

**The long haul:
therapists and patients – what keeps us going?**

A conversation between Andrew Relph and Moshe Lang

ML: You asked me before about the difficulties and I said yes but those are the obvious ones. You expect to experience frustration and disappointment because of the terrible things people tell you because you get bored, but the others that we usually don't talk about are for me:

- (i) terrible pain, the daily pain almost of listening to my patients telling me about some of the horrible things that some of my colleagues are doing. That's very difficult for me to live with.
- (ii) The other, for me, is a lot of difficulty surrounding the question of boundary. I always struggle with that and I live with some very painful regrets about the people that I refused to help because I thought that if I accepted them for therapy it would represent dual relationship because I knew them in another context.
- (iii) The third one for me is that so much of what I know about what's going on around me I know through therapy, and I can't talk about it, so often I have to exercise tiresome discipline and at times it's very, very frustrating. This is hell for a conversationalist and a storyteller.

AR: I think that of the three things you've talked about so far it the second that's the most troublesome for me. I was thinking when you were talking that Perth is a very small community and I imagine that maybe my troubles with that third point about daily confronting people who I know things about or hearing, or participating in stories or conversations where I know more information than I'm

permitted to use, is very difficult, not so much as you put it from the point of exercising restraint and discipline, but from the point of view of the loneliness of that experience because the conversation that you say that you would like to have about that is, I think, of an essential loneliness that a therapist can experience. So when you talk about the third point, you touch off in me one of the pains of the work of loneliness which I think is why we write and while we have supervision and why I have psycho-therapy, but your community might be small in its own way, I imagine.

ML: At the end of the day we all live in a small community, in a village. I live perhaps in a number of villages. The people I work with, for example, a large number of the people I work with are Jewish and I live in a Jewish world and that's the community I live in and so I encounter my clients/patients every day in all sort of contexts. Another community I live in is my professional community and I see lots of people from the psycho-therapeutic community and so on.

A deeper response I have is the one about loneliness. There is a painful, inescapable loneliness which I think is part of our work and the way I understand it is that every day there are very intense emotional and intensely meaningful things that happen, that I experience daily in my work, every day with every person. No matter how skillful a communicator I am, no matter how much time my supervisor, my therapist or my wife have to listen to me, what I can communicate is a fraction of what I experience. Most of it I'm left to experience with my patients or in a way I'm left to my own devices, so in a way you cannot even process, you cannot even communicate even though I need or want to. To me it's an inescapable part of the work and life that we have.

AR: But it's also the joy, I think, because the moment of greatest connection between ourselves and our clients is self-sustaining. It's lonely making insofar as we are connected with other people who we would like to connect with over

that work in the way that an architect might connect with his family over the building he has made. The joy for me is that that client and I have shared something very special, very intimate, very intense and the more so in some ways because it is a private moment. Now that's joyful for me but it also brings up another potential problem for me. I think that many psycho-therapists have intimacy needs which are being met by spending eight hours in intimate conversations with other people every day. I often think about that for myself, talking about this loneliness issue because while it's the joy of the moment which often can't be shared anywhere else, I wonder sometimes whether there is a need in me that is being met and I wonder about how to turn that need always into a productive and creative experience for the people who are seeking the therapy rather than to have my needs driving the connection.

ML: I agree that the other side of loneliness is joy and always both of them are present. If I've just spent the most joyous hour with an individual, a couple or a family, the fact that I'm unable to share it with anyone else makes me feel in some way lonely, as well as happy. But there is another reality and that is no matter how joyous, intimate or intense it is, it is a professional relationship and that limits the joy. The other part of the inescapable reality is that therapy may be short or may be long, but it always terminates. We know that one day we will say goodbye and perhaps never see those people again and that is another feature of that inescapable loneliness, I think.

AR: Yes I agree. The second point you raised – your difficulty sometimes with material that your clients present you with from their experience with our colleagues is perhaps very difficult for me at times. I think more than the word you use which is 'pain' I experience 'anger', this is where I experience my anger in relation to our work and I sometimes think that the anger may get in the way, not because I would necessarily castigate my colleagues in front of my clients, but because I would feel somehow, what is the word, a kind of impotence in the

face of a professional colleague who has a stamp of approval from the community for doing something which I think is not only unhelpful but counter-productive to the person I'm trying to help. For example, the use of many medications, especially stimulant medications and anti-depressant medications in children, by doctors who have very little experience of the child, have maybe interviewed them for five or ten minutes but have spent most of the time with the parents and have, in colluding with the parents and the school teachers, legislated against the child's natural joy for living, creativity and childlikeness which I'm there to try to assist. I can't help thinking that it's a waste of time sometimes and that makes me angry, that my work with them would be a waste of time. I don't want to get into a position of saying – 'do the work with me and don't do the work with anyone else', I don't want to get into the position of saying that my colleague doesn't know what he or she is talking about, but I also don't want to work with the community tying my hands behind my back.

