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*Corrupting the Young and Other Stories of a Family Therapist* is their first work for the lay public.





# CORRUPTING THE YOUNG

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AND OTHER STORIES  
OF A FAMILY THERAPIST

TESSE AND MOSHE LANG



Published by  
René Gordon Pty Ltd  
29 Ferdinand Ave  
North Balwyn 3104  
Victoria  
Australia

First edition: 1986  
Copyright: © Tesse & Moshe Lang

National Library of Australia  
Cataloguing in Publication data

Lang, Moshe.  
Corrupting the young and other stories of a family therapist.

ISBN 0 949208 01 9.

I. Short stories, Australian. I. Lang, Tesse.  
II. Title.

A823 .0108

Design by R Gordon, Melbourne  
Cover design by Lynda Patullo, Melbourne  
Typeset by Trade Graphics Pty Ltd, Melbourne  
Printed and bound by The Dominion Press — Hedges & Bell,  
Melbourne

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ISBN 0 949208 01 9

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**In memory of our parents Esther, Chaim and**  
**Alexander**  
**and for**  
**Luba, may she live to 120.**

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## Acknowledgements

**T**his book emerged in a lively social context. We would like to acknowledge the contribution of many of our friends and colleagues.

Our many thanks to Max Cornwell, for his encouragement and valuable comments during the writing of the book and for his thoughtful foreword; to Judy Bierwirth, for her many helpful editorial suggestions; to René Gordon, for her enthusiasm, for her help in putting the book together, and her careful editing.

We are unable to mention all the people who have been helpful to us, but we would be remiss if we did not thank: Tim Bass, David Bathgate, Audrey and Yosl Bergner, Jenny Buch, Barbara Burge, Robyn Carter, Susan Fabian, Edwin Harari, Laurie Hinchcliff, David Ingamells, Janet Jackson, Vicky Lehrer, Peter McCallum, Peter O'Connor, Malcolm Robinson, Beverley Rochester, David Ross, Lyn Scheidlinger, Giselle Solinski, Brian Stagoll, Margaret Topham, Gladys Wilson for exchanging ideas, swapping stories, offering valuable criticism and making helpful suggestions. Thank you all.

We also thank the *Australian and New Zealand Journal of Family Therapy*, for providing the opportunity to publish some of these stories, and giving permission to include them in this book.





## Foreword

**S**ometimes our work as therapists takes us to unusual places. Generally, however, we do not have to travel far. We merely sit in a chair and listen; the conversation does the rest. It may be an unusual life history, an unusual problem, an unusual solution or way of perceiving, that leads us into unknown and interesting territory. And we become aware that the unusual helps us to see again more clearly what we take for granted.

Moshe Lang has done more travelling than most, with years of patiently gathered material on how and why people have decided to live as they do. Like many seasoned travellers, he has a thirst for the local view, for the inside story, rather than guided tours of imposing facades and monuments. He learned years ago never to eat in big tourist hotels, but that life could be enjoyed to the fullest in the small and out of the way. He is on first name terms with the owner and the staff, but is rarely if ever familiar. Most importantly, he is never patronising or ingratiating. As he often says: 'The most important thing is to get there safely and to enjoy the journey.' Or put another way, he is fond of saying: 'You don't do open-heart surgery, when all that's needed is chicken soup.'

Of Jewish background and long resident in Australia, he is most at home with the age-old traditions

of story-telling and swapping anecdotes, where good conversation is valued, everyone can take part, and the listeners are often left to draw their own conclusions.

Tesse Lang is an acute observer. She is the link between the world of therapy and everyday universal experience. Her humour, coupled with a mistrust of the esoteric and entirely cerebral approach to human behaviour, give these stories their earthiness and punch.

It takes many years of disciplined application to hone a body of work to such a fine balance. It also demands persistence, courage, and the ability to mull over experience from many angles. The stories reveal a sustained attitude of respect and modesty, cautious optimism, ingenuity and flashes of humour.

This is the first book of its kind published in Australia. As well as offering numerous glimpses into the work experiences and thoughts of one of Australia's leading therapists, it helps to bridge the distance between the too often closed door of the professional helper and the general public.

Max Cornwell

Editor

*Australian and New Zealand Journal of Family Therapy*

## Setting Out

**T**here is an Arabic tale about a father who was riding a donkey with his young son walking beside him. It was a very hot day and they had a long way to go. As they went they overheard some passersby say, 'Look at that man riding his donkey and letting his small son walk on such a hot day'. Feeling upset the father got off the donkey and put his son on its back. Some time later they passed some other travellers who said, 'Fancy a young healthy boy letting his father walk on such a hot day — he must be heartless and badly brought up.' Upon hearing this both father and son rode on the donkey together. After a few miles some other people saw them and said, 'What cruel unfeeling people, both of them riding that poor little donkey.' So both father and son got off the donkey and proceeded to carry it. The next passersby saw them and said...?

We decided to call this book 'stories'; many other words were considered — anecdotes, accounts, tales, memories, case studies and so on, but none were right and we acknowledge the inadequacy of the word 'stories' to describe what is written here.

Then there is the matter 'of a Family Therapist'. This is somewhat misleading, yet psychologist, psychotherapist, play therapist, do not improve matters.

'Family' suggests the exclusion of other intimate relationships. But would individual, child, marital or significant relationship therapist be better?

So within the limitations of language the best description seemed to be 'Stories of a Family Therapist'.

As this preamble shows, choosing words is difficult. Perhaps that is why many choose to remain silent, why people have difficulty in communicating and why it may have been a big mistake to write this book.

At home in the evening we tell each other about our day. Sometimes a particular story will stick in my mind, or Tesse will be specially moved by one. It is these that we have written.

Monday and Tuesday mornings we reserve for writing. First we decide which story to work on. We go for a walk and I tell the story. Sometimes Tesse will hear me out, more often she interrupts with questions and comments. Then we discuss what to include, where to start, in whose voice to write, what changes to make and how to finish.

Back home I retell the story, Tesse writes it, sometimes as I tell it, sometimes as she wants to, but mostly it is a salad of us both. She reads it back to me. We discuss and make alterations, then many of our friends read and make comments.

The stories are changed sufficiently to disguise the identity of the people involved. Sometimes the people themselves have read and commented on the stories.

Even though our wish is to write a book that bridges the gap between the professional and lay public, often

we found ourselves taking different positions. I argued for more detailed lengthier explanations with an academic bias, being drawn in spite of myself to address the professional reader. I worried that oversimplification might cheapen the human dramas we were writing about. Tesse wanted simplicity, brevity and impact, her sympathies being with the lay public. She was concerned that lengthy explanations would insult people's intelligence and bore them. But mostly we worried that we would fall in the middle and address no one.

This book is written:

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For my patients who made it possible by trusting me with their experiences. Finding that others had similar problems helped them to identify their experiences with greater clarity, derive comfort in the realisation they were not alone, and hope from other people's solutions.

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For my students in return for all they have taught me.

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For our friends so they will tell us their stories.

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For Tesse, Esther, Con and myself so that the stories will leave us alone.

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For our hoped-for readers:

Nabokov said: 'Good literature tickles the spine!'

Nathan Ackerman said: 'Good family therapy tickles the defences!'

If we manage to tickle your fancy it will be enough.

*Moshe & Tesse Lang*



# **PART I**

**The problem is not with  
the dancers but with  
the dance**

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**Food for Thought**

**Up the Tree**

**The Secret**

**His Just Dessert**

**A Discerning Question**

**A Good School**

**Violation**

**The Sunday Drive**

**Life Sentence**

**The Making of a Therapist**

**The Turning Point**

**An Understanding Sister**

**Corrupting the Young**





## Food for Thought

**I**n the early 1960s I was studying psychology at Melbourne University. Practically every lecturer and book tried to convey the idea that psychology is a science. The subject matter was mainly 'rats and stats'. While the overt communication was 'Psychology is a Science', the covert message was that it was all an awful bore. To this there was one outstanding exception - our

lecturer in psychopathology – Dr Alan Jeffrey. To a class of over 100, he talked about real people and kept us all riveted in our chairs.

Towards the end of the academic year, we were taken to the Royal Melbourne Hospital to interview some 'real live patients'. Dr Jeffrey asked me to see a working-class migrant who came into casualty holding a brown paper bag full of sandwiches. He complained the sandwiches were poisoned; so he was sent to psychiatry. I talked to him. He asked me to look at his poisoned sandwiches. He said he had come from Yugoslavia 15 years ago; had lived in a boarding house for a number of years; had no family and few friends and he believed his landlady was trying to poison him.

I asked why he thought this. He replied, 'I know she wants to.' I asked him how he knew and he said, 'She has that look in her face.'

I asked: 'What do you mean? What look?'

He said: 'She looks as if she wants to poison me.' No matter how much I questioned him, I got no further.

I returned to Dr Jeffrey and our group and said, 'I believe the man is paranoid.' Dr Jeffrey asked me why I thought so and I explained. He then asked me if I was sure. I replied, 'Yes, certainly.' He asked how sure I was. I said, 'Very sure.' He asked me if I wanted to go back and ask the man any further questions. I said I didn't need any more answers. He then asked me to get the sandwiches. When I came back he said, 'Now you eat them.' I stopped, then said, 'No thanks!'

## Up the Tree

**I**n 1965 I got my first job as a psychologist at the Bouverie Clinic which then provided child psychiatric services.

A week or two after starting work I was asked to see my first patient, Peter. This made me very anxious since my background consisted of a degree in psychology which included extensive training in statistics, personality theory and rat behaviour. Yet there I was expected to do play therapy and psychotherapy with a young boy. In order to prepare myself I read all relevant literature which consisted of about two books, a few articles, and of course Peter's file weighing 12 kilos.

At the appointed time I went to the waiting room and asked Peter to come with me. I started walking towards the play room, turned left and noticed that Peter, instead of following me, began running and then climbed up a tree. Neither Anna Freud, Virginia Axline nor any personality theory provided me with the answer. Chi-square, T-test or analysis of variance weren't particularly helpful either. So not having anything to go on I decided to follow my patient up the tree. We spent the rest of the hour at the top of the tree. When the session ended we climbed down and I said goodbye to Peter.

After the next session I met the psychiatrist who

simultaneously saw Peter's parents. He reported to me that Peter had gone home and told his parents that he had a new therapist – 'a very strange and bizarre man who climbs trees.'

## The Secret

**F**rank was a timid, fat, 12-year-old who was bullied by everyone. During our first meeting he told me he had a very important secret which he would not tell me until he could trust me. One day he came to therapy and said, 'I think I am ready to tell you my secret.' Trying to conceal my excitement at being rewarded for months of hard work I said, 'Oh yes.'

'You promise you won't tell anyone?' Frank asked.

'You can trust me.'

'You know my father barracks for Collingwood and he thinks that I barrack for Collingwood too, but deep in my heart I barrack for Melbourne.'

## His Just Dessert

**D**ean was referred by the Children's Court. He had been put on probation for delinquent behaviour and was ordered to undergo psychiatric treatment. His main offences were petty stealing, shoplifting and breaking windows. He was part of a gang like most other kids in his neighbourhood.

At our meetings Dean told me about his family. His mother had run off about two years ago, leaving him, his two brothers and two sisters with his father. His father worked full-time in a factory and then went drinking with his mates. The children were often left by themselves. Dean spoke of his father affectionately. He said he tried his best, but it was obvious that life was harsh.

After a few weeks Dean and his mates were caught vandalising a school after hours. This constituted breaking his probation and when his case was heard there was a strong probability he would be sent to a correction centre. When he spoke to me about this, he indicated that the whole gang were in on this escapade and he didn't want to lose face and not go – anyway he said, 'We did it just for kicks.' However he was scared that life at the correction centre was going to be very tough and punitive.

Dean was sent there and was ordered to continue his therapy weekly. When I saw him again he said:

'You know it's not so bad. At home Dad fed us on pies. Here we get sweets for dinner every night!'

## A Discerning Question

**R**ichard, 14, came with his parents. His problem was compulsive hand-washing. He used several cakes of soap a day, so much so, that his hands were cracked and bleeding. He covered the house with newspaper and blocked access to certain areas. No-one was allowed to touch many of the things in the house.

It was decided that I would see Richard, and a senior staff member would see his parents. During our first session he told me that his sperm contaminated everything and his hand-washing and house covering was an attempt to protect his family and himself from this contamination.

There was a gradual increase of tension and violence in the family. This escalation made us consider removing Richard from his home. Unfortunately there were few suitable places available.

In an attempt to resolve the problem an assessment at a psychiatric hospital was arranged. I was at the staff meeting at which Richard was interviewed. One

of the last questions was asked by a trainee psychiatrist. He pointed to his scruffy desert boots and said, 'You notice that everyone is wearing clean and shining leather shoes, while mine are somewhat dirty, does that worry you?' Richard replied, 'Why should *I* mind, what *you* wear is *your* business.'

When Richard came to his next session with me two days later, he commented on the shoe question by saying: 'What did this guy think? That I'm crazy or something? Just because I have obsessive compulsive neurosis, does he expect me to say that what he wears worries me, simply because it does?'

## A Good School

A mother rang for an urgent appointment. She asked if I could see her and her husband as soon as possible.

At the first meeting both parents described their upbringing as rigid and authoritarian. Good performance and appearance were much more valued than spontaneity and happiness. For both of them school life had been traditional: strict, disciplined and boring. They were determined to protect their children

from the same fate; they were not going to repeat their parents' mistakes. They had read widely in psychology and education and had kept up with the latest trends in child rearing.

After many enquiries and much deliberation they had selected a permissive and progressive school for their eldest son. Over the past two years, they became more and more worried about his attitude, his lack of academic progress and some of the habits he developed. In general, they found themselves unhappy with the school. They came to the realisation that, for their own peace of mind and for the family's well-being, they would have to move him. At this stage, feeling defeated and bewildered, they came to see me.

During the session they agonised over the likely traumatic consequences to their eight-year-old son of changing from his easy-going school environment to a more formal authoritarian one. They feared such a change would cause permanent psychiatric damage. However, since the situation had become untenable, regardless of their fears and doubts they felt a change of school was necessary. By the end of the session they had decided to send their son to a different school and a further appointment was made.

Two weeks later, they told me the following: On the day their son went to the new school, they both stayed home waiting for his return. So worried were they that half an hour before school finished they were at the school gate. The bell rang and some minutes later he came running towards them. They waited, convinced that some emergency psychiatric treatment



would be necessary. When he reached them they asked anxiously, 'How was it?' He replied, 'Fantastic! You play all the time. First, we stood in line and marched like soldiers. Then, like on football grand final day, we saluted the flag and sang the National Anthem.'

## Violation

I had been working with Tom, a 15-year-old, for some months. He had been referred to the clinic because of delinquent behaviour. At this stage of my professional life I was a committed but misinformed \*Rogerian, and I was pleased with the acceptance and positive regard I displayed towards Tom.

One day Tom confessed to me that the night before he had broken into a school and stolen some tape recorders. Without thinking, and to my total horror, I heard myself say, 'You stupid idiot - what did you do that for?' I was taken aback, feeling that I had forever destroyed my chances of doing any good. I had violated the most important principle in therapy - I had broken the spell of acceptance, and in my mind's eye I saw Rogers looking down at me with strong disapproval. While I was sitting there feeling devastated

Tom said: 'You know what? You're damn right.' Our relationship changed totally and so did my ideas of therapy.

\*Carl Rogers, an American psychotherapist, famous for promoting the idea of acceptance.

## The Sunday Drive

**T**herapy for Anne was initiated by her parents. They stated that she was uncommunicative and withdrawn. In her sessions with me she complained of her limited freedom, the restrictions on her social life, her parents' excessive demands and their tendency to put their wishes first.

In the course of this individual therapy, the clinic changed its orientation to family therapy. The case was discussed and it was decided that I should see the whole family. I invited Anne, her parents and older sister and brother to the meeting.

With encouragement and support, Anne started to voice her various complaints, particularly about the regular family Sunday drive to the country. Slowly her initial hesitancy gave way and her intense dislike of this drive became evident. Both parents were sur-

prised but pleased that she had told them. They said Anne should have told them earlier. Anne replied that she couldn't; she thought it would upset them, since they were so keen on it. The parents said they wanted to know how she felt and what she thought.

I asked the parents how they felt about the Sunday drive. At first they seemed astonished by the question. It appeared that I was breaking an unwritten rule by asking them about their own likes and dislikes.

Eventually, father said the drive was OK but he would much prefer to play golf. Mother was surprised and went on to admit that for her the preparation of the picnic lunch was a nuisance, and she would rather stay at home and potter in the garden. Before long the whole family was engaged in animated discussion as to how each would prefer to spend Sunday. They were all amazed that they had continued to go on the Sunday drive, keeping their dislike of this activity to themselves so as not to hurt or upset the others.

When I had seen Anne alone, I had accepted her claim that her parents were restrictive. The family meeting revealed that the parents were themselves restricted. They were not so much the perpetrators but co-victims.

The problem was not with the dancers but with the dance.

## Life Sentence

**T**he two adopted Ryan boys were dynamite. Parents and school found them unmanageable. At the clinic, it was decided to place them in my play therapy group.

The boys were boisterous, loud and demanding and very soon the group of eight children was known as the Ryan group.

I interviewed the parents. Mrs Ryan spent most of the session denigrating her husband. Mr Ryan worked five-and-a-half days a week as a salesman and three or four evenings a week as a waiter. Whenever I saw him he was tired, anxious and unobtrusive.

The first two sessions were spent in discussing Mr Ryan's failure to meet the needs of his wife and sons. After a few more sessions I asked Mr Ryan about his own needs and whether they were met. This change of focus was obviously uninteresting and irrelevant to Mrs Ryan, who stopped coming.

I continued to see Mr Ryan. After a few weeks he became more at ease. One day he seemed nervous and, after some hesitation, produced an old, creased, yellowed piece of paper from his pocket. He said that 13 years earlier he had consulted a psychiatrist because he was worried about himself. The psychiatrist referred him to a psychologist for testing. He was given his assessment, which he now held out to me.

Mr Ryan had been unable to resist the temptation to open the letter and read the result of the test. It had contained words such as 'desurgency', 'introversion', 'cortertia' and 'transient situational personality disorder'.

He had no idea what it all meant, but was certain that it was serious and derogatory. Feeling anxious about the 'negative' conclusions contained in the letter and ashamed of having read it, he could not bring himself to return to the psychiatrist.

For the past 13 years he had carried the summary of what he was 'really like' in his pocket, even though he didn't understand it. With the passage of the years, he became increasingly anxious as the paper deteriorated and the words dimmed, for with its loss an essential part of himself would disappear forever.

#### *Glossary*

- Desurgency:* Serious
- Low Cortertia:* Shows a tendency to feel rather than think. Operates on a mood level.
- Transient Situational Personality Disorder:* Means taken by an individual in his struggle to deal with a very stressful situation.

