

Geraldine Doogue Interviews Moshe Lang 21/12/92

ABC Radio National - Life Matters

Geraldine Doogue had an extensive studio interview with Moshe Lang. A shortened edited version was broadcast on 21/12/92. The following is a transcript of this interview slightly modified to suit the written form.

Geraldine: My guest tonight has been called the father of Family Therapy in Australia. He has taught and practised psychology and Family Therapy in Melbourne for almost 30 years. He is a consistent critic of his own chosen profession. Well maybe critic is not quite the accurate term, but in the extensive clinical and research papers he has written in professional journals over the years, he constantly urges his colleagues to examine their methods and to perfect their abilities and to listen to their clients. Really, he wants to ask more of Family Therapy as a model of helping people.

Moshe Lang was born in Israel - he came to Australia as a young man and is now Director of the Williams Road Family Therapy Centre. He is the author of two books designed for a non-professional audience - "Corrupting the Young" and "A Family in Therapy". The latter is one of those books you simply can't put down - it's a bit like a detective yarn really, it's the story of a family in crisis - we learn who are the main players, what are the clues to their drama, and Moshe Lang I suppose, plays a therapeutic Miss Marple to them as they come to a mostly successful conclusion.

Now I've been trying to talk to him for some time and managed to get him into a studio during a recent visit to Melbourne. He has a lovely dry wit and is an avowed believer in story telling as a means of both teaching and learning. So I began our chat by discussing why he believes stories offer so much to both the teller and the listener...

MOSHE:...it's engaging for one thing if it's a good story at least. I suppose there is a long tradition of story telling in my profession - of psychotherapy and family therapy. When patients come to see me what do they do? They tell me their story. They tell me the story of why they are in pain. One of the ways in which I can help them is by telling them a story - a story which may show them the way out of their pain - a story that may tell them that their pain is no different to other people's pain etc.

G ...Mmmmm - you also I think suggested it's quite empowering to tell stories, because people have the chance to work out their own responses. Does that actually happen in therapy very much?

M Well different therapies work differently. There isn't by any stretch of the imagination uniformity in the world of therapy or Family Therapy for that matter. Speaking about my own work, I prefer to help my patients to work out their own answers to their own difficulties. Even before that, my job is to help them to articulate more fully the nature of their problem - the nature of their difficulties. Sometimes this is simply the task of therapy and not more. Once the story is told and is clearly articulated

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the answer is obvious.

G.....Mmmmm - I wonder if we could have a couple of stories now. I looked through your work, and the story of the Lamb family struck me. They were referred to you by a specialist physician, who had diagnosed the daughter who was 16 to be suffering from Anorexia. Now what intrigued me is that your heart sank mildly because Anorexia is such a difficult area to deal with. What happened when they came to you, what were your impressions?

M It's true working with anorectic families is no picnic. The Lamb family was referred because their daughter suffered from Anorexia. Prior to coming to see me, she lost 2 or 3 stone. That was in the "stone age" - we talked in stones then. She stopped having her period and had little energy. They did, as most families in this situation do, they went to their local Doctor, who if I remember correctly said "there is nothing to worry about. You know, everybody loses weight sometime". I think it was an unfortunate way to reassure the family. Before losing weight her weight was normal. On mother's insistence, and against the Doctor's advice they decided to go to a specialist physician. He proposed the diagnosis of Anorexia and referred them to me as a "Family Therapist"...

G ...he didn't refer them to a Psychiatrist?

M No...

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G ...that's interesting...

M ...well I guess he believed that what they needed was Family Therapy and that I may be the right person for the job. In my case being a Psychologist I would not prescribe medication, but apart from that in relation to the treatment of Anorexia particularly in the context of working with the whole family, there wouldn't be much difference. You asked me before about my heart sinking - I think it's an important comment to make. Probably the majority of clinicians who get a referral of an Anorectic patient would experience or maybe should experience some anxiety. The truth of the matter is that 5% - 10% of patients who suffer from Anorexia will die from that disease, if it is a disease which is another question. Now, if you are going to work with a family where there is a young life at risk, anxiety is appropriate. If on top of it you are of the opinion as I am that the process of therapy is not mechanical. It's not as if I have a treatment that I can take out of a box and put on the family - but rather that we are engaged - as we are now - in some sort of a conversation and out of that conversation we may together shape a treatment that hopefully would help the patient. You can never be secure that you will be able to find or be able to play a part in finding an answer to the problem. Therefore, you may end up spending time with a family - in this case a young woman who may starve herself to death. That's not a very exciting prospect. With most patients who suffer from so called psychosomatic illness, what happens is that when they go to the Doctor and say "Doctor my head is hurting" or whatever, he would try to tell them "The trouble with you is that there is