ML: Having talked about the pain, let's talk about the joy. I guess it's the joy that keeps us going rather than the pain, lets hope. Before, when you asked me about what keeps me going, I said that one of the things that keeps me going is having the right balance and it's the balance between, amongst other things for me, between doing clinical work, teaching, supervising, writing and research, but I want to concentrate about the pleasures of the clinical work. I enjoy the teaching and I enjoy the writing, at times of course, but the deepest and most meaningful pleasure and the most meaningful part of my work is the clinical informs work and that, of course, is what also informs the teaching, supervision and writing. Now there are obvious pleasures, it's the pleasure of being able to do one's job well, namely helping people and when you help people to overcome and come to terms with very difficult circumstances, it's in itself exceedingly satisfying. The other source of pleasure is the pleasure of working, day in, day out, on honing your skills, improving them so that you are better at what you are doing and that in itself is pleasurable, but I'm more interested in

talking about the little pleasures, the minute to minute pleasures of therapy. To give an example, when somebody talks to me and I listen and I think I understand, I always tell my patients that I'm never sure that I understand. How do I know if I understand? To check that I tell my patients how I understand what they've told me, and they, in turn, respond by in one way or another by communicating that they feel that I've understood. Sometimes by the words they use, by their facial expression, by the expression of the body, one way or another the communication is confirming that I did understand and this, in itself, is exceedingly satisfying.

AR: Yes, it's a great pleasure to me as well. As a person who is interested in words as I am and as I know you are, I always feel myself to be balancing the expression of meaning for the other person as a response to their expression and as a means of explaining that I understand and of equal importance at times expression of what they cannot express themselves or a better expression for them than they have so far been able to express. I sometimes have the feeling that I'm reining myself in because I have waiting for them an expression which I think is going to be good for their experience, but I need to allow them space to express it as best they can first. If that occurs and then my expression is confirmed and confirming of theirs, it is an deeply joyous experience because they feel understood and I feel like I've understood. Of course the hard point of this is what we were talking about earlier when, in the middle of the discussion, both your patient and you would be thinking of the same word or something or would be thinking even better of the same metaphor, for example, recently I said to a client – "I wonder if you've seen the film" I was thinking of a recent French film I'd seen recently on television at the same time as my client was thinking of the same film and it's in the small moments like that that you know that a deep connection is occurring.

ML: Last time when we spoke about it you also made another point which I think is very important is why it is pleasurable to us and one of the reasons is because we feel more deeply connected to another person and I speak for myself because my skill as a therapist is being confirmed or validated. My job after all is to understand when I'm told that I understand, I feel confirmed and that is pleasurable. It's a pleasure in being good at what you do. We all strive for competency but you have also suggested, and it of course resonates with my experience, that every time you understand another person, that one way or another you also know that you understand yourself. You understand life better and in a sense in a way the whole exercise is about understanding, not just him and me, but it's about understanding that impossible thing called life, I guess. When you talk about the use of language, it somehow reminded me that I sat once with a couple, he was a psychiatrist and she was a social worker, and she said something and I said to her – "I guess you are a very deeply feeling person, you have a big heart". Her husband butted in and said – "That's what I should have said". Then he went on to say that for years he had been saying to her that she's too emotional which I'm sure she heard as being hysterical or irrational, but the use of the words by him was such that it always created conflict between them and those very simple words by me saying that she was a deeply feeling person somehow turned everything around between them. What you said before also made me think that therapy is always about the timing too. If you show your understanding or you express how the patients feels better than them, you run the risk of making them feel inadequate and that subtle thing between saying it that makes them feel bigger and better because you understood and feel grateful to you for understanding them, or you may say the same thing a minute too early or with a wrong word and it makes them feel inadequate. Of course you hope you're the sort of person who is sensitive to the difference and also able to talk to your clients about it as I hope I can, so I would say, let's say in an imaginary conversation the patient says to me – "Yes, that's exactly how I felt, you've put it so well" , and I may say – "But the fact that

I put it so well, how did it affect you? Did it make you feel inadequate?” They reply – “No, no, it’s so wonderful to feel understood”. Our capacity at all times to be alert to the possibility that what we do that we think is good may not be, in fact, helpful.