## The Making of a Therapist

**T**he first family I ever saw was referred because their 14-year-old son was supposed to suffer from borderline psychosis. Both parents, the identified patient and his three siblings arrived. A social work student sat in with me. She took extensive notes and tape recorded the session. As the interview progressed I became increasingly confused. Everyone talked at once and chaos was the order of the day. After the family left, I said to the social work student, 'I've mucked it up haven't I?'

She said: 'Oh no. I think you conducted a very good session.'

I remember saying to her: 'Look, I'm a big boy. I can take it. You don't have to be so nice to me.'

She said: 'No, I don't think so. I think it was a very good session. In fact you seemed to be so much in control and seemed to know what you were doing all the time.'

I said: 'You must be kidding.'

She said: 'Well, I recommend that you read the transcript and for that matter listen to the tape of the interview.'

I took her advice and did just that. The interview was interesting and exciting. Fred - the identified pa-

tient – at one stage started talking about music coming out of his backside. His parents looked at me and non-verbally communicated vigorously the message: 'Now you see what sort of a son we have. Don't you think he's crazy? Don't you think he is bizarre?' I turned to the whole family and said: 'I have heard many a young person talk about farting but I have never heard anybody describe it more beautifully than that. Imagine, music coming from our backsides! Farting will never be the same again!' Later on in the interview the patient, Fred, said: 'When I grow up I want to be a psychiatrist.'

'How would you like to start today?' I asked.

'Do you mean it?'

'Yes, sure I do. To tell the truth, I'm not sure how to go on, so if you take over, it will make it easier for me.'

Having reassured him that I really meant it I suggested that we swap seats. He sat on my chair, took a pencil and pad, turned to his mother and said: 'Mrs such and such, was your pregnancy with Fred planned or unplanned? Was he a wanted or an unwanted child? How was the pregnancy and what was the delivery like? He proceeded to take an excellent detailed developmental history of himself. Indeed, I don't recall seeing anybody take a better one.

## The Turning Point

When the Green family arrived for its regular weekly appointment, everybody knew. Mr Green, a very small man, was a bus driver and he drove the biggest American car available. It roared into the car-park and took up so much space that parking for others, which has always been difficult, became impossible.

The family had been coming to the clinic for seven years. Its original complaint had been that Jimmy aged five, was uncontrollable. He always did what he wanted, never what he was told. He wanted to make lots of noise, light fires, kick the football very hard, often breaking the neighbours windows, to put bugs and suchlike in his sister's bed and to monopolise the television without regard to anyone else's wishes.

In 'therapy' Jimmy preferred to play on the roof, throwing clay at passers-by, and particularly at Katie, my co-therapist, to see if it would stick on her. Jimmy and his family had trained generations of therapists. Though every one had found Jimmy a handful, he was liked by all. He was a most charming imp, small like his father, but the space and time he took up in the clinic made life difficult for us all.

Mother, during the past seven years, had had individual therapy, was in a mothers' group and was seen at times with her husband. She complained bit-



terly about how difficult Jimmy was, about the lack of support from her husband and that he didn't spend enough time with the boy. Mainly she was distressed by her husband's aggression towards Jimmy when he tried to discipline his son.

In the sessions with both parents, father did most of the talking. He criticised his wife vehemently for spoiling Jimmy, for being too soft and mostly for sabotaging his attempts to discipline him.

This family had been discussed at numerous case conferences, and many morning and afternoon teas were spent talking about Jimmy and his exploits. At one point it was found necessary to change his mother's group time. But, she had difficulty in fitting in with any new time. Twice a week she played tennis, once weekly she visited her sister-in-law, two afternoons she worked in the school tuckshop and no amount of juggling helped to resolve the problem.

As the clinic changed its way of working at that time, it was decided that the Greens should be seen as a family, I was 'volunteered' to see them.

At the first session nothing unexpected occurred - Jimmy played up, father remonstrated with him and mother put the brakes on father, and so on.

A few days later there was an urgent message from the Green family asking to see me immediately. I rang back saying it was impossible, I was fully booked. However, they persisted. They would not take 'No' for an answer and finally I agreed to see them at lunch-time.

The car roared in at great speed and louder than

ever. The whole family were shouting and gesticulating to one another. They walked into my room without a break in their argument. They seemed not to notice my greeting or even my presence. They continued to talk and shout and argue – I don't know what about. I tried several times to take control, or at least take part. Nothing doing. So finally I thought – this is my lunchtime, I'll just relax and leave them to it. Leave them to it I did, and they continued hammer and tongs.

It was nearly time for my next appointment. Several times I tried to close the session, to indicate it was time to go, but no-one noticed. Finally, I had to leave, so I got up and walked towards the door. When I reached the door the family rushed towards me, shook my hand and thanked me for the most helpful session they had ever had.

## An Understanding Sister

**G**reg, 14, had serious problems and behaved very badly towards his family. They were critical and rejecting of him.

After a few months of therapy, Greg told me he

was over most of his problems. His parents and his brother were much nicer to him. His mother talked more to him, his brother asked him to play football and his father often patted him or ruffled his hair and said, 'Gee Greg, it's good to have you around, I like you.'

Greg said: 'You were right you know, when I came you said I shouldn't give my problems up too easily, because it might be difficult to face the consequences. I'm not ready yet to forgive them for being nasty to me for so long. So when Dad touches me it's nice, but I find it very embarrassing. It's not easy to get used to them being nice to me. Now, if Mum asks me to help it's much harder to say no.'

He continued: 'My sister Tina, she's just as bad as ever. She still calls me names like "dick head", "stupid turd", "fuck wit". She still tries to annoy me. She changes the channels when I'm watching television, she takes my things, she won't let me study. It really makes me mad, I yell and scream at her, sometimes I punch her and then I get into trouble with Mum and Dad.'

I suggested: 'Perhaps without knowing, Tina is being very nice to you. She makes life much easier for you. You are having trouble getting used to your parents and brother being good to you. Imagine if you also had to cope with your young sister being nice to you!'

A bit bewildered and amused Greg said: 'Maybe you're right. I never thought of it that way.'

'Tell me, did you ask her to do it, to stay nasty, or does she just naturally know what is good for you?' I asked.

Laughing, Greg replied, 'You must be kidding, she just likes annoying me.'

'If you ask her nicely, will she agree to continue being nasty?'

'I don't have to ask.'

'Maybe you could pay her.'

'I'm not silly, I can get it free.'

'I tell you what, let's write to Tina asking her to continue calling you names and doing things to annoy you.'

'I don't know.'

'Look, let's write it and then you can decide whether to give it to her or not.'

'OK.'

This is the letter we wrote:

*Dear Tina,*

*You remember I had lots of problems and now I'm over most of them. Mum, Dad and Jim are nice to me most of the time now. It's very difficult for me to get used to it. So it's helpful and easier for me that someone continues in the old way.*

*Please, for at least three months continue to call me names, pick on me, dob me in and do annoying things like interfering with my TV programmes and study. Maybe you could do some of the things that the others used to do, that would be helpful and I might be prepared to pay you from the money I earn from my paper round.*

*Thank you for being such an understanding sister.*

*Love*

*Greg*

Greg and I had a great time working on the letter. His chest stuck out and he appeared taller when he left.

Greg totally forgot the letter and at the next session didn't mention Tina. When I asked specifically how things were with her Greg said: 'Oh, alright.'

'What about the letter?'

'I forgot all about it.'

'But what about Tina?'

'She's left me alone much more.'

'But Tina has been nasty to you all her life. How come the change?'

'Maybe it was just a phase she was going through. Oh, a couple of times she picked on me and called me names. She called me a "dick head" and I said, "thanks for the compliment!" She said, "Gee, what an idiot." I just walked away.'

## Corrupting the Young

My supervision group was to observe an interview. Before the family arrived, Albert, the psychiatrist, gave us the background. The identified patient was Johnny, a 12-year-old boy regarded as hyperactive and possibly schizophrenic. His parents found him

uncontrollable. He made life impossible for them and his three siblings and anyone else around. He had a long psychiatric history and was on heavy medication.

Albert believed Johnny's behaviour could be best understood as a three-generational phenomenon. Today he wanted to talk to mother about her parents and her childhood. Until now, working with the family had been very difficult and he invited me into the room to give direct help if I thought it appropriate.

After a few preliminaries, Albert began to talk to the mother about her own mother. During this conversation Johnny began rocking on his chair, getting faster and faster as time passed. Mother talked to Albert but kept being distracted by Johnny, at first trying to stop him by putting up her hand and then interrupting her conversation every so often with, 'Johnny, stop it!', 'Johnny, for heaven's sake!'. Johnny responded by getting up and elbowing one of his siblings, all of whom had been perfectly quiet and still. He went over to the one-way screen and started making faces. He then began waving his hand in front of the camera. Mother, who all the time had been trying to tell Albert about her childhood, became more and more involved in remonstrating with Johnny and less and less able to continue her conversation.

Albert showed only minor irritation under this provocation and continued with his agenda. Father appeared calm and uninvolved, but smoked one cigarette after another.

On the other side of the screen the group argued about Johnny's behaviour. Was he schizophrenic? Was

he hyperactive? How should he be dealt with? Could he control himself? What was the function of his behaviour? What were the interactive patterns?

I then asked the group, how many thought Johnny could sit down and behave himself? The group was almost equally divided. We took bets on this issue, given different odds by different members depending on how confident they felt about their judgment.

I walked into the family room; immediately all activity ceased. Johnny, who at that stage was sitting on his chair broadcasting through the microphone, put the mike down, sat back and looked a little apprehensive. I went up close to Johnny, looked straight at him and said: 'Johnny, the people behind the screen have been arguing about whether you can keep quiet if you want to. Some reckon no matter how hard you try, or how keen you are, that you won't be able to sit quietly even for five minutes. Others said, "It will be a cinch", and we took bets on it.'

Taking a dollar out of my pocket and waving it in front of him, I said, 'Do you reckon you could sit quietly for five minutes?'

Johnny replied, 'Bet-ya I can.'

'How much?'

'A dollar.'

I turned to his father and said, 'Is it OK if I organise some betting around here?' For the first time father seemed somewhat engaged and assured me that it was fine with him.

I turned to Johnny and said, 'Let's be clear, we have a bet that you can sit quietly for five minutes. You

have put a dollar on it.' I then offered him my watch, asking: 'Can you tell the time?'

'You must be kidding.'

'If I give it to you, will I get it back in one piece?'

'Don't be stupid.'

Then I gave him my watch, turned to his siblings and said to them one by one, 'Do you reckon he can be quiet?' They disagreed. One said he could be quiet, but for a maximum of three minutes; the next one said Johnny would do anything for money. The last one would not commit himself, but after a lot of prompting, said that Johnny couldn't do it, and put his dollar on it. Having clarified the bets, I turned to father and said: 'I would like you to umpire; do you agree?'

Almost enthusiastically he said, 'Yes.'

I then turned to mother and said: 'You have been working hard for a while; are you happy for your husband to be the umpire while you sit back and watch the action?' She agreed and I offered her a footrest.

I then asked everyone to synchronise their watches and we began. While Johnny watched my watch, father sat erect, seeming much taller than everyone as he surveyed the field. I turned to Johnny's siblings and said: 'It looks to me like Johnny is very determined to win his bet and I think he is going to do it. If you two don't want to lose your money, what do you think is the best way to stir him up so that you guys win?'

With little prompting they came up with numerous ways of needling, stirring and provoking, obviously being expert and practised in playing on Johnny to



make him perform. As they were telling me, they were dobbing Johnny in, clearly trying to make him rise to the bait, but no matter how derogatory and provocative their stories were, Johnny remained cool and calm and, in the end, collected.

I then turned to the family and said: 'I want to organise another bet. I want to see if Johnny can sit quietly for five minutes, but at the same time, his siblings can do everything to stir him up, except they must not touch him.'

By then everyone was involved; very quickly bets were placed and the game began. The result was similar despite the mastery, ingenuity and creativity unexpectedly shown by the three very quiet siblings. Johnny's will to win was stronger.

I had been told that the worst time for the family was around the dinner table; it was always utter chaos. I proposed that Johnny should sit quietly for ten minutes during dinner while his siblings tried their utmost to provoke him. Father was to umpire and mother to keep a detailed written record so she could report to us. Mother and the three siblings raised a number of practical problems and I suggested that the umpire could work out the rules of the game. This was accepted by all and they left after Albert and I indicated that we would be most interested to hear the results in two weeks' time.

*Footnote*

I am grateful to Minuchin for introducing me to the idea of giving a watch to an uncontrollable child.

Also to Fisch for illustrating the potential of getting the unmanageable child's peers to place bets on the duration of his behaviour. My thanks to Lyn Hoffmann for reminding me that family therapy has more to do with theatre than literature; it is an arena in which human dramas take place.

Finally, but not least I am indebted to that grand lady Mae West, whose lines I can never resist (whether appropriate or not). Maid: 'Weren't you nervous when he gave you all those jewels?'

Mae: 'No, I was cool, calm and collected.'

## **PART II**

**He didn't tell us anything  
we didn't know  
already**

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**Masterly Inactivity  
A Tidy Solution  
Oppositional Behaviour  
Missing Out  
Costly Comfort  
No Time to Change  
A Difficult Customer  
Better Late Than Never  
Out of Control  
One Up — Two Down  
The Normal Family  
The Family Knows Best  
Owning Up  
Nothing New**



## Masterly Inactivity

**A** psychiatrist friend, Jack, told me about the following case.

When he was in charge of a psychiatric ward, an 80-year-old man was referred from medical outpatients for hospitalisation and treatment of his depression; he was refusing to eat and was losing weight. Jack interviewed him for assessment. The old man

had come to Australia from Malta a few years earlier to be with his family. All his friends and family in Malta were dead. His family here was very busy and had little time for him. He had been used to a close family life and now he was left alone a lot. His health was deteriorating; he became short of breath easily, had painful arthritic joints and couldn't sleep. He'd had a good life, but now felt his life was over and simply wished to die; he'd had enough.

Jack thought the man's attitude was fair enough, but since he'd been asked to give him a bed, he did so and left the old man to do as he wished.

This case was presented at a staff meeting. Jack considered the man was not depressed and there was no call for antidepressants. Many of the physicians and psychiatrists were critical of his diagnosis and management. He was thought to be irresponsible. Jack, being in charge, stuck to his guns and left the old man to his own devices. To everyone's surprise a week or so later the old man said he felt better and would like to go home.

Perhaps one of the most important and least appreciated forms of therapy is that of doing nothing or 'masterly inactivity'.

## A Tidy Solution

**A** mother turned to me in the middle of a session and said: 'Don't you think it's reasonable for a mother to expect a room to be cleaned at least once a year?'

I, believing a straight question deserves a straight answer, replied, 'Yes, it sounds eminently reasonable. There would be few women who would wait so long.'

Her 15-year-old son Paul, who was always rational and calm, said to me, 'Don't you think that in a house of 12 rooms, in which only Mum, my brother and I live - in such a big house - it's reasonable for me to have one room which I can call my own and do as I please?'

I started doubting my belief in giving a straight answer. Nevertheless, I had to admit: 'Yes, sounds reasonable to me.'

The family then reminded me that a year ago they had come to see me for the first time. Mother had then complained bitterly about how difficult Paul was. At that time her husband had just left home and Paul had become even more of a problem. Paul and his father, in contrast, got on like a house on fire.

During one session mother had complained about Paul's untidiness and his behaviour at home. All his belongings, books, papers, clothes and pencils were all over the house. He didn't eat with his mother and brother, but ate at all hours in all the rooms and he

left dirty plates, cups and cutlery everywhere. It was driving her crazy. She felt furious and desperate. Paul, in contrast, felt that his mother interfered all the time; she wouldn't let him eat where and when he wanted, he couldn't study where and when he wanted, and so on. He felt his mother was totally unreasonable making such a fuss over nothing.

I asked the family what they had done about it, and it seemed that whatever they tried didn't work and they were unable to come up with a viable plan.

I proposed the following: Paul would eat and study whenever he wanted, but dishes, books and papers and the like would be left only in his own room, not all over the house. Mother, in turn, would agree to let him have his own timetable, and that whatever he did in his room was entirely his affair. She would not interfere.

Everyone seemed to accept this solution and thought it was a fair and reasonable way to proceed. But then mother said, 'There is only one problem. If he keeps taking the plates, cups, etcetera, before long I will run out!'

I turned to father and said, 'Would you agree to supply cups, plates, and so on, as necessary, since it may prove easier and cheaper in the long run.' He agreed.

When they came for the next appointment about two weeks later, the agreement was holding and all seemed happy with the solution. For the following several months I continued to see the family and this problem was never mentioned.



A few weeks before they came to the present session, the boys had been away at a camp. Mother, knowing how many cups, plates and other household utensils had disappeared during the year, couldn't restrain herself and went into Paul's room. She found piles of dirty cups, plates, cutlery, clothes and books everywhere, the room was filthy. She couldn't stand it, so she cleaned up the whole mess and left the room tidy. When Paul came home, he was furious but unemotionally reproached her for being an unreasonable, interfering woman.

I was caught in a cleft stick and so said weakly, 'There's no doubt you are both right. I'm really impressed that you both stuck to the agreement for a whole year. Few people, if any, could have held out for so long. Congratulations!'

## Oppositional Behaviour

One of my students who worked in the psychiatric ward of a big hospital, told me this story.

A nine-year-old girl was admitted with a diagnosis of anorexia nervosa. The case was carefully assessed and it was decided that an important part of the

treatment was not to push food on to her. There was to be no pressure to eat. Eating was to be totally voluntary.

The whole staff was instructed and understood the plan and no pressure was applied. She, in turn, stuck to her plan and hardly touched the food.

One day the Greek cleaning woman came in. She saw the untouched food tray next to the girl. She hadn't been briefed about the treatment and said, 'You eat that food straight away. You're a very naughty girl. People work hard in the kitchen to prepare nice meals for you and you don't touch it. You should be ashamed of yourself. I am going to stand here until you've eaten it all up.'

The girl polished off the lot without a murmur.

## Missing Out

A couple in their early sixties came for marital therapy. Over the past few months there had been increasing disharmony between them. While exploring the problems, it emerged that one theme they had never talked to each other about was their fear of the husband's forthcoming retirement. He was par-

ticularly anxious since he had very few interests or hobbies. His work had always been central to his life.

His wife enjoyed having the house to herself for hours at a time and was worried that he would get under her feet. She also went on regular social outings with her women friends and she wished to continue, but felt she wouldn't like to leave her husband alone at home.

Two or three sessions were spent discussing the problem and how to deal with it. They left moderately happy and optimistic about the future.

About three years later, I met them at a concert. They seemed cheerful and when I asked him about his retirement, he answered, 'Oh, it's quite good really. There's only one problem, I miss my holidays.'

## Costly Comfort

**N**orman and Sybil met at university where they were both studying law. They married before they finished their degrees. Sybil was more successful academically and had helped Norman. At first they worked in different law offices. Norman was conscientious and reliable and soon became a partner in the

firm. He gradually became well recognised in his particular area of law. His opinion was greatly sought after and he spent a lot of time consulting with important people.

