

Zig Zagging All Over Again: An Interview with Moshe Lang

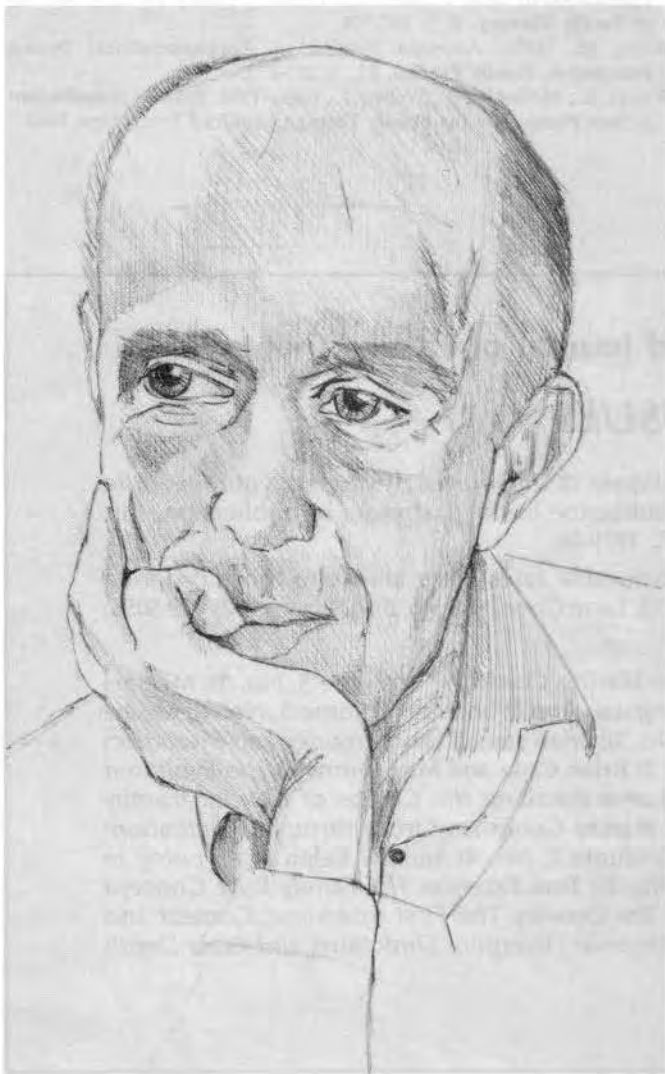
Catherine Sanders*

Moshe Lang was one of the pioneers of family therapy in Australia. Before establishing Williams Road Family Therapy Centre — which offers a range of therapeutic, teaching and consulting services — he worked for many years at Bouverie Clinic.

Moshe has been President of the Victorian Association of Family Therapists, a founder of our national conferences (he also gave the very first Opening Address) and a founder of this journal, later becoming Foundation Chairperson of the Editorial Board.

He has taught in most centres in Australia and New Zealand and has published several papers characterised by thoughtfulness, humour and lucid, direct expression.

For many years he has espoused the value of story telling as a medium for learning, and the importance of exposing one's work for critical appraisal. These concerns are reflected directly in two sections of this journal — Story Corner and Audio-Video Review. More recently he has co-authored with his wife Tesse a book of stories about his experiences as a therapist, entitled Corrupting The Young and Other Stories of a Family Therapist.



Catherine Sanders: *I am interested in the personal and professional influences that have made you the therapist you are now, and your current influences. When you look back on your life, what are the things that stand out for you?*

Moshe Lang: Any person's life is such a complex fabric of influences that on different days, in different weeks, in different moods, you would answer in a completely different way. I will start with something that may not be the most important one, but the one that comes to mind.