AR: The other side of this coin is when we hear what our patients say better than they heard. This is one of the times I’m pleased that I take notes in psycho-therapy and some of my clients, by the way, are very pleased that I take notes, they feel that I’m according them the right sort of respect for what they’re saying. One of the times when I’m feel very pleased that I do take notes is when I put things in inverted commas which I know is going to be important for me to tell the client what they said later on, because sometimes they didn’t hear what I heard what they said.

ML: And my clients are very pleased that I never take notes. I listen and they know then that it stays between us and that I remember in spite of not taking notes which also makes them often feel much more special. Some, of course, don’t believe me that I don’t take notes so I regularly demonstrate. One of the games I play which entertains both me and my clients is when clients say, for example, my aunty, and I would finish and say her name and also say who works in a milk-bar in Collingwood and they start laughing and I say it’s my way of checking with myself and also to reassure them that I am awake. I do think that one of the important tasks of therapy is for the therapist to be a memory bank, to act as a memory to the individual couple or family and I think I do a lot of that so that I often reminds my patients what they thought, felt or said before at an earlier time and that provides a basis for which to assess and understand things and it’s something that gives me pleasure, the fact that I often do remember and remember well what people have said to me and it’s one way for me to also check that I’m still engaged and involved. You know, the other very simple pleasure of the work is this – Number 1 – people come and tell me the

most incredible stories and they're just engaging, fascinating, interesting in themselves. The other part which is so wonderful for me is that I hear stories everyday, not just of pain and depression, treachery, etc., but also of courage, loyalty, resilience and creativity, and they're always confirming those sort of stories but another simple aspect is that my patients teach me a lot about universal things so I know a lot about the life of medical specialists and QC's, writers, politicians and postmen. Recently, for the first time in my life a postie came to see me and his problem was managing his anger and when I asked him what's the thing that angered him the most, he answered – "Dogs and small letterboxes". I said to him – "In all my years of practice I have never heard somebody who is angry about that", and it was a wonderful experience. Recently my wife said to me – "What do you know about franchising?" I started answering and then I went on and by the end I realized that I could go on for the next two or three hours giving a lengthy lecture about how franchising works and I realized that I've had over the years a number of patients who have talked to me about their agony about buying a franchise or not. In the process I got to know so much about it without even trying and it's a wonderful way of learning.

AR: Yes, people exposing you to the information and knowledge that they have has a by-product of the conversation you're having with them. Also, I think what you were hinting at before is the very creative way in which and how pleasurable this is that people have of finding ways out of situations. Last week a 13 year old girl whose mother wants her to be in therapy with me, but she doesn't want to be in therapy with me and unusually I agreed with her that I will sit and talk with her once a week or once every fortnight to make her mother feel better. For all sorts of reasons I decided that and two weeks before her mother had come to the interview and said that she was very pleased her daughter is in therapy, she's very pleased about her improvement and progress and in particular she's worried still about her lack of friends and lack of social skills. She asked me if I could teach her some of those. We said nothing, the girl rolled

her eyes at me and at the next session I asked her how she thought the session went the last time. She said – “It went okay except for that bit about my mother saying I have no friends and that you needed to teach me social skills”, and I said – “I know, I know that you’ve got friends and your mother doesn’t know about them. I also know that you’ve got very good social skills. What do you think should be done about that?” She said – “I already did something about that. The next day I was at school and I told three of my friends what my mother had said in your office and they formed a plan, it wasn’t my plan, and that night at dinnertime at exactly 7.00p.m. five of my friends would phone and ask for me”. I loved it, I thought it was the most magnificent solution, I wished I had helped her to think of it but she had thought of it with her friends.

ML: One of work’s greatest pleasure is to notice how intelligent and creative our patients can be and how in many ways they don’t need us at all and how often they give us credit for things they think we deserve, but they still insist on giving it to us. My bet would be that somehow if I talked to that 13 year old girl, she would give you a lot of the credit for that plan. I guess part of it is that the work is forever surprising, isn’t it, and maybe that’s part of the point that you never know what to expect. I feel almost daily if I see I have one appointment, the next appointment would always surprise me. People would tell me things that I did not expect.