Sybil, on the other hand, worked intermittently. She had two children and found it difficult to get good positions when she moved in and out of her profession. She became resentful of Norman, partly because he was so busy and away from home so much, and partly because she envied his success and thought of herself as a failure. She said with bitterness and sarcasm, 'I am a woman with a great future behind me.'

She also thought of Norman as weak. He never stood up to her and avoided confrontations, and she recalled that he had been this way since their university days. He had never stood up to his mother, who dominated him. The greatest scorn she poured on him was when she told him to get out, which she often did, and he never had the guts to go. This she told him in no uncertain terms.

The crunch came when one day he left. Sybil came to see me and related the above story. She continued saying that to her surprise and distress, she felt devastated. Norman had left three months ago and since then she had wept, was depressed and unable to cope. She had thought of herself as self-sufficient and strong. One day she couldn't bear it any longer and she cried on the shoulder of a friend. She hated herself for this and felt very awkward about being such a burden.

To her surprise she found she wanted Norman back. She didn't know if he would come back and, if he

did, whether they would make it together. She then went on about the many conflicts between them: money, his mother, the children, sex, and so on.

I listened carefully and then set about pointing out connections between various themes. I thought I had grasped the issues and was making helpful and illuminating comments which she would find useful. Yet, when I finished, to my surprise she seemed disappointed. It was time to stop, but I was curious so I said, 'You seem let down and even upset by what I said. Why?' Sybil answered, 'You didn't listen to me. I don't want you to understand my predicament. I certainly don't want help in solving it. As I told you, I feel awkward burdening my friends with my unhappiness. All I want is to come here and cry - and pay for it.'

## No Time to Change

**M**ichael, a GP, had referred people to me from time to time. He knew his patients and their problems. He seemed caring and interested and his patients always spoke of him in this way.

One day he rang and asked me to see his wife and

himself urgently. We arranged an appointment for the next day at 6 pm.

They arrived together and Michael said: 'My wife, Susan, has left me. I love her and she is very important to me. I desperately want her to come back. The trouble is I work 16 to 18 hours a day. I'm not like some GPs, my patients are my life and I'm very committed to them. My wife hates it; she resents me never being home. She put up with it while the kids were young even though she was upset that I was not more involved. Now she's had enough. I don't blame her. I fully understand.'

He continued: 'It's even more serious. I have very high blood pressure and I've been told that unless I slow down I'll probably be dead in a year or two. But, to be honest, the way I run my practice - I don't even have time to go to the lavatory. Worse still, I was very close to my father and am haunted by guilt that I wasn't with him when he died. I didn't even go to his funeral. I was called to see a patient and I had to go.'

While Michael spoke, his wife listened quietly. He would have continued but I stopped him, indicating that if he didn't mind I'd like to hear what Susan had to say. She spoke softly: 'What he said is absolutely true. I'm not just thinking about myself, though it's not much of a life for me. It tears me apart to watch him killing himself. Now that the kids are grown up I'm not prepared to stay. I don't think he's going to change. I am happy to come here with him and talk about our problems, but I'm not going back till there

is some change. Today was good, it's the first time we've sat down and talked. For 20 years he's been promising to change. I don't believe it anymore.'

Michael then said: 'I know it will be hard. But I want her back and I will change, or at least I'll try my hardest.'

'What about you both coming next Monday at 4 pm?' I asked.

'Oh no. Monday afternoon is my hospital session.' Michael replied.

'How about Thursday week at 6?' I tried.

'Oh! I'm sorry, but I run a special clinic on Thursday evenings.'

Several different times were suggested, but none was possible. It was well over the hour and I said: 'Why don't you work out a time that suits you and ring me? I'll try my best to fit in with you.'

I never heard from them again.

## A Difficult Customer

A psychiatrist rang and told me she had just seen Mrs Kinnane, who had come into hospital complaining of back and neck pain. After she had been in

the orthopaedic ward for a week, all investigations proved negative. She was then sent to Psychiatry.

The psychiatrist had just finished interviewing the patient whom she found totally uncommunicative. Somehow she did manage to find out that at one stage I had seen Mrs Kinnane and her family. She asked me for more information about the patient.

'Does Mrs Kinnane know you are ringing?' I asked.

'Oh no, she doesn't; she is very resistant.'

'Perhaps she wouldn't want me to tell you anything.'

'You don't understand. She's a very defensive patient.'

'You mean, perhaps she prefers to keep things to herself.'

'No, it's not that. She's just an unco-operative and hostile woman.'

'Perhaps she values her privacy.'

'But I need to know so that I can help her, she is just being oppositional.'

'Well, I don't feel free to reveal confidential information without Mrs Kinnane's consent.'

She carried on, describing her patient as withholding, defiant and denying. Eventually she gave up with poorly concealed disgust at her misfortune in encountering such a passively hostile and resistant colleague.



## Better Late Than Never

One day I came home and my wife, Tesse, told me she had just had a long telephone conversation with the mother of an ex-patient who had wanted to talk to me. As I wasn't there she had talked to Tesse instead. I had seen her son 15 years earlier and she remembered at the time that I had said to her: 'The trouble in my work is that we only hear when things are bad, never when they are good.' So she had decided to let me know things had worked out well for him, and she was so happy. He had just been appointed a university lecturer in veterinary studies.

Though I immediately recalled the name of the patient, I had to struggle to remember the details. Sometimes I do hear from patients after finishing with them, usually after a few months or a year, not 15 years later! This was very intriguing and I kept thinking about it: 'How come she rang me after so long?'

Gradually it came back to me. Tom always arrived with shoe boxes containing his various pets. Many of our conversations were in pets' metaphors. Then I recalled the clinical problem. Tom at first attended school regularly and was an excellent student, topping the class in a few subjects. His father was a headmaster and all the family were very ambitious and perfectionists; only the very top was acceptable. Then

quite suddenly he had refused to go to school and the effect was devastating both on him and his parents. When therapy came to an end, Tom was again attending school regularly and doing very well.

A few days later it suddenly hit me; only now that Tom had gained a university lectureship did his mother feel he had achieved his, or maybe her, goal.

I remembered that I had been pleased with the result. Now the telephone call made me wonder if I had underestimated the extent of his mother's ambition and anxiety. When I discussed it with Tesse, she said: 'Maybe you ought to give it up. Somehow you can't win. Mostly you don't get the good news at all. When finally, 15 years later, you do, you realise that way back you didn't fully understand the issues.'

## Out of Control

**M**r Adams was a quietly spoken gentleman. His ex-wife, Marilyn, had been in London for six weeks and was due back in 10 days. She had rung to tell him to talk to me about Hugh, their 17-year-old son, and to arrange a family appointment as soon as possible after her arrival.

Mr Adams used words economically and a little hesitantly: 'Hugh never did well at school and left two years ago. Since then, his main interest has been hanging around pinball parlours with a few mates. He keeps saying he will look for work but has never really tried. He is angry and violent, last time I tried to talk to him, he picked up a bike chain and almost went for me. I'm afraid of him and avoid visiting him. Marilyn and I have been separated for many years. My daughter is married and living overseas. Hugh lives with his mother and I have my own flat where I live alone.'

I tried to draw him out further but he indicated that his ex-wife would be more capable of answering my questions. He gave the impression that he had done his duty and had nothing to add. He did say that Marilyn was a fashion buyer and travelled a great deal. We talked about a convenient time for a family appointment. He said Marilyn was returning Thursday week and suggested Friday for the family meeting.

I said: 'I teach all Friday and am unable to arrange interviews for that day. If we make it Monday or Tuesday, you will have the weekend to talk things over and for Marilyn to get some rest.'

Mr Adams tried to insist on the Friday, but an appointment was made for Monday afternoon. His parting words were: 'I'm not sure Hugh will come.'

When I came to work that Friday, my secretary told me that Mrs Adams had telephoned. She wanted to speak to me urgently and insisted I ring as soon as I arrived. I asked my secretary to ring and say I

was unable to do so personally as I was teaching, and to ask Mrs Adams to tell her the problem. During the morning coffee break I heard that Mrs Adams was very upset and insisted on talking to me. She had said Hugh was out of control and violent and she was frightened of him. He had taken her car and was driving it without a licence and she was frantic about what he might do.

I asked my secretary to ring back and tell her I realised it was serious and a difficult situation and I understood her concern, but I did not have time to talk to her, and in fact was reluctant to give advice over the phone on the basis of my present information. It required proper attention and I preferred to leave it till I met with them all on Monday.

At lunch break, my secretary was on the phone again, distressed and close to tears. She thrust the phone at me: 'Would you please talk to this woman, she is abusing me.'

I took the receiver and was assaulted by a torrent of words: 'You know, it is ridiculous that there is no-one to talk to in case of emergencies like this. It's a very serious problem: my son is out there driving my car, he could kill someone or get killed. I'm afraid to be in the house with him...'

I struggled to get a word in: 'I can hear how desperate you are, and it seems for good reason. There are emergency services available and I am happy to tell you what they are. From what I understand this is a complex and difficult problem and I don't want

to do the equivalent of open-heart surgery on the run.'

'Well, just tell me what to do,' she said.

'Without meeting you all and hearing everyone's views, I don't feel I can give you any worthwhile advice. But on the basis of what you've told me, perhaps you might consider calling the police.'

'Oh! I couldn't do that. That would antagonise Hugh and drive him further away from me.'

'Well it's just that sort of consideration that makes me reluctant to advise you over the phone. I have to go now, we'll get together on Monday and talk.'

'Sorry, but I can't come on Monday. I'll be out of town, I have to go to the country for a few days.'

'Well that's your decision to make.'

'I'll think about it and let you know.'

Later on Friday she rang to say they would be coming on Monday at 4 pm.

At 2 pm on Monday she rang to apologise that she could not come, she had to go to the country and she would contact me as soon as she could.

That was the last I heard of the Adams family.

## One Up – Two Down

A distinguished 40-year-old architect, Ron King, came for an appointment. After a few pleasantries I asked what brought him to see me. He replied, 'I got very good reports about you.' Then he described his investigations into my work and finally, like a headmaster to a star pupil, told me I had passed the test with flying colours.

Having taken about 10 minutes enumerating my credentials, he launched into his own history. He was a very successful architect; had done an excellent university course and post-graduate studies in America. He was on numerous committees and boards as a consultant, and lectured in his speciality at university. Since he was financially successful, he had invested astutely, and at times financed his own projects.

He described his home, as architecturally and aesthetically perfect. His four children went to the best schools and were all good scholars. One was an A-grade tennis player, another a gifted pianist and the others were equally talented. His wife was the best of mothers, taking an active interest in their schooling, sport and other pursuits. She was an excellent home-maker, cooked well, decorated the house, was a gracious hostess and had been helpful in his career.

While he was going on at length, I started to worry that time was running out and I didn't know why he

had come. So I ventured, 'Look we have to stop soon. Could you tell me why you are here today?'

He replied, 'Well, er... well, I also have a girlfriend. We have been having an affair for the past three or four years.' He then went on to sing her praises. The girlfriend was really exciting, quite unpredictable and often came up with new things to do. She was great in bed and kept him young.

I was somewhat confused and asked, 'So what is the problem?' He answered, 'It's difficult, because I have to decide between them.' As it was time to stop and I was not clear about the issues, I suggested he come back to clarify them. Mr King again sang my praises, commenting on how carefully I listened, the good timing of my questions and indicating that the conduct of our meeting met with his approval. He agreed it was a good idea to come again and an appointment was made.

A week later he started by saying how impressed he was with me. Then he presented a balance sheet of the relative merits of the wife and girlfriend. It was a repetition of the previous account: his wife provided him with security, comfort, familiarity and a wonderful home; the girlfriend provided excitement, spontaneity, youth, good sex. It was not at all easy to decide between them.

I tried to say that for someone like himself, a successful man used to being decisive, it must be hard to seek professional help. He didn't seem to hear or respond to this and continued with his balance sheet.

Once again, time was passing without getting to

the heart of the matter. I ventured again: 'What is it that you want from me?' He said: 'I would like you to help me to decide.' I said, 'Why decide? It seems to me you've got the best of all possible worlds. Obviously, it has been working well for three or four years; why change a winning combination?' He appeared uncomfortable for the first time and said: 'The trouble is, two or three weeks ago my wife found out, and issued an ultimatum: either her or the girlfriend, not both.' I said, 'I still don't understand how I fit in.'

His composure deserted him and I wasn't sure I understood what he was trying to say, so I attempted to clarify his words. 'Are you telling me that coming to see me would give you breathing space? That while you are seeing me, you could tell your wife that you are trying to resolve the problem and come to a decision? That you are using it to demonstrate your serious commitment to solve this predicament?'

He seemed somewhat taken aback, as if he had been found out and said reluctantly and a little sheepishly, 'I guess so. That is what I'm saying.'

I said, 'So you are telling me that coming to see me helps to leave things the way they are, helps to avoid change?'

He again indicated this was the case. I said, 'The problem is, it is time to end this interview. Do you want to return and discuss it further?'

He replied, 'I'll think about it and let you know.' He never called back.



## The Normal Family

**A**t Williams Road Family Therapy Centre there is a good library of video tapes of different families with different problems. One of my colleagues commented that it was unfortunate that the library did not have a video tape of a 'normal' family. We decided to remedy the situation. We told our friends, colleagues and students that we would like to interview a 'normal' family, assured them we would be discreet and not delve into any embarrassing areas. We offered to pay the family and to arrange a time suitable to it.

Weeks passed and no family turned up. We kept reminding everyone with no result. We explained that we were happy to use any family which regarded itself as normal, or any family that our colleagues considered well functioning and able to cope with its problems. Still the lack of response was deafening.

We then decided to advertise in the local paper specifying the above conditions. Again nothing happened. We readvertised, but the silence persisted. We enquired once more from our colleagues and students. After prolonged questioning, one of our students said that he vaguely remembered, when standing at a street corner in Bendigo, seeing a car pass in which he thought he saw a family that appeared normal, but the car was travelling at such a high speed he couldn't be sure.

After another week of advertising and searching we decided to give it up; plainly there was no such thing.

When Tesse, whose feet are closer to the ground, heard, she said, 'Come off it; there are plenty of normal families out there. They have enough sense not to respond to your advertisements.'

## The Family Knows Best

A family was referred because the school was concerned about a 12-year-old boy. I saw the family for a while, but after some initial improvement, therapy seemed to get stuck. I tried different tacks but to no avail. Eventually I decided to tell this to the family. They intimated that they were pleased to hear it, since it freed them to tell me that what they really wanted was for me to test their son. In fact they chose me because I was a psychologist. I was reluctant to do this, since at this stage of my career, psychological testing was anathema to me. They were, however, very persistent and, as I couldn't think of anything better, I agreed.

I saw the child by himself and gave him a number

of tests including the 'Family Relation Test'. No new insight or additional light appeared.

I arranged for the parents to come alone to get the results of the tests. They were very happy and impressed with my report. It was then agreed that the whole family would come to the next session. However, father came alone and told me that his wife was 'secretly, a heavy drinker'. This was a source of great anxiety and he'd made numerous unsuccessful attempts to get her to seek help for her problem.

The test results had had a profound effect on her. The 'conclusive scientific evidence' of her son's love for her as shown by the Family Relation Test was deeply reassuring to her. Father thought it was very important for her to have irrefutable objective evidence to show that she had not been a bad mother, in fact, rather a good one. This made it possible for her to see her general practitioner and agree to be hospitalised for her drinking problem.

Her son's love for her had been clearly stated in earlier sessions, but only when 'objective scientific evidence' *proved* this point, was any real impact made.

At times, it is not until an impasse is reached and we admit to it, that the family feels free to disclose what they really want. Often our patients' wishes are unacceptable to us. Painfully, however, it is not until we accede to them, that the family starts to improve.

When I related this story to a friend, he said, 'This reminds me of the Jewish mother who, when told her son looks beautiful, replied, "Wait till you see his photograph!"'

## Owning Up

**L**iz was a young psychologist who, for the two years since her graduation, had spent most of her time doing formal psychological assessment. She then took a position in the country in a large psychiatric hospital. Her job included counselling and working directly with patients. One of her first patients was a woman in her fifties who had been diagnosed some 20 years earlier as a schizophrenic. She had been in and out of hospital. Over the years she had been seen by numerous psychiatrists and other professionals, resulting in a large file detailing her complicated psychopathology.

Liz was keen to alleviate the woman's suffering. She worked with her for some time, and seemed to be getting nowhere. By demonstrating her skill and expertise, she had tried to win the patient's confidence, but to no avail. She had lately become interested in family therapy and had joined my supervision group, to which she related this story and asked for help. The group was very interested. After questioning her, it became obvious that Liz felt upset and frustrated. She carried the emotional burden and suffering of this patient without at any time being accorded any control in the patient's life. Whatever she had suggested was never carried out.

Though the group was keen to continue the exploration of Liz's feelings and her therapy, after a while

I felt it was time to try a new direction. I suggested to Liz: 'Would you consider going to this woman and telling her that you are new at your job and it is very important for you to succeed in one of your first cases. Unfortunately it seems you are not able to help her. Tell her that you have been very anxious about the fact that you are inexperienced and in contrast she is older and wiser, has been in and out of hospital, talked to many psychiatrists, and has a wealth of experience about the different medications and how they work.'

Liz's response was mixed; in a way the suggestion appealed to her in that she could be honest and unburden herself. Intuitively she sensed that doing this would encourage the patient to behave in a more responsible fashion. Yet she was also hesitant to make such a disclosure, fearing its detrimental effect and that it might reduce the patient's respect for her or, worse still, lead to complete rejection.

I offered some theoretical reasons why it might be a good idea. This woman was very isolated, wanted a child and never had one. Thus she might be delighted to adopt *her*; 'bring her up and educate her' in how it is to be a patient. My suggestion also entailed Liz giving up on her therapeutic zeal to change and reform this woman; often such commitment to change is likely to be anxiety-making in the patient, reinforcing her rigid responses. Acting in the way suggested brings about reversal by which the patient is in charge and therefore the fear of losing control is likely to be alleviated.

The group joined in and worked out additional

reasons for this being a good move. Finally, I told Liz that if it didn't work out she could put the blame on me. By then she was very eager to go back and try this form of therapy. She no longer felt that seeing her would be drudgery and hard work.

Two weeks later Liz reported back to us: firstly, the patient told her off for thinking she hadn't been helpful up till then, for why would she continue to come? 'Do you think I'm crazy?' Then she told her that all the doctors didn't really know what was wrong with her. She knew that she was suffering from vitamin deficiency and she was treating herself for just that. She liked to come to hospital from time to time. She missed some of the people there.

Liz kept me informed of the 'progress' of the case. She proved to be an interested and keen student and her patient was an informed and patient teacher. A comfortable relationship of mutual benefit developed. With the passage of time there was more discussion about Agnes's life, family and interests, and her sickness faded into the background.

No person is as crazy as their file.

## Nothing New

**B**ob had been depressed on and off for most of his life. In his family, depression was the order of the day. The atmosphere was serious and morose. Even the daily chores were an incredible burden for his mother. His father was a hard working man, who was socially isolated and regularly took to his bed for several days in a depressed state.

