

Resilience

Timeless Stories of a Family Therapist

Revised Edition

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Other books by Moshe and Tesse Lang

Corrupting the Young

Other books by Moshe Lang

(with Peter McCallum)

A Family in Therapy

The Answer Within

Resilience:

Timeless Stories of a Family Therapist

REVISED EDITION

Moshe and Tesse Lang



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*In memory of our grandparents Miriam and Asher Zelig, Genia
and Jacob, and Avraham, who perished in the Holocaust.*

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Foreword

Is there anything quite so engaging as a good story? It's certainly more attractive than a thesis from a psychotherapist or a deep-and-meaningful debriefing from a family therapist on pressures facing the average Australian family, even if that 'therapist' is the unusually accessible Moshe Lang.

No, formal journal articles have nothing like the pulling power of a great narrative, told compassionately and well. There is no particular magic in this. Letting a good story unfold is one of the oldest 'tricks' in the human book; a failsafe means of drawing others in from their world to your own. Or, if you are telling the story on behalf of others, of linking people who would otherwise feel themselves separate and thus expanding human sympathy and understanding.

This is what Moshe Lang does in his observations. He uses the incomparably rich raw material drawn from his clinical work and converts it to a form that reaches far beyond the confines of the consulting room. There is much to learn from reading people's tales, mediated by Moshe's skill. There is sadness, bewilderment and disappointment at human potential lost, typified by people who waited years to solve their problems. But there is much to rejoice about too. The ability of the human personality to move on, to remain invincible despite setbacks and particularly to seek out others, leaves an overwhelming sense of hope.

Resilience: Stories of a Family Therapist leaves you feeling resilient. It may be just what you need at this end of the twentieth century!

Geraldine Doogue

Introduction (Revised Edition)

Resilience was first published by Heinemann in 1996.

In 1997 it was published in Hebrew in Israel under the title of *The Long Shadow*.

Resilience was favorably reviewed both in the general and professional literature and was on the bestseller list for a few weeks. Many readers commented positively stating that the stories helped them to understand their problems better and provided a vocabulary to describe to themselves and others their predicaments. Often they felt less alone feeling trouble shared is trouble halved. The book provided a way of comprehending the experience of being in therapy and its potential pitfalls and benefits.

This revised edition is graced with a new cover depicting Arthur Boyd's image of 'Mother feeding child'. It captures for us a central aspect of the book—struggle, togetherness and hope. We are grateful to Yvonne Boyd and the Bundanon Trust for permitting it to be on the cover.

We are delighted that *PsychOz* is republishing our book and wish to thank Liz Sheean and her staff for making it available again.

Introduction

For over forty years I have woken every weekday morning knowing that today I will go to work to listen to people's troubles, conflicts, betrayals and pain. Sometimes by the day's end I have had enough; I don't want to hear another human voice. My body rebels, my throat burns and my stomach churns; I want to be left alone. Yet more often I feel privileged that people entrust me with their stories. I witness their courage and loyalty as well as their pain and distress. I am paid to take part in and observe rich and complex human dramas as they unfold. Sometimes I think it is I who should pay.

My wife Tesse, who is a physician, and I have always loved being in the East, travelling in India, visiting Hong Kong, being in Bali, eating the food, enjoying the different arts and crafts, seeing the wonderful buildings. Of all the Eastern countries, China was the one we most wanted to visit, and in 1983 our opportunity came. We went on a three-week organised tour. During this long-anticipated trip, I wanted to talk to Tesse at night about what we'd seen during the day, but she was always unavailable. She was reading a book which described the nefarious goings on in a hospital in the USA, and she was always in fits of laughter. Finally I was so incensed that I grabbed the book and started reading. Then I couldn't put it down, and I kept asking Tesse, "This isn't really what happens in medicine?"

It wasn't until we both finished the book that we could keep our hearts and minds in China. Before long I woke Tesse in the middle of the night and started telling her stories about my work. Wherever we went—the Ming Tombs, the Great Wall, the Forbidden City, the Summer Palace—I regaled her with stories about family therapy. Since Tesse could not stop me, she decided to go along with my suggestion to write some of them down, in the hope that they would leave us in peace so that we could enjoy our holiday. The stories were accounts of experiences when life had worked in mysterious and paradoxical ways, when the outcome was the opposite of what was intended.

Ten years later we went to Bali for a holiday, needing to forget work, home and family. We found ourselves in a beautiful Balinese guesthouse, surrounded by green terraces of rice fields and gardens of hibiscus, frangipani and lotus. Every day offerings of fruit and flowers were left at the feet of the sculptured

gods and goddesses which dotted the garden. There was beauty and tranquility in the perfumed air.

After three blissful days spent sitting on our terrace watching the Balinese go gracefully about their work or wandering in the villages looking at paintings and sculptures, the stories began to haunt me again. I prevailed on Tesse to write with me as before, but this time the stories were not light. They were about the Holocaust, concentration camps, murders and gas chambers.

During the ten years since the stories first began in China, we have written many more. A collection of the shorter and simpler ones was published in 1986 as *Corrupting the Young*. The stories in this collection, *Resilience*, are about my experiences as a family therapist, loosely organised into four parts: 'Children', 'Couples', 'Relations' and 'Generation to Generation'—the Holocaust.

Though the voice in the book is that of the therapist, the writers are Tesse and me. Often when I come home I tell her stories, to which she reacts in different ways. If she is interested she asks more; if she disapproves she grimaces; sometimes she says, "Enough, leave me alone." Some of these stories stay with us, but we have revisited and reworked them here. Some stories are recent, others happened years ago.

Firstly we discuss the story: what tone to give it, what goes in and what stays out and how to modify it enough to protect the identity of the people involved without losing the original spirit and integrity.

Tesse sits at the kitchen table while I pace the floor and talk. On rare occasions she will write it as I say it, and sometimes she makes minor modifications, but often she writes it in her own way, very differently from the way I talk. Sometimes I'm annoyed when she reads it back, claiming that my version was better, but more often I wish I had her economy and simplicity, and wonder why I didn't say it so succinctly in the first place.

When we look back over our writing we see that we often take different positions. I concern myself more with professional readers and worry that our writing will provoke their criticism. I want to give more details and theoretical explanations. Tesse believes in keeping it simple and brief, in allowing the story to speak for itself.

I am often asked why we write stories. It is partly because story telling is healing. The therapist's work is to listen to patients, helping them give shape and coherence to their stories of pain and confusion and providing a context for understanding, with a beginning, middle and an end. The story often makes the solution obvious. Patients come with raw experiences which they are often unable to put into words. Once these are transformed into a story, comparison with other stories and other people's experiences becomes possible, so the patients feel less insulated and different. The process of articulating a story transforms the experience from the private to the public domain.

When a couple or a family comes for therapy, the therapist is usually confronted with conflicting stories, each person argues that his or her story is the correct one. The therapist must then promote an atmosphere in which the competing stories are all allowed full expression and all the participants can hear each other's stories. The task of therapy is to bring about an integration of each individual story into a new one which contains, and perhaps explains, all the others. This new story hopefully involves an understanding of the history of the participants and of the time, and place in which the events occurred.

Stories are usually anti-authoritarian, perhaps subversive, and thus tend to equalise people. They put patients, therapists, teachers and pupils on a more equal footing. Unlike academic discourse they circumvent logic, because there are generally no right or wrong stories, only good or bad ones. Since they evoke a multitude of responses, narrator and listeners realise there are many ways of understanding.

Stories connect us to our ancestors, offspring, friends, past and future. They offer old people their time honoured role of relating family history, yarns and myths, for people of all ages this satisfies a deep yearning for personal contact. Our stories create a community of people who truly know us.

By working out our personal stories, we shield ourselves from the potentially harmful effects of the false and distorted versions of events continually fed to us by family, society, religion and the media. We often have inadequate or clichéd ideas about our problems, and stories can help us to unlock these by allowing new images to shed new light and energy.

I have been influenced by a very wide range of people, practices and theories. When I review my work there is an 'archaeology' of ideas, a dominant surface

theory with others submerged but still shaping and contributing. The mix varies over time and for each encounter, but the most significant influence has been my patients. Writing their stories has helped to uncover meanings and expand my understanding of the richness and complexity of our work together.

The language that promotes psychological and interpersonal change is not that of science and academic discourse. It is the indirect language of metaphor, poetry and simile. Therefore to describe therapy in scientific language is to distort this process. Pain makes poets of us all, since objective language is inadequate to convey our suffering. We are unable to express our pain directly; instead we use metaphors: “a vice crushing my chest” or “a black cloud pressing on my head”. In order to convey understanding and deeply connect the therapist needs to use similar language. To do otherwise risk alienating the sufferers, not just from the therapist but also from themselves and others.

The story is a form in which the uniqueness of an encounter can be captured. If the encounter is described as a case presentation, its uniqueness is lost. As a story it is engaging and memorable.

Part I: Children

You took the mad out of me

Introduction

I started working as a psychologist at the Bouverie Clinic in Melbourne in January 1965. For the first five years I saw only children, individually and in groups, in play therapy and psychotherapy, and once a week I did psychological testing and assessment of children. At the same time, the psychiatrist or the social worker saw the parents. The professionals then met at case conferences to discuss what had happened at the meetings with their patients.

In 1970 the Clinic changed to family therapy, and we saw whole families. This provided the therapist with the opportunity to observe the way the family members communicated with each other, i.e. thus enabling change in the family's interaction. Instead of interpreting and analysing what patients said, we could help them to change the way they related to each other in our presence. The central assumption was that the problem did not reside within the child only, but in the interactive patterns in the family. The problem or symptom was not in the dancers but in the dance.

At that time, family therapy had been practiced in the United States for some time, and when the clinic discovered it there was great excitement. It represented a radical shift, a method of working which promised to be more effective and less time-consuming, as well as a kinder way of understanding people's problems.

Play is a natural way for children to communicate. Family therapy that involves children may reflect this playfulness and expression of fantasy. This is conveyed in some of the stories in Part 1: Children.

A Question of Allegiance

In 1965, my first year at Bouverie Clinic, fifteen year old Henry was referred because he refused to take the oath of allegiance to queen and country at school. He could not see why he should, since he did not believe in the monarchy. He told the school principal that he thought it was “all crap”. The school suspended him, so he sought an appointment with the Minister of Education.

Finally a compromise was reached. The school agreed that he could return on condition that he was seen at a child psychiatric clinic.

When I met Henry he argued his case eloquently, adding that he could not see why he should attend a psychiatric clinic for standing up for his principles. He asserted that most of the other kids thought the same as he did, but they did not have the guts to stand up for their beliefs, and that some kids were too lazy and apathetic to even think about social issues.

I said, “Henry, I admire your courage and integrity. For all I know you are right in your assessment of the other kids. However, I am a psychologist being paid by the State to spend an hour a week with you. What do you think we should do?” “What do you get paid for spending this hour with me?” In response to my answer he said, “That’s a rip-off if you ask me.” He proceeded to question me about my training, the workings of the clinic, and lots more.

We ended up meeting weekly for several months. During those months he gradually told me about himself and his family. His nineteen year-old brother was in hospital suffering from schizophrenia. Henry said that his father had a violent temper and the family lived in constant fear. He tried to stay out of his father’s way, but he sometimes failed, and terrible rows ensued. His mother spent a lot of time in bed, suffering from back and neck pain. As time went by, Henry told me he had long periods of extreme unhappiness, when he had nightmares and suicidal thoughts. At school he had no friends and spent play breaks and lunchtime alone, feeling miserable. He had difficulty in concentrating and was often in a daze.

How sad that in spite of all his obvious problems, the school only noticed when he stepped out of line. I recall feeling concerned about the possibility that I was acting as an agent of social control on behalf of the State, yet I could not help wondering whether Henry had to choose 'a cause' that would galvanise the school into action, so he would finally receive the help that he was unable to ask for more directly.

* * *

To engage Henry it was necessary to remain neutral in the war between him and the State and to cultivate 'double vision' about his behaviour. It was possible to see his refusal and defiance to take the oath of allegiance as an expression of his emotional difficulties. The price he would have to pay would be further isolation and hostility. On the other hand, his behaviour could be seen as evidence of courage and integrity. It was incumbent on me to remain neutral in Henry's dilemma and allow him to be in control of the course of therapy and the direction of his life. This attitude made it possible for him to confide in me and share his problems for the first time. This brought his isolation to an end and led Henry to develop other relationships and further positive changes.

The school, like other social organisations, notices non-conformity more readily than it does individual suffering. Nevertheless, it was the school and not any other social institution such as his family or health care system that initiated the action that resulted in Henry receiving help. We may be worse off without the courage of the Henrys of this world.

Bull's Eye

Thirteen year-old Jack's problem was a sudden explosion of sound, accompanied by a violent jerk of the head. This occurred with practically every sentence he uttered. His mother was a cleaning woman. His father, who worked in a factory, was reported to be physically violent to both his wife and son. An uncle on his mother's side was a doctor, and Jack and his mother looked up to him as to no one else. Jack, in fact, wanted to be a doctor just like his uncle. Their respect for and adoration of the uncle seemed to further augment the father's fury.

It was decided at the clinic staff meeting that Jack should have individual play therapy.

Before long Jack and I developed a mutual liking and enjoyed being together. I was impressed by the level of energy his unusual symptoms suggested, but felt constrained by my professional training from saying so.

He started by modelling clay, but it was soon obvious that he preferred to throw it around and bang it rather than make things with it. I suggested that he punch the clay as hard as he wished, and later he began to throw it at the walls. I continuously encouraged him to be more vigorous and uninhibited. Soon he tired of throwing the clay at the walls and we decided that having a target would be better.

As therapy continued, the target which Jack drew gradually assumed human form, and eventually looked very much like a man, under which Jack finally wrote, “My fucking father’.

The more vigorously Jack threw the clay at the target, the milder became his tic, until it eventually disappeared.

* * *

Helping Jack to recognise his anger and its target and to give it expression led to it gradually dissipating. He was fearful that if he lost control and expressed his anger more directly towards his father, he would suffer severe retaliation. Also he was anxious that if he allowed its expression, the anger would take over and control him. An even deeper fear may have been that expressing anger would have made him like his father, causing him to hate himself.

However, since his expression of anger did not occur in isolation but in therapy, I was able to provide understanding, acceptance and containment.

Years later, at a football match where my team—St. Kilda—was playing, I bumped into Jack. We were very pleased to see each other. He was a handsome, tall, young man who spoke in a pleasant natural way. In our conversation he made reference to the time we spent together. He summed up the experience and my help in the following words, “You took the mad out of me’.

In 1966 St. Kilda won its only premiership flag. Since then the team has been in a temporary slump, a regular contender for the wooden spoon. Seeing Jack there made me feel good, and I wondered if his choice of team was an expression of gratitude and identification with me. When I mentioned this to Tesse, however, she said, “Your over optimism is playing up again. Simply, his self-destructive tendencies found a new and more socially acceptable form of expression, albeit none-the-less painful.”

Unfortunately, forty years after winning the flag, and ten years after the publication of this book, nothing has changed, but we still live in hope.

The Hot Head

An Eastern European family asked if I would see their son, Sev. He was a withdrawn, uncommunicative thirteen years old who was performing poorly at his private school. He had no friends and was picked on, and nothing interested him, apart from football and cricket. During the football season he made endless lists of the various teams, and each day he picked the best side for Victoria, the best side ever of team A, B or C, and kept detailed records of all the hand passes, kicks and goals the players scored. In summer he did the same with cricket. Only with great effort did I manage to get Sev to talk about anything other than football and cricket.

My psychological assessment revealed that Sev was of average intelligence. He suffered from some emotional difficulties and experienced his father as critical and rejecting. His problems contributed to his poor performance, which was below his intellectual ability. High expectations of academic performance by the school further damaged Sev’s self-esteem and exacerbated his sense of failure. Even though Sev was quite positive about seeing me, he showed little sign of any worthwhile change. After careful and painful exploration of the school issue, it was decided to change Sev from his authoritarian private school to the local State School.

The school appointed a teacher to help him. During the first week, Sev got into trouble with some of the pupils. His teacher discussed the incident with Sev, who laconically told him that the kids had picked on him but he didn’t react, and this had made them really mad so they picked on him even more. The teacher, who was of Greek origin, put his arm around Sev and said, “Let’s face

it, the trouble is you're just like me. You can't control your hot Mediterranean blood." Somehow this 'clicked' and Sev never had problems at school again.

* * *

My careful and detailed assessment, my weeks of therapy with Sev and the psychiatrist's work with his parents, all achieved little. By contrast the teacher, with one magic sentence, transformed him.

My work, founded on information gained from the latest psychological tests and up-to-date psychiatric and psychological knowledge, was supposedly relevant and accurate, but it had little effect. The teacher, with what appeared to be both an irrelevant and inaccurate sentence, succeeded.

Now, twenty-seven years after the event, I understand that what the teacher said had a very personal and private meaning for Sev, a meaning which escaped me at the time. The reference to 'hot blood' may have provided him with an acceptable way to understand the accumulated fury which he kept tightly and obsessively controlled. Being told with warmth that he was similar to a teacher whom he admired made it attractive for him to accept the teacher's interpretation. In the teacher he found a model to emulate and an example of how to behave differently. As a result his standing amongst his peers improved.

The context of the relationship in which something is said is often more important than what is said. In this case, the new relationship was in a kinder and more accepting school, of which this Greek teacher was the representative.

The Sad Girl from Ballarat

A family was referred because their seven year-old daughter was depressed. In the first few minutes of the session I learned that they lived in Ballarat, some 80 kilometres away. I was interested to hear this, because I knew the area well and thought it a beautiful provincial city. During the past weekend I had been to their annual Begonia Festival. Pleased with this, I told the family how much I liked Ballarat and how magnificent I found the Begonia Festival and asked whether they had seen it.

Contrary to my expectation, an atmosphere of discomfort and sadness settled over the room. The father said that his oldest son had been born blind. They had once lived on a farm which they all loved, but had felt compelled to move to Ballarat so that proper facilities would be available for him. To them Ballarat represented all the evils of the big city.

It seems I should have heeded the well-known American family therapist, Jay Haley, and enquired, rather than indulged in personal opinions, during the first interview.

I was impressed with the difficulties of life for this family, and with the considerable sacrifice required to come and see me, and I was keen to use effective therapeutic techniques to ensure quick results.

Having disregarded Haley's advice earlier, I now modified another of his ideas by giving the family the following 'homework task'. I asked them to choose the unhappiest and most withdrawn little dog they could find for their sad and isolated daughter. I wanted her, with the help of her father, to teach the dog how to be friendly and cheerful.

They accepted the suggestion and I felt pleased with the wisdom of this homework task. It fitted my criteria of a good intervention—like chicken soup rather than open heart surgery: if it did no good, it certainly couldn't do any harm. It seemed like a very safe move since, apart from its obvious strategic potential, a sad little girl would have a puppy to care for.

At the next session the father said they had thought a lot about my suggestion and realised it was impossible—it would have created tremendous hardship. He said how difficult life had been for them and how they could not possibly find the time and place in their home for a puppy. Instead they had bought a pigeon. As he recited their woes, I felt increasingly insensitive and guilty at my mindless suggestion of burdening such a family with additional demands.

It wasn't until after the session that I realised the importance of my own experience in understanding the plight of this little girl in particular, and of the family in general. She could not feel free to ask for anything for herself, since any request would evoke feelings of insensitivity and guilt—as it had done for me. Perhaps, like me, she could never say or do the right thing—she couldn't win.

* * *

We are all children of our time and place. In the early 1970s, when I saw this family, family therapy was enamoured with effective interventions and brief therapy. As a result I failed to explore the family's world sufficiently, and this failure led me to suggest an inappropriate homework task. Nevertheless it is still valid that my feelings may have paralleled the experience of the sad seven year old and her family.

A Bunch Of Sooks*

The following letter of referral was received by the Bouverie Clinic from the Carringbush Clinical Services Centre.

NAME: ANDREW TANNER

AGE: 10

SCHOOL: Carringbush Primary

PRESENTING PROBLEM: School Refusal

COMMENTS: Andrew was referred to our educational counselling service by the Principal of the Carringbush School, who became concerned when Andrew threatened to throw himself under a truck if forced to attend school. I had a brief interview with the parents this morning but was unable to see Andrew, who is at present living with an aunt in order to attend Queensbury Primary School. The parents described a long history of difficulty in getting Andrew to school. They see him as a depressed and anxious boy, afraid of many of his peers, the reason he gives for not wanting to attend school. He is at present being seen at the Children's Hospital for the treatment of stomach pains apparently caused by anxiety, although he has not been seen by the psychiatric department.

Mrs Tanner is a depressed woman who has been treated for 'nerves' for some years by the local doctor. There is a sixteen year-old girl in the family who exhibited similar school refusing behaviour, but the parents both say she is now doing well at hairdressing.

I am referring Andrew to Bouverie Clinic in the hope that an urgent assessment may be possible because recently Andrew has made a series of suicide threats and statements relating to death; e.g. “I know you both want me to die”—“If you die I’ll kill myself”—“If I’m still here for Christmas” and after a friend suggested he’d be put in a home if he didn’t attend school he replied, “Maybe they’d bash me to death.”

The school year finishes in two days and I am unable to see Andrew myself, and feel it is important for this family to be seen in the fairly near future in order for someone to ascertain just how serious these reported suicide threats are.

An urgent appointment was made. Gladys and Steve Tanner and Andrew came three days later. Gladys was a tired-looking, nervous, drably dressed woman who appeared older than her thirty-six years. Steve, a mountain of a man, seemed uninvolved and out of place. He moved heavily and sat beside and a little behind Gladys. Andrew sat close to his mother and seemed frightened, uneasy and somewhat babyish. I sat next to Andrew. After a few preliminaries to help the family feel more at ease, I asked about the problem and Gladys answered. She spoke in a low, sad tone, and did not look at me.

“Andrew was a difficult baby. He has always demanded a lot of attention and affection and it is a bit of a bother. I think I give him too much attention, but no one else gives him any—in fact he doesn’t want anyone else’s attention. When I don’t give him what he wants he says I hate him and he wants to die. It is really getting me down. Steve works night shift, he isn’t home often and it is too much for me, it is becoming a real burden. Also, three years ago Andrew was sexually assaulted by his cousin. I was looking after my brother’s two sons, they were living here, and it happened then. We took the cousin to court and he was put in a child and adolescent detention centre. I think this has affected Andrew a lot.”

As Gladys spoke she became very intense and angry. At first Andrew seemed uninvolved, stretching and yawning, but he showed increasing nervousness. Whilst Gladys talked, Steve attempted to interrupt and, when she finished:

Steve Andrew is a good kid. We have fun going fishing and playing cricket. The problem is, it’s a tough school and he needs to stand up for himself and fight, but he won’t.

Gladys It's not that! The teacher told me the trouble is he is a depressed boy.

Steve, looking deflated and defeated, retreated into his corner.

Moshe What is the problem for you, Andrew?

Andrew I get bashed up at school. The other kids take my lunch and pinch my money and I'm scared and I don't want to go to school.

Moshe It must be very tough.

Andrew When I'm at school I worry that Mum and Dad will fight and Mum will leave. Also I worry that Mum might get sick and die, or maybe run away. I think I have made Mum sick by being naughty.

Gladys I did leave once and Andrew was very upset.

Andrew Mum might get a boyfriend and leave. If Mum leaves or dies I will kill myself.

Gladys Andrew nags at me all the time. I feel hounded and sometimes I think I will explode. He has only started to sleep in his own room for the past six months. Until then he slept with me.

Steve You know we have never lived on our own since we married. There was always someone with us. Now Gladys' older brother lives with us. He drinks a lot, comes home at all hours and demands to be fed. There are always visitors. We have a house in the bush and we would like to go there together more often to get away from the eternal visitors, but Andrew always makes a fuss; he doesn't want us to go. In fact he won't even let us go out together without making Gladys feel guilty.

Moshe Is that so, Gladys?

Gladys Yes. My daughter, Fay, also had problems going to school. She has left now, but it was really hard getting them both off to school. We do have a lot of visitors coming and going at all hours, I always seem to be feeding people, I feel I am always under pressure. It would be really good if Steve would take more responsibility, get the kids and all off my back a bit. I can't take it much more. I feel like home is

an all-night cafe. But I can't say no, I don't want to hurt anyone's feelings. My brother comes home at 1 a.m. and expects a meal. A girlfriend came for a visit and stayed for months. I know they take advantage of me. It gets me down but I bottle it all up. I really want Steve to help me out. Maybe I have made Andrew the way he is.

Moshe You have given me a detailed and informative account of Andrew's problem and other problems in your life. I can see that you all are a caring and concerned family. Perhaps it is Andrew's concern for you, Gladys, and also your relationship with Steve, that keeps him at home. Naturally it is a worry that he doesn't attend school, it is affecting him now and could also affect his future. There are different ways to understand his non-attendance. It may be that he is just naughty, or that he is a sensible kid in trying to avoid a place where he gets bashed up and has his things stolen. It may be he feels he has to stay home to look after you, Gladys, to stop any argument or to stop you running away.

It is good that you have come now when school has just finished. It gives us time to look into Andrew's problems and other problems in the family and try to resolve them without being under the pressure of Andrew having to go to school.

Gladys, I see that you are very keen for Steve to take a more active role in the family and particularly in relation to Andrew. Steve, I hear from what you said that you want this too. I believe that if this happened it would be very helpful to Andrew, both in his school problem and other problems. Whilst you both agree on this, you have different ideas on how to do it. We might talk about this difference in the future.

Finally, I would like you to bring Fay next time. This could be very helpful. Also, I think it is unfair for her to miss out on what may be an important family experience. Let's meet again next week.

Fay came with her parents and Andrew to the next interview. They seemed more relaxed, and there was almost a holiday atmosphere. Gladys was wearing a bright-coloured, loose summer dress and looked comfortable. Fay and Andrew wore light summer clothes and Steve was in an open necked shirt.

Moshe Fay, have you been told about our last meeting?

Fay Yes. I was told what happened. You asked a lot of questions and that was good. I am pleased I could come because it is good to talk together—the whole family.

Moshe How have you all been since we met?

Steve & Gladys Very good.

Gladys Andrew has been much happier since then. But he still won't talk about school, and won't take no for an answer.

Steve He'll take no from me, but not from his mother.

Moshe I guess lots of kids don't like talking about school, particularly once it is finished and it is the school holidays.

Gladys He just wants to go swimming all the time.

Moshe It's been very hot so that seems fair enough.

Fay I took him swimming a few times last week. But if I don't want to take him he makes a big fuss.

Moshe Like what?

Fay He says I hate him.

Moshe What do you say?

Fay Oh? Come off it. Don't be stupid. Then he goes off and plays.

Moshe Last time your mother mentioned that you also had problems at school. Would you tell me about it?

Fay I used to hate it. I didn't want to go, the kids picked on me and pinched my lunch and my books—it was awful.

Moshe Why do you think they did that to you?

Fay Because I was a sook, a mummy's girl. I was too close to Mum.

Moshe Are you still a sook?

Fay No.

Moshe How did you change and stop being a sook?

Fay I left school and got a job. Also, having a boyfriend has helped.

Moshe I'm told you are doing hairdressing.

Fay Yes.

Gladys But you don't stand up to your boss. You work back late and don't get paid for it and come home very upset.

Fay Well it wasn't easy to get this job. So I will go along with it until I finish my apprenticeship.

Moshe Perhaps this is a sign of sensible restraint and maturity.

So it wasn't easy to get the job?

Fay No. It was very hard. I made ninety-five telephone calls before I got the apprenticeship.

Moshe That's incredible. How old were you?

Fay Fifteen.

Moshe That's really impressive. There are very few fifteen year-old girls who wouldn't be discouraged before they got to their ninety-fifth call. It shows real persistence and determination.

I turned to Gladys and Steve. You have done a good job as parents to bring her up to have such strength and stamina.

For the first time in therapy Gladys and Steve looked at each other and smiled. Throughout the conversation with Fay, Gladys had tried to interrupt and indicate that Fay was still a sook and unable to stand up for herself. However, at this point Gladys said proudly: "You know, Fay's boss sends her out to buy lunch and conveniently forgets to give her the money. But Fay makes sure she asks for it and gets it."

This was the first positive and complimentary statement about one of the family that Gladys had made in our meetings, and perhaps for many years.

Moshe I remember, Gladys, that you told me you have difficulty standing up to people, like Fay and Andrew: that you can't say no even when you want to, because you don't want to hurt or offend people.

Gladys Yes. I can't offend or hurt people. I'm scared of arguments. Steve tried a few times to stop 'the all-night cafe', but I wouldn't let him. I'm just like my mother; she was always working, never stopped. She had seven children. I was close to her, but never got on with my father. He didn't like me, ignored me, said I had 'bad' in me. I tried to stand up to him when he made Mum cry, but it was really hard.

Moshe Perhaps it is difficult for you to stand up to Andrew.

Gladys That's true. All the time he wants to sit on my knee.

Moshe And do you hate it all the time?

Gladys Oh! No! Sometimes it's good and I like it. But other times I hate it, he won't leave me alone and I've had enough.

Moshe Couldn't you tell him when you like it, and also possibly tell him when you've had enough and want him to get off?

Gladys Oh no! Then he would say I hate him and he will kill himself.

Moshe It worries me that Andrew never knows whether you are happy for him to sit on your knee, or whether you don't want it, and you are too worried or scared to tell him so.

Gladys It's not just that. I'm tired all the time. My brother, Jack, comes home in the middle of the night, drunk, and demands his dinner. I get so angry and take it out on the kids.

Moshe It seems you think more of other people than yourself. At times caring for other people like Jack ends up with hurting Andrew and Fay.

Steve I think it's terrible the way Gladys lets everyone take advantage of her. It's not right and makes me really angry. She gets so tired, she's so busy with others that she never has time or energy for the kids or for me. Andrew should go out and play with other kids and not worry about his mum. If things were different at home and Gladys had more time, then Andrew might not worry about her and feel happier to go out and be with kids.

Moshe Steve, I think you need to help your wife. Perhaps you will have to stand up for her, or help her to stand up for herself, or both. That's

going to be difficult. It involves not only changing life-long habits, but going against a family tradition. Gladys' mother, and probably her mother before her, were the same and it is extremely hard to change traditions. But I think you all agree it needs to be done and it's going to be hard work.

Steve Yes, we need to get rid of some of the visitors; at least stop them coming at all hours of the day and night.

Fay But Dad, Mum likes having visitors.

Moshe I guess you all need to talk about it together and sort it out. Let's talk about it next week.

Fay's presence at the session was useful. She had a different perception of Andrew, a different response, and consequently presented a different model of behaviour, which he accepted. She had also had similar problems, which the family had overcome. When I commented on this achievement, Gladys was able to compliment her daughter. Fay, in recounting her experiences, spoke for Andrew, who listened intently and seemed reassured.

They all came to the third session. Gladys had said no to Andrew a number of times and to her surprise he accepted it without too much fuss. In fact at times he seemed happier and calmer when she refused him.

She told her girlfriend that when she came to stay she would be expected to help more around the house. This was also accepted and in the last week she had stayed and helped a great deal and seemed happy doing so.

Steve Home is like Flinders Street Station. When I come home from night shift I want to sleep. There are always visitors drinking and eating and it is very difficult for me. I can't sleep.

Gladys I hate being alone, I like having people around. I'm frightened to go out, I don't like crowds. Even when I go shopping I always go with my mother. I hate being in a car and won't drive, I'm sure I'll kill someone. I always have to sit in the back when I do go in a car. Since I don't want to go out and visit, I like having visitors here.

Fay But you love going to the football, Mum. You yell and scream with the best of us.

All the family nod and indicate this is true

Moshe Maybe you should go to the practice sessions during the week also.

Gladys I'm still worried about Andrew going to school. He is starting to complain of stomach aches and I think it is because school is starting soon. When Andrew has to go to school I also get stomach aches and dry retch.

Steve I still think Andrew has to learn to stand up for himself.

Moshe Do you think you could help Andrew to do that?

Steve Maybe Andrew should learn to fight and I could teach him.

Andrew Terrific. I'd really like that.

Gladys agreed reluctantly.

At the next session it was clear that Steve and Andrew had been enjoying their lessons. Gladys was not worried that Andrew would hurt other kids by fighting with them at school. Andrew said that when bad things happened at school he wanted to tell his dad, but Mum wouldn't let him. She was scared he would be furious and really hurt somebody.

After a lot of discussion, Steve indicated he wanted to know about Andrew's problems and wanted to help. It was decided that Andrew would come to Steve in the future and tell him.

Moshe Is there anything in particular that is worrying you about returning to school now, Andrew?

Andrew Well there is a gang and the leader is Johnny. He's the one I'm really scared of. He's a big bully.

Moshe Have you any ideas, Steve, on how to handle this?

Steve Yes. I reckon the best thing to do is for me to talk to Johnny's parents.

Moshe Marvellous. Why not take Andrew with you and do it straight after the session?

Steve Good idea. Sure will.

Moshe Gladys, this must be pretty scary for you.

Gladys That's true, yes. But it may be good if Steve does take over. I guess that's what needs to be done.

A fortnight later they arrived looking remarkably cheerful and full of enthusiasm. Steve and Andrew had gone to Johnny's place straight after the session. Johnny wasn't home and his mother asked why they had come. Steve told her and Johnny's mother was astonished and said, "But Johnny is a big sook, he's a cry baby".

Andrew was amazed, didn't stop talking about Johnny, 'the sook' and couldn't wait to tell the other kids.

Steve and Gladys talked a lot about Andrew and school. They agreed that Steve would go and talk to the headmaster. Steve found that the headmaster was a new one who had been there only for the last term of the previous year. He was aware of what was happening and agreed with Steve that it had to stop.

During that fortnight both Steve and Gladys were more comfortable in telling visitors whether they were welcome. Steve acted as gatekeeper and Gladys was able to accept and even back him up when necessary.

Andrew went out and played more with the kids whom he had told about 'Johnny the cry baby'. He referred to them as his friends and talked about going back to school with them.

Gladys now felt she would not get sick in the stomach when Andrew started school. In fact it might be good, she would have time to do other things.

In subsequent sessions (two weeks after school started and then three months later) the family reported that all was well with Andrew and he was happy at school and had a few mates. Steve was more involved with Andrew and spent more time at home now that it was no longer Flinders Street Station. He and Gladys had even gone to their bush hut for a weekend. Gladys found she was able to go out more without anxiety and felt more confident and relaxed.

Jack's demands to be fed at all hours had ceased, and he stopped coming home drunk.

Fay said, “It’s nice now that I’m not the only one in the family who is doing well. Before, life was good for me—work was OK, I have my boyfriend—but things weren’t working out for all of us, which makes life even better.”

* * *

This family was referred because Andrew refused to go to school, was depressed and threatening suicide. He said he was unable to go to school because he was anxious about leaving his mother. His anxiety was understandable, given the way his mother behaved. She in turn was concerned about Andrew and wanted to keep him near her for her own sake. She was unable to insist that Andrew attend school, just as she was unable to assert herself in relation to so many other people and situations. In general she experienced the outside world apart from the immediate family as dangerous and exploitative. They behaved in such a manner because she allowed it and perhaps even encouraged it. She was a ‘good woman who could not offend or hurt anyone’.

The literature on school refusal states that it is synonymous with separation anxiety. The pattern of communication in the family maintains and reinforces anxiety and depression. The school refusal, depression and anxiety in mother and son were further reinforced by the peripheral role played by the father and sister. Therapy in this family consisted of finding a way to involve them and use their strength so that the family could again resolve its own problem, as it had done with Fay once before.

Inviting Fay and drawing on the story of her recovery and current impressive performance challenged the family’s negative assessment of its own capabilities. Depression affects not only how we feel but how we see the world—as if one is wearing blue coloured rather than rose coloured glasses.’ Fay’s presence and her story forced them to examine their way of looking at themselves.

The father’s involvement presented a new way of dealing with the outside world. He confronted the school, Johnny and all the intruders. It provided a new way of seeing the outside world, which they discovered, was not as dangerous as they had always believed. This changed Gladys’ attitude, which had been a feature of her life as it was of her mother’s before her.

*This story is dedicated to Dr. Brian Stagoll who saw the family with me. For simplicity one therapist only is mentioned.

The Thief

It is unusual for fathers to ring for an appointment, and for them to be the first to speak. This happened in the case of the Richardson family.

“The problem is that Mark stole fifty dollars from his mother’s purse. Until now he has always been a good boy, has done well at school, both in his work and sport and has nice friends. He’s never done anything like this before.”

The father was obviously very concerned and upset. By contrast, his wife seemed more composed, behaving as if she were there to provide assistance to her husband by giving more details when needed. While I listened to his parents, Mark sat quietly and it was impossible to tell if he was listening and involved or quite unconcerned. All the time there seemed to be an undercurrent that I could not fathom. So I asked again if there was more that they could tell me that was relevant or would help me to understand better.

The father was dismayed by my persistence and struggled with himself before speaking. “Maybe it’s because of me, I was a pro, a thief. I made a living by stealing.”

It was time to stop, but I felt compelled to say something in reply. “I notice that your son’s stealing is very alarming to you, yet I wonder whether somehow Mark has looked up to you and tried to get closer to you by following in your footsteps?”

“Then he’s a bloody idiot.”

Next time Mark’s father came alone. He told me he had arrived in Australia when he was seventeen years old, alone and knowing no one. He had fallen in with a bad crowd. He began by petty thieving and then got into the big time. He did well but about five years ago he was caught and sent to jail for two years. Since then he had bought a second hand goods and pawn shop. He made a good living and sent his son to a private school in the middle class district where they lived. He left some ambiguity as to whether he had stuck to the straight and narrow or occasionally strayed over to the wrong side of the tracks.

He indicated that he had stayed in the big time because it was the only way he knew how to provide for his family. He wanted his son to have all the opportunities he had never had. Until now he had been pleased with the way Mark had performed. The stealing episode was devastating to him: his worst fears had materialised. When I said that maybe his son had chosen to follow in his footsteps, he believed I had confirmed that it was all his fault.

I asked, “Do you think Mark knows about your occupational history and that you were in jail?”

“Mark was only seven when I was sent to jail. My wife just told him that I had to go away for a while. We never talk about these things at home. I guess I’m not really sure if he knows or not.”

“Does that mean that when we met last week, it was the first time you explicitly communicated your background to Mark?”

“Yes, I guess it was. I didn’t want Mark to find out like that, but I want you to be able to help him so I felt I must be open and honest with you.

“Do you think that maybe you wanted Mark to know about you and for your family to be able to talk openly about it?”

“Look, what I want to do is help Mark.”

“Maybe you have started helping Mark by telling him. My guess is that Mark has known for a long time and so you didn’t tell him anything new. What you did is, you changed the rules of family communication. Before it was known but not talked about, now you can talk about it.”

“I’ll do anything to help Mark, what should we do?”

“It is not that unusual for kids to steal from time to time. Not that it should be tolerated, but stealing from parents may be regarded perhaps as not so bad, sort of semi-stealing. Doing it in the family is not as serious as doing it outside. Don’t misunderstand me, it is something to be concerned about, however perhaps it is more alarming to you because of your background. Also, maybe Mark chose to steal from his mother, and a substantial sum, so that it would bring about more open communication in the family. Maybe not, but even if that wasn’t the aim, it is the result. If you ask me what to do, you are much better qualified to tell Mark about the consequences of a life of stealing.

You should be as open as possible about your hopes and aspirations for him, and also tell him about your own life and the fears and consequences it had for you. Bring it to life for him. Next week you can come by yourself, with your wife, with all the family or just with Mark—whatever you decide.

They all came together. His father had told Mark in great detail about his life. They all seemed happy with their discussions. Mark had confirmed that he did know about his father and was relieved to be able to talk about it. He didn't agree that he had stolen in order to follow in his father's footsteps. He had done it so he could take his friends to Luna Park. He promised his father he would not steal again.

I left it at that and turned to Mark's mother, to ask her what it had been like for her while her husband pursued his profession. She was surprised by my question and, after some negotiation with her husband, she answered.

She became emotional as she described a fearful and anxiety-filled existence, being unable to sleep, always expecting a knock on the door. It had been a very lonely and difficult two years for her when her husband was away. She still had difficulty in sleeping because she was not totally certain that it was all in the past.

Her husband turned to her and reassured her that it was all over, that she did not need to worry any more.

I continued to see the family for a while, and when we finished they agreed to make contact again if necessary. That was years ago.

* * *

The father believed that the 'expert' would help Mark—it did not occur to him that the 'cure' was in the family. Perhaps most destructive was the existence of the secret not its content. The problem was resolved simply by the family talking openly with each other and both parents sharing their life stories, hopes and fears with each other and with their son.

As a therapist, even years later as I write this story, I'm aware of profound uncertainty in at least one aspect of my work with this family. When Mark's father came alone, he intimated that from time to time he was still walking on

both sides of the track. Subsequently he assured his wife that this was not the case.

I did not enquire more explicitly if this was so. I worked with him on the assumption that talking more openly about his past, the impact of his criminal behaviour on his son and hearing his wife's distress more fully could all act to stop him from continuing or reverting to stealing.

Further, I was reluctant to ask him more directly for it may have compelled him to lie to me, when he had told me he was so eager to be open and honest.

Adoption

A couple came to see me. Father did most of the talking. He was a big man, a big business man and indirectly he told me that it was very big of him to come and see me. In a business-like manner, he described the problems they had with their eleven year old daughter, Betty who was failing at school, her social life was minimal and unsatisfactory and he asserted that she was unhappy and withdrawn. His emphasis was much more on her failure to achieve than her thoughts and feelings. He briefly touched on the fact that their daughter was adopted. She knew about it and he knew it was not a problem for her. It was at this point, and for the first time, that his wife seemed keen to say something and an expression of pain appeared on her face. Her husband quickly and effectively cut her off in a manner that suggested he was very experienced at doing so. He asked me if I could see his daughter alone and help her with her difficulties. He made it clear that this would be the first and last time that I would be seeing them, the parents. It was a business offer, take it or leave it. My dilemma was whether to go along with father's non-negotiable terms. I always envy therapists who don't have problems making decisions. But at the end of the day, the dilemma was a very simple one. If I refuse perhaps this unhappy young girl ends up with no therapy at all, or I accept the limitations imposed by the father. I chose the latter. I told the parents that their non-involvement would make my task much harder, however, I agreed to try.

A week later I met Betty. My impression of Betty was congruent with father's brief description of her. After some talking, which Betty found very difficult, I offered her the choice of playing with the Children's Depression Scale or continuing to talk. I told her the advantage of doing the scale would be that she

would find out how other kids feel and think sometimes. Also it might provide her with some words that could help her to recognize and describe her own experience. She agreed.