AR: One of the other ways I have of know how pleasurable our work is is from my two nephews. Sometimes I would tell them a joke that a client of mine had told me or sometimes I would tell them that I was playing marbles with a 9 year old or sometimes I would tell them that I know a lot about what it’s like to be 22 and the latest band that is playing in town and they’re always astonished, they always say – “Do you get paid for this work?”, because they figure that if it was them they would just be having a good time.

ML: What I want to know is do you ever lose your marbles? I just want to add something to what I said yesterday when I told the audience about the Stanley Holloway experience and how I'm so often now greeted by – "Oh, are you still working?" or "I thought you stopped working a long time ago", and I often hear it in my mind as – "Are you still alive?" Of course that forces me regularly to think why don't I give up, but that also made me think that maybe it was one of the reasons why I have accepted Sophie's invitation to be interviewed by you on the question of what makes me last the distance. It's perhaps the need to reassure myself or to tell people that I'm still around, that I'm still working, that I'm still alive and kicking.

AR: I don't know if this will fit here or not but some of my colleagues, and I'm always slightly puzzled by this and I want to know what you think, some of my colleagues talk about the work that we do as if it were toxic as if somehow it was like working in a radiation factory and that somehow we need little lapel badges to know that we've had too much toxic exposure. I don't experience it that way at all, on the contrary I experience it as anti-toxic and I wonder why that is that some very good therapists in our profession actually, people who I regard highly say after many years of work that they have had too much exposure and now want to do something else. A colleague of mine started a book-shop recently and I telephoned him and asked him how it was going and he said it was very hard work and then he added that it was 'clean' work, and he was contrasting it to the work that we do as psycho-therapists. I struggled to think of our work as being toxic or unclean. What do you think?

ML: I love playing in the dirt. I love getting my hands dirty. Someone wrote a wonderful book about caring for the soul and I think what he describes is that caring for the soul occurs by working with dirt, you know, digging in the garden. Some people would regard digging in the garden, getting your hands dirty as dirty work, unclean and toxic. To others it would be nourishing work. That's the

nature of dirt, that's the nature of manure, that it's shit or dirt to some people or in some circumstances, but it also could be highly fertilizing and nourishing. It depends on what meaning you give to it, how you deal with it, etc. I think the way I see it is the danger of the work is that it could become toxic. That is the danger, but the promise always is that it's somehow fulfilling. I once thought of writing a paper which I titled 'Memorable Mistakes' and one of my most memorable mistakes was a woman who had a history of depression and multiple problems came to see me and she told me how recently she trained as a masseur and to her surprise everybody thought she was very good at it. People were flocking to see her because she just had the right touch. She decided to work a number of days a week in a hospice and she was massaging the dying and I asked her – "Why did you choose that?" She correctly heard the message behind the question and the message was – my thought was, how unfortunate, how silly, a woman who is prone to depression to go and work with the dying and she said to me – "The best decision I ever made in my life was to go and work there. Nowhere did people appreciate me more, gave me more of themselves, nowhere did I feel as deeply connected as working in the hospice". It was a very important and deep lesson for me. I'm sure that many people who go and work in a hospice would get depressed, would feel dejected, to this woman it was the greatest, most fulfilling, most life confirming experience she ever had.

AR: The presentation on Friday about doing family work with people who has a family member who is dying of cancer being described as some of the most rewarding interactions that this renowned therapist has found himself doing confirms that.

ML: You see, I speak on a more personal way. I have for many years, 20 or 30 years that I've worked regularly with Holocaust survivors, arguably these people have experienced more pain, more trauma than any other group in human history. In truth, I've often come home feeling distressed or upset by

what I've heard but the overall experience the word 'toxic' doesn't have one iota of resonance with me. I feel that I've gained a tremendous amount for working with these people and it's given me courage and optimism. So at one level I don't know what they're talking about even though at another level, at a cognitive level I understand what it's about. When you asked me about the importance of theory, you know I once described myself as a mongrel, as a theoretical mongrel, and I argued that the pure breed gets invited to all the shows but mongrels are much more robust. I think that being..... a full range of theoretical ideas and influences is one of the way of keeping resilient and keeping alive because I come to a conference such as this and I hear something new and one way or another I find a way of incorporating it into my way of working and I feel enriched for it so that the very mongrelism is a position to allows or encourages you to be more open. The more open you are, the more nurtured you would be. We know that diversity is a very important aspect of survival, lack of diversity is what leads to death. Extinction. Another common expression is that variety is the essence of life so, I believe, it makes me as a therapist enjoy my work more because I can come to a conference like an open book, I can have a conversation that would enrich me and the possibility of being enriched is there all the time. On the other hand, it makes my work easier because, I'm being crude here, patients would come to see me and start telling me about a painful experience that they've never told anyone before and in a way I experience them as telling me maybe you need to be Rogerian. I just need to listen and show a bit of empathy and that may be enough so I can be Rogerian one day but somebody else their need and what they are telling me suggest that I need to be something totally different and the more variability there is in my work, the more likely I'll be able to respond appropriately to my patients. Usually, of course one is not Rogerian or Minushkin or whatever but you are a very complex mixture and most of the time I don't know what I am, I am a therapist and my primary loyalty is not to have a theory or any range of theories but rather to do the best for the people that I'm with. Usually it means

