tap water and proclaim, "The champagne of America." Friends and relatives were joyous to be in the U.S. and in each other's company. I devoured the promise of the American Dream, hook line, and sinker, with the gullibility of a hungry fish. As a school-child, I was taught the white-washed version of U.S. history. Though never told how to do so, I was instructed to observe "National Brotherhood Week." Further experience revealed contradictions: Much of what I had learned about my country's history was a lie; this has engendered rage, sadness, and growth, tempered by the shelter of privilege. But political passions seemed in a discontinuous relationship with my activities as a psychotherapist and clinical teacher. Participation in AFTA has nurtured integration of the political, personal, and professional dimensions of my being. What follows, is my personal recollection of the early years of AFTA and their impact on my professional development.

In a ballroom in a Chicago hotel, in June 1979, I was standing, arm in arm with colleagues. We were participating in a ritual to address tensions of the previous day that had been precipitated by a by-laws discussion. A sign was posted announcing that we would honor the infirm in a meeting of the "committee of the whole." Schefflin and Erikson were ill. The ritual leader's writings about expanding treatment contexts (Speck & Attneave, 1973) had intrigued me. The image of this first encounter with Carolyn Attneave is of an older woman, short and full in stature, light complexioned, round-faced with a warm smile and a long grey braid down her back. She was sure-footed, though she moved with the aid of a cane. She brought us together in a tribal meeting. And the tension dissipated.

We were at the Charter Meeting of the American Family Therapy Association. I had participated in the Civil Rights movement, but I intermittently exhibited "white blindness." I did not notice that the Lenni-Lenape woman had assumed leadership in an almost exclusively European-American group. Despite the participation of women, AFTA appeared white male-dominated. Attneave's unusual focus on culture was seminal, among others (Papajohn & Spiegel, 1975). Ethnic culture would gradually gain prominence (McGoldrick, Pearce, & Giordano, 1982; Falicov, 1998). Incorporation of a psychology of oppression would take longer. Sadly, except within specific learning settings, Native U.S. cultures seem underrepresented within the mainstream of family therapy today.

The embryonic code for the development of AFTA was laid down at that moment. The elements for future transformational changes were evident: a modernist dichotomy between the cultural/political and clinical dimensions; gender and racial/ethnic disparities; and tension associated with change. AFTA was begun by a group of outlaws in the fields of psychiatry, psychoanalysis, and mainstream mental health; it weathered and utilized tensions and has often reinvented itself toward an increasingly inclusive collegial community.

AFTA has fostered a connection between two parallel narratives for me: embracing and teaching a systems perspective; and seamlessly weaving political and clinical contexts.

At the time of AFTA's founding, I had completed training at the Ackerman Institute. Later, in 1982, I also trained with Haley and Madanes, and with Minuchin in 1983. The Ackerman training provided unanticipated levels of complexity

for my learning. Carefully reflected, theoretically grounded clinical teaching has been the hallmark of my continued experience at the Ackerman Institute. Through training, I inferred a mandate to “spread the paradigm.” I conducted workshops, and taught in the Ackerman training program, which resulted in my first publication (Winawer, 1981). Concurrently, I began to teach family therapy at Rutgers University Graduate School of Social Work.

Kitty La Perriere, Director of Training at the Ackerman invited me to the Charter meeting. An outsider to the founding, I heard fragments of information about a *Family Process* meeting in Cancun, and Murray Bowen’s concerns. An early issue of the *AFTA Newsletter* (Berenson, 1983) offered several accounts. For me, joining AFTA was an unexpected privilege.

Senior founding members were welcoming. I remember fondly the relationship that Norbert Wetzel and I had with Norman Paul and Betty Paul (Paul & Paul, 1975). They invited us to their home for discussions about the interface of psychoanalysis and systems thinking. We watched Norman’s innovative use of video to explore the salience of intergenerational phenomena. But, in early AFTA, some prominent family therapists were absent. Neither Jay Haley, critical to the field, nor Chloe Madanes, seemed in attendance. Minuchin, widely regarded for his theory of family, his highly applicable model (Minuchin, 1974), his commitment to economically disadvantaged families, and for his popular teaching videos, was not, to my recollection, an active participant. However, second generation members participated in the early conversations (Walsh, McGoldrick, Imber-Black and others). The *Newsletter*, for many years, was a relevant venue for both organizational and practice-relevant commentary.

Social justice¹ was hardly central to the incep-

¹ For relevant descriptions of social justice, please refer to the AFTA Cultural and Economic Diversity Committee’s definition and to that of The Center for Family, Community, & Social Justice: www.cfcsj.org

tion of the AFTA. There were women Presidents. However, individual achievement did not translate into patterns of inclusion in the membership, in presentations, or to a systemic epistemology. As white women’s suffrage did not result in universal gender equality in a society in which African Americans have been regarded as “a problem” (Du Bois, 2003) by privileged whites, the movement in AFTA toward social justice was vulnerable, at first, to processes isomorphic to society at large. Some envisioned an inclusive organization. Others, constructing a false dichotomy between political and clinical phenomena, protested that presentations were “not clinical enough,” and left AFTA. It was 28 years before an African American, Paulette Hines was President. Members invested energy and courage to develop a just community. Conflict, tension, and micro-aggressions (Sue et al., 2007) inflicted considerable wounding.

While Chair of the Nuclear Studies group at the American Orthopsychiatric Association, I encountered AFTA members with similar interests. Pursuant to an Ackerman faculty meeting discussion, I provided materials and a program slot for a group about nuclear proliferation at the 1982 annual meeting. President Jim Framo found the idea too political, but consented and Don Bloch convened the discussion. That same year, a similar group was led by Berger-Gould and DeMuth. Thereafter, several events addressed this theme (Winawer, 1983).

The conversation expanded to the broader political context and culminated in the first publication under the auspices of AFTA, *The Global Family Therapist: Integrating the Personal, Professional and Political* (Berger-Gould & Demuth, 1994). The chapter I contributed (Winawer, 1994), my first attempt to connect political and professional activities, inspired a project for Nicaraguan psychologists to study at Ackerman, financed by Ackerman trustees, with teaching support from Sal and Dan Minuchin and Jaime Inclan. Soon after, I turned my responses to oppression almost exclusively to

the “third world” in my own country.

In the early 80’s, a feminist lens (Hare-Mustin, 1978) gained interest within AFTA. Political oppression increasingly drew concern and relevant groups evolved. The Women’s Institute and the People of Color Network contributed to a deepening awareness of gender and racial disparities within AFTA. The Women’s Institute paved the way for AFTA men to create their own conversations. Later, as attention to racism became compelling, white members, David Trimble and others, developed the Conversation on White Privilege and Accountability in 1996. A cross-racial conversation, the Racial Domination and Privilege Interest Group began about the same time. Recently, a GLBTQUI community formed around issues of sexual orientation and gender identity.