I read the first few cards to her which she placed in the relevant boxes. Then I offered her the choice of reading the cards herself, or for me to continue to read them to her. She chose the latter. When she completed posting the cards, I took the items posted in the 'right' and 'very right' boxes and used them as stimuli for conversation. Then I did something that has not been described in the manual of the scale, but that I have done from time to time. I asked her to choose from all the cards she had seen that day, the ones that best described how she thought and felt. She had no hesitation in choosing Item No. 25 – "I often hate the way I look and the way I act".

What emerged was how much Betty hated her appearance because it marked her as so different to her parents and their biological children. This difference was very painful for her, in great contrast to father's description and more in tune with what mother had wanted to tell me but had been prohibited from so doing by father. Indeed, there seemed to be a great similarity between the feelings of mother and daughter. Both of them felt pain around the issue of the adoption, but probably their own pain and anxiety stopped them from talking to each other about it. This difficulty in communicating was probably also severely reinforced by father's attitude, and hindered mother and daughter from comforting each other.

Thus, it seemed that Betty did not just express her own difficulties but also those of her mother. This way of thinking was further supported by some of the other cards that Betty selected and the conversation that we had around them, especially items 21, 43, 46, 61.

- 21. I often feel as if I am letting my mother down.
- 43. I am often upset about my mother's health.
- 46. I am often upset because I don't like mother as much as I should.
- 61. I sometimes feel upset because I can't give my mother the attention and love she needs.

In fact, two of these cards refer to both 'mother' and 'father', however in conversation Betty mentioned only her mother in these contexts. The chosen items provided a richer clinical picture of mother and daughter being highly sensitive to each other, but prevented from direct communication about their anxieties, by their own difficulties and even more so by fathers clear prohibition against doing so.

* * *

The use of the scale offered me another therapeutic option, a structured interview. The cards provided a range of stimuli that facilitated the communication between Betty and myself. They helped her to feel less alone, less different from other kids, and enabled her to put words to her own experience. She found reassurance in the fact that there were other children who felt lonely and unhappy. Furthermore, she appeared to appreciate the opportunity to engage with me in a play-like fashion, so different from the interaction that was imposed on her by her father.

Last Hope

Patient *I have seen so many doctors that you are my last hope in life.*

Adler *No. Not the last hope. Perhaps the last but one.*

(The Individual Psychology of Alfred Adler)

Shirley, a mother of three, came to see me. She had visited many therapists over the past ten years. Her children (daughters of thirteen and seventeen and a son of twenty-one) had sometimes accompanied her, but usually said nothing and refused to continue after one or two sessions. None of the therapists had helped; it was all a waste of time. I was her last hope.

Shirley talked quickly, as if under pressure. She did not know what to say first, so that often she was confused and confusing.

The school complained that the girls were often late, got into fights, were lazy and not doing well academically. The children did not listen to her, they were selfish and rarely helped in the house. Worst of all, they constantly fought and abused each other, using foul language which she abhorred. She had a sheltered childhood and a strict upbringing, and found it shameful to hear

such words. She was embarrassed to repeat them. The thirteen year old kept calling her sister “A slut who kept fucking with all the guys” .

The problems with the children were long-standing, almost since they started school. Her husband drank to excess, was withdrawn and limited his conversation to criticising her parenting. It hadn’t been much of a marriage and she had left him two years ago. She had hoped, after leaving him, that she and the children would get on better, but to her disappointment this was not so. In fact things were worse. Her husband lived in a flat two minutes walk away. The children spent most of the time with her, but occasionally, when she tried to discipline them, they went to their father to complain.

She was very hurt by his critical comments. She tried hard to be nice to the kids so he wouldn’t have any reason to criticise. Her father had always kept his distance and she now realised how hurt and resentful this had made her feel. In fact she indicated that altogether men weren’t up to much.

Shirley worked full time as a nurse and had looked after the house and children with little help from her husband. She was very tired, and financially hard pressed. In the past she had seen therapists in the public service, or psychiatrists whose fees were rebateable. Now, despite the financial burden, she had decided to seek my help because I had been recommended and she was desperate to do everything she could.

I had listened carefully and when she finished I said to her: “It sounds as if your life is exceedingly difficult and painful. I know some of the therapists you have mentioned and they are very good. I am worried that with such a long-standing, deeply entrenched problem I may not be able to help either. There is an additional disadvantage; my fees are not rebateable, and this will be difficult for you and put pressure on us both to bring about a quick resolution which may be impossible. I am anxious that you might be wasting your hard-earned money, and that you won’t get anywhere.’

Shirley said; “You don’t seem to appreciate how desperate and determined I am.”

She had always talked about her problems pessimistically as entrenched and unmanageable. Now, for the first time, she said she was ‘determined’ to do something.

Moshe OK. But you should realise I'm not your last hope and if I'm unable to help you, as may well be the case, then you should see other people.

Shirley I've thought about it a lot and decided to go ahead.

Moshe OK. If you're certain that's what you want.

Shirley Can we involve the children somehow? I don't know how to get them to come.

Moshe I know you'd like them to come, but from what you've told me, they sound pretty sensible. They have learnt from past experience. After ten years of going to different therapists, there has been no change or improvement, so what's the point? By not coming, they indicate that they don't want to waste good time and money.

I have listened closely and given it some thought. I don't think you will want to do what I suggest. I think you will find it strange and unacceptable.

Shirley Look. I am determined to make things change—you don't appreciate how desperate I am. So tell me what to do.

Moshe I doubt if it will work. I doubt you will do it. Do you have a cassette recorder?

Shirley (*puzzled*) Yes.

Moshe Tell the kids you have seen me and I said that they, perhaps without knowing it, have been kind and helpful to you. They must have become aware that you had a sheltered upbringing, and you were always over-nice and a bit of a goody-goody. To expose you to crude language, arguments and some roughness could be potentially helpful and constructive. I recommend they continue to disregard your requests for them to stop it, but allow you to record their arguments, abuse and bad language. Then in your own time, you can listen to them. Bring it to the next session and we will review the tape together and maximize the potential benefit that these lessons have for you.

Shirley was taken aback and obviously uncomfortable with my recipe. Nevertheless she said, "Oh all right. If you think it will work I'll try, I'll do it."

Moshe I don't know if it will work, probably it won't, but I can't think of anything better. I won't blame you one little bit if you don't do it. There's no certainty that it will be of any benefit.

Two weeks later Shirley and her three children arrived. She explained that it took her a few days to look for the cassette recorder and finally she borrowed one. She felt stupid and awkward telling the children what I'd said, but eventually she did so. She told them I said they were wise in refusing to see therapists and that I saw positive value in the lessons they regularly offered her.

The children said they'd never heard anything so stupid. They agreed to the recording, but to her surprise there was nothing worthwhile to record.

They'd decided to come because I had said some really crazy things. They came to put me straight. They abused each other because they had good reason to do so, not to help their mother.

The son said, "Look, the truth is Mum is too scared to put her foot down. I've told her for years she's wasting her time asking experts what to do. She needs to learn to be firm, and not let us kids do what we please. Actually, Mum is a real snob. She's disappointed in us all, we haven't done well enough at school, we don't dress up, we're not as good as her brother and sister's kids or her colleagues' kids. Even at home she expects too much. She does all the work herself, and when she asked us to help we never did it right—it wasn't clean enough, we were too slow, we didn't put things in the proper place. So we got sick of it and we don't help much any more."

The seventeen year-old daughter said, "Yes, we often talk about it. We've tried to tell Mum, but she won't listen. She'd rather blame herself, saying she's a failure as a mother, and that we kids are no good. Whenever my sister calls me a 'fucking slut' and I try to tell her off, Mum always stops me, saying she's too young and I should be nice to her. She's really just a spoilt brat. Mum and Dad always fight over who is going to be nicer to her, and in the meantime she gets away with murder. She didn't want to come, and my brother and I insisted. It's about the first time ever she's been made to do anything she didn't want to do."

As the sessions progressed, the family, with my help, negotiated the sharing of responsibilities of the household. Shirley agreed not to interfere in the

childrens' problems, but to allow them to work them out. She would not 'save' her young daughter. She learned gradually to make some demands and to set limits on her children.

From time to time I expressed anxiety and misgivings about the possibility of helping her and her family. Perhaps the contact with me would end the same way as with previous therapists—a waste of time and, in this case, also a waste of money. Shirley, however, kept reassuring me that this was not the case. She continued to work hard and with determination to ensure this.

In later sessions Shirley came alone. She had been brought up to be good, she could never assert herself and take a stand—it was too unladylike. She felt very angry with her father and with her husband who had kept her in that submissive role. She always tried hard to look after others, particularly the kids, but she didn't know how to look after herself.

Many problems remained. The children didn't do as well as she liked; she wondered if she should have left her husband since she still missed him; life was financially hard; but at last there was some order, where previously there had been bedlam. There was sharing and togetherness, peace and quiet.

What's more, there was hope for better things to come.

The Tyrant

Nancy rang about her thirteen year-old daughter, Millie, who had frequent temper tantrums. Also in the family were Mark, seventeen, and Joy, twenty-one. My secretary suggested they all come to the appointment. On the day, only Nancy and Millie came.

I asked about Joy and Mark and was told they were busy studying. Nancy said anyhow they had suffered enough through Millie and she didn't want to inflict any more on them.

Nancy went on to say, "Millie throws terrible tantrums. She yells, rages, bangs and breaks things and gets quite out of control, so much so that the other two are too embarrassed to invite their friends home. Millie demands all my time and attention, and if I ever want to go out, there is such a fuss that it doesn't seem worth the effort, so I just stay home. I also feel very upset because I never

spend time with Joy and Mark. I've been divorced now for three years and their father is in Adelaide—so I really want to be with them, but every time I try, Millie makes it absolutely impossible. I really find it very upsetting.”

For most of her married life, Nancy's husband was controlling, demanding and critical. She had lived in fear of his angry outbursts. Until Nancy left with her three children, Millie had been a well-behaved child. Her tantrums had begun soon after the separation. Apart from this behaviour, she was a good daughter. She cooked, cleaned, washed and put away their clothes. She was a perfect housekeeper and wanted to do everything—in fact, she wouldn't let anyone help. Since Nancy was working full time, this was indeed a great help. Millie managed the home, as well as her school work, very well.

Nancy said, “My parents had a good marriage and I was a happy child in a happy home. I feel sad and guilty that my kids haven't been able to enjoy such a happy home. I've taken Millie to see two psychiatrists and a psychologist over the past two years. I don't know what they talked about. They asked me a lot about my feelings and my childhood, but didn't tell me what to do, and Millie is getting worse and worse.”

I asked Nancy if Millie's father knew about the problem. He did and had indicated that if necessary he was willing to be involved. I then tried to talk to Millie. She gave short answers to general questions, but would not speak about the problem.

When asked what she did when Millie had her tantrums, Nancy said, “She has a tantrum when she can't get her own way, and in the end I always give in. I had been thinking about leaving my husband for some time. It took a lot out of me to finally do it. I manage really well. I have a good job and friends and could make a good life for myself, going out and socialising. But Millie has made it impossible, she has spoiled it all. It has sapped my energy and I don't know what to do.”

I asked what Millie's father would have done. Nancy said that Millie would never have behaved this way, she would have been too scared, they all lived in fear of him.

I said, “I can see that Millie is a caring, concerned and loyal daughter. In fact for a while I got confused between who is mother and who is daughter. When

I listened before, you sounded like a young girl talking about her mother who was a good and fussy housewife who stops you going out. Millie, you sounded like a good mother who looks after the house well, providing good meals and also making sure your daughter doesn't get into bad company. Perhaps you are worried that your young Nancy may go out and meet another man, who may end up being unkind, as your Dad was to her. It may be that you are worried that your mother is missing her ex-husband, and you try to help her by behaving in a similar way to him. Without knowing, you may have been hoping that by your tantrums you would bring Dad back, and Mum and Dad would get together again.

"Nancy, you may feel guilty that you have failed to provide as good a home as you had. Perhaps you feel Millie had enough rough treatment from her father, and now you have to make it up to her and be soft and give in all the time. But no matter what led to the problem, it is certainly very unfortunate and serious, and it must stop. By allowing it to continue, Nancy, you are not being a good mother, but a bad one. It is very bad for Millie to grow up knowing she can control and tyrannise you, Joy and Mark. It is crazy that you, who are bigger and stronger and pay the bills and Joy and Mark, who are bigger and stronger, should all be tyrannised by Millie."

In an aside, I said, "How much do you weigh, Millie?"

"Seven stone."

"How much do you weigh, Nancy? And Joy and Mark?"

The answers came ten, nine and eleven stone.

"And Millie's father?"

"It seems to me that with thirty stone between you, you should be able to find a way of stopping such a slip of a girl, even if she is doing it with the best of intentions, and even if she is taking on the worries of a forty five year old woman."

Nancy and Millie giggled when I made Millie Nancy's mother. So I went on to wonder aloud, whether, if Millie was Nancy's mother, then she was her father's mother-in-law and Joy and Mark's grandmother, and therefore her grandmother's sister. This confusion made them giggle all the more.

When I became serious, Millie was very quiet and didn't give anything away. Nancy seemed to appreciate and acknowledge the truth in what I had said with both pain and enthusiasm.

Finally I said simply, "I want you to go home and tell Joy and Mark everything that has been said here today. Tell them that Millie must be stopped, and that I have no doubt that you three will find a way of doing it. If you have difficulty then solicit Millie's father's help. Ask your parents to help, ask Millie's friends and teachers, or anyone else. However, I'm sure you will manage. Next time I want you all to come and tell me how you dealt with the problem. If you fail to find a way, I will tell you how to stop it next time. Just one thing, Nancy, I don't want you to stop doing things with Millie. I want Millie to know that when you spend time with her it is because you want to, not because you are too scared of what Millie might do if you say no. Maybe over the last three years you have never spent time with Millie that she knew was because you really wanted to."

To Millie I said, "I think there is a good chance that you will be able to give up your temper tantrums, once everyone else around you behaves differently. Should it prove difficult, or if you need to express anger for other reasons, I recommend that twice a day for half an hour you go to your temper room and practice tantrum throwing. You and your mother can decide which is to be the temper practice room. If two sessions of thirty minutes each are not enough, you may practice there longer."

Two weeks later all four came. Both Joy and Mark said that their mother had told them everything and they agreed with me. They had always felt that Mum was too soft with Millie. They had told her so and couldn't understand why she hadn't accepted it. They said that Mum was great, but at times they were extremely angry with her for letting Millie terrorise her.

It didn't take long for them to decide that whenever Millie started acting up, they would lock her in her tantrum room until she got over it. They told Millie of their decision. Millie threw a couple of beauties and they locked her in the room where she yelled and carried on. Nancy became agitated so they laid her down on a couch, gave her a cup of tea and put on some music. Another time the three of them went out for a walk. So ended the regime of terror of the mouse that roared.

I continued to see the family and dealt with other issues in their lives, most significantly Millie's sense of anxiety over her mother and the burden of it; her sense of responsibility for her mother's well being; her excruciating fear and nightmares that she might lose her mother as she had lost her father.

* * *

Millie was able to share her feelings of sadness, worthlessness and loneliness now that she felt loved and comforted by appropriate limits.

When I was told as a beginning psychologist that a family was being tyrannised by a child, I would expect a seven foot tall, fork-tongued giant, but to my surprise what appeared was a three foot, frightened child. When children terrorise they must be exceedingly frightened of many things, including their unchecked aggression and the fact that they are hurting the very people who are needed to support them. Also frightened by the fact that these very people who should curb the aggressive impulses are also frightened, so the child needs to cope with her/his own fears as well as their fears. Very often the child escalates the unacceptable tyrannising behaviour in the unconscious hope that appropriate restraints will at long last be imposed.

The adults are reluctant to impose the controls that appear to be so obvious. They see the child as unhappy and in need of comfort and understanding and they believe further controls would be damaging. Limit setting is seen by the parents as aggressive and depriving rather than comforting and nurturing. Parents may also feel guilty, as in this case, because they have inflicted a breakdown of the family on the child with subsequent pain and deprivation, and imposing limits is a further act of deprivation.

In some families, as here where father was the disciplinarian and the mother was the carer, she is unable to fill the role and a vacuum is created which the child fills, perhaps in the hope that this would bring father back.

Crime and Punishment

A psychiatrist rang and asked me to see a family in which the identified patient was the eighteen year-old son, Nathan. He regarded him as suffering from an obsessive-compulsive neurosis, the main feature of which was repetitive hand washing. The psychiatrist was a friend of the family and felt that long-term

therapy was likely; he also sounded somewhat anxious at the seriousness of the problem.

The family consisted of the parents and four children, of whom Nathan was the eldest. Only the parents and Nathan came to the first appointment. I was struck by his mother's elegant and meticulously groomed appearance and by his father's air of perfectly cultivated ease. During the social niceties, the mother mentioned the other three siblings and the father told me a little about his work. I then turned to Nathan, who hadn't said a word, and asked him, "What school do you go to?" He answered, "I don't." I (hesitantly, wondering what to say, thinking, is he a dropout?) stammered, "What do you do?"

Nathan replied, after a long pause, "I go to University."

I felt very bad; I had added insult to injury and put down this young man who already appeared so awkward and shy.

After a few more minutes of most unsatisfactory social talk, I looked vaguely into the room and asked why they had come to see me. After a short hesitation, the mother (trying to control her distress) said, "Nathan has this habit, err . . . he keeps washing his hands all the time."

She appeared to have nothing else to say and father took over. He enumerated additional problems, including his opinion that Nathan was physically underdeveloped. He had tried to live away from home, but had failed and come back. He talked of his other three children with pleasure and pride, of their successes and particularly of Nathan's seventeen year-old brother, who was studying overseas. The more he talked, the smaller and more insignificant Nathan appeared. The more the father said, the worse I felt, remembering my stupid indiscretion and kicking myself for my lack of care.

I then asked Nathan what he thought about the situation. He indicated in monosyllables that he didn't wish to participate. I told him that it was his right to protect his privacy and it was perfectly acceptable to me for him to remain silent.

Nathan's unwillingness to participate made me feel even worse, since I felt it was due to my earlier blunder.

I spent the rest of the session discussing Nathan, his problem and other aspects of family life with the parents. Nathan was sent to an Orthodox Chassidic School at the age of five. However, he had been told by his father that their family belonged to 'the Opposers' (of the Chassidic Movement) and therefore he should take with a grain of salt many of the things he learned at school related to religion. Father thought that perhaps this had placed an unfair burden on him.

At the end of the session I suggested a few ways of continuing. Nathan chose to see me by himself the following week.

When Nathan came to the session, he was frightened and trembling. He was very keen to talk to me, but it was an inordinate effort for him to do so. I asked Nathan what he thought of the last session. He replied he was pleased that his parents had made him come since now he could talk with me and try to deal with his problems. He then told me that his major problem was a philosophical one. He was tormented by the ideas of justice, crime and punishment, and that the 'just' suffer while the 'wicked' prosper. This dissertation over 'crime and punishment' was sprinkled with self-derogatory comments. He took some comfort from my saying that this question of justice and punishment was certainly worthy of thought and study, that it had a time-honoured place in Jewish tradition; for example, the Book of Job deals with it.

Then Nathan told me that another big problem for him was his social isolation. When he mixed with others, he found himself speechless. He felt awkward and didn't know what to say.

Since he didn't mention his hand washing or his underdevelopment, I introduced these issues. He replied that he had stopped hand washing to excess some weeks ago. When I spoke about his underdevelopment, he smiled and said that he enjoyed it, because so often people made mistakes about his age and it made them squirm.

Towards the end of the session, Nathan asked if hypnotherapy could help him. I replied that it would be like putting him on the top of the mountain and missing out on the climb. I didn't want him to miss out. He agreed and indicated firmly that he wanted to continue coming alone.

At the end of the first session I thought about my ‘crime’ (asking Nathan which school he went to) and my ‘punishment’ (feeling guilty, clumsy and speechless and thus socially awkward and inadequate). I kept thinking about the interaction and started doubting my ‘crime’ and thought that Nathan’s passivity and general demeanour and his parents’ talking for him and looking after him, all tempted me into committing the crime and therefore the responsibility was not mine alone. I felt that the ‘just’ (myself) was being punished whilst the ‘wicked’ seemingly prospered.

With the family’s permission, an experienced family therapist from another state sat in as an observer. Afterwards he remarked to me how impressed he was with the quality of the interview and how surprised he was by the meticulous care and caution with which I conducted it. His positive comments contrasted with my negative inner experience. This made me think that perhaps I was too intolerant of a minor imperfection. I then wondered if this self-flagellation was paralleled by some aspect of the family’s experience. I kept obsessing about it and then decided the best thing for me was to wash my hands of it—at least for the time being.

* * *

Being aware of my inner response to Nathan and his family and the way it paralleled the family’s life sensitised me to Nathan’s experiences. This made it possible for me to work with him more effectively and with greater empathy.

Respect

Fourteen year-old Mac’s difficulties were just about endless. He was severely depressed and his ability to manage or control his anger was almost non-existent. He had severe somatic complaints, panic attacks, a long history of severe self-mutilations, the evidence of which he wore for others to see. As a result the kids at school taunted him, tormented him and he felt very alone and persecuted. The traumas and conflicts in the family were too complicated and too numerous to mention.

As I was listening to Mac’s parents’ description of his difficulties, what impressed me was how alert he was to every word and the subtlety of every expression. His account of his difficulties coincided fundamentally with that

of his parents apart from his description of family life which was diametrically opposed to theirs. As he saw it, his parents and other members of the family were primarily responsible for most of his difficulties. But to me what stood out was the energy, the alertness and the quickness of his tongue. I don't know if I've ever heard in any other young man a sharper tongue or a quicker wit than Mac's. I delighted in his humour. He made me laugh. Furthermore, he impressed me, in spite of all his difficulties, as a highly intelligent, articulate young man with a quick mind who apparently was also talented in just about everything he tried to do. Sports, acting, music, you name it.

After a few unproductive meetings we all agreed that Mac and I should continue to meet without the family.

At our first individual session, Mac, who had a wonderful way of challenging me, asked "So, do you really reckon you could help me?" I replied, "Well, I don't know about that, but I'm sure you could help me." He looked interested. "I'm still working on my English vocabulary, and your's is something to behold." He liked that answer. I continued by asking him, "Of all the problems you have, what is the one that worries you the most." He replied without hesitation that it was the way the other kids treated him at school. He was in great pain about their cruelty, sarcasm and rejection. At some point I said to him, "Do you mind if I talk to you straight?" He became very intrigued and answered, "Of course". And I said, "Do you want the bad news first or the good news?". He said, "You decide", and so I said to him, "The bad news is that in my view there is no way that you can make anybody like you or love you no matter how hard you try. The good news is that you can make them, whether they like you or not, respect you. And I'm telling you if you become really good at some of those things that I think you are so capable of, whether they like it or not, whether you like it or not, they will respect you".

As he was very keen on tennis, I gave Mac an example. "Look at McEnroe, like you he has an uncontrollable temper. Perhaps people don't like him because of this, however they respect him. If they don't respect him for his inability to control his temper, they certainly respect him for his tennis prowess. They want him everywhere, keep on writing about him, and always have him on television.

This idea really got hold of Mac and became a real mantra with which he approached a whole number of things in his life, whilst at the same time struggling with so many other difficulties. I enabled him to mobilize his rage, competitiveness, and vindictiveness, into sharpening his skills in order to wreak revenge on those kids who refused to be his friends. This new sense of direction provided me with a different role. I became the interested friend who enquired about how he was going in the development of his numerous talents, occasional consultant or coach.

Some time later he complained about his frequent and severe panic attacks. I enquired about what he had done about it. His initial claim was nothing, he could not think of anything that helped. I refused to accept this description. I told him that in my experience it's almost next to impossible for somebody who suffers for years from severe anxiety not to have found something that helps, if not fully, at least to some degree. My persistence eventually paid off and he remembered that one of the things he did was to put earphones on and listen to loud heavy metal music. As we discussed it further, it became apparent that it not only calmed his nerves, but also shielded him from all the critical voices of his family, teachers and kids at school. I told him off for dismissing such a useful technique as nothing. I said that inadvertently he had discovered a very important form of therapy, music therapy.

I appealed to his scientific mind by suggesting that he search the internet and read and learn as much as he could about music therapy. We discussed the signs and symptoms of anxiety and together we explored how he could best self-monitor his anxiety. We designed a variety of experiments to work out what type of music worked best. He concluded that heavy metal music was best. I told him that this seemed to be contrary to my own limited reading on the subject which suggested that Mozart's music was best for inducing calm and tranquillity. He retorted by saying that he was sure that the music that you personally liked, was the music that was going to work best for you. I must admit that I have not done my own literature search but I bet that Mac must be right.

* * *

I have spent a number of most enjoyable years with Mac talking and laughing, designing experiments and sharing jokes. During the time that I saw Mac, he

was struggling with a number of serious difficulties, however he also had a great deal going for him. Depression, characterized by a sense of personal inadequacy and inferior self-worth, meant that Mac was unable to recognize or derive pleasure from his capacities and so use them to improve his self-esteem. As therapists, it is essential that we are equally, if not more, sensitive to children's strengths, than to their weaknesses.

Choices

It was about three years since I had seen the Porter family. I assumed all was well with them. Mrs. Porter rang one day and said that her daughter, Gail, wanted to see me by herself. Gail was now thirteen. Gail said, "As you know, Dad is a heavy smoker. A few months ago we had a lecture at school about the dangers of smoking. That made me even more worried about Dad. I read a few of the books they recommended. I went and told Dad how worried I was and asked him to stop smoking. He refused to talk to me and told me to leave him alone. I kept at him and eventually he promised to stop.

After a few weeks, I noticed the smell of cigarettes. I asked Dad if he'd started again. He said no. I was still worried, so I searched his brief case and found cigarettes. I was very upset, not only because he'd started smoking again, but because he lied to me. I feel I can't trust him any more and told him so. I said I wouldn't talk to him until he apologised and really gave up smoking. Dad said I was very rude and did not know my place. So I haven't talked to him for weeks now and I'm not going to until he apologises and stops. I came here because I want you to tell me what you think."

I said, "To tell you the truth, I can't decide what I think, it's really a struggle. On the one hand, I think it could be said that you don't know your place, you behaved not like a daughter, but like a wife or mother. You have no business searching your father's briefcase or pockets. You should respect his privacy; you were very rude. To refuse to speak to your own father is certainly going too far. So I can see your parents might feel that they have brought up a disrespectful insulting girl who doesn't know how to behave.

On the other hand, it could be said that your parents are very fortunate. Their daughter is serious and careful in her actions, she disregards petty social conventions when serious issues are at stake, in this case your father's health

and even his life. She feels responsible for her father's and thus her family's wellbeing. So, despite the criticism and censure you brought on yourself, you did what you believe is right."

I explored the possibility of a further meeting with her or with the family. She declined, saying she had her answer, she knew what I thought. I could not contain my curiosity and asked, "Gail, of the two points of view, which do you think is right?"

"I like the second much better, particularly the bit about my parents being fortunate to have me."

* * *

She left happy, but I'm still wondering what happened.

Playing the Game

Mrs Mary Bruce was referred by a psychiatrist who was a family friend. She gave my secretary the following details.

For the past three months her seven year old son, Jim, had been increasingly unwilling to go to school. She had tried to insist and had become more and more miserable about the situation. Her son was starting to miss more days of school.

Mary said that she stayed at home, her husband was a pathologist and there were two other children, Alan (eleven) and Shirley (six). My secretary indicated that I would like to see the whole family, at least for the first appointment. Mary said she didn't think her husband would come.

I rang Mary and told her I thought it was vital for her husband to be present. She replied that he wouldn't come for, in his opinion, she was making too much of the problem and this contributed to it and made it worse. I responded that his presence, particularly in view of his attitude, might be useful in understanding and resolving the difficulty. Mary said he was very busy but she would talk to him; however, she doubted that he would come. Ten minutes later she rang and said her husband, Bill, had agreed to come. My secretary arranged an appointment.

The family came and after some casual conversation to put them at ease and get to know everyone a little, I asked each person his view of the problem. Mary described Jim, who was in Grade 2, as having been perfectly OK until three months ago, when he started complaining of tummy aches and headaches. He seemed unhappy about going to school and tried to get out of it. In the last few weeks, he had started refusing point blank, saying he didn't want to go. When she asked why, Jim couldn't offer any acceptable explanation. She had tried reassurance and support, but had also insisted on him going to school, and the experience was becoming increasingly difficult.

She said, "When I see Jim so distressed it tears me apart, I feel sad too and it makes me feel awful." She oscillated between exasperation and feeling sorry for him. It made it difficult for her to enjoy Jim and be warm and loving to him. She knew her husband thought she overstated the problem, but he was never there in the morning to see what it was like.

Bill said that he wasn't worried because Jim always seemed happy enough. On occasions he looked a bit upset, but Bill thought, "That's fair enough, a part of life." In fact he was surprised at the intensity of his wife's worry and distress. They had talked about it before, but sitting and listening to her during the interview made him realize just how deeply distressed she was.

Both Alan and Shirley, who attended the same school, said it was "OK, no problems." Alan said Jim was all right but he was a bit of a sook, a 'Mummy's boy'; he just needed to try a bit harder. Shirley was a little sad and tearful that things were a bit hard for Jim, and also said that he picks on her at times and she wished he would stop.

I tried to involve Jim in the interview, and specifically asked him about school. He said that he didn't like school but could not (or perhaps would not) explain why.

I asked the parents what they had done about the problem to date. Mary reiterated that she had tried everything; she was at the end of her tether and had no further emotional reserves to cope with the problem. Bill had tried to reassure and support his wife, but felt uncertain as to whether that was the right thing to do and it hadn't made any difference. Bill volunteered that, whilst he was worried at first, now some anxiety was creeping in that unless

things improved it could snowball into a serious problem. He was concerned about the effect on his wife and their family life.

I asked Bill if he would be willing and able to take Jim to school in the morning and deal with any problems that arose in connection with this. I indicated that, on a practical level, Mary hadn't succeeded and it was getting her down and she needed the rest, so it was appropriate for someone else to take over, namely, Bill. It would also give him the opportunity to assess the seriousness of the problem.

Everybody came to the second interview. The family seemed much more cheerful. As arranged, father had stepped in and taken his son to school, and Jim's school attendance had become regular. Mother reported that she looked after herself, had rested, felt better and also had more time to spend in an enjoyable fashion with Jim.

The parents reported there had been a marked improvement in Jim's general behaviour and appearance; he seemed more relaxed and cheerful. Jim said he was pleased that his father took him to school. It was good, in fact better, when his father took him to school, though he could not say exactly why.

Having established that the initial problem had been resolved, I asked Jim more about school. He said, for the first time, that he was very upset by one of his teachers, Miss Green. I asked Jim to tell his mother in as much detail as possible what Miss Green does that he does not like. After he did that, I asked mother, then and there, to pretend to be Miss Green and behave as described by Jim. She did so and then Jim was invited to behave in exactly the same way towards his mother as he does towards Miss Green.

I suggested that Jim tell his mother what Miss Green does at school and also all the things that he is afraid she might do. Then I asked mother to be that frightening Miss Green. Mother pretended to smack and growl and criticise Jim, and Jim pretended to be petrified, scared and to run away.

I organised the same role play with the others in the family. I asked them to take turns in being Miss Green as portrayed by Jim, while Jim was himself. Then I asked them to reverse roles, and Jim took a turn at being Miss Green with the various family members being Jim.

The family responded with fun and excitement to these tasks. Nonetheless, they seemed a little anxious and over controlled, particularly the mother.

I explained that Jim was obviously worried by Miss Green and that it made it difficult for him to enjoy school. He needed to get used to her and this role playing would help, and suggested they repeat what they had done in the session once a day after dinner.

I asked the family to allow as much excitement, creativity and fantasy to creep into the game as possible without anybody being hurt or unduly distressed.

They left after agreeing to the homework task and to return in two weeks.

During this time improvement had continued. His father Bill took Jim to school and then felt confident enough to let Mary take over. This worked well and, for the last few days, Mary resumed her customary role of driving the children to school.

The family said that they had regularly played their 'game' after dinner. Overall, it had been great fun, everyone enjoyed it, particularly the kids. Mother had some misgivings; at times there was too much excitement and noise and occasionally things got a bit out of hand. In fact, on one occasion when Jim was 'Miss Green', he was too rough on Alan, and it ended in a fight. Alan confirmed this, saying he thought Jim was too rough at times, but wasn't sure whether he preferred him to be the way he used to be, that is, a 'sook', or the way he is now.

A few times when Jim, as 'Miss Green' picked on Shirley as 'Jim', Shirley kicked him and again the game got a bit out of hand.

Father volunteered that he noticed Shirley had become more confident with Jim and no longer complained that Jim gave her a bad time.

During the session the kids became quite noisy and boisterous and this seemed to elicit knowing and friendly smiles between Bill and Mary.

The conversation drifted away from the problem. Mary said she now had time and energy for herself and friends. Also she and Bill had more good times together.

The family was given permission to play 'Miss Green' for non-therapeutic purposes, just for fun. At the same time, I recommended they continue to play the game once or twice a week for therapeutic purposes.

We then agreed that we could stop meeting, but if any problems arose they would make contact.

A year later Mary rang and told me everything was fine.

* * *

It is important to insist on an early return to school. This prevents a vicious cycle in which the effects of non-attendance such as embarrassment, further isolation, getting behind with school work and increased anxiety make returning more and more difficult. Further if the child does not return to school this anxiety is not available to be dealt with in therapy. If he does, his anxiety is intensified and it is then possible to work on it in therapy. Delay in return to school also increases the mutual dependency and anxiety between the over-involved parent and the child.

The father's attendance in therapy is essential since he is less concerned and involved and therefore more likely to be able to insist on the child returning to school firmly and calmly. The father's presence also makes it less likely that the therapist will have to assume the parental role in insisting on a return to school. Just as importantly the mother is in need of emotional relief and support, and her husband is the most appropriate person to provide them. Without his presence, the therapist is again pressured in to fulfilling this function.

Many mothers of school-refusing children complain that their husbands are uninvolved, both as husbands and fathers. In the professional literature, the fathers of school-refusing children have often been described as 'weak, ineffectual and withdrawn'. If they don't participate in the child's treatment they can be further distanced from the Family.

In my experience it is very common for the mother to say that the father won't come, but when I say it's important for fathers to be present, and that I want them to be involved, they usually do.

Since the mother and the school-refusing child are both anxious, they tend to perceive the father as unreasonable, if not dangerous, often with little justification. Excluding the father from therapy may reinforce this erroneous perception.

Part of the problem in school refusal is the child's perception of the outside world in general and the school in particular as uncaring, punitive and hostile. The father is usually the person who spends time *out there*, and so he represents that world to the family. Allowing the perception to continue that the father is uncaring and dangerous will contribute to the perpetuation of the problem. Further, if the father is the representative of the outside world, which includes the school, then the discrepancy between the mother's original perception of him and his actual behaviour allows for the possibility of a changed perception of the outside world as well. His son is not dealing too well with this world and therefore father is probably best able to help him. The father taking over the responsibility for Jim attending school gave the mother the opportunity to look after herself and enjoy Jim.

Commonly there is a split in families of school-refusing children where one parent—most often mother—views the problem as serious and urgent, and the other—usually father—argues that it is not so serious; just a bit of discipline and all would be well. At times the split is between the siblings on the one hand and the parents on the other. Often it emerges that the identified patient also experiences the same split. He is torn between feeling on the one hand that his problem is a serious one which needs urgent attention, and that he is very unhappy in a frightening and punitive world, and on the other that he is just stupid and lazy, making mountains out of molehills. For the true parallel between the child's inner experience and outer world to become clear, the two camps need to be present and heard. This gives the child the opportunity of seeing that his inner experience tallies with his social world. It also affords the parents the opportunity to see the effect of their conflicting positions on their child's inner struggle and confusion.

The presence of Alan and Shirley was also important in that it confirmed that school was a reasonable place, not only for them but for Jim too, and that they believed Jim could cope with it. Alan supported the idea that some disengagement between Jim and his mother, and by implication more

involvement of Jim with his father, could be useful. Indirectly, Alan's view of the problem supported his father's view; they both felt that what was needed was for Jim to try a bit harder. Shirley's presence was useful since she suggested indirectly that Jim was not alone in having problems, that school was not the only problem, and that she was worried about Jim being a bit too rough on her. Most importantly, the presence of the siblings reduced the likelihood of Jim being further singled out as the problem child in the family. Their presence gave Jim the opportunity to improve his relationship with his brother and sister and reassured him that he could make more friends. It also may have reduced his attachment to his mother.

In the first interview it was perhaps the first time that father had listened fully to Mary's view of the problem—it may also have been the first time she had fully expressed it. Thus, although that was not the stated aim of therapy, it provided an opportunity to get together not just as parents but as people and husband and wife.

The introduction of role playing into therapy provided the family with an opportunity to experiment with new experiences, to change their customary behaviour and to allow more levity, frivolity and play. This enabled them to express a wider range of feelings more freely, thus reducing the likelihood of further school refusal.

Billy's Collection

Billy's father was a bank manager. He had been moved about every two years. As a result Billy had been to four different schools in his twelve years of life. Now he was in grade six, at his father's old school. His father had taken a good position with a company in Melbourne. He decided it was time to have a more stable life to give Billy a better opportunity to settle down and do well. In fact, both parents were very worried. Billy was never popular and never fitted in wherever he had been. He did not do well at his lessons, he didn't join in games and was not good at sport. In fact, he was very isolated, spent a lot of time watching TV and loved thinking about ways to make and spend money.

Billy had been at the Melbourne school for about two months and his parents were very concerned that he was going down the same track. It was important

to Billy's father that his son does well, as he had himself at the same school. They decided to seek help.

At the first family meeting, they told me the background. I asked Billy, "What is it like for you at school?" Billy, "It's terrible. The kids pick on me or ignore me. They won't let me play with them. When we go swimming, they call me names. When we play football I have to hold the towels and give out oranges at half time. I hate it."

I asked, "What have you done about it?" Billy just sat and looked miserable and finally said, "Well what can I do? Nothing."

The parents also replied that they hadn't been able to do anything and really didn't know what to do.

Moshe Billy what names do they call you?

Billy Oh, 'Fatso', and all sorts of names.

Moshe Like what?

Billy Fatso, spazzo.

Moshe What else?

Billy Oh, I don't know, nothing much.

Moshe You mean for the last two months they've called you names all the time and you can only think of these two?

Despite lots of prompting, Billy couldn't think of any more.

I decided to ask his parents, "Do you know what names he gets called?" They didn't know, but the father remembered that he too had been called names like 'fatty' and 'egghead' at school, which hadn't particularly worried him. Even though I tried to push him, that was all he recalled.

While father was talking, Billy listened with increased interest.

I told them that one of my favourite writers had a stepmother who constantly swore and cursed him. He began to listen carefully and eventually wrote a dictionary of his stepmother's swear words and curses. The volume of his collected works starts with this 'glossary'. I suggested that they might do the

same. I realised it was a bit crazy, but since we couldn't think of anything better, perhaps it was worthwhile to try.

I said, "Billy, when you go to school, listen carefully and write down all the names you get called. Tell Mum and Dad, maybe it will help Dad to remember what he was called and I guess Mum might recall some too. Then, when you've collected a lot, you could also publish a book of names, swear words and curses. Then you could sell it."

I turned to Billy's mother, "What do you think you could ask for it? Will it have a large market?"

She laughed and indicated that this was more in her husband's line. The parents were somewhat concerned at the propriety of my suggestion, but Billy was enthusiastic and a bit scared. They agreed to give it a go.

Over the next few months our sessions always started with a discussion of Billy's new collection and any that his parents had added. As the flow seemed to dry up, I suggested Billy might offer the boys money for new names, or appoint agents to find new words and to test the market. As the months went by, Billy became less interested in our project because he was too busy with his friends. He left me his unfinished work for my own use.

The writer referred to in the story is Sholem Heichem. I love the way he solved his stepmother's problem. A wonderful example of 'don't get mad, get even' or 'writing is the best form of revenge'. This is powerful evidence that pain and trauma can be a stimulus for creativity and growth.

A Fitting Daughter

Mrs. Gwen Taylor was pleased and grateful that she was able to see me within two weeks of ringing for an appointment.

She told me that ten years ago she had been seriously depressed and for the next six years she saw a psychiatrist twice weekly. It became clear that one major problem was her unsatisfactory relationship with her husband. When she realized this, she tried to persuade her psychiatrist to involve her husband in therapy. At first he dismissed this, but she persevered and finally he agreed to see them together. When Gwen talked about her problems and dissatisfaction

in front of her husband, neither he nor the psychiatrist seemed to listen or take seriously what she said. During most of the sessions the psychiatrist and her husband were chatting and she felt ignored. She became increasingly resentful and felt betrayed by the psychiatrist. Soon all contact ceased.

Gwen talked very fast, and was unable to stick to the point; she brought up a number of problems using pseudo-psychiatric jargon; she seemed confused and was most confusing. While she talked she gave me knowing looks, indicating: “You know what I mean, I’m sure you understand.” But I didn’t. I gathered that she had five daughters, aged between eighteen and twenty-seven. The two younger ones, Ann (eighteen) and Cathy (twenty), were still at home. When Cathy was four she was seen by a child psychiatrist who said she had minimal brain damage. Since then she had been treated differently from the other girls. Gwen inferred that it was the labelling and subsequent treatment which was responsible for Cathy’s problems today. Cathy had been a plodder at school, left when she was sixteen, worked for two years in a milk bar and then lost her job. For the last two years she stayed home and had no social contact outside the family. She reversed her sleep pattern and spent nights listening to music, eating and wandering round the house. This made life a ‘bit uncomfortable’ for Mr. and Mrs. Taylor. During these two years she started having fits and was diagnosed as epileptic. She was careless and irregular with her medication and had fits once or twice a week. Cathy was unconcerned but they worried Gwen.

Gwen made oblique references to Cathy’s behaviour, indicating it related to the lack of communication and other problems in the family, but she was unable to explain this any further. She went on to complain that, although her husband was kind and a loving father, he didn’t take her seriously, listen to her attentively or spend enough time with her. When she had finished her six years of psychotherapy, she had a more positive attitude to life and took up riding. She had her own horse and looked after it and enjoyed this for a while. Now she was losing interest and she worried that she might get depressed again.

After listening and clarifying the problems in my mind, I asked Gwen how she would like to proceed. She repeated some of her complaints but was unable to say what she wanted. I decided to put the issues to her clearly, saying: “Your own life is not as full and rich as you would like, and you are in danger of

becoming seriously depressed again. “You are dissatisfied with your marriage. You are worried about Cathy. You are concerned about the inadequate way your family functions and the impact of this on Cathy’s problems. I would like you to go home and decide which of these issues you want to work on first, and discuss it with your husband and the family. Then you come back by yourself, with your husband, with the family, or whatever you like.

“Something else worried me. You have mentioned four eminent doctors whom you and your family have seen. All, it seems, failed to help. It is obvious that you resent and blame them for some of your difficulties today. I am worried that the outcome of your contact with me will be the same.”