to find the appropriate mix for this individual or this family that would fit for them today and maybe tomorrow the mix would have to change and usually the mix changes from minute to minute or from hour to hour.

AR: It makes such good sense to me that if you are find yourself response to many different models and many different colleagues that the same would be true of your work with people that that would make you more flexible and more responsive to the wide diversity of people and requests that come through your door. It's so authentic that I ask myself how classical psycho-analysts go about selecting their clients.

ML: At the most personal of level I can never understand how you can be theoretically pure. It's mind-boggling to me, how can you that nothing else influences you, impacts on you, that if you are a psycho-analyst, that not one system idea appeals to you, that maybe the wife's depression may have anything to do with her interaction with her husband, it's mind-boggling to me. If you are a psycho-analyst, that the possibility that the child's anxiety may be somehow related to the interaction between the family, I don't understand it at all. Yesterday when you asked me about the requirements of the work, I think what I was trying to tell you was this:

(1) That to do the work well we need to be not just mentally but physically healthy and fit. The work requires also a high level of discipline and to do it well you need to be alert but you need to be quiet and still and to be still and to be empty minded you need to be fit, it's hard work, and the other thing that I think is a personal requirement ideally is a rich, fulfilling and interesting life outside of work and to find the right balance between the work and the life that you have outside of the work. Then, I think, it could be a very mutually and enriching interaction between the two. To give just one personal example, I'm exceptionally happy about the fact that I have done many other works prior to being a psychologist and a therapist and I

think that somehow, in ways that I never have been fully to articulate, it has helped me a great deal in my work as a therapist. I often think to myself what sort of a therapist would I have been if did my matriculation, went to University and became a psychologist and a therapist without working like normal people do in normal jobs as it were.

AR: I did very few normal jobs but I do have a rich life outside of my work and there are two questions here really. I think that I'm very happy that I went straight from University to being a psycho-therapist. I think my clients have educated me in the ways of the world and I didn't have to be an architect or a doctor first in order to bring richness, but not only have my clients educated me, but I've also read all the time and listen to music and these are forms of work for me as well as pleasure which, by the way, gets me onto a little point that I left out earlier which I wanted to make and that is that reaching comes from a word which means – 'to make meaning of or to make sense of' – and I think reading and psycho-therapy have very interesting parallels which I'm busy working on now with something else I'm writing and I think that the psycho-therapy that we do and the reading that we do of our clients in making sense with them can be seen as educational, as well as enjoyable in the same way as reading is.

ML: Maybe I'm taking it in the wrong direction but I often wondered what is a better preparation background for being a psycho-therapist, studying psychology or literature. If you have to choose between the two, my guess is literature. That takes us probably in the wrong direction.

AR: And I'm one of three psycho-therapists in Perth who studied literature first.

ML: When we talked before about the use of language, you know one of the things that I enjoy so much is just listening to the words. Maybe partially

