Publication References:

- Churven, P. (2001). The Answer Within: A Family in Therapy re-examined. Psychotherapy in Australia, 7(2), 26.
- Oats, L. (2001). An Interview with Moshe Lang. Psychotherapy in Australia, 7(2), 26-27.



The Big Review

THE ANSWER WITHIN: A FAMILY IN THERAPY RE-EXAMINED Moshe Lang and Peter McCallum ACER Press. 2000

This is a new edition of Moshe Lang and Peter McCallum's innovative and unique transcript of the complete therapy of the 'Black' family, published in the originally Australian and New Zealand Journal of Family Therapy and subsequently in book form as A Family In Therapy (McPhee Gribble, 1989.) It includes five chapters corresponding to five therapy session transcripts, each with concluding analyses and new commentaries, and three additional reflection and chapters of interpretation.

For new entrants to the field it offers a detailed account of family therapy and practice that is lacking in many current texts. It offers more experienced therapists the stimulus to reflect on our own and Moshe's therapy and to appreciate how much and how little things have changed.

Moshe has been doing therapy for over thirty years, and I have always admired his work and his willingness to share himself through his teaching and his publications. This openness and sharing, so characteristic of early family therapy, opens up the possibilities for growth.

I recommend this book to all family therapists. It is clearly written and the discussion of a complete case enables the reader to reach their own evaluation and also to reflect upon the author's evaluation. It is in the best tradition of family therapy, and of his own humane values, that Moshe offers a unique combination of clinical data and his reflections on it that enables us to deeply critique both his and our own practice.

But I find I have an issue with Moshe. He makes much of the value of 'bad' therapy, by which he means it was bad in his eyes; indeed, it makes him cringe now (p. 260). As far as I can understand, what he is retrospectively cringing over is his self-judged 'crime' of giving the family a directive that he thinks was out of touch with their own agenda. For example, in the third session he told the parents that they should go out to dinner together 'to convince the children that you are working together' (p.135), but in the fourth session he finds that they had a miserable time, and adds 'I observe that my intervention had a detrimental effect on the family... [but] there is no evidence that [they] regarded what I did as wrong' (p.261). On the one hand he wishes to prioritise the importance of working within the family's agenda, but on the other



hand he documents that they did not say he was wrong; indeed they carried out the task. Furthermore the therapy was brilliantly successful. He might claim that they got better in spite of his 'bad' therapy, but if the family came for help and a new perspective, and he gave them some new ideas arising out of his experience, what's the problem? I feel that this is a minor illustration of the dilemma all therapists face - the tension between the need to join with clients, and the ethical and practical basis for offering them new ideas.

I thank Moshe and Peter for this serious and amusing work and I strongly recommend it to all practitioners.

Review by Peter Churven

INTERVIEW WITH MOSHE LANG

A reviewer in the American Journal of Family Therapy said that your style of therapy 'transcends any therapy brand name' and I get a sense that you eschew high-blown meta-theory?

Well, obviously I think about what I do, but at one level I'm very anti-theoretical. A lot of theories are used to hide behind rather than to reveal. I am eclectic, or as I prefer to describe it, I am a mongrel. I've been influenced by many people. I believe the ideal therapist adjusts the mix in a manner appropriate to the specific family in the specific situation. The strength of the book is that it is a transcript; it stays with what was actually said. A lot of argument in psychotherapy is about theory, and if there is a transcript it has been selected to support a theory. I've reported in this book things that very much argue against what I'm arguing for. To me a seriously committed therapist is someone who allows the evidence to confound and challenge

PSYCHOTHERAPY IN AUSTRALIA

VOL 7 NO 2 FEBRUARY 2001

Copyright of Full Text rests with the original copyright owner and, except as permitted under the Copyright Act 1968, copying this copynght material is prohibited without the penmssion of the owner or its exclusive licensee or agent or by way of a licence from Copyright Agency Limited. For information about such licences contact Copynght Agency Limited on (02) 93947600 (ph) or (02) 93947601 (fax)



their beliefs so there is an on-going feedback between theory and practice. I cannot understand how anybody can claim they are purely systemic or narrative or whatever, because that means that all their practice never challenges or takes them away from their pet theory, or that nobody outside that theory has something of value.