One week later Gwen and her husband, Ron, arrived for the next appointment. Gwen started to go over the same ground again. It seemed that very little discussion had taken place, but Mr. Taylor had been told to come. With difficulty I stopped Gwen and said; “I would like to hear from you, Ron, how you see the problems.”

Ron I guess we have problems, like everybody else... no worse. Gwen doesn’t seem as satisfied as she would like to be. I’ve tried to help. I work all day and when I come home I spend time with Gwen and the girls. I do what I can. Perhaps it would be better if Gwen didn’t talk to strangers about our marriage and our family. I’d prefer to try to deal with problems by ourselves.

Ron’s spontaneous account of the problem did not mention Cathy. I asked, “How do you think Cathy is getting on?”

Ron’s whole attitude changed. He became intense and concerned, where previously he had been casual.

Ron I am very worried about her. She’s not working, she has no social life. She stays up all night and resents any direction from me. Occasionally I suggest she go down to the milk bar to buy her own chocolates or magazines, and she resents it. Mainly I worry about her epilepsy and that she doesn’t take her tablets properly.

Moshe It seems that your feelings about your marriage are different. You feel it is OK. But you are both most anxious about Cathy. You disagree on the question of professional help: Gwen wants it, whilst you, Ron,

would prefer to work it out and not have strangers poking their noses into your personal life.

Ron If you can help us with Cathy, I'd be most grateful.

Gwen I guess we should start with Cathy.

Moshe It sounds as if you agree on how to start, but disagree on subsequent issues. If we proceed on Cathy, Gwen, would you feel that I am taking Ron's side? Would you feel I have let you down?

Gwen No, I don't feel that way. Cathy's problems should come first. But she may refuse to come.

Moshe I suggest you tell Cathy everything we have discussed here. Then tell her that you are both very worried about her and don't know what to do. Tell her you want my help about how you should act. Say you want her to come to put her view of what the issues are. Also say that perhaps she may like the opportunity to talk to me alone, as you have done. She may prefer to come with her sisters and without her parents. I'll be surprised if Cathy refuses to come. We could work out how to respond to Cathy if she doesn't come, but our job will be easier if she is involved. It will be better if she comes, in other words, but we could manage without her.

They accepted this suggestion readily and agreed to come again in a week. There was some urgency in view of the continuing fits.

Gwen, Ron, Cathy and her oldest sister, Rae, came to the next session. Rae lived in Adelaide and was visiting for a week. The other sisters couldn't or wouldn't come. As it was unlikely I would see Rae again, I suggested I spend some time getting her view of the problems.

Rae Mum spoils Cathy, she anticipates her every need. Cathy resents it when Mum or Dad gives the rest of us any time or attention. She gets very grumpy and snitchy with us. Mum won't leave Cathy alone about the tablets, she keeps at her all the time.

(Cathy nodded vigorously and voiced her emphatic agreement.)

Moshe Why do you think mother spoils Cathy and nags at her constantly?

Rae Mum is very loving and devoted, being a mother is everything to her. She can't tolerate the idea that her kids have problems, or that anything may be lacking. We told her to lay off, that the constant reminders make Cathy worse, not better. She doesn't take any notice.

(During this interchange, Gwen made a number of attempts to interrupt and to explain herself. However, I said it might be my only chance to get as full a picture as possible from Rae.)

Rae To tell you the truth, I often wonder what Mum would do if she didn't have any daughters to look after, once we all left home. Being a mother has been her life, everything.

Moshe Cathy, what do you think of what Rae said?

Cathy I don't resent my sisters. I don't think I'm spoilt, or grumpy.

Moshe Do you think your mother nags you?

Cathy Yes, I wish she would stop.

Moshe If she stops reminding you, would you neglect to take your tablets? Would you have more epileptic fits?

Cathy No way.

Moshe Are you sure?

Cathy Yes, of course. I just wish Mum would stop.

Moshe Gwen, would you agree not to make any comments at all to Cathy about her medication?

Gwen Yes.

Moshe Do you think you will be able to keep quiet, or will it be very difficult?

Gwen I'd be delighted to give up worrying about it.

Moshe I think it may prove to be much more difficult than you imagine. I think you may need help. Ron, would you be prepared to keep an eye on Gwen, and discuss any problems she might have? Help her to refrain from showing her concern to Cathy.

Cathy, you are sure you will manage without Mum's help?

Cathy I've told you already that I will be right.

Moshe You may find it pretty difficult. If you do, I suggest you ask your father for help. Also when he comes home from work I suggest he checks how things are going—would you like that?

Ron (*chipping in*) I'd be happy to do that.

Cathy I don't know about that.

Moshe I suggest you think carefully about it. If you want to, tell your father you'd like him to be interested. However, if you decide to go it alone then I want you to tell your father clearly that is your decision. Will you be able to do that?

Cathy Yes.

Moshe One other thing, Gwen. Three daughters have left home and sound independent and capable. Ann, it seems is on the verge of leaving home too. If Cathy takes her medication properly and her epilepsy is under control, she may then get a job and improve her social life, perhaps before long she will start thinking of leaving home. If it's true that for twenty-seven years mothering has been everything for you, you may have a serious problem.

Gwen (becoming tearful) I'm glad you brought it up. I've often thought about it, though I haven't talked openly to anyone.

Moshe You know, your comments put Cathy's behaviour in a different light. Perhaps unknowingly Cathy has been an exceedingly dutiful and devoted daughter. She sensed how important mothering is to you, and she has provided you with ample opportunity to do it.

(*Cathy appeared 10 feet tall at this point.*)

Rae You're absolutely right.

Ron (*Becoming angry and losing his temper*) That's ridiculous, that's terrible. Cathy, I don't want you to sacrifice yourself for your mother. You should think of yourself. It's crazy, totally wrong. I can't accept it.

Moshe Ron, it's obvious that Cathy's not convinced; it would be good if you could convince her. I think you have an uphill battle.

We agreed that the more family members who could come to therapy sessions the better. Ron agreed to marshal the troops.

Gwen, Ron, Cathy and Ann came to the next appointment. I began by asking Ann her views and how much she had been told. She indicated that her parents had said very little, but she had a long talk with Rae. Rae thought the family meeting was very useful and brought important questions into the open. Rae and Ann agreed that mother was over-indulgent and too worried about Cathy. They had discussed at length whether mother would be able to cope if all the children left home.

Ann One problem is that Mum not only anticipates Cathy's wants, but also what Cathy is going to say. She anticipates her thoughts and feelings and feels she knows better than Cathy what they are. As a result, Cathy doesn't have to think for herself, or even talk for herself. Even worse, Mum even tells Cathy what she thinks and feels in such complicated language that Cathy gets confused.

Cathy gets very jealous and she is nasty. She is a sourpuss and grumpy to me most of the time. She takes my things without asking and leaves them lying around and dirty. I come home after a day's work and sometimes I'm tired and I have to do the dishes and tidy up. It's unfair. She is really lazy and unpleasant. It's Mum, or perhaps Mum and Dad who let her get away with it.

(Again Gwen kept trying to butt in, but I insisted I wanted to hear from Ann. Then I turned to Cathy.)

Moshe What do you have to say about Ann's comments?

Cathy *(uncomfortable)* It's not true. It's not like that at all.

Moshe In what way?

Cathy *(defensively)* I'm not grumpy and unfair.

Moshe Well, tell me, when was the last time you tidied up after yourself, or washed the dishes?

Cathy (*embarrassed*) I can't remember. Anyway, Mum does it.

Moshe If you were asked to do it, wouldn't Mum let you?

Cathy Oh yes. But that's what Mum does.

Moshe Ann said she does it. Is that so?

Cathy (*reluctantly*) Yes, I guess she does sometimes.

Moshe Ann told me what changes she would like you to make. She wants you to do your share, speak for yourself, leave her things alone and so on. Now, how would you like Ann to change to make life better for you?

Cathy I can't think of anything now.

Moshe You mean Ann's perfect, she can't improve?

(*to Ann*) It's a pleasure to meet a perfect sister. It doesn't happen very often.

(*Everyone laughed except Cathy.*)

(*to Cathy*) You really mean you can't think of anything Ann could do to make life better for you?

Cathy I just can't think of anything at the moment. She's certainly not perfect.

Moshe How about I give you some homework? Go home and think about all the changes you want Ann to make and list them for me. Will you do that?

Cathy Yes, of course.

Moshe If you get stuck, like now, perhaps you could enlist your parents' help.

Ann That isn't fair.

Moshe (*to Ann*) Maybe, but you came up with lots of things. Cathy seems to be stuck, maybe she needs help.

Ann But then Cathy would put what Mum and Dad want on her list, not what she wants.

Moshe Cathy, make sure you only allow your parents to remind you, but put down only what you want of Ann, not what your parents want.

Cathy OK.

Moshe Look, Ann, you can make a similar list of your wishes, and you can also ask your parents' help.

Ann OK.

(Ann seemed a bit unhappy that Cathy was going to work on what she wanted from her.)

Moshe Oh! We almost forgot. Cathy, how did you go with your tablets?

Cathy I've taken them all right.

Moshe Have you had any fits?

Cathy No.

Moshe Did Mum stick to the deal and not remind you?

Cathy I guess so. Apart from ...

Moshe Apart from what?

Cathy Oh, I don't know. I can't think.

(The rest of the family verified that there were no fits and that Gwen had refrained from nagging Cathy.)

Gwen You know, I do have some social life. We have dinner parties and go out.

Moshe Are you saying that you will be able to cope if Cathy and Ann don't require your attention so much, or if they were living away from home?

Gwen To be honest, I've thought about it a great deal. I'm not sure, and I don't know what to do about it.

Moshe Have you talked to Ron about it?

Ron Yes. We talked about it. I want to sort it out because it's affecting Cathy.

Moshe Did you work anything out?

Ron Not really, but we had some good talks.

Ann (*Chipping in*) When I talked to Rae, we wondered what we could do to help Mum. Any suggestions?

Moshe Yes. You may have considered it yourselves. Perhaps not you, but your older sisters could provide some grandchildren. That might make it easier for your mother to give up her own children, so it is not such a full-time involvement.

Ron Yes, we've thought about that. It would be great, but the way they're going it will never happen.

Moshe Let's leave it now and talk about it next time.

Two weeks later I asked the family how they had been. Ann and the girls agreed that all had gone well. Gwen, however, indicated that nothing had changed.

Moshe What were the positive changes, Ron?

Ron There was a more relaxed atmosphere. Only one minor argument between Cathy and Ann—otherwise, all went well.

Moshe Gwen, didn't you notice any of these changes?

Gwen (*Reluctantly*) Oh, I suppose so.

Moshe Cathy, did you do your homework?

Cathy No.

Moshe Why not?

Cathy I didn't feel like it. It didn't seem a good idea, and then I forgot.

Moshe Maybe you couldn't think of any way in which Ann could change. Maybe she is perfect.

Cathy smiled and kept quiet. Ann, however had done her homework and detailed a few minor changes. She had not written some of the more obvious issues which were mentioned previously. When this was pointed out, Ann indicated she had left them out to keep the peace.

Ron Cathy still stays up all night. She sleeps most of the day and appears at about dinner time.

Moshe How does that affect you?

Ron Well, it does disturb my sleep, but I am used to it.

Moshe What have you done about it?

Ron We tried to get her to turn off the TV and go to bed at a reasonable hour, but there was such a hullabaloo, she made such a fuss, we gave up. She is twenty, so sometimes I think we should leave it to her to decide how to organise her life.

(During this interchange Ann got red and finally spoke up.)

Ann You are not telling the truth—things got really violent. *(to Ron)* You and Mum tried to stop her but she screamed and yelled and kicked and you tried to hit her but she kept kicking and biting and you gave up. She does what she wants, not what you want.

Gwen I have to say, I am very ashamed at the way I behaved. I was very, very violent. Ann, Rae and the others were horrified. My parents were violent to me. My psychiatrist explained the danger of violence continuing from one generation to the next. I was determined not to be violent to my children, so that they wouldn't be to theirs.

Moshe Give me some examples of your violence. What did you do that you feel so ashamed and embarrassed about?

Despite a number of attempts, the most awful thing Gwen mentioned was that one hot day Cathy was being monstrous and Gwen hosed her down. Apart from this occasion, she could not come up with any more examples of violence, but she said she often felt like strangling Cathy.

There was more discussion of how angry and violent they had each felt on occasions, but it was impossible to pinpoint actual outbursts of violence. The atmosphere in the room was charged with anger and the fear of violence. The family sat tense, rigid and somewhat afraid of the subject being discussed.

I asked, "Do you think that bringing up "violence" is going to be harmful?"

Everybody clearly and definitely agreed that it was good to talk about it. They left with the agreement that we would continue the discussion next time.

Only Gwen and Ron came next time. They had spent many hours talking. Ann and Cathy had wanted to come but were excluded by their parents.

Gwen When we talked about the violence in my family I felt it was happening, not as it did so many years ago. Ron is right. He says that my wish to stop the violence continuing from one generation to the next was so strong that I over-corrected, particularly with Cathy when I needed to be firm and take a strong position, I couldn't, and I let her get away with everything. Ron said I was over-keen to be a good mother, and as a result I wasn't.

Ron We talked about what it would be like when all the girls had left. Ann was right, we were scared that we might get on each other's nerves, that there would be a big empty hole in our lives. But, we also felt excited at the prospect of being free to do what we liked. You said you have to adjust to different stages of life so we decided to try to make the adjustment gradually.

We told Cathy that she had to stop interfering with our lives; she was being unfair to us all. Ann and I, and also Gwen, work all day; we need to be able to sleep at night and we would no longer allow her to disturb us. She had to shape up or ship out. We gave her a few alternatives. If she wanted to stay up all night, she could live elsewhere, or get a night job and come home to sleep during the day. Alternatively, she could go to work during the day and lead a normal life. Cathy started saying we don't love her, we are mean, we don't understand her. But we were adamant, there was no room for discussion.

A few days later, to our surprise, Cathy came and asked if we would mind if she did a course in dress-making. She had always been interested in the fashion magazines and clothes. We were delighted.

Gwen is pleased to have the house and the daytime to herself and to have Cathy still at home. It will give her time to develop more interests for later.

I tell you what, with five daughters and my wife and maybe one day some grandchildren, Cathy could be kept busy just with family. Cathy hasn't had any fits since she was first here, and we feel everything will work out for her. As for Gwen and me, we're OK, I guess 'anxiously optimistic' is how I'd put it.

Moshe You know, at a religious symposium there was a discussion on when life begins. The priest asserted that life begins at conception. The minister said eight weeks after conception. The rabbi said life begins when the children leave home. Maybe you would let me know what you think in a few years time.

* * *

There is much that can be discussed in this story. Why was Cathy so negligent in taking her medication, thus causing her to fit often? Why was she behaving in a manner destructive to herself, and so disturbing to her family? Also, it is possible to discuss how my work with the family helped them to change. However, I will limit the discussion to the mother, Gwen. Her behaviour could be understood in a number of ways and on different levels.

- 1 It could be said that Cathy's problematic behaviour was primarily a response to her mother and their relationship. This could be read as saying that Cathy's problems, to some extent, were due to her mother. This view is simplistic and narrow, a limited way of looking at the family constellation. Admittedly, Gwen's behaviour was not helpful to Cathy, but it was in turn due to the way Cathy behaved towards her. Given Gwen's tendency to worry, Cathy gave her plenty to worry about rather than behaving in a reassuring way.
- 2 Gwen was unhappy with her own life, dissatisfied in her marriage and a worried and ineffectual mother. Ron exacerbated all of this by his lack of involvement and apparent disinterest in spite of his worry about Cathy. Though he worried about Cathy, he did not intervene, even though he thought Gwen's response to Cathy contributed to her difficulties. Perhaps

he was worried that his intervention would lead to conflict between them, and also further undermine Gwen's authority and her confidence. Perhaps also he accepted the traditional family arrangement that left Gwen responsible for parenting, marital satisfaction and family welfare.

- 3 Gwen grew up in a family in which serious violence was always present. This violence sensitised her to avoid any conflict, however mild, which made it difficult for her to assert herself and set limits on her daughter. Gwen was also determined to shield her children from the violent experiences which were part of her own life. Growing up in such a family had been damaging to her own self-esteem and competence.
- 4 Gwen's earlier experience of mental health professionals was negative. She felt that she had not been properly heard, that her difficulties had not been taken seriously enough, and that her last therapist had formed a coalition with Ron and ignored her. Her worries about Cathy were not recognised and thus not dealt with.
- 5 Finally, Gwen, like many women of her generation in our society had been conditioned to accept unquestioningly the role of mother, wife and home-maker. She relied exclusively on satisfaction from this role for her fulfillment and worth. It was her other daughters who brought this to her attention and challenged her to change.

It is easy to get caught up in mother bashing and overlook the contribution of society.

Eyes on the Ball

In all my years of practice, therapy sessions were fifty minutes or more. The exception was Mr. Smith.

The school had referred the family because John was unhappy and not performing as well as he could. He had been seen by the School Counsellor and another therapist in the past year, but with no improvement. Mrs. Smith was most concerned and didn't know what to do next.

When I spoke to her about an appointment, I indicated that I would like both parents to attend. She said that Mr. Smith had always refused, saying it was a waste of time. However, I insisted that I would see them only if both came.

At the appointed time, Mr. and Mrs. Smith arrived. As soon as they came in, Mr. Smith looked at his watch, implying that time was money and that he was not in the habit of wasting it.

He found the time to tell me he was a company director, a very busy, successful man, and that his other major passion was supporting and being actively involved in his football club. He stated that his son was not performing because his wife was too soft and smothering. She, on the other hand, indicated with some hesitancy that her husband was over critical and unavailable.

I realized that brevity was necessary and said, "It is clear to me that your son is underachieving because there is confusion between who is captain, who is coach and who are the players. You had better sort it out so you will have a well-functioning team."

Two weeks later Mr. Smith came alone, looking at his watch as he entered my room. "It is ridiculous," he said. "I'm captain and coach, so what's next?"

"If this is clear and it's most important, next it seems to me that your player is losing because he has lost confidence and hasn't had a taste of success for a long time. You need to build some success experience into your team. I can tell you how to do it, but maybe I don't need to because you can work it out."

"Sure can," he said. He was pleased that here was someone who could talk straight and didn't waste his time. He got the message after five minutes.

Three weeks later he returned and told me he was happy with his son's progress. He had told his son he expected him to improve. If he did really well and kept to the targets he set, he would take him to the football every week, to mid-week training, and arrange for him to meet the players. He then monitored his son's training and performance, watched his skills and told him he expected more improvement still.

Our five minutes were nearly up. I said, "You seem to be on a winning streak. You've got the team into shape. What do you think we should do now?"

He indicated that he was pleased, that his son had his eyes on the ball, but asked what I recommended for the future.

“If you ask me, the turnaround in your player’s performance is impressive but it’s still early in the season. What happens when winter sets in and the ground gets heavy? There may be injuries and setbacks. Who knows if you will be able to keep up your winning form? Maybe you will maintain it, but let’s get together in three months to review the progress, on the understanding that if things don’t go well, you’ll get in touch earlier.”

He agreed.

A week before his appointment he rang to cancel. He thanked me for my help and said his son was kicking goals straight through the middle.

* * *

One of the tasks of the therapist is to speak to patients in their own language—in this case brevity, football and bottom lines—even if the language doesn’t sit too well with the therapist.

Joe’s Solution

Joe, thirteen year-old son of Betty and Mario, had been caught stealing \$300. He had a long history of petty theft, misbehaviour at school and truanting. His academic record was quite good, but he rarely did his homework, was rude to his teachers and peers and had few friends.

Betty and Mario had been urged by their solicitor to come and see me. They were afraid of the immediate consequences of this recent episode, and in a panic that it could be the beginning of a career in crime for their son.

Mario revealed that he had been caught stealing when young. He had served time in his late teens and subsequently became a criminal. In his twenties, when Joe was a baby, he had served another three years. He had then vowed to go straight and he had.

Over the last ten years he had worked day and night to build a fairly successful business. He was proud that he had provided a respectable home in an upper

middle class suburb for his wife and two sons. They had become respected members of the Italian community, who knew of his past.

Betty had looked after two babies while Mario was in goal, then worked beside him to get established. They had struggled and made it and become accepted. Now this trouble with had happened, and she found it frightening.

Moshe (To parents) What have you done about Joe's stealing?

(Mario gave a long list of well known psychiatrists and psychologists whom Joe had seen, the last one for a year of weekly visits. Joe had hated it, complained constantly and finally refused to go.)

Moshe That's not what I mean. What have you—as parents—done about it yourselves?

Mario I'm Italian. I was my mother's favourite. If I asked for a shirt, she bought me a dozen. She served me with food even before I knew I was hungry. I love my son; there's nothing I wouldn't do for him. If he asks me for ten cents, I give him ten dollars. But my wife nags him all the time; do this! Don't do that! She worries about what he should do; his homework; tidy his room. She never gives him a hug or a kiss. She's a typical Australian, not warm and loving like us.

Betty Mario works day and night, seven days a week. He has hardly a minute for the boys or for me. He spoils Joe, gives him too much and demands nothing of him. He never sets limits; lets him do as he pleases. He never supports me, in fact he runs me down to the children. I have to admit I'm very tired and I don't sleep. I'm worried sick and get headaches. I lose my temper and yell and nag at Joe. I'm ashamed of the way I behave, but he drives me crazy.

Moshe What do you expect or want me to do?

Mario Money is no object. I want you to see Joe as often as necessary and as long as it takes to help him.

Moshe Yes. Is there anything else?

Mario Tell us what you think we should do.

Moshe I think you know what *you* need to do.

Mario Me?

Moshe Yes, I'm certain you know what *you* need to do, but I'm not sure you are willing and able to do it.

Mario Tell me what you think I should do.

Moshe I don't think it's necessary—you know

Mario Would you please see Joe and talk to him?

Moshe OK. But I'll be surprised if it doesn't confirm what I believe you need to do

Betty I'm sure Joe won't come

Moshe Mario, if you want me to see Joe, you'll have to see that he comes.

Mario No problem. He always listens to me and does what I tell him.

A week later Joe came. He wasn't interested in being friendly. He was angry and resentful.

Moshe Joe, you don't want to be here today

Joe (*Angry*) Yeah. I hate it.

Moshe You're fed up with being dragged to psychiatrists and psychologists. We all give you the shits.

Joe That's for sure.

Moshe If you hate it so much, why did you come?

Joe Dad asked me.

Moshe Since you're here, I want to ask a few questions. I insist you don't answer if you don't want to. Watch out for that. Don't get tempted to answer unless you're sure you want to. Your parents told me about you stealing and other problems. What do you think should be done about it? More specifically—is there anything your parents could do to help?

Joe Yes, Dad should spend more time with me and we should do more things as a family.

Moshe Anything else your father can do to help you?

Joe He should help me with my homework and tell me about other things

Moshe Do you mean he should tell you what to do, and what not to do?

Joe Yes.

Moshe Anything else he can do?

Joe Yes, he should help Mum more and take her side sometimes

Moshe I want to tell you something if you want to hear it. Would you like to hear what I've got to say?

Joe Yes

Moshe Well, I met your parents last week and after talking to them I decided exactly the same as you—we are in complete agreement. The question is—if your parents do what you suggest, will that stop all your problems—stealing, being rude to your teachers and friends and all that?

Joe Yes

Moshe You sound confident. Are you really?

Joe Yes

Moshe I'm not so sure, you may need help. You've had these problems a long time

Joe (*Defiantly*) I don't think so, I'll be right

Moshe I hope you are right. One other thing—can I tell your parents what you've told me today, or is it just between us?

Joe Oh sure, you can tell them.

Moshe I will recommend to your parents to do as you suggest. After a few weeks I'd like to see you to discuss if your parents have done as suggested, and whether you have stuck to your end of the bargain.

Joe OK. I'll come.

Before I saw him again, Mario discussed with Joe what had happened and accepted his suggestions. He supported Betty more and saw to it that she had

sufficient rest. He spent more time with Joe, and also managed to be less loving, to be firmer, and also to give Joe more direction.

Betty found it very difficult to stop the daily fights with Joe, but she did achieve this with help from Mario and myself.

Joe said he loved having a bossy father who now found time to take him to the football and the family on outings. His behaviour at home and at school improved, and he stopped stealing.

Basketball

Mitch was the tallest fifteen year old I have ever met, I think. He had a broad American accent. He was also one of the quietest and loneliest kids I've ever seen. He belonged to a new breed of families. His father was Chief Executive of a multi-national company—an affluent nomadic, a modern rich slave. He moved from country to country, often on short notice. At the time I met Mitch, he had attended eight different schools in eight different countries, and had to cope with eight different languages. Not surprisingly it didn't do much for his social life, his sense of security or continuity.

As often occurs in this modern form of slavery, father was hardly ever around. He was a highly paid fireman and had to work very long hours. He was always tired and tense. He could never relax, or enjoy casual pleasures with friends or family. His primary means for unwinding appeared to be shopping for books or records. However, it seemed that whatever he bought, he never had time to use anyway, so it was never unpacked. Each time his wife had to pack for the next move, there were more material goods than before, and these additions represented all the things that Mitch's father was going to enjoy one day, when he had time. Not surprisingly Mitch's mother was lonely and resentful. She was the executive's wife who arranged for everything. She had the company of other English-speaking wives in various countries. She would meet them for lunch and for gossip but it did not allow her to work or develop a life of her own.

In each country Mitch and mother had their own therapist. Our attempts to involve father in therapy all failed miserably. However, on an occasion when he was present, he told me that although he worked such terrible hours

which gave him no time for his family, or for himself, there were others in his organisation who worked much harder, and he was scared that if he didn't continue to perform to expectation he would simply lose his job, and that would be the end of him.

On top of Mitch's unhappiness, loneliness and awkwardness, he was also unmercifully picked on at school by both teachers and kids. They would poke fun at his American accent and his height and blame him for the excesses of American imperialism. Naturally this exacerbated his total sense of inadequacy and guilt.

When I first met Mitch and saw his height, I asked him, "Do you play basketball?" "A little bit" replied Mitch. I said, "Why not, with your height you probably would make a great basketballer. When I was your age, I was a keen basketballer, but unlike you it was unfortunate for me that I didn't keep growing" and we started talking basketball. When I asked him where he thought they played the best basketball, of course both of us knew the answer and we talked more about the NBA, the best basketball in the world. Over time, we would follow closely the fortunes of the Chicago Bulls and Michael Jordan and gradually I helped him to improve his view, not just of himself but of the better aspects of American culture. Together we explored ways of him displaying appropriate American pride and dealing with the kids at school who gave him hell. He had to agree that Michael Jordan was much better than Andrew Gaze ever was, and that Andrew Gaze's dream in life was one day to play NBA but he, like Shane Heale, never made it. Together we also agreed that Mitch would formally complain to the headmaster about the teachers tormenting him over his national origins.

Mitch, himself, started to play basketball and so turned his height to great advantage. By the time the two years were up and he returned to the States, Mitch's unhappiness and isolation had moved, but ever so slightly. Three years later, when he visited Australia for a few weeks, he came to see me again and we were clearly delighted to see each other. Things had continued to improve and life was much brighter for Mitch. I was keen to talk with him about basketball and about how he remembered the time we had spent together, but he was keener to talk to me about something else, what I thought about psychology as he had decided that he wanted to become a psychologist.

* * *

Even though I helped Mitch a bit by talking basketball, the context for understanding his depression and alienation was the culture of the multinational company of which every member of the family is a victim. I think that sometimes we have to think globally but act locally. What I did was to talk basketball with Mitch to help him challenge his internalised view that everything that came out of the U.S. was bad; but the way I understood his difficulties was that he and his family were severe victims of a new world order. It's easy to blame the child or the parents for the source of the family's difficulties, but this view ignores the real contributions of society and such practices as economic rationalism to the problem of depression.

Reflection

On occasions over the years, Tesse had asked me, "Why don't you eat bananas?" I answered, "I don't like them."

Recently she asked again, "Really, why don't you eat bananas?" This time, for some unknown reason, I stopped and thought—as if I had heard the question for the first time. At last I remembered when I was that growing up in Israel there was a common belief amongst the boys that eating bananas makes you soft like girls. In fact, in Hebrew slang, girls were called 'bananas'. This discovery led me to try a banana, which I found delicious.

Early in my school life I became very keen on basketball, spending hours shooting baskets. The school discouraged this, and it was not until we reached twelve years old that we were officially allowed to play. The reason given was that playing basketball when so young would stunt your growth. Those two metre-plus basketballers playing today started dribbling balls as soon as they could walk!

When we kids caught a cold, it was because we didn't listen to our parents, we forgot our jumpers, played in the rain or went swimming when it was too cold. In contrast, parents' colds were caused by a virus.

Bashevis Singer once said, "When I was young and told stories they called me a liar. Now when I tell stories they say I'm an author."

In my early days at the Bouverie Clinic, we held case conferences to discuss the reasons for childrens' problems. It was agreed that some were due to them growing up in homes where a foreign language was spoken. The confusion of being exposed to two languages somehow affected the child's behaviour and development. This idea often caused us to recommend that the parents stop speaking their mother tongue and speak English. Now we know that hearing a number of languages enhances verbal skills and flexibility. Language is the central component of intelligence.

As a beginning psychologist, I would see young men who appeared anxious and agitated and who found it very difficult to tell me what worried them. After I found a way to help them talk, they would confide that they had been masturbating and were now terribly worried that they would go blind or insane. Fifteen years later, anxious and agitated young men would come to me and finally confide that they had heard that everyone was doing it. They couldn't understand why they were not normal and not doing it when everyone else was.

In the 1960s while the boys suffered from 'masturbation anxiety', the girls were often referred because they were 'in moral danger'. They were then treated psychiatrically or sometimes made wards of the State to protect them from the dangers of 'promiscuity'. Today, 47 per cent of girls who have reached the 'age of consent' (sixteen years) are already sexually experienced.' 'Truth and knowledge' vary with time and place. They are socially created and their relationships to scientific evidence change. What constitutes scientific evidence also varies. In the late 1960s I became interested in childhood autism, ran an autistic group and worked with children individually. The condition had recently been described for the first time and it was claimed that it was very rare. At first very few children were diagnosed as 'autistic'. Within a few years of the condition being written about in popular magazines, it became a common diagnosis and many children were described as 'autistic'.

For years I worked with children who seemed extremely unhappy. At times their misery was so severe that it affected their school attendance and/or performance, their social life, their health and family life. Others were seriously unhappy but it was hidden, yet its impact on them was no less severe. Their depression was displayed by antisocial behaviour, such as aggression and

truancy. The commonly held belief was that depression in childhood was not possible. Most people in the profession rejected the notion that a child could be depressed on the basis of 'theoretical or empirical grounds', while lay people were perhaps unable to accept it because of the myth that childhood is a time of happiness. Today, childhood depression is an established diagnostic category in psychiatry.

Psychological and psychotherapeutic fashions such as autism, hyperactivity, minimal brain damage and specific learning difficulties, to name a few, have moved from the unknown into prominence and have receded again. Incest and child abuse seem to be the categories that are in the minds of many today. All of the above are profoundly important, and to ignore or neglect children who suffer from them would be most unfortunate. The description and study of these conditions have made important advancements in understanding childhood. However, the wide fluctuation over time in the number of children said to be suffering from any one of these problems reflects the 'fashion' of the day. These 'fashions' are probably the result of interaction between the professional literature, social attitudes, media attention and mental health professionals' training and practice.

In 'Part One: Children', a number of families are described. Each is unique and my therapy with them is individual. However, they exemplify general trends. Perhaps the most common is that the 'problem child' comes from a family in which one parent (usually the mother) is over-involved, and the other parent (usually the father) is under-involved. The child's recovery and the family's improved functioning are associated with redressing this imbalance.

In a wide variety of conditions, fathers have been described as: under-involved, weak, peripheral, ineffectual, withdrawn and psychologically absent. Mothers, similarly, have been described as over-protective, enmeshed, neurotic and over-emotional.

Those who have studied the families of the non-clinical population have described them in similar terms, thus this family constellation is possibly due to the way society is organised.' The conclusion is that it cannot simply be seen as a clinical problem but rather as an expression of societal attitudes and conditioning. Traditionally men were brought up to be the breadwinners, to look after the family's financial and economic needs, to deal with the

outside world, to be strong, tough and logical. They were not supposed to be soft (must not eat bananas) emotional or tender. To be a real man, a man had to 'wear the pants' and ensure that his wife and children knew their proper place.

Womans' domain was the home and family. A woman had to care for her children, for their physical, psychological, emotional and educational needs. Her social status and her view of herself depended on the success of her husband and children, thus she had to live vicariously. Women were not supposed to be too aggressive or outspoken. Those who studied and used their brains too much often reduced their chances of getting married.

These social mores worked somewhat successfully in many families, yet were problematic in others. When the family experienced conflict, the family members often took a more extreme position and adhered more rigidly to their parental roles. These traditional arrangements are being increasingly challenged, and often the very challenge is a source of conflict.

More women today choose or need to go to work. More men are becoming interested as well as compelled to play a part in domestic life and in caring for their children. This trend of cooperation and involvement in family life can be contrasted with the opposite, in which there is the single-parent family (usually mothers) in which children grow up without (usually) fathers, to varying degrees. Today we live in a society where there is much more variety in the way families are organised.

A parallel change has occurred in 'the clinic'. It was common to see parental 'role reversal' as a serious contributing factor to a child's difficulties. Today the traditional family is sometimes seen as a major source of pathology.

The families described here sought therapy because of concern about their children. The focus is on their family life and how to change to help their child. The risk is that the reader may get the impression that the fault or responsibility for their difficulties lies only with the mother and/or father and/or children. The contribution of society to the development of the problems may be overlooked. As a clinician I would prefer to describe only what happens in my consulting room and write only indirectly, but to do so would do an injustice to my patients and may lead to false conclusions.

Problems such as a mother's over-involvement and a father's disengagement are exacerbated by the increasing isolation of the nuclear family in our society. It is often cut off from the extended family and community.

When a family comes for therapy, it could be seen as a positive step in acknowledging and trying to resolve problems. It could also be seen as an expression of family loneliness and isolation, as a result of having no natural resources such as grandparents, friends and ministers. The work of the therapist could help the family, but it also runs the risk of further reinforcing the family's isolation. One of the tasks of therapy is to help patients to see the way society has impacted on their lives. This reduces the likelihood that they will blame themselves or each other for their difficulties.

Part II: Couples

But wouldn't it be dishonest?

Introduction

As a beginning family therapist I saw families who came because of problems with their children. As we have seen, there was often conflict between the parents about the problem and how to deal with it. In trying to understand and resolve the child's difficulties, I had to consider the way the family functioned and how the marriage impacted on this. Once the original problem was resolved the parents sometimes wished to continue working on their marriage. Most of the following stories deal with therapy in which people sought help to alleviate their marital difficulties.

In a marriage the partners are supposed to satisfy their need for love, affection, intimacy, sex and companionship. As parents they need to cooperate in rearing their children. They must also support each other in caring for ageing parents and other family members, and in sharing friends. As well, the marriage is an economic unit and there must be division of domestic tasks, other duties and work.

In our multicultural society, conflicting messages about marriage and each one is subjected to varying expectations and pressures.

A marriage is not just a union of two people. It brings together two philosophical systems, usually related to culture and background. Thus individuals have different assumptions about how to conduct themselves, how to raise children, how to express emotion, how to manage their finances, and so on.

Tesse and I, for example, drink lots of tea and coffee. If we are to have tea for two, I put two to three cups of water in the kettle. Tesse would put in at least six cups. She gets angry with me and thinks how thoughtless it is, what if we want another cup, or what if someone drops in? I think her way is wasteful. Years of arguing has brought no resolution. We are both convinced that we are right.

As I was growing up I saw my mother measure the cups of water into the kettle. In my youth I went on marches where we had water discipline—water was precious and needed to be conserved. Tesse's mother is best remembered by all as a provider of food and drink in abundance. So we both accept that we are loyal to our family traditions. This governs many things we do, how we squeeze toothpaste, how we cut our oranges, how we put our clothes away, how we wash the dishes—you name it and it's there.

Life expectancy today has almost doubled from that of a century ago. As a result the marriage contract that people enter in their twenties is supposed to last for fifty years, in a society that is forever changing. Since there are now more opportunities for people to change, they do so, and often in different directions. Considering these factors, it is a wonder that any marriage works.

A man and a woman who were very much in love and wanted to get married once came to me for therapy. The woman, who was elegantly groomed and dressed, related that her main interests were her books, her classical music collection and her beautifully restored Victorian home. The man, who wore jeans and desert boots, loved bush walking and gardening and enjoyed being with his two robust, energetic children. He found it unacceptable to restrain them from riding their bikes inside, while she found it unthinkable to allow them to ride over her Persian rugs and bump into her antique furniture. We explored numerous possible solutions but eventually they decided to get married and live apart.

Given the complexity and difficulties of married life, the task of the therapist is often to think creatively and foster an atmosphere in which a new, and perhaps unconventional, solution can be found.

Time For a Break

Vera and Amir had lived together for three years. Their strong commitment to each other was punctuated by fights, mutual accusations and poor communication. Their love and caring intensified the hurt they experienced when they fought.

They had a year's marital therapy, in which the therapist had encouraged them to examine their relationship, renegotiate their contracts and work on their communications, but they had terminated it a month ago because there was no improvement.

They had decided to try therapy again because they were about to go on holiday. Their two previous holidays had been total disasters and they wanted to avoid a repetition. Their next holiday had been carefully planned and included Vera's two children (aged five and six).

Amir I am an investment consultant. It takes a lot of effort and a lot of money for me to take time off now. I'm afraid the holiday will be a waste... and perhaps damage our relationship even more. Vera is very hesitant about going at all.

Moshe Of the people important to you, who thinks you deserve a good holiday?

Amir Why are you asking that?

Moshe You told me you've already invested a lot of time and effort in discussing your relationship, I don't want to offer more of the same. A wise investor would consider wider political and economic factors. Similarly, there may be important factors outside your relationship which influence it.

Vera Yes. I tried for years to improve my relationship with my ex-husband. He kept telling me to give up and just go. When I finally left he was devastated. I feel very guilty for the state he is in.

We negotiated a reasonably amicable joint custody arrangement for the children. Now... they seem to prefer Amir to him; this worries me, although I must admit I'm also pleased. (*Vera begins to cry*)

The kids are finding their father rigid and boring. I feel guilty because that is the way I see him. I don't want the kids to feel like that, and I try to protect him.

I've been brought up to feel responsible for my mother. She has regular nervous breakdowns. Every time she rings up, I drop everything and rush over. She never turns to my father; they hardly talk to each other. They're like two strangers living under the same roof. Whenever I go away on holiday, enjoying myself, I think of them stuck at home and miserable.

Amir My ex-wife and I married too young. It soon became clear we had little in common and I left. My parents and brother strongly disapproved, regarding her as the injured party and me as the heartless deserter. They telephone her more often than me and spend more time with her when they come to town. They blame Vera, incorrectly, for my marriage breaking up. They're very upset that we 'live in sin'.

Moshe It appears that they don't think you deserve to have a good time, so perhaps you don't feel free to enjoy yourselves. Maybe you are loyalty-bound to live up to their expectations and be miserable. Do you think they are aware of this?

Vera and Amir shake their heads, obviously surprised.

All that loyalty and suffering is going to waste. Maybe you should tell them you have been dutiful and loyal and refrained from enjoying your holidays. I recommend you ask your families' permission to enjoy yourselves. They might agree that three years of fighting and two disastrous holidays is enough, and that you should be allowed a break in the sun.

Amir Are you serious?

Moshe These are only suggestions.

A few weeks later they returned from holidays and told me they had a marvellous time. They had talked a great deal about my suggestions, and decided they deserved a good time, that all their suffering and guilt were a waste and helped no one.

Vera said their previous therapy had focused on their interactions and communications. Their relationship had deteriorated and their communications had become more venomous. I had 'ignored' what was happening between them and as a result, they had talked their heads off, their relationship had improved and they had a terrific holiday.

* * *

The previous therapy, which had focused on their relationship, had increased their sense of failure and frustration. They remained stuck in a vicious cycle of mutual blame and an increasingly narrow view of their problem.

Once their frame of reference was widened, they were able to recognise other factors that influenced their lives. Thus, instead of being torn by conflict they united against 'a common enemy' which had unwittingly controlled their lives.

The Tyranny of the Weak

While working in Tel Aviv, I was asked to see a forty five year old woman, Basha, who suffered from severe and long-standing agoraphobia. Over the years she had seen numerous therapists.

Basha came to the appointment accompanied by her husband, Abe. As she came into the room, he started to make his way to the waiting room. I stopped him and invited him to join us. He was taken aback and seemed bewildered by my request. Slowly he came in and started to place his chair in a far corner of the room. I interrupted him and suggested he sit with us, and he did so reluctantly.

I asked them what the problem was. Basha launched into her very well-rehearsed and frequently told tale. A few times I tried to divert her from this long-running performance, but to no avail. She was totally unaware of anything but her own account.

Soon after her marriage she had found it increasingly difficult to leave home, and when she did, she became fearful and panicky. Her ability to do anything outside the house became more and more limited and she spent most of her time cleaning and tidying the house.

The only new material to emerge was her recurrent nightmare. She dreamed that she was to have a visit from Ben Gurion, Golda Meir and Moshe Dayan. She felt thrilled and began to prepare frantically for the visit but, just as they were about to arrive, she realised that the house was still dirty and untidy, panicked and woke up in a cold sweat.

For the whole time she was speaking, Abe was totally uninvolved. He was not even listening—he had heard it all a hundred times before. In her account she made occasional references to how helpful he had been, and the file contained remarks by many therapists that Abe was most cooperative. For a while Basha had individual therapy three times a week, and Abe had always brought her and picked her up.

When she had finished talking, I turned to Abe and asked, “What has it been like for you all these years?”

If I had dropped a bomb I could not have surprised them more. After I had coaxed and cajoled him, he finally told me that life had been very difficult for him. He was often embarrassed and had to make excuses for Basha all the time. He had no social life, he had lost most of his friends and even his contact with his family had become minimal. He ran a small business and this was often extremely difficult because he had to take Basha everywhere and she wanted to be with him most of the time, since she was afraid to be alone.

When he started speaking, he was objective and matter of fact, but as he continued, more and more hurt, resentment and anger crept into his voice.

Basha kept trying to prevent her husband from telling me how he felt, but my interest, my determination to hear him out and his suppressed wish to tell it all at last stopped her attempts to derail us.

Towards the end of the session, Basha tried to say that some of his comments were untrue, but he stuck to his guns and this caused some irritation and anger between them. This, for them, was a major argument, though for most people it would be a minor disagreement. As they left, Basha was obviously displeased but very engaged, while Abe was involved but somewhat frightened at the price he might have to pay for opening his ‘big mouth’.