From very early in life I have a very deep distrust of theory. As a child, growing up in Israel, I heard and read the stories of the Crusaders. As I wandered throughout Israel, I saw the ruins of the Crusaders' castles and cities. On their way to the Middle East they slaughtered the Jews, yet the doctrine that drove them was the doctrine of love. That brings me to last week, when I read in the paper of the Pope, the man who is supposed to be the representative of Christ on Earth and the doctrine of love, giving legitimacy to Waldheim. On a very personal level, I was influenced and grew up in a Zionist Socialist-Communist movement, and the political figure I admired most was Stalin. I think most people in Australia would not be able to appreciate the depth of the identification that somebody like myself experienced. It went through every fabric of my life, so that the songs that I sang as a child and that I still sing in the bathroom, are those Russian songs, with a picture of Stalin in my mind. Later during the 20th Congress of the Communist Party, I discovered what Stalin had done: that he was responsible for the deaths of about 20 million people.

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I started work as a psychologist in 1965, and on Friday morning, regularly, I did psychological assessment which consisted of the WISC sentence completion, TAT and sometimes the Rorschach. I was asked to see a young kid about 12. I still remember his name and his red hair; he had suffered from primary encopresis. I was giving him the TAT and he was talking to me through it, telling me a lot about his life, his family and his relationship to his parents. He was talking with terrific intensity and got terribly absorbed in the stories. These showed his anger and resentment towards his father. I cheated a little because I was so interested and asked more questions than were allowed; I had a sense that I was on to something very important and encouraged him to tell me more. The following week, the psychiatrist who saw the parents was told that for the first time in his life this kid had stopped soiling. Now, that did not fit any theory, there was no theory I knew that allowed for such a sudden change. I believe, in my heart of hearts, that what brought about the change was what happened between us. I kept this idea to myself, because I was worried that I was wrong and I would make a fool of myself because nobody would believe me. The accepted theory was that sudden change cannot occur, that change has to be long and painful. There was no theory to account for what had happened.

Catherine: *What is the place of theory?*

Moshe: It has a place. You cannot avoid having a theory but you don't have to love it or worship it. If you want to look at the landscape, you have to stand somewhere. Ideally, you should be aware of the limitations of your theory. You are viewing the landscape from a given position, and you should be aware that the landscape would look different if you look from a different position. Most of us talk about the advantages of theory but rarely about its limitations. Theory does not just inform, it blinds.

Catherine: *And how are we blinded by our theory, what are we missing?*

Moshe: The individual and inner life.

I think there is no family therapist who really believes in systems theory. I don't. I do believe in personality, in the sense that there are certain personal attributes that are beyond context. Intelligence is one of them. In the best contexts, an intellectually handicapped person would not get a PhD.

There are one or two episodes about theory that are important to me. For example, I became very interested in school refusal. One of the key theories was that school refusal is synonymous with separation anxiety. Now, I worked with lots of school refusing kids, and I noticed that lots of them could not separate from home, and usually mother, when school was in. During the holidays there was a large proportion of them, about 30%, who could go anywhere including camps. Then I had to stop and think, and the way I understand it now is that the separation anxiety itself is context bound. It was separation anxiety vis a vis the fear of school, and when the school was not there, separation anxiety did not seem

to be operating for some of the kids. Similarly, I noticed that the majority of those kids seemed to be terribly unhappy, depressed. I started talking about the kids being depressed, and the response I often got from my colleagues was that it cannot be, because children cannot be depressed, since they do not have a super ego. The degree to which the theory blinds was so overwhelming. I was talking to these kids and observing how depressed they were. They were seriously unhappy and their unhappiness was affecting every aspect of their lives, yet here were my professional colleagues and the books saying that kids could not be depressed. Such experiences make me distrust theory. With a colleague Miriam Tister we investigated these clinical observations. This led to the publication of the Children's Depression Scale.

By the way, it is interesting to reflect how differently I would investigate the same material today, not because the clinical problem has altered but some of my basic assumptions are now different.

Catherine: *What are the other risks for family therapists now?*

Moshe: Another risk is of family therapy theory being enamoured with power. A lot of family therapists are head over heels with power. Potentially it is a very destructive metaphor, particularly if it is the primary way in which you think of your relationship to your own clients. In a lot of family therapy, the therapist appears to be engaged constantly in the exploration of ways of being more powerful than his or her patients. The constant fear of being defeated by our clients is just crazy.