because English is not my mother tongue I have been even more interested in mastering the language and I listen with great intensity. I hear things that fascinate me beyond words. To give just a few examples – last week a woman came to see me and she said – “I’m sure I’m as popular as under the floorboards”. Forever I’ll remember her and I’m sure that as the therapy between us is going to continue that would acquire lots of additional meaning. Like the woman who once said to me – “I’m chewing the bitter pill” and I smiled and she asked me why I was smiling and I said – “do you know what is the correct expression and she said “no” and I said – “it is swallowing the pill”, and why I smiled is because to me it captures beautifully how you are in the world. She then proceeded to tell me how yesterday she went to buy a washing machine and how to other people she imagined that buying a washing machine is no big deal, but she was in torment and agony because she couldn’t make the decision about the washing machine and that became between us both a source of humor but also a wonderful summary of the task of therapy. How to stop making life into chewing that bitter pill, making it last forever. Another example, when I asked a man in the first session of therapy how he likes to be called, he responded by saying – “I am totally indifferent”. I had never heard anybody else respond ever respond like that. People usually say they didn’t mind, call me what you want, etc. To be totally indifferent – never. So I stored it in the back of my mind and the stories that he told me and his family for the next few months made that very simple, unusual and peculiar expression deeply meaningful. When you asked me about what theory forms my work, the answer is I don’t know. Let me tell you a story that I think illustrates. My secretary comes to me and urges me to see this woman as soon as I can, to let her jump the waiting list. It’s rare that she would do a thing like that. It wasn’t that the patient herself said it was urgent but it was somehow the way she spoke to my secretary so I accepted her urging and gave this woman an appointment. An 84 year old woman comes to see me and from her accent it becomes clear that she’s a European Jewess who survived the Holocaust, but she’s here today

because her granddaughter kissed her and to her dismay she could not respond. The surprise to her though that she felt all of a sudden was that she understood why she could not kiss her granddaughter and that made her so keen to see me. She said she realized that when she was young her brother sexually abused her and she believed that was the reason why she could not kiss her grandchildren and her children prior to that. I simply listened to the story and just asked a few simple questions to clarify what she was telling me. When she finished I asked her whether she thought that her difficulties in kissing has affected the quality of her mothering and grandmothering and she was convinced that it caused her children untold harm. I then asked her what they're doing, how they're doing, how are they faring in life and the story itself, rather than my summary at the end, I think confronted her with the reality that probably she was a very good mother and she was very proud of her children and grandchildren. I said at the end – “it sounds to me as if you have done a good job as a mother in spite of that very serious difficulty” and she absolutely loved that comment, but I then suggested to her – “would you be willing to go and talk to your children and ask them what did they think of you as a mother, what sort of a mother you have been to them”, and I then went on to say – “if you think it's appropriate you might also tell them about your difficulties in kissing them and explain to them why”. I thought to myself the chances that she would tell them about the abuse were not very high, but I still wanted to tell her that because I thought that this was my way of telling her that I thought it was the sort of thing that you can repeat, that it's not so terrible, and I thought that if she were able to tell her children that they would understand and forgive, etc. As it happened, she came back and she did check with them what sort of a mother she was, she didn't tell them the rest and it was a wonderful experience for her because they, in a sense, told her what she told me the week before that she was a pretty good mother. They were happy with her. Before long she forgot about the sexual abuse, or it faded out of conversation between us, and she started telling me about how terrible her mother was for neglecting her in the first place, for

allowing the abuse to take place, for not caring about her, not showing any interest in her children when they were born, and so forth. Then at some stage she turned to me and asked – “tell me, why was my mother so cold and cruel to me?” I asked her questions about her mother’s background and tried to offer different explanations for why her mother was the way she was on the basis of her history, but it was of no interest to her. It just did not make any sense to her, it had no meaning for her. Then one day I simply said to her in Yiddish which was the language that her mother and my patient spoke to each other. I said to her – “do you think that your mother may have been a bitch?” Her face lit up and she said – “Yes, that’s what I think it was” and I then said again in Yiddish – “do you think she may have been a witch too?”, and she was even happier. That explanation of why her mother was the way she was was deeply satisfying to her and it enabled her from my point of view to move on. She came to the next session telling me that her mother came to her in her dream and in her dream she said to her mother in Yiddish – “leave me alone”. She kept repeating over and over again – “leave me alone, leave me alone. I don’t want you to come to me any longer”. Mother continued to come and after a few weeks of that my patient changed her tune and in her dream said to her mother - "I’m no longer angry with you”. After repeating this a few times her mother stopped coming and she came to another session and we talked and things were very good, she was happy with the outcome and she also told me that for years, since the end of the war, she has had therapy, she had seen many psychiatrists and psychologists and I asked her why did she never talk to anyone about the abuse and about her mother and she was, I think, unable rather than unwilling to explain it and I was left thinking why did she tell me, was it because she was getting older and therefore became less inhibited and was able to talk about things or was it because death was getting closer and she needed to get it off her chest before dying or was it because I was a better listener, at the end I don’t know. What I do know is that when we decided to stop therapy and she was saying goodbye, she was saying to me – “do you mind if I kiss you?” I

replied – “of course, it would be very nice”. We kissed and said goodbye. I can tell this story now because at my stage if I get kicked out of the psychological society for kissing my patient, it doesn’t really matter. I then went home and told my wife and she said – “well, if she’s 84 that’s all right with me”. My question to you is, what was the theory that informed that work or that accounts for that work or explains. I don’t know.