Among gratifying experiences in AFTA, membership on the Family Policy Committee has been a mainstay; Anne Hartman, Anne Bernstein, John Rolland, Len Sharber, later Rachel Dash, Martha Sullivan and others designed forums that addressed a range of policy issues and crafted position statements for AFTA. Following Anne Hartman’s invitation to an immigration scholar (Potocky-Tripodi, 2002) to present to the Forum, when I became Chair, we hosted two immigration forums: “Post-9/11 Immigrant Profiling and Denial of Due Process,” by Barbara Olshansky, Center for Constitutional Rights; and Cheryl Little, Director, Florida Immigrant Advocacy Center, addressing treatment and detention of immigrants in Florida (2003). The momentum generated led to an issue of the *AFTA Monograph* (Bacigalupe & Roberts, 2006).

Memorable as well, in collaboration with President Celia Falicov, I was Program Chair for the 2000 meeting, which I opened with an Attneave ritual. Also, in consultation with CharlesEtta Sutton, Cultural and Economic Diversity Chair, I changed the forum scheduling in order that the “committee of the whole” of AFTA witness a conversation about race between two courageous, respected elders,

Elaine Pinderhughes and Lyman Wynne. Facilitated by Sutton, the exchange provided a model for conversations about race within AFTA.

Finally, colleagues at AFTA influenced my personal introspection about social justice accountability. My acquaintance with the writings, presentations and the humanity of Kaethe Weingarten, provided a standard for authenticity, courage and the deeper work of personal integration. Indeed, lessons about racism have always been gifts. In a brief conversation, at one of those wonderfully unlikely moments that can happen at an annual meeting, while standing at the elevator after the awards banquet, Elaine Pinderhughes, kindly, gently, and directly instructed me (to paraphrase): “..we are tired of teaching you. You have to do the work.” I heard the mandate of white accountability. Consequently, I sharpened my focus on power and privilege in my work as a clinician, supervisor and teacher. It has been a great pleasure to co-present with Ackerman students who demonstrated their skillful attention to social justice in the clinical encounter. They are now early career members of AFTA.

AFTA interfaced with my work in Princeton. With Norbert Wetzel, I co-founded the Center for Family, Community, and Social Justice, Inc. (www.cfcsj.org). The Center provides employment, and clinical supervision and training by faculty (AFTA) supervisors. As a consequence of my participation in the Office of Bias Crime’s Racism Training Institute in New Jersey, and inspired by Monica McGoldrick and affiliates of the Multicultural Family Institute, the Center provided a 2-day “Undoing Racism” workshop by the People’s Institute for Survival and Beyond. Faculty, therapists, administrative staff, directors of partner agencies, and heads of families participated. The Center became a Countering Racism Organization.

At the AFTA 2008 meeting, invited by Jane Ariel and the Cultural and Economic Diversity Committee, staff of the Center presented,

demonstrating a social justice model of clinical response. Several staff were invited to join AFTA. For AFTA, extending membership to professionals in the trenches of undeclared race warfare moves us forward toward greater economic, cultural and political diversity. Personally, that presentation represented a humbling and gratifying convergence of my professional contexts. I have evolved an epistemology which includes the political plane as a necessary component of heuristic inquiry into the complexity and multidimensionality of individuals and relationships. I view contexts kaleidoscopically: the elements of context shift, depending on light and movement, revealing at times political dimensions which can eclipse other aspects.

I am grateful to AFTA. The seeds planted in that first meeting with Carolyn Attneave, with continued intellectual and spiritual sweat, can come to fruition. In contrast to the ersatz rhetoric of my childhood, authentic narratives provide inspiring example:

“[his] greatest virtue was his committed empathy with all the oppressed and his divine dissatisfaction with all forms of injustice. Today we are still challenged to be dissatisfied....Let us be dissatisfied until brotherhood is no longer a meaningless word at the end of a prayer but the first order of business on every ... agenda.” (King, 1970)

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Author



Hinda Winawer, M.S.W. is Executive Director of the Center for Family, Community, & Social Justice, Inc., a not-for-profit educational institution. The primary mission of the Center is to train mental health and human services professionals to support and facilitate the development of children, adolescents and adults within their families and communities, to counter racism and promote social justice, and to support strengths and resources within individuals, families, and communities. She is a member of the faculty of the Ackerman Institute for the Family, and of the Editorial Advisory Board of *Family Process*. She has taught in academic and clinical settings in the US, Europe, China and Latin America and has authored a range of chapters and articles. An AFTA Charter Member, she is a member of the Board of Directors, a former Program Chair, member of the Publications Committee and long-term member and former Chair of the Family Policy Committee.

Painful Exclusion, Welcoming Inclusion: A Charter Member's Experience of the Early Days

Elaine B. Pinderhughes, M.S.W.

I was invited to join AFTA by Dick Chasin, and I attended the second annual meeting. The challenge of the family therapy movement to the domination of psychoanalytic thought and leadership in mental health had seemed particularly invigorating, as well as relevant for my social work teaching and practice, which had always encompassed the family and its environment.

I found it unbelievably exciting to anticipate being in meetings and conversations with the family therapy pioneers whose work had infused my training and whom I had also encountered in the mammoth, standing-room-only ballroom sessions at the annual meetings of the American Orthopsychiatric Association. Here at AFTA, the smaller groups and more personal contact offered such promise for creativity and growth.

I attended the second annual meeting and found it profoundly stimulating, but after returning the next year, I was clear that the gratification I sought was somewhat tempered by feelings of exclusion and invisibility. This was compounded by two events, after which I did not return, although I maintained my membership and eagerly followed the newsletters. The first was an encounter I had with Murray Bowen. I had approached him about his societal projection process theory, which I had found to be seminal (and still do, even more so today) in explaining how the scapegoating of certain groups in society reduces anxiety for the beneficiaries and entraps the victims. I had noted that in his book, *Family Therapy in Clinical Practice* (1985), there was an indication that he developed this concept very early but had published it only after his other concepts, such as family projection, were well accepted. I had been wondering why he had withheld publishing this very important paper

on the societal projection process and wondered if that might mean that it had seemed too radical and potentially threatening. When I asked him about this, he just laughed and laughed—and never answered me.