The other risk is the disregard for empirical research, or distorting its definition and so rendering it meaningless. The story of Palazzoli is very worrisome to me in some ways. When she originally published *Self Starvation* I thought it had some very significant ideas. A few years later, Palazzoli *et al.* published *Paradox and Counter Paradox* and a lot of the ideas that were proposed in *Self Starvation* were dismissed. A few years after *Paradox and Counter Paradox*, we read of the new theory of the universal prescription, and a lot of things she said in *Paradox and Counter Paradox* were dismissed, and the reason for their dismissal is not clear. The whole of the field got terribly excited because *Paradox and Counter Paradox* suggested the possibility that maybe we have a way of treating and understanding schizophrenia. Then a few years later it is being forgotten. We have seen hardly any empirical research investigating the proposition that we can cure schizophrenia. That is terribly irresponsible. Imagine in medicine, a claim for the cure of cancer not properly investigated! What is Palazzoli doing now? She is saying I'm experimenting with the universal prescription, I am doing an experimental procedure by keeping the prescription constant and I can notice with greater clarity the variations in family responses. However, she also says that those who refuse to follow the prescription are dismissed from therapy. None of us is told how many are dismissed. On any level of empirical research, this does not make sense. On a moral level, it is also worrying. She claims she is doing something

experimental and therefore you cannot be sure about its validity. Yet she insists her patients follow instructions. If they don't, what happens to them? What ethical values do you hold when you dismiss people? To me it is a very scary power trip.

Catherine: *So where do experimentation and the scientific method fit into what we do?*

Moshe: My father spoke German, my mother spoke Polish and I grew up speaking Hebrew, so I realised different people speak different languages. One of the languages that is useful for understanding the world is the empirical language. The problem is that most psychologists and empiricists tend to believe that it is the only language for understanding the Universe, and therefore they are in trouble.

It is one way of looking at the world, but not the only one. Certain claims can meaningfully be explored by the empirical method; for example, the claim that family therapy can help anorexia, lends itself clearly to empirical research. Other claims cannot, or are much more difficult; you have to distort the claim in order to fit into the experimental procedure. Whether we like it or not, we are not going to go places unless we do more empirical research, because the politicians and health administrators will not support us, without empirical backing.

Catherine: *What is your understanding of the fact that people like Minuchin, for example, did try to start that trend; he was trying to see that what he claimed actually worked, yet that has not been picked up; if anything, it is denigrated in the field.*

Moshe: There is more glory in being an originator than in doing back-breaking empirical research. I think it is to do with the American culture where family therapy developed, where new is best, so there is an ever accelerating pace of new theories, new books, but very little in the way of thorough investigation and careful documentation.

We won't find a single method of study that will answer all our questions. We need to study in different ways. There is value in asking large questions and small questions. The large question, for example, if the aim is to help the family of an anorectic patient, is whether the patient stopped self-starvation. In other words, are we delivering what we are supposed to be delivering?

Catherine: *In whose terms? . . .*

Moshe: If we make claims then we should investigate them in the terms that we propose. Then if we deliver we could ask the next question, which may be the Milan questions or Haley's questions or whatever.

Catherine: *So essentially what you are saying is that you need to start from the outside and work in.*

Moshe: That's one way of saying it. If you want to, you can start the other way round. I am saying that there are different ways of studying and there are different ways of looking at the world.

Catherine: *Who should be doing this? Should family therapists become skilled as researchers or should family*

therapists be looking for researchers to be doing our research for us?

Moshe: Both, whoever has the skill and the inclination.

Catherine: *And if it's not done, what do you think will happen?*

Moshe: Nobody is going to take us seriously, perhaps not even ourselves. Another danger is that people like myself will become very disillusioned with the field and will look for greener pastures, or we may be caught in the popularity stakes of competing for who is going to be invited to give more workshops, who has the largest following, who would be the guru of the day or the flavour of the month.