Abe’s fears were justified. Basha’s symptoms increased, and so did her demands on his time and attention. Somehow, however, he drew the line and refused

to be 'totally cooperative'. This was the beginning of many arguments in which he struggled to put limits on her demands and to take some time for himself, while she was reluctant to relinquish any ground. At times she tried to exclude him from therapy, reminding him that he was very busy at work. She wondered in the session if her deeply entrenched psychopathology could be properly dealt with in his presence.

As time passed their arguments and negotiations over their respective rights and obligations began to take precedence over her preoccupation with the house. The cleaning and polishing began to recede into the background and, by the end of the therapy her agoraphobia was less pervasive and debilitating. She was more preoccupied with Abe, other family members and life in general.

* * *

Perhaps the most striking aspect of this story is that all the therapists Basha had seen, over fifteen years, had failed to involve her husband. To conclude that these therapists were insensitive or incompetent is an oversimplification, and perhaps a total misunderstanding, of the issue. If you believe that agoraphobia is a disease entirely residing within the individual, then to involve another person just clouds the issues and may distort and misrepresent what really needs to be attended to. If, however, you assume that agoraphobia is an expression of a social and/or interpersonal problem, then to see just one person and exclude the other is barking up the wrong tree. It is a way of potentially exacerbating the problem rather than resolving it.

It is interesting to note that some of Basha's previous therapists commented on her self-directed aggression. This was evidenced by the self-punitive behaviour which made her a prisoner in her own home. Turning against herself was a way of avoiding anger against people important to her, including her husband. She needed to become aware of this anger and express it more directly.

In retrospect, it seems as if it was impossible for her to be angry with her remarkably understanding, accommodating and helpful husband. It was only when Abe became selfish and inconsiderate and had the audacity to consider his own needs that Basha became angry with him and expressed

it. Until then she had controlled their life through her illness. It seems that as long as the 'weak' are allowed to continue their tyranny, they remain weak.

Delayed Reaction

Monica was a psychiatric nurse who was very involved in family therapy. She came to see me with her husband, Jon, from whom she had been separated for some years. They had a five year-old son who lived with Monica.

Jon had been living in Sydney, where his family lived, but now the company for which he worked was moving him to Western Australia. By contrast, Monica had come from Europe and had no family in Australia. She lived a rather lonely life and consequently her work was a large and important part of it.

For some time Monica had tried to talk Jon into coming to therapy, all to no avail. Now that he was going to Western Australia, he wanted his son to come for holidays, a plan to which Monica was totally opposed. The main reason for coming was to help them sort out their differences about their son visiting his father. Monica thought it would be bad for the child, for practical and psychological reasons, to be sent like a parcel to his father every school holidays. Jon explained that proper arrangements would be made and a person from the company would travel with the boy. He wanted to have regular contact with his son and thought even three months was a long time in a five year old's life. He was unable to come to Melbourne every three months.

Monica wasn't impressed and before long she started to criticise him as a father, then quickly moved on to the hurtful way in which he had behaved towards her over the years. Jon said that her objection to their son visiting him was motivated by her wish to hurt him rather than by concern for the boy.

I reminded them that they had come to discuss future arrangements for their son, not to deal with their relationship or to express mutual abuse and recriminations.

Before long Monica reverted to the theme of Jon's unfeeling behaviour and became distressed and tearful. She was confused, and so was I, about what she wanted.

At the next appointment two weeks later, Jon began by saying that he hadn't wanted to come. He said that Monica had been dishonest and had cheated him. Last time they came with the explicit agreement to sort out what to do with their son. Since then she had instituted divorce proceedings and sought a court order to prevent him entering her house.

Monica was tearful and said that after the last session she had realized there was no point in discussing anything, that nothing could improve, that it was better to finish it once and for all. Every time Jon came to Melbourne he stayed with her. She didn't want that any more, so she had sought a court order.

Jon said, indignantly, that she had always invited him to stay. He certainly wouldn't have stayed otherwise, since it was her house and she could do as she pleased.

The rest of the session was a disaster. Jon was upset at the turn of events and only wanted to arrange matters about his son. Monica, however, wouldn't discuss this and only wanted to talk about what an impossible man he was. He was very angry and she was distraught. I found myself in the middle, unable to be of use to either of them.

About a year later a very long letter came from Monica.

"For months after the session I kept thinking about the questions you kept asking: 'What do you want from me? Why are you here?' I remember that I had been unable to answer the questions, despite your persistence, and became frustrated by my inability to answer. When I saw you, life was difficult, and having to confront Jon and his demands made it even worse. Being in the same room with him, and having to discuss calmly and rationally arrangements about my son, made me clearly aware of how angry I was with Jon. I finally realized that I was cultivating false hopes and that I really didn't want him any more. After thinking about it for so long, in the last few weeks I discovered what I really wanted, and that was for you to give me permission to leave Jon, to finish with him.

Naturally I hadn't asked for this and naturally you hadn't given it. Somehow, in a strange way as a result of the first session, I was able to give myself permission to do what I wanted and that was very important.

Once I felt free to finish with Jon and feel comfortable about it, I was able to let my son have contact with his father and a mutually satisfactory arrangement was made.”

Unwanted Thoughts

Len and Alma started going out together at sixteen, but their parents objected and they stopped. Alma went out with someone else for a while, then married Len when they were both twenty. They had no money, and lived with Len’s mother for a time.

Twenty years later they had a beautiful home and three children who went to good private schools. Len had worked extremely hard—twelve hours a day, six days a week. By and large, they were happy.

Four years before coming to therapy Alma had begun a part-time arts course, majoring in psychology. Some aspects of her life and her relationship with Len worried her and she talked to one of the course counsellors.

Len After a while I was invited to their meetings. Alma opened up and told me more about what she thought and wanted. She had thought I was against her studying, but I said I was happy about it. We organised the house and the kids in ways that made it easier for her. We started talking more openly. I told her that some time ago I’d had a casual affair with one of the girls who worked for me. Alma was very angry and upset, but eventually accepted that men do this from time to time. Towards the end of the counselling, I developed my problem, and for the past three years I’ve been obsessed with the idea that Alma had an affair with the boy she went out with before we married. I know it was totally innocent. Even if she’d had an affair, I believe I would accept it. I tell myself it’s stupid; I try to stop myself thinking of Alma and this guy. It doesn’t help. The harder I try, the worse it becomes. It’s really got me down and I’ve become very depressed. I know it worries Alma a lot, too.

The counsellor referred me to a psychotherapist whom I’ve seen regularly for two years. I know myself better as a result, and understand my problem very well. I now see clearly how my

obsession with Alma having an affair helps me to reduce my guilt at being unfaithful.

The psychotherapy has been helpful and enriching, but also it has made me angry and frustrated, and I'm still depressed. I'm aware of my reasons for my problem and understand it, but it seems I can't do anything about it.

It was clear that Len believed it was his problem. During his account, Alma added words now and then to clarify and enlarge it.

Moshe So, Len, you don't need more help to understand your problem; you want help to get rid of it?

Len Yes.

Moshe You see, for three or four years now your life has been dominated by a constant fight against those unwanted thoughts. You've treated them as enemies. Yet you've told me that they provided you with stimulus and material for growth and development. After almost twenty years of working twelve hours a day, six days a week, presumably constantly preoccupied with external matters, these unwanted thoughts brought you back in touch with your inner life and your relationships to people important to you. So I recommend you think of those unwanted thoughts not as enemies, but as friends. Whenever they occur, instead of fighting them and warding them off, welcome them and attend with care and interest. Until now, those thoughts came at inconvenient times and places. From now on I want you to choose two or three times a day when you can do nothing else but think and visualise every aspect and detail of this relationship of twenty years ago. This way, by giving it your full time and attention, you will probably learn even more about yourself. Also, then, instead of the thoughts controlling you, you will control them, you will decide when and where to have them. One other thing, Len, I want to enlist Alma's help, if you agree.

Len nodded.

Alma, I'd like you to remind Len two or three times a day to set aside this thinking time. Also I want you to be available and prepared to listen to what he thinks and pictures if he wants to tell you.

Len, I'd like you to think about telling Alma, but only if you really want to. You may think it is too private to share.

Alma I'm happy to do it, but Len will resent it, he'll think I'm nagging him.

Len No. That's OK. I'm happy for you to do it.

Moshe You're sure, Len?

Len Yes?

Moshe Alma, are you satisfied with his reassurance?

Alma No, but I'll give it a go.

Moshe No, I don't want you to do it until you're satisfied that Len is really happy about it. Only do it when you feel Len would wholeheartedly welcome it.

(Both accepted this and left.)

Len's depression lifted and did not recur. He chose to think his unwanted thoughts driving to and from work. He accepted Alma's reminders. He struggled against his embarrassment and shame and told her some of his fantasies. The thoughts came at other times and places, but he was able to welcome them. Then it became increasingly difficult to maintain interest in them. Eventually he had to fight to summon them up.

* * *

When I saw Len and Alma ten or fifteen years ago, 'paradoxical intervention' was all the rage in family therapy circles. I also followed the fashion. There are different concepts and techniques within paradoxical therapy but, described simply, it is based on the idea that the therapist recommends to patients that they accept and cultivate the very problem that they suffer and wish to overcome. Many reasons have been offered as to why this works. A vicious circle occurs in which the patient tries to get rid of the problem and fails to do so. This causes frustration, annoyance and anxiety that it will continue to

get worse and take an even stronger hold. Therefore the suggestion to stop fighting the problem, to accept and even welcome it, breaks the vicious circle and brings it to a halt.

Everyone knows that if you try too hard to fall asleep at night you can't. But if you concentrate on something else, such as listening to music, sleep comes. Similarly, when you are in a hurry to finish something you often fumble, fidget and become slower. The best way to deal with this is to tell yourself to slow down so that you will be faster in the end.

Most family therapists assumed that the paradoxical intervention should not be disclosed to the patient, but I have always believed in collaborative therapy, and so I explain this notion and suggest they try it.

Today this kind of intervention is somewhat out of fashion, yet it still has a place, because it captures part of the human experience. It resonates deeply with other traditions; for example, eastern philosophies hold that the problem is part of the person and cannot be eradicated. To deal with it one should experience it fully, attend to it, concentrate and meditate on it. In western religious tradition, too, to listen to one's pain and experience past suffering, is to attend to one's soul.

Under Pressure

Mrs. Goldman was referred by her rabbi. She had rung my secretary several times to make sure that she could see me alone and that there would be absolute confidentiality. At first she refused to give her name and asked that accounts be sent to her daughter instead of her own home address.

Mr. Goldman suffered from ulcers and high blood pressure. He worked long hours in his business although he had no financial need to do so. His doctor had urged him to seek psychiatric help but Mr. Goldman had refused adamantly, saying that he wasn't crazy, he didn't need help and he didn't believe in 'all that stuff'.

Mrs. Goldman was so concerned that she went to see her Rabbi. He urged her to see me, but she was reluctant, not only because she herself was unwilling, but because she was afraid of her husband finding out. After more persuasion by the rabbi, she decided that just a single visit couldn't hurt. She emphasised

that the rabbi had said that I would tell her what to do—that she had only agreed to come because of this assurance. Mrs. Goldman went on to tell me that her husband had a terrible temper. He would suddenly erupt and was occasionally violent towards her. Though he was supposed to take things easy, he had no leisure time at all—he continually drove himself and never relaxed. She was extremely worried about him—that his ulcer would burst, that he would have a stroke or a heart attack. She was always trying to get him to stop working, rest and relax. When she did he would tell her to stop nagging. She was so frightened of his temper and so worried about his health that it was starting to affect her own health.

I was in a quandary. This was a complex and long-standing problem which could be resistant to change. I had only basic information from Mrs. Goldman and I believed there was much more. She claimed the problem was primarily Mr. Goldman, yet I was unable to hear his side of the story.

If I accepted her timetable (one or two sessions) it was likely that she would be disappointed, but I knew she would not come for more. I could not tell her of these difficulties, since she seemed totally unprepared to change her position, yet I had to do something. She had been sent by her rabbi and I didn't want to undermine his authority, because he was obviously a source of great comfort to her.

The only way I could have an impact on Mr. Goldman and their relationship was to try to change Mrs. Goldman's Behaviour. With this in mind I decided to make some suggestions that, with luck, might work. If not, at least she might be willing to come again and be more receptive to further discussion.

I asked Mrs. Goldman why she had stayed with such a man for over thirty years. Apparently he had no time for her, nor for his family, and the little time that they did spend together certainly wasn't pleasant. Mrs. Goldman was astonished by my question and realized she didn't know the answer.

I asked her to go home and think about why she had married Mr. Goldman in the first place and why she had stayed with him all these years. I said I realized she may not wish to do this since it went beyond telling her what to do, but I thought she might find it interesting and possibly helpful. I told her that Mr. Goldman's problems were such that they could be aggravated by keeping his anger and frustration to himself. It was very fortunate that he was able to

express his anger openly. I recommended that she should be pleased rather than worried when her husband was angry. In fact, I encouraged her to find ways to help him to express his emotions more fully; to show him how pleased she was when he let out his pent-up feelings and to think to herself that it was a very good thing. I said that, although I hadn't met her husband and our time spent together had been short, she should try the experiment for a week or two and then let me know how it went.

When Mrs. Goldman returned two weeks later, she seemed brighter.

"You know, I've been worried about my husband for about twenty years," she said. "When you keep worrying, you forget the important things. I love my husband. He has always been a very responsible person and has provided well for me and the children. He always was a man of strong emotions; he laughs and cries and gets angry, and I think that attracted me.

The last two weeks have been better. Well, I felt differently about him—he really is a good man. When he got angry, instead of getting worried and telling him not to get angry and reminding him that it was bad for his ulcers and blood pressure, I just asked him why he was so angry. He was a bit surprised, but I persisted and eventually he started to tell me about all his worries. His customers don't pay, the bank is pressuring him, his employees come to work up and make up stupid excuses. I couldn't stop him once he got going—it went on and on. After a while I said, 'Maybe we could go for a walk and you can tell me more.' In the last two weeks we've done a lot of walking."

* * *

Marriages are sometimes stuck and in trouble when one partner attempts to change the other. Often the harder he or she tries, the more entrenched the problem becomes. Perhaps this was the plight of the Goldmans. When Mrs. Goldman changed, a reversal took place. First she sought therapy and expressed her worries and anger towards her husband. Then she acknowledged and recognised more fully her positive feelings for him. Most importantly, and perhaps for the first time in her life, she saw his expression of anger in a new and favourable light. This new way of seeing and feeling, this inner shift, preceded her changed behaviour towards her husband.

An Unfair Affair

Aaron and Judith came to see me after Judith had tried to kill herself. The cleaning woman found her very groggy, with an empty tablet bottle beside her. She called an ambulance, but Judith, half conscious and dazed as she was, would not get on the stretcher until she had changed her underwear.

Aaron was Judith's second husband. Seven years ago, when her daughter was thirteen, her former husband had left her for a much younger woman. He was unreliable, a philanderer and a 'poor provider'; his only interest was in having a good time. After he left, Judith was determined not to repeat her mistake. She married Aaron, a widower many years her senior, with a grown-up family.

Aaron was a senior consultant with a large firm. He had saved and invested his money wisely, and this was now tied up in a family trust to benefit his children. He enjoyed playing chess with old friends, listening to music and an occasional outing to the theatre.

Judith felt disappointed and bitter. She found that life with Aaron was dull and that he wasn't interested in her or in doing things together. Aaron tentatively suggested that perhaps he was not like her former husband and this was the reason for her disappointment. This increased Judith's anger. She said this was not so and it showed his lack of understanding. Judith also complained that although Aaron provided well for them on a day-to-day basis, he had not made long-term provision for her and her daughter. He claimed he was unable to change his financial arrangements.

These were the main problems between them, and after a number of sessions there was still a feeling of futility. The meetings were characterised by attacks from Judith, eliciting only meek cerebral defense from Aaron, leaving us all with a feeling of frustration and acrimony.

Every so often, during one of her harangues, Judith would say; "This is no use—Aaron doesn't understand. Maybe you should see me on my own." At first I didn't hear her. As my frustration grew at our impasse, I began to consider the idea, but dismissed it for a number of reasons. It went against my theoretical and habitual practice of seeing all the involved people together. Also, their problems seemed to make sense in terms of what they were doing to each other, and seeing only one seemed inappropriate. Most importantly,

I was worried that if I went along with Judith it would reinforce her assertion that Aaron was incapable of understanding and that I would provide what he lacked.

Nevertheless, she persisted in asking to be seen alone. Fuelled by our lack of progress and wondering if there was more to it than met the eye, I decided to tell her my anxieties and reservations about seeing her alone. I said that I was afraid the split between them could be widened and that it would be seen as my endorsing her view that Aaron lacked understanding. Aaron, however, said he would not mind and not to worry—he did not feel that I was taking sides—after all things couldn't really get worse, so why not try something different?

So with Judith's urging and Aaron's reassurance, I felt sufficiently secure to see her alone.

After some preliminaries, she told me the secret that she had kept to herself all these years. She had been a faithful wife to both her husbands, except for one occasion on a holiday twenty-one years ago when she had a casual affair. It had resulted in the conception and birth of her daughter. This secret had been an inordinate burden; she had felt guilty and afraid that somehow it would be discovered. Further, she felt a great sense of injustice in that her previous husband had always played around, had eventually left her for a younger woman and seemed totally carefree, while she had to pay such a high price for a brief casual relationship of doubtful pleasure. She was consumed by envy of his carefree life-style and rage at the injustice of it all. Worse still, he took no responsibility for their daughter, although he got on well with her and they enjoyed each other's company. She was always burdened by the responsibility of the child, yet their relationship was laden with friction and appeared to have a bad effect on her relationship with Aaron. Even as she was berating her former husband, she also felt she was being unfair in that, over all those years, she had cheated him about 'his' daughter.

When she attacked Aaron she really felt she was unjustified because many of the issues had nothing to do with him, but she couldn't stop herself. Similarly she felt she had been doing the wrong thing by me since she had not given me the appropriate information to help resolve their problems.

Judith had agonised about her secret, but had felt unable to tell anyone about it. Having talked about it and expressed her anger and guilt she felt greatly relieved. She became aware of how the secret and her feelings about it had influenced her.

After a while Judith said, “Now, instead of the secret controlling me, I am in control if it.” She became fairer and more affectionate to Aaron. She was surprised and delighted when Aaron responded by being livelier, warmer and more generous to her and her daughter.

She realised that her pervasive resentment of her daughter was totally inappropriate. Gradually they became more comfortable together and their relationship improved.

* * *

I saw this family about fifteen years ago and wrote the story ten years ago. Today I would not hesitate to see Judith alone. Now I take the view that when a couple comes there are joint and separate issues. It is for them to decide what is of joint concern and what to keep separate. One of the roles of a therapist is to determine what belongs to the individual and what to the relationship. Later the task is to work out how they may interact with each other. I am now comfortable with seeing each partner separately, as I am now more acutely aware of the inequality in power in relationships, as was the case for Judith.

She felt weaker in her first marriage, in that she felt responsible for her daughter, and this burden of responsibility contributed to the inequality in the marriage. She carried the same burden into her second marriage and added to it with financial inequality.

The secret clearly gnawed at her insides and affected her relationship with her family. It made her less assertive but also angry towards her former husband, and some of this anger was vented on Aaron. Her inequality predisposed her to keep the secret, further reinforced her experience of herself as weak.

In our discussion I explored the possibility of Judith sharing the secret with Aaron, and more particularly with her daughter. I urged her to consider the idea that they might benefit from this knowledge, in that experiences which had been incomprehensible might at last become meaningful to them. They

may also be able to understand her better and be more accepting of her. Judith chose otherwise.

Over the years I have asked myself what my professional and ethical responsibility as a therapist was in this case. By keeping the secret, did I fail in my responsibility to her daughter and Aaron? On the other hand, did I have the right to disclose her secret? Did I pose a question that was presumptuous, if not stupid, because the choice was hers and hers alone? Nevertheless, it often happens that when patients disclose a secret they have never shared with anyone, including their nearest and dearest, the disclosure very often provides the impetus for them to tell those who are directly affected.

Volume

Some time after a change in the law enabled adopted children to gain information about their biological parents, a woman named Julie Gesham came to see me.

She was very disturbed by the new law. As a teenager twenty-five years ago she had given away her baby daughter for adoption and she was worried that her daughter might make contact, or, just appear, one day. Since the adoption she had fantasised about her daughter and yearned to meet her, but the thought of her daughter making a sudden appearance was a different matter. She anticipated other issues which were painful for her, such as the possibility of having to re-establish contact with her daughter's biological father. He did not even know that she had been pregnant and given birth to his child.

She had subsequently married and had a family. She had told her husband about the adoption before they married, hoping to be able to talk with him about it and explain the hurt and torture it had been. However, he simply registered the fact and never wanted to discuss it again, so she did not know how he really felt. Now she was worried about how he would react if her daughter appeared, uncertain about whether to tell their children and concerned about their reactions.

We discussed these and other issues in her life and the focus settled on her husband and their marital relationship, which to some extent was unsatisfactory.

Her main frustration was their inability to have proper discussions about any difficulties, including this problem.

She felt very strongly that, if her daughter were to appear, the decision about what to do would impact on the children, and her attempts to discuss this with her husband had failed. She asked eventually if I would see them together if she could persuade her husband to come. She told me that her husband had attended a number of encounter groups and undergone some primal therapy, and that he felt that the expression of emotion was most important.

We met and introduced ourselves in the waiting room and went upstairs to my room. Before I was ready to start the session, he grabbed the arms of his chair, tensed his muscles, started deep breathing and yelled, “Fucking women, fucking women, fucking women . . .”

I tried several times to divert him and start talking about the matter in hand, but to no avail. It was as if he was on a predetermined, well-practiced course. For my part, I tried to make a virtue out of necessity by describing his behaviour as this man’s unique form of self expression.

The session finished and I indicated it was time to stop. He took no notice. Eventually I wrote down the time and date of the next week’s appointment and handed it to Julie.

I got up and said, “I will see you next week unless I hear to the contrary.” As I walked out and Julie stood up, he immediately stopped yelling and they left.

At the next session Mr. Gesham began his screaming as soon as he sat down, exactly as he had the last time. Having learnt that any attempt to disrupt his routine would not work, I sat quietly, wondering whether he would continue for the whole session, and whether Julie would remain quiet if I did nothing. And that is what happened: he continued to scream “fucking women” till the appointment time was up.

After they had left I was struggling to understand what was happening and how to respond when a colleague came in and said, “Look, I don’t want to interfere, but I can’t work with that noise going on. I’ve never heard anything like it.” This made me realize I had to deal with it at a much simpler and more basic level.

As soon as Mr. Gesham came in for the next session I said, 'Before you sit down I must say this. I must ask you to keep down the volume of your communication.'

Before I had a chance to continue, he said, "Why is that?" in a surprised tone.

"There are many reasons," I said, "but mainly other people work here and it is very disruptive for them. They've asked me to make sure they will not be disturbed."

With some astonishment he asked, "What sort of people work here?"

"People who like to hear what their patients say," I replied, "and like to be heard when they speak."

"Do you agree with this?" he asked dismissively.

"Yes, I happen to agree."

"I have to think what it all means," he said.

We spent the rest of the session in seemingly casual conversation. The only theme that emerged was that he felt contempt for some significant people in his life because they never stood up to him or curtailed his excesses and he thought they were weak.

At the end of this session I asked if the couple wished to continue seeing me. Mr. Gresham replied that he would have to think about it, and that was the last I saw of them.

* * *

For therapy to be possible there has to be some agreement between therapist and clients about the aims of therapy and the method employed to achieve it. I always negotiate these matters and am willing to be flexible in how I should work with clients, but I found that Mr. Gesham was unable or unwilling to negotiate or offer any flexibility in how we should work. He gave no room to manoeuvre and imposed a way of behaving that was unacceptable to me, let alone to other people working in the building.

Julie Gesham had asked for help because she could not communicate with her husband. I also failed to establish appropriate communication with him and probably did not help them improve their communication.

Nevertheless, therapy sometimes works in mysterious and paradoxical ways. It is possible that as Julie came to terms with what happened in therapy, she would reflect and see me as the well-meaning expert who entered therapy as a neutral agent, well informed about her husband and the marriage, but who, in spite of his best endeavours, achieved no more and possibly less than she had. This may have helped her to change her view of the chances of changing her husband and, as a result, to give up on what may have been false hopes. She may also have been able to reduce her self blame and the degree of responsibility she took for the failure of communication in the marriage.

It is equally possible that Julie's hopes were dashed and that she felt more isolated and defeated as a result of the failed therapy. Worse still, my encounter with Mr. Gesham may have increased the contemptuous and destructive manner in which he related to his wife.

In some ways I was pleased that they did not return—I thought, Good riddance! But I was uncomfortable with this thought. What could I have done to help?

Loss of Feeling

Tracy complained of loss of feelings. She had been treated by a psychiatrist for some twelve months. During this time she had been hospitalised and treated with antidepressants and electroconvulsive therapy (ECT). The psychiatrist had recommended that Tracy and her husband, Fred, come to see me for an assessment.

Tracy started by saying, "The psychiatrist suggested we come. I don't quite know why I'm here. I'm the only one who has a problem. Fred is really OK. My problem is that I have not been experiencing any feeling. I don't have any mood change. I haven't felt excitement, happiness, joy, worry or concern for about three and a half months now. No feeling at all. I know I love Fred, but I don't have any true feelings of love. Does that make sense? I have been frigid for about four months and there's no improvement—nothing. Before that things were really good, but gradually I became frigid. After I stayed with my aunt and uncle I made a comment to myself: *That's strange; you didn't feel excited when you were with them.* All their kids came to see me and I didn't feel anything for them; it was as if I was acting—I put on a good front.

Fred and I have been married for fourteen years, but we haven't got kids of our own. I've had four miscarriages and never been lucky enough to see a pregnancy through. We do want kids and we haven't given up yet. If I continue to be frigid I can't see how I'll get pregnant."

She went on with tears in her eyes, "I haven't had a period for a while. I had four lots of ECT and after one of them I did menstruate, but not since. Because I am not feeling just now, I'm not worrying about getting pregnant."

Moshe So that not feeling is an advantage in relation to the problem of not being able to have children?

Tracy Yes, that's right.

Moshe Perhaps it cuts out some of the pain. Have you had any other disappointments?

Tracy No, I wouldn't say so.

Fred You lost your mother and father.

Tracy Yes. That wasn't a disappointment, that was an upset. I lost my father eleven years ago and my mother ten years ago.

Moshe What was that like for you?

Tracy Absolutely unreal. I have never been able to accept it. I have accepted my father's death, but I have never been able to accept my mother's death, until I had this loss of feeling. There wasn't a day in all those years I didn't talk about her continually to all my friends. I relived all the times I had with her over and over again. Many times I got upset just talking about her, but that's all gone now. It was very painful; I couldn't really cope.

Moshe So now you can talk about her in a matter of fact way?

Tracy Yes, but I don't think or even want to talk about it any more.

Moshe So what do you think about now?

Tracy I just think about why this has happened to me. Why does Fred, who has been a good husband, have to go through this? Then I think about how good it was before. I think my problem is very serious because to me feelings are life. I want to feel happy, excited, to look

forward to things. I want not only to know that I love Fred, but to have the true feelings of love.

Moshe Has it affected you in any other way?

Tracy Well, I used to be a house fanatic. I used to wash the walls every two months, clean out all the cupboards regularly. Now I couldn't care less. I don't want to go anywhere or do anything.

Moshe (*turning to Fred*) How do you see it?

Fred It's hard to explain. I don't understand it.

Tracy (*chipping in*) Because Fred has feelings, it's hard for him to understand what I mean when I say I haven't got feelings.

Moshe So what has it been like for you, Fred?

Fred Like jail. I've been working flat out six and seven days a week.

Moshe Why do you work so much?

Fred Christmas is coming and I'm a butcher.

Moshe Have you worked so hard because you've had to, or to take your mind off things?

Fred To take my mind off a bit.

Moshe If you don't take your mind off it, what does it do to you?

Fred Makes me feel violent. Also being home by myself, I'm very lonely and miserable. Before this happened we had a good life together, everything went well.

Moshe Is there anything else that you think might help me to understand the problem better?

Fred Only one thing. Tracy had an affair. I don't know if that will help.

With lots of prompting and many questions, Fred went on.

It was last year—she was with him on three occasions I think—he was a friend of mine. It wasn't until she went to hospital that I found out for the first time. When I found out it stirred me up, and every time I think of it, it stirs me up. I don't trust myself to think about

it. I wouldn't do anything to her though, but I'm furious with him. I trusted him. I trust people a lot.

Tracy (*chipping in*) He just doesn't talk about it at all, whereas before he talked about it all the time.

Moshe (*to Tracy*) Would you like to tell me your version of what happened?

Tracy We met on three occasions in his car. Then I realized I didn't want any part of it. So I told him it was Fred I loved and Fred I wanted. I don't know why I did it in the first place. Fred used to lean on me and we've always had trouble with communication, but I've been able more or less to accept it. Now I'm the only one having trouble with communication. You know, I can't seem to find anything to talk about. These two things were exactly the opposite with the other person. I could lean on him and his communication was good. With Fred I used to take all the responsibility, cope with everything and make all the decisions. I felt we should have shared all this—insurance, accounts, everything. Fred was always quiet. I was the opposite—bouncy and bubbly.

Tracy went on to give some more details of her affair. Then I asked them more about their own families, but there was nothing in their answers that was relevant to Tracy's problem. Since time was running out, I said, "I think that Tracy could be helped to regain her feelings, but this may have consequences that you may not welcome. I'd like you to think about it before you decide that is what you want."

Tracy I know I want my feelings back, for feelings are life.

Fred Whatever Tracy wants is all right with me.

Moshe Think about what I've said and discuss it with your psychiatrist. I will send a report to him about our interview. Then you can decide if you'd like to come back or continue working with him.

* * *

Part of that letter to the psychiatrist is reproduced here:

Tracy's 'loss of feeling' possibly served a number of useful functions for Tracy, Fred and their relationship. The affair was associated with intolerable pain for both of them and it threatened their idealised concept of their marriage.

Similarly, for the first time in ten years since her mother's death, her loss of feeling brought Tracy peace of mind. Until then her mother's death kept haunting her. Her loss of feeling removed the anguish and acute disappointment they both felt about not having children. It also took away her obsessive need to be a 'house fanatic'.

Tracy's loss of feeling, as well as being helpful in maintaining the previous marital status quo, has brought some changes. Previously, Tracy said that Fred leaned on her, didn't take responsibility or make decisions. Now that she is not well, he looks after her and takes more responsibility. It has become improper for him to feel angry towards her and helped him to stop thinking about the affair. Paradoxically, both Tracy and Fred, at different stages, demonstrated intense and deep feelings as they discussed Tracy's loss of feeling.

Finally, the symptom has important personal and relational value and any attempt to help Tracy needs to take this into account.

Two weeks later I received a letter from the psychiatrist thanking me for my help and informing me that he had decided to continue his treatment of Tracy. Perhaps it is unfortunate that I did not send a copy of my letter to Tracy and Fred.

Honesty

While I was working in Israel a psychiatrist friend, Offra, rang and told me the story of one of her patients, Mike, an officer in the tank corps.

During the 1973 war Mike had found himself stuck on the Egyptian side of the Suez Canal, surrounded by tanks which were being knocked out, one after another. It seemed that there was no escape for him as he watched his friends and their tanks being destroyed. He waited for his turn and reviewed his life, then he was unexpectedly rescued. After the war, he started therapy with Offra because of this traumatic experience.

For the first two years of therapy, Offra had heard mostly about Mike himself, but as her interest in family therapy increased she began to hear more about his wife, Edna, and how she was ‘climbing up the walls’. She became concerned about Edna and asked my advice.

I suggested that Offra see the couple together, an idea which presented some difficulties in view of her professional background. After three or four weeks of struggling with my proposal, Offra finally asked me to see the couple, adding the comment that she thought family therapy was manipulative.

Edna was loving, outgoing and effusive, a popular social worker who was well known for her warmth. Mike was a management consultant, very successful and keenly interested in everything from motor cars and music to existential philosophy, but he was always acutely worried about missing out on things. For example he was once driving in the country on a beautiful day, feeling great. On the radio was Beethoven’s Violin Concerto, one of his favourite pieces, and the music, weather, scenery and his mood were all in perfect harmony. Then he thought, “How do I know that there isn’t something better on another station?” and he started pushing the buttons, but then he wondered how the next movement of the concerto would be played. He ended up driving and pushing buttons all the way.

Edna’s major complaint was that Mike was unemotional and didn’t display affection or tenderness towards her. Mike said, “She’s unreasonable—in fact, often irrational. She complains to excess.”

“Do you mean she nags?” I asked.

“No,” he said, “that is putting it too strongly.”

During one session Edna said, “You know what, you have never once brought me flowers.”

Mike turned to me and said, “You see what I mean? How could I? It’s not me; it’s out of character. Further, to make such an overture when I feel annoyed with her would really be dishonest. What does she expect me to do? Pretend?”

Before I had time to think, I heard myself say, “Why not? Maybe it’s not such a bad idea.”

I felt I had really put my foot in it. Was Post-conscious therapy—talk first, think later—becoming a habit with me?

Mike (with creeping dismay) But wouldn't it be dishonest?

Moshe So what?

Mike (protesting) Surely you don't expect me to put on a front?

Moshe (starting to enjoy this interchange—being the liveliest we'd had—but still with some misgivings) What do you have to lose?

Mike OK, I'll do it, but don't labour under any misapprehension. It will be dishonest.

Moshe Let's live dangerously.

Mike (determined to have the last word) You realise it won't be genuine?

Moshe (turning to Edna) I want you to stay out of this one. It's between him and me.

Edna (somewhat puzzled) OK.

Moshe So, you agree not to remind him of our deal?

Edna Yes.

I was looking forward to the next session with greater interest than ever before. I was curious to know how things had worked out.

Moshe How have things been?

Mike Good, in a way.

Moshe (restraining my impatience and curiosity) Yes?

Mike Well, I did what you asked.

Moshe How was it?

Mike Well, I quite enjoyed it. Last Friday after work I bought her some flowers. This was the first time in my life I had ever been to a florist. Edna seemed very pleased. She was really nice to me. We had a great time in bed that night, much better than for a long time. In some ways, better than ever before. The trouble is I can't understand her

going overboard when I was really only pretending. OK, I did enjoy myself, but remember, it was not honest.

He continued to pretend and increased and widened his range of unauthentic behaviour. His enjoyment and his wife's appreciative response were becoming a habit. True to form, however, he kept reminding me that he was following instructions and not being really honest. With the passage of time, the twinkle in his eye became more discernible.

Insecurely Happy

Bonnie is a social worker in her late thirties. Her husband, Bruce, is a prominent medical specialist. They have two children aged six and eight.

Bonnie Bruce is going through a mid-life crisis. He's grumpy, morose and withdrawn, dissatisfied with everything. He's unreliable and will not commit himself to any arrangements. If I organise a dinner party, he rings up at the last minute to say he'll be late: an emergency has cropped up. I've been trying to organise our holidays and can't get anything clear with Bruce. He shows no interest in our home and spends very little time with the family. Everything is left to me. I've been asking him for over a year to paint one of the kids' rooms, he keeps putting it off.

Bruce Bonnie won't accept the fact that I'm a very busy and committed doctor, that emergencies are a part of life, and often you have to put your patient's welfare ahead of your family. She's intolerant and over-critical. I've told her I can't give an answer about the holidays until I hear from my partner. I enjoy medicine; I'm good at it and I earn enough money. I hate painting, haven't the time to do it, and have told her to employ a painter.

As to having a mid-life crisis: Bonnie is always up with the latest mumbo-jumbo; if only she were a bit more tolerant and appreciative, life would be good.

There was more discussion along similar lines. When I raised the question of what Bruce did for himself, for his own pleasure, apart from work, he was very surprised. The question seemed devoid of meaning for him and he was unable

to think of anything he did for himself. Bonnie was so preoccupied with other issues that she was unable even to consider it.

At the next session:

Bonnie I've thought a lot about last week. Bruce's point about the painting illustrates the issue. Of course I could get a painter to do it, but I want Bruce to be more involved at home, with the family, in our life together; not just a tired and disgruntled breadwinner whose home is only a place to recover for the next day's work.

Part of the problem is that we talk on different levels. Bruce doesn't really hear me. I suppose his rational mind doesn't hear the emotional quality of my message.

Bruce She makes life too complicated. As for emotion: what about me? I hate painting; why should I do it? Anyway, I wouldn't do it well enough for her. Also, I resent the fact that Bonnie tells everybody our problems. We have no privacy; I'm very frustrated; the best thing I can do is leave.

Bonnie Bruce has been saying this for years.

Moshe What has stopped you?

Bruce The kids. Bonnie is a good mother. We have a good life together in a way; she is very capable.

The next eight sessions were spent in detailing and expressing fully Bonnie's and Bruce's frustrations and dissatisfaction, as well as their wishes and hopes, for their marriage. Other areas of their lives were explored. Possible solutions were discussed, but nothing seemed to work. There was no resolution or alleviation of their problem.

Bruce We're not getting anywhere. I'm fed up with Bonnie's attitude. The best thing is for me to go.

Bonnie Look, Bruce, I don't want you to go. I want our marriage to continue. But it's no good for you to keep threatening, if you believe you should go then . . . go.

Bruce I guess I will.

(Both were very sad and there was a mournful atmosphere in the room.)

At the next session Bruce reported that he had left and taken a flat.

Bonnie I'm very upset. It's going to be difficult but I'll cope. If Bruce wants to come back at any stage, I'm sure I'll be very happy about it.

I may go and live with my parents in the country. My sister lives there too. I never really wanted to live in the city. There it will be easier. I'll have more support.

Bruce I understand Bonnie wanting to go to the country, but I don't want to lose regular contact with the kids—that would kill me.

Moshe If you want to continue to meet and discuss the separation and what to do with the kids, I'll be happy to do that.

Bonnie No, I don't want to continue joint meetings just now.

Moshe Would you both like to leave things now or would you like to meet with me individually?

Bonnie No, I'd rather not at this point.

Bruce *(sheepishly and somewhat embarrassed)* I would like to come and talk to you a bit more.

Moshe Bonnie, are you happy for Bruce and me to meet?

Bonnie I think it's a good idea.

Moshe Do you think it might have a detrimental effect on your relationship to me?

Bonnie I doubt it very much.

A week later Bruce arrived for an appointment, miserable and very vulnerable.

Bruce I feel terribly lonely; I haven't told anyone yet about leaving Bonnie. They will find out soon enough and I'm sure they will take Bonnie's side, and think I'm a bastard for leaving her, except maybe my mother because she never liked Bonnie. She would say, "What can you expect of the daughter of a butcher?" I'm really afraid that Bonnie will take

the kids away. She dismisses their importance to me; she doesn't know how terrible it would be for me not to see them regularly. Another thing really worries me. I've applied for a teaching appointment at the hospital. I've worked hard and I'm really keen to get it, but now, when they find out I've left Bonnie and my kids, I'm sure they won't give me the appointment.

Moshe Are you sure? I don't know the politics of that hospital but it isn't my impression that medical establishments are like that.

Bruce I guess I don't know much about marriage, but I do know how hospitals work. (guiltily) There's another complication. I've been having a relationship for some months with my nurse, Claire. Nobody knows, but if that comes out it will certainly be very difficult.

Moshe Do you really think your colleagues would be so shocked? Perhaps you can tell me something about you and Claire.

Bruce You don't get up one day and decide to have an affair. We work together, talk to each other and she is very interested in my work. One day she told me about her marital difficulties. Her mother isn't well and she asked me about that. Then, to my surprise, I found myself telling her about my problems with Bonnie. I never thought I'd discuss my marriage with anyone. Claire was very understanding. I don't really know how it started. At home I got criticism and constant demands and I guess I responded to the friendship and appreciation Claire showed. One thing led to another.

I feel terrible in relation to you because I was cheating you by not giving all the relevant clinical information, I couldn't talk about it in front of Bonnie.

I appreciate the chance to come here by myself. There are a lot of things I want to talk about.

Moshe So perhaps we could meet regularly for a while.

For the next year we met weekly. At first Bruce discussed ways and means of seeing his children. It was arranged that he would visit them two evenings a week and one day at the weekend. At first Bonnie restricted conversation to

child care details, and went out when he arrived but, as the months passed, Bonnie began to stay home when Bruce was coming. They talked about the children and their own lives and eventually about their relationship. Bruce found it surprising that he was now spending more time with his children and enjoying it in ways he never had before, and that he was able to talk to his wife better now than when they were together.

As time went on, Bruce began to tell me of his early life. He had always been unhappy as a child; in fact looking back, he thought he had been clinically depressed. School was hard work and no fun. Sport was compulsory and he felt he had to do well even though he hated it. His father didn't have time for him and he was interested only in his marks. He remembered being jealous of his father's patients, and wanting to be one himself but feeling ashamed of thinking like that. He used to try to stay under the water in the bath as long as he could to make himself strong, but at the same time wishing he might drown. For long periods of time he wished he were dead. He started medicine because his father was a doctor and it was expected that he should follow in his footsteps. He was petrified that he would fail. His intense loyalty to his father had motivated him to study medicine without considering what his own choice might have been; yet he was unable to talk to his father, or anyone in the family, about his unhappiness.

After his third year of medicine he was very depressed, but couldn't discuss it with anyone. He dropped out and went overseas for a year. He spent that year almost always alone, severely depressed and often suicidal.

When he returned he met Bonnie and she was the first person he had ever been able to tell about his difficulties. She was able to cope with his distress—she was the strong one.

He finished medicine, specialised, wrote many papers, and became a leader in his field. To others he was a capable person, but with Bonnie he remained a depressed adolescent in need of help.

Some time later Bruce said that Bonnie may have been right, that perhaps he had been through a mid-life crisis. He had always worked very hard and had little time for anything else and Claire was the reminder of things neglected: closeness, intimacy, that there was more to life than a career.

Since he'd left Bonnie he'd been out to many dinner parties and talked to friends about their marriages, which made him realize that he had led a very narrow life. He was also enjoying playing sport and going out with his children for the first time.

Bruce was increasingly surprised at how well he and Bonnie were handling the separation. At first he had assumed that he would drift away from Bonnie and settle with Claire, but as time went by he found more enjoyment in being with Bonnie. He began to agonise about which way to go, weighing up the pros and cons. Bonnie's 'plus' points were that she was a good mother and a good housewife, and now that she was no longer critical, she had also become a good friend with whom he could really talk. With Claire there was excitement and good sex.