The second event I experienced was the rejection by the *Family Process* Editorial Board (many of whom were AFTA leaders) of my paper tracing my family genealogy back to 1792. It had been found to be “not theoretical enough.” However six months later, *Family Process* did publish a similar paper by Sophie Freud about the Freud family. When I protested this injustice, sending them a copy of the paper when it was published in the *Smith College Journal*, I did receive an apology from the Editor-in-Chief with the recognition that the *Smith College Journal* paper was the same one that had been rejected. I should note here that later, I was invited to serve on the *Family Process* Board and also was published in the journal.

I did return to AFTA when invited in the early 1990's. It seems that the Women's Group which had formed in response to the ferment around the invisibility of female voices in the field, and indeed in all of society, questioned the absence of the members of color and learned that they had not felt welcome. They brought us back and AFTA began a remarkable campaign to change itself into a more diverse organization.

Under some wise and courageous leadership, the operationalizing of this vision became a high priority. As a Board member for two terms, attending the always stimulating retreats where this vision was crafted painstakingly, carefully and with great persistence, I witnessed with admiration and approval the process of institutionalizing diversity

Pinderhughes

and inclusion into every structure of the organization. Interactive process, exchanging ideas, sharing experiences, making room for all voices, listening and validating, accountability for one's behavior—these were watchwords for developing the agenda that would integrate the significance of context into excellent clinical work. The monitoring took place on every level of the AFTA organizational structure: the Board, membership recruiting, the annual meeting structure including plenaries, post plenary discussion groups, institutes, workshops, panels, the pre-conference symposia, poster sessions; and publications.

I recall two examples of this effort. The 1995 pre-conference symposium on clinical dimensions of migration, immigration, culture, and class brought the community into the AFTA meeting. Staff from twenty (20) local agencies was invited to discuss their work in twenty (20) workgroups which examined the dilemmas and challenges encountered in work with clients from thirteen (13) cultural groups and their communities. Forty nine (49) AFTA members served as facilitators. Here, AFTA and the community became both teachers and learners.

Also more recently, there was the Braided Dialogue where our entire membership engaged in a dialogue in response to presentations by the seven Identity Interest Groups (Men, Women, People of Color, White Privilege, Jewish, Gay-Lesbian, Elderly) in terms of the future of AFTA and its intended focus on excellent clinical work that bridges the learnings of all these groups.

Enormous effort is required to begin to make real AFTA's vision, not the least of which is the energy needed to deal with the tensions consequent to members concern that we might lose our focus on excellent clinical work and those who believe there is not enough attention to context. Mindful always that to keep everyone at the table, we must all be able to engage one another across our differences, AFTA members have become more skilled

in conducting effective dialogue at a time when it is becoming ever more critical to our survival in the years to come.

I, personally, have felt most gratified at our effort toward holding ourselves accountable for the conscious inclusion and integration of diversity in our thinking, interaction with one another and in our work. And while I believe that we can integrate the social, political and the clinical into a whole that is marked by excellence, constant vigilance will be needed to maintain the gains we have made and to build on them as we must.

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Author



Elaine B. Pinderhughes, M.S.W.

is Professor Emerita at the Boston College Graduate School of Social Work. In addition to her practice with families she has taught, written and lectured nationally and internationally, and conducted workshops on diverse practice, diversity training, and genealogy as a therapeutic tool. Among her most notable works is *Understanding Race, Ethnicity and Power: The Key to Efficacy in Clinical Practice*, published in 1989. She received the AFTA Lifetime Achievement Award in 2001 and has recently been honored by the establishment of the annual Elaine Pinderhughes Lecture at Boston College. Smith College School of Social Work has requested and is now receiving her archives into its Sophia Smith Collection.

In Remembrance

Betty F. Pristera, M.S.S., L.C.S.W.

I became professionally involved with AFTA in early 1979, joining as a Charter Member and attending the first meeting in Chicago. Working in Philadelphia in the late 1960's and early 1970's, I learned family therapy from a broad group of our distinguished founders and colleagues. These were the best minds and hearts in the family therapy field—pioneers, mavericks pushing the edges of knowledge and challenging obsolete thinking, judgments and diagnoses. Most palpable was the conviction which bound us all – systems and how they functioned. I felt honored to be with others whose passion was systemic understanding.

I graduated from Bryn Mawr in '71 with a Master's degree in social work. I headed next to the Department of Psychiatry at Duke University School of Medicine, a fledgling Instructor in Psychiatry and Coordinator of Marriage and Family Therapy Training. I did couples and family therapy in an arena neither conversant with systemic thinking nor inclined to value clinical psychiatry. Both in training and practice, I explored systemic understanding and intervention.

My memories of AFTA return to the Chicago meeting, and those are vivid still. I recall the founders expressing a wish to come together as peers, and articulating an unquestioning conviction about what bound us all – systems and how they functioned. Thinking back, I would likely say my connection to family therapy stemmed from my experience as the eldest child of a large, close southern Italian family with immigrant roots and a passion for life. With gratitude for these beginnings, I also owe the direction of my

professional life to David Rubinstein, whose passion for people and astounding competence in reaching them remain with me and with AFTA, a living part of AFTA's indelible memory.

Author



Betty F. Pristera, M.S.S., L.C.S.W. is a Marriage and Family Therapist in private practice in Chapel Hill, North Carolina and a Charter Member of the American Family Therapy Academy. She was previously on the

faculty in the Department of Psychiatry at Duke University School of Medicine as a clinical instructor and coordinator of marriage and family therapy training, prior to beginning private practice in January 1974. Nationally, she has conducted consultation, training, workshops, supervision, and organizational development for practice groups of varying medical disciplines, universities, clinical organizations, inpatient and outpatient mental health facilities, pastoral care centers, and spiritual communities.

The Early Days: The Longest Road May Be the Best

Frédéric La Belle, B.A., M.F.A., N.R.C.G.P.

I first joined AFTA in 1977. I had begun my training at Ackerman Family Institute in 1971, and I recall that the majority of my trainers took a very broad, inclusive, even eclectic, view of what worked in family (and couples) therapy, and what not long after became known as systemic family therapy. Colleagues regularly came to Ackerman from many different schools and approaches, or offered training workshops to or in conjunction with the Institute: Peter Laqueur, James Framo, Norman and Betty Paul, the Duhls, Carlos Sluzki, Virginia Satir, and others. This exposure gave me the privilege of a systemic immersion at a very significant moment developmentally, both for me as a beginning professional (albeit one with a Masters of Fine Arts and 10 years of professional theatre background), and for the field of family therapy. In terms of individuals, it was Dr. Herta Guttman of Montreal who recommended me to AFTA. At that time, AFTA stood for American Family Therapy Association.