Catherine: *We may take ourselves too seriously?*

Moshe: Sometimes, and our patients pay for it. What really scares me is the thought of the therapist who dismisses patients who won't do what they are told.

Catherine: *So could I move from that to placing the whole activity of therapy within the wider context of the current society? There are some people who see therapy as a radical protection of the innocent and there are others who see it as benign policing. Where do you fit therapy?*

Moshe: I think both are true. It depends on the therapist and the context. If the question is "What difference has family therapy made to the world at large?", the answer is "Probably very little". Hopefully, we as a movement, in Australia, have trained a number of reasonably good practitioners who have managed to help some of their clients to live a more fulfilling life, but in terms of the things we were talking about earlier, family therapy has made very little difference. I think if we actually did a survey, we would be lucky if we had an impact on the lives of 1/2% of psychotic patients and anorectic patients, let alone other patients who are suffering from psychosomatic illnesses or other psychiatric or social difficulties.

Catherine: *Should society put up with this?*

Moshe: Yes, they put up with worse; we are basically decent people; some of my best friends are family therapists.

Catherine: *For what reason? What value if we make so little change, when there are issues like the health funds paying benefits for psychologists, psychiatrists and doctors, which come from everybody's pocket?*

Moshe: I have practised outside the public sector since 1979, by and large without rebate. I think my practice has improved considerably. The contract between me and the clients is private, there is no third party to pay for it. It makes them work much harder and it makes me work harder. We are answerable to each other and no-one else. Maybe it would be better if we all practised this way. However, what is unfair is the way the system discriminates between therapists and thus takes away the freedom of choice from our clients.

Catherine: *I want to come back to you as a therapist and as an individual. From my point of view you are someone who is a mass of contradictions. At one level you have been the iconoclast and the 'stirrer' as you describe yourself, yet there is another level where people look to*

you as one of the foremost leaders. Can you talk about that?

Moshe: I agree, I think of myself as a rebel, as a person who asks difficult questions and who does not necessarily have the answers, as one who sits and watches the parade and thinks "Doesn't everybody look funny, including me sitting and watching it", yet I know that I'm regarded as one of the leaders of family therapy. I don't know what to say, short of acknowledging that there is a discrepancy between the way I experience myself and the way others see me.

Catherine: *And how important is it for you to be a stirrer? If you lost that, what would you lose?*

Moshe: Myself. I had a terrible time being the President of the Victorian Family Therapy Association because I felt that in that position I was supposed to speak on behalf of an organisation and at times I had to say things I just did not feel comfortable with . . . It was very destructive to me, and probably I was a very bad president.

Catherine: *So how important is that aspect of the stirrer and the rebel as a therapist?*

Moshe: It is essential for me. In my own therapy I am very radical and very conservative. I am radical in that I encourage my clients to find their own solutions to their problems and to explore and look at solutions that may not satisfy anybody else but them. This makes my work very exciting as some of the solutions they come up with are not what I would have imagined in a million years, but they suit. I think we should not get caught up in changing the world; it is enough if we help our clients to change. We could aim for too much and as a result achieve nothing. Or we could be satisfied with our simple role, which is not simple at all, of helping the individual person, couple, family or whatever, to change in ways that are true to them. That is a very radical thing. I am sure that many people I have worked with, have become more defiant individuals, they have stood up to things and were themselves agents of change in their own lives, in their own institutions and so on.

Catherine: *Another apparent contradiction I am interested in is how you manage the questions of power and control and strength and weakness. When I see your work there is a sense of your innocently asking the right question that leads to enormous impact in the people you deal with. Can you talk about that?*

Moshe: This world is a crazy place. People come to see me, and pay me good money, to tell me all those marvellous stories. I am very curious and very interested in people and so I really want to know how they feel, what they think and why they do what they do and I guess that comes across. What fuels my questions is a very deep curiosity. If I am as powerful as you suggest then I guess it comes from my reluctance to have power. I give myself the freedom to think aloud, and the freedom to put a certain degree of transparency into my thinking. I say, "I wonder if that would be helpful". I am reluctant to prescribe or recommend or assert, and the more reluctant I am the more eager my patients are for me to tell them

what to do, then on those rare occasions they are more eager to do it.