As Bruce oscillated, Claire became more demanding, for she had expected him to commit himself to her. She began to exert pressure on him and express her disappointment and Bruce found this a problem. He began to think of going back to Bonnie, but he wanted a different relationship: one in which there would be more freedom for each of them, separate socialising, some separate parenting, perhaps sexual freedom. Bonnie's ready interest and willingness to consider this possibility both pleased and alarmed him, since he doubted if he could accept Bonnie having other men. He was ashamed of his double standard, but that's how it was. He began to wonder if he would be better off if he gave Claire up and resumed a monogamous relationship.

Gradually Bruce and Bonnie spent more time together, went out socially and went away on holiday as a family. After a while Bruce realized he wanted to go back to Bonnie, but two obstacles stood in his way. With embarrassment, he admitted that sex with Bonnie was a duty; he found her repulsive. He was unable to tell her this. He thought she might agree to be together without sex, but didn't feel it would be a long-term solution.

We explored this inexplicable intense sexual repulsion for some weeks. Could it be that Bonnie was ageing and not as attractive?

Perhaps his guilt made it difficult for him? Possibly he was still very angry with Bonnie for all the years she had turned him down, and for the times she made him 'beg for a bit of sex'. There was also his anger at the terrible threat to take his children away.

As he kept talking to Bonnie the repulsion became less overwhelming and he was able to tell her more fully about his anger. As they discussed their mutual disappointments they drew closer. He decided he would prefer to return to Bonnie if she could accept that he had an affair, but he wasn't sure she wanted to know. They discussed it hypothetically and Bonnie indicated she wouldn't be able to keep it to herself: she would tell everyone. He did not want to expose Claire to this, so decided it was best not to tell Bonnie.

As Claire became more distressed and irrational, demanding more of his time, Bruce looked for a way to finish it without causing undue distress.

He had grown up in a family where work was central, but no one in the family ever talked about things that really mattered. He could talk about medicine, at least with his father, but his relationship with his mother was distant. She played golf, looked after the house and never asked him anything about himself, even now when he had separated from his wife and children. She never confided in him about her own concerns either. Bruce was surprised when I suggested he could try to change things. He was sure his mother wouldn't be interested. I insisted that she might welcome an approach from him, so Bruce decided to ring and ask her to lunch. To his surprise she accepted with delight and was prepared to drop everything to meet him at any time. Over lunch he told her of the recent events in his life and recognised that she was intensely interested, although she had difficulty in showing it. She was very grateful that he had found time for her.

Eventually Bruce did return to Bonnie. During their time apart they had come to value their separate social and recreational activities and wanted them to continue. They saw this not as a threat but as an enrichment of their relationship. They agreed to a monogamous life-style, but with more flexibility in their social arrangements, and all was open to negotiation.

Life for Bruce and Bonnie over the next few months was good. Bruce, however, remained anxious that if Bonnie found out about Claire it could be disastrous. Since many of their friends knew, he was constantly apprehensive. Then a concerned friend did tell Bonnie. She was devastated and wanted to know every detail about the affair. They were unable to sleep because Bonnie could not stop crying and after a few weeks they came to see me.

Bruce Look, I've told her everything. We've gone over it time and again. Somehow I feel it's wrong to go over it again and again. I think it's sick.

Bonnie It's not just that I'm devastated. I'm furious with myself. How could I have been so stupid and naive? It was there in front of me and I didn't want to see it. What did I expect? In a strange way I'm relieved that it came out; things that didn't seem to make sense now add up. I should be able to accept it better and I'm cross with myself that I keep crying and can't stop. I can't help feeling betrayed that Bruce broke the trust we had. I had believed—Bruce went along with it—that ours was a special relationship and that we'd remain faithful even when apart. If I can't trust that, what can I trust?

During our time apart, there were men interested in me and I could have been tempted, but that understanding stopped me. Why did it? Why did I keep faith? What a waste! There's something else which is very embarrassing and difficult to talk about. The whole time I have a pervasive feeling of being dirty, like a leper; I know it doesn't make sense but that's how I feel. Perhaps it's because I feel cheapened and used. I want you to tell me what you think.

Moshe Well, while I understand your reaction to Bruce's affair, I think you are too hard on yourself. You're too rational and in too much of a hurry. A belief that was central from early childhood, a belief in faithfulness and trust, has been shattered, and with it perhaps a foundation of your existence has gone. In a way it's like a death, and now you are grieving and mourning and you can't expect to grieve quickly and rationally. You have to cry, to remember and to let yourself feel all the sadness.

Bonnie (*crying openly*) Yes, I'd like to come and talk more.

The next week Bonnie came alone, as arranged. She seemed calmer as she said, "Last week was very helpful. Somehow, the word 'death' fitted and made sense. I cried more but it was meaningful; I wasn't angry with myself but felt relieved by the crying. I thought a lot about something else. It was partly true that I didn't have other relationships because I wanted to remain faithful, but also it was because of my own misgivings about myself as a person, as

a sexual woman. I have a poor opinion of myself; I've always felt ungainly. My sister was always so much more attractive and desirable. I wasn't a good sexual partner to Bruce and I guess that was related to my opinion of myself. My experiences with Bruce and my feelings of inadequacy prevented me from playing around."

Bonnie talked to Bruce at length over the next few months, telling him of her anxieties as a sexual partner and as a lovable woman. They were both surprised by how supportive and reassuring Bruce proved to be.

Reflecting over the past two years, Bruce commented, "When we came I wanted to get Bonnie off my back and to accept the 'facts' of our life. I'm pleased that didn't happen. Life is strange. For years, Bonnie and I were secure in our relationship, but miserable. Now, Bonnie could have an affair any day, and so could I. We both feel insecure, but happy together."

* * *

The incidence of stupidity amongst intelligent people is higher in marriage than in any other context. It is striking how Bonnie and Bruce could get caught up in the problem of painting the kids' room without being able to resolve it, even though they both experienced it as stupid and profoundly wasteful of energy. One reason why couples have difficulty in seeking therapy is their reluctance to reveal the level of stupidity to which their conflict has reduced them. Unfortunately, as they continue to fight, their positions become more polarised and entrenched. This was clearly evident in the fight about painting the kids' room in this case. Bonnie knew they could afford to pay someone to do it, and Bruce, the highly caring doctor, was unable to see the simple symbolic meaning of her request—to be more involved in the home and marriage, to make it fresh and colourful.

The very feature of a partner which is nominated as the problem in a marriage is often the one which first attracted him or her. Bonnie's strength made Bruce feel able to trust her with his pain and turmoil when they first met. Her 'self sufficiency and rigidity' was what Bruce found difficult to live with when they first came to therapy.

Claire, on the other hand, needed him and made him feel strong. This relationship and exploring his family background gradually helped Bruce

to change. When Bonnie was devastated by Bruce's affair, she became vulnerable, acknowledged her weaknesses and her need of him and turned to him for help. Bruce embraced this opportunity and felt able to repay some of the support and healing she had given him when they first met. Thus a more equal partnership became possible.

The process of separation and divorce is usually lengthy and gut wrenching. In thirty years of practice I have not met anyone who has made this decision lightly.

An 'affair' is often due to dissatisfaction in the marriage and its discovery and the subsequent confrontation invariably leads to a crisis which causes intense pain and anguish. It also leads to profound questioning of oneself and one's beliefs, and also of those of the offending partner. It is often the shattering of trust and belief in each other, the feeling of being cheated and betrayed, that ends the marriage. To many it is akin to death, or even worse.

Facing such a crisis, however, can also lead to further exploration of oneself and the relationship. In this re-examination one gets in touch with deeper thoughts and feelings and expresses what up till then had remained private. This can lead to the death of the old relationship and the birth of a new and more satisfactory one. It is as if the affair is the agent of change, a stimulus for growth, the 'shock therapy' of married life.

Small Penis

My secretary usually takes the following details from first-time patients: age, sex, address and the referring person. She also enquires about the problem, but she does not press if the patients seem reluctant to say why they wish to see me.

When Gary indicated that he wished to speak to me about personal matters, my secretary felt that further enquiry would not be welcome.

Gary told me that his surgeon had suggested he come to see me, because he had been acutely aware and embarrassed all his life by what he considered to be the small size of his penis. He had never spoken to anyone about it and it took him years to summon up the courage to consult his general practitioner, who referred him to the surgeon.

After examining him and talking at some length, the surgeon had suggested he talk to a psychotherapist about himself and his marriage.

Moshe You went to see the surgeon presumably because you believe you have a physical problem. He in turn referred you to me. How do you feel about that?

Gary Well, it was a surprise, but when I thought about it I realised maybe there are things I need to talk about.

Moshe Such as what?

Gary I guess I've felt inadequate all my life, not only about my penis, but about myself.

It was very difficult for Gary to express this degree of personal feeling. Over the next few months we explored his childhood and his family relationships. His professional life seemed to me to be very successful and should have given him a sense of achievement, but he experienced it as a failure and himself as inadequate. He had been married for fifteen years and had three children, all at private schools and doing well. Yet he felt that his children took little notice of him and didn't appreciate what he did for them.

It had taken all this time for him to get in touch with his own feelings and to begin to talk about his marriage. Gradually he began to describe his wife as critical and disparaging of his sexual performance, as well as of him as a partner, a father and a provider. He began to realise that his wife was even more derogatory about him than he was of himself.

The more he described his life, the clearer it became that whatever he did, no matter how successful he was or how well he provided, his wife was never satisfied, always critical and for her he never came up to scratch.

I suggested we put aside the question of his penis and his sexual performance and explore his role as a provider and a father instead.

Gary drove the children to school and their various after-school activities and participated actively in their lives. As we discussed and explored his fathering, Gary realised that he spent more time with his children than most fathers.

This led Gary to recognise that his wife's criticism of his fathering was unfounded, and as a result he began to question her other opinions. After

a while he decided to talk to her about their problems, but he found he was unable to make any headway. He eventually agreed to tell her he was seeing me and suggest that she should come too.

They came together and her behaviour confirmed what Gary had told me. She was critical, disparaging, contemptuous and dismissive of him. Because he now saw himself in a more positive light, he stood up to her more than he had in the past, and this led to her redoubling her criticism. Even though she regarded him as being 'weak as piss', evidence of his increased strength brought no resolution; on the contrary it increased the intensity of her condemnation.

Since little was being achieved in the joint meetings, we agreed that I would see them separately.

Gary's wife came for a few sessions, during which nothing changed. She continued to disparage her husband in a compulsive way, and kept giving me more details of her low opinion of him. In the process she confided that she had numerous affairs and was sexually very experienced. No one was as lousy in bed as her husband.

When I asked why she stayed in the marriage if it was so unsatisfactory, she dismissed the idea of divorce on the grounds of avoiding disruption for the children. My attempts to talk about her background or anything else fell on deaf ears—she always reverted to her husband. So we both decided that there was no point in continuing.

Gary continued to come, and the more he worked on himself, the more difficult it was for him to tolerate his wife's attitude. Increasingly he struggled with the question of leaving her and getting a divorce. He agonised over the implications and consequences for his children and the degree to which his beliefs as a Roman Catholic proscribed divorce. As he struggled with this problem he became increasingly interested in what I thought he should do, but I was reluctant to advise him. The decision involved his religious beliefs and values, and he had to make it himself.

I was worried, too, that asking me to make the decision was his way of putting himself down—an indication that he thought he was incapable of making it himself. When I suggested that this was the case he agreed, but he still wanted to hear what I thought. He said that it was important for him to hear from me

because I knew more about him than any other person. He had confided his most personal thoughts and experiences to me and, before he made possibly the most important decision in his life, he wanted to know what I thought, not just as a professional, but as another human being who knew him better than any one else.

Finally he convinced me it would still be his decision, but he wanted to and needed to know what I thought. He felt entitled to be told.

“It’s difficult for me,” I said finally. “I’m not you; I haven’t got your background, your religious convictions or your values. But having said this, the truth is if I were you I would leave; I’d call it quits.”

Some time later he left.

Five years later Gary came with his new wife. They had been happily married for six months and were good friends and companions. He told me that in the intervening years his new wife had helped him a great deal in overcoming some of his sexual difficulties, but he was still worried about his sexual performance and the size of his penis. His new wife was happy to be there because she knew Gary was keen for me to meet her, and perhaps to approve of her. Otherwise she agreed that all was well between them. She said if you love a man the size of his penis is unimportant. Although their sex life was a bit problematic because Gary was somewhat anxious and unsure of himself, she found it satisfactory. She felt that their sex life was private and believed that, in time and with patience, they would resolve their difficulties themselves. Though Gary was still not convinced, she assured him that the physical aspect of their life was not so important. Though he was keen to continue to see me, he went along with her wish that they sort it out together. We parted with the agreement that if things did not work out they would make contact.

Two years later I received a Christmas card saying that all was well and they were expecting a child in the New Year.

* * *

The continuation of Gary’s first marriage depended on Gary and his wife sharing a belief in his inadequacy. Once their beliefs diverged the marriage became untenable. Gary had chosen a partner who reinforced his own view of himself as inferior, a view which had developed in his family of origin.

His feeling of inferiority and his all-pervasive shame were such that he had been unable to bring himself to talk to anyone about his predicament and, when he did at last seek help, it was clear that he saw his problem in an isolated and limited way—simply as the size of his penis.

Once he saw the connection between his view of his penis, of himself in general and his way of being in the world, he realised that his wife's assertions about him did not stand up to scrutiny.

Giving advice or stating an opinion, whether professional or personal, is neither good nor bad. It depends on the meaning attributed to it and the use to which it is put. If giving an opinion or advice is experienced as confirmation that the person is unable to resolve his own conflicts, or if it is sought in order to avoid personal responsibility for the decision, then it is unwise.

In Gary's case, asserting his right to know so forcefully, and reiterating that it was *his* decision, convinced me to express my own opinion.

Compensation

A plastic surgeon referred a couple to me with the following letter.

Anna James suffered severe burns to her trunk and arms nearly four years ago. She nearly died during the early part of her illness. She now has mature grafts which she finds unpleasant to look at, so much so that she constantly wears long-sleeved and high-necked dresses or sweaters. She is at present undergoing the trauma of psychiatric examinations for the purposes of medico-legal settlement.

She presented last Friday evening in an extremely agitated state. She said she had been screaming at her ten year-old son and at her husband at the slightest provocation. She sleeps for short periods at a time, waking up about midnight and hourly after that. Her sexual drive has diminished markedly and this is upsetting her relationship with her husband. Her whole problem is compounded by the fact that she feels she cannot discuss anything with her husband because he doesn't want to talk about it. He disappears to the hotel where he drinks excessively. The family lives with Anna's parents and this causes problems in that the husband frequently feels that he is isolated from his wife by her relationship with her mother.

Bob James is two years older than his wife and on his own admission drinks excessively; in fact, he stated that he cannot get enough to drink. Examination showed he had 2 to 3 centimetres of enlarged tender liver and this would be consistent with his history. He says that his affection and physical attraction for his wife is unaltered by her scarred appearance; that he uses the alcohol to relieve his sexual frustrations. He also states that he would like to discuss his problems more frankly with his wife but feels that when they have attempted to do this their discussions always end up in arguments and he solves this by keeping quiet and walking out to the pub.

A large part of my first session was spent in confirmation and elaboration of this letter. Anna was frustrated and angered at the number of times she had been to see doctors, lawyers and psychiatrists in the past four years. Again and again she had been examined and questioned, and it was driving her mad.

I asked when the court case was due. She replied that the case would be heard in about six months and a substantial sum of money was involved. The settlement would depend on an estimation of the intensity and severity of the trauma, its consequences and associated problems.

Moshe If it can be shown that you have lost your sex drive as a result of the accident, do you know how it could influence the settlement? Or say, the loss of ability to control your temper? Or that Bob is now drinking as a result?

They weren't sure, but gave a rough estimation.

Moshe Maybe it's a big mistake to come for help because if your problems are solved you will miss out on a settlement worth thousands of dollars. Perhaps you should come back after the case has been settled. We are not talking about peanuts.

They said that I didn't know how painful and difficult life was and went on to describe it more fully.

Moshe Look, it's only another six months; it's already been four years, and you are talking about a lot of money.

They No. It isn't worth it. It's not just us but our son too. No amount of money is worth it. We want to solve our problems now.

Moshe If you are absolutely sure, OK, we'll try and sort things out. But if you change your mind, don't hesitate to tell me. However, if you are really on the level, what stops you from solving your problems?

Anna It's Bob being quiet and walking out on me all the time.

Bob It's her screaming, yelling and nagging at me all the time.

Moshe OK. I will suggest some things to help you overcome your problems. But if you change your mind just ignore what I suggest.

Firstly, Anna, take the initiative from Bob and suggest that you both walk out and go to the pub, leaving your parents and son at home. Tell him how pleased you are that he still gets some pleasure out of life such as drinking. Tell him you appreciate him being quiet, because you know other men might become violent or abusive under similar circumstances.

Bob, you think about taking Anna to the pub with you, so you can be together out of the house. When Anna starts criticising you or screaming at you, probably she is insecure about her attractiveness to you, so instead of asking directly for a cuddle she does it in this indirect way. When she next screams at you, I suggest you try to cuddle her. You told me that the trigger to the trouble is Anna's criticism of you. If there must be criticism in the family, then it is better that you take over and be the chief criticiser.

After some discussion they started to laugh at the last suggestion, but I insisted and added that maybe Anna could scream at Bob to provoke him into criticising her. At least she should remind him regularly to criticise her.

They left the session with my admonition, "Think twice before you do anything, for it might cost you plenty."

They came back three weeks later and said things were good between them. They had resumed sex, Anna had stopped screaming and they talked to each other much more and didn't allow tension to build up. Their son was much better and Anna enjoyed his company. She was also sleeping better. She said Bob desired her more and sex was good. They both looked and felt better.

Moshe Look, for four years the tension and problems became worse and worse. When you came you were in a terrible state. Now, three weeks later, everything is fine. How come? What happened?

Without a moment's hesitation they said in unison: "You helped us to talk to each other more openly." This was the only explanation they could offer.

* * *

For four years their life was dominated by frequent visits to different professional people whose task was to assess, not to assist. The professionals were either for Anna or against her; they were not concerned with her welfare. Such 'experts' work under the assumption of objectivity, however they are employed by opposing sides and with the expectation that a 'correct' finding will be offered. Thus Anna and Bob's life was caught up in this adversarial system, in a world split between those for and those against them. Perhaps the conflict between them was augmented and influenced, if not caused, by what was happening around them.

I had been reluctant to see them and only agreed on the condition that what transpired between us remained confidential and would not be accessible to anyone else. This was perhaps the first time they could be assured of privacy and convinced that the only purpose was to help them. Though they knew that getting better may have meant being awarded less money and were aware that I knew it too, it was important that this was made explicit and overt. It was then possible for us to talk more openly about the advantages and disadvantages of getting better.

Over the time a vicious cycle had developed. Anna became irritable and critical; Bob became silent and withdrawn and started drinking. As Anna's criticism and anger increased, Bob's withdrawal and drinking increased.

I offered some suggestions to break this pattern. If Bob were to drink, it would be at Anna's instigation and they would do it together. If Anna started yelling and criticising, it would remind him of his task. For them, getting better was worth any cost.

Weathering the Storm

A young couple, Ben and Susie, came to see me because they were having problems with their marriage. They had known each other since they were teenagers and had gone out together for some years. Until their marriage eighteen months ago they had got on well and enjoyed each other's company, but since they married there had been frequent fights, and Ben had difficulty controlling his anger.

In the early stages of therapy, things seemed to improve and they seemed happier. Then everything was bad again. Their relationship ran hot and cold and, after a short 'honeymoon', so did my therapy.

Initially, my communication with them had been direct, so I decided to try something different. I compared their relationship with our Melbourne weather, unpredictable and always changing. You get ready for the beach on a lovely sunny day, but by the time you get there it is windy and cool. Sometimes there is continuous heat that goes on until you feel you will wilt away and then the rain comes and you feel refreshed and ready for action.

I told them that my wife and I argued a lot about the weather. Having grown up in the Middle East, I liked the predictable summer, knowing that for six months sandals and shorts were the order of the day and winter clothes and blankets could be packed away. There would be my daily or twice daily swim for the next half year—I loved it. My wife, however, claimed that Melbourne weather was the best, that variety was the spice of life; after a few hot days there would be a cool change; suddenly, in the middle of winter, there would be glorious sunny days; the spring and autumn were lovely and the seasons were obvious and each had its own charm.

I had been convinced that stable, predictable weather was far superior, but as time went by I began to think perhaps there was something good in the changing seasons and the variety that Melbourne weather offered.

Until the discussion about the weather, Susie had talked of Ben's anger with distress and tears, then gradually she began to compare herself with her brother and other friends. She began to think that she was lucky not to have settled into a boring middle-class routine, that their life still had sparkle and drama. At the same time Ben, who had felt and expressed a lot of guilt about

his volatile personality and his larger contribution to their anguish, started to sit up straighter and look more comfortable.

As the sessions progressed, there was a change in the way Ben expressed himself: he began to talk about himself and their relationship in more positive terms.

The intensity of their fights gradually diminished and the toxicity of their mutual criticism lessened; in fact they appeared at times to value their disagreements, seeing them as evidence of caring and involvement. After a while they entered calmer waters and had periods of smooth sailing. Their parting comment was, “We understand why you and your wife fight about the weather, because you’re both right.”

Deception

John, a well-known physician, and his wife, Rita, came to see me. John introduced the problem by saying that he had recently undergone personal psychoanalysis and had found it very enlightening. Over the years he had constantly recommended that Rita have similar treatment for what he said was mild depression, but she had always declined. In the past he had acted as her physician, but during the last two years she had so many complaints of aches and pains in the abdomen, chest, heart and elsewhere that she had insisted he refer her to appropriate specialists. In every case, no organic cause had been found and this had become so embarrassing for him that he was reluctant to refer her. She was insistent, however, and this caused a lot of friction between them. Eventually he had suggested they seek marital therapy and she agreed.

After some prompting, Rita told me that they had married when he was a medical student. She had studied and showed great promise in fashion design but gave it up to do a short secretarial course so she could support them while he continued to study. The first child was born soon after he graduated, after internship, and then they went to England where he did post-graduate studies. A second child was born there and Rita often found herself isolated and having to manage on little money. John was always busy at the hospital or studying, and he saw little of the children or his wife. The boredom, frustration and poverty drove her crazy, but one of her few comforts was the thought that

when he finished his studies, they would return home. He would be successful and they would be well off and have time for each other.

She was greatly disappointed. On their return, John was busy establishing himself in his speciality. Once successful, his spare time was filled with various schemes for investing his money. When he began psychoanalysis Rita felt jealous that he was able to find time for his analyst and share his private life with him while he had no time for her. When she tried to tell him how she felt, he never really listened but dismissed her with fancy words. They berated each other throughout the session, and I suggested they make a list of complaints about each other to bring to the next session.

When we met again, Rita said she hadn't written the list and she did not wish to come again. When I asked why, she said that John had refused to talk about the last session or what they were going to write in the list. He had said that this should only be discussed during the sessions. Rita felt that just one hour a week of talking, in front of a stranger, was not acceptable to her.

When I checked with John, he confirmed what Rita had said. I suggested that her complaints were legitimate issues to be discussed in our sessions. She took me up on this and the rest of the session was spent talking about her worries. She then enumerated what she wanted to talk to her husband about. A suitable time was made for discussing each subject together at home in the next few days. At the end of the session she said she was satisfied that some of her concerns had been attended to and she would be happy if the decisions reached with her husband were implemented.

During the next few sessions, there was more discussion of practical problems. There was also some exploration of their feelings towards each other and of the history of their relationship. I felt satisfied with the progress of therapy and so, I believed, were they.

To my surprise, John came to the next session alone. He told me that he had been having a relationship with another woman for the last two years. He was becoming increasingly involved and had already decided to leave his wife some time before they came to see me. This was why he had been keen for her to see a psychotherapist, because he was worried about how she would react when he left her. When she refused, he had suggested marital therapy as a way of getting her to a therapist. Though he was reluctant to put it so clearly, he really

hoped that she would develop a relationship with me and then he could leave her in my care—he had planned to play along until this happened.

A few days before this appointment he had told Rita about the other woman and his intention of leaving her. She was devastated, and he put her on a heavy dose of tranquillisers.

They both came to the next session. Rita appeared deeply hurt and bitter and was incoherent most of the time. Her overall theme was that of being cheated and deceived: she felt that all her years of devotion and hard work had amounted to nothing, and she made frequent references to suicide.

By the end of the session there seemed little point in continuing to see them together, since the time had been spent in mutual accusations. Rita agreed to see me on her own.

I worked with her for some months. Over this time she expressed her resentment and rage towards John for his deception and desertion of her. This was followed by self-directed hatred and criticism for being so trusting and stupid. She had allowed herself to be deceived for so long, for on looking back she realised there were many signs of his unfaithfulness.

She had been too frightened to see them and now she understood that all her psychosomatic pain and illness had another meaning. She should have listened to her body, which was telling her that all was not well. Yet it was also her attempt to get her husband's concern and attention, whilst at the same time expressing her resentment towards him by causing him such embarrassment. She was resentful that he had brought her to therapy under false pretences and thus deceived not only her but me as well.

At times Rita was angry with herself because she was not getting on with it. I urged her to give herself time to grieve and mourn the death of the marriage—not so much the marriage that was, but the marriage she had hoped for. To grieve for lost hopes and dreams of the life she wished for as a young girl.

I suggested that tears were not evidence of weakness but of sadness, and allowing them to flow often required strength. To ignore her feelings was what John had always expected her to do. Now she could allow herself what had not previously been permitted, a fuller expression of her emotions.

After a while she began to recall how exciting she had found fashion design and how promising the teachers had found her designs. John had dismissed her interest in fashion as ‘frivolous superficiality’. As her self-esteem and confidence recovered, she took some steps towards making a career in fashion. She had also begun legal proceedings to obtain a divorce and property settlement. During this time John started to make overtures about getting together again. His affair had finished and he was at a loose end. Rita had said “Nothing doing”, and then added to me, “For the twenty years John has known me it was the first and only time I really surprised him.”

* * *

Attending therapy may not be in order to change, but rather to maintain the status quo. Marital therapy is not necessarily sought in order to improve the marriage. For Rita, John’s insistence over the years that she seek individual therapy was to impose more of the same and a way of compounding the problem.

‘Non-compliance’ may not indicate a resistance to change but a wish to promote it. Rita’s failure to carry out her complaint list was an important way in which she ensured that the real problems of the marriage were addressed.

As my late uncle Harry once said, “There is one thing worse in life than not getting what you want: that is getting what you want.”

John finally got what he wanted—Rita had individual therapy.

Reflection

The basic tool of therapy is language. Words can be used to heal, to cover up or to hurt. Even the word ‘love’ has no stable meaning.

Some years ago a woman told me that her husband was often physically violent to her, drank to excess and wasted their money. I asked why she stayed with him. She replied, “Because he loves me.” An hour later I saw another couple. He was a popular headmaster and she a music teacher. They were regarded by all their friends and their children as an ideal couple with a wonderful marriage. They were very keen that no one should know that they were seeing me. With a lot of pain, struggling to find the words, the woman

related that when they were courting she had told him how much she loved Byron's poetry, but he had totally forgotten that fact. Although she described him as devoted and attentive, it was the Byron episode that upset her and convinced her that he didn't really love her.

Recently an exceedingly distressed and confused man came to see me. He had discovered that his wife was having an affair with his best friend. When he told her how angry and hurt he was she replied, "That shows how self-centred you are and proves you never loved me. If you really loved me you would be pleased that I have found someone who makes me happy."

The distressed man was very confused. Did his wife commit adultery and thus was he entitled to feel hurt and angry? Or was he being selfish and unloving for resenting his wife's personal fulfillment?

Language is our tool of communication, but what is meant cannot be taken for granted; the meaning often needs to be explained. Extramarital relationships are described as 'adultery', 'mortal sin' or 'betrayal' by some, while others call them 'playing around', 'a bit on the side' or 'swinging'. The different language indicates the conflicting attitudes prevalent in our society.

Of the many influences on marriage, perhaps the most pervasive has been the women's movement. This has challenged a wide range of basic assumptions about relationships between the sexes. The demand for equality, not only in the workplace and in society at large, but also in the home, the family and the marriage, has created stress which often leads to the dissolution of the marriage or conflict as a permanent feature of it. In many marriages, however, change which is of great benefit to both partners is the result.

Couples seek therapy because they experience their differences negatively, as a source of tension and anguish. Their experience is to some degree determined by the way they appreciate or devalue these differences.

One major difference in therapy is to do with gender. Most commonly it is the woman who rings for an appointment, and in therapy it is most common for the woman to introduce the problem. It is she who is most concerned and feels more responsible for the state of the marriage. Often the woman has first tried to deal with it by talking to her husband, relatives and friends, and has then suggested seeking therapy.

Men often minimise the problem or say there is none. They may express reluctance about coming to therapy. They present the problems briefly and tend to make much less of them. In the consulting room they more than woman feel ill at ease and out of place.

Women's commonest complaints are of poor communication, insufficient intimacy and affection, inadequate expressions of feelings and the husbands under-involvement in the marriage and family life.

Men are often baffled by their wives' criticism and complaints, feeling that they are unjustified. They claim their wives are over-emotional and irrational. They feel isolated in the family as a result of the coalition between the wife and children; they often feel that they do their best and yet are not appreciated.

Traditionally women were brought up to be the care givers, to look after the marriage, husband and children and to attend to physical, emotional and psychological needs. When things don't work out they experience this as a personal failure which reflects on their competency and worth.

The woman's aim in therapy is to promote communication, intimacy and involvement, and the therapy needs to be consistent with such aims. The man often wants therapy to be brief and efficient, aimed at problem solving which results in him being more appreciated.

Different methods in family and marital therapy vary from brief, rational and effective problem solving to long-term exploration of the families of origin, helping the couple to communicate more fully and encouraging the expression of feelings.

To satisfy the needs and expectations of a couple in such conflict, the therapist needs to find a way that suits both partners. If a mutually satisfactory way is achieved, it may help the couple to experience their differences as a stimulus for growth and creativity rather than a source of pain and anguish.

Part III: Relations

I was brought up to grin and bear it

Introduction

Adults come to see me for a variety of reasons: headaches with living, general dissatisfaction and depression. They have difficulties in their relationships with themselves and with others: their children, spouses, parents and siblings.

It's been mentioned before I started working with individual children. After some years the focus changed to working with families and couples. I spent many years promoting family therapy. Success has its own price, and because I am known as a family therapist it is often assumed that I am committed to the preservation of the family. This is not so. I am acutely aware that within the family; violence, abuse, incest and exploitation occurs.

Another danger of being known as a family therapist is that it is sometimes assumed that I am unwilling to see people alone. Again nothing could be further from the truth.

I believe there are many situations when it is appropriate for individuals to seek help for themselves alone. The decision as to whether a person comes alone or with others is negotiated between all of us. Often the exploration of the meaning of coming together or separately is more important than the decision itself.

Highs and Lows

Emily, aged fourteen, kept running away from home. She would wander the streets aimlessly until she was found by the police and brought home.

Her father, Jack, was a crane driver. He spent most of his working life high up over the city driving his crane, lifting and putting down various loads. It was highly skilled work which required care and attention.

Jack had been born in the UK and his father had died when Jack was twelve. After that Jack had helped look after his mother, who seemed always to be ailing. He spent some time in the British army, and was posted to Germany for a term, but while most of his mates went out with girls or to cellars, Jack saved his money and sent it to his mother.

When he returned to England he had married Gladys, and Emily had been born. Gladys was often unwell and Jack cared for her solicitously. She was also often hurt, frustrated and angry with Emily, and Jack was understanding, helpful and caring, always trying to calm her down. He continued to care for his mother at the same time. Then, for economic reasons, he decided to immigrate to Australia, leaving his mother behind.

Even though Jack was also angry with Emily at times, he controlled his anger. He tried to talk to her and to understand her, and he was worried that she would end badly. He had come to Australia to make a good life for his family and had worked very hard and provided all the comforts he never had. Now it seemed as if everything was falling apart. He continued to get distressing letters from his mother, too, about her ill-health and her terrible loneliness, and he worried himself sick about it.

To cope with all his worries, Jack took tranquillisers. He never told anyone that he was distressed, but continued his usual care and attention to others despite increasing anxiety that he was getting close to breaking point.

I kept to asking Jack about how he felt and how he was coping; this, in itself, was something new for him.

His mother's letters continued and so did Jack's distress. Then I suggested he write and tell his mother how he felt when he got her letters, but he couldn't

bring himself to do this. Instead he became more and more worried and agitated, and took more and more tranquillisers.

One day a friend told him he was going to England, so Jack asked him to look up his mother. A few weeks later Jack heard from his friend that his mother looked marvellous. She was the smartest woman in the village and always out with her latest boyfriend, who took her everywhere in his E-type Jaguar.

When Jack heard this news he was able to write a little of his own distress to his mother, and told her how worried he had been about her. She wrote back a comforting letter. Gradually, Jack's letters increasingly conveyed his anxiety and guilt, and his mother's letters became more and more reassuring, detailing how good her own life was. She also started to express her concern for her son's well-being. Even though Jack found this difficult to acknowledge, he was very touched by his mother's new role, that of a concerned mother.

Jack began to express his own distress and needs more and more. Gradually Gladys became less concerned with herself and her ills, and more caring and interested in Jack. In the meantime, Emily seemed to thrive on their 'benign neglect'. As her parents became more involved with each other, her misdemeanours faded away.

* * *

Jack's difficulties were with three generations of women: his mother, wife and daughter. He had tried his best to look after all three, keeping on giving but receiving little, if anything, in return. He had been brought up to take care of his mother and had never been looked after himself, with the result that he didn't know how to care for himself.

When I enquired about how he was, I behaved in a way to which he was totally unaccustomed. When I suggested he write to his mother about how he really felt, I was recommending that he change a life-long habit, as well as his way of interacting with his mother. My expectation was that if he were able to change this long-established interactive pattern with the most significant person in his life, then he may be able to change other interactions, such as those with his wife and daughter. I thought that to change in this way would also change the way he experienced himself.

He was unable to carry out my good advice, however until a random event turned things around. Perhaps Jack was finally ready to take advantage of the opportunity when it knocked, or is it that good fortune is better than any therapist?

So what?

Paul was five years old when he was diagnosed as suffering from childhood schizophrenia. At that time he was living in America with his Australian parents and his two year-old sister. The family stayed in America until Paul was nineteen, then the parents retired and they all returned to Australia.

When I was asked to see the family, Paul was twenty-six and had been seen by many therapists since childhood. The family told me the history of the problem and the current situation in detail. The parents obviously appreciated having the chance to talk about everything and it seemed to bring them some sort of relief. Paul's sister also used the opportunity to discuss some of her boyfriend's problems and derived some benefit. However, there was no discernible change in Paul. He still stayed in his room nearly all the time, apparently working on his inventions.

One day Paul's father said that he was particularly concerned. Paul hardly ever left his room and almost never went out; he would not even go down the street to buy something. When I asked Paul, he confirmed what his father had said and explained that he was afraid to go out because people looked at him and thought about him.

Moshe What do they think?

Paul All sorts of things.

Moshe Such as what?

Paul I don't know. All sorts of things.

He was unable to elaborate further. Somewhat without thinking, I said, "Have you ever considered saying 'So what? Let them think what they like!'"

Paul (*with absolute astonishment*) Do people do that?

Moshe Sure they do—very often.

Paul *(pleading and excited)* Can I do that sometimes?

Moshe Of course you can. In fact it's a good idea—I recommend it.

This conversation made a big difference to Paul. He ventured out of the house and practised his “So what?” He asked me from time to time about how other people dealt with their problems. This led to some improvement, and eventually he was able to attend a psychiatric day centre.

My work with Paul progressed slowly and fairly uneventfully. When our time together was coming to an end, as I was going overseas for a year, we discussed termination. At the next session the family talked about the possibility of travelling overseas so that they could continue to work with me. I was amazed. It seemed a very major move, since presumably the most important intervention I had made was to say “So what?”

I asked them what it was in my therapy that made them consider such a serious move. “In all our years of therapy”, they said, “you are the only therapist who liked us.”

* * *

It was true that I liked Paul, and his family. Like most people who suffer from schizophrenia he was a sensitive soul. He had poor social judgment—for example he could not understand common human cruelty—and had to walk very carefully, afraid that he might step on the flowers. Similarly, it was difficult for him to shut out unwanted stimuli, so the mere act of being able to say “So what?” helped him to do this.

Perhaps this is the essence of all strategic therapy: to suggest a solution which has not been tried before. Such a solution does not need to be paradoxical or unusual. Sometimes the best therapy occurs when one comes up with a new but obvious solution to an old, painful problem.

Positively Brutal

A General Practitioner referred Mr and Mrs Wayne and their daughters, Shirley and Eva.

Mrs W. Did you read the doctor's letter?

Moshe No, I prefer to hear directly from each of you.

Mrs W. I have been very depressed for a long time. I can't see the point of living and I don't really want to go on. Twice I've tried to kill myself. I've seen numerous psychiatrists, had shock treatment. I've been given lots of tablets, but nothing helps. I'm a very sick woman. I have heart trouble, and a few years ago I had a small stroke which has left me a bit weak.

Since our daughters left home ten years ago, my husband and I haven't talked. We are angry with each other, but we don't say a word. I clean the house, cook, we sit down and eat together, but never a word. My daughters don't come, don't ring; they don't ask how I am, do I need anything?

Nothing ...

Mrs Wayne was a small, tired-looking woman in her sixties. She spoke quietly, in a matter-of-fact way, as if she was very familiar with what she said and was having to repeat it once again. She spoke as if she were already dead.

Mr W. She's right, we don't talk. We have nothing to say to each other, and it's better this way. When we did talk, she kept saying I didn't earn enough, I wasn't kind enough, I never helped enough, there was nothing but criticism. The best thing that has happened since the girls have left is that we have stopped talking and have separate rooms. I go my way and she goes hers. I pay the bills and she cooks. She cleans day and night, I just walk away and leave her to it.

The daughters agreed with their father. They said their mother was always unhappy and always unwell, running from one doctor to another. Nothing they did was good enough for her even though they dropped everything to respond to her 'urgent' calls. The only thing she said was that they didn't care and weren't interested in her. Finally, as they'd tried their best for a long time without it making any difference, they had decided to think of their own families first.

Moshe If you had been successful in your attempts to kill yourself, what do you imagine it would be like for your husband and daughters?

Mrs W. Why don't you ask them?

Shirley We've talked about it before and to be honest we think we'd be better off—life would be easier.

Mr W. I agree.

(Eva nodded.)

I was taken aback and, without thinking, said to Mrs Wayne, "I am not surprised that you feel life is not worth living and that you seriously considered ending it."

For a minute her mask-like expression changed. A look of sadness and a few tears appeared as she said in a trembling voice, "For years now I've seen different doctors, trying to tell them how bad things are, but nobody really heard, nobody understood how bad it has been."

Moshe I imagine there is a lot more that can be said, that you have all just started to tell me about the pain and resentment you have felt over the years. Unfortunately, we must stop now, so let us talk more next time.

After they had left I read the referring, letter which confirmed Mrs Wayne's story.

Three weeks later Mr Wayne and his daughters came in.

Mr W. Soon after we left, my wife said she didn't want to come again, she didn't need it. We decided to come without her. In a way it's better, because we can talk more freely. After we saw you, my wife said she didn't want to see you or any more doctors. She is going to help herself because if she doesn't, nobody will. She is going to look after herself and do whatever she wants. She said, "You don't care about me, so why should I care about you? You can all go to hell."

Eva After we left home, Mum would telephone day and night, but during the last three weeks she hasn't rung once. When we rang her she said she was too busy to talk, or was just going out.

Shirley You know, she's a very different person. It may not last, but for three weeks she has behaved in a completely different way—we have never

seen it before. Is a total personality change possible in a woman in her sixties?

Mr W. We really came to ask you what made her change like that?

Moshe What do you think? You must have thought about it a lot. I'm very interested to hear how you understand this dramatic change.

Mr W. Yes, we have talked about it a lot but we can't make any sense of it.

Moshe You recall, at our last meeting, Mrs Wayne said that for the first time she felt understood and that her predicament was taken seriously. Do you think that statement could explain the change in her?

Eva To tell you the truth, when we said we'd be better off without Mum, we didn't really say anything new. We've said it or hinted at it many times.

Moshe Do you think it had a different meaning when you said it loud and clear in the quiet of my room and in front of a professional person who is a stranger?

Eva I guess so.

Moshe You are all commenting on what you all said to her, but your mother implied that she found it very helpful to be understood and heard by someone at last.

Eva Perhaps it was helpful, but we don't really believe it could have made such a difference.

Mr W. Do you think that's the explanation, or is there more to it?

Moshe I thought you hinted that she decided to change just to spite you. Perhaps in the past when she considered killing herself it was a way to punish you, to get even for the hurt, humiliation and disappointment that she felt she had endured. When she heard clearly that removing herself would be a blessing, she realised that to be unhappy and suicidal had no purpose.

Mr W. To tell you the truth, despite all our years of fighting, I'll be very happy if she gets some pleasure from life, especially if she leaves me alone.

Shirley That's Mum alright ... She thinks she has discovered a new way to torment us by enjoying life. That shows how wrong she can be—we are delighted. We only hope it lasts.

Some months later I met the referring doctor. He told me that Mrs Wayne was a changed person. He had only seen her once since her visit to me, instead of almost daily.

“What did you do to her?” he asked.

* * *

Family life is usually better when there is good communication. This must be clear and direct, and the messages transmitted must be received. This is also true of negative communication, which may be hostile and rejecting.

Perhaps what helped Mrs Wayne was that, for the first time ever, she clearly heard what her family thought. Away from the quiet of my room and without an outsider present, perhaps she could not hear or believe what they said and dismissed it, thinking that they were saying it in anger, that they didn't really mean it. This time she heard it loud and clear.

She said my empathy and understanding of her predicament helped. Such understanding could not be meaningfully offered until a full disclosure of her situation was described, until the rejection and hostility and her loneliness was fully stated. She had finally decided to put her own needs first.

There is an old Jewish saying, “If I am not for myself, who is for me and if not now, when? If I am only for myself, what am I?”

Avoidance

A few years ago I saw Tom and his wife. She complained that he was insensitive and undemonstrative and, as a result, she thought the marriage lacked closeness and intimacy. She also said that their children complained that their father was over demanding and critical.

Tom heard her statements as angry accusations and rejected them. He maintained that his behaviour was totally reasonable and understandable,

in view of the way she behaved towards him. He said that, as far as he was concerned he had no problems with the kids.

They continued to come to therapy for a short time, but it seemed that the marriage was no longer viable and they soon separated.

About three years later Tom rang for an appointment. He told me that after he left his wife he had been involved in a number of relationships and was currently involved with a woman who was very important to him. It had been a great boost to his morale that other women whom he had thought unattainable, were interested in becoming involved with him. He was distressed, though, that at some stage all of these women repeated what his wife had said: that he lacked feelings. In fact, they said more: that they were originally drawn to him because he seemed to be a feeling person, but that this potential never seemed to be realised and they were left disappointed and frustrated.