The field needed something less diffuse and broad-based than AAMFT, which was an attempt to be all things to all people: by this I mean too broadly inclusive of all the mental health professions, without acknowledging their legitimate differences and too centralizing and regulatory (there was a debate in AFTA concerning the issue of becoming, if only “de facto”, a regulatory body. The consensus was against this direction). There was a definite need for a place for experienced professionals, theorists as well as clinicians, to meet, share ideas, and challenge and inspire one another in complementary, non-conflictual, and noncompetitive ways. This need was sometimes honored in the breach with so many “type A” personalities (by dint of my training, my personal family history

and the exceptional way in which I became a family and group therapist, I did not correspond to the prevailing model). Also, I perceived AFTA as less corporatist, and more theoretically inspired, inspiring and adventurous. This new organization risked quite the opposite danger: becoming too elitist and exclusionary, or perhaps too self-involved and ingrown—a real possibility given the high degree of competence and experience of the early membership. In my opinion, this did not happen, but it is worth noting that the field was heavily weighted towards men as leaders and mentors, a situation which changed radically as AFTA grew. My own experience as an extern, and later with Virginia Satir, was different: many of my trainers, supervisors, and later co-therapists and co-leaders, were women.

My professional identity encompassed family (couple) and group therapist, agency trainer/supervisor, hospital trainer/supervisor and clinician, and training institute faculty. Having trained with Virginia Satir beginning in 1975, I was training, supervising, leading groups, and doing training workshops and long-term systemic training in Europe, beginning in 1976 in Ireland and 1977 in France. Teaching as I did for twenty-five and more years in Québec (in French), my colleagues and I found that the humanistic, systemic, and experiential approaches, taken together, produced a useful, relevant, and effective model for our students and supervisees.

In addition to training professionals overseas, I continued to teach and practice family and group therapy in Quebec. I worked at the Jewish General Hospital in Montreal. The surrounding community was multi-cultural and multi-lingual, including many immigrants from Europe as well as refugees

from North Africa and Asia. Many religions were represented in the area served by the hospital, among them Islam, Hinduism, and Buddhism in addition to Judaism and Christianity. Families themselves came in all shapes: two-parent—both heterosexual and gay/lesbian— single-parent and remarried stepfamilies. I worked with families in both French and English in separate areas of the city. In addition, I co-led a multiple family therapy group with a psychoanalytic colleague for more than twenty years, in English, at the hospital. Patients were referred to us from the psychiatric inpatient and outpatient departments.

The models and theories that I was exploring at the beginning of AFTA allowed me to make good use of my training both in theatre and in practice. For me, AFTA provided a context in which I could make the best and most relevant use of these different but complementary experiences. My own personal therapy experiences were also important in opening up my perception to the myriad ways that help could be effective. I'm referring here to group and individual analyses as a client, and later psychodynamic and systemic training, six years of analytic supervision, experiential training in individual, couple, and family work, psychodrama, family sculpting, genogramming, multiple family therapy (with Peter Laqueur), and group work related to addiction and violence while working with imprisoned female drug addicts. Nearly forty years down the road, I continue to use these and many other means acquired along the way in the work I do today.

I would say that the central transforming experience in my career, after my externship at the Ackerman Institute for the Family, was my work with Virginia Satir. When I met Virginia in 1974, she suggested that I continue personal work on my family-of-origin which I had begun at Ackerman, and offered to help me with it. Thus began an adventure and a professional relationship which lasted until her death. And, in fact, did not really cease even then, since I continue to use and refer

to things I learned about resources, resilience, and potential for change that my work with Virginia and the “new possibilities for becoming more fully human” opened for me. My work with her brought about many changes in my life: in geography—taking me from the U.S.A. to French Canada (Quebec); in the language I use in my work—from English to French (my father's first language); and in my working context(s).

The opportunity to do training and workshops in Ireland and France came very soon after my work with Virginia, and continues to this day. I am writing to you from my home in Brittany and presenting my work at conferences held in Europe. I will also be presenting my work in a family therapy conference here in France; as well as the EFTA meeting in Scotland and the IFTA meeting in Portugal. I have begun writing and publishing my work in France.

Before addressing issues of AFTA's evolution and future, I feel I need to acknowledge the importance to me, as a white male, of the existence of a place (the men's groups in the early years, and the Men's Institute, still extant) and an all-too-rare opportunity to meet and share with other men as brothers and equals, regardless of background, professional training, culture, origins, or sexual orientation, in a noncompetitive and egalitarian way. Inclusiveness (in AFTA) means all minorities including, race, language, and all the many ways we implicitly (or inadvertently) recreate the “them-us” dichotomy; and AFTA continues to be minority sensitive. There is still much work to be done.

In terms of developments, I do not feel qualified to talk about the field as a whole. I approach this issue with trepidation. However, I believe that my concern reflects one of AFTA's major concerns: decreases in membership and, therefore, diminished conference attendance.

As I see it, AFTA is shifting its original central purpose as a context of primarily professional and theoretical challenge, sharing, and growth,

to an emphasis on mainstreaming minorities who had been marginalized in AFTA and in the larger society. Yet, this is happening at the expense of “marginalizing” those who culturally had been in the majority, although too much in the “center” of the organization. I believe that many members of the latter group are becoming more disengaged or simply leaving AFTA to others. But to my way of thinking there is no “other” without a “we,” and I have long seen AFTA as a place to dialogue as opposed to debating or creating a polemic. My intention here is, in systemic terms, to see and recognize the “both/and” as opposed to the “either/or” position. In simple terms, yin and yang need each other to be whole, at once complementary, and complete. I realize that, in writing this, I may be raising a very controversial issue. Inclusiveness, as I think about it, means creating space, acceptance, “comfort”, acknowledgement of differences, including unpopular, minority, or philosophically oppositional ones, at the risk of not always being politically correct, or representative of the dominant belief system, which is all too often subject to change.

Before closing, I would like to acknowledge my debt to Virginia Satir, if only briefly. This is how I think of Virginia: she saw paradox where others saw (only) contradictions, promise where others saw only problems, potential (for transformation) where others saw only pathology; and she saw resources as well as limits, and gave much more importance to the former. For Virginia Satir, everyone was at once both unique and the same as everyone else, human.

The title of her second book, *Peoplemaking* (1972), sums up clearly both the purpose and the practice of her life; she said what she did, and she did what she said. There was no discrepancy, no contradiction between theory (hypotheses may be more accurate here) and practice. Virginia was a process oriented, experiential, humanistic “hands-on” practitioner. She inspired trust, created a sense of safety, and encouraged risk-taking.