Bob, in his early thirties, was a university lecturer in an engineering school. He was struggling to complete a PhD. He had always been hard working and serious. In the last few years, he became so concerned about his depression that he consulted a psychiatrist who put him on antidepressants. He tried hard to fight off his depression; he thought of it as a weakness, so he continually told himself to pull up his socks and not give in to it. Most of the time he was unsuccessful and was angry and reproached himself as no good, weak, and a bit of a no-hoper.

From time to time he discussed his problem with his friend, the local doctor. Bob told him that taking antidepressants was against his principles. His friend suggested he talk to a psychologist, and referred him to me.

After Bob had told me his problem in great detail, I said, 'If you can't beat them, join them. It seems the harder you try the worse it gets. Perhaps you need

to accept the depression as part of you. It is possible, I think, that it may be your way of expressing a wish for closeness and loyalty to your father. Some people think of depression as a disease, as a foreigner which invades your body and mind, yet your unhappiness may be an internal signal indicating that life is not as good as it should be; perhaps you are missing out on important opportunities and not taking full advantage of your potential. If this is so, it would be better not just to accept your depression, but welcome it and attend to it. It may help you to get to know yourself better.'

Somehow these sessions seemed to help and his depression lifted. Gradually Bob started to talk about his marital difficulties. After a while we decided to ask his wife to join us. She readily agreed.

Lee was a university lecturer in the history department and also completing a PhD. She had grown up in a violent household in which much alcohol was consumed. She had been subjected to both physical and sexual abuse. In fact, hers was a most horrific account of family life. Her struggle and ability to overcome such a difficult background, to complete her education and get where she had, was most impressive. She was a real fighter.

Lee went on to say that she found the marriage frustrating because so much time was spent in bickering and arguments. She believed this was just on the surface, at the heart was their failure to be really close and intimate. She found this painful. She missed it and yearned for it.



I said, 'Given your background, I think it would be exceedingly difficult to achieve your aim. Your family has provided a very poor model for intimacy and closeness.'

With anger and determination Lee said, 'If I had until now conducted my life on what I saw at home, I'd probably be in prison, or in the gutter. So if it kills me or takes me the rest of my life, I'll get there. We will make it.'

I thought to myself, how can you achieve intimacy and closeness just by conscious effort? Yet her past record showed that when she set out to do something, she did it.

As time passed, the relationship between Bob and Lee improved. They were more content and there was even some closeness in their life. There was still one fly in the ointment; their disastrous sex life. One day I said, 'Why spoil a good friendship with sex?'

Lee said, 'You mean our problem is that we are trying to keep up with the national average?'

I said, 'Well that wasn't exactly what I was trying to say, but perhaps you're right. Be that as it may, I'd like to suggest that you give up sex for a while - say until you both finish your PhDs.'

Once they agreed to give it up, their sex life improved, and their intimacy deepened.

Months later, I met their doctor friend at a dinner party. He told me that they were both fine, Bob had finished his PhD and was offered the high position he had been after. He certainly didn't need any antidepressants. When he had asked them about their

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contact with me, they had said, 'It was alright but, quite frankly, he didn't tell us anything we didn't know already.'

## **PART III**

**Seeing isn't believing**

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**The Pot Plant**

**Cleaning Up**

**A Polished Performance**

**On Ins and Outs**

**A Privileged Man**

**The Co-therapist**

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## The Pot Plant

**A** common agony described by parents, more often by mothers, is the doubt and self-blame associated with bringing up children. They consult experts, read books, listen to the media, yet often this makes matters worse.

In my consulting room there is a plant which is just alright, with nice green leaves and the occasional

flower. It looks better than some and worse than others.

My children gave it to me for my birthday. It looked beautiful, covered with flowers and with glossy green leaves; there were many buds and it promised to flower for months to come and be even more glorious. I was keen to look after it well, to make sure it developed and reached its full potential. After a few weeks some flowers died, and no buds came out. I asked my friend who is a keen gardener what to do. He advised me to water it more often.

This I did conscientiously and with anticipation. I watched carefully and for a while it seemed to be working, but after a few weeks the plant looked worse. This worried me and soon I couldn't tolerate the anxiety; I talked to another one of my green fingered friends. Without hesitation she recommended less watering, and indicated that I had been overdoing it. I faithfully followed this advice. To my dismay there was no improvement. The flowers drooped and died, the leaves lost their gloss and it was just another pot plant.

I broadened my field of enquiry and was given wide-ranging suggestions which boiled down to the fact that my caring had been too inconsistent. I continued to care for the plant as well as I could and thought to myself, 'Perhaps in my room this is the best it can do.'

Some months later I bought another plant at a sale. I put it outside and forgot about it. It flourished.

## Cleaning Up

**M**y relationship with Mrs Wilson, our cleaning lady, has given me some useful metaphors. The simplest is my favourite.

In the first interview, families often comment with some surprise that since making the appointment, they have sorted out some of their problems. I tell them that I am glad my waiting list is so therapeutic. Perhaps it parallels what happens at home.

We always tidy up before Mrs Wilson comes.

## A Polished Performance

**T**he first National Family Therapy Conference took place in Melbourne in 1980. For several years there had been many discussions and at last it was on. The organisers were anxious whether or not there would be much interest and were delighted when about 250 people enrolled. The pre-conference circular had said 'Mr Lang will give the keynote address and set the

tone for what we expect to be a great conference.'

It was an important occasion representing years of planning and work, bearing fruit at last. As one of the organisers I was very pleased but, as the giver of the keynote address, I was petrified. I always felt anxious in front of a large audience. I was not sure I had ever heard a 'keynote address'. When I discussed it with Tesse, she reminded me we had heard one at an overseas conference, but it wasn't much good.

To deal with my anxiety I encouraged my friends to attend, but then realised that they were likely to have heard everything I wanted to say. I tried to re-label my anxiety as excitement, but I wasn't successful, so I decided I would write out my speech in full rather than depend on the usual notes. I read it out to Tesse who said I kept emphasising the wrong words and my foreign accent became more pronounced than ever.

At last the day arrived. My address was scheduled for 11 am. For the past three weeks I had raced against the clock and had finished everything the night before. This morning I got up, went on my regular run, showered, had breakfast and was ready with nothing to do. I walked around the house like a chook without a head.

Tesse, a true strategic family therapist and therefore aware of the importance of timing in relation to intervention, realised this was her chance. She suggested I polish my shoes – something I knew she had secretly wanted me to do for about three years.

Immobilised with anxiety and therefore unable to



think of anything better to do, I accepted her suggestion.

My keynote address was favourably received, but, to my surprise, no-one commented on my brightly polished shoes.

## On Ins and Outs

I was invited to play tennis at the home of a man whose reputation for cheating in the game had gone before him. He was extremely wealthy, used to giving orders and calling the shots. I watched as some of my friends played him. There were frequent arguments on line calls and, as the game progressed, my friends lost concentration, became angry and usually conceded when he called balls that were well in 'out'.

At last my turn came. I was determined to look after myself and not allow my host to rattle me. I decided, come what may, I would not argue, as winning or losing a game of tennis is not worth spoiling a sunny day.

The game started. Balls three or four centimetres inside the line, he called 'out'. As time went by, balls 20 centimetres inside the line were called 'out'. At no stage did I question his calls. I gave no indication that I had noticed anything, but everyone watching

began to mutter and laugh. He became increasingly confused and angry. Finally, his game went to pieces, and he lost.

The decision to look after oneself has unexpected benefits.

## A Privileged Man

When I woke up on Sunday morning I felt good. I had a game of tennis lined up and the next week promised to be exciting and rewarding. Therapy with several patients was going well and I was looking forward to seeing them for the last time before the Christmas holidays. Some interesting new patients were booked in. Our own Christmas party was organised for the Thursday. The weather forecast was hot and I looked forward to my daily swim.

My tennis that morning was really in touch and my net game particularly sharp, I intercepted and put away my opponent's shots. Out of the blue, 'BANG', I was hit in the right eye with a tennis ball. I saw stars, felt weak and groggy and was helped off the court. I sat quietly on a lounge with a cold wet rag over my eye.

My wife, Tesse - who has her priorities right and who is a physician - finished the set; then she had a good look at my eye. She noted that the pupil was fixed and dilated and ascertained from me that it was still painful. She decided to take me to the Eye and Ear Hospital. After an appropriate waiting period, I was seen by the eye specialist on duty. He told me that I had a haemorrhage in the anterior chamber. The main complication is that five per cent of people develop a further haemorrhage, which may result in impaired vision or total visual loss. He also said that with total rest and quiet only one to two per cent have this complication. He therefore recommended immediate hospitalisation for five days.

Tesse asked: 'What will he do in hospital?'

The doctor said: 'Just absolute bed rest with both eyes covered.'

Tesse said: 'Well, I can see to that at home.'

So we came home and I went to bed. I suffered from the imposed immobility, my back ached and my eye hurt, and even my good eye felt irritable. Worse still, I was supposed to do it all in bed - a prospect which was so daunting that, despite the risk of a further haemorrhage, I very carefully and slowly walked to the toilet.

On Monday afternoon I said to Tesse: 'Look, let's get another opinion. Ring your friend, the professor, and ask him what he thinks' hoping he could recommend more active treatment.

She talked to the professor, who agreed wholeheartedly with the doctor saying, 'Yes, the only thing for

it is bed rest with only toilet privileges.' Upon hearing this my depression lifted, the loss of my exciting week, my physical discomfort and my anxiety over my possible loss of vision, all evaporated. I was a lucky man who no longer had to feel guilty, because now I had been granted toilet privileges.

## The Co-therapist

**I**n 1975 my family and I went overseas for a year. When we reached our destination we needed to rent a house. We saw one advertised and went to look at it. When we arrived we saw a small Alsation, a handsome graceful dog, which kept his distance from us. The owner told us he wanted to rent out the house and dog for a year. We said we would like to think about the house, but we would certainly be interested in looking after the dog for him. We were all feeling 'dog sick', since we had left our own dog back in Australia.

In the end we took the house, partly persuaded by our kids, who felt it was more like home than other houses. We were also pleased that 'Bookie' didn't have to change homes.

At first Bookie was diffident, somewhat frightened and surprised by our friendliness. When we went to pat him and play with him, he would cower until he realised we had friendly intentions and then he responded, but only minimally. Obviously, he had not been allowed inside the house and, even though we coaxed him with food, he would not come in.

Finally, after some weeks of coaxing, we felt we had achieved a great victory when Bookie very tentatively came two steps inside the house.

One day a little mongrel arrived from nowhere and, to our delight, adopted us. He was as friendly and active as a little monkey, and made himself completely at home immediately. Nothing was out of bounds for Chiny. In no time he and Bookie were playing, rolling and chasing one another around. In fact, after a week or so, they were scampering in and out of the house, not even noticing where they were. Not only did Bookie come into the house, but somehow Chiny wrought a whole personality change. Bookie, from being a somewhat fearful and, at times, morose dog, became friendly, confident and playful.

Chiny – just by being himself – in two weeks achieved what a well-trained psychologist, an experienced physician and two young devoted dog lovers had not been able to do in weeks of trying.

We had chosen this house for two other reasons. It had an air-conditioning system to make the extremely hot summer more tolerable; and attached to the house was an office with a separate entrance, in which it was suitable to conduct private practice. This

office was a converted garage with doors at either end. This was fortunate, since the air-conditioning never worked, and with both doors open, a good through-breeze cooled the room. When patients were seen in this room, Chiny, not knowing about confidentiality visited here as he did everywhere else and felt quite at home. Sometimes he would come in and go to sleep under the desk. At other times he would snuggle up to the patients and lick them. Often the effect seemed most therapeutic.

At one point a couple came to me with many marital problems. Their relationship to each other was 'Bookie-like' - fearful, distant and untrusting. They spent a lot of time growling at each other.

Chiny's effect on their interaction was most subtle. When the husband, Hans, was in the middle of a diatribe against his wife, Dahlia, Chiny would move close and lick him. At first Hans tried to push him gently away, but finally succumbed and started stroking Chiny. It was remarkable to watch Hans' face. From being red and angry, it gradually softened and a pleased look came into his eyes and a slow smile spread on his face. His voice changed and he struggled to continue his angry, bitter, belittling attack on Dahlia, while such different and expert therapy was going on under the table.

Dahlia had difficulty in comprehending the nature of Hans' communication. It was most confusing; there were double, triple and multiple messages, and particularly, a lot of incongruity between the verbal and non-verbal communication.

At times Chiny attended to Dahlia. When she was being criticised by Hans, Dahlia, instead of looking hurt and angry, suddenly had a loving comfortable look on her face as Chiny did his work. Hans, seeing this didn't know how to go on.

Here was one co-therapist doing all the work, while his colleague collected the fee and the credit.

## On Dental Pain and Rough Treatment

**M**y regular dentist was a well-known, highly regarded man with a long waiting list. His rooms were comfortable and calming with soft lights and music. Whenever I saw him, he would enquire with interest and concern about the health of my mouth. After inspection, he always commented that I hadn't brushed my teeth properly nor often enough and that I had neglected to use dental floss.

He would ask me to open my mouth and tilt my head. As he was such a good dentist, with a most gentle touch, I always tried to do as he asked; but I was never able to live up to what I deemed necessary

of a patient fortunate enough to have such a dentist. I always left feeling physically comfortable but emotionally unworthy.

One day, I needed a tooth extracted. For this I was referred to an oral surgeon. He was well known for his clumsy, painful touch. Friends who had been to him gave me a knowing smile as if to say: 'You're in for it mate.' With shaking knees and fear in my heart, I sat in the dental chair. As I expected, he was rough, he was clumsy and it did hurt. But, all the time he kept apologising profusely, repeatedly warning me that it would hurt more. Increasingly my heart filled with compassion for this unfortunate man. I kept reassuring him that I was alright, not to worry, I could take it, worse things had happened. But he kept apologising; all my attempts at reassurance failed.

When I left my mouth was sore, but I felt great.

## A Shining Example

**S**ome years ago a television crew came to interview me at my home. On the appointed day I waited anxiously for the telecast. As I watched I kicked myself for forgetting to raise some important points. After-



wards I had mixed feelings since some parts had been edited out, which had changed the emphasis here and there. I had talked about the work of some of my colleagues, and since I expected that they had also watched the interview I was waiting to hear from them. I hoped that I had presented their work accurately.

Since I had touched on some sensitive social issues, I was worried that I might have offended some of the 'experts' on whose fields I had encroached.

As I paced up and down, feeling anxious and uncertain about the response from my friends and colleagues, I waited for the phone to ring.

To my surprise the first call was from Mrs Wilson, our cleaning lady of many years, and by now a firm family friend. She was upset and indignant because the interview had taken place in the kitchen and she felt our lounge-room was so much nicer. Worse still, I hadn't told her it was to happen and everybody could see the kitchen taps in the background and they were not as shiny and clean as they should have been.

After that, all other calls were an anticlimax.

## Making a Living

A well-known painter in his young days was struggling to make a living. He went from one dealer to another trying to sell his works, finally to be told: 'If you paint something nice that people like, such as flower pieces, then I could sell them.' He was indignant and unwilling to compromise his artistic integrity. Hunger has a way of eroding people's principles and, in the end, he succumbed. He signed these works with an 'L' for 'living'.

Years later, when famous, he visited friends. Across the room he saw a painting; he couldn't take his eyes off it. It had a superb touch and seemed somehow familiar. On close inspection, he saw the 'L'.

He was astonished to see how well he had painted in spite of himself. The necessity 'to paint to order' had blinded him to its true quality. Perhaps the licence to be 'bad' released his latent creativity.

# Money

**I**n my early days as a family therapist, I vividly recall families hinting at themes involving money. For a long time I didn't even acknowledge them and then, when I did, I was most reluctant to take up such matters. Eventually, after thinking it through, I realised I was affected by the prevailing ideology which placed a taboo on talking about money and such practical matters. This taboo is perpetuated and supported by many.

A few years ago I was working with a family in front of my colleagues. I involved myself in the family's arguments about money. After the interview my colleagues criticised me for wasting valuable therapeutic time on such a trivial matter. I was later comforted by a friend's remark: 'When our patients pay us with sex, we will feel free to talk about money.'

This reminds me of a story. A doctor was invited to a school to give a talk on sex. During question time, one of the children asked: 'Doctor, have you ever had venereal disease?' (The answer is not recorded.) The next student asked: 'Doctor, how much do you get paid for this lecture?' The school prefect turned on the boy and said: 'Don't get personal with the doctor!'

## Saving Money

**I**n the town of Elizabeth, the Health Commission decided to renovate and extend a suburban home to convert it to a Community Health Centre. The plans were approved and public works sent two reliable workers to do the job. At the next Health Commission meeting, questions were asked about the progress of the work. No-one could answer, so they decided to appoint a supervisor. The supervisor was a man of initiative; when he looked up the rules he found he was entitled to a part-time secretary, since he was in charge of two men. The secretary, being conscientious and hard-working checked the regulations and found that a team of three people was entitled to a part-time driver. This increased the mobility of the supervisor and the secretary. At one time, the latter was visiting one of the State Libraries and in the rules she found that a team of three full-time and two part-time people was entitled to a part-time tea lady.

About a year later the Commission met. There was a lot of anger and anxiety about the escalating cost of the new centre. It decided to appoint a systems analyst. He looked into the problem in depth and submitted his recommendation: 'The most effective cost saving would be to retrench the two workers.'

## Expertise

**T**he house at Williams Road is a large Victorian building with spacious rooms. At last a permit was granted for a family therapy centre with four consulting rooms. Being such a centre, a one-way screen was needed. After investigating a number of centres with one-way screens and finding out the firms which installed them, we called for quotes.

The experts came to measure the size of the screen, to assess the wall that had to be knocked out and to measure the light from all directions. Finally the quotes came and varied between \$8 000 and \$11 000. They seemed excessive.

At this time a newly-arrived elderly Italian carpenter, whose English was poor, was doing small jobs in the building. Over a cup of tea I asked if he could install a one-way screen. After explaining what was meant and showing him where it was to be, I again asked if he could do it. He seemed surprised, 'No problem it is just a big window frame. It will cost \$200 to \$300, but you must get the glass.'

I then rang a large glass company, explained what was needed and asked if they could supply it. Again there was no problem; two sheets of glass, one mirrored on one side and the other plain for sound proofing were required. The cost would be between \$300 and \$400.

A week later I had my one-way screen - cost \$600.

Downstairs at Williams Road are two very large rooms separated by beautiful wooden sliding doors, three meters high and four meters wide. These doors did not slide or shut properly. I had asked a few well-established cabinet makers to fix them. One said it would be necessary to unhang the doors, take them away and adjust them and then rehang them, but he would not guarantee they would be right. Another refused the job saying it was too difficult. I was looking for a third company.

My Italian friend, who was working on a window in the room, said 'Do you mind if I try to fix the doors, they are so beautiful it is sad they do not shut.' I said 'Please go ahead.' He stood on a ladder, adjusted here and there with his screwdriver and, presto, they were fixed.

## It's Not Cricket

**I**n Israel, in October, the weather is perfect. Swimming every morning in the Mediterranean you feel caressed and comforted by its blue water. After yet another lovely day we had tickets for a concert to be

held in the small theatre in the Tel-Aviv Museum.