He came to me to help him explore and, hopefully, resolve this issue.

One of the first things to emerge was that his mother was a very talkative, outgoing, expressive and domineering woman. She ruled the roost and kept his father, who was a quiet, reticent, bookish man, in his place. Tom's perception of his mother was that she expressed and used her feelings to get her own way and control others, rather than as an expression of intimacy and closeness. He grew up determined not to follow in his mother's footsteps, and so he kept his feelings to himself. Tom's mother loomed so large in his mind, and the struggle with her was so pervasive, that he never stopped to consider his relationship with his father.

One day when I was talking to him about his father, Tom suddenly appeared vulnerable, as if overcome by unfamiliar feelings. He seemed so tender and exposed that I changed the subject.

A few months later Tom said that exploring his relationship with his mother had helped him to appreciate and accept the difficulties he had in expressing feelings. Then he went on to say, "But the real turning point was when you avoided pressing me about my father. It was that which has made me a much more feeling person today."

* * *

Life works in mysterious ways. Tom's mother's expressiveness made him avoid his feelings, while my avoidance helped him to welcome them.

A Telling Kick

Mrs Newton, aged sixty-two, whose husband died ten years ago, was referred to me. For the last three years she had suffered from severe depression and been treated with antidepressants, numerous periods in hospital and also electroconvulsive therapy (ECT), but none of these had brought about a lasting improvement.

An appointment was made for Mrs Newton and her family, all came except the youngest son, Donald. The three sons and two daughters who did come all lived away from home. They insisted that Donald, who lived with his mother, was the main problem. He was rude and aggressive to her and was living, on and off, with a woman his mother didn't approve of or like.

Donald came to the next session with the rest of the family. He came forth with a tirade of abuse of his mother, saying, "The trouble with her is that she's just sorry for herself, she should pull her socks up, stop being stupid and making a fuss over nothing and get on with it."

In the week that followed, Donald left home. I wondered aloud if Donald sensed that leaving home would make life more comfortable for his mother. It was also a positive step for a young man to make his own way in life. Mrs Newton had mixed feelings about this and I helped her to see its positive aspects.

She continued to see me for a while by herself and eventually her depression lifted totally. She kept coming to discuss some of her problems, and soon told me that she had suffered from agoraphobia most of her life. It was usually fairly mild, but at times became severely debilitating. As we talked it became clear that Donald, when he visited her, was usually abusive and aggressive, accusing her of giving him less of the family fortune than his brothers and sisters. Listening to her, I was reminded of the old Jewish saying, "Rich people don't have children, just heirs."

She continued to tell me of her various problems, for example, with her husband's relatives, who were envious of her wealth; the difficulty of being alone when she had grown up in a large family and then brought up her own large family; and her problems with Donald, who continued his unpleasant visits.

Over the year we discussed many ways of dealing with these issues, with some success. At last she was able to tell Donald not to come unless he could behave himself and be pleasant and civil.

Gradually her agoraphobia seemed to recede. She was able to go out alone and only occasionally felt a bit panicky.

One day an old friend came to visit her and spent the whole time complaining about her lot and telling Mrs Newton all her worries and problems. Mrs Newton was a good, sympathetic listener, but after this she had a rather severe recurrence of her agoraphobia.

When I heard this I told her the following story.

"Lyn, a young and dedicated psychiatrist, came to me for supervision. She was eager to discuss ways of improving her work with her patients. Her cases included some horrendous and difficult people: rapists, murderers and child molesters. While Lyn was keen to discuss ways of understanding and improving her therapy with these people, I was unable to keep my feelings to myself and asked, 'How can you stand seeing these people, hour after hour, day after day? I couldn't stand it, it would drive me crazy.'"

Lyn dismissed my concerns lightly and said, "It doesn't really worry me. It's important work, and needs to be done, so I do it." She was young and determined and we continued the supervision as she wished.

A year later I noticed that Lyn no longer mentioned many of the patients whom she had previously talked about. I asked her about this and she replied, "You know they never worried me; I quite liked them. It's just that I'm pregnant and every time I saw them my baby kicked so hard, I guess he or she didn't like them, so I had to stop seeing them!"

Over the years with Mrs Newton I had made a number of interventions with some success. However, this story proved to be the finishing touch and she never complained about her agoraphobia again.

One Melbourne Cup Day, Mrs Newton reported that she felt good—she said she had never felt so free and easy in her life. For the first time ever she drove herself to Melbourne (a three-hour drive) and went by herself to that most crowded event. She noticed there was a horse called ‘So Daring’ at fourteen-to-one, so she backed it and it won! She only kicked herself later for backing the horse each way instead of for a win.

Seeing Red

By the time Nita was forty-one her three children had started school and she decided to return to teaching. During a year’s staff development course she found herself talking about life and personal relationships, something she had not done during all her years of marriage and child raising. Gradually she gained confidence and felt more capable and independent.

Throughout their marriage Nita had turned a blind eye to her husband’s casual affairs. Now she confronted him. He acknowledged that she was right, but why not continue? It didn’t hurt anyone—he was a good husband and provided well for the family. He challenged Nita to give reasons for him to stop. Nita mentioned some, but they were all emotional and she could not overcome his logical, rational approach. As a last resort, she suggested that she have equal freedom, to which he agreed.

A few months later Nita went overseas to a conference. There, for the first time, she had a casual affair. Two weeks later her husband joined her. One evening, over an intimate dinner, Nita told him and, to her astonishment, he became fiercely angry. They returned to their room where he continued to abuse her, becoming even more irrational and then physically violent. Both were frightened by the intensity of his reaction.

After this incident their relationship was never the same. Nita could not forget his terrible rage, and he could not come to terms with her infidelity. Soon he moved out and they divorced. The children stayed with Nita.

Nita continued her work, and had a few relationships, some satisfactory but none serious. Her husband lived nearby and called whenever he felt like it to see the children and talk to her—he used her home as a kind of second base—for a meal and somewhere to go. His home was out of bounds to her, however, and to a large extent also to the children, he never enquired about her well-being. Nita wanted to discuss the children and how they were faring, but he refused.

Their lives continued in this fashion for the next few years. Their daughter, Mandy, now twenty, left home to live with her boyfriend who like her, was unemployed. They both used hard drugs.

Nita couldn't come to terms with her life. She was concerned about Mandy and unable to sleep, and her skin kept erupting in rashes. At that point she decided to talk to a therapist, and came to me.

She told her story in an erratic way, jumping from one thing to another, struggling to keep her sadness and tears in check. When she described her husband's reaction to her affair, she found it too terrible and too humiliating to recount the details of what he had said and done. As she talked her skin became redder and redder. To my enquiries, she replied that she was a little angry and resentful, but her manner and skin reaction suggested deep, controlled rage.

Moshe Is there anything you'd like to ask me?

Nita Yes, I want you to tell me what you really think.

Moshe I've listened and watched you very closely and I noticed that you struggled to keep your tears and your anger in check. Every time you talked about your husband the skin on your neck became red, and probably hot, as if it was burning from the fire inside you. I guess you are outraged, furious beyond words at what has happened. You are furious at the injustice of it, angry and resentful of your husband and perhaps of yourself. Also, you are incensed about the conventional morality of which you, and perhaps your husband, have been victims. You are so angry that you may explode, and if you start to express your anger you may not be able to stop. Your hostility is so intense that you fear you may be as irrational and uncontrolled as your husband was. You may have been brought up to believe that

anger is unbecoming and you need to keep calm. On the basis of your story, you certainly have good reason to be angry.

Four weeks later Nita came in again.

Nita The last session helped me put things into perspective, helped me to understand. It's the first time I've told the whole story. You were right; I was angry—I hadn't realised how furious I was.

I thought a lot about it. Why did I refuse to acknowledge and show my anger? I was brought up to grin and bear it.

It is difficult to admit, but I wanted to be 'better' than my husband in some sort of way. I realise now that I still had a romantic idea that my husband and I might get together again. But after the session I decided to tell him that what's good for the gander is good for the goose. If he wants to drop in, then the children and I should have the same rights. If he is unable to agree to this, then he need not call around. Now he is not coming any more—he makes arrangements to see the children elsewhere. I guess that finally cut the marital cord—it was the end of the dream—the final step in the divorce for me. Now for the first time I am free.

I had wanted my home to be the kids' home and if they wanted to drop in, I went along with it. But I decided to put my own needs and wishes first. I explained it to them and to my surprise they accepted it readily. I think they liked me taking a firm stand. My ex-husband tried to make me feel guilty, but he realised it wasn't negotiable and caved in.

I also got a bit tougher with the kids, and demanded they listen to me and respect my needs. My daughter Mandy had called in often with her boyfriend, at any hour of the day or night. They expected a meal or a shower and they'd leave their dirty washing behind; it really upset me. I never did anything about it because she wasn't well, she grew up in a broken home. I was understanding and undemanding. I decided to tell her that I expected her to behave with consideration and respect. I told her I loved her, but that didn't mean I'd put up with all her crap. I've been afraid to tell her because I thought it

would drive her away. A week later she busted up with her boyfriend and asked if she could come home. I was delighted but, before I agreed, I laid down some ground rules and so far, so good. I've been sleeping much better and my skin is all right.

There is one other thing I didn't tell you. It was too hard to talk about. I didn't tell you how Mandy paid for her drugs. Every so often she asked me for money. I gave her some, but I haven't got that much. Otherwise she has worked on and off as a prostitute. When she first told me I was terribly upset—my beautiful child, a prostitute! She really is a beautiful woman. Then I started to think about it and then I talked to her father and asked him to broach it with Mandy. He just said what did I expect—like mother, like daughter. I had made that bed and I should lie in it. He left it for me to deal with.

Mandy told me she prefers that type of 'work'—the money is better and it isn't boring like other jobs she's done. She controls her time and many of the relationships are warm, with mutual caring; genuine encounters where they talk to each other. I didn't find it easy to totally condemn it.

Perhaps I blame myself, or I see part of myself in her, but I don't think so. I accepted conventional morality without question before and I got into trouble, so now I'm not so quick to embrace it.

When I agreed to Mandy coming home, a condition was that she attend a drug dependence treatment program. That may help her to stop using drugs and then she could give up prostitution. Since she's been home for two weeks, I've enjoyed being with her more than ever before.

Moshe Once you got going, you really moved. You've made a number of major changes. It seems as if that pent-up anger released a terrific burst of energy. It is very impressive.

Nita Yes, I was surprised and pleased with my ability to sort things out, but I'm not sure I can keep it up, that it will all continue.

Moshe Now that you've said a final goodbye to your husband and your marriage and let go at last, you may find it much easier to keep your house and your life in order.

Nita had almost rung and cancelled her last appointment. She had nothing new to report. Everything had continued as before, and Mandy was sticking to her program. Nita talked of her work and her family. However, there was something which puzzled her.

Nita Last time I was worried that Mandy's improvement might be just a flash in the pan. Often kids like her revert back to their old ways. Now she has continued to go for treatment for six weeks, she behaves well, she's OK. Why do you think she changed? I've thought about it a lot, but I can't really understand why.

Moshe You put your foot down and Mandy welcomed that. When you demanded more respect you set her an example. Mandy may appreciate your communicating more directly with her and the limits you set.

Children's loyalty to their parents can lead them, sometimes unconsciously, to develop or maintain problems as a connecting link between parents who have not totally separated. Now that you have successfully cut the cord, it's likely that Mandy may feel free to give up her problems and get on with life.

It was agreed she would not make another appointment and would make contact only if there were major problems or setbacks. That was many years ago.

The Sleep Episode

There have been many turning points in my work, but few have been as unexpected as the one which follows.

* * *

Adrienne Matheson had serious and chronic personal and family problems and had seen a number of therapists. The result had always been disappointing,

it had reinforced her view of herself as helpless, hopeless and incapable of change.

When she came and told me her story, I wondered whether the result would be any different with my therapy. I was keen to spend time exploring why she thought her previous therapies had not been successful and what we could do to ensure a better outcome.

Since she was deeply discouraged and burdened by serious problems, progress was slow and laborious, but there was some improvement. Therapy was a big struggle for us both, so I was surprised when one day she seemed like a new person. There was energy and enthusiasm and a feistiness about her that had not been present before. When I enquired, she went on to describe many changes.

She mentioned many things she had wanted to do for years but never had. In the past fortnight she had done them. Little things like driving to the country and going dancing, but most importantly she had invited her late father's siblings to lunch. She had asked each one in turn to tell her something of her father's life, and it had been a very successful afternoon which meant a lot to all of them. She had audiotaped everything and subsequently transcribed it and given everyone a copy.

Though her father had died seven years ago and she had wanted to find out more about him from his siblings, she had never had the courage to do so until now.

I commented on how strong and decisive she had become and asked her what had caused such a dramatic change.

She suddenly reverted to type, became hesitant and was reluctant to tell me what had happened. Eventually she overcame her embarrassment and managed to say, "I don't know if you remember, but last time I left terribly upset. Why did you fall asleep?"

This statement came as a complete surprise. I did not remember either falling asleep or that she had left feeling upset.

She took this to mean that I denied falling asleep. I assured her this was not so, perhaps I had fallen asleep but I didn't remember and she did. I said that it

would have been most unusual for me to do so, I didn't recall it ever happening, but accepted that if she said so, then it must have happened. Perhaps I was very tired, maybe I hadn't slept well. It was inexcusable, but the wrong things do happen from time to time.

These comments comforted her and gave her heart to be more open.

She told me that she had been very upset when she left, and had then realised that she was terribly angry with me for falling asleep. She was not accustomed to allowing herself to experience such anger. She recalled discussing with me the fact that she could not allow herself to be angry because this was taboo in her family. However her anger made her reflect on why she felt that way. It reminded her of a previous therapist, whom she had seen weekly for about two years, who had regularly fallen asleep. She had never questioned his behaviour, but had interpreted it as evidence of how boring she was, particularly since he had gone to sleep even when she was talking of terrible events in her life.

She started to contrast his behaviour with mine and it struck her that, by comparison, I had been involved and interested and we had worked well together.

The upshot was that, remembering how humiliating and degrading the experience of her therapist falling asleep had been, she had decided to work as hard as she could to avoid ever being in that painful position again. She would begin to change her life.

When it was time to stop, we had talked through my sleeping incident and we both felt relaxed and comfortable about it. I felt sufficiently safe to joke.

"Listen, if my sleeping provided such great impetus for change, maybe I should do it more often."

The energising and beneficial effect of the sleep episode continued. It was augmented by her being able to come back to the subsequent session and confront me with my 'wrong-doing.' She realised that she had been frightened to bring it up in case, I would be hostile and rejecting. My acceptance of her comments as appropriate, and my willingness to discuss it, meant a lot to her and, as a result, our relationship moved to a new level.

Matthew's Dilemma

Matthew, a twenty-three year-old man, made persistent and frightening approaches to some of his female neighbours, who complained to the police. After discussing the problem with the family the police agreed not to press charges provided Matthew saw a psychologist. The family came to see me.

At our first meeting I asked why they had come. Sean, Matthew's twenty five year old brother, attempted to explain the problem saying that he and Matthew were very close. Sean was so anxious and confused, however, that I had difficulty in understanding what he was saying. I was told that Matthew was schizophrenic, anxious and frightened and didn't trust me. When he was eighteen he had been taken to a psychiatrist who gave him electroconvulsive shock therapy (ECT). He resented this and hated the psychiatrist and he was scared that I would do the same. I said I was neither a psychiatrist nor a doctor and so couldn't give ECT or medication, but I thought it perfectly reasonable that Matthew didn't trust me. After all, why should he trust someone he hadn't met, particularly in view of his past experience?

Sometime later I commented that if talking in the family meeting made Matthew anxious, then it was OK for him just to be there and say nothing. Matthew seemed reassured and was then able to talk a little. He said how much he hated the doctor who gave him the ECT. He thought it had violated his person and insulted his integrity. He made some critical comments about his mother. Between them all the family gave the history and background to Matthew's problem and his present way of life.

Matthew lived at home, was socially isolated and had no friends. He worked a few hours a day in a factory belonging to a neighbour. This was his only social contact and was terribly important to him—the possibility of losing this was frightening and it was for this reason that he had agreed to come to the interview.

During the next two or three family sessions, Matthew's mother, Ellen, told me that Matthew was abusive and violent at times and that she was frightened of him. Matthew confirmed this and said he sometimes hated his mother, felt angry with her and occasionally thought of killing her. Ellen rang me after this and said that what Matthew had said in the session had made her even more

frightened. I recommended that she bring it up for us to discuss at the next meeting.

At this next session I asked Matthew if he was likely to kill his mother. He explained that at times he was frightened he might lose control and do something to her. All the others were involved in the discussion. Matthew's brother felt that mother's fear was exaggerated; that Matthew behaved like that mainly to get attention. Their father, however, thought Matthew was a very sensitive young man and would not harm his mother or anyone else. This discussion had a calming effect on her. She learned to accept and live with the risk and became much clearer and more direct with Matthew, no longer allowing him to terrorise her into getting his own way around the house. All agreed that this was helpful to Matthew and, after a while, he settled down.

Soon afterwards his father said that for years the family's main preoccupation had been Matthew, but as a result of the contact with me, Matthew seemed changed for the better. They would like to start living their own lives, provided I would agree to continue seeing him on his own. I checked with Matthew, who thought it was a good idea.

After a few family sessions Matthew came by himself every week. As well as repeatedly urging him not to trust me, I suggested he should not change. However, should he be tempted to change, I said, he must do so very slowly, and only after careful and lengthy discussion with me.

Working with Matthew, over many months, was very, very slow. At first he seemed bizarre, but gradually my perception of him changed and I came to see him as sensitive and poetic.

Months later Matthew, struggling for words, said, "You don't respect me. You have given me insomnia and made me hear noises again."

Surprised, I asked, "Is it all right if I ask how I have done that?"

"Yes."

"So please tell me how I have offended you?"

"You have taken away my feeling of worthlessness and my contrition. My unworthiness and contrition are me, and if you take them away, there won't be anything left."

I clarified what Matthew meant by this and then asked if it would be all right to ask for his help. He agreed.

“My professional background and training have emphasised the importance of helping people to feel more worthy and to improve their self-esteem. But you tell me that this is offensive and detrimental to you. So, I don’t know what to do. I want you to tell me what is the best way for us to proceed.”

Matthew shared my puzzlement and we spent the next few months absorbed in the discussion of this dilemma.

Meanwhile Matthew held his part-time job, attended his weekly painting group and lived at home with his family, all relatively free of fear.

* * *

Matthew had been diagnosed as suffering from schizophrenia, a serious mental illness and a source of great anguish and pain to the sufferers and their families. He had periods of extreme anxiety and panic which gave him sleepless nights and a fear that he was disintegrating. He heard voices and felt very lonely and different. Medication and my work with him helped to some degree.

I remember him as an exceedingly sensitive man, a poet and a philosopher, who challenged some of my fundamental assumptions about how I think and work.

Matthew accepted the diagnosis of schizophrenia. In many ways this helped him, since it reduced his panic, enabled him to accept medication and gave a ‘label’ to his suffering, so reducing his sense of confusion and anxiety. It helped his family, in that it made his behaviour more understandable and attributable to his illness, and therefore reduced their sense of guilt about his condition.

At the same time the ‘diagnosis’ had a detrimental effect. It exacerbated Matthew’s feeling of worthlessness. It was harder for him to take his own ideas seriously, to trust his own judgement and consequently to act on his own behalf. Perhaps a major way I was able to help him was by challenging his belief that many of his experiences could only be understood as an expression of his schizophrenia, rather than as the result of his sensitivity as

a man of a poetic bent, or any one of a number of other fine, though perhaps rare, human qualities.

The consequences of a diagnosis of mental illness may be either good or bad. It depends on how it is understood and presented by the professional who offers the diagnosis. The meaning the patient and the family attribute to the label may lead to further rejection or to increasing kindness and support.

Incest

About fifteen years ago I saw the Sullivan family at the Bouverie Clinic. The son, David, aged seventeen, had made a very serious suicide attempt. He was in hospital for about a week, and the hospital requested an urgent appointment for the family at the clinic.

The whole family came—mother, father, sons David and Peter (aged twelve) and daughters Susan (twenty-two), Michele (nineteen) and Jackie (fifteen). For some time I talked to David and the family about his suicide attempt. Then I changed tack and asked, “Has anyone else in the family ever attempted suicide?”

The silence in the room was thunderous. One after another each of the daughters confessed to having attempted suicide. I turned to Susan and asked, “What made you do it?”

With great difficulty and anguish, Susan said that about seven years ago her father had sexually abused her. She had begged him to stop but he refused and then she attempted suicide. It was only this that made him stop.

Before long a remarkably similar story emerged from the other two girls. What made it particularly memorable was that each girl broke her silence for the first time. Until then each had kept it totally to herself.

I saw the family twice more and then, since I was leaving the clinic, they were assigned to another therapist.

Recently Susan asked to see me. When she came she told me that after another two sessions her father had refused to go to the clinic and would not allow the rest of the family to go.

She said her mother had been devastated when she heard what had happened to her and her sisters. She remembered that I had confronted her father, and that he had acknowledged the incest and had begun to wrestle with the question of why, after listening to our accounts of inordinate distress, sense of betrayal and rage.

She had discussed it with her mother and both had felt that if they had continued with me perhaps things would have been sorted out and the family may have stayed together. However, once her father terminated therapy and shut off any meaningful communication about the incest, the mother and Susan, decided they had no choice but to leave and the others went with them. The whole process had been very painful and difficult, and it had taken a long time for them to come to terms with what had happened. Susan added that this was an over-optimistic statement, perhaps it was impossible to ever get over it. "It stays with you for the rest of your life."

Over the last few years she had felt that she was starting to get over it and that her father was out of her life. He was just a bad memory—so she thought. However, a few months before seeing me, she had noticed that her younger brother, Peter, was very distressed. She enquired and he replied that his girlfriend had suddenly cut off all contact with him and refused to tell him why. He couldn't understand it. Susan went to the girlfriend and said, "Did my father try to do anything wrong to you?"

Her suspicion was confirmed. She was devastated, wondering if they would ever get this man out of their lives.

I said, "Unless men like this really change, they probably continue doing it."

I encouraged her to explore this possibility. She found that as a young man he had sexually abused his young cousins and some girlfriends. When she talked to her sister's, she learnt to her horror that he had attempted to do it with Michele's daughter. Susan urged her sisters and brothers to stop having any contact with their father, and at times broached the subject of pressing charges against him. They would not have a bar of it. However they reassured her that, since learning of the episode with Michele's daughter they would never again leave any of their children alone with him.

Susan said, "It is a pity we didn't continue our meetings with you fifteen years ago."

I said, "I agree, but by your account what we achieved wasn't too bad. We started an important confrontational and disclosing process which you have continued recently by discovering more facts and bringing more secrets into the open. You encouraged communication and, as a result, all of you have taken steps to prevent further problems. You know incest occurs in the dark where secrecy and silence prevails. Once brought to light, it wanes."

Then Susan said, "By the way, when you saw us at Bouverie, why didn't you offer to see us without my father, or individually? Didn't you realise that we were very constrained and we could not talk to you freely?"

I answered, "I was wrong. It didn't occur to me at the time. I was too enamoured of family therapy as I understood it then, dogmatically committed to seeing every member of the family together. I was insensitive to the issues of the distribution of power within the family and its counterpart, the fear in others."

A Naughty Girl

Maggie, a forty-five year-old school counsellor, attended a residential staff development weekend designed to improve interpersonal skills and resolve conflicts.

In one of the sessions the leader said to Maggie, "You seem to have a lot to say but are too scared to say it."

Her friends and colleagues supported this assertion and provided examples.

The comment rang true to Maggie too, but she had never fully acknowledged it. Her reaction was mixed. It was confirming to discover that her inner feelings matched what others thought. On the other hand she didn't like to think of herself, nor have others think of her, as frightened or meek.

I said that they had implied that she had worthwhile things to say and she agreed. I asked about her work and her present position, and it was obvious that she had been successful.

I said, “You could not have got where you are without sometimes saying what you think.”

She accepted this with reservations.

Maggie That weekend experience was the straw that broke the camel’s back. For a long time I have felt a sense of impending disaster—in fact it is always with me. I feel as if my world is going to end any minute. This is incomprehensible to me and that experience made it worse. Why do I feel this way?

We discussed her marriage. There had been difficult periods, but they had weathered them, and now her marriage was more secure than ever. Her relationship with her children had gone through various stages and complications, but now they were more or less adults and understood and enjoyed each other.

At work she had problems at times, but she coped well. Nothing seemed to explain the dread that was always present.

I suggested that, having discussed her present life, next time we might talk about her past. Maggie asked how she could prepare for the next session. Out of a number of suggestions she agreed to go through her photograph albums and bring some of the photos of her family of origin.

Next time Maggie arrived carrying some albums.

Maggie I looked through the albums and felt a range of intense feelings. In my second year of university my fear of the end of the world was intense. I became an insatiable reader of Gandhi, Buber, Kierkegaard and others. I was searching for peace and some meaning in life.

Moshe Yes, but what about your family?

Maggie I didn’t know what photos to bring. I was brought up by friends of my mother. I called them aunt and uncle. When I was eight, my ‘aunt’ came and told me to pack my things and go with her because I’d been naughty. A few days later my mother died. I stayed with my aunt and uncle. I saw my father only occasionally, and had no contact with my mother’s and father’s families. When I started going to Uni. at about eighteen, I was able to take the initiative and go to see my

father more often. I think he was pleased to see me, though he wasn't able to show it. Whenever I came he was reading war books.

Moshe While you always read books on peace.

Maggie Gee! That's so. I never thought of it like that.

Moshe Why didn't you stay with your father? Why didn't he keep you?

Maggie I don't really know.

Moshe You mean you've never talked to him about it?

Maggie That's right.

Moshe What about asking him?

Maggie I couldn't possibly do that.

Moshe Why not?

Maggie I don't know. Maybe it would be painful ...

Moshe Listening to you I see this is a totally new and frightening idea. I'm not sure whether you are concerned about what it might do to you or to your father. Anyway, think about it, don't rush in. Let's talk about it next time we meet.

Two weeks later Maggie appeared to be in good spirits and confirmed that she felt happier. She had talked to her husband about the last session. They had discussed it for hours and finally agreed that there was no good reason not to talk to her father. Any remaining doubt was dispelled by her husband, when he said that one of his greatest regrets in life was not talking to his parents. They were both dead and he still reproached himself for not having talked to them about many things.

As a result, Maggie talked to her father at length. She learnt that her mother had died of cancer and that her father had been devastated. He thought he would never recover, and perhaps he never did. As a child he had run away from home and worked on farms and sheep stations, moving from place to place. His life had been hard and lonely. At fifteen he had cheated on his age and joined the army. He was sent to Gallipoli and came home a highly decorated war hero. He was unable to forget the war and there had not been one night since then that he hadn't woken up sweating and screaming. The

only person he had been able to talk to and feel close to was his wife. When she died, his world of intimacy and security ended. He had wanted to keep Maggie, but everyone said it wouldn't be fair to her. It wasn't right for a child to be brought up by a man who had nightmares and woke up screaming, and who was devastated by the loss of his wife. He felt he couldn't inflict this on his daughter, and that his decision was the best thing for her—not for him. He had often wanted to explain how he felt, and was so grateful that she had asked. It was a very emotional experience for both of them.

Her early experience of being removed from home because she was naughty predisposed her to looking for explanations by finding faults in herself, rather than looking for positive motives in others. Though her father's explanation had crossed her mind, she had always dismissed it, feeling that the fault lay with her.

She now saw clearly how this sense of doom fitted in with her experience as an eight year old. Her world had suddenly collapsed completely for no reason except that she was naughty—in what way she never knew.

Maggie had expected catastrophic consequences to the talk with her father. Such a mutually satisfying outcome played a central role in alleviating her ever-present sense of impending disaster.

Something else became clear to Maggie at the same time. There had always been a sense of incongruity when she visited her father. His decorations were displayed on the mantel shelf, yet he always appeared to be a frightened and insecure man. As a child she had been unable to make sense of a 'frightened hero'. Now she could identify with him.

* * *

Many parents are unable to talk to their children openly about serious illness and death, and this omission very often leaves the child with a sense of guilt and a burden of responsibility.

A large proportion of Australian men went to the First and Second World Wars. They were often apart from their families for years. Many died, and others returned with injuries, both in body and mind. Their suffering continued for decades, and the impact on their wives and children and the fabric of family life has generally been overlooked.

As in the case of Maggie, it is possible to help people by connecting their current difficulties with patterns of family interaction that emanate from war experiences.

James

James, a handsome, dark-skinned, thirty five year old man came to see me. I wondered about his ethnic background and later learned that his maternal grandmother was Aboriginal.

For the past year he had been seeing a psychiatrist for depression. About three weeks earlier he had told his psychiatrist that he was worried about feeling increasingly violent towards his three year-old son and afraid that he might hurt him. In fact he had lost his temper and slapped him on two occasions. What really worried him was that he felt he may be unable to stop, and could really damage the boy. The psychiatrist made some further enquiries and said that he might have to report him to the authorities for child abuse.

James was frightened of being reported and confided in a friend, who suggested he come to see me.

I understood James to tell me that even a year ago, when he first saw the psychiatrist, he had not been so concerned about being depressed, but rather that he was unhappy and worried about his violence. I asked him why he hadn't told the psychiatrist that it was his violence that concerned him most. He said that the psychiatrist started giving him medication for depression and discussing it, but didn't seem interested in anything else. I asked what eventually made him tell the psychiatrist. He told me that he had slapped his son so hard that a big bruise had appeared, and he was very scared that he would go too far.

Moshe How scared are you that you will damage your son? Is he at serious risk?

James I don't know, I'm really worried, I don't think I could harm him badly. Sometimes I get so scared I go and have a few drinks. In fact that doesn't help. I've come home and hit my wife and then I feel so sad and ashamed. She has always forgiven me. The drink doesn't help, it makes me worse.

- Moshe** If you don't think he is at real risk, why are you so scared?
- James** I guess I'm not sure that one day I won't lose control.
- Moshe** Then you are saying that there is a serious risk.
- James** Yes—maybe there is.
- Moshe** So, do you think the psychiatrist was justified?
- James** Well, I don't know. That's why I went to him and why I've come to you. I want to be helped so I don't have to be reported.
- Moshe** If your wife were here now and heard everything we've said, what would she say if she were being totally open?
- James** She would say she knows I don't want to hurt the boy.
- Moshe** But how worried has she been, how serious does she think the risk is?
- James** I don't think she's that worried. She doesn't know how angry and scared I feel at times.
- Moshe** So you have protected her and haven't told her how bad it is for you and how worried you are?
- James** I haven't thought about it like that—that I was protecting her. Until now I've been too ashamed to talk about it.
- Moshe** Maybe both protective and ashamed. But if she knew not only what you've done, but how you feel, how would she react?
- James** Maybe she'd get so scared that she would take my son and leave.
- Moshe** So perhaps you are also protecting yourself from losing them both. James, perhaps it will help if I tell you what I think. In a way you and your wife have a serious problem. You haven't told her how you really feel, and maybe she hasn't told you. You have been violent to her a few times and I wonder how that makes her feel. She might be frightened and resentful. More importantly, you both have a serious problem. Your son is at some risk. How severe it is you can't tell me and I am not able to assess. You have a joint responsibility to ensure

the well-being and safety of your son. With this in mind, what do you think about inviting her to our next meeting?

James' response was complicated, but in essence he said that he was encouraged and relieved by the degree of openness with which we communicated. He worried that with his wife present he may not be able to maintain this frankness because he would be inhibited and ashamed about how he had behaved. On the other hand he was attracted to the idea, because it promised a more open exchange which would include his wife. Her presence would help him to unburden and share the responsibility of ensuring his son's safety. It might reduce the sense of isolation that he experienced in relation to his violence.

When James left I was somewhat disappointed that I had not had time to talk about his background which, he had intimated, was important, but it had been more important to get as full and clear a picture of the extent of the violence and the level of risk to the boy. I was satisfied that, since James had been worried about his violence and had spent almost a year gearing himself up to talk about it, we had done what he wanted and needed for a long time by spending the hour together. When he left, he was a much-relieved man.

I, however felt unsure and concerned about his son, but I was reasonably certain that talking about his anger and fear considerably reduced the risk of him having to act it out. Also, involving his wife was likely to further ensure this outcome.

James and his wife, Emily, came to the next session. After meeting Emily I asked her how she felt about being invited to come.

Emily I was apprehensive but pleased. I've been very worried about James, and perhaps I can help. While he was seeing the psychiatrist I wanted to go with him, and I hinted at it, but he ignored or didn't hear me. I didn't want to push it, because I thought it was so difficult for him to seek help and talk to anyone. I didn't want to jeopardise it.

I have been worried about our son Nicky for a long time, but I've kept it to myself, apart from talking to James a bit. But I haven't told him fully about how worried I've been. The only other person I've told a little is my doctor, because he asked me directly if I was worried about something. I went to see him because I wasn't well. I

had headaches and stomach pain and a frightening choking feeling in the throat. After a few visits, when he kept asking me if something was worrying me, I told him about James being angry occasionally and that I was concerned about Nicky's safety. My doctor gently broached the subject with James and he suggested James see the psychiatrist.

I noticed that James looked most uncomfortable at one point while Emily was speaking, and turned to him, "You seemed very upset at some things Emily said."

James I didn't realise she was so worried.

Moshe Did something else she said upset you?

James (with embarrassment). On two occasions when I was alone with Nicky, I found myself inexplicably putting my hands around his throat. Since then I've been petrified of being left alone with him.

It was clear to all of us that no words could express the intensity of the fear and panic, the shame and guilt, that James experienced as he recalled these events.

Moshe So, from what I've heard, you both agree that Nicky has been in danger. My experience is that now that you are both talking more openly, that should make Nicky safer. If we continue to talk, trying to work out where it all comes from, it will be helpful.

First we need to discuss what practical arrangements we can make to reduce your fears and worries. The more people know, probably the safer it is. Now four people apart from you know: your general practitioner, the psychiatrist, James' friend and myself.

Over the next two sessions we negotiated some arrangements to ensure the security of all concerned. James had not gone to the psychiatrist again, so it was arranged that his GP, whom he liked, would continue his medication if necessary, and I would liaise with him. James would not be left alone with Nicky until all felt happy about it. James would reduce the amount of alcohol he drank, and if he occasionally felt like going on a binge, he would discuss it with Emily, drink with his mates and stay with them until he was sober.

Failing that, Emily and Nicky would go and stay with her parents. James would talk to Emily whenever he felt angry or resentful of Nicky, or if he was fearful of his anger and possible violence. Emily would regularly enquire how James felt, particularly about Nicky. She was not to be put off by his tendency to withdraw, but if he didn't wish to talk he should simply tell her that just now he wanted to be left alone and not talk.

Finally, if Emily felt seriously concerned about her own or Nicky's safety, she should simply leave and stay with her family or friends.

These arrangements emerged over a few weeks, and everybody felt comfortable and reassured after they were agreed.

During those months Emily told me that James' violence was inordinately painful to her. She had always seen James as her best friend and supporter. He was a very kind and gentle man, sensitive and easily hurt, but would become morose and withdrawn when offended. He had worked hard to improve himself, to get an education and to make a good life for her and Nicky, and it was important to him to look after them. Also his profession as an actor was difficult because he was naturally shy and reclusive. Being in the public eye and dealing with the media was extremely demanding for him.

Over the next three years I worked with Emily and James. More often James came by himself, but Emily joined us from time to time when they decided it was appropriate.

After the earlier sessions there were no further episodes of abuse, but their fear of possible violence remained for some time, before slowly abating.

The following story of James' background gradually emerged. James knew some of it already, but he had to discover much of it by researching his family history.

His maternal grandmother was a full-blood Aborigine working on a station in Western Australia. She was raped by the station manager, and James' mother was born as a result. At a young age she was taken away from her mother and sent to a mission. Some years later she worked as a domestic for a European family. When she was twenty she married James' father, who was born in Australia to parents who came from continental Europe.

The family lived in Perth, where James' father worked as a building labourer. He was away from home for varying periods and then would return, and his financial support for his family was inconsistent. When James was twelve his father disappeared.

James remembered that he often drank excessively and that he was abusive and physically violent to his mother and himself. Though the actual violence was minimal, James' fear for himself and his mother was intense. The father's violence was often accompanied by racist abuse, referring to them as 'black bitch' and 'bastard', 'dirty' and 'lazy'. He would often call James a stupid, lazy good-for-nothing. James, try as he might, was never able to please his father or pry any praise from him. The only time any good word came was when occasionally they played football and James took a good mark or kicked the ball long and straight. His father only watched James play a match once, and told him he was a 'gutless shit' because he didn't tackle hard enough.

When James saw his father hit his mother, he felt a terrible sense of shame and guilt, but he was too scared to do anything to help or protect her. Now, as an adult, he realised that it was unrealistic to expect that as a young boy he could have stood up to his father, but the guilt had been there when he had run away or hid under the bed to protect himself.

James said his mother was very devoted and would do anything for him. She was a quiet, timid woman who tried to please everybody and stay out of harm's way. She always looked sad and resigned to her lot. She had continued to work as a domestic to support herself and her son, and often worked on two jobs, consequently she was always tired and he remembered her dragging her feet as she moved around the house.

Though she had Aboriginal features, she tried to pretend she was white and avoided the company of other Aborigines. When derogatory comments were made about them she responded as if she were not one of them.

James himself, until early adulthood, denied his aboriginality. To do this he had to try to make sure his school mates, and later his work mates, would not see his mother, so he never invited any of them home. He recalled with self-contempt and shame the numerous occasions when he had heard racist remarks and not only failed to protest, but joined the chorus.

It was only after meeting and getting involved with Emily, who was European, that James began to accept his aboriginality. She was interested in his background and asked him many questions about it. They began to meet and make friends with Aborigines, and she encouraged him to talk to his mother about her background.

James tried to find out as much as he could from his mother, but she was reluctant to tell him and he did not want to pressure her, since he could see how painful it was for her. As his desire to know increased, he had to balance this against his mother's reluctance to recall her past, since it caused her so much shame and pain.

In response to a specific enquiry from James, his mother told him that her mother had died soon after she was taken away, and that she had no brothers or sisters. This information had been given to her at the mission. His mother didn't know if she had aunts or uncles and, as for her father, she didn't want to know about him. She was unwilling to discuss the subject.

James experienced an ongoing conflict between the wish to visit the station where his mother was born to try to rediscover his tribal origins and family, and his need to respect his mother's reluctance for him to do so. It was important for James to get her explicit permission, and this he could not do because she was always unable to state anything with clarity. To go without her permission would be to repeat what had happened to her throughout her life—having her wishes and feelings disregarded.

I suggested to James that his mother might appreciate him going, even though she was unable to say so; or perhaps she would come to appreciate it with the passage of time. He thought a lot about this, but said that, no matter how it was done, it was still deciding for her and he wanted it to be her decision. Perhaps, I said, he could consider going without telling her—it was his birthright and he was entitled to know his kin and origins. Since he was not interested in connecting with his father and his family, he would be without any blood relations when his mother died. He was still unwilling, saying it would be going behind his mother's back.

At times he also considered the possibility of searching for his father and finding out if there was any other family. James had mixed feelings about this, in which the negative far outweighed the positive. This was reinforced by his

mother's reluctance on the subject, which she communicated more clearly than anything ever before.

Though much of the time James' life at home had been full of fear and unhappiness, when his father was away he had enjoyed his mother's care. At school, although he was shy and frightened, he had found some good friends and one teacher in particular who liked him, noticed his singing and acting ability and encouraged him to pursue these talents.

Once his father left he had never wanted to play football again and he became keener on acting. He left school when he was fifteen and worked in a supermarket as a storeman and packer. He kept in touch with his teacher, who encouraged him to go to night drama classes, and found auditions for him.

At drama school he met Emily, and after some time invited her home. She was the first person he had asked to his home. She recognised that James' mother was aboriginal and she asked James about her life. Emily was the first person with whom he had talked about his mother and himself, and with her help and encouragement he began to own up to his aboriginality.

Eventually he became known as an aboriginal actor and was given mainly aboriginal parts. He felt somewhat ambivalent about this. On the one hand he was pleased, yet he kept wondering if he would have been successful if he had not been aboriginal. He wanted to be acclaimed and recognised simply as an actor. At this stage in his life he had also wondered whether his ability as an actor was due to his feeling that he didn't know who or what he was—the only time he felt comfortable was when he was pretending to be someone else.

I responded to these ideas by suggesting that he had possibly internalised his father's negative view of him, so that no matter what he did, it was no good. I suggested that his ability to acknowledge his success was something no one had ever taught him—having a critical father and a silent mother was not a good formula for success.

After some years James and Emily married. His career took him to many places, so they led a nomadic life. Eventually they settled in Melbourne, where there were more movie and theatrical opportunities.

Emily had begun to work in arts administration in Perth, but had to give it up during their nomadic years. Once settled in Melbourne she returned to

work. She was keen to start a family but James was reluctant and apprehensive, unsure about being a father. Eventually he agreed, however, and Nicky was born. Emily's parents, who were retired, decided to settle in Melbourne near their only child and grandchild.

When Nicky was born James felt a surge of pride and pleasure. At the same time he experienced some anger and pain, which he had been unable to articulate until we discussed it. He realised that he had felt resentful at being left out when Emily spent so much time with Nicky. He often worked at night and needed to sleep during the day, and sometimes his sleep was disturbed by the baby crying. As a toddler Nicky made even more noise, playing with his toys and romping around, and James found himself agitated and angry with him, but he kept it to himself. He agreed to my suggestion that this was very painful, because as his anger increased he felt that his worst fear—of being like his father—was coming true, and he began to feel much self directed anger and shame.

At the end of the therapy Nicky was six. He loved to romp and wrestle with his father and they enjoyed playing football together. James encouraged and praised Nicky when he took a mark and kicked the ball long and straight. He didn't care if Nicky's tackles weren't very hard.

* * *

Though James was a little anxious about it, Emily and he wanted another child, and when their second child, Tom, was born, his anxiety dissipated. Nicky loved six month-old Tom and enjoyed helping Emily with him, as did James.

It was very important to James that I was direct and open with him. When he asked me if I understood what he was saying, I replied, "I've had little experience in working with Aborigines and so perhaps I can't fully understand what life has been like for you. I feel somewhat anxious that whatever I say may do an injustice to the complexity and uniqueness of your experience."

Being pressed, I suggested tentatively that his experience may not be so different from mine. We both belonged to a minority group, in his case in his own country, and were caught between two worlds where the dominant culture imposed a negative and critical view of any minority in the community.