Catherine: *So are you more reluctant because you know that if you tell them they will be eager to do it, or are you more reluctant because you are more reluctant?*

Moshe: I am more reluctant because I don't really want people to do what I tell them; it is one of my dreads. Recently it happened in supervision one of the group said she had "chucked her job in" and I asked "Why?" and she said "Well the week before you said something . . ." and I got scared. That's one of the problems of being a 'leader'. I like to have freedom to play with ideas. If I say something just because it occurred to me and people take it so seriously and act on it, then they restrict my freedom to say something as it comes to mind, knowing that it may be stupid, and then if need be apologise. I am reluctant to exert power and influence over people. I want my patients to find their own understanding and solutions to their difficulties.

Catherine: *Where does that leave you as a teacher, because what you are saying is the more you become a leader in the field, the more you are looked to as having the answers.*

Moshe: I tell everybody I haven't got the answer, but they don't believe me. I think the job of a good teacher is to provide the context that promotes learning, growth, creativity and you hope that your students make their own sense of it. Good teachers not only provide the context, but they also provide a personal example, which is not just because they are good at what they do but also they love what they do and communicate excitement and commitment. I remember as a beginning therapist, how frustrated I was reading the few books there were about therapy, and wondering at the end — what the hell did she actually do, what did he actually say? It was like reading about tennis or football or painting without ever being able to see a match or a painting. Perhaps that is why I became a family therapist, because family therapists were prepared to show what they were doing, and I like to see the real thing. When I became a family therapist, I thought it was my duty to show my work and share my experiences and it wasn't with the thought that people would become like me; that is my fear, not my hope. Hopefully they see something that appeals to them and makes good sense to them and they will incorporate it into their work, but that is different from hoping that I trained them in 'my way' or in 'a way' or in the 'right way'.

Catherine: *What makes a good family therapist, as opposed to an ordinary family therapist?*

Moshe: The number of good family therapists that I know are very few. The number of therapists any one of us would be willing to go to or recommend to our nearest and dearest is very limited. I believe that Rogers was right. When we look for a therapist we look for somebody who is a serious professional, who has read the literature, is aware of the various theories, and has worked in a number of ways. More importantly, it would be somebody who, to use Rogers' language, would display acceptance,

unconditional regard and genuineness. One of the greatest fears most patients have, is that they are going to be exploited, that they are going to be hurt.

How do we train family therapists? I think we should look back to the origins of family therapy. One of the first things that excited me was Haley and Minuchin's experiment, of recruiting untrained people, because I think they recognised that all the reading and professional training is probably immaterial and irrelevant. If we could widen the range of people we train, including non-professionals, we may get the right people; those would be voted by their peers as the people they would want to go and talk to if they were in trouble, because they have that human quality. I suspect we all know what it is but can't put into words.

There is an old Jewish story about a Rabbi who would never stay for a drink with his congregation after the service. One day it was the barmitzvah of the son of the most important member of the congregation, and he felt duty bound to stay for a drink. The mother of the barmitzvah boy went to the Rabbi who asked "How did you like my speech today?" and she said "Rabbi, to tell you the truth, it was terribly boring". Her husband got very embarrassed and said, "Rabbi, don't take any notice of her. She doesn't know what she is talking about; she is just repeating what everybody else is saying".

What makes a good therapist is somebody who doesn't repeat what other people are saying. When you talk to them you don't feel you are talking to a book, or a theory or that he or she is just a go-between. You have a sense that it comes from them, from their life experience, from what is true for them.