The biggest risk for Virginia was taking the risk to be yourself, something she believed in and practiced until the end of her life. To my thinking she personified the term “human” in the human potential movement. Virginia had a wonderful sense of humor and enjoyed a good joke. If it was a bit risqué, even better. She believed that it’s never too late for new learning. A colleague once asked her if she should accept a couple in therapy that were in their eighties. Virginia responded, “I only have one question for you, are they still breathing? If the answer is yes, then yes, you should see them!” For Virginia, we were all like her, “slow learners, but educable”.

And finally, let us remember Michael White, who was with us all too briefly, and all the many other colleagues who have died in the past year or two. To all these colleagues, I say *adieu*.

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Author



Frédéric La Belle, B.A., M. S. A., N. R. C. G. P. is a group and family therapist, senior trainer and supervisor in systemic therapy. He originally trained at the Ackerman Institute for the Family (in the early 70s), and later with Peter Laqueur in Multiple Family Therapy, and with Virginia Satir in a humanistic experiential model. He has taught in Quebec (Montreal) since 1975, and in Europe, (in Ireland and mainly in France) since 1977. He became a member of AFTA in 1977. He is a member of the European Family Therapy Association (EFTA), and the International Family Therapy Association (IFTA). He presented his work mainly at conferences in Europe. Currently he is co-director (with Jean-François Croissant) of professional training for their center, Pegase Processus.

Turning 60 and Over Half My Life with AFTA

Robert-Jay Green, Ph.D.

One of the alleged advantages of turning 60 is that you are supposed to become less concerned about what other people think and freer to express your own individuality. I'm a little worried about this because if I were any freer to assert my thoughts than I've been during the last three decades you've known me, it could be a problem. Thus, in what follows, you'll read the unexpurgated albeit abridged story of my love affair with AFTA. I'll conclude by raising some unsettled questions from AFTA's earliest years and propose solutions that seem essential to AFTA's survival and growth now.

I recall that one of John Weakland's favorite maxims in describing how people arrived at their current predicament was "One thing just led to another." He believed that few outcomes in life were primarily the result of goal-oriented motivation alone. Weakland's aphorism always stuck in my mind as relevant to my own career. Not that I didn't take an active role in shaping my professional destiny, but it was more like the process of observation and discovery offered by Louis Pasteur in an 1854 lecture: "Chance favors the prepared mind."

When I became a Charter Member of AFTA in 1978 at the age of 30, I felt well prepared for the opportunities AFTA offered. I'd already worked closely with some great mentors who taught me a lot and believed in my potential—George Albee, Jane Kessler, Frederick Herzberg, Lyman Wynne, Margaret Singer, Lucy Rau Ferguson, Bill Kell, Cyril Worby, Marsha Worby, Gary Stollak, and Rodney Shapiro. Then came my first encounter with AFTA as a Charter Member, which was love at first sight. I'd found my organizational soul mate.

I was so responsive to what AFTA offered, and AFTA was so responsive to me, that my career

catapulted forward. In 1980, the AFTA board invited me to chair its first nominating committee; and in 1982, the executive committee of the board asked me to serve out Saul Brown's term when he had to resign. After that, I served 12 more years on the AFTA board and chaired the nominations, research, and history committees. Other invitations followed. Early on, Alan Gurman and Sandra Coleman invited me to contribute chapters to books they were editing. My close colleagues Froma Walsh and Monica McGoldrick invited me to present in AFTA interest groups and speak at other conferences. Jim Framo invited me to co-edit a textbook of classic readings with him (Green & Framo, 1981), and Carlos Sluzki and Alan Gurman invited me to serve on the editorial boards of *Family Process* and *Journal of Marital & Family Therapy*, respectively. Janine Roberts invited me to co-edit (with Joan Laird) a special section on "Lesbian and Gay Families" for the *Journal of Feminist Family Therapy*, which later evolved into a book (Laird & Green, 1996). In 1997, Connie Ahrons asked me to join the founding committee of the Council on Contemporary Families, an experience that set my career in an entirely new direction concerning LGBT family policy. In truth, almost every development in my career since 1980 is traceable back to AFTA with a maximum two degrees of separation.

I used to think of this as the kind of "deviation-amplifying process" that Lynn Hoffman first described in Jay Haley's edited book, *Changing Families* (1971). Yes, AFTA made me and others deviant. We reveled in our systemic grasp of all things considered, and the outside world loved us for it, at least for the first 15 years or so. But alas, though we didn't see it coming, AFTA also led us astray.

I suppose this inevitably happens when you get any bunch of outsiders (like the charter members of AFTA) together for a length of time, set apart from their surround—they run amok because they amplify one another's strangeness until they've worked themselves into a corner theoretically and socially vis-a-vis the rest of the world. Call it what you will—solipsistic, self-referential, a funk of one's own—AFTA became less relevant in the outside world, and our exchange of ideas has grown a little less new with each passing year. The only escape is to deviate in the other direction. It's a bit like same-sex marriage, which is something I know something about. The most radical, cutting edge thing that gay and lesbian people can do is get married and have children now.

What I'm suggesting paradoxically is that in order to stay fresh, AFTA has to take a radical step and deal with the mainstream world of mental health training, research, and practice, which it has avoided doing from the outset. Continuing to sit above-it-all has left us sitting on the sidelines. Year after year, we successfully maintain our mutual admiration society and descend further into an entropic state.

To borrow my mentor Lyman Wynne's old metaphor about the families of schizophrenics, we built a "rubber fence" around AFTA that excludes people and ideas that are incompatible with our peculiar ways, stretching only to incorporate that which does not threaten the status quo (Wynne, Ryckoff, Day, & Hirsch, 1958). This is not a happy prospect for an organization that defines its mission as encouraging the lively exchange of ideas. The truth is...we like and respect each other a lot, but we're getting bored with the same old same old. Is it just me feeling this way?

I think there are three things we can do to turn this ship around before it sinks from the heavy weight of its own ennui:

(1) Recruit new leading contributors to the field: We need new blood with new ideas.

How can it be that dozens of important books are being published with couple and family therapy titles every year, but only a miniscule fraction of their well-known authors (like David Schnarch) have become AFTA members recently? Similarly for the authors of articles in *Family Process*—why are these folks not joining AFTA? I know there were some previous efforts to reach out to such people; and I hope I'm not offending anyone by saying this, but I personally feel that the efforts were not sustained long enough, and we need to be clearer about exactly what AFTA membership might do for them.