AR: Whatever it is it’s not pure-bred.

ML: Let me be difficult, let’s say it’s mongrel. Mongrels still have parents. What are the sort of theories that one could possibly evoke to account for it.

AR: Not being pure-bred doesn’t mean to say you’re not bred. It means that your influences have come from very many diverse sources. In some ways I would be hard-pressed to answer another question, what theoretical models of psycho-therapy were not used for in this story because in some ways I could go through a catalogue of psycho-therapy models which have been useful in part in this story, but have been edited in with other models so that to leave a whole piece of work you listen very carefully and perhaps held back on your response in the early part of the meetings with this woman. You moved her then quite quickly towards the possible systemic understanding that she might bring to bear on her difficulties with her children and her mother. You allowed space for the dream-world and you humanistically collaborated with a phenomena that you’ve been presented with.

ML: You see, what I’m debating in my own mind and perhaps with you is the question is the question – is the exploration of the theoretical models, obviously we both agree that there are lots of influences, but is it a meaningful conversation, is it worth having, is it worth thinking about, the influences, it’s

one level I feel it's a bit like looking at a river and trying to work out where the water comes from.

AR: It's probably not of great consequence for you to do that but perhaps why you want to do that is to help other people to build a bridge between the work you do and people wanting to learn this work or understand this work from the outside in order to say what you do to other professional psycho-therapists or to those wishing to learn from you. You might tell a story but you might want to anchor this story in bits and pieces of theory that are related to it so that they can make sense of it for themselves.

ML: Yes, I know that as a teacher of psycho-therapy or family therapy I'm often asked the question what's the theory and I guess I'm expected to teach theory so if I tell that story and I'm asked what the theory is I have to struggle to answer it, but as a therapist, in my own pondering, I find it a boring, irrelevant and uninteresting question.

AR: It's interesting, yesterday, I don't know if you heard, one of the words I described you to me as 'uncompromisingly self-possessed' and I think only in recent times have I had the experience, and I want to know whether you've always had the experience of thinking to myself whatever the theory might be that has already been written, the theory that I have just may be in relation to this person is substantial enough.

ML: If I understand correctly what you are saying, if I have a theory or one of my theories is that people are different, to some extent one of the problems with family therapy is that it's very crude in its description of individuals of families. We have families who are either enmeshed, disengaged, but people are much more complexed, more unique. What I'm interested in is finding the most unique and most appropriate way to describe that individual or that family and

to relate to them in the most unique and original way that I can and, of course, that makes the relationship between us more unique, new, fresh and therefore not toxic. I suspect myself that what leads to toxicity is lack of variability, lack of variety, lack of diversity. If you work in the child abuse area and you see all the problems in child abuse is related to A, B or C, whatever that A, B or C is, and the treatment of it is whatever it is and you repeat it one day after another, you will catch it in the end, if not early. If you are very alive, as I hope I was with this woman, to the very unique quality of what she presented to me and how she presented it and together we co-created a way of working to help her to resolve her difficulties. We have done something that she has never done before, that I have never done before, that was never done before. We created something fresh. Once only, never to be repeated.

AR: That is the way I like the metaphor of the compass because you and your patient have gone into new territory, but you haven't made up all the theory that you used in that session. It came with you, much like a travel guide goes with the traveller and I sometimes describe myself to my patients like that, that I would travel with them because I have knowledge of things like compasses, the best hotels to stay in, how to deal with airports or money, but as to the destination I've got no knowledge yet of where we are going to go and I always add that as far as package tours are concerned I'm completely uninterested. I find myself completely disinterested in the package tour. You in your work with this woman were making use of many theories but I think you were generating a theory at the same time and I'm interested in there being, what you refer to as crude theory, e.g. crude family therapy theory, and very specialized application in precision sense in the work itself so you have to move in your mind from a crude theory which is crude because it has many applications through the theory that the session itself is generating and the territory which is new in that particular session. It's an unique combination.