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nothing wrong with you" (meaning that there is something psychologically wrong with you). The response of most patients to that is "You don't understand". The Doctor (or psychologist or psychiatrist) and patient get engaged in a battle. The Doctor says "there is nothing wrong with you it's psychological" and the patient says "You don't really understand, there is something wrong with me". What I did is avoid getting into that battle. I drew the family out as to the way they understood the problem rather than telling them my view. In their description of the problem, there was a lot of confusion for each one of them separately, as well as for the family as a whole. In a way it's an inordinately difficult thing for most of us in the West to understand the intrinsic connection between body and mind - between body and social interaction. I guess for us they're separate categories. So to think of them as somehow interlinked or perhaps even as one, or as two sides of the same coin, is very difficult if not impossible. One of the reasons I chose to write the article is because I was fascinated and felt it capable of showing how the two are interlinked. So that at the end of therapy when I helped the family to change the way they relate to each other, the need for the girl not to eat disappears and becomes immaterial.

G ... You achieved that remarkably quickly - this was what was really interesting - correct me if I'm wrong - I think it was 3 visits to you ...

M ...correct...

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G ...so what did you do - what was it that you flushed out so fast?

M ...That's an interesting way of putting it given the subject under discussion/ However, first of all I want to answer the question of the 3 sessions. I don't want to suggest for one minute that you can in general treat Anorexia in 3 sessions. At one level it was a fluke. In life there is a lot of randomness - good luck is a very important thing. There was a very fortunate, very lucky fit between the expectations of the family, the timing of their visit to me, the language in which they spoke, the language that I speak and so on and so forth. As a result of a number of factors coming together, therapy was brief. Why I chose to write it in the way I did was because it was brief - I was able to put it together as a writing exercise. When therapy takes - as often it does - a year or two of once a week - there is so much material that at least I have problems organizing it in a meaningful way. Now as to what happened, in the first place, I listened to the family...

G ...were they all together?

M ...Therapy took place about 10 - 15 years ago so you are testing my memory but if I remember correctly, the first interview is the one I wrote about primarily and then just a little bit about the subsequent interviews. In the first interview, the only people present were the parents and Debbie. I called the article "Debbie and her Slurping Stomach". The first thing that I did was that I listen to them. Probably the thing that is most underestimated is

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the power of good listening, and what it does to transform the family.

G ...Do they tell the truth - does it matter if people tell the truth? Now you're going to ask me what I mean by truth?

M ...no, no - I'll tell you a story - you wanted me to tell a story, a brief story. One of my favourite writers is Bashevis Singer. He says "when I was young and I told stories, they said I was a liar. Now when I tell stories they say I am an author". There is truth and there is non-truth, but truth is also very elastic, and to me as a therapist, if I am not told the truth - what does it mean? So I ask myself that question - having said so, I have little doubt that this family did tell me the truth. In fact at the end of the therapy Father said half in jest "Prior to seeing you I thought we wouldn't tell you the truth, but you know 95% of what was said was true". You see people don't tell you the truth when you have power over them. When you refuse to have power over them - the reason for telling you lies goes away. If a patient is in hospital suffering from Anorexia, and privileges get withdrawn if she doesn't eat, she'll tell lies about her eating. But if you don't have any power over her, the only thing you offer is to listen and maybe make suggestions which they are free to take or not to take...

G ...and Debbie had good ideas about herself and why she was doing this did she?

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M ...I think she was ready to get her PhD in Anorexia. As many anorectic patients do, she read extensively and she knew a great deal. When I said earlier about the issue of control, one way in which we all achieve control is by knowledge isn't it? So lots of anorectic patients do spend lots of time reading, studying and of course helpful aunts and neighbours come and say read this, it would help you. In some way the very knowledge and the very reading becomes part of the problem, because they get in touch with their head, and not with their emotions and feelings, and in this case with what was happening in the family.

G ...and her mother and father were obviously totally bewildered - did they have any ideas really about what was going on?

M ...well they knew their daughter lost weight, and that she stopped having her period. In fact what happened (if I remember correctly) was she came to see me at an interesting phase - she had stopped eating for a while and lost two or 3 stone in weight. Somebody at school said to her "you look ugly", it was a boy and at that point she thought maybe I've gone too far. She decided to put on weight or at least to stop losing weight and then when she tried to eat she experienced something she could not understand. What she described was her stomach slurping, as if it was a bath. She had terrible difficulties in describing the experience of her body. But the way I understood it (on the basis of what they told me, and it's important to say, that a therapist's understanding (at least mine) is not independent of what people tell you, so in that

sense it's an interactive process) was that in the beginning she felt good. Earlier we talked about pride and shame. She felt proud - so long as she was losing weight, she was in control. She wanted to lose weight, she lost weight she felt strong she felt powerful, she was imposing her will on her body and the will triumphed. Then when she tried to regain the weight, the stomach started slurping and the body got the better of her and she was losing - I may not have used the word - but she was ashamed.* She wasn't strong, the body was getting the better of her.