Although I think AFTA's strategy to reach out to new and younger members is terrific, I don't think it will succeed unless we simultaneously recruit some of the new leaders who are publishing books and writing articles published in the most prestigious journals in our field. One of my favorite sayings is: "Writing is nature's way of showing you how confused your thoughts really are." Published authors can be counted on to have original, well-articulated thoughts about families and family therapy, and we can't have an exchange of ideas among the leading thinkers in our field if we don't have more of them in the room with us. I suggest that because so many of the contemporary authors in our field are complete strangers to current AFTA members, the required number of letters of recommendation for AFTA membership should be reduced and replaced with other kinds of evaluative tools (such as evaluation of applicants' publications).

(2) Make AFTA the home base for clinical family researchers. For many years, family researchers with clinical interests (that is, doing studies focused on the couple/family context of human problems or on couple/family therapy treatments) have been without an organizational base. AFTA could provide these researchers with an intellectual home but would have to make major changes in order to do so.

First, we have to signal to the research community that we truly, really truly, are interested in serving their needs for a home base. By this I mean giving them space to meet amongst themselves about their own research methodology concerns. Just as family therapy practitioners/teachers want to talk among themselves about theory and about the nuts and bolts of doing family therapy and teaching it, family researchers want to talk about theory and the nuts and bolts of operationalizing constructs and carrying out research. Researchers cannot get this kind of satisfaction by speaking to clinicians at our annual meetings or clinical research conferences. They need an exchange of ideas among researchers about research itself.

Why should AFTA want these different kinds of gorillas in its midst? Because without systematic observation (a.k.a., “research”), the field has no evidentiary basis for improving its theories or for claiming its treatment methods are effective. I believe that by marginalizing research and researchers for so many years, AFTA has contributed to the failure of our field to advance at the rate cognitive-behavioral treatments have advanced. How can it be that there have never been adequate efficacy studies of pure structural family therapy, brief strategic family therapy, Bowen therapy, narrative therapy, etc.? In the current mental health context, the failure to investigate these treatments using the most advanced research methods is tantamount to shooting them in the head.

To survive and *thrive* after the guru phase, family therapy treatments must have powerful evidence of effectiveness nowadays. I challenge anyone reading this article to point to an example that contradicts this simple axiom: Treatment methods wither after their progenitors die unless there is empirical research to support that treatment method.

If anyone wants an example of what empirical support can do for a treatment method, just look at the recent dramatic growth of Emotionally

Focused Therapy under Sue Johnson’s leadership as a researcher as well as a theoretician, teacher, and clinician.

(3) AFTA should start an accrediting body of its own. I never thought I would say this, and I doubt that AFTA will do it. But in the earliest days of AFTA, the big debate was whether AFTA should enter the arena of being a standard bearer for the field (in terms of licensure criteria and graduate training curricula) or should be only a forum for the exchange of ideas among the leading teachers and researchers in the field. AFTA opted for the latter purpose. But ceding the licensure and accreditation territory to AAMFT has also rendered AFTA less influential and less useful in the mental health community.

More importantly, the values and perspective that AFTA represents are reflected in only a few MFT training programs nationally, and we know exactly which ones they are because their leaders and faculty members are AFTA members. Of the others, I would say that there is a lot of first-order thinking going on, a teaching of techniques without transmitting the kind of theoretical perspectives and values necessary for operating creatively as therapists.

Moreover, the fields of social work and psychology still have no accrediting mechanisms for family therapy/family systems graduate-level training. At least within psychology, I don’t see anything on the horizon to suggest that APA will get into the business of accrediting family psychology doctoral programs any time soon, and few psychology programs adhere to AAMFT’s masters-level curriculum required for accreditation.

Given this void, I think AFTA could play an important role, not supplanting the established accrediting mechanisms for psychology, social work, and psychiatry but supplementing them. For example, clinical and counseling psychology programs accredited by the American Psychological Association could also have a secondary

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accreditation by AFTA for providing substantive family therapy training. Programs might be willing to seek this second form of external accreditation if doing so were not too onerous time-wise and financially, and if they could envision a benefit in terms of attracting more applicants to their programs or offering a more meaningful curriculum from the faculty's point of view.

As a starting point, can we at least describe and publish in a future monograph a model curriculum in couple and family therapy for graduate programs in the fields of psychology, social work, and psychiatry that would meet AFTA members' standards?

In sum, if AFTA is going to survive, it has to dramatically alter its current trajectory in terms of broadening its mission and boundaries. We need second-order change, not minor variations of the same attempted solutions. Recruiting more junior members from our current social networks (including our graduate students) will not be enough, if for no other reason than that they cannot afford to attend annual AFTA meetings. We must reach completely *outside* of our current professional networks and our comfort zones to reach other authors and researchers who are leaders in the field now. We must regain our voice in the larger conversations about training curricula and competencies in the major mental health disciplines that make up AFTA—psychology, social work, marriage and family therapy, psychiatry, and nursing.

Let me be clear that nothing in this piece is meant to criticize anyone in AFTA, past or present, for what they are or are not doing. These suggestions are just my brainstorming out loud for the future of AFTA. For the sake of AFTA and its aging charter members, the time for fundamental change is now because time is running out.

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Author



Robert-Jay Green, Ph.D. is a Charter Member of AFTA and served four terms on AFTA's board of directors. He currently is Executive Director of the Rockway Institute—a national center for LGBT Research, Education, and Public Policy, and Distinguished Professor in the Clinical Psychology Ph.D. Program at the California School of Professional Psychology, Alliant International University, San Francisco.

Houston's Influence on AFTA

Sally Eisen Miller, Ph.D.

As a member of the Houston-Galveston Family Therapy Consortium which included teachers, trainers, supervisors, and researchers in family therapy from six institutions, I joined AFTA at its beginning. Dr. Glenn Cambor brought Murray Bowen—AFTA's first president—and AFTA to Houston. Cambor's introduction to Bowen had been through the supervisor and analyst Ed Carroll, M.D. He commented that a psychiatrist by the name of Murray Bowen was "interesting" and Carroll encouraged Cambor to try couples therapy under Bowen's supervision. Cambor met and spent time with Bowen at the South Florida Psychiatric Society meeting, where he delivered a paper on marital conflict. Cambor remembered the weekend with Bowen "as an enlightening, career changing experience." From that point on Cambor and Bowen exchanged letters, and Cambor regularly attended the annual Georgetown (Bowen) Family Center symposia. It was because of Cambor that I was to begin studying with Bowen several years later, and I have been affiliated with the Bowen Family Center since. It was at these symposia that Cambor learned that AFTA was being formed. Moreover, members of the Houston-Galveston Family Therapy Consortium were invited to apply, and I was one of them. The Consortium brought many pioneers in the field of the family to Houston, for several days of consultation and training. Some of the institutional representatives were Don Williamson, future president of AAMFT; Harry Goolishian; Harlene Anderson, who brought the field new ideas on Collaborative Systems; and Morris Taggart, AFTA poet and collaborator on gender. Susan McDaniel,

another important contributor to the family therapy field, was a postdoctoral student at one of the family therapy training institutes. Having AFTA colleagues from all over the country with whom to share ideas gave us an opportunity to continue this exhilarating experience.