That evening with the stars shining and a pleasant breeze blowing, we walked to the concert hall. The museum is architecturally pleasing and we were able to view the collection before the concert started. This is always a pleasure.

The concert was a recital by a superb English soprano singing with chamber orchestral accompaniment. She had a magnificent voice. I was enraptured and totally engrossed in her performance.

All of a sudden Tesse turned to me and asked, 'Don't you find the cricket very disturbing?'

I replied, 'What cricket, what are you talking about?'

Tesse said, 'That cricket, the one that's making all the noise. I don't know how she can sing with all that competition.'

The rest of the concert I kept wondering how I had been able to enjoy it so much with that cricket chirping; in fact how could the singer concentrate? My perfect day ended on a sour note.

### *Discussion*

It is interesting to speculate on the significance of this story and its social implications.

1. There is an Arabic saying that God gave us eyes so that at times we could shut them. We could assume that the same applies to ears. Denial has its place.
2. To hear properly and enjoy some things, you need to *not* hear others. There is a Jewish saying: 'You can't dance with one behind at two weddings.'

3. Communication in general and marital communication in particular is not always what it's cracked up to be.
4. Bliss is transitory and easily dissipated.

## Life Cycles

**T**he Australian Health Authorities were very concerned about the high incidence of malaria in New Guinea. They sent health education teams to all the villages. The teams had large posters to show the life cycle of the malarial parasite and the part the mosquito played. After explaining the posters they suggested ways to eradicate malaria.

Months later, when the teams returned they were disappointed to find none of their suggestions had been followed. After exploring the reasons why, they were told: 'We don't have your problem, our mosquitoes are very small, nothing like those big ones you showed us on the posters.'

### *Discussion*

1. Message transmitted not necessarily message received — even in far away places.
2. Seeing isn't believing.



## **PART IV**

**But what will I talk about  
next time?**

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**Ilene**

**A Changed Status Quo  
How to Stop a Nagging Mother  
Remembering to Forget  
The Patient Daughter  
Memories  
A Very Boring Person  
A Case of Mother Bashing  
Worlds Apart  
Sugar and Spice  
Coming Together  
Unseen Comfort**



## Ilene

**A** Mother Superior from Bendigo rang to refer one of her students, Ilene, 15, for therapy. She was very concerned and agitated and gave the following long and detailed referral.

'Ilene, over the past year, has had a crush on two of the teachers and during the same period on a girl, Julie. I regard Ilene's attention to Julie as harrassment and

mental pressure. Ilene continually rang Julie up, hanging up when she answered. She also ran away from home and sat in the park opposite Julie's home. She inflicted injuries on herself, such as cutting and bruising herself, and she pulled clumps of her hair out and then would come to school and tell Julie that her mother had done it, so that Julie would worry and feel sorry for her. Julie's parents complained to the school about Ilene's attention to their daughter. The situation became disruptive at school because all the girls knew about it and they called Ilene 'psycho'.

'I have had many talks with Ilene and have found that, under pressure, she becomes verbally paralysed. This lasts for several minutes and her face contorts. She admits ringing Julie up. I asked Ilene's parents, Mr and Mrs Glass, if I could speak to their priest. He said, off the record, that in his opinion the whole family needed therapy.

'I told Ilene she could continue coming to school, but she was not allowed to speak to Julie under any circumstances. Ilene persuaded some of the weaker girls at school to make representations to Julie on her behalf. She rode her bike at night a long way to sit outside a teacher's place. Another teacher saw her and drove her home, but didn't go in to see her parents. I have told her parents she cannot return to school until she receives help. I have said the treatment must be ongoing.

'Ilene has been ringing several teachers and also Julie's family all the time. Mrs Glass rang and accused a teacher of "having it off" with her daughter. Ilene

rode to the teacher's place and refused to go home. The teacher contacted a friend who took Ilene to a Women's Refuge where she stayed the night. Mrs Glass rang the next day and accused me of harrassment. I found out that Ilene was at the refuge and told Mrs Glass where her daughter was. At no time during the first conversation did Mrs Glass mention that her daughter had not come home that night. The teacher suggested Ilene see a child psychiatrist.

'The psychiatrist had suggested that she should go for a rest and assessment to a Psychiatric Hospital. Her parents refused because Mrs Glass's mother had been committed there when Mrs Glass was 16.

'Ilene, by now, has missed eight weeks of school and is badly behind in her work. I feel a failure at this stage would only complicate things. I suggest that she gets a job until next year and then returns to school to do her fifth year again. I have offered her next year's tuition free. This will allow Julie to get through this year with no pressure from Ilene and will also give Ilene, next year, the chance to pass her fifth year with relative ease. I will not suggest this to Mr and Mrs Glass because I feel they will think I am pushing Ilene out.'

The Mother Superior requested an appointment for the family, but I asked that Mrs Glass ring herself.

Mrs Glass rang to confirm and said that she had two sons, one 17 and one 19 who lived away from home. I said it was important for them to come, they could be very useful, and I would like to see the whole family.

Mrs Glass enquired about my fees. I told her and explained that they were not rebatable. She seemed concerned. Since from the referral I considered therapy might be prolonged, I suggested that, if fees and distance were a problem, I could recommend a local psychiatrist whose fees would be rebatable. But she insisted on coming to see me.

Mr and Mrs Glass and Ilene arrived on the appointed day. I asked why Ilene's brothers hadn't come. Mrs Glass said angrily that she asked them to come, but they had refused point blank. I asked Mr Glass how he felt about them not being here. He seemed as if he didn't want to get too involved and said, 'You can't make anybody do anything.'

Mrs Glass spoke on behalf of the family. She said the school had it in for Ilene. They had expelled her, even though they didn't put it that way, and they would not have her back unless I recommend it. They were calling her a 'psycho' and a lesbian.

I tried to widen the field of discussion. Mrs Glass kept returning to the subject and providing more detail and evidence to support her view. I tried to involve Mr Glass in a discussion. He was reluctant and all he did was support his wife. He also volunteered that he noticed his wife was very upset about the situation and this did concern him.

Ilene's conversation was limited to, 'They say I'm psycho and lesbo.' Before long Mrs Glass turned to me and said, 'What are you going to do? When will you tell the school to take Ilene back? I want you to tell them to stop harrasing her.'

I said, 'I understand the urgency you all feel. It must be a difficult situation for you. I would like to make such recommendations, but I don't feel I am, as yet, in such a position. Your account and the school's version are different. You haven't given enough information for me to act on.'

I was uncertain during the session whether Ilene was switched off or involved. Probably a combination of both. Father seemed mildly annoyed and upset. Mother was angry and disappointed and demanded I make some recommendation. I tried to be sympathetic to her feelings, but remained firm that I was unable to do anything without knowing more. I put the following options to them. Since they were dissatisfied, perhaps they would want to forget about therapy and not return, or I was happy to recommend someone else. As I was saying this, they indicated they would come back, but there was some reluctance to do so and also concern about the cost.

I said that if they did come again, it was more likely to be productive if their sons came too. Alternatively, they might decide, after some thought, that it might be better if I spoke to Ilene by herself. To Ilene I said, 'I wasn't sure if you were unable or unwilling to talk to me today. You may like to write to me and bring it to the next session.'

Only Mrs Glass and Ilene came to the next session a week later. Mrs Glass started by asking me what I was going to do, and whether I'd been in touch with the school and told them to take Ilene back.

In short, this session was a repeat of the first, but

from my point of view, worse. At the end, I emphasised that the sessions were frustrating and unproductive, and repeated that if all the family came it might be better. I refused to make any recommendation until I had a better understanding of the situation. Despite all this Mrs Glass insisted on coming again. I repeated that it seemed to me she might leave the next session as frustrated, annoyed and empty-handed as today. She repeated how difficult and expensive it was, but left no doubt that they would be back the following week.

Throughout this session, Ilene kept quiet, apart from saying, 'They say I'm psycho and lesbo.' As they left Ilene handed me the following letter.

*The Mother Superior is the person who separated me from Julie. She reckons we were lesbians. I know I'm not, and I am bloody well sure that Julie isn't. One teacher is really good. I used to talk to her if I had any problems, but Mother Superior didn't allow me to go on talking to her, as it was against the school's policies. I trust Julie more than anyone I have ever trusted. I tell her everything, everything I do, everything. I suddenly realised this year that I wanted to talk to someone older, someone more like a parent. After knowing this teacher for only a week, I went and talked to her. It was OK in the beginning because I went say three times a week for half an hour each time but the more time I spent talking to her, the more I had the urge to visit her to talk to her again and again until at home one night I couldn't stop*



*myself from wanting to ring her up, even though I knew there would be trouble with the school.*

*Some nights I would ring up at least six times just to listen to her say 'Hello; Hello' and then I'd hang up. At school I couldn't concentrate on work because I became dependent on wanting to talk to her. During this period I felt the need for many talks to her and Julie. To escape from my own fears and hurts, I used Julie as a person to talk to and I felt it was my duty to stick up for her if anything went wrong with her. It made me happier talking to her. I loved playing netball, and she played in my team.*

*When I ran away once, I went to my grandparents, which is pretty far from where I live. I get on well with grandma, but, at her age, all she is interested in talking about is the news and everything that's wrong with teenage kids today. My mum dislikes my grandmother very much. Recently my grandmother had a stroke and my grandfather can't really look after himself. My mum is a very jealous woman and so I know that this is why I am unable to be too close to my father, brothers or grandparents. Although I know that my mother has always loved my brothers better than me, and my father has loved me more than my brothers, I still think that sometimes my mother has a sort of love for me. I saw Julie as some sort of motherly form and when I was told I was never again allowed to speak to her, I wrote a poem, and I told her I wished that I could live with her family.*

*Although I know I have a love, sort of, for both of my parents, at most times I can't cope with living*

*in the same house with them and them with me. I know all families have plenty of arguments and all that, but, at the stage I'm in I hate being at home, as going home I know I will have to face another fight.*

*At school one day I got a razor blade and made three big cuts on my wrist. At that moment I was hacked, I couldn't cope properly at all. It is not all the time that I feel like killing myself, only sometimes. At night, and almost every night, I can't get to sleep. As soon as I hop into bed, I start crying and the pain in my head and chest seem sometimes like I am going to die. I hurt myself and bash my head on the wall every night and now I hate going to sleep. Some nights I just lie awake, because in my dreams are bad things and I am scared stiff of some of the dreams I have been having. I wish we didn't have to sleep.*

*Some days I go through agony, especially the last four weeks when I spent a lot of time home by myself. A girl who plays netball and doesn't work was going to come and visit me. I waited all day, and I sat staring out the window, sitting in the same chair. I didn't get up to get any lunch either. She wasn't able to come. At 4 o'clock in the afternoon, I knew she wouldn't arrive. I felt like killing myself, then I kept belting myself and I even made myself sick. I ran around the house, hitting my fists against the wall, and I cried and screamed. I hate life at the moment and I wish there was some way I could be happy. I've tried everything. I cry almost every day, but the thing is people don't know I'm hurt and I know that, inside my heart*

*and inside my head are suffering; but I don't let anyone see this as I put on an act and just smile and talk like a normal person would. Sometimes I have trouble breathing when I am all psyched up and I feel very uptight, nervous and tense for no reason at all. More tense than anything.*

*I can't understand why I am not normal, and that I cannot go to school and I can't understand why I can't cope alone and I can't understand why, when people like you are trying to be good to me I seem angry, upset and aggressive.*

*I have been unable to talk with many people. I had another best friend, she went away and I never heard from her again. I really, really liked a school teacher and I have many fantasies of her being my mother. I still like her very much now, and when I ran away last week, I rang her at 11.30 at night, then I rode my bike to speak to her. It seems that I always choose the wrong persons to become friends with, as she wouldn't let me come in as she was a teacher and she was unable to help or else she'd lose her job. So she got her friend to take me to a Women's Refuge where I stayed the night.*

*There is no one person to blame for the reason of why I am like I am, it is just because I am me. I know there is something wrong with me and I know I cannot solve it as it is too complicated and mixed up. This is the reason I need someone who I can talk to, who is older than myself and who may be able to understand why I am like I am. There is something wrong I know, and people have told me so. My mother*

*also believes that I need help, I know I do but I am too vain to want to get it. I won't pretend that I'm OK when I know I'm not, and I wish I was. I am sure you will be unable to help because I am too far gone and I don't believe some place like a mental hospital or whatever can help me. I know I am very sad and I can't get out of being in this state. I wish I could, if I knew what to do, or how to do it I would certainly try anything. This is why I want somebody to talk to, and at the moment I can't trust anyone. I know I should be able to but my brain says, 'No Ilene you can't say anything you shouldn't have to' and in my mind all the time there is such a large mixed, confused fight breaking out in it all the time. I only wish there was a way out of being me. I can only think of suicide and I keep on thinking, and soon if my mind won't let me speak, I surely will hurt myself again. I am unable to cope properly. I am hacked.*

*Ilene Glass*

I felt moved by her sadness and confusion. I rang Mr and Mrs Glass and told them I found the letter informative and helpful and I believed that the next time I would be able to offer some suggestions and recommendations.

The following morning Mrs Glass rang and cancelled their next appointment. A few months later I heard that Ilene had been admitted to a mental hospital.

## A Changed Status Quo

A woman rang and with much distress told me that her son, Ian, refused to go to school. He was totally isolated and extremely unhappy and at times talked about killing himself. He hardly slept and often complained of feeling sick, which entailed numerous visits to the doctor. She said that her son would refuse to come, just as he refused to go to school and had, in the past, refused to go to any other therapists. If somehow he did come, he wouldn't say anything and wouldn't come again.

I recommended that she discuss the idea of coming to see me with her husband, if he agreed then she should talk to both her daughters and son about it. Specifically she should tell Ian how very distressed she was at his non-attendance at school and that it was affecting the whole family; that it was a family problem and therefore they should all come to see me. In my experience, if it is presented as a family problem, hardly ever does the child refuse to come.

A week or so later the parents, Maria and Tony, and their son, Ian came to the appointment. Tony had a printing business; he came in his overalls, his hands stained and he walked back and forth like a caged lion waiting to get out. It was obvious that the only thing on his mind was to get back to work. Maria, slightly overweight and a little unkempt, looked

worried and totally burdened by her concerns which could spill out without end. .

I met them in the waiting room and after noting their appearance, I asked Ian how old he was. He answered 13. Both parents started in surprise and Ian stammered, 'No, 15, sorry, sorry.' In all my years of practice, I do not recall a child dropping two years off his age.

In my room, after seating ourselves, I asked why their daughters had not come. Maria replied that they didn't come because they were alright. Tony said Anna was studying and Sophia was at work and he felt it wasn't right to disturb them. After a few further preliminaries, I asked them to tell me the problem and why they had come.

As Maria began to speak it was as if her whole body expressed the pains and burdens that unfolded. She spoke with love and sensitivity about Ian, and it was as if she experienced his anguish and distress before he did and with the same, if not greater, intensity.

She related that his refusing to go to school had started at kindergarten, when he cried and kicked and refused to eat before he had to go. The kids at school were cruel, laughed at him and took his things. His real name in Italian was Angelo, but the kids mocked him calling him Angie - so after a while his parents changed his name to Ian. His school attendance record was probably one of the worst I have ever heard - he averaged perhaps 60 days a year during his school life. Since he was a very capable boy, he had managed to keep up with his studies.

Maria continued that he had hardly any contact with his peers or anyone else, except at the weekend when he played with his younger cousins. He went to bed very late and often had nightmares. As a result he often slept during the day, did his schoolwork with her help and her close supervision, and he in turn helped her with her cooking, cleaning, shopping and other chores. She also gave me a long list of his illnesses saying she had trouble working out whether his complaints were real or not.

Maria's main concern was Ian's long periods of unhappiness; he was often in tears, talked about his wish to die and the possibility of killing himself.

As Maria talked, Ian appeared totally in tune with her feelings; he provided the emotional expression for her words. It was as if he reflected an amplified mirror image of his mother's feelings.

While this emotional sequence transpired between mother and son, Tony kept looking at his watch, fidgeted with his hands, cleaned his nails and every so often seemed about to stand up and walk out. He conveyed that he was wasting his time, it was women's work to talk to a psychologist.

I asked Tony how he saw the problem. He said, 'I love Ian, the trouble is Maria spoils him. I work 18 hours a day, make good money, so that we'll get somewhere. I told Maria to take some money and enrol in gym classes, go to a dietitian, lose some weight. She used to be a champion athlete. Ian is too soft, he needs self discipline - that's what he needs. I told Maria to take him to the park to play football with

him and help him to be tough so he can stand up to the other kids. I talk to Ian a lot about practising self discipline – you don't get anywhere without it. But it doesn't do any good, he always stays with his mother.'

While Tony was speaking, Maria kept shaking her head in disagreement and appeared hurt and irritated. As soon as Tony stopped speaking, they began to argue about the merits of their respective ways of handling their son. While the parents exchanged verbal blows, Ian began to sigh and almost sob apprehensively.

I then talked to Ian. He confirmed his mother's story. He also said that he tried his hardest to go to school. He attempted to describe the sheer terror, anxiety and pain of this. He wanted to explain to his parents why he didn't go, that it was not that he didn't want to go, he just *could not*. On top of this the fact that he had been away for so long made it very difficult for him to return – the kids would ask him where he had been, what he had done, why didn't he come, how he got out of it, and so on. This also made him afraid to go out in case he met them.

Maria was upset that her husband had no time for Ian. Both parents expressed concern over his boredom and the fact that he always stayed at home. Towards the end of the session I was keen to see if the family was able to make any change. I queried if Ian could spend some time with his father at his printing works. Ian replied that he was too busy playing the piano and, anyway, it was too dirty.



I told the family that I had some ideas about the problem, but I wanted the daughters to come next week to see how they fitted in. The parents raised some practical objections, but there was also the implication that they did not want to contaminate them with Ian's difficulties. Eventually my insistence prevailed and they agreed to bring them to the next session if they could.

To the next session, four family members came. Anna had an off-hand, blustery, confident manner of pseudo-maturity, yet was an attractive and articulate girl. She said that for some years she had also had difficulty in going to school, but the combined insistence by both parents made her go. She recalled being unhappy and uncomfortable at school. Initially Anna had been presented by the parents as a success story. Before long, however, it emerged that she was selfish and inconsiderate. She used the shower for hours and then monopolised the bathroom again to put on her make-up. She went out a lot, came home late with her friends and started playing music very loudly. She talked on the telephone for so long that her parents had found it necessary to instal another line.

To my questions, the parents revealed that they were angry and resentful of her outrageous, insensitive behaviour, and were totally ineffectual in dealing with it. As Anna's role was discussed, there were frequent allusions to Ian's behaviour, in contrast, as highly sensitive, exceedingly concerned about everyone's welfare, and deeply caring, so much so that his own well-being came a good last to the needs of others.