G ...so she got frightened then...

M ...Yes, she got frightened too - frightened and confused.

G ...I suppose at least that drew the parents back into her world - I'm assuming that - so I suppose to that extent the parents must have been mildly relieved that they were allowed back in.

M ...yes they were - I think they were particularly relieved. What happened was that the whole family got terribly caught in what the whole of the Western world is caught in - the debate about the meaning of **Anorexia** or any psychosomatic illness - is it in the
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* In the unedited interview a lot of time was spent discussing shame.

mind, is it in the body, is it in society, is it a feminist issue etc. But we tend to split, so it's either one or the other. They were debating with each other and with themselves. At one point they said to me "Look we don't care, so long as you can help us to overcome the problem". I think I found a way for them to behave differently towards each other which helped Debbie over her problem. I often look for the parallel for what happens within the individual and how that parallels what happens outside of the individual in the family and in society. There were a number of significant parallels. One of them was that mother had to control what happened in the family, particularly in the kitchen. I suggested to the family as an experiment for mother to relinquish the control of the kitchen, of the cooking and of the running of the family and give her daughter the opportunity to take control of family life. And that threw the cat amongst the pigeons...

G ...I can imagine...

M ...At that point Debbie got terribly, terribly excited about the prospect of having some measure of control and influence about the way the family conducted its life. Mother had serious misgivings and difficulties in relinquishing her role. It was actually funny how this experiment was negotiated with the family. It wasn't a prescription for how they should conduct their life, but just to try until they came to see me again...

G ...so that would be a week or ten days or something...

M ...something like that - I can't remember - at the end they agreed that maybe they'd try, but they were still arguing about it. So I said look why don't you talk amongst yourselves, and if you agree do it, if you don't come back and we'll talk more about it. As it happened they did conduct the experiment. So, to reduce a very complex and rich story into perhaps one line, as the control and power changed within the family, so it changed for the individuals. Debbie by being allowed a measure of control over her life and the life of the family was able and willing to relinquish the struggle for control over her body.

G My guest this morning on Life Matters is Moshe Lang who is sometimes referred to as the father of Family Therapy in Australia and yet I notice that you're quite demanding of your discipline you get quite truculent even sometimes talking to therapists - what's your main criticism of them - what's your main challenge that you throw out to therapists?

M All this was your description not mine - I don't know - I'll give you an indirect answer. In the Anglo Saxon world there are more lawyers than elsewhere. This does not increase the amount or degree of justice we have. There have been a number of studies in a number of countries when Doctors went on strike - the health of those nations did not deteriorate. And I don't think its different for psychologists, psychiatrists and family therapists. We cannot assume that if there are more of us that we do more good. Family Therapy if anything is a way of thinking not a profession, it tells us that life is paradoxical that things cannot be easily explained, the way Family Therapists are fond of saying "It's not linear there

is not a linear explanation". If this is the case, if you accept a non-linear explanation, then you have forever to ask yourself the question - is what I'm attempting to do achieving what I want? If by working with a family am I really helping the family? Looking at the example of Anorexia that we talked about before. The risk we are running is that by talking as Family Therapists about Anorexia it would be assumed that it is the family's fault. It's a problem in many areas that for many people the notion of Family Therapy is that it's to do with the family - it's not to do with the family for me - it's to do with the attempt to understand the life of the patient in a social context or in a wider context. Now the family is just one such context - if you're not careful, you'll transmit the message to a family that your daughter is suffering from Anorexia or starving herself to death because of the way you are or the way you interact. I don't take that view. For example, Anorexia could be understood and I think needs to be understood also at a cultural level. I think it's a disease of the Western world.

G Moshe Lang - the author of two books designed for a lay audience "Corrupting the Young" and "A Family in Therapy" and the author of much more for his own industry. "A Family in Therapy" would be a great read over the holidays I assure you...it's a McPhee Gribble publication, now distributed by Penguin.

References

- Lang M. & Lang T. (1981) Debbie and Her Slurping Stomach in Australian Journal of Family Therapy 3:1 pp 3-26
 Lang T. & Lang M. (1986) Corrupting the Young and Other Stories of a Family Therapist Rene Gordon Pty. Ltd., Victoria, Australia
 McCallum P. & Lang M. (1989) A Family in Therapy McPhee Gribble Publishers, Victoria, Australia