Our history is part of who we are. As a founder, Bowen is part of AFTA's history. I consider that his theory of differentiation is not well understood in the field. I would like to propose a new interest group to look at the breadth of his ideas. Perhaps this will help provide a more accurate legacy of what he gave to AFTA.

As to the future of AFTA, I believe that advocacy in the areas of human rights, diversity, and family policy, offered to the cities in which we hold our annual meetings, will bring seasoned family therapists and enthusiastic new clinicians together to create a synergy to our teaching, research, and supervision.

Author



Sally Eisen Miller, Ph.D., a Charter Member of AFTA, studied with AFTA's first President Murray Bowen. She is founder and director of The Institute for Family, Ethics and Societal Issues. She is married to an internist and has two children living in New York.

Epistemology and Social Change

Lawrence R. Allman, Ph.D.

It was the sixties, a time of both ideological and social revolution. AFTA paralleled the development of family therapy and emerged from this time as a major paradigm shift from psychoanalysis. The epistemological debate was at the core of this new paradigm and sought to change our thinking about human behavior introducing a contextual view of mind and nature.

At the time many of the younger family therapists, such as Phoebe Prosky, Peggy Gilpin, Loren Mosher, Dennis Jaffe and Leon Webber came to family therapy from community psychiatry and the “sixties” values of consciousness change. After my initial training in Boston with Fred Duhl and Dave Kantor (1968), I went to New York to work with Dick Auerswald. Dick introduced me to the idea of epistemological change, as the key to both personal and social change. He also introduced me to a group in New York called The Center for Social Change, a “think-tank” convened through the support of Harley Shands at Roosevelt Hospital, and chaired by Vic Gioscia. The Center had been inspired by Gregory Bateson and R. D. Laing and included many of the early luminaries in the emerging field of family therapy, such as Ross Speck, Al Schefflin, Warren Brodey, and Andy Ferber. The Center was one of the first groups of family and systems theorists to consider how systems ideas changed our thinking about how we think.

Many of the participants at the Center became early members of AFTA and carried the ideas to the emerging organization. We formed a significant contingent of the membership and represented the ideological radical wing of AFTA. We were humanists and sought personal growth and social change. Like the culture of that time, AFTA was divided along ideological lines between radical

change and homeostasis. From my experiences as an AFTA member, tension around this ideological divide has continued throughout the years since AFTA’s inception. Although a large contingency of members are currently working toward bringing social change to AFTA, organizational inertia persists. Whether AFTA can maintain these simultaneous ideologies has yet to be seen.

Author



Larry Allman, Ph.D. has been a faculty member at the University of Southern California and the University of California at Los Angeles. He was the founder of the Los Angeles Family Therapy Institute. For the past twenty years he has been director of the Hawaii Family Therapy Center where he continues to practice family therapy. Recently he left his position, also held during the last twenty years, in the Department of Psychiatry, Tripler Army Medical Center, Honolulu, Hawaii. He and his wife have three children and to keep young run marathons, including the Boston Marathon.

Too Late for Memories, Time for History

Catherine Ducommun-Nagy, M.D., L.M.F.T.

I was approached to write a piece for this *Monograph* in order to give a voice to my late husband Ivan Boszormenyi-Nagy¹. Wisdom should have led me to decline the invitation. How could I speak about the founding of AFTA? At that time, not only did I hardly know Ivan, but I had not even visited the U.S.A. yet. Nonetheless, I finally agreed to write this short piece out of loyalty to him. As a spouse of one of the founders of AFTA, I cannot say much, but I will try to convey what I believe Ivan wanted people to remember about the founding of AFTA and also share some thoughts about what the founding of AFTA meant to European family therapists.

Ivan spoke often with me about the times surrounding the founding of AFTA but this alone does not give me the right to speak in his name. Most of what he shared with me pertained to his private impressions about people and events. His comments were not intended for public use. He just wanted me to know more about his life.

Unfortunately, most of the spouses who could give a first person account of these early days are not here to write anymore. For instance, Maria, Ivan's ex-wife who passed a few years ago, would have been able to recall a great deal. Many early AFTA members may still remember her as a devoted hostess who probably received more of the pioneers of family therapy in her Wyncote home than anyone else. Ivan was proud to say that AFTA was founded in his home. What he meant by this is that the final decision to found AFTA was made in his home after many meetings and a long period of

hesitation. If my information is correct, the actual foundation of AFTA as a corporation took place in New-York shortly afterward.

Later, Ivan hosted several AFTA board meetings in his Department of Family Psychiatry at Eastern Pennsylvania Psychiatric Institute in Philadelphia (EPPI) because it was convenient not just for him but also for his two coworkers James Framo and Geraldine Spark. Not only were these two coworkers Board members, but Jim was the organization's first Secretary and Gerry was its first Treasurer. Both would have invaluable memories to share but they have passed away too. Fortunately, James Framo wrote an article about the founding of AFTA that was based on his notes during these early board meetings. I could not put my hands on Ivan's copy of it or find an accurate reference, although I know that it was published in 1989. I can only hope that this article is still available.

If my memory does not betray me, Jim wrote this piece in connection with a presentation that he gave during an annual AFTA conference that took place in Chicago. I have the vivid memory of a very pleasant meeting with Jim and his second wife Felice Levine during this conference. Ivan and Jim teased each other about the accuracy of their respective versions of AFTA history. They agreed on one thing: by the time people would become interested in the history of AFTA, it would be too late for them to retell it and it would be left to me and Felice, who is my contemporary, to present our respective version of this story as well as we could. Sadly, Ivan and Jim were right: For them, this *Monograph* has come too late.