ML: I'm not convinced that the real question here is the theory I've brought to bear but rather an universe of clinical experience that within it there are theories. It's not the theory, it's a whole range of experiences. I have the experience of talking to a woman like that, of choosing the right language, of knowing how to smile and when to smile and laugh together. Theory comes into it but it's not theory because therapy is not 5 gms of this theory and 10 gms of another theory, it's a way of being with another person. I'm a keen tennis player. The making of a tennis player, you use all sorts of scientific principles, you can use the principles of proper diet, physics, you may use statistics to work out which direction to hit the ball to win the game, etc., but at the end of the game, at the end of the day, when you play the game this is not science, it's being. You're just being something and when I'm with this woman I'm practicing what I've been doing for many many years. That way of practicing has been informed by theory but it's been informed by many many other things which are much more significant than theory. I think it's a mistake to reduce it to theory, that in itself is a crude description and I know that mostly I'm a therapist first and a lot of my theorizing was studying what I'd done after I'd done it and seeing if it worked and trying to understand why it worked rather than the other way round. I think it's true for other people in the field, but very often it's not that we do things and then we find ways of explaining it. I think there is nothing wrong with it, it is healthy and appropriate but there is a tendency to say it's as if the theory comes first and from the theory we deduct or deduce how we work.

AR: That word 'practice' is a very good word, isn't it. We practice psychotherapy. I'm reflecting on other professions while you were talking and thinking that lawyers, do they have a theory. The law is the theory but it is an accumulation.

ML: The way I think of it, family therapy of the 70's was dominated by issues of power. Whittaker wrote about the struggle for control. In recent years in the

psycho-therapy industry more and more of the writing has been about the uneven distribution of power, by the therapists being so powerful. I think the family therapist that I first met was enamored with power, was caught in the metaphor of power and with the passage of the years I've thought a great deal about it and the first thing I have to say is I personally never feel powerful. When I talk to my students, the people I supervise, I have never met a therapist who feels powerful. I think the way I think of it is a bit like this. If you have an objective analysis of it, a mother is very powerful in relation to her infant, but the mother who comes to see me because she cannot stop the baby from crying doesn't feel one iota of power, she feels powerless and therefore I think we often make a terrible mistake between confusing an objective analysis of what we think power is and the experience of power by the people as it were. Beyond that, at a different level, I think that increasingly I have worked towards a position where I shy away from the wish to have any power and the more successful I am in disavowing power, in some way the more effective a therapist I am or as some people might like to call it, a more powerful a therapist, when I say to my patient – "you decide who should come to therapy" and I may help them in their decision and they make the decision, I'm more powerful somehow because I work more effectively with them.

AR: I thought there were two sorts of power, one sort which you probably do have, that you have influence because of people's needs to put you in a position of influence and perhaps you do have some power in that respect. Maybe you think you don't but the other form of power is where you wish or when a person wishes to change something in another person, where those people do not wish to go in that direction, and in that respect I presume none of us have power. You were talking about how powerful you are in getting your students to think in certain directions or getting people to take up yoga.

ML: I don't feel powerful in the simple sense that if somebody doesn't want to come to see me they just don't turn up to the next appointment. If I just use one wrong word, I don't smile at the right time or I frown, they don't turn up at the next appointment. I get dismissed. They have a right to dismiss me at any time so it doesn't make me powerful, they're powerful. I'm not allowed to say to anybody a word about what happens between us, they can tell everybody what a crummy person I am and I have no right of defense, that's not very powerful. To give the other example, I'm a bit crazy about yoga, it's something that yoga has given me a lot of pleasure over the years. It's been helpful to me so every so often I can't restrain myself and I recommend, suggest to some of my patients to do yoga. Nobody has ever taken me up on it so if I'm so powerful they would have.

AR: Do you think doctors have power?

ML: When you're under the surgeon's knife and he is about to cut you, then he's very powerful in relation to you, but if you look at the medical literature, one of the things that are very common is non-compliance. Doctors are terribly concerned about their lack of power, their failure to get their patients to do what they tell them to do. About half the patients in Australia today go to alternative medical practice rather than to go to the GP. If the GP had the power they would stop them from going to all those cranks. In a way the doctors have much less power than they would like to have. I think they would have more power and in that sense I have more power or influence because I don't seek to have it. Of course I find myself from time to time wishing to have more power, but I try to recognize it and fight against it rather than accumulate it as it were. Just on the lighter side of pleasure, two other things which have given me lots of pleasure, one of them was this. When a woman came to see me recently and when I said that God brought her to me, she said – "I don't know if you remember but 30 years ago you saw my son and he came to see me last week

and he asked me if I remembered 30 years ago I made him see this man for therapy and now he says it's my turn and he won't leave me alone until I came to see you".