Catherine: *How could you teach that?*

Moshe: You can provide a context in which you encourage people to be themselves, and tell them their life experience is of great importance. You tell them they should know all the theories but shouldn't use them unless they make personal sense to them. You teach them by not imposing your own view of things. You expose them to it but tell them, "Feel free to use it or not to use it". I think part of providing a good context for learning, is when it is as easy as possible for the trainee to talk about the things that are difficult to talk about, about their moral and ethical dilemmas, about their anxiety, about what they have been taught, and how it fits or doesn't fit with their own experiences.

Catherine: *In your view, should it be a requirement of training programmes that students have their own therapist?*

Moshe: No, it should not be a requirement because the strength of family therapy as a movement is derived from its multi-theoretical approach. We often talk as if family therapy is one thing, which is not true. Family therapy is a very diverse movement of conflicting ideologies and practices. If you look at the training aspect, Minuchin and Haley and MRI had a profound effect on family therapy. Yet their training and theory did not require personal therapy or exploration of family of origin. I would hate

to be involved in a family therapy that excludes Minuchin, Haley or Watzlawick or the people who have trained with them. In contrast, it is very difficult to imagine the family therapy of Bowen practised, without the trainee getting the opportunity of exploring their family of origin. Variety within the movement is one of the exciting aspects of family therapy.

Catherine: *We haven't finished talking about influences. Would you run through those?*

Moshe: I talked about my distrust of theory. I grew up in a multi-cultural society. My parents came from different cultures and I grew up in another culture. It touched every aspect of life, the way you eat, dress, listen to music or raise your children etc. It made me both aware and fascinated with the variety of human nature. I hated school. One of the most vivid pains I can recall is having to sit through my lessons. Most of the time I wagged it. Formal education, somebody talking and writing on the board, I find terribly destructive. I found it so destructive and painful I couldn't take it, and I escaped from it, and I am grateful to the education system for allowing me to escape without too much trouble. I think because I was able to escape I was able to retain my intense curiosity and the ability to play, that would have been destroyed had I been forced to stay and cope.

Catherine: *So you protected yourself.*

Moshe: Yes, but within that terribly boring context of school, a few things stood out. One of them was the headmaster who, when one of the teachers was sick, would come into class and tell us stories. I remember in that desert of sheer boredom he would talk and I can still experience the tickling of the spine, when he was telling stories. The other profound influence was that at the age of 10 I joined a youth movement, and again we had a leader who was a first-rate story teller. The youth movement had a programme that was supposed to be educative, to teach us things that had values attached to them as well as information. This guy did that by telling stories. It was a superbly engaging way of communicating, educating and imparting information.

Another thing about the youth movement was sitting around with someone who was only a few years older and talking and arguing. I developed a passion for exchanging experiences and ideas with other people; it shows in my work. Therapy for me is sitting together with people and having a conversation, a chat; the only difference is that the chat is about something which concerns them. The other influence for me was that at age 15 I became a Youth Leader myself, so I had a very early start in telling stories, having conversation and influencing kids. It was also voluntary, unlike school, and you had to engage them otherwise they would not come; just like therapy, you have to engage people. At the age of 18 I went into the army; at 18½, I was a sergeant in the army, so there again I was responsible for other people. Then I was a teacher, in fact I gave private lessons when I was 8 to a couple of 6 year olds. So in one way or another, I was in training very early for becoming a therapist.

When I did psychology nobody considered the possibility that my fairly extensive life experience had any relevance. What had relevance was theory and rats and stats. The danger of this is that we de-skill the people we take into training. Looking back, from '65 to '78 I worked at the Bouverie Clinic and Geoff Goding was the superintendent. During that time Geoff would have had a big influence on me with daily interaction, conversation, but most importantly by providing a very helpful work context in which to practise and develop my skills.

Catherine: *What do you define as the powerful current influence in your thinking and your work?*

Moshe: That is easy to answer — my patients, without any shadow of doubt. They are my teachers, my masters, and they always have been. They know that they are my teachers as I am explicit, I ask them how I have been helpful or unhelpful and I encourage them at all times to teach me. At the end of therapy I ask them to tell me again how they understand what we did together.