His suffering was inexorably linked to the European culture's dogmatic, unquestioning assumption of superiority. Thus Aborigines, Jews, gypsies and others have been treated as sub-human and subjected to discrimination and murder.

To understand one's emotional life it is necessary to connect it with the history of one's family and people.

Racism doesn't occur only in society; it occurs within the family. More importantly, and perhaps this is less recognised, it occurs within the individual. Exploration in therapy brought into focus James' maternal grandfather's and his father's racism, violence and abuse. When James came to therapy he was aware of his fear and unhappiness, but only dimly aware that his unhappiness was due to his becoming like his hated father, amongst other things. His worst fears were becoming a reality. He saw himself as a perpetrator, which he was. What he did not see or consider was the extent to which he was a victim. As often happens with victims, he was blamed and he blamed himself for the crimes committed against him. His only example of fatherhood was one of violence and abuse. Society's attitude towards his aboriginality was transmitted by his father, and by some of the teachers and pupils at his school. He internalised this negative racist attitude, and as a result, had a negative self-concept and low self-esteem. Instead of feeling proud of, or even comfortable with his aboriginality, he had to hide it. It was a long, complex and difficult struggle for him to examine and finally reject the critical, derogatory attitude he had of himself as an Aborigine, a human being and a father. He even viewed his success as an actor with misgivings and negativity. He had great difficulty in experiencing himself as a successful person, let alone in celebrating or enjoying his achievements.

For a year James could not bring himself to talk to the psychiatrist about his own violence, let alone about the family and cultural history that would make it comprehensible. The psychiatrist did not enquire and James did not tell; there was mutual silence. Perhaps the psychiatrist suffered from 'hardening of the categories'; he could not see beyond the narrow view of depression. Yet without a broader perspective on James' presenting problems, proper understanding was impossible and meaningful recovery was not achievable. Without knowing James' background, the psychiatrist could have no idea

what his comment about reporting him would mean to James. In fact to James it represented a repetition of a most painful experience in his family—of his mother's forced separation from her mother, and the possibility of a forced separation between James and his son.

Reflection

A therapist cannot not do family therapy. No individuals can change without changing their relationships to others, particularly significant others.

If a woman is timid, anxious and shy and is helped to become more confident and assertive, she becomes a different mother, wife, daughter, friend and colleague. For example, Nita (in 'Seeing Red'), having become confident and more comfortable with her anger, was a different ex-wife and mother.

If a man who is a workaholic learns to be more relaxed and casual, his relationships to others change and impact on his family life. Consider Jack (in 'Highs and Lows'). As he changed his way of seeing and interacting with his mother, so he was able to 'beneficially' neglect Emily.

Thus individual and family therapy are two sides of the same coin; it is a matter of how the therapist thinks of the issues presented. It is important to consider how an individual's behaviour affects and is affected by others—the historical and social context in which the behaviour pattern developed should not be overlooked.

To fully understand Maggie ('The Naughty Girl') and her reticence and undervaluing of herself, one needs to consider her father, the frightened hero, and the war that made him that way.

Conversely when a therapist sees the whole family but fails to understand how the members interact and impact on each other, and how the family culture works, then family therapy is happening by accident rather than design.

Part IV: Generation to Generation

To talk now is to desecrate their memory

Introduction

Life experience is determined by the world in which one lives. The way parents look after their children depends on their own lives and that of their ancestors. Therefore, we are not only the children of our own time and place, but also of our parents' and their parents' time and place.

We wrote this group of stories as the last. Though I have worked with Holocaust families for over twenty years, I was always concerned that the stories could not do justice to the subject, and that I would trivialise the Holocaust and the magnitude of its impact on the survivors and their families. Thus I remained silent and repeated a central feature of the Holocaust.

The relevance of this section extends far beyond the effect of the Holocaust on particular families. No human suffering, problems or symptom can ever be fully understood without taking into account the history of the person's family, and only when the Holocaust was explored did these families' problems become comprehensible, providing the context for alleviation or resolution.

As we know, in the Holocaust, 6 million Jews were systematically murdered. They included 1 million children. Those who survived experienced deportation, starvation, degradation and humiliation, as well as an organised attempt to destroy their personalities and identities. Daily survivors suffered extreme brutality themselves and witnessed indiscriminate killing all around them.

Members of their own families were killed before their eyes. Some were forced to participate in the process of extermination.

Survival became the imperative in the death camps. How to avoid the next selection, how to avoid beatings, how to minimise the cold and hunger—these became the day-to-day aim. The inmates tried not to be noticed, since being noticed was dangerous. They became like robots; memory, conversation and feelings were switched off. Many of the people who saw their parents, siblings or children murdered dealt with it by becoming mute.

After the war the survivors very often found that everything they had known had disappeared. Family, community, home, language and country. They were often alone in an alien world, having lost everything:

The psychological and psychiatric literature abounds with papers detailing the detrimental effects of the Holocaust on survivors and their families. What is generally unrecognised is the amazing resilience of the survivors, the strength and vitality that made it possible for so many of them to overcome their past and build new lives for themselves and their families in a new country.

Shower Phobia

In my early days as a child psychologist, I was asked to see Shirley, an eight year-old girl who had a very unusual problem. She refused to take a shower, reacting with extreme panic when her parents insisted.

She had seen a number of professional people, but none could explain her intense reaction. Discussions with her previous therapists and reading her file were not helpful. The basic information in the file was that the family was Jewish, the father in business and the mother a housewife. Born in Europe, her parents had come to Australia in 1946.

In the assessment interview with Shirley, I asked her to do a drawing. She drew houses and chimneys—big houses with lots of chimneys. I showed her cards of people in different situations and asked her to make up a story about each. A repetitive theme emerged of people going into a house to take a shower and never coming out.

My enquiries revealed that her parents were Holocaust survivors, and that talk about the Holocaust was a constant feature of family life. With this new information I was able to tell Shirley that I thought I understood why she was unwilling to have a shower, and explained it to her. She was able to talk more about her fears and told me she wasn't only afraid of the shower, but also of the soap. To her the soap was her grandparents. Further exploration with her parents revealed that they often spoke of how Jewish bodies were used to make soap, and how Jews were told to undress and enter the showers, after which they never returned. Probably she had overheard her parents saying that the smoke and ash of the burning bodies was constantly visible from the many large chimneys and could be smelt for miles.

Her parents were not aware that their conversations and their war experiences had affected Shirley, and Shirley's problem did not develop because of her parents talking about the Holocaust, but because they talked with total disregard of her. Once communication between daughter and parents took place, so did recovery. Perhaps her symptom was her unconscious way of incorporating and joining into the family discourse, insisting on being included in family communication.

This communication included the explanation that the Holocaust happened a long time ago and far away, and that showers are safe now and do not contain gas. Soap is made of palm oil and not, as happened then, of Jewish bodies such as those of her grandparents. Once her parents realised the impact of their conversations on Shirley, they were much more careful of what they said, and enquired regularly about her feelings.

Perhaps most people who went through the Holocaust cope by remaining silent, but in some families life is dominated by conversations about the past. Such a preoccupation may account for the failure of Shirley's parents' to see the connection between her fears and their recurring discussions. The helping professionals may have contributed to this by not involving the parents more directly in therapy. They did not enquire into the parents' history or ask about current family life.

* * *

It is likely that Shirley became symptomatic not because her parents talked but because they talked inappropriately in her presence.

Yet what is an appropriate manner for parents to tell their children that they had siblings who were murdered, and that their parents were unable to do anything to prevent it. What is the appropriate age at which a child is ready to receive such information? Do we professionals have either theoretical or empirical knowledge which qualifies us to advise parents on this problem? If the answer is no, what we can do is offer to listen to their impossible dilemmas and try to confront the confusion and ambiguity that such questions inevitably generate.

A Problem at School

Rowan, an eight year-old, had become a problem at school. At times he was antisocial, and fought with other children, kicking and biting, and at other times he was withdrawn and unhappy.

The school had tried to deal with it, but after a while had referred him to a psychiatrist. The psychiatrist saw Rowan and then met with his parents. He concluded that Rowan's difficulties had begun when his grandfather died, fifteen months before. His mother, Joan, had become depressed and was not as emotionally available to her son as she had been previously. The psychiatrist continued to work with Rowan and recommended that Joan see a psychotherapist. She did so for about a year but did not improve.

This story emerged during the months in which I saw Joan. She had enjoyed a good relationship with her father, and became depressed when he died. A quiet and unassuming man, he had asked little for himself, but had always been supportive of her and the whole family. She remembered that a few times before his death she had a fleeting premonition that his death would be unbearable. As we kept talking, she became increasingly aware of the profound discrepancy between how important he was to her and how little she knew about him. She found this realisation very painful, so I encouraged her to research her father's history.

Her father had run away from Warsaw shortly after the Germans invaded. He had found work as a farm hand with a Catholic Polish family who were a little suspicious but didn't ask questions. The daughter of the family was kind to him and they married after the war. He had discovered by then that his whole family had perished.

His wife wanted their children to be raised as Catholics and he agreed. They decided to migrate to Australia to escape from all the memories of death and destruction and start a new life. Joan had been brought up Catholic and was only dimly aware that her father was Jewish. He went alone to the Synagogue three or four times a year.

To her surprise, as she recovered this history, Joan was overwhelmed by the sadness of how little she knew of her father and how little they had shared. She wondered if she was grieving for the losses for which he may never have grieved. This sorrow was intensified by the realisation that it was too late to talk to him and comfort him, let alone for Rowan to hear anything first-hand from his grandfather. She was most surprised, however, by the intense sadness she experienced when she realised that the last connection to her Jewish heritage had gone.

As the exploration of her father's life evolved, and as she grieved and mourned, her depression gradually lifted.

"Before, I felt flat, empty and devoid of feeling," she said. "Now I feel intensely sad, but alive."

Rowan's improvement paralleled the change in his mother. He became friendly and happy again, responding to her sadness with concern. A closer relationship developed between them.

* * *

To help Joan overcome her depression it was necessary to encourage her to explore her father's history. This was fraught with anxiety and pain, but it had many gains. She increasingly recognised her own wish to know, but she was also reluctant to go against her father's wishes. She had to assume that since he did not tell her, he did not wish her to know, but she wasn't sure and now she could not check with him. If he did not want her to know, why not?

Was he silent because he wished to protect and look after her, or was he protecting himself?

She realised that she was angry with him for depriving her of any knowledge of his family and himself. She wondered why she hadn't asked him, and it was now too late to fully understand her father's silence.

For her to overcome her depression she had to lift the veil of silence. Her father's ambivalence about revealing his Jewishness was indicated by his silence, but his rare attendance at synagogue, communicated something else.

As she struggled to understand the silence and deal with her anger at being kept in the dark, she derived comfort from my suggestion that her father wanted to ensure the survival of his parents' granddaughter. In Jewish tradition the highest value is placed on the preservation of life.

To many survivors, giving up their Jewishness and not raising their children as Jews is to grant Hitler a posthumous victory. To others the logic is: "If my family was exterminated because we were Jewish, then to protect my children I will distance myself as far as possible, bring them up as Gentiles and dissociate myself from being Jewish." Many experienced this conflict internally; for others it was interpersonal, particularly between parents. Their ambivalence led to children being raised with conflicting injunctions.

Most survivors found themselves alone in the world. When they married it was often for convenience: those who helped them; the first person who was kind to them; another survivor: a person who had something they needed, such as shelter, a permit for another country or money.

In these marriages there was often little conversation or affection. When children were born, the parents attempted to protect them from the knowledge of what had happened to them and their families—of how cruel and treacherous the world can be.

Failing

Letters of referral from a school counsellor and a child psychiatric clinic introduced me to the family. Anna, who was fourteen, was failing at school,

although at times she performed brilliantly. This frustrated her teachers, since she was a very capable student. Though usually a friendly, chirpy girl, at times she was morose and withdrawn. A psychiatric evaluation confirmed that she was intelligent, but periodically depressed. In the letter there was agreement that the main culprit was her father, who was seen to be excessively demanding. When she did well he would be over-generous and indulgent, but at other times he would be dissatisfied and critical, insisting upon more effort and better results.

The clinic staff saw Anna intermittently for about two years, while seeing her parents separately. Anna was preoccupied with her ambivalent relationship to her father, Isaac. Her failure to please him consistently made her feel depressed and worthless. Despite help from the school and the clinic, the family experienced no improvement and had asked to be referred to me.

The clinic file contained Anna's developmental history and details of her parents' marriage. It showed that her mother had been born in Australia and that her father had arrived here in 1947 and was self-employed.

At our first session we discussed Anna's schooling and her general state, learning nothing new about her. The mother remained in the background. In conversation with the father, I casually asked if he spoke Yiddish. He did. I asked where he came from and where he had spent the war. He indicated that this was something he didn't want to discuss in front of his wife and daughter. I persisted and asked if he had been in a concentration camp. He replied that he had been, for about ten months before liberation. I asked about his family and, once again, he indicated that he preferred me not to ask. Again I persisted, asking if they had all perished. He replied that Hitler had got them all.

This was the only new material that emerged in the interview. Although the father also said, proudly, that he was a successful businessman. At the end of the session he asked what I thought; he was paying and he wanted an answer for his money. Because I had taken him further than he wished, and since he pressed me, I felt I should respond by sharing my preliminary thoughts, even though I was not yet ready to do so.

"You are proud of your achievements as a businessman and understandably so. I guess you had very little education and came to Australia without the language, without a profession or trade. To be so successful you must be very

tough and demanding on yourself. Probably you are asking of your daughter not more, but in fact much less, than you've asked of yourself. Also, if you lost every member of your family, your daughter must mean a great deal to you. Perhaps in some way she has to make up for the parents, brothers and sisters you lost, and possibly for your own youth too."

His wife and daughter were transfixed. He was very keen to respond, but I had to stop him since time was up. I said I was most interested to hear more but asked if we could leave it until next time.

To my surprise, Isaac came to the next session alone. He said he wanted to talk to me but didn't wish his wife and daughter to hear. Since the war he had suffered from a recurrent nightmare from which he would wake up sweating and screaming. In the nightmare, he lost control and went on a rampage with a sub-machine gun, killing Germans.

I said, half in jest: "Is this a nightmare or sweet revenge? Sounds to me like a *mitzvah* (a good deed)."

He laughed a bit and answered seriously that he was very afraid he would lose control, go insane or end up in jail.

I commented that surely his wife knew about his nightmares and he agreed, saying that she regularly helped him when he awoke, bringing him cold towels or whatever he needed. She never enquired, and he never told her of the content.

He insisted that his daughter knew nothing of his nightmares and that she never heard a thing. He responded to my doubts by claiming that because they lived in a big, double-brick house with good sound insulation, and because his daughter had her own room, she would not have heard. He was willing to continue to come, provided he could come alone; he did not wish to involve his wife and daughter. I expressed some misgivings but accepted his conditions. I was partially comforted by the knowledge that his daughter had a good working relationship with the school counsellor, whom I knew.

I saw him regularly for a few months. He told me some details of his concentration camp, ghetto and war experiences; of his witnessing the murders of members of his family; and of his inordinate difficulty in controlling his rage. He talked

of his guilt for surviving, his disturbing memories and profound shame, with occasional expressions of pride in his achievements.

He then decided to tell his wife about his nightmares and, to his surprise, she was much relieved. She had worried it was much worse, imagining that every night he was back in Auschwitz, rather than getting even with them. Her response meant a great deal to him. He made it clear that coming back to see me felt wrong because there were things a man should keep to himself and problems he should sort out for himself. I responded that I supposed this attitude had served him well until now, but possibly at a great price. He was unwilling, or perhaps unable, to share anything of his past experiences or current problems with his daughter.

When he decided to stop seeing me his nightmares continued, but their intensity was diminished. When he awoke, he would speak to his wife about them, and his fear of losing control abated.

Isaac and the school reported that Anna had changed significantly. She told the school counsellor that her father's critical outbursts had lessened and that he was far less demanding. She was much happier and her academic performance became consistently good. As his fear of losing control diminished, so did his need to control his daughter.

* * *

Although I worked with this father alone, I would have preferred to work with the whole family. I wanted to maintain direct contact with his wife and daughter; but he chose otherwise. I communicated my anxiety to him but decided nevertheless to go along with his wishes. Therapy is and should be negotiated together. Although I thought therapy should continue in this case Anna's father, chose to terminate it. Perhaps he could not permit himself to resolve more of his difficulties. The nightmares were his way of remembering and maintaining his rage. To feel even better may have evoked more guilt for surviving when the rest of his family had perished in the gas chambers.

Even though Isaac told me a great deal of his experiences, he intimated on occasions that there was much that he was unwilling or unable to reveal. I made this overt by saying I understood, and encouraged him to talk about what he chose to, and to remain silent on other things.

The decision to remain silent is not just to protect the person and those close to him, but is often a mark of profound respect for those who perished. As one Holocaust survivor said, “To talk now is to desecrate their memory.”

The children of survivors are often placed in an impossible position. They are expected to make up for all the losses of their parents. Exploring Isaac’s Holocaust experience gave a deeper meaning to the comment that he was ‘over-demanding’. Therapy made this unrealistic and damaging expectation overt, and as a result less confusing and debilitating for his daughter.

Perhaps the father’s willingness to break his silence and come alone to the second session was due to my persistent and vigorous interest in his story and my positive comments on his achievements. Survivors experienced much shame and degradation, so the more positive the therapist can be, the better, with a very significant qualification: to avoid denying or diminishing the guilt, rage and horror that they experienced.

Survivors are particularly sensitive to denial because the Nazis were assisted in their monstrous plan by the use of ‘official language’. The systematic attempt to exterminate the Jews was ‘The Final Solution’, the inmates of the concentration camps were not people, just ‘numbers’; human corpses were referred to as ‘dolls’, gassing human beings to death was ‘special treatment’. For Holocaust survivors today a major source of rage and pain is the current attempt to deny that it ever happened.

Survivors often say: “We have no words, what we have seen and experienced is unspeakable.” According to Primo Levi, Auschwitz was another planet. Even if you were there, you still didn’t know what it was like for someone else there. Ordinary language cannot convey what happened there. Simple words like hunger and cold couldn’t capture the sort of hunger and cold we experienced.

When survivors cannot find the words, the therapist needs to convey that language is often inadequate, that to fully understand is impossible, but to demonstrate a willingness to achieve as much understanding as possible.

Perhaps the most significant communication is in the silences—the nonverbal pauses, the mutual understanding. Writers such as Elie Wiesel suggest that: to communicate about the Holocaust one needs to do so obliquely.’

Even if language were available and comprehension possible, some things are too horrible to confront. Both therapist and patient need to be able to acknowledge that they are unable or unwilling, on a given day or altogether, to confront such horrors directly. Often we have to avert our gaze.

Tank Therapy

A couple came to see me about their son, Ron, aged sixteen. They were very worried about his profound depression, periodic uncontrollable outbursts of anger and violence, his failing at school and his social isolation. He spent most of his time in his room doing nothing. His teachers were unable to motivate him to study or improve his peer relationships. Years of contact with a number of psychiatrists, psychologists and school counsellors who had attempted family therapy, individual therapy and medication were all of no avail. None could engage Ron. All attempts to involve him in conversation over the years had been dismissed by him as irrelevant with the rationale that, as soon as he finished school he would be heading to Israel to join the tank corps.

Although the parents came to talk about Ron, it was obvious that their own relationship was a battlefield. There were constant bombs and bullets flying between them. Both were strong and uncompromising and seemed to differ on most things. However, they were both very worried about Ron and agreed to co-operate in ensuring that Ron came to see me. I recommended giving Ron the choice of seeing me with them or by himself.

Ron, a frail, pale, anxious young man, arrived by himself, yet powerfully communicating his reluctance to attend. I welcomed him warmly saying – “You have no idea how pleased I am to see you. I’ve been waiting for an opportunity like this for years”. Ron looked bewildered. I continued, “I hear you’re planning to go to Israel to join the tank corps”. He nodded. “As it happens, I served in the Israeli tank corps for three years, and for many years since I came here I haven’t had the chance to talk about tanks with anyone. I served on a Sherman, do you know that tank?”

He knew a bit about the Sherman. He was keen to know more, so I told him. I asked if he knew what tanks he might serve on if he went in a year and casually enquired about his fitness. He was surprised and asked if it was relevant. I explained that before training to operate tanks, you go through infantry basic

training. This is physically very demanding, and I indicated that for me it had involved, among other things, regular 20 km runs and four day marches of 40 km per day with full equipment.

As a result of this encounter, Ron decided to get fit. As his fitness improved, so did his view of himself and the world. As his self-esteem and fitness increased, so did his social standing. As this process continued, his motivation to join the tank corps diminished.

We continued to meet and talk about many things. This made me more fully understand his initial choice, and why he needed the armour to protect himself against the flying bullets of his home battlefield and his painful experiences at school. Also, this was his way of dealing with the Holocaust experience of his parents and grandparents, and of carrying out the unfulfilled dream of his father to go to Israel and be a warrior.

* * *

Psychotherapy is the art of the possible. You must make the most of your opportunities. You cannot just leave it to the depressed child to decide when and how to talk to you. You need to be actively involved, interested and personal. Failure to do so often leads to a failure to engage depressed children in therapy and thus further reinforce the very problem which brings them to you in the first place. I was fortunate that my interests and life experience provided me with an opportunity to meet Ron where he was, and engage him where his passions lay. Having such a mutual interest is more likely to make therapy successful and more pleasurable for both.

A Suicide Attempt

Jenny, sixteen, had attempted suicide at a youth movement camp, where she took an overdose of her mother's sleeping tablets. Her parents were notified and rushed to the local hospital, where Jenny was recovering after having her stomach pumped. When they met she refused to talk. In a state of extreme anxiety, her mother, Betty, rang and requested an urgent appointment.

They had previously had individual, marital and family therapy. Jenny was reluctant to come to see me, saying to her parents that she was sick of psychologists and psychiatrists and anyhow, it was her parents who needed

help, not her. When prevailed on to come, she agreed only on the understanding that she would not participate.

I asked why they thought she attempted suicide. Betty said that she was 'over-meshed' with Jenny and excessively anxious about her. When I asked why this should lead to the suicide attempt, she explained that somehow her anxiety had damaged Jenny and she was unable to manage independently away from home.

Ben, Jenny's father, had remained quiet. Only when I asked, did Ben give his opinion. He said that Betty usually overstated and worried too much. Jenny should be put in her place, told when to go to bed, when to do her homework, when to go out and so on.

To my enquiry as to why he didn't do all this, Ben replied that his wife pushed him out and wouldn't let him deal with Jenny at all.

Betty confirmed this, saying she thought Ben was very violent.

When I asked about the nature of his violence, I learnt that he had raised his voice occasionally, banged doors, and sometimes looked angry.

Ben readily agreed that on occasions he was angry. He thought Betty carried on too much, with no result and yet wouldn't let him step in.

I asked if there were any other reasons why Betty saw Ben as violent. She thought perhaps it could have something to do with her father who, she said, had difficulty in controlling his rage and had frequently been physically violent to her and her mother. It was very difficult for her to be critical of her father. This she explained, was because he had been through so much in the war. She had no details of his war experiences, however, since he would never tell her anything about it, apart from boasting of his cunning and his physical prowess. He had come to Australia with nothing: no English, no money, no relations. He had started as a small shopkeeper and became a successful builder and property developer.

"I'm his only child and mean the world to him," Betty said. "He's always giving me things, whether I want them or not. I know I mean a great deal to him, perhaps too much."

Betty said that her father had regular nightmares in which he called her name. She assumed that it was her occasional bad behaviour that caused his distress.

To Betty's surprise I asked how she knew he was calling her. Astonished, she replied that he called her name. I asked if she was named after someone, and she said, "I'm not sure, but I think maybe after my father's mother." I said perhaps it was his mother he called. Betty was bewildered and couldn't reply.

I asked her to tell her father about Jenny's suicide attempt and their meeting with me today, and to ask him who he was calling in his dream. I said to tell him that his answer could be very helpful.

At the next session Betty told me with surprise and relief, that she had asked her father that question. He had replied that his nightmares were about his mother who had died in the gas chamber.

Fortified with this new information and given their agreed description of Betty as over-anxious and over-burdened, I recommended that Ben be put in charge, since they believed Betty's over-involvement contributed significantly to Jenny's problems. Ben accepted with enthusiasm and Betty agreed with some anxiety and unacknowledged relief.

When we next met, they were pleased to report that Ben had taken charge. He told his daughter what to do and, although she protested and complained, she did as she was told and accepted this new regime.

At our next meeting, Jenny abruptly declared, "I'm not coming anymore." I asked whether she meant that she didn't need any more therapy. She refused to elucidate, but dismissed me by saying, 'Maybe they need it.' "

We continued to meet for some time without Jenny. What had started as an experiment became a permanent feature of family life. Both Jenny and Betty accepted Ben having a more central role in the family.

Many things were explored. Betty told me that she had grown up with terrible fears that her parents would leave or die; also with fears of her own death which she never revealed to anyone except her imaginary playmate. When Jenny was born, Betty's fear of death had been transferred to her daughter. We explored ways of trying to find out more about her father's war experiences,

which she had tried to do for many years without success. Short of intimating it was better not to know, he was hiding things too horrendous for Betty to cope with. Betty tried to enlist Jenny's help in this, but even together they were unsuccessful. The attempt brought Jenny and her mother closer, however.

Ben's parents were both dead, and he had no other relatives. He knew little about his parents, particularly his father. He did know that his father had spent the war in Europe and that, when he came to Australia, he had got a job as a tailor. He spoke very poor English and worked in the factory of another Holocaust survivor, as well as doing extra tailoring work at home. Ben remembered his father's life as one of work and solitary walks; he had always been tired and silent. At night Ben used to go to his father's room and sit while he sewed, trying to talk with him, but without success.

Jenny, true to her word, never came back. The passage of time confirmed what she had claimed, that she would be fine if her parents got sorted out. In fact, the tables were turned. Her parents talked more and more about Jenny's knowledge and understanding of them and it became a joke between us. When Betty and Ben asked me what to do, I replied, "What would Jenny say?"

* * *

In this family the boundaries were so poorly drawn, that the individual family members tended to experience each other's thoughts and feelings as if they were their own. The mother was over-concerned and the father was peripheral. Jenny was over-involved with her mother and with her parents' relationship. She used her refusal to continue attending therapy as an opportunity to mark a clear boundary between herself and her parents.

Nevertheless, without acknowledging it, she accepted my recommendation that her father take charge. Perhaps she sensed that agreeing would be helpful to each of her parents as individuals, to their marriage and to their joint functioning as parents.

The tradition in Betty's family was for people to be over-involved and intrusive. In Ben's family there was a profound sense of isolation and disengagement. Both those family problems appear to have been influenced by the parents' Holocaust experiences. Exploring the Holocaust and its influences helped Betty and Ben to modify their lives, and the main catalyst for this change

was Jenny. Her suicide attempt made them realise the danger of family life continuing in the same way. Jenny's refusal to continue to attend therapy forced them to redirect their concerns from her to their own conflicts and fears..

Anorexia

For about a week I was inundated with phone calls from friends, professionals and strangers urging me to see a family whose only child, Becky, aged seventeen, was suffering from advanced anorexia.

The parents and Becky came to the first interview. Becky had been of normal weight three years ago,, when she had decided she was too fat. She went on a diet and continued to lose weight; her periods stopped and she had little energy. Her parents became alarmed and took her to their doctor, who diagnosed anorexia and referred her to a psychiatrist. About two months earlier, her weight had been so low that she had been hospitalised.

In hospital she was seen as difficult and uncooperative. She refused to join the patients' groups and was uncommunicative. She continued to lose weight, so her privileges were gradually withdrawn. Firstly she was not allowed to get dressed, then she was not allowed to continue her studies for the final high school exams. This caused her the greatest consternation. Force feeding was now being considered.

One of the treatments offered by the hospital was family therapy, which she refused to attend. In order to see me she needed special permission to leave the hospital. Her psychiatrist and the hospital team were reluctant to grant her the privilege of getting dressed and going out, but finally, after much debate, they agreed.

Before her anorexia Becky had been an able and conscientious student, although she had always been fussy and easily upset. She had a few good friends, but her main interest was her studies, so her social life was minimal.

This information was given to me by Becky's parents. When I questioned Becky, she responded very reluctantly in monosyllables, though she had been listening intently.

The parents watched anxiously as they expected me to engage Becky. To their surprise I told her to feel free to talk or not, that I would assume, if she chose not to participate, that she had good reasons, and if she wanted to keep them to herself, I would understand. Since her parents had so much to tell me, if Becky was quiet they would have more time to talk. Though Becky remained relatively quiet and contributed minimally after that, she seemed more involved and relaxed from then on. Her wariness and hostility were diminished.

As we continued to meet it emerged that the parents, especially the father, were very critical of how Becky had been treated by the medical profession. He felt that he and his wife were being blamed for their daughter's condition, without at any time being consulted. He believed she was getting worse, particularly since her hospitalisation, and could not see how the regime there could make her better. Only after expressing his anger and criticism of the treatment was he able to change focus and talk about himself.

Eventually he said that he felt he had deserted his daughter; he blamed himself and was full of remorse. Part of his life pattern was not being available to his daughter because he worked so hard to provide his family with material things. Although he intimated that he had been through the Holocaust, and it hovered like a dark cloud over our meetings. Nevertheless he told me little about it until he finally said that he could not help but see the hospital staff as 'the Nazis', taking his daughter away to a 'concentration camp' while he watched passively and allowed them to 'torture' her. He saw this as a repetition of silently watching as his parents were taken away to the gas chambers.

The mother's assessment of Becky's treatment was similar to her husband's, though less intense. While she thought his way of thinking about it was extreme, she welcomed his increased involvement, which was something she had hoped and pleaded for over the years.

Eventually I said, "If that's how you see it, what are you going to do?"

Becky's father said, "What I really want to do is take her away."

I encouraged him to consider what the consequences would be if he did so. Eventually he made a plan to go to the hospital and discharge his daughter, then the two of them would go on a long vacation. He agonised over the risks involved, but after much anxiety he decided he had to mount a 'rescue

operation', regardless of the dangers. During these weeks of discussion and agonising, Becky's weight stabilised but did not improve, and she remained quiet but attentive: I suggested that her silence was perhaps due to her not wishing to overtly endorse her father's plan, though she liked it. Perhaps she wanted him to relinquish his passivity and make the decision.

Becky's father did eventually carry out his plan. This proved to be a turning point for positive changes, both for Becky and her parents. Becky and her father went away together for six weeks. There were daily confrontations about: when to get up, where to eat, what to do, how much to tip, when to go to bed and so on. Becky, however, gradually gained weight and on their return Becky resumed her studies and graduated with distinction. The long road to recovery continued for Becky and her family.

* * *

The treatment offered to Becky followed accepted medical practice; its private meaning for the family was not considered. For Becky and her mother, the treatment was another example of the father's passivity. For him, it was a repetition of helplessly standing by while his parents went to their deaths.

Dissatisfied

Peter a prominent medical specialist came to see me. He said that his wife and children were wonderful and that his home life was all he could wish for, yet he was unhappy and confused. He found little pleasure in his family, his work and his many other activities.

I said. "I understand you have worked hard all your life to achieve all this, anticipating feeling happy and satisfied—but that has not eventuated. It must be very confusing for you. The problem is not just that you feel bad, but it calls into question your philosophy of life. You have done everything right and been very successful, but now the results are disappointing. I am talking too much. I want to ask you why you think you are so dissatisfied?"

Peter said that was why he was here—if he'd known the answer he wouldn't have needed to come.

“Though you haven’t come up with *the* answer, you must have thought a great deal about it,” I said. “So tell me what you have considered, what ideas or explanations have come to mind.”

“Of course I’ve thought about it a lot over the past two to three years,” Peter replied, “but I can’t get a handle on it. I’m used to finding solutions to problems, and I find it frustrating that I can’t come up with anything on this one.

Maybe it’s my marriage, or my wife, because it’s when I’m with her that I feel most unhappy. She notices my sadness and tries to talk to me about it. I’ve told her that maybe I should leave and she said she wanted me to do whatever I thought best; and she will support my decision.”

The more Peter described his wife, the better she seemed. Over the years she had been very supportive. They shared many interests—sport, theatre and music, and enjoyed doing things together. It was as if he needed to find faults but couldn’t.

“From your description,” I suggested, “it seems that your wife and marriage are not the problem. But perhaps it is the way you are and what you brought into the marriage.

There seems to be nothing in your present situation that is cause for your dissatisfaction. Maybe there is something in your earlier life. I suggest you think about it and we’ll talk more next time.”

Peter had thought a lot about his problem. He realised that leaving his wife was ‘crazy’, but he thought that since he could not get away from himself, maybe the best thing to do was to leave the person closest to him. He was intrigued by the suggestion that perhaps events in the past might be relevant.

We talked about his past, and the question that touched him most was what had made him decide to be a doctor. He reacted like a naughty child and, as we talked, his sense of shame increased.

Peter had been an unhappy child. He had often complained to his parents about his health and they regularly took him to their family doctor, who was nice and kind. He joked and listened to Peter, but all the time Peter really wanted to tell him how unhappy he was, mainly because of his parents.

Both Peter's parents were Holocaust survivors who had been through the camps and lost most of their families. His father had terrible outbursts of anger, throwing things, yelling, criticising his wife and, on occasion, hitting her. Peter's oldest brother would argue with and defy his father and would be hit and punished. As a result Peter kept quiet and tried to avoid getting into trouble by pleasing his parents if he could, and on the whole he managed. The price was that he lived in fear, and was lonely and miserable.

His father spoke of only one aspect of the Holocaust—of what a hero he had been. Somehow he had managed to escape from the camps, join the partisans and kill Germans. He kept repeating the story of his heroism, his courage and his killings. At night, however, he cried out and screamed in his sleep, as though he was scared. This was never mentioned and all pretended it never happened.

His parents regularly went away, leaving the children with baby-sitters, and Peter was always frightened that they would never return. His mother regularly complained of headaches, dizziness, abdominal pain and other ailments. She spent her days visiting specialists and seemed to enjoy telling her friends about the eminent doctors and professors she had seen. She believed this enhanced her social standing. She never talked about her war experiences or her husband's violence and criticism.

Peter was scared of being sick and dying, and also feared that Hitler might come and take him away. Luckily he had an imaginary playmate who was very fast and knew where to hide. They often planned what they would do if Hitler came to Melbourne.

Looking back, Peter realised that because his family doctor was the only kind and competent adult he knew, he had decided to become a doctor. The reasons for his embarrassment and shame were his hypochondriasis, the way his family was and his failure to tell his doctor why he came so often.

Peter knew his parents were proud that he was a doctor. They boasted about him to their friends, but they never said anything positive to him.

This story was elicited over some time, during which I offered a series of responses.

“I can understand your feeling of shame about why you chose medicine. Yet if the choice was between being a chronic patient, like your mother, or being a medical specialist, you made the right choice:

Not only did your parents do little for you, mostly you tried to avoid them—your father’s violence and your mother’s hypochondriacal influence. It is as if you had to raise yourself, to be your own parent. One of your tasks was to minimise their negative influence. Perhaps the shame you experienced was like that of your parents. Like them you may have felt guilty and ashamed because you kept quiet when your father was violent to your mother and brother. In the same way, your parents may have felt ashamed by their own passivity and failure to do anything about the murder of their families. Like you, without good reason.

Perhaps you cannot allow yourself now to enjoy your own achievements while your parents suffer and remember the loss of many relatives and friends. Maybe loyalty demands that you should refrain from enjoying your success. At the same time, given your family background, it is amazing that you have been such a good husband and father.”

I suggested to Peter that he find out more about his parents’ earlier life either from them or others—but he was not interested. Rather, the more he talked about his early life, the more he got in touch with his anger towards them, mixed with hatred towards his father. He began to understand how he felt and did not wish to get more involved with them.

Towards the end of therapy Peter said, “You know what? When I first came to therapy I understated my unhappiness. Now I understand that it is related to my past, yet I was ready to take it out on my wife. In a way, when I said I might leave her, she felt blamed for my unhappiness. It is painful for me to face the fact that, though I hate my father, in this I was similar to him. His past has haunted and tormented him and he took it out on my mother and us kids. Similarly I took it out on my wife. When I rejected your suggestion to find out more about my parents, it was because I wanted to put the past behind me. I want to understand what happened to me, but I don’t want to dig any further into what happened to my parents.”

* * *

It is common in mid-life, when people have achieved all outer manifestations of success and are at the zenith of their career, that the satisfaction they expect does not materialise. They feel cheated and confused. In a sense, Peter's experience was no different, yet it had an individual meaning to him. His choice of career was shrouded in embarrassment. He could not see the degree to which his feelings of failure and shame related to his parents' Holocaust past and his early family life. After exploring this part of his life, however, he was able to make the connection and begin to overcome his shame and dissatisfaction.

Peter was reluctant to invite other members of the family to our sessions. He felt that for most of his life he had thought of other people and their needs and wanted his therapy to be for him alone, for considering his thoughts and needs. He wished to express his vulnerability, his weaknesses and his hatreds without worrying about its effect on anyone else. I understood and agreed, even though I said he might, at some future date, wish to explore his family history further.

An Unhappy Wife

Ben, a professional man in his thirties, was worried about his wife and his marriage. His wife, Yael, was born in Israel and was very proud of it. They had met and married there ten years ago. A few months after their marriage they had settled in Australia. Since then, Yael had been very unhappy, complaining bitterly that there was no life nor culture and that she wanted to go home. Ben objected, since his professional qualifications would not be recognised in Israel, his business was going well, and their children were settled in school. Yael showed little interest in the children, in their home or any social life, leaving Ben to deal with everything: parenting, household help and finances, even evenings out. I commented on how consistent it was that he should come by himself to discuss their problems whilst Yael sat at home doing nothing and being unhappy, he saw the parallel.

During their first year in Australia they had lived with Ben's mother. She was critical of Yael, constantly saying that Ben could have done better and married

a wealthy girl of good background. At mealtimes she served Ben and herself but not Yael. Ben never challenged her about this or anything else. Yael protested when they were alone and, while he agreed, he did nothing about it. In recent years he had become increasingly ashamed of his silence and thought he had been totally wrong. He could not understand why he had allowed his mother to go unchallenged.

In answer to my enquiry he told me that both his parents were Holocaust survivors and both had lost their families. His late father had been married with children before the war, and his wife and children had all been exterminated. Ben had only discovered this when he applied for a passport; on his birth certificate were the names of his dead siblings. Ben confirmed the accuracy of this with his mother; otherwise neither parent had ever mentioned any of their experiences. Ben remembered his father as a withdrawn and silent man, dominated by his devoted wife.

I wondered whether silence was the father's way of coping with the Holocaust and whether Ben kept silent, in turn, to avoid upsetting his parents. Ben responded as though this were a new, yet somehow familiar, idea. Finally, we discussed whether there was much point in meeting again, since Ben was coping well and his wife was unwilling to participate.

The next day he rang in great distress and asked for an urgent appointment. For some 'unknown' reason he had checked his wife's pockets and discovered a love letter to his best friend. When he confronted her she had told him she had been having a relationship with the man for some time.

Yael and Ben came together to the next appointment. He was devastated and she was upset about hurting him so deeply. She said that when they had first met in Israel he had seemed cultured, sophisticated and strong, but in Australia, with his mother, he had been so weak and inadequate that she had lost all respect for him. Ben's distress and fear of losing Yael made him confront his need for her. This contrasted with Ben's initial description of the marriage, in which he was the over-functioning, over-responsible partner while Yael was inadequate and irresponsible.

As Ben was growing up, his parents' pain and loss had been communicated by their silence. This was in contrast to his mother's constant reminders of the sacrifices she was making by caring so devotedly for her son and husband. Ben

assumed the role of the responsible and unquestioning son. In this he followed in his father's footsteps.

Ben's father died when Ben was in Israel. He had come back for a short time to be with his mother and then returned. When he and Yael later settled in Australia, Ben felt they should stay with his mother since he had been unable to support and comfort her during his father's illness and death. It was the least they could do.

Even after he was able to buy the home that Yael wanted, he continued to be at his mother's beck and call. For example Yael had expected him to be with her at the birth of their first child, but he still had to spend time with his mother.

Duty and responsibility to his mother over-rode Ben's own needs and desires, and he behaved similarly in the marriage. Yael was resentful and lost respect for Ben.

Yael had indicated in many subtle ways that she was having an affair but Ben's upbringing and attitude to life predisposed him to ignore injustices to himself. He was unable to consider his own needs.

* * *

When Ben came to see me he became aware for the first time that his silence paralleled that of his father. He realised that, as he went through life never challenging his mother, so he continued in relation to his wife. My enquiries and comments at our first meeting may have made it more difficult for Ben to continue a life characterised by denial, avoidance of conflict and mutual over-protection.

Morbid Jealousy

Gary was the epitome of the successful businessman. He lived in a large house in an upper-class suburb and his children went to private schools. He wore an Italian suit and a gold ring and in a quiet way he let you know he drove a Mercedes.

Once he began to say why he had come, his easy confidence disappeared and he spoke with embarrassment and shame. The contrast was striking, particularly

as he was a veteran of three years of individual, marital and family therapy with three different therapists. His problem remained unaltered.

He said he had a good wife, a good marriage, good kids, good business and a beautiful home. He had been married for about twenty years when, some four years ago, he began to worry that his wife had been unfaithful to him before their marriage. They had gone out together for some time before they married, and then decided to break up. During this short break she had gone out two or three times with another man, and it was with this man that he imagined she had betrayed him.

This thought took increasing hold of him until he was constantly and morbidly preoccupied with it. For a while, he managed to keep it to himself, but eventually he subjected his wife to nightly interrogations about what had happened between her and this man. He really knew that 'she didn't do anything bad', and even if she had what was all the fuss about now? He had broken it off—she had been free. Since their marriage, she had been a devoted wife and mother. Why could he not stop tormenting himself?

A careful exploration of any possible precipitating event seemed unhelpful. The most likely was that his daughter had left home. He was not altogether happy about this, but accepted it since she was sharing a flat with friends whom he knew to be from good homes.

During the next few meetings, the details of his business and family emerged. His Jewish mother had left Eastern Europe in her teens and worked in England, where she met her husband, a Scotsman. Gary's father died when he was four, and his mother migrated to Australia. Here she worked in a factory on various shifts. As she was unable to care for Gary, she placed him with a family in the country, where she managed to visit him about once a month. Gary wondered whether his mother could have kept him or had no other choice.

After a few months, and despite occasional encouraging signs, we ended up getting nowhere. Neither of us had any understanding of the origin or meaning of his complaint. As a last resort, I suggested involving his mother. At first he was most reluctant, since it was important for him to continue to appear successful and competent to his mother, more than to anyone else. Letting her know of his problem was anathema to him, but we could not think of anything else to do. His wife was about to leave, driven to distraction by his unfounded

jealousy. In desperation, he eventually agreed to involve his mother. Although he wanted to talk to her first, he could not bring himself to do so, but he did ask her to the next session.