During these two sessions it became clear that the parents' relationship was unsatisfactory. They failed to meet each other's needs, and there were frequent intense rows. They both felt misunderstood, angry and lonely. Tony, while he was doing well, was most anxious about his business and felt very stressed. He suffered with a bad back and continuously swallowed pain-killers. Maria was worried about her health, had frequent headaches and suffered from nerves. She lacked confidence and was preoccupied with what people might say. Her friends and family took advantage of her, for she was unable to assert herself and could never say, 'No'.

Towards the end of this session I suggested that perhaps Ian's refusal to go to school was the supreme expression of his self-sacrifice; forgoing his own interest and well-being for the sake of the family. Ian was capable and intelligent and knew it was important for his future to attend school, to study and to have friends; but so deep was his commitment to his family that he needed to stay up late at night to prevent his parents having destructive fights and also stayed home during the day to look after his lonely and anxious mother.

All four told me in their own way that they agreed with this and had been aware of it for some time, even though they had never acknowledged it to each other.

Ian's response was the most dramatic. He burst into the most uncontrollable sobs and with a sigh here and a word there, tried to confirm and provide addi-

tional examples. For instance, he had petrifying nightmares about his parents harming one another and often stayed awake at night listening and, if he heard them fighting, he would call out complaining of feeling ill.

Throughout the session Sophia was not mentioned. To my specific enquiry they said she had left home three years ago and refused to be involved.

Anna did not come to the next session. Her parents indicated that her university exams were more important. I wondered if it were not another expression of her selfishness. Yet, in some way, I felt it was fair enough.

At the next interview numerous examples were given of Ian's tendency to put his own well-being second to his role as the family caretaker and peacemaker. He openly acknowledged having the skill to put on an 'asthma-like attack' when his parents' fights got out of hand. Towards the end of the session, Tony reasserted in a loud and irritated voice his conviction that the problem was simply due to his wife's failure to exert appropriate discipline, take his son out and play football and make a man of him. As they all agreed that Tony had had only minimal say in Ian's life to date, I recommended that as an experiment Tony should be fully in charge of family life, and whatever he said should go. They all accepted this as a good plan.

Tony and Maria, at the next session, plunged into intense and bitter mutual accusation as to why the plan had failed. Ian fluctuated between sobbing and

attempting to divert his parents from their fight.

Over the next four sessions, I emphasised the importance of Tony and Maria working together as parents in dealing with their children. As I attempted to discuss how they could discharge their parental responsibilities in unison, they would raise other issues: Tony's business worries, interference by in-laws, Tony spending time playing cards but not having time for Ian, Maria's inability to lose weight, and, central among these, was their marital frustration and disharmony. With some misgiving I suggested I work with the two of them to try and sort out some of their problems. When the two of them came to discuss these difficulties, they added that they were worried about their sex life, which was non-existent. But very soon they returned to the old familiar theme of mutual accusation of responsibility for Ian's problems.

I tried other methods with only minimal success. Ian showed some signs of change, while his parents continued in their usual way. Eventually I thought it would be best to work with Ian alone. He was eager and co-operative and his parents went along with this suggestion.

Ian came weekly for about nine months and during this time described at length horrific anxiety, giving vivid details of being dragged to school, and of the fights over it. He talked of the pain and humiliation of being taken to various 'experts' and the unpleasant contact with some of them. He described his excruciating anxiety over the well-being of his family and the intense feeling of impotence in being una-

ble to alleviate their distress. As an aside he mentioned that Anna had made a suicide attempt some years ago, and Sophia, who had never listened, went out all the time and had to have an abortion.

Gradually the expression of pain gave way to expressions of anger and resentment towards his parents. New themes crept in about how to deal with his own life. After some discussion and role rehearsal of how to cope with joining a group, he joined a painting class and a church group. He also started correspondence school, coping well with it.

At one session, after about eight months of regular contact and the occasional meeting with his parents, Ian was particularly pleased; he'd had an offer to exhibit his paintings; he had made some new friends and life was really exciting. I shared in his delight, but reminded him that I was anxious about him neglecting his unhappy fighting parents.

The next time he begged me to agree that he miss the following session, and see his parents instead. When they came would I please tell them that they were very good parents, it was not their fault, they simply had a lazy, no-good son. If I said that, then they would perhaps allow him to continue to see me, otherwise he was worried that they would stop him. Over the last few weeks they had increasingly threatened to stop him coming. I agreed to him giving up his appointment for his parents if that was acceptable to them.

The parents arrived and since I hadn't seen them for a while I asked if they had noticed any changes in Ian. For a minute or two they mentioned a few

minor positive changes, and then said that they recognised that he was very critical of them. He now blamed them for his past and present difficulties. They said they knew they had been bad parents, and that they kept running one another down, but could I please help Ian to see that they loved him, and that in their own strange way they were doing their best for him.

They returned to the old refrain. Tony said: 'The trouble is you don't take him to the park. If you lost some weight, you could play football with him and make a man of him.' And Maria replied: 'If you only had a minute in the day for your son, and didn't play cards, but spent the time with Ian...'

As they left they agreed that Ian could continue to come, but when the going got rough they knew they would not be able to refrain from threatening to stop his visits.

I remembered my first conversation with Maria who was so sure Ian would refuse to come. I re-read the note Ian had given me at our last session:

*My mother has a complex that it is all her fault. Often she says, 'Ian your eyes are glazed, you look pale.' Now I answer, 'I know Mum that you expect me to say I feel terrible that I want to go to bed, and could you please get me some Aspros. I used to do that because I was a good son. I can't anymore even though I know you want and expect me to do it.'*

*I go out quite a lot now and my friends say I act like a baby because I keep ringing my mother. What can I do? While I am having a good time I suddenly remember that she is lonely.*

## How to Stop a Nagging Mother

Vivienne is 22. She is not married and her social life is not very exciting. The former does not worry her at all, but she is a bit concerned about the latter.

One day Vivienne came to her session bursting out with, 'I can't stand it, I can't take it any longer. My mother won't leave me alone. She goes on and on about me getting married. When? Why not? What are you doing about it? Every time she hears of someone getting engaged or married or having a baby, she says, "You see, see how good it could be. When are you going to do something? There are so many nice boys, etc etc etc." It's too much.'

We list the various ways her mother tells her directly or indirectly to get married and I press Vivienne for more.

She replies, 'She goes on from morning to night. She never stops.'

'Yes, but what does she say?' I ask.

After two minutes Vivienne runs dry. We agree it is a puzzle - her mother goes on and on, day after day, and Vivienne, after two minutes, runs dry. She continues to say she can't take it and that it will drive her crazy.

'If you don't like it - have you told her so?' I ask.

'Yes, again and again. Then instead of being direct she approaches it in a different way. She says, "Did you notice in the paper that your friend Rachel's young sister got engaged." Then she starts on about my sister.'

'Are you sure you want your mother to stop?'

'Yes, I am.'

'Perhaps this is how your mother expresses her love and concern. If she stops you may miss it.'

Without saying so, Vivienne conveys to me: Don't be stupid. So I say: 'If you're sure, perhaps try this. Go home and write down what your mother says every time she tells you directly or subtly that it's TIME. Prepare a detailed catalogue for me and bring it along next time.' With some doubt but also enthusiasm Vivienne agrees.

Next time she comes with her catalogue of her mother's methods. It is also evident that during the week some unusual events have occurred. Every so often Vivienne missed exactly what her mother said. She asked her to repeat her words and wrote them down - she was paying attention. Mother finds this strange, her daughter is listening with interest. In fact when I read the list I am very impressed with the many ingenious ways in which mother communicates her constant message.

I asked Vivienne to rate the list in order of frequency from one to 30, type it out nicely and bring me a copy, keep one for herself, and have one available for her mother. I suggest to Vivienne that she tell her mother the whole story, and ask her if she would like a copy. Her mother, of course, wants a copy.



Next time, I tell Vivienne to try to anticipate what her mother is about to say and before mother can finish she is to interject with, 'Oh, you mean point three.' 'This time it's point nine.' 'Oh, that's point 23.'

Perhaps every so often to say, 'Mum, it's two days now since I heard point 19 - I'm beginning to miss it.'

A week later Vivienne came in high spirits. The time had passed with lots of laughter. Whenever mother started to say something, Vivienne said 'That's point one.' Both immediately burst into laughter.

After a few weeks of no nagging, Vivienne somewhat sheepishly confessed that she was missing it - a bit.

## Remembering to Forget

A psychiatrist referred the Shaw family, mother, Joanne 30, Martin 28, and Faith 18, who was named after her mother. In the first interview Mrs Shaw explained that she was worried about Faith, who was always painfully ill at ease and didn't like any company outside the family. She had always resisted going to school and being with other children. Also Faith seemed to have total amnesia for events before the

age of 10. It emerged at a later stage of the interview that the amnesia started about the time her father died.

As mother talked, Joanne and Martin would chip in to support the basic story, and indicated that they, like Faith, also felt ill at ease away from the family, had not enjoyed school and continued to have social problems as they grew up. Though their problems had been similar, they both thought that Faith's were much more severe.

Mrs Shaw agreed with them. She had been more worried about Faith and from the beginning of school had taken her from one therapist to another. Faith herself was accepted at university in the current year; about halfway through she had dropped out. Since then, for about four months, she had stayed by herself in her flat and had done nothing. They all felt it was a waste, for they knew Faith was intelligent and talented. When she was five, they said she could do complex maths and they gave other examples of her intelligence.

Faith confirmed what they said and added that university was a bore. It was true she didn't like mixing with other students because most of them were boring and stupid. In general she said life was boring and without meaning and there was no point in busting your guts.

Mrs Shaw became a bit tearful and said what worried her most was Faith's apathy, general disinterest and lack of caring about anything at all.

Over the next few sessions the four came. Mrs Shaw,

Joanne, and Martin talked freely and eagerly. They gave more details about their difficult adolescence, their problems at school and their very slow social development. Mrs Shaw included some of her own childhood and adolescent memories. Their stories bounced off each other, one leading to another. Even Faith, on occasions, added little touches of her own. Every now and then they would stop and look at me anxiously, asking me if I was terribly bored. I assured them I was not.

By about the fifth session, while Faith was not as active as the others, she was becoming involved. She kept repeating that life was without meaning, boring and there was no point to it. I encouraged her at this session to talk more about this, and also to ask the others to comment. Some of their interchanges led me to say that her life sounded terrible. She talked as if she were dead, nothing mattered, nothing excited or affected her. I said she might as well be in the grave – or maybe the flat was that. The ‘apathetic’ Faith became distressed and endorsed my description. I had put her feelings into words.

In some way I had *got* to Faith. I was surprised that next time the three came without their mother. They explained that Mrs Shaw was extremely upset last time and that she would never darken my doorstep again. They were furious with her. They said it was typical; their mother had dragged Faith to one therapist after another and, just when something was about to happen had taken her out of therapy. They agreed that the last session had been important and

the start of something, yet at that very point their mother had wanted them all to stop coming. They weren't sure at first what to do, but decided to talk to me. They said they were glad their mother wasn't there, since they felt that she, not Faith, was the main problem. They described her as controlling, manipulative and hysterical. She used the girls as ornaments and they all mattered only for their social effect.

I asked what they wanted to do. After a short discussion they agreed they shouldn't let their mother manipulate them, and would continue to see me without her. I agreed but suggested they tell mother she was welcome to come back whenever she chose.

They related all this to Mrs Shaw, and agreed to pay for the sessions if necessary, but since she had begun the therapy they thought she should continue to pay for them. Mrs Shaw accepted this.

In the next few sessions the three compared notes about their mother. To their surprise each found out the extent to which they were angry with her, and each revealed there were times when they wished she were dead.

Faith remembered that her father had spent many hours putting a stamp collection together. He did it when he was ill and he had said it was for her. In the past year, when Faith was living away from home, her mother had given many of the best stamps to various relatives in order to impress them. Faith could not understand, let alone forgive her mother, for behaving in such a way.

Then Martin recalled that it had always been his

job to put out the rubbish bin. He was never allowed to do it when it was convenient for him; he had to do it at night so that the neighbours wouldn't see him. Also, since he had to be impeccably dressed he had to change before taking out the rubbish.

They felt they would be better off without their mother and without her destructive influence. Over the years, she turned them against each other, telling them half truths which created hostility between them.

This led them to tell me of their mother's background. She had been brought up strictly. She was full of fears and inhibitions which she struggled to overcome, and she often felt guilty. Then they talked of their dead father. Joanne and Martin remembered him well and, at one session, Joanne became sad and talked of how much she still missed him. She started to cry more than she ever had about his death. The next time she told me that for the first time she felt kindly towards her mother. Faith said that she remembered that her father was dying of kidney failure. He was ill in bed for a long time and everybody knew what was happening, but nobody told her. Until after his death, no-one had talked to her about his illness or said he was dying and all this time though she knew, she had to pretend she didn't.

Facetiously I kept reminding her: 'Hey, don't forget - you've got amnesia before the age of 10.'

As a result of all the discussions, their attitude towards their mother became more positive. They talked more to her and after a while she agreed to come to some sessions.

Mrs Shaw told me that she grew up with terrible feelings of guilt and superstition. She was determined to bring her children up differently; much more freely. Throughout life she could never ask anything for herself. Only by being ill and going to hospital could she have time to herself. She also confirmed her children's accounts that she went from each one to talk about the others.

However, over the last two years she felt better. She had friends, played cards, went to a reading circle and socialised. She was pleased that her children were sorting things out and beginning to cope better with their lives, and she was happy to be relieved of the burden and be able to get on with her own life.

Mrs Shaw came again on two occasions and wrote me a number of letters. She had married against her mother's will, but never regretted it, and then had her children without thinking of whether she wanted them or not, but because that is what one did. She tried to do her best for them. She was particularly keen to protect them from a painful childhood like her own and was puzzled when, instead of finding them happy and grateful, she found they were angry and critical of her. She felt totally confused.

When they came next time, the usual talk about their mother began. I said, 'Do you know the joke about the three Jewish mothers?' They indicated they didn't, so I told them.

The three mothers met in a café. They started to compare notes on their sons - their unending occupation. The first one, 'you have no idea how much

pleasure I get from my son. He is the most successful barrister in town. He has a large house with a tennis court and swimming pool. He goes on overseas trips with his family' . . . and so on and on.

The second one, 'Oh, that's nothing, my son is the best and most famous doctor in Melbourne. He has rooms in Collins Street, an appointment at the university and has published many papers. He is probably going to be knighted for his services to the community.'

The third one, 'What's that? Nothing! That's a good son? My son goes to see a psychiatrist every day, rain or shine, sick or well, every day he goes, and he talks about only one thing - me!'

Joanne and Martin laughed and agreed that it was time to leave mother and start living. Faith decided to come on her own to discuss her future plans.

The next few months Faith and I talked about her interests, friends and career possibilities. She decided to take up nursing. She began by giving herself a name of her own choosing. 'Faith' was an uncommon, old-fashioned one which she had never liked, and the fact that it was her mother's name added to her dislike. When she enrolled at college, she put down Katherine Shaw. When she told Joanne and Martin they were disconcerted but thought: So what? Maybe it's fair enough.

When she told her mother, it was as if she had dropped a bomb; her mother was speechless and turned white and said at last, 'Just after you were born, your father and I had a terrible row, one of the few we ever had. I wanted you to be called Faith after

me, but he really wanted to call you after his mother. I couldn't stand her so I was dead against it. It was one of the few times I took a stand and insisted on getting my own way. His mother's name was Katherine.'

## The Patient Daughter

Joan, in her late thirties, came to see me about her marriage and her career. As the sessions progressed it emerged that she was particularly unhappy with her painting. Her art was important and at times had been moderately successful, but she believed she could reach the top. She was keen to explore what prevented her from achieving her full potential. As this exploration continued, it emerged that she was the eldest of five siblings, all of whom were exceedingly talented. Father was a well-known and well-liked doctor. Mother was a talented ballerina who had decided that being a wife and mother was more important. Joan's siblings were all successful in their careers of medicine, literature and music.

Joan had seen a number of psychiatrists from an early age. She had always helped her mother with the younger children, and had spent time looking af-



ter elderly relatives. Her role had been that of nurse and social worker in the family. The more she spoke about her wish for success in her art, and her role in the family, the more convinced she became that the two were interconnected. She believed there was a subtle expectation, perhaps even a wish, for her to fail. She felt this had been present from early childhood. She recalled many occasions when success was followed immediately by a period of embarrassment, unhappiness and shame. As she kept talking, she could see the family contribution to her inability to enjoy her occasional success.

I suggested it might be useful to involve other family members in therapy.

She was tremendously enthusiastic but I cautioned her that there would be much preparatory work. This Joan undertook, becoming curious about many family matters which had been shrouded in mystery. She spent hours talking to her family, seeking information and clarification. She recalled a feeling of closeness to her father until she was eleven, when it abruptly ended and was replaced by a distant, cold, somewhat hostile relationship.

One of her brothers always seemed to be against her and she tried to find the cause of this. As earlier questions were answered so others arose. Consequently, much time was spent with her family prior to the anticipated family session.

Eventually it was arranged. Mother, father and one brother arrived. One sister was away; the other brother had indicated it was time Joan grew up and left her

parents in peace, as they were too old to change, and anyway he wasn't interested; her other sister had promised to come but didn't turn up. Joan was hurt and distressed, after all she had done for them over the years, they had declined to come to this meeting which she had made clear was very important to her.

She opened the meeting by saying that her relationship to the family was not as good as she would like – she wanted it to improve. She also said she hoped this meeting would release her artistic creativity, or would help to remove the obstacles that stopped her from being more successful.

Her father interrupted and said he thought the problems were:

- 1 Joan was overweight. He had told her this on numerous occasions. She had lost weight once or twice but never stayed that way.
- 2 She smoked and didn't get enough exercise.
- 3 Since her university days she mixed with the wrong people. She became involved with unsuitable men and, worse still, was an active women's libber and espoused causes totally repugnant to him.

The rest of the family had their say. There were three further sessions which were characterised by highly emotional tense and eventful interchanges. Each session brought new revelations, but in the end there was no agreement as to whether the sessions were good or bad, helpful or destructive. After the fourth meeting I decided we should leave it for a while and, if they wished to later, they could make contact.

I continued to meet regularly with Joan. For the

first few weeks, Joan claimed the family meetings had been very useful. She discovered how little they cared for her, and felt the best thing to do was to stop any further contact with them.

Later, she indicated that contact with the family had been re-established and was becoming increasingly positive.

Four months after this I received a letter from Joan's father, Dr Kay, written on his medical paper, in typical illegible hand.

*Dear Mr Lang*

*Please advise on the diagnosis and management of Joan Kay Smith.*

*Yours sincerely*

*Dr M Kay*

I was dumbfounded and couldn't decide how to respond. I consulted some of my colleagues and eventually decided to tell Joan about the letter and ask her what she wanted me to do about it. To my surprise she was very keen for me to write back.

Joan saw her father's letter as his characteristic way of expressing interest and concern and she was eager to respond to it. Her father had always regarded her as a psychiatric patient; this was a golden opportunity to communicate that she no longer accepted this label and that she felt that she was a capable, well-functioning person.