Catherine: *And the other influences?*

Moshe: There are different levels of influences. At one level there is my wife Tess. I think it is very important for me to be able to talk regularly about my work with somebody who does not speak in a professional language, so that I have to speak in plain English which is much more personal. Tess is a constant listener and sometimes she does not want to listen, she is sick of it, and that is good too, to be reminded that there are other things in life apart from work. The other one currently is Brian Stagoll. Brian is my partner and we talk to each other. He reads extensively and keeps me informed. I read and talk to people every day, and it all influences me, my work is a mish mash, a salad, a goulash of all sorts of things. I discover things every day that influence me and they go into that big pot . . .

Catherine: *What is the main ingredient in that pot?*

Moshe: Sometimes I think it is Milton Erickson, sometimes it is Freud. I was very influenced at one stage by Minuchin. I don't know if it is Minuchin the theorist or Minuchin the practitioner; he is a marvellous practitioner. I have been influenced by Harry Stack Sullivan, Reichman and feminist literature. I could go on forever. I struggle with it all and try to make some sense of it.

Catherine: *How would you feel if somebody said that they were basically influenced by you — "I am a Moshe Lang therapist."*

Moshe: I will quote somebody I don't quote often — Jung, who said "Thank heavens I'm not a Jungian."

Catherine: *Your detailed case analyses have been found useful and appealing to many people. Could you talk about those?*

Moshe: I guess I followed family therapy tradition. I was particularly impressed when I heard and saw Minuchin present some case analyses. Most of us do help families to change from time to time, but we rarely know what it is we do that actually brings about the change. Some years ago I saw a family where the 12 year old son was

refusing school and threatening suicide. I asked them to bring their 16 year old to the next interview. She had also refused to go to school but somehow overcame this difficulty. Lately to get a job as an apprentice hairdresser she had made 97 telephone calls. I was most impressed and told the family so and congratulated them on the fine job of upbringing they had done.

On reviewing the tape I noticed that the parents did not communicate at all and they commented on their poor relationship. After I congratulated them a very dramatic change occurred. For the first time they turned and looked at each other, and acknowledged each other with considerable warmth. This was an exciting discovery. I saw the moment of change and the events that led to it. Reviewing the tape offered precision and clarity that blew my mind. It was there for all to see.

The first analysis of a tape that I published was *Debbie and Her Slurping Stomach*, which I made with Tesse. I showed this tape to different groups. To my astonishment, my interest in the material kept increasing with each presentation. So after seeing it 10-20 times it was more interesting to me than to my audience of therapists. I kept making new observations and seeing new things and my different audiences made new and different comments, and even after numerous presentations someone would make an observation that was so potent and obvious that I wondered why no one had seen it before. So I decided to write it formally. At first I was more interested in the more obvious interventions and task-giving at the end of the session. On careful study however, I was convinced that it was the conversation with the family throughout the session that subtly led to a number of shifts. From then I realised I didn't need to work so hard. As well as attempting a careful analysis of the session with my co-author, I also asked a number of my colleagues to read the article and view the tape and then offer their comments. This is an expression of my life-long interest in multi-culturalism and multi-theoretical approaches. I was always fascinated with different views and descriptions of the same phenomenon.

Catherine: *What made you move from there to Blackmail is against the Law?*

Moshe: Margaret Mead. I have always thought that Bateson had more important things to say than Margaret Mead, but she influenced more people more profoundly because she wrote in plain English. At Williams Road we were planning a workshop entitled 'Successful Family Therapy'. By this stage I was doing quite a bit of teaching and the thing I constantly heard from my students was that they felt terribly inadequate because they were always shown tapes of brilliant therapists with snappy therapy, and bang, bang, bang, "the family gets better." They would say, "We try and ours is clumsy and we are struggling and there is a lot of pain for us; then we watch the masters again, and instead of helping us it reinforces our sense of inadequacy". So I thought I'd better show them a tape of me eating glass and spitting blood. That is why I chose the 'Black family' for it is quite clear that