When Gary told his mother his problem she went white and could not speak. I asked if she could tell us anything that would help us to understand Gary's problem.

She said, "It's all my fault, it's all my fault. I left home against my parents' wishes. I married out and so betrayed and shamed my parents, who disowned me. Then my whole family perished in the Holocaust. Since then, every night I have nightmares in which my mother comes and reproaches me. I always wake up crying and saying, "Leave me alone; it's enough!" I think God has punished me for marrying against my parents' wishes by having them killed, and by my husband dying. Then I was left with a little boy I couldn't look after, and now this."

In her nightmare, her conversation with her mother was in Yiddish, a language she had not used for nearly fifty years.

Gary was now also very pale, struck by the fact that his mother had used the identical words that he had when he talked about his wife's betrayal.

Gary's mother emphasised that this nightmare was a nightly event which she had never told a living soul.

To her surprise, I asked, "Did you send Gary away to protect him from your nightmares?" While her answer was a convoluted, 'Yes, no or maybe', both Gary and I clearly understood her non-verbal response as 'Yes'.

Although she struggled with the idea emotionally, she seemed to accept and be relieved by it.

Over the next few months, Gary and his mother came both separately and together. Many things were explored and resolved, but the unmistakable turning point in therapy was his mother's confession of her secret nightmare, and the striking similarity with Gary's own torment.

* * *

We can hypothesise that the trauma was transmitted from one generation to the next. There is no doubt that Gary's mother never told him about her past—her guilt, her shame, her nightmares and her persecution. Yet he was profoundly and minutely influenced by her experience. The puzzling aspect is how this communication takes place from one generation to the next.

It seems clear that intense pain and trauma leads to extensive and severe denial and repression which in turn provide a fertile ground for maintaining family secrets, particularly in the context of an intense, ambivalent relationship in which one generation impacts strongly on the next. The healing occurs by lifting the veils of secrecy and making the covert unconscious communication overt and part of ordinary conversation.

All of Gary's previous three years of therapy, and his many hours of therapy with me, in which his marriage, his family relationships, his sexual history and his business affairs were explored, failed to provide a context that explained or provided any understanding of his problems. The problem remained isolated in his life and defied comprehension.

This stood in marked contrast to the fateful session with his mother, when all three of us felt instant recognition like a bolt of lightning—at a level at which logic does not enter. This insight was experienced viscerally, in the heart and in the gut. It was the turning point in therapy, which led to a smooth and eventual resolution of Gary's and his family's problems.

When I was seeing Gary, he was so dominated by his problem that he was immobilised by frequent bouts of depression lasting some days. His nightly interrogation of his wife made sleep almost impossible and his health was affected. His daughter was reluctant to visit, and his son's school performance had deteriorated.

Gary's attitude to life was rigorously anti-historical. He lived life in the here and now, being uninterested in and ignorant of his parents and their family history. Life began when he and his mother arrived in Australia: there was no pre-Australian past.

His mother's inner life, in contrast, was almost totally dominated by her pre-Australian past. The breaking of her silence helped her to reduce the

nightmares and become more involved in her present-day life, and also made Gary more interested in his own and his family's history. The healing process began when they both relinquished the rigid positions they had occupied.

Gary did not regard himself as Jewish and the Holocaust had no personal meaning for him. His mother had been in England when the Holocaust took place; it was her family who had perished. This made Gary a third-generation person affected by the Holocaust—indeed a very long shadow.

Gary accused his wife of betrayal in a manner similar to his mother's self-accusation of betrayal. Both experienced unending secret shame in relation to their problems. The only connection with the onset of Gary's problem was that his daughter left home at the same age as his mother had left her family. As we explored this connection, Gary acknowledged separation difficulties which he had previously denied.

I found it hard to believe that Gary's mother had never mentioned her nightmares to him, so over the next few months I explored this. In the end, I was satisfied that she had never told Gary about them. She and Gary were, however, together often enough for him to have been aware that she did have nightmares, since she frequently woke up screaming, in a sweat. They had apparently both forgotten this.

It is likely that the content of her nightmares was indirectly communicated. Gary knew that he had no family except his mother. From a very early age he knew that other children did have families. His mother never spoke of his father, her parents, her siblings and so on. Her silence was exceedingly eloquent. Perhaps he even enquired as a child, but the response was only silent pain.

High Blood Pressure

"My doctor said that unless my blood pressure comes down, I'll be dead in a year," Les announced. "Everything has been done in medicine to lower my blood pressure but nothing has helped. So my doctor sent me to you. He thought maybe you could help me."

I responded, “I’m not sure that it is going to be good for my blood pressure—the stakes are too high. Do you really think that if there is no improvement you will be dead in a year?”

Les assured me it was no exaggeration that his blood pressure was very high and his doctor was serious about his prognosis.

Les was thirty-eight years old, of average height and slightly overweight. He was a pleasant man with an easy manner, yet he seemed tightly controlled and I could sense the anxiety beneath his outward composure.

He had been in business with his father since he left school. It was a big manufacturing company which had grown rapidly since he joined, and he spoke with pride of his major contribution to its success. When he had first started in the company, it had been quite small. His father was the technical man who looked after the manufacturing and the quality of the goods, while Les did the planning, promotion and sales and dealt with all the buyers.

Les said that his father interfered in everything. He was rude to the suppliers and often antagonised buyers by inferring that they were cheating or not offering enough for the goods. In general he was unpleasant and belligerent, insulting the workers as well as the suppliers and customers. He yelled at Les, telling him he was naive and stupid, that he let everyone cheat him, that he was too soft because he had such an easy life and was spoilt. His father always wanted to avoid paying taxes, too, which worried Les, he didn’t want to end up in jail. Recently extensions were to be made to the building and his father had wanted to go ahead without council permits and do it on the cheap. This caused another big argument, which went on daily for weeks. Throughout the time the extension was being built, after permits were obtained, his father would remind him every day that he had wasted a lot of money because he was so naive and had never really had to work for a living. In fact Les worked hard, leaving home at 7 a.m. and never getting home before 7 p.m.—it was a very long, hard day.

“I think my father resents me,” Les said. “He resents the fact that I have done so well and improved and enlarged the business. He believes I’ve had it too easy. He has never had a kind word for me, never acknowledged how well I’ve done, not only in the business but throughout my life, it’s been the same.

I wanted to study to be a lawyer but my father said no. He thought studying was a waste of time, that academics or professionals didn't really know anything, they just had their heads in the clouds and didn't know about the real world. So I went into the business. I've often wanted to leave, to chuck it in, but I'm scared that my father would ruin the business. It supports my parents and grandmother, my family and also my younger brother. That's another thing, when my brother wanted to study law he had no problem. Now he is a lawyer, but he is also a partner in the business. In a way I resent working, supporting everyone and getting no thanks for it. Don't get me wrong, I have no animosity towards my brother—we get on well—it's really all my father's doing."

"Why do you think your father is the way he is?" I asked.

"It is not just the way my father is, it's my whole family. When the war broke out my father was about fifteen. He was somehow able to get in and out of the Warsaw ghetto, to smuggle food in. He managed to get my mother and her mother out, and so he saved them both. He was never scared, full of ingenuity and schemes, and so they all survived. Now my mother feels she owes him everything, and no matter how nasty, critical and contemptuous he is, she goes along and never protests or utters a word of complaint.

That's my problem too. My parents expect me not only to understand my father, which in itself is hard enough, they expect unquestioning admiration of him as a great hero. Maybe he was a hero, but now he is just outrageous and, if I have to put up with it much longer it seems I'll be dead. Yet somehow I can never really confront, question or challenge him."

"It reminds me of the story of Oskar Schindler, in that what makes a man a hero in times of war may make him a villain in peace time," I replied. "In times of war, disregarding the rules, being deceitful, rude and aggressive may serve you well. It is not unusual for fathers and sons to have problems, but yours is doubly so. Here you are at thirty-eight, but it is as if you have never left home. You are with your father every day continuously, you don't even have time off like when you were at school. You feel he regards it as his business, and you are being criticised and undermined all the time. So now, at the age of thirty-eight, you find yourself like a child who is being embarrassed and criticised, and for understandable reasons you feel constrained from expressing how you feel and what you think. You feel bound by loyalty to respect the family

tradition of treating your father as a hero and a saviour, in spite of everything that confronts you daily. You haven't said so, but I guess you must feel untold rage, and in spite of daily provocation you have to keep it all inside, all under control. No wonder you have high blood pressure. I noticed that when you came close to expressing your resentment, you became uncomfortable and your throat went red at the idea of criticising your father."

Les' story and my responses emerged over a number of sessions, and as we progressed Les found it easier to talk. He struggled to put his experience into words and gradually became more coherent as he was able to express his anger more fully. As I questioned him, he gained a more positive view of himself. The more difficult he realised his father was, the more it highlighted his achievement. As he continued he got in touch with other feelings and it became clear to him how angry and resentful he was, that at times he felt intense hatred and murderous wishes towards his father. He remembered that even as a child he had felt this anger towards him which had been very frightening. Feeling hostility evoked tremendous guilt, however, since his father had saved the lives of his mother and grandmother.

Early in therapy I asked Les if he had told his wife about his high blood pressure and the doctor's prognosis. He had, and she was most concerned and upset. She did not want to be left a young widow with three children. Les felt that she was very, very scared. She tried to help him but Les said she was unable to, though he didn't know why. I suggested that this wife join him at our next session, but Les preferred to work with me alone for a while. Then, several months later, he asked his wife to join us. She was eager to participate.

This emerged as a result of long exploration. His wife felt angry and resentful at the way her father-in-law behaved towards her, but much more so for what he was doing to Les. She was upset and sad for Les, but this empathy was mixed with frustration and anger with him for allowing it. When Les tried to talk to her about his difficulties, she became angry and critical of his father. Then Les, in spite of himself, defended his father against her accusations, and this made him feel stupid. In turn she felt profoundly disappointed, since her attempts to help were counterproductive. When all this was clarified, they were able to change, and Les was able to tell her how *he* felt, instead of defending his father.

I suggested that Les might tell his father how he felt and how his health was affected, and finally he was able to do this. He told his father that he admired him for having started in a new country with no money, education or language and having built a successful business. He said that he appreciated being sent to a good Jewish school, but perhaps as a result was soft and spoilt. He had grown up in peace time and was unable to cope, as his father did, with the war that went on continually between them. He did not wish to go on as they were and be dead in a year. He said that he was grateful to his father for taking him into the business, but felt that if things did not change he could not go on.

Both his wife and brother were exceedingly concerned and regularly offered to intervene on Les' behalf with his father. They discussed this at length with Les, but he rejected their offers. Eventually, after many discussions with me, his wife and his brother, he relented. They then confronted the father with their anxieties about Les, emphasising the seriousness of his predicament and the possible dire consequences if there was no change.

The father mellowed a little but Les still found being with him difficult. Finally, he decided that he must get out if he could. He found a buyer for the business and it was sold. His father finally agreed, partly perhaps for Les' sake, but mainly because they got such a good price.

Les' blood pressure gradually normalised. He spent more time with his family, and he saw much less of his father. Eventually, he was able to view him not only as a hero or a villain, but also as a man who had suffered greatly.

* * *

For a long time, Les felt that working with his father was 'no life' and was 'killing' him. When this was medically confirmed it changed from a private, emotional reality to an objective social reality with definite time-table.

Les had grown up with a serious self-esteem problem, subject as he was to constant criticism, absence of praise and a failure to measure up to his father. As a result he felt unworthy, as if he was not entitled to a life of his own or to life itself. Eventually, as his self-concept became more positive, so did his view of his father, although to a lesser extent.

Les was struck by my suggestion that his behaviour might parallel that of his father, in that he was also risking his life for the family. After much discussion

he decided that he had done this without 'choosing'. For his father in wartime in the ghetto there had been no other way, but for Les there was no war except the one his father had created, and therefore no need to risk his life.

Stiff Neck

Arthur was a general practitioner who had a suburban practice. He had referred patients to me from time to time, and they spoke of him with affection, communicating how well he cared for them. We had spoken many times and met on occasions over the years, and the care and responsibility he took in his work always impressed me. He was knowledgeable, sensitive and conscientious.

The phone rang and I heard a familiar voice. "The patient I want to refer to you today is me," Arthur said. "One of the main reasons is that I know you are interested in the Holocaust." I immediately agreed to see him.

In our first interview he told me that for the last thirteen years he had been plagued by a terrible problem which caused him shame and embarrassment. He had a very stiff neck and had difficulty in turning his head to the left. He felt that everyone was aware of his disability. All possible investigations and treatments had revealed no cause for his problem, and nothing had helped, including years of individual and marital therapy.

After his graduation and first year of residence thirteen years ago, Arthur had applied to be an assistant to an elderly country GP. He had been both excited and apprehensive, since it was a busy practice and there was only a small country hospital—the doctor was expected to do everything. He went by train to the interview and it was then that he first experienced the stiff neck which had persisted ever since.

"You have said that this has caused you much social embarrassment. How come, what have people said to you?" I asked.

It seemed that no one had actually remarked on his disability and his wife was the only person, he had mentioned it to, apart from the relevant professionals. He had not told her how much it bothered him, however, since he wanted to minimise the whole problem.

Early in my career I had difficulty in restraining myself from speaking out when I saw connections. After years of experience I had learned to listen and wait until the time was right. However, as I listened to Arthur the urge to indicate the connections in his story became almost irresistible. The themes of the stiff neck, the inability to turn to the left, the onset occurring on a train, the possibility of separating from his family, and the years of shame and secrecy all led me to the Holocaust. Nevertheless I managed not to share my thoughts at that time.

“I have known you for a number of years and we have met on many occasions, yet I have never noticed anything unusual about your neck,” I said.

He was clearly relieved and reassured. He went on to tell me that he knew his father, Abe was Jewish and had been in Auschwitz, where he had lost his family. He had come to Australia after the war, married a non-Jewish woman and lived in suburban Melbourne. Arthur’s parents had cared for him and his two sisters lovingly, and family life was quiet and uneventful. His father had a small clothing shop in the suburbs, and was a careful and conscientious man who made a comfortable living.

Arthur had made up his mind to be a doctor when he was a young boy. His medicine meant a great deal to him, and he was the pride and joy of his father. He had worked very hard, both at his medicine and at helping his family. Arthur knew his father had been through the camps and that his family had perished, but how he knew he wasn’t quite sure, and the subject had not been discussed.

I decided to explore further and asked if he knew where his father had been born; if he had brothers and sisters; where he went to school; what he did before the war; whether he had photographs of his family; but there was nothing Arthur could add.

“Why did you feel that the Holocaust was relevant to your problem?” I asked.

“Well, I’ve tried everything I can think of, and thought that something from my father’s past might somehow have affected me. So I decided to try and explore it,” Arthur said.

“Up until now I have never thought much about the Holocaust. I was not brought up Jewish. My wife and my kids have no Jewish background—apart

from my father, who never mentions it. So until now I didn't think of it. What do you think?" he asked.

"For now I will limit myself to a couple of comments, though there is a lot I could say. Are you aware how the Jewish people are described?" I asked.

He was surprised and shook his head. "The biblical description is that of a stiff-necked people," I said.

"You mean I am a stiff-necked Jew but I have kept quiet about both those things," Arthur said.

"I'd like to prescribe something," I said. "Would you be willing to tell your wife about the intensity of your problem—tell her as much as you can—and ask her to tell you as fully as possible what she knows and feels about it? Also think of who else you can trust and see if they are aware of your disability—but only if it makes sense to you. If not, leave it and we will talk about it next time."

When we next met Arthur told me that it had been difficult for him to speak openly to his wife about his problem. Nevertheless he did it, since he realised that it was important for him. His wife had not been surprised by how much his disability dominated his life; she had been aware of it for some time. She was certain, though, that his stiff neck was not visible to her or to anyone else, but she had not felt able to say so until now. She had been distressed that he was so affected by it but, worse, she had been very hurt that he had excluded her and not let her share and help him with the problem. This had prevented her from talking about it, and she was very pleased that he had decided to bring it into the open.

Arthur had thought about talking to others and could see the wisdom of it, but first he wanted to explore his idea that there was a Holocaust connection.

I continued to see Arthur over the next two years and we explored his relationship with his father more fully. It became clear that Arthur's efforts to be a good doctor and a responsible and loving son were made mainly for his father's sake. Somehow he sensed the losses his father had suffered and this was his way of making up for them and attempting to heal his father's wounds.

Though his parents had their own GP, the person they trusted and consulted was Arthur. His mother always came to him when she was worried about her

husband's high blood pressure and although Arthur was officially unable to prescribe and treat, he still carried the burden. His parents also shared with him their worries about his sisters and their families—they seemed to expect him to 'cure' everything. So he found himself in the position of medical, emotional and financial adviser to the whole family. He was always being supportive and reassuring but never expressing his own anxieties and problems, and how burdened he felt by all this responsibility. He remembered that, even as a schoolboy and medical student, he had felt anxiety and fear about not doing well enough and so disappointing his father—his sense of being burdened had started at a very early age. He didn't wish to tell his parents about it because he believed this would make them worry even more.

He thought that knowing more about his father's past might help him, but was reluctant to ask because it might have a detrimental effect on his father.

"Consider the alternative," I said. "You've had thirteen years of suffering. You believe that your father's past may be relevant, yet until now you have decided not to tell him about your problem or ask about his past. Until now you've not given him any choice. So I suggest you consider telling him what you have been through. Also, perhaps tell your parents how you feel about being responsible for the whole family and how anxious and vulnerable it makes you feel, and how you have suffered with your neck for so long."

Though Arthur saw the veracity of what I said, he was still reluctant. He worried that his father might feel as if he were being blamed for Arthur's problem.

"That's the down side," I said, "but alternatively it may help you to resolve your problem, and your father would know that he had played an important part in helping you. Perhaps the best way to get your father to open up is for you to change and tell him how it has been over all the years. That would help your father to change too."

Though Arthur completely agreed with this, he could not bring himself to do it. I suggested that he invite his parents to the next session, or that he ask his wife to talk to them, but finally he agreed to approach his father indirectly by talking to his mother first.

His mother told him that his father suffered from a frequently recurring nightmare, waking in great distress, sweating and shaking. She would comfort

him, but had never enquired about the content of the nightmare, and he had never told her about it.

It was clear that Arthur had to talk to his father, but it was still difficult for him. I asked what worried him the most about it. He said that, since his father had kept quiet for so many years and never spoken to anyone of his experiences, to speak of them now might open the floodgates of memories so terrible that they might push him over the edge into deep depression or even insanity.

“Perhaps you are right,” I said, “but consider the alternative: that he is waiting for someone to indicate that they want to hear; that he wants to tell—he wants it to be known, and he might especially want you to know.

It may be a great comfort to him in the same way as when you told your wife about your neck—that was a comfort to you and her. Further, it may be reassuring for him to know you are ready and willing to hear.”

Arthur was still fearful. I suggested that after he had told his father about himself, he should tell him that he knew about the nightmares and would like to hear about them, leaving it to his father to respond or not as he wished.

When Arthur did eventually pluck up the courage to ask his father about his past, he welcomed the opportunity. He said that he and his parents had been taken in a cattle truck to Auschwitz. They were lined up, and he was sent to the right to work while his parents were sent to the left to the gas chambers. Since then, he had been unable to bear to look to the left.

His father told him of his life in Poland, of his brother and sisters and his experiences in Auschwitz and afterwards.

After this his father often talked of his visual memory of his parents walking to the left, his feelings of guilt and shame as he stood by, unable to watch. He spoke of many disturbing events and losses, but kept silent about others. However he shared with Arthur; happy memories of his family life before the war and this was unexpected.

As we were all caught up in the intensity of the story and the gradual opening up of communication between Arthur, his parents, his wife and family, the problem of Arthur’s stiff neck was forgotten, and it gradually faded away. When and how it disappeared Arthur didn’t know.

I asked Arthur how he understood the disappearance of his stiff neck after thirteen years of constant pain. The only thing Arthur, the well-trained physician, could say was: “Somehow everything loosened up, including my neck.” Arthur’s explanation is probably as good as any.

* * *

Physical complaints may develop as metaphors or exquisite symbols for what occurs in life. Particularly in families, the most powerful communications are often non-verbal. As Arthur grew up he was exposed to his father’s nightmares, though perhaps he did not remember this. The mystery of how he developed a symptom so specifically relevant to his father’s nightmare is difficult to explain. It seems that both Arthur’s and his father’s life paralleled the nightmare and the symptoms—when his parents were marched to the left he could not look. He was unable to share what happened, and allowed no one to see. His wife knew of his nightmares but did not look at them. Neither parent looked at Arthur’s weaknesses, only his strengths. Arthur had to be strong and would not let anyone see his ‘soft spots’.

Of the many traumatic and horrendous experiences Arthur’s father had endured, the one that remained frozen in time, and had been revisited every night, was the point of separation from his parents.

Similarly for Arthur, the stiff neck which stayed with him constantly for thirteen years began at the point of separation from his family. This is a common experience in Holocaust families.

For Arthur and his father the healing started when each communicated and shared his private anguish. When they connected with each other by talking about the pain of separation, they began to overcome their torment.

Constant Warfare

For some time I had known Ruth as a senior and responsible social worker. One day she rang and asked whether she and her brother, David, a prominent medical specialist, could come to discuss worries about their parents.

At the first session Ruth said that most of the burden of their parents fell on her. The constant phone calls from each of them had recently become too

much for her and she had pleaded with her brother to become more involved. She was delighted that, for the past few months, he had done so. He agreed that she had carried much more of the burden than he had. His parents were in awe of his career and success and would do nothing to disturb him. Then he took over and presented 'the case'.

Since their mother had arrived from Europe, he said, she had bouts of depression. For the last forty years she had ongoing psychiatric care, including three administrations of electroconvulsive therapy (ECT), medication and frequent hospitalisation.

In recent years, particularly since their father's retirement, interaction between the parents had become increasingly hostile. Each would ring Ruth several times a day, complaining how impossible the other was. Over the years, the mother had often complained that her husband had threatened to kill her. Since discussing it more fully with Ruth and other colleagues, David felt it was time to seek psychotherapy. He believed that I might understand the situation better since I was Jewish and had a special interest in the Holocaust. Specifically, he asked me whether I would see both his parents together, because previously only his mother had undergone therapy.

I was not sure if I could help, as there had been a long history of depression and of marital problems, and the parents were in their late sixties. People at that age do not relish discussion of their problems. Both Ruth and David acknowledged that this was so but urged me to try nevertheless, saying there was nothing to lose. Eventually I agreed to an assessment interview, provided that both of them came too.

"Wouldn't it inhibit them?" David asked.

"I expect so," I replied. "That's one reason I'd like you both to be present."

All four came to the next session. Some of the 'case history' was repeated.

"Yes, I do get very unhappy and agitated," the mother agreed. "I've told various doctors over the years that my husband is going to kill me, but they don't believe me; they think I'm *meshuga* (mad)."

I asked the father, "Do you tell your wife you are going to kill her?"

“Of course I do,” he replied. “If the doctors had asked me, I would have told them so. She drives me crazy. If anything is moved an inch out of place in the kitchen the third world war starts. Every plate has a different towel. If I use the wrong towel I hear about it for days. If I go to the toilet and leave the light on, I hear about it for months. It’s as if she is trying to drive me out of the house or out of my mind. So of course I say I’ll kill her.”

“How long have the two of you been fighting like this?” I asked.

This was a bombshell. Suddenly they both became quiet and pale. Until that moment, each had spoken eagerly, wanting to get in first and interrupt the other. Now neither wanted to speak.

Eventually it emerged that it had started when they were on the run and in hiding during the war. In the Lodz ghetto, with their families about to be rounded up, they were prevailed upon to escape if they could. They reluctantly agreed to go, and left the ghetto to go to a Christian family, their parents’ partners before the war. They were hidden and then moved on, hiding again until the war ended. They were cooped up for months on end. Scared of being discovered, they worried in silence about what had happened to their families, even though they knew what to expect. Perhaps even worse, the people who hid them quarrelled almost every night, not realising that they could hear. The wife wanted to send them away, since they were risking their lives and the lives of their children for two Jews.

In turn, they told me, “We were driving each other crazy just by our looks and whispers, but we just had to be quiet. Somehow we survived, only to discover that our families had been liquidated. Our guess is we’ve been fighting ever since. We’ve never stopped.”

“Maybe your fighting is a celebration of victory, a triumph over Hitler,” I suggested. “After having to be so quiet in hiding for so long, now that you are free, you can yell and scream to your hearts’ content.”

They became thoughtful and quiet, so I continued, “There is one other question I’m keen to ask and I hope you won’t mind. What were the last words you remember your parents saying?”

Again they were taken aback. They became tearful as they remembered the words, “Look after each other.”

Over the next few months, I usually saw the four of them together, but occasionally just the parents, when Ruth and David were too busy. They were happy for their children to come, but worried that it was interfering with David's practice. David, however, indicated that it was time very well spent, since for years he had worried about his mother and his parents' relationship. If he could help by coming, it was preferable to seeing more patients.

"To you, maybe, my career is the most important thing," David said. "But to me, you are more important than my career and my patients, and your protecting me gives me more worries than if I knew what was going on."

During these months, one comment I made stood out for them. One day, when the parents had come alone, they were sitting on a couch in the corridor rather than in the waiting room. I saw them sitting very close together and engaged in either an animated conversation or a fight. When they came to my room I asked whether they would give me permission to say something very personal which they might think was meshuga, and they nodded. I told them that I had noticed them in the corridor and didn't know whether they were fighting or whether two young lovers were having an animated conversation.

I wasn't sure which explanation they thought was more accurate, but I could see they clearly preferred the latter. I took it as an invitation to continue. I said that most couples at their stage in life were bored with one other, having no energy left, yet here they were, engaged in a lively exchange. Perhaps one of the secrets of the success of their marriage was the constant challenge to understand what was going on, what they were doing to each other, in the same way as they had puzzled me when I saw them in the corridor. Neither they nor I could work out how much of what I said was serious and how much in jest. But I was certain that they liked what I said, that it meant a lot to them.

* * *

My contact with this family still continues as the need arises. The mother still gets depressed from time to time, the father still threatens her occasionally and sometimes they drive each other crazy. But the constant phone calls to Ruth have ceased, as has the need for ECT and hospitalisation.

In her years of psychiatric treatment, Ruth's mother's Holocaust past was never confronted; neither was her 'paranoia' investigated by talking with

Ruth's father. Her symptoms were explored, but silence reigned on her history.

Having the whole family attend was a major factor in achieving this relatively positive outcome, particularly the presence of David. His parents were exceedingly proud of him and, over the years, had attempted to spare him the worries of their predicament. He, in turn, had protected them from the knowledge of how deeply distressed and concerned he was. This arrangement of mutual protection had placed Ruth in an increasingly intolerable position which only began to change when she enlisted David's assistance and all came together to therapy. David's presence confronted his parents with the reality of his anxiety about them. More importantly, it confronted them with the achievement of having produced such a capable son. Their own life was constant warfare, dominated by the events of the past, even though they did not talk about them. They were preoccupied with sickness, death, guilt and shame. David represented a successful present and a bright future: health, success, pride and joy. Bringing them together to therapy made them confront these differences more fully and led to a new and healthier way of relating to each other and feeling about themselves.

Ruth's role could easily be overlooked. The children of migrants often become experts on local culture and spokespersons for their parents, who become dependent on them. At the age of ten, when Ruth went with her parents to a bank to ask for a loan, the manager said, "This is the first time I've approved a loan to a ten year old!"

Many survivors have lost parents, brothers and sisters, and their children often become all of these. David and Ruth assumed the role of parents to their own parents, as if they were a nuclear family, with a father much admired but distant and peripheral, and a mother overburdened, over-responsible and under-appreciated. Ruth's professional achievements were not acknowledged by her family.

When I showed them this story, the father commented, "You know, we had no one to talk to. We lost everybody and we lost our faith, so we couldn't talk to a Rabbi. We poured out our troubles to Ruth. Now we can talk to you, at last Ruth can live her own life a bit."

If a therapist is able to use humour in a positive way that touches his or her patients, it is evidence that the therapist understands them and speaks their language. Even in the death camps there were moments of humour, and when survivors get together they spend some time in humorous reminiscing.

Humour can play an important part in therapy and help to break the silence, to reduce tension and the awkwardness of a social situation. It also helps people to see connections in a new light. On the other hand it can be cruel and distancing if it is used to avoid and minimise the expression of pain by the patient. The crucial test of humour is how it is experienced. Either it is seen as accepting and warm, in which case it helps to break the silence, or as harsh and disrespectful, so reinforcing it.

A Time To Grieve

Mrs Cohen did not want to come for family therapy at all. She only attended because her children had asked her to, and only for their sake. They were concerned that, since the death of her son-in-law, about eight months ago, she had not been the same. She had 'dropped her bundle', staying at home, refusing to go back to work and neglecting her housework. It seemed as if she had lost interest in living. Before her son-in-law's death, Mrs Cohen had been a dedicated teacher, a proud housewife and a concerned and conscientious mother.

Her widowed daughter, who was pregnant, and her son had been urging their mother to get out of the house, to resume her normal life and go back to work. They said they had never seen her like this and were very concerned. They hoped that I might be able to convince her to become her old self again.

When I enquired further I was told that the daughter was behaving as she wanted her mother to behave. She kept her chin up, put on a brave face and got on with life. Their mother's behaviour was a total puzzle to both children.

Mr Cohen was in many ways similar to his wife. He was a respected school headmaster and a devoted father and husband. He agreed with his children, although without their intensity and conviction, that his wife should 'snap out of it'.

It was only in answer to specific questions that I was told that the Cohens had spent the war years in Europe. When I enquired further, they somehow intimated that they had been through the camps and had suffered a great deal, however they refused to give me any further detail. The children indicated that they had a good idea of what their parents had been through. They thought of them as people who could cope with anything.

They agreed that their mother should talk to me about what she had been through because that might help her to 'come good again'. Mrs Cohen wasn't so sure. When I asked why, she indicated that it was not so simple.

When I gently asked whether she could perhaps tell me more, she responded by saying, "I have been carrying a lot; also they don't understand. Maybe I was strong, but that was only on the outside. Inside it has been a terrible turmoil and a great struggle."

The longer the conversation went, the more polarised the family became. The children insisted that their mother tell me everything and get on with it. The mother maintained her right to be the way she was. She was not so sure that talking was a good idea.

Eventually they all turned to me and insisted that I tell them what I thought. I replied that I found it very difficult to answer because I was also struggling with the same issues; how to work out which was the best way. To decide between the two alternatives was very difficult. On the one hand, many people, and particularly psychologists, believe that talking about things that are painful is helpful. Mrs Cohen said that she had been carrying a heavy burden for a very long time; perhaps, therefore, it was time for her to unburden. Further, she had said that she had been strong externally but internally in pain. Perhaps if she were to talk she would get some comfort and relief. In so doing, she would do something for her children that for some reason was very important to them: reveal an important part of their family history. Particularly now that Mrs Cohen's daughter was expecting a baby, perhaps it was very important for her to know of her family history.

On the other hand, I said, there may have been very good reasons for Mrs Cohen to maintain her silence. Perhaps she wished to remain silent because that was her way of showing respect to those who had not survived. She may also have felt that it was wrong for her to relinquish her suffering. She was

entitled now, after so many years, to allow herself time out for grieving. Until now it had not been appropriate to grieve; it had been time to build, work and plan for the future. Perhaps now she could afford the ‘luxury’ of mourning and grieving—not just for her son-in-law but for all the others as well.

“I also recall,” I told the children, “that you described your mother as weak or cowardly for behaving the way she has during the last few months. Perhaps she has been weak for giving in to the pain and suffering, but perhaps she is a hero for finding the courage to cry after all these years.”

It was this last comment, more than anything else, that appealed to Mrs Cohen and meant a great deal to her.

She turned to her children and said, “You see, I am right. I am the hero. You know what I think? I need to think about that. Maybe I will talk to you, but then again, maybe I won’t. I need to think about it.”

“What do you think we should do?” the children asked me.

“Perhaps you can all go home and think about it,” I replied. “But among other things, you could also think about whether you all come together next time or if only your mother should come. She may not want to burden you with her story. I will leave it to all of you.”

Mrs Cohen chose to come alone, indicating that my recognition of her ambivalence and struggle had made it easier for her to come again. My acceptance and praise of her silence made it easier for her to talk.

* * *

Like many survivors, Mrs Cohen had managed to keep her grief over all her losses inside, but when a new loss is experienced after so many years of silence and control, it reactivates the grief and intensifies the memories of the old losses. For most survivors at Mrs Cohen’s stage of life, the most common loss is the death of a spouse. Perhaps in her case, the loss of a young life was more painful and more congruent with her Holocaust experiences.

As a Holocaust survivor, Mrs Cohen belongs to an ageing population. Perhaps it could be said that they have now reached a stage in life in which it is normal to attempt to remember the past and try to integrate it with the present and

the future. It is time to reflect on life. Perhaps this also made it impossible for her to retain her former way of functioning.

Families can become highly polarised or split around Holocaust experiences. In this family the children took the extreme position of pushing Mrs Cohen to resume her former way of functioning—of being strong and not yielding to pain or weakness. Mrs Cohen took the opposite view, believing that she was entitled to grieve and to remain silent. Such a public split often obscures the private and submerged ambivalence. Mrs Cohen also wanted and needed to talk and remember, and eventually to share her memories with her family. Her daughter also needed to grieve and cry for the loss of her husband, but felt constrained from doing so. She had to concentrate on the future and the life growing inside her.

For the daughter, too, there may have been another aspect about which she remained silent. She indicated that she knew her mother's story. Since she described her mother as strong and able to cope with anything, it is probable that her mother had told her story by stating the bare facts in a matter-of-fact manner.

Children of survivors, particularly when they are expecting their first child, become acutely aware of the absence of grandparents and extended family and the lack of continuity in family life.

As Mrs Cohen's daughter expected to become a mother, perhaps she became more closely identified with her own mother and more interested in her, not just as a mother but also as a daughter. For her own sake, and for the new life inside her, she needed a richer and more emotional description of what had happened to her family, so that her physical loss would not be accompanied by silence about the dead.

Holocaust survivors experience intense conflict and ambivalence: about the urge to talk and bear witness and the opposite impulse to remain silent; between the wish and need to leave it all behind them and the intense commitment never to forget, to remember everything. Indeed some live with a dread of forgetting. They want to protect their children and keep them free of the horror, yet they are dismayed by the idea of the children not knowing. They often idealise their parents, yet at the same time feel rage towards them for leaving them 'abandoned and unprotected', for relying on them,

their children, in the death camps and for making them witnesses to their degradation, shame and death.

This kind of conflict is experienced by each individual, as well as between members of the family. Individuals take opposite positions and the family becomes polarised.

Under the Nazis there was one ideology and one truth—there were no choices. Life was dominated by terror and the effort to survive.

Against this background it is very useful to offer multiple descriptions of survivors' lives, symptoms, choices and the meanings that can be attributed to them. The more sensitive these descriptions are to the reality of their experiences and the social and historical context in which they emerged, the more enabling and freeing it is to survivors and their families in lifting the veils of silence.

Reflection

Most of the families described here had sought psychiatric help, and in every case their Holocaust experiences had not been raised. The families did not mention the Holocaust and did not share their memories, and it can be assumed that their previous therapists did not enquire or communicate their willingness to listen. When these families were offered the opportunity to explore their Holocaust experiences they all took it, at least to some degree. Silence, like talking, is interactive.

The avoidance of the Holocaust in therapy used not to be the exception but the rule. Often the files in psychiatric institutions, whether in the USA, Israel or Australia, recorded only 'born in Europe', 'arrived USA/Australia/Israel' and the year—nothing more. On the whole, the personal, ethnic and professional background of the therapist made little difference. Migrants who come to a new country commonly wish to leave their old life behind, and Holocaust survivors certainly hoped for this too. Those in the helping professions often acceded to this wish by ignoring the past even when the therapist was a Holocaust survivor.

Primo Levi described how a guard in Auschwitz taunted the inmates by saying, "None of you will be left to bear witness, but even if someone were

to survive, the world would not believe him.” The survivors often experienced something even worse than this: generally no one was interested; they didn’t want to hear. Silence, was often imposed by the social context and, to a large degree in therapy, by the therapist.

Not only were Holocaust survivors not heard, they were often blamed for the crimes committed against them. They had failed to resist, to run away, had been too passive; their families had gone to the gas chambers like lambs to the slaughter. Even their very survival was questioned. Did they survive at the expense of others by collaborating with the enemy, or by committing immoral acts.

On some occasions when I have presented my work on the Holocaust to mental health professionals, I have been asked why survivors could not simply forget and forgive. Why were they so morbidly preoccupied? I often receive letters urging me to consider the merits of forgiving. Such an attitude in professionals working with survivors and their families must exacerbate their suffering. Directly or subtly, the message is conveyed that there is something wrong, or even pathological, in not wishing to forget or forgive.

Even in the psychological literature written by therapists who have worked with survivors, the silence caused by mutual avoidance of the subject by the survivors themselves, their families, the therapists and society in general, is usually referred to as a ‘conspiracy of silence’ or as ‘collusion’.

This is a regrettable use of language. ‘Conspiracy’ is defined as ‘an evil, unlawful, illegal, reprehensible act or plot involving two or more persons’; ‘an agreement by two or more persons to commit a crime, fraud or other unlawful act’. Thus yet again the victims are blamed. It is one thing to say that people choose to be silent and that their silence is detrimental to them and their families, and thus to encourage them to speak. It is quite another to use condemnatory language.

Silence or communication is never total. Often those who have not spoken have communicated in some other way. Those who speak of the Holocaust frequently remain silent about some aspects of it, usually those aspects most associated with their inner feelings.

When their children were young, parents naturally wished to protect them from their horrendous experiences; from the knowledge of how cruel, treacherous and dangerous the world could be. For many, this tendency to protect continued, and often the parents waited for signs from the children that they were ready willing and to hear.

In therapy it is often incumbent on the therapist to help the children convince their parents that they are able to cope with the unknown horrors that may unfold. This can be a long complex and painful process. More often, parents are willing to share their experiences if it is for their children's sake rather than to gain personal relief for themselves.

Of course some survivors talk compulsively and at times inappropriately, in a manner damaging to their children, as in 'Shower Phobia'. Holocaust survivors have the memory of what happened, and therefore a context for understanding their symptoms. Often their children experience the symptoms and the pain of their parents without the knowledge of the trauma that gave rise to them. Usually the parents who are non-communicative about their Holocaust experiences are also silent about their lives and the lives of their families before it. Thus the children grow up without a context in which to understand their own suffering, without an extended family and without any family stories. This may make them feel more alienated and confused about their suffering and cause self-recrimination such as: "What right have we to suffer since our trauma is so insignificant compared to that of our parents?"

One task of therapy is to facilitate communication, enabling the parents to tell of their experiences and the children to discover more of their history. This gives meaning and understanding to their suffering.

In psychotherapy talking is cure; silence is usually associated with defensiveness, resistance, negativity and denial. The positive aspects of silence are often overlooked, yet the sufferer may experience silence as strength and courage, or as a mark of respect. To remember, we stand together in silence, and we pray in silence to honour the dead. As one survivor said, "When they walked into the gas chambers they were silent. Those who watched them watched in silence. The whole world remained silent. To talk about it now in order to gain personal relief is to desecrate their memory." Silent suffering and guilt is often a testimonial, a memorial to those who have

perished. “They have no grave and no tombstone. My silence is their resting place, their memorial candle”, another survivor said.

Many who survived say that what kept them going more than anything else was the wish to stay alive in order to tell, to bear witness. Others live in dread that when they die, their story will die with them. For most survivors there is a struggle between remaining silent or talking, and this is often paralleled within their families, where the children wish parents to communicate and the parents are reluctant to do so.

It is not the role of the therapist to promote either silence or communication, but rather to indicate a willingness to listen if the families choose to talk. The therapist needs to show a readiness to discuss the family’s ambivalence about talking or not, and to elicit their fears and anxieties about it. The therapist may be helpful by offering indirect ways of communicating and thus provide a compromise solution. Oblique methods are often the only ones appropriate when confronting the enormity of the Holocaust.

To the Nazis, all the camp inmates were the same—merely numbers. They had no identities and no choices. In therapy, therefore, giving the family the choice of whether to come or not, of who should come, how often, for how long and with what aim, is of paramount importance.

The family’s choices need to be informed, and so the therapist needs to be open about possible options. The family may then be invited to decide how they can work together.

Because these families have experienced unparalleled loss, the therapist should indicate a willingness to be permanently available to them, as a sort of psychological or emotional general practitioner, someone who they can call on regularly or from time to time as required, either jointly, in smaller groups or individually.

Sometimes complete or significant recovery is achieved. Often, however, it is necessary to settle for less. Frequently members of the family, usually the children, need to accept the inability or unwillingness of their parents to change. Even if the children’s acceptance and understanding of their parents is all that is achieved, this can be an important source of comfort and satisfaction to all.

In the families of survivors the Holocaust history may or may not be pertinent. Holocaust survivors can be depressed, or their children can have marital difficulties or fail at school, without it being in any way related to the Holocaust. It would be a tragedy if, whenever a Holocaust survivor or anyone of his or her family consulted a member of the helping professions, they were pressured into reliving the Holocaust.

It is common for any family to feel embarrassed or defeated when they seek psychiatric help. How much more so for survivors when their experience has taught them that to display vulnerability or weakness was exceedingly dangerous, often resulting in death. It is particularly important for the therapist to be conscious of this, but also of the family's history of resilience in overcoming untold difficulties. The more the therapist highlights their strengths, the more willing and able they will be to acknowledge their difficulties and presumed weaknesses.

The ability of Holocaust survivors to rebuild their lives, to work, laugh, dance, marry and raise their families is evidence of vitality and resilience of extraordinary proportions. It should never be forgotten.

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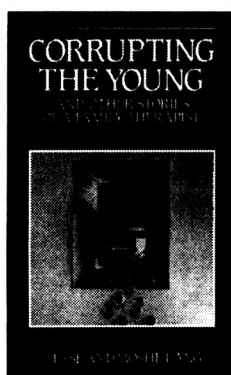
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The revised report form provides an excellent means of gathering information from multiple informants, allowing users to summarise and compare responses of children and a variety of adult respondents.

Key Features

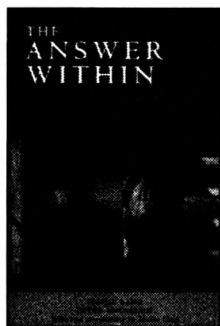
- A shortened 50-item scale (reduced from the original 66-item scale)
- Two scales: The Depression Scale and the Pleasure Scale
- Comprehensive Australian norms
- Two new 10-item questionnaires for teachers and health practitioners that provide the opportunity to obtain additional information to assist and enrich the assessment.
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