We should not delude ourselves: The time for

¹ Ivan Boszormenyi-Nagy (1920-2007) was a pioneer of family therapy and the founder of Contextual Therapy. Since many AFTA members knew him personally, I will refer to him by his first name later in this article.

memoirs has passed. Even if a few members of the original AFTA group are still with us around, like Kitty La Perriere—one of the founding mothers—and even if a good number of the Charter Members may volunteer their memories, it cannot be enough. Now, in this time, it has become necessary to move from first person accounts of the events surrounding the founding of AFTA to an historical analysis of data and facts. Here I am speaking as a trained historian of medicine and psychotherapy². One would need to analyze objective data like articles of incorporations and amendments, membership lists, and minutes of meetings, and then proceed with a parallel study of other professional organizations that were already existing or formed around the same time. One would also need to review many publications and only then would one be able to talk about the origins of organizations like AFTA with some objectivity.

This task was addressed in part by two authors, Carlfred Broderick and Sandra Shrader, who wrote a chapter on the history of the profession of marriage and family therapy for the *Handbook of Family Therapy* edited by Alan Gurman and David Kniskern (1981, 1991). In the first version of their chapter, published in 1981, they gave an excellent account of the history of the development of all the organizations that pertained to the field of marriage counseling, family therapy, and sex therapy. They also discussed the founding of AFTA in that context, which is very informative. Strangely enough, in the second edition of the *Handbook*, published in 1991, these two authors shortened the piece on AFTA and moved it to a much less relevant section of their chapter. This has significant consequences for today's reader since an easily understandable time-line has been lost in the process, and maybe there is a reason for that.

Both AFTA and AAMFT have rewritten their own history for strategic purposes, and bent the

timeline to meet their needs. According to their respective websites, AFTA as the American Family Therapy Academy was founded in 1977, which is not correct, and AAMFT was founded in 1942, which is even less true since the field of family therapy did not even exist in those days. In fact, AFTA was started in 1977 as the American Family Therapy Association. Similarly, AAMFT started in 1942 not as a family therapy organization, but as the American Association of Marriage Counselors (AAMC). It changed its name in 1970 to the American Association of Marriage and Family Counselors (AAMFC), and only in 1978, after the founding of AFTA, did it become the American Association for Marriage and Family Therapy (AAMFT). From that perspective, it is clear that AFTA was the first organization of dedicated family therapists, and this mattered greatly to Ivan.

Indeed, AFTA as the first organization entirely dedicated to family therapy became very important not just for him and the co-founders of the organization, but for many European family therapists. Providing that they were teachers of family therapy, they could join this organization as foreign members at a time where there was not yet any professional association of family therapists in Europe. This was the case for me. I joined AFTA more than twenty years ago, at a time when I had no idea that I would practice family therapy in the U.S.

Now, the significance of AFTA for European family therapists has decreased significantly. Not only have European AFTA members become much less active in annual meetings but many therapists have joined other organizations like national family therapy associations, the European Family Therapy Association or the International Family Therapy Association. Right now, I am possibly the only European family therapist who has membership in AFTA, EFTA, IFTA, and AAMFT at the same time.

If there is anything that Ivan would have liked to share with the readers of this *Monograph*, it is

² I hold a doctorate in history of medicine in addition to my medical degree, and I was the recipient of 1984 Henri Siegerist prize for young Swiss researchers in the field of history of medicine and sciences.

facts rather than personal recollections. What Ivan wanted people to remember after his death pertaining to the founding of AFTA is held in one sentence that he scribbled on the back of a group picture taken in 1978 during an early AFTA board meeting at EPPI. He wrote: "AFTA was founded before AAMFC changed its name to AAMFT in 1978." He entrusted me with this picture, hoping that I will always remember this fact.

As a founder of AFTA, he felt betrayed when the AFTA board decided to propose a name change for the organization and to put it to a vote. He saw himself as one of the founding members of the first professional organization of family therapists in the world. He felt that the move towards defining AFTA as an academy was leading to an admission that AAMFT was indeed the first organization of family therapists and that AFTA as an organization was not different from the many academies of professionals that were created to promote research in an already well-established field. He came very close to resigning from the redesigned AFTA once the name change came into effect.

Ivan struggled not only with AFTA's name change, but also with the alleged date for the founding of AAMFT. This came up in a very concrete fashion when Ivan was nominated for the AAMFT Distinguished Professional Contribution to Family Therapy Award in 1992. He was already the recipient of the 1981 AFTA award for distinguished Achievement in Family Therapy, but he was happy to see AAMFT recognizing his contribution too. On the other hand, the 1992 annual AAMFT meeting was advertised as a celebration of the fiftieth anniversary of the foundation of AAMFT, and this Ivan could not endorse. He even wondered if AAMFT had decided to offer him an award on that year as an attempt to get an endorsement of its version of history by one of the founders of AFTA. He struggled for a good while because of what he viewed as a misleading designation. In the end, he decided to go to Miami and to accept the award because AAMFT had made clear efforts

to give him a voice. Not only was he invited as a plenary speaker, but AAMFT had also scheduled a publicly taped interview with William Doherty for the AAMFT Founders Series. Ivan felt that the plenary speech and the interview would give him a unique opportunity to speak about his views on the history of the field. So, at the end, he accepted the invitation and indeed his interview with Bill Doherty remains the best document about his work, his thoughts about the field, and his message to the next generations of therapists. A very short part of this interview was shown during the 2007 AFTA meeting in Vancouver. At the end of the interview, Ivan stated:

I was hoping that family therapists would know all that is needed from psychology or psychodynamics, all that is evolving from systemic dynamics and relational factors and therefore be really an integrator of therapies for the benefit of the public, for the benefit of knowledge, and therefore it has a demanding leadership role in therapy... Now, there is a lot of work to be done: The unification of therapies, the intelligent information of the public-what kind of therapy do you really need-, what kind of therapy delivers what, what to look for qualifications in therapists. How to understand all of that? I was hoping and I am still hoping that this could come out of the development of family therapy."³

It is fair to assume that Ivan had the same hope for AFTA as he had for family therapy in general and to a great extent, this should be his legacy: A hope that AFTA as an organization contributes as much as possible to the definition of what constitutes good therapy and to inform the public about it, regardless of its name.

³ This passage has been transcribed by Catherine Ducommun-Nagy

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Author



Catherine Ducommun-Nagy, M. D., L. M. F. T., a Swiss-trained child and adult psychiatrist and family therapist, is the president

of the Institute for Contextual Growth, Glenside PA, a private institute founded by her late husband Ivan Boszormenyi-Nagy. She has been teaching Contextual Therapy for close to thirty years, currently as an adjunct faculty at Drexel University in Philadelphia and as a guest professor at several universities and many private family therapy training programs both in Europe and South America. She is well-known for her writings on the approach, including a new book on loyalties *Ces Loyautés Qui Nous Libèrent* (Lattès, Paris 2006).

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