I worked so hard, I struggled, I was tearing my hair out. In fact I remember in anticipation of presenting the tape, Brian and Tess came with me to see it on the weekend. By the time we had finished the hour viewing we were all intensely depressed. The blackness was so phenomenal. I remember thinking to myself, "My God, if I do that for 5 hours every day how will I survive?" The initial impetus was to show my students an experienced family therapist, struggling and not knowing what to do. Once I showed it I got interested and I found another person who was prepared to study it with me. It was a very valuable learning experience for me to spend a number of years analysing the whole five family sessions. Peter McCallum and I reproduced every word, and struggled with the material. We shared some ideas, but also had some very significant differences, Peter had a very rigorous analytic training and he is much more committed to that way of thinking. It was a fascinating few years of dialoguing about theory and about understanding and about meaning, not in any abstract airy fairy way, but in terms of how it applies to a family of four and myself.

Catherine: *As a therapist, you bring a lot of yourself to therapy than just the face of theory. As therapy can be harmful to therapists as well as to clients, how do you protect yourself?*

Moshe: Some days I think I know how to protect myself and other days I think I haven't learnt a thing, I come home so upset and so distraught, and feel as stupid as the day I came into this thing.

I will start on a theoretical level. It seems to me that if you take systems theory seriously, then you assume that what happens on one level of the system will replicate itself on other levels of the system; then if you don't look after yourself in the process of therapy you cannot look after your patients and therefore you cannot be a good therapist. How do you look after yourself? First of all by saying . . . that it is alright to look after yourself, that it is helpful and appropriate, not just for yourself, but for your clients, and also for your family. It means in practical terms, if your patients talk to you and you don't understand what they mean, to feel that it is perfectly okay for you to say . . . "I am sorry, I didn't understand, could you please explain it to me again," and if I still don't understand, I apologise and say, "Maybe I am not as clever as I should be, and you need to explain it to me. Could you please slow down because I have had a long day and it is my 5th interview today, and I am tired and

it is difficult for me." When I tell my patients this they accept it and respect it, and they then co-operate in looking after me. We have a contract that is not necessarily explicit; they will look after me, and I will look after them.

The other way of looking after myself is by feeling comfortable about not knowing. I almost think of it as a desired goal; rather than feeling ashamed about not knowing, one should be proud of it. I am very happy to tell my clients that I don't know; I think I do them a favour every time I tell them this. A lot of therapists suffer because they struggle to hide their not knowing and have a terrible fear that they will be exposed. The other thing that helps me a great deal is the belief that it is okay to have doubts. Doubts are part of life, and I have doubts about myself, my work, what my patients tell me, and the theories we have. That doubt, if not desirable and inescapable, is part of living, and once you accept that, life at that one level is easier.

Catherine: *What do you think has been most important, for you, out of all you have done as a therapist?*

Moshe: Working with and helping my patients; that gives me the greatest joy at the end of the day. What sustains me as a therapist and gives me an enormous sense of deep pleasure is working with people and helping them and having their trust, their confidence, their love. I feel deeply privileged, that people trust me with their inner thoughts and experiences.

Catherine: *So when you have been party to people's most inner selves, where do you go from there? Do you just keep on doing that forever?*

Moshe: I think from time to time about chucking it in, or of slowing down, and to some extent I have been doing that. I have no doubt that if I give other things up I will continue to see patients, it gives me the greatest joy. I think I am good at it, maybe I have a gift. From the beginning I was involved in teaching and in some form of research or writing. I think it has been important; for the nature of therapy is that you get very close to your patients and very involved. Research and writing take you away and give you distance. It has been important for me to do both, to get very close and then to get away, to look at the landscape from the distance of the researcher, from a theoretical perspective or as a story writer. But without patients there'll be no stories and when that time comes I'll play tennis or bum on the beach of Tel Aviv, who knows? That's the beauty of it!