I asked her to prepare a background letter, which she would like to write to her father and include any information which would help me in writing the letter.

At the next appointment she said she had spent two most painful, difficult and exciting weeks. She had composed and written and rewritten this background letter to her father. With Joan's help, the following letter was finally sent.

*Dear Dr Kay*

*Thank you for your interest in your daughter Joan. We have discussed your letter at great length and with her help I am replying.*

*Joan originally came to see me because she was concerned about her marriage and career. Other issues emerged, a paramount one was Joan's failure to fully realise her artistic potential. Also she became aware of a wish to improve her relationship with you and other family members.*

*You may recall that I was impressed with the mutual loyalty and concern displayed by your family. I believe this mutual concern and caring made the family meetings intense and at times painful. Joan told me that she and her husband are absolutely delighted with the positive and warm relationship that has developed between them and you in recent months.*

*They also told me that you are a popular and loving grandfather to their daughter. Hearing this and other positive comments, leads me to conclude that the family meetings, at least as far as Joan is concerned, were extremely useful.*

*Over the years I have worked with many doctors and their families, and I find that often it is quite difficult for all concerned to separate the doctor/patient aspect from the spouse and parent/doc-*

*tor relationship. I guess that you and Joan have had similar difficulties over the years. The marked improvement in your relationship in recent months makes me confident that this problem will also be overcome.*

*I hope you find this letter of some help. I will be happy to discuss it further if you wish.*

*Yours sincerely*

*M Lang*

Had her father's letter been written in a friendly way by a concerned parent to find out how his daughter's therapy was progressing, I might well have seen it as inappropriate. If he was concerned and interested in how his 37-year-old daughter was getting on, the natural thing would be to talk to her directly.

In this case, he had also been in therapy with me, and for him to write an impersonal letter, as a doctor about a patient, not even acknowledging her to be his daughter, seemed to involve gross denial and be totally inappropriate.

However, family members often know each other better and Joan saw a unique opportunity to cement the important improvements that were occurring in her relationship with her father. She used me and our letter as a stepping stone in relinquishing her role as young daughter/patient to her father/doctor, and to establishing the appropriate role of adult daughter to an ageing father who found it difficult to change his ways.

## Memories

As part of a research project involving the use of videotapes, I had seen the Peters family consisting of parents and five daughters. After the first interview a group of us had reviewed the tape carefully, discussed it and tried to predict what effect the interview would have. Three weeks later during the second session the family reported dramatic changes. The reason for the changes they attributed to something very specific in the first interview which none of us had noticed. After the second session, my colleagues tried to see if they could pick up the specific 'intervention' that brought about these changes. After repeated and careful reviewing of the tape no-one could pick it up.

What actually happened was that during the first interview mother said, 'In a female family such as ours,' at which point I interjected and said, 'I beg your pardon?' She said, 'I'm sorry' and went on.

She reported that she went home and, feeling devastated, stayed awake night after night thinking about what she had done to her husband all these years. This sparked off many painful and previously avoided discussions in the family.

Eight years later I received a letter from Mrs Peters. She wrote saying: 'I don't know if you will remember but you saw our family many years ago. Since then

four of the girls have graduated, three are married, Joyce is living at home but working full-time, and Patricia is doing well at school. I have some spare time and would like to do some work in your field. Could you advise me?’

I was pleased to hear from her since I remembered the family, but my memory was limited to the above account. I replied to her letter, at the same time indicating that I would be interested to know, how, in retrospect, the family viewed their therapy experience.

A few weeks later the following letters from each member of the family arrived.

From Mr Peters:

*I remember being apprehensive about going to the meetings – particularly the first. I expected you to tell us and advise us. I was surprised when we sat in a circle and you started a discussion and then left it to us. To be able to sit and discuss and criticise each other without ill-feeling was very satisfying and of great help to all of us.*

*As a family, I think each one of us gained from our meetings and I know I particularly did.*

*I think if people know you visit a psychiatrist they think you are a nut but they are very uneducated people – if they knew what a help it is they would change their minds. I would recommend it to anyone.*

From Mrs Peters:

*I remember approaching the first meeting as a necessary ordeal, but then coming to see further meetings*

*as an oasis, a kind of refuge – where we were understood as individuals. Then, when we stopped coming to family therapy it seemed to me that we had a support that we could fall back on if necessary. A warm secure feeling.*

*I remember the wonderful feeling of freedom when I first realised that I am neither a pre-programmed robot nor a manipulated puppet, but a free self-determining individual, free to choose my own way of being and that everyone has and is entitled to this same freedom.*

*Negative behaviour is reactionary and reactionary behaviour is within my control. This realisation has helped me tremendously and helped me to a deeper understanding of others.*

*I remember the extra family closeness that came out of the meetings. We would go out for a meal afterwards and everyone seemed closer to each other. I remember thinking how fortunate we were to have this chance for self-evaluation, self-awareness. I remember the calm way in which we were encouraged to work through our own feelings.*

*Before these family meetings I had had no experience with psychology, but I left the clinic feeling that psychology is not so much a science as an instinct.*

**From Monica (30 now):**

*I've forgotten most things about the family meetings. I do remember sitting around, listening and sometimes wondering whether to speak. I remember Esther wanted to stay out late and I felt angry about*



*it. I welcomed the chance to speak, but mostly listened. Now I see the meetings as a good help at the time.*

*A couple of years ago I had been having severe abdominal pain which my physician felt had a psychological cause. I wanted it fixed and suggested that he refer me to a psychiatrist. The doctor nearly fell off his chair, but things got moving because I could see no stigma in it – a physical cause was found and it is now OK.*

From Esther (28 now):

- 1 I remember the meetings as supervised debating sessions, with an impartial referee, more or less saying, 'It's your problem, you sort it out, I'm here for the asking but you do the work.'*
- 2 A relaxed atmosphere for discussing, but the one-way mirror, and the fact that the sessions were being taped was quite off-putting.*
- 3 An open and honest confrontation with ourselves and each other with leadership qualities available if needed.*

From Joyce (23 now):

*Mostly I remember waiting for you in the reception area wondering what sort of ogre you were; finally you turned the corner – with the pipe in your mouth, you smiled nicely and spoke quietly. I quickly softened my view of you. You then took us for what seemed a long walk down a corridor with rooms off it and then we all arrived at a big room with a one-way mirror and cameras in two of the corners. This was a bit disturbing. I could see there were about three or*

*four students, trying to get the best angle or focus.*

*I remember sitting in a circle with you asking a question, which would start a family discussion. I know I never wanted to talk at all through any of the discussions. I just wanted to get out. But deep down I felt close to the whole family. Overall I feel the meetings did a lot for us, as we got closer after each session.*

From Jessie (22 now):

*The things I remember most about the meetings are:*

*All the family having to sit in a circle and tell each other their faults and failures.*

*Every time we left the meetings, we all seemed closer and happier; ending up going out for dinner.*

*Those meetings are very beneficial to people who would like to understand each other. Honesty and openness in a relaxed comfortable atmosphere is the beginning of the answer.*

From Patricia (16 now):

*I don't remember much about the meetings. I used to look out the window and liked drawing on the blackboard. I enjoyed missing school and especially going out to eat afterwards.*

Having read the letters I was intrigued. There was no mention of why they had come to therapy eight years ago. Their recollection was so different from mine, and it seemed that none of us could remember the initial problem or problems. I rang the clinic and asked them to send the file. In it I found the following notes taken by the clinic nurse when Mrs Peters rang for the initial appointment.

*Identified Patient – Joyce Peters 15 years. Long history of stealing, lying, running away from home and social isolation. Joyce has told other girls that father has made sexual overtures to her. Both parents are extremely upset. Youngest daughter Patricia, 8 years, is starting to refuse school. For urgent appointment. I checked, there was no mistake.*

## A Very Boring Person

**A**nnette, 25, a mothercraft nurse said, 'The real trouble is that I'm a very boring person.'

I said, 'How do you know? What makes you so boring?'

'I just know I am' she replied.

Persisting, I said, 'But how do you know?'

'I never have anything interesting to say, in fact, I have nothing to say.'

She proceeded to give details of how she never said anything at family gatherings, at the crèche with her colleagues or whenever she went out anywhere, which was rarely.

I asked: 'How long have you been a very boring person?'

She seemed surprised, thought for a while and said, 'I guess all my life.' In fact, she remembered even in kindergarten, she thought of herself as stupid and with nothing to say.

I said, 'Have you talked to anyone about being such a boring person?'

'Yes,' she said. 'To my mother and two or three friends and relatives. They all said, "Don't be ridiculous", and tried to tell me I was alright and not a very boring person. I think they are just being kind, and don't want to know, so they just shut me up.'

'Do you mean they don't want to listen to how sad and distressing it is for you?'

'Yes,' she agreed. 'I guess that's what I mean. My mother made me see a psychiatrist and that was awful. We both sat waiting for the other to speak, he waited for me and I for him. This happened hour after hour for about six months. It was so painful and embarrassing.'

'OK. So you are a very boring person and you've been a boring person all your life and you hate it. What are you going to do about it?'

This question bewildered her and she stammered, 'I, I don't know, what can I do?'

'Have you ever thought of doing anything about it? Are there any ideas you've had, or have you considered any possibilities?'

My line of enquiry was obviously new and puzzling to her and she became engrossed by it. 'There's no hurry. Could you stop and think of something you might do?'

I waited some five to 10 minutes, but then Annette said, 'Sorry, I can't think of anything.'

'If you can't think of anything to do then no doubt you are right, life must be a terrible bore.' I continued, 'I want to be sure I understand, you have always been a boring person. Until today not one idea crossed your mind about how to change this situation. No-one suggested anything and you haven't thought of anything yourself to make you a less boring person.'

Annette rather sheepishly, but very involved said, 'Yes. I guess so.'

'If I tell you what to do, will you do it?'

Somewhat hesitantly she said, 'Oh, I guess. Yes. I guess so.'

'You sound uncertain.'

'Oh, no no. I'll do it.'

'You're sure you will? OK, I suggest you come back next week, but between now and then, everyday do one thing you've never done before. Just a little thing, only you will know, it will be imperceptible to anyone else. You could give your brother a kiss before he goes to school, or step on his toe and pretend it's a mistake. Wear a different dress to work, or be 20 seconds late for work. Will you do it?'

'Yes.'

At the next session Annette seemed more alive, a little excited, but also a little embarrassed. She reported that her task was terribly hard. She kept thinking about it all week. The first new thing she did was to go into her mother's bedroom and call her 'Miriam' and then she ran out. She had always wanted

to call her mother by her first name, but she found it embarrassing. One night she went to bed without cleaning her teeth. In the crèche she had been worried about how well she was doing her job, so she asked one of her co-workers what she thought of her work. To her astonishment the woman made some positive comments. She hadn't been able to think of something new to do every day, even though she tried very hard.

I said, 'You cheated a bit because some of the things were not little and imperceptible, but big steps. Calling your mother by her first name might suggest you want to be on equal terms with her. It seems like you are in a hurry to change. Being on equal terms with your mother like two adults is a very big thing. Similarly to ask your colleague a question that may allow a positive answer is radically different from how you have behaved in the past. It sounds as if you have a lot of suppressed energy, as if you are in a great hurry to change. I don't think it is a good idea to push. At the same time it is surprising that someone who has completed a course successfully, who is 25, capable and intelligent, is unable to think of seven different little things to do - that's puzzling.'

Then, I decided to change directions and said, 'Could you tell me what you did yesterday?'

'Oh, nothing much.'

'Do you mind telling me first what you did?'

Annette, after prompting and being cajoled, gave the following account. She went to work, came home, helped with the dishes, spent time preparing for the

next day's work, watched a little television and went to bed. I enquired about the weekends and holidays as well as her work days. She gave me an account of a very empty and impoverished life, full of responsibilities, worries and chores.

After listening, I said, 'Your problem is worse than you indicated. Not only are you a boring person, but your life sounds terribly boring. I don't know how you can stand it, other people wouldn't put up with it. I don't know how you can take such a boring existence. No wonder you are in such a hurry to change.'

Annette, both verbally and non-verbally, accepted my description and appeared somewhat reassured, for it seemed at last the seriousness of her problem was recognised.

I told her it might be a good idea to invite her mother to the next session. I reminded her that Miriam had initiated the contact, and was worried about her. Annette hadn't been able to think of seven little things to do and Miriam may have some suggestions. Since she spent a lot of time at home perhaps together they could work out how to make life more interesting.

Annette accepted the suggestion though with some misgiving. It was left to her to tell her mother, if she wished, about her little tasks, and to enlist her help, but they were to be little moves not big ones.

Annette spent a lot of time thinking of what to do and eventually took five little steps. She was both pleased and displeased in that she did more than last time, but still not seven.

She had not involved her mother in these moves,

but had asked her to come, saying that I had suggested it. She also told Miriam a little of what happened in the sessions.

I asked Miriam her view of the problem. She kept oscillating between describing it as a serious problem which worried her a great deal, and reassuring Annette, me and probably mostly herself that there wasn't anything to worry about, Annette was alright.

Miriam had married young to get away from an impossible home life with intolerable parents. They had been demanding and critical and had given very little. She was devastated by her husband's sudden death. She wasn't prepared for living alone with two young children to look after. She tried her best to do everything for them but was worried that her own anxiety and feelings of inadequacy were communicated to them. She felt she didn't know how to be a good parent, her own parents hadn't set her a good example. Though she had tried her hardest to be a good mother, she was worried that in fact, she had been a very bad mother who had contributed to Annette's current difficulties.

After listening to her, I said, 'It sounds as if life has been exceedingly difficult, with many disappointments and you have tried your best. Would you collaborate with Annette and see if you can improve your lives?' Miriam was eager to co-operate.

Annette and Miriam came to the next session full of excitement. They had done something so different and new that they were delighted. One night after the shops closed, when the streets were empty, they



went window-shopping in a rather quiet but exclusive shopping centre.

They came together for a number of sessions and each time we discussed what they had done and things they could do. Then Annette came by herself. The sessions were spent talking about her feelings and working out things she might do between sessions. The weekly planning and reporting was a slow but gripping journey of discovery.

One day as the session was coming to a close, Annette, with some anxiety, said, 'We have to stop in a minute and we haven't worked out what I should do for next week.'

'Live dangerously and do nothing.' I suggested.

With apprehension she said, 'But what will I talk about next time?'

'Be daring. Don't give it a thought. Come next time completely unprepared and talk about whatever comes to mind.' I said.

Annette wanted to protest, but there was no time and she left.

She came to the next session animated but somewhat apologetic, for she had defied me. She had organised a big party for about 30 people. This included just about everyone she knew and a few whom she hardly knew at all. She had sent mother away and done all the preparation herself. The party was a roaring success.

We continued working together totally absorbed in her 'boring' existence until she could no longer find time for me.

## A Case of Mother Bashing

One night around 9.45 the phone rang. A confused woman in an agitated voice said, 'I want to report a case of mother bashing.'

I was surprised and somewhat bewildered and said, 'What? I beg your pardon?'

She, even more agitated, 'I want to report a case of mother bashing.'

I changed tack and said, 'Who is speaking please?'

She answered, 'Mrs Turner.'

'How did you get my name?' I asked.

'My son Perry told me to ring you. He said he knows you and that you could help me.'

I did know Perry, he was a welfare officer whom I met now and then.

'I don't understand. What is the problem?' I asked.

'My daughter bashes me up all the time. She attacks me, and screams at me. I'm bruised all over. I can't take it any longer.'

'How old is your daughter?'

'She's 13.'

'What is her name?'

'Margaret.'

'I want to get it clear. You're saying that 13-year-old Margaret bashes you up, and your son, Perry, recommended you ring me about the problem?'

'Yes. That's right.'

'Where are you ringing from now?'

'From home. I'm scared Margaret will hear me and get stuck into me again.'

I offered her an urgent appointment the following morning. I asked her to come with Perry and Margaret. She indicated that Perry didn't want to come and she was scared to ask Margaret. She was sure Margaret wouldn't come and she could not make her.

Mrs Turner arrived the next morning. She plunged into a detailed account of the terrible things Margaret did to her. Trying to extract any information apart from the description of her torment was a hard struggle indeed. Volumes of gruesome details poured out. It was only with the greatest effort that I managed to glean these few additional facts. Margaret did well at school and was popular, and she brought her friends home. Margaret's father had died four years earlier. Perry did not live at home. Mrs Turner had no other family and few friends.

It was after Margaret's father's death that the mother bashing started. Soon after that Mrs Turner started her psychiatric rounds. For about two years she and Margaret had attended a child psychiatric clinic where they were seen separately. After this they saw a number of different therapists. For the last six months Margaret had refused to see any more 'shrinks or egg heads'.

Though I would have liked to elicit more information, Mrs Turner had spent so much time talking about the many and various attacks on her, it was almost

time to end. I said, 'There's one thing I must know and that is, what do you want from me?'

She answered, 'I want you to stop the bashing, to stop the hitting, screaming and biting. I've had enough!'

I said, 'I can see you are terribly upset and confused. No wonder - you have told me a terrible story. To be bashed and terrorised for four years from when your daughter was nine is awful. It is one of the worst things I have heard. Something else worries me a lot, it must be embarrassing for Perry when you go from place to place where he is known. I haven't had a chance to ask why you've allowed Margaret to do it and for so long. The fact that she does well at school and has friends suggests that in some ways you've been a good mother. But not stopping the bashing must be because you believe somehow it is right to let her do it. You allow her to hurt and upset you, it clearly isn't doing you any good, perhaps you believe it is doing her some good. I have no doubt you are wrong. It is harmful for Margaret to grow up like this, and you must stop her, and stop NOW. I want you to remember that you are bigger and stronger. I don't mind how you do it, but stop her. Talk to Perry and enlist his help. You can invite Margaret's friends to come and stay, tell them what she does and ask them to stay and help stop her. You can report her to the police; I have often dealt with cases of child bashing and there are many articles about it - so if you change to a case of child bashing I'll know what to do. I have no experience of mother bashing and I haven't seen

any literature on it. Next time I want you to come with Margaret and Perry.'

A week later Mrs Turner and Margaret came. After she had left the last session she had gone to her neighbours with whom she'd had minimal but pleasant contact. She asked them if they'd ever noticed any commotion over the past years. They said no, never, nothing unusual. She told them about her problem and that she had been told to stop it. She decided that when Margaret hit her, she would yell very loudly for help. She asked her neighbours to come and see what was happening. At first the neighbours were very surprised. They had always thought what a nice family they were, and that Margaret was a polite and helpful girl. They said they would be very happy to help.

The next time Margaret put a hand on her mother – a rather mild shove – Mrs Turner yelled as loud as she could, 'Help! Help! Help!' The neighbours rushed in and asked, 'What's the matter?' Mother said, 'Oh, something frightened me, but it's alright now.' Margaret was white as a sheet. When the neighbours left, Mrs Turner told Margaret that she had consulted me and I advised it was necessary to stop the bashing once and for all. If necessary she would call the neighbours, tell the school, tell the police or even send her away. She also insisted that Margaret come to see me next time or she could go to boarding school.