How have your peers responded to the case?

When I first started showing the videotapes [of the sessions with the Blacks] it showed me struggling with therapy. Therapy is complex. We show trainees American tapes but a lot of that contains selected stuff, and I say to them 'This is not my experience of therapy'. I'm an experienced therapist and therapy is often a deep and difficult struggle. It's messy and complicated and, to use an Australian expression, it's like pushing shit uphill. You can see me struggling with the family, particularly in the first tape. And people responded by saying 'Yes, that's what it's like for me with therapy too.' So there was recognition and identification with the struggle of the therapist's conflicts. But another response was that the case was a demonstration of my skill, which to me contradicted the very thing that I wanted to show which was that I wasn't that skilful, that I'm struggling with the family. Many peers commented about the slow pace of my work as if I always have plenty of time for the family. This contrasts powerfully with the speed of recovery. They also responded to the tapes with both tears and pain as well as joy and laughter.

What lingers in your memory of the Blacks?

The thing that is unbelievably impressive to me is that here is a relatively uneducated family from country Australia with a very harsh background, and they come to see me at a very low ebb in their lives, the mother and the daughter attempted suicide and the marriage is in a bad way, and yet their capacity to tell their story and express themselves is so powerful. Take out Peter's and my contribution, just read the transcripts; they tell their story with a richness of expression that is wonderful. And it's that capacity that I hope other people are going to read and appreciate, because to me this is great stuff.

Visually, my most vivid memory is of Donna, the fourteen and a half year old girl, who came to therapy with her family after she had attempted suicide looking so sad, angry and burdened in the first session. Then at the end of therapy there was this happy, chirpy young girl.

How has your work changed since working with the Blacks?

I don't have to work as hard because I listen more and I intervene less. I don't like the word 'intervention' so I'll say that in my responses there's less attempt to control, therapy is much more conversational. Today you'd rarely see me in the position I was with the Black family where I recommend something that they are not willing to do. Today I have gentler ways of putting what I want to say. I might say 'What do you think of the idea of...' and if they like it they can take it. I may say to them 'Look, I recommend that you think very seriously about what I am suggesting because it may have some merit' but I leave it to them.

The other change is that while I've never been very ideological, today I'm less so. I would give the family a choice of options. I'm more likely to tell them 'Look, chances are you know more than me.' If a couple contacts me and asks 'Who do you think should come to the first session?' I will say 'That's up to you' because without knowing more I can't recommend.

There were only five sessions with the Blacks. How long do you see clients for these days?

Always only fifty minutes (laughs). No, from one session to twenty-five years. I do a fair bit of long-term therapy. With the severely traumatised, for example, holocaust survivors, you need to offer yourself as sort of the family GP, who may work with the family from generation to generation as described in *Resilience*.

I'd like to ask a personal question. How does your work today recapitulate themes from your own early life?

Well, first I was a therapist in my own family. All therapists are. And I continued to play that role until today. For example, my mother was born in Poland and my father in Vienna, so they belonged to different worlds. What was the most natural thing for my father wasn't for my mother, and vice-versa, and I grew up in the middle. I was able to read them both in a way they couldn't read each other. Then at Grade Three I was asked to teach and earn money teaching, which sounds crazy in Australia today, but growing up in Israel then - it was a country of migrants - there were very few parents who could help their children do their homework. But I had a command of Hebrew, so I was asked to help other children with their homework. I became a teacher at the age of nine. Then at fifteen I was very active in the youth movement; I became a youth leader. Then I was a teacher. So it's not something that recapitulates; rather, it's something that started back then and has continued ever since. I've always been a teacher.

In my family I was very central, always in the middle, yet in some ways I felt neglected just like Donna.