After that Margaret never again laid a hand on her mother. She became rather quiet and sad. I continued to see them, and after a while Perry also joined in. Many issues were brought up. Probably the most

important was Mr Turner's suicide. Mrs Turner had always blamed herself for not being sufficiently caring and understanding when he was upset. She felt guilty about the times she had been aggressive and critical towards him in their fights. At times she blamed herself for his suicide. This made her worried about being aggressive, and so it was difficult for her to be appropriately strict and firm with her daughter.

As the sessions progressed Margaret confessed to many fears – being abandoned, death, being alone, fear of the dark. She had many sad memories of her parents fighting and her father's death. She was intensely jealous of her older brother, whom she believed her mother respected and cared for so much more than for her.

Near the end of therapy, Margaret was at last able to say, 'Often I heard Mum crying at night and she looked so sad at times, it made me feel like jolting her. I tried desperately to bash the misery out of her!'

The monster concealed a frightened, sad little girl, who protected her mother from painful memories.

## Worlds Apart

**A**s we walked into my room Bill said, 'You know what, something funny happened to me in the waiting room. I remembered I used to go to a place just like this when I was a kid.'

I said, 'I'm glad to hear that. It will be interesting to hear from you as an adult, how you remember the experience of going to therapy as a child.' He said, 'It's strange. I really didn't need to come, there was nothing wrong with me. My mother was an over anxious neurotic woman; still is, for that matter.' Continuing, I said, 'But what was it like for you to go then?'

'To tell the truth it was a strange experience.' Bill said. 'I saw this man every week and he listened to everything I said, and took it seriously, even though I was just a kid. It was nice but a bit weird.'

Bill had come because he and his wife, Ann, disagreed about how to bring up the children. The problem was not difficult to resolve but it was also clear that there were severe marital difficulties which they chose not to discuss with me.

Six years later, when I was in private practice, Ann rang. She explained they were divorced a short time after our last meeting. She was now very worried because there were serious conflicts between them in regard to the children and she felt it was having a detrimental effect. She arranged to see me.

On the appointed day, Bill and his new wife came.

He looked the carefully groomed barrister, and his wife the perfect partner of such a successful man.

In contrast, Ann came in a loose Indian dress, thongs and with an Afro hairstyle. Her current man, Herb, had long hair held in place with a head band, he was wearing a caftan and had bare feet.

Ann, in obvious distress and struggling to speak, said, 'Since the divorce I studied political science, which I have just finished. To my surprise I did quite well. I've had quite a few boyfriends, but have lived with Herb now for several months. It's really beautiful. I've had custody of the children. For the first few years, Bill hardly showed any interest in them at all; although he could have them for weekends, he rarely did. But, for the last few months, Bill has been demanding the kids should be available for him whenever he wants. He rings and says can he pick them up in an hour? It's often inconvenient. Often he only wants to take one, and sometimes they don't want to go as they have friends over or other arrangements. Bill becomes abusive and critical if this happens. Then he starts attacking my lifestyle, and my upbringing of the children. In the last few weeks he has started ringing and going to the school complaining about me. It worries me. Life was really great, but not since the calls and visits to the school, and also, lately, the kids have come home very upset after being with him.'

While Ann was speaking, it was difficult to stop Bill interjecting. When I turned to him he had his speech ready. He said, 'Rarely, if ever, have I heard



such nonsense. The simple facts are Ann is a most irresponsible, immature and immoral person. I'm horrified at how she is bringing up my children. Her way of life might be OK for students, but not for bringing up the kids in a respectable way. For example, I found out that the five of them bath together and walk around the house naked!

He continued to document Ann's misdemeanours and deficiencies. Had I not finally stopped him, he would have continued for the whole session. He finished by saying, 'Now that I'm married, I want to have regular contact with my children. But you must understand I'm a very busy man and when I have spare time, Ann will have to fit in with it. By court order I have unlimited access and I am going to get it whenever I want. My wife is pregnant again and we wouldn't want our children to mix with my three children unless they have a better upbringing.'

I asked Bill what he expected from me. He replied that he thought I would point out to Ann the folly of her ways.

Ann, distressed and tearful wanted him to stop the constant harassment and let them get on with their life.

I told them they had a serious problem. They were worlds apart, lived in different cultures and had totally different values and ideas of right and wrong. I was worried that their tug-of-war would be terribly destructive for the children. They seemed to expect me to sit in judgement and declare the winner, and I was not prepared to do that. In fact, I wasn't sure how to proceed.

Ann said, 'Perhaps you should talk to the children.' Bill objected. I said, 'It's too difficult, I need to cool down and think. I'll go for a walk. While I'm out, see if you can work out what you want me to do next.'

When I returned, Bill agreed for me to talk to the children, though he thought it was ridiculous.

Until then, the children, aged six, eight, and eleven had sat quietly hating every minute. They were clearly happy with the new development. The four adults left.

The children talking together: 'Dad never listens to us. He thinks kids don't know anything. It's yukky with him. He talks to us all the time, telling us everything we do is wrong. He's always saying bad things about Mum and Herb. Herb is nice, he plays with us and he likes us. Mum looks after us really well and she's fun, never lectures us. When we go over to Dad's place, we always have to be careful of this, and not allowed to do that, we just have to sit and be good. Dad would kill us if he knew what we've said.'

It was time to stop, so I called the others back. I said, 'From what I've heard, it is a difficult situation. I don't know if I can help. If you wish we can get together and see if we can work things out.'

Bill said, 'I can't see the point of meeting again. Anyway, if I need further help, I can get it free elsewhere.' Ann looked stunned and, in general confusion, they all left.

About a week later, Ann rang. She said she felt devastated, she couldn't stop crying, had hardly slept and asked to come and see me. I gave her an appointment for the next day and she came with Herb. She

said she felt deeply hurt and humiliated by Bill's constant barrage of criticism. She felt totally defenceless. Whenever he felt like it, he rang, came and criticised her, her lifestyle, her friends, her mothering, and so on.

I asked her why she didn't stop him. She said she didn't know how. I asked Herb what he thought. He said, 'Ann has to learn to protect herself. She has to find a way to stop him terrorising her.'

This made her thoughtful and after a while she said, 'I suppose Herb is right. Bill picked me out of the gutter. I was a nobody or thought I was. He went to a private school and to university. I've always wanted him to like me. Not just him, but his whole family.'

I said, 'How long have you been trying to gain their approval?'

Very distressed Ann said, 'A bloody long time. Since the day we met. I guess no matter how long and hard I try, I won't get it. Come to think I'm not sure I want it, or that it's worth it, or that I really value their opinion so much.'

I asked, 'Ann, in your view what sort of a mother are you?'

Ann replied, 'Bill may not like the way I bring the children up and they may be a disappointment to him, but I think I'm doing a good job. If we're left alone the kids will be really happy and they'll be good people.'

They left with the understanding that they would try and stop the harassment.

Ann and Herb came again six weeks later. They had got a restraining order against Bill. Ann said,

'It's crazy, I was petrified about going to court and confronting Bill on his home ground. A lot of my respect and admiration were derived from my ideas of him in court. Do you know what, he behaved there just as he does everywhere - a lot of bluster, bluff and hot air.'

## Sugar and Spice

**H**ilary, a woman of 37, rang for an urgent appointment. Next Friday was offered. This pleased her since her husband John was leaving on the Saturday for an overseas trip with his girlfriend.

On the appointed day, she arrived alone. She was a gaunt woman who looked much older than her age. She explained, with great understanding, that John was a well-known advertising executive and, naturally was unable to come since there were so many last minute arrangements before leaving the next day with his girlfriend. She added, with some pride, that he had been invited to speak at an international conference. He had intended to go for a week. Recently, however, he decided to go for two, so that he and his 24-year-old girlfriend could have a holiday as well.

Hilary described her husband as a very very nice person, a most understanding man, extremely talented, who wanted a lot out of life. It was important for him to be happy in a relationship. She believed they had a close and understanding one and they were able to talk about everything. At times over the last few years she thought he seemed unhappy and confused and believed he was going through a mid-life crisis. Then she found out about his extramarital relationships. Two weeks ago he told her about his current involvement with an attractive model.

Once before he had decided to leave home and live with another woman, but at the last minute the woman changed her mind. This time there was some discussion as to whether he would leave home and set up house with his current girlfriend on their return. Until recently Hilary had been able to cope, even with the prospect of the end of her marriage. However, in the last few weeks it had begun to get her down, she was unable to sleep, and had lost a lot of weight.

I said, 'Has it been very painful for you?' For the first time she became tearful and said, 'Yes, I have always been a good coper. I manage our large home well. The children are delightful and I brought them up more or less myself. I organise a very full social life, lots of dinner parties and other outings. I keep up with my profession and have done courses to upgrade my qualifications. Somehow, now, for the first time, I feel scared, I think I may not be able to cope.'

She wasn't able to tell me if she would be willing to continue the marriage with her husband having

other relationships. She did say that it was very hurtful when he divided his affection and caring. Nonetheless, it sounded as if she would continue if he did not 'rock the boat'. Yet, it seemed more serious because for the first time he had talked to his parents and a few friends about the possibility of leaving her. She added: 'Poor John, now he is confronting people who don't approve of what he's doing. If he agrees to see you, you may be able to help him sort out his unhappiness and get him through his mid-life crisis.'

I discussed this problem with some of my colleagues. One of them said, 'Before I got married I told my wife that my main hobby was women. When I came home at 3.00 am and she was irate, I said, "Think of it as a sickness, that might help."' He went on, 'It is ridiculous that a man who isn't interested in his 37-year-going-on-60-year-old wife and is having an affair with a gorgeous 24-year-old is regarded as sick or having a mid-life crisis. I wish I had such a sickness.'

One of the women said, 'It seems to me she deserves what she is getting. All those years she went along and possibly even encouraged his affairs. Now, suddenly she's unhappy about it. I think she probably didn't like it all along and should have said so.'

Another said, 'Perhaps you're blaming the victim. She has been a victim of common societal attitudes. She has been a good wife who helped her husband, looked after the home and his children and never protested. Well brought-up women do not show anger, resentment or jealousy.'

Another colleague said, 'This guy must be off his

rocker to leave his wife, he's really on to a good thing. She does everything and he does what he likes. Perhaps he is psychologically unstable to think of leaving her.'

Another interjected, 'Perhaps she's just too good. So understanding and accommodating, she'd make anyone feel guilty as hell.'

I said, 'I wouldn't like to dismiss too lightly Hilary's view of her husband as "sick or going through a mid-life crisis". On the other hand perhaps psychology and the myth of mental illness have provided Hilary and her husband with a sugar coating for life's bitter pills.'

When John returned, he rejected the idea that he was depressed. He felt the marriage was finished and hoped to separate amicably and remain friends. Hilary agreed.

Some months later she wrote:

*I am fine. I realise the idea of John being depressed or going through a mid-life crisis helped me to cope with his affairs. It was an excuse for not confronting him. I hope I'll have more sense next time.*

## Coming Together

**A**nn and John were in their early thirties. They had rung my secretary to ask for an appointment but refused to give any information other than 'it was too personal'.

They arrived together looking forlorn and neglected. Ann had a bad cold and her ears were blocked, and in an accusing voice said to me: 'I probably won't hear even if you speak loudly!'

To put them at ease, I tried to involve them in casual conversation. Their attitude inferred: Come on, get on with it! We're here to get a job done.

I asked why they had come. They looked at each other: John was elected and began... reluctantly, 'We have this sex problem.'

'Tell me a little more please. What sort of sex problem?'

'We have this problem and we were told you would fix it for us.'

They were extremely embarrassed. In a number of ways I attempted to get some details, but John had done his share and it seemed I was expected to do the rest. It was as though he had brought in some faulty apparatus and would return next week to collect it... fixed.

I said, 'I notice at times, when you speak to your wife, she doesn't hear you. Is this very frustrating?'



John was surprised at the sudden change of direction. He answered, 'Yes, I guess so.'

'Your attempts to get through... to penetrate... do they often fail?' I asked.

'Yes, very often.' he replied.

'When your voice doesn't reach her... does it make you lose interest and feel like giving up trying?'

'Sure does. Very much so.'

'So, more or less, you've given up trying?'

'Yes.'

'Do you blame Ann or yourself for this unsatisfactory situation?'

'Sometimes I feel very frustrated, and blame her. I really feel I'm not considerate or patient enough: I should try harder. But when I do, I don't get anywhere.'

'So you feel pretty impotent?'

'Yes, I guess I do.'

This verbal interchange was woven through our conversation in which a number of issues were discussed. By the end of the session, John and Ann seemed relieved. They had survived the ordeal and were sufficiently engaged to want to continue.

Next time, Ann opened proceedings by telling me her cold was better, and she could hear properly.

I asked her, 'Last week you couldn't hear much. What is it like for you when your husband's voice doesn't reach you... doesn't penetrate... or when he doesn't attempt to get through? Do you welcome being left alone? Is it a relief, or do you feel lonely and frustrated? Do you want more attention?'

She replied, 'Sometimes one way and sometimes the other. But on the whole I'd like him to try harder, to be more patient and not get frustrated or cross.'

Ann said she sometimes blamed herself and sometimes blamed John, but usually felt it was just one of life's frustrations. She emphasised that at times she was very hurt, not just by the thing itself but because she felt unloved... that John didn't love her.

I asked John if he felt better today, since his wife could hear him. We talked about the frequency of him reaching her and how often she was not available and he was left unheard.

John said he had thought about the last session, and commented, 'I work hard and long hours. I feel tense; I'm often tired and irritable. This is why I sometimes give up and lose interest; It's not just because of what happens between us.'

'When you come home late and tired, do you eat together?' I asked.

He doesn't seem to appreciate what I give him.' Ann interjected.

'That's true. Sometimes I'm just too tired. She doesn't understand my hard work and even how much effort it takes to come home by 7.30 pm.' John said.

Their eating together was explored further. By the end of the meeting they were both a little more cheerful, and seemed eager to meet again.

The following week Ann opened by saying she was very upset. She had waited for John: she had come on time and he had come late and very hassled.

John said apologetically, 'I'm awfully sorry, I just

couldn't get away. Some of my best customers arrived unexpectedly. Then I got really worried and drove here as fast as I could.'

'Ann, are you usually on time and John comes late? Is it frustrating for you to have to wait for John? You were both on time at the last two sessions. Is it more pleasurable, more satisfying when you come together?'

I continued, 'Today, when you came separately, you both felt uncomfortable. Do you always feel bad when you come at different times? Can you accept that coming at different times occasionally is inevitable or is it always a source of irritation? Some couples attach great importance to coming together; it becomes almost an obsession. Is it a rigid pattern, Ann, that you are always on time and John is late or is it the other way around sometimes?'

In subsequent meetings the nature of their verbal intercourse, their mutual eating habits and 'coming' provided the spice for other themes. The sessions were peppered with good humour and, at times, sauced with hilarity.

Then I confessed I was worried. We were all enjoying ourselves and talking about different issues in their lives; but... were we dealing with their problem?

John responded by saying: 'Don't worry! Things are much better between us; the big event is going to happen any day.'

'What do you mean?' I asked.

'Nothing big has happened for a long time. I haven't been up to it. But it's going to come soon.' he said.

'That's great. Will I know about it?' I enquired.

'I'll let you know somehow. Probably you'll know anyway.'

Ann then said to me: 'You talk a lot about eating... whether I like an appetiser; whether John wants the main course straight away; whether we linger over the dessert. Why?

'Lots of important marital and human interactions occur around eating. It is an important time of day for many couples, a time of possible intimacy. In various religions food has a wide range of symbolic meanings. In the life of some couples, talking about food can be a useful metaphor for depicting their sex life. For example, famous American psychotherapist, Milton Erickson, saw a young couple. They were too shy to talk directly about their sex problem. Instead he enquired whether the husband had time to eat in a leisurely way. Whether they played soft music and ate by candlelight. This somehow helped them.'

She agreed, 'Yeah. That's right. For the last few years I've been so hungry, I've had such an appetite. The more ravenous I got the more disinterested John became.'

John added, 'For a while I wasn't sure what was going on, but gradually I worked it out.'

'I hope you didn't mind me talking this way,' I asked.

Both together, 'Oh, no. It was fun. Perhaps the only way.'

Next time Ann and John came together wearing grins from ear to ear!

## Unseen Comfort

**M**ilton Erickson, a famous hypnotherapist, once said to a patient, 'You do not have my advantage; you do not have polio.'

I spent a week seeing patients with my eyes covered as a result of an injury. During this period Erickson's voice came back to me many times. I felt weak and vulnerable and my eye was quite painful, yet at the same time I had the advantage of not being able to see.

I had been interviewing a couple weekly for three months. Initially they came for a variety of reasons. They had a 30-year-old son, Mark, who was a drug addict, and a 27-year-old married son, Matthew. Both lived away from home. Their 25-year-old married daughter lived interstate and refused to have any contact with her family. Mark had subjected his parents to frequent threats of extortion, demanding money, and was often abusive. Father always ended up paying.

Some months before they came to see me, Mark was visiting home and Matthew was there. Mark was abusing his mother and demanding money. Matthew had not seen him so hostile and offensive before and attempted to defend his mother. An almighty row erupted. Father came home in the middle and attempted to stop it, but instead was drawn into the fracas. The fight became very violent and Matthew smashed Mark's jaw and bit his ear off. The police

were called, they stopped the fight and Mark was taken to hospital.

To mother, this was the last straw. She had endured years of violence; her husband had frequent outbursts of anger and violence and more often was morose and unpleasant; so much so that the family all lived in fear of him. She held him responsible for this latest disaster, so she packed her bags and left home.

After a week or so the father, Mr Ray, pleaded with his wife to come back. At first she refused, but eventually agreed to return provided he would agree to counselling. She had requested this of him for many years and this time he agreed. She said that over the years, in spite of his violence and surliness, he had been a dutiful father who took his sons everywhere. He was a successful businessman who provided well for his family.

Most of the sessions were characterised by Mrs Ray's lengthy description of her long difficult years coping with the intermittent violence. Mr Ray expressed, with great difficulty and with a lot of encouragement from me, in a tortuous and round about way, his own frustrations and anger towards her. She responded to his weak and indirect criticism in different ways. At times she discussed it with irritation as inaccurate and irrelevant and quickly returned to the theme of her husband's behaviour. At other times she was visibly distressed and hurt. He never saw her distress, but continued with his oblique criticism in an even more indirect manner. Not once did her distress elicit any response of kindness or concern or any vestige of tender-

ness from him. Nor was she very loving or affectionate towards him.

I was not sure whether my therapy had any effect apart from the fact that no violence had occurred since it began.

On the day that I was privileged by lack of sight, the session seemed to follow its usual course. Mr Ray finished one of his obtuse criticisms of his wife and we were all silent. I said, 'As I cannot see, do you mind telling me how Linda looks right now?' There was a long pause and then in a voice struggling to control his emotion he replied, 'She looks very sad.' I asked him how he knew this and he said, with even greater difficulty, 'There are tears in her eyes and on her face.' During a lengthy silence I heard him get up and move towards her.





