

INTERVIEW
Conversations about the field

Feminism and Beyond: Interview with Carolyn Quadrio**

Kasia Kozłowska*

In interview with Kasia Kozłowska, Melbourne-born psychiatrist Carolyn Quadrio describes the impact of growing up in a Greek migrant family, the significant influences on her choice of profession, and the ways in which she gradually developed a feminist position simultaneously with embracing a systemic perspective on 'depression' and other diagnostic categories. Quadrio talks frankly about her challenges to the male-dominated psychiatric establishment, her struggles to get her critique of it published, her excitement about the family therapy field, and her later disillusionment with it. Her current work is in the area of forensic psychiatry.

Kasia: *Carolyn, you were born in Melbourne, Australia, into a Greek family, then grew up in Perth. What aspects of your family of origin impacted on your development as a woman and subsequently as a psychiatrist and family therapist?*

Carolyn: As a child, I was very aware of the cultural difference between my family and Australian children. In particular I was aware of the traditional mores regarding Greek girls, who weren't allowed to have much freedom and whose marriages were more or less arranged ... Education was not seen as relevant for girls, or even for boys of my generation—getting out to work and making money was more important. It was the generation after mine, when people had become more materially secure, that began to value their children going to University. Compared to her Greek peers, my mother was unusual, she loved to read, encouraged me to read and always bought me lots of books. She was interested in my achievements and always thought them important. She was always giving me a lot of encouragement, saying, 'You have to have a career, you have to be able to be independent and you have to look after yourself'. That was unusual. My Father had deserted—abandoned—my Mum and she was aware of the difficulties of having to struggle on her own. So rather than push me in the direction of finding a nice secure husband, she pushed me in the direction of making sure I could always look after myself. There were good things about being in a migrant

family too. There was a lot of family solidarity and I knew all my cousins well, and experienced an extended family.

Kasia: *Were there any significant people, events or circumstances in your adolescence that kindled your interest in the working of the human mind?*



* Child Psychiatrist, Department of Psychological Medicine, The New Children's Hospital, PO Box 3515 Parramatta NSW 2124.

** Associate Professor, Director, Mental Health Services, Long Bay Hospital, P.O. Box 150, Matraville, NSW 2036.

Carolyn: As a child, the main thing was awareness and sensitivity to the fact that my mother was a very depressed sort of person. This really had a lot of influence on me becoming interested in what made people the way they are and in how things can be made better. I think I developed like most children do in this type of family—I had the fantasy that if only I could do something, things could get better. I was always hungry for books. Someone gave me a book which was called *An Introduction to Psychology*. It introduced psychological concepts in a fairly simple way. I remember reading about William James and being fascinated. Subsequently I somehow got hold of Freud's *Psychopathology of Everyday Life*. I felt that all the mysteries of life would be revealed to me if only I could get to understand Freud. I was inspired and decided that was the way to go, and began seeking things out and reading more widely.

Kasia: *In 1961, still living in Perth, you went to university. Could you outline the predicament of female medical students at that point in time?*

Carolyn: Yes. Well, female medical students made up about 10% of the group. There were about eleven of us in a first year of about 120 students, and there was quite open resentment of female students. At that time, there was a very strict quota on second year medicine, so from 120 students in first year, only 49 had places in second year. This situation created a very competitive feeling in first year. There were things said like, 'You're doing a good man out of a job', and 'You'll get married and have children and this is all going to be wasted'. So I don't think I was singled out; the resentment was directed at all of the girls in our year and all of the girls were aware of it.

I think I half believed the comments about how we were 'doing a man out of a place' and that 'it would all be wasted on us'. I knew in my own heart that I was not going to get married and waste my education, but I understood that people wouldn't know that.

Kasia: *So in 1965 as a fifth year medical student, you married an Italian businessman. You graduated in 1966 and your first child was born in 1967, following your first year residency in Perth. How did your marriage and the establishment of a family impact on your thinking and your career?*

Carolyn: Well, I think that's when the difference began to be very apparent to me and I became increasingly aware of the particular problems of being a woman in medicine. At that time, for example, there were no half time or part time registrar training posts in Western Australia. And I was the first to be able to negotiate a half time registrar post. Then there was the constant anxiety of spending time at work versus spending time with the children, and feeling torn between the two. Yet at the same time I remember feeling that I didn't have a right to any support in the professional world. I think at that time I still felt, as a lot of women my generation felt, that it was our fault for being female and our fault for wanting to have children. It didn't seem to be anyone else's problem. It just seemed like it was a very personal problem. So I didn't have an expectation that the profession would help me or support me. I also experienced a kind of

embarrassment, I guess, about having problems, without any expectation that anyone should validate them at that stage.

But I must say in defence of my colleagues, it's not that I would have actually put up my hand and signalled the need for help. The first time I felt any real support was when a colleague of mine, Lois Achimovich, came back. She had gone to the States for six years to train in psychiatry. She had studied at Johns Hopkins while I was in suburban Perth struggling to keep my part time job going. I was really inspired by her. She was very supportive and when she had children she became even more supportive. That was the first real female collegial support that I had experienced.

Kasia: *The College of Psychiatrists in Australia formed in 1965. You began your psychiatric training in 1969, working five half days per week. What were the requirements for qualifications as a psychiatrist and how did you negotiate these?*

Carolyn: Well, at that time most people did the Diploma of Psychological Medicine (DPM) after they finished medicine. There was no DPM available in Western Australia so Western Australians would usually travel to Melbourne or else go to London. It was not possible for me to travel with the two little children. I began the London DPM by correspondence, plus I sat Part I of the Melbourne DPM but could not do Part II because it required six months in a rural facility, which required travel. I could not go to London to sit these exams either. So then I looked around the British Empire to see if there was a DPM that I could do and I found the one in Otago, New Zealand, which I completed as an extramural candidate. This was another kind of 'first'. It was the first time they had let somebody do it as an extramural candidate.

Kasia: *Could you outline the predominating conceptual paradigms and how they influenced you during your training?*

Carolyn: Oh yes, the psychoanalytic paradigm was still very dominant in the late 1960s. That was what had attracted me to psychiatry, so I loved that. I also had one mentor, Bob Csillag, who was from Eastern Europe, who was interested in ego psychology and existential psychiatry. So that was very exciting. I hated my child psychiatry term, I just hated it. It involved the old child guidance model where the psychiatrist would see the child, and the mother would be separately interviewed by the social worker. I remember looking at the mothers sitting in the waiting rooms while their children had individual psychoanalytic therapy. They all looked terribly depressed and I don't think anyone ever gave them any real help or assistance. They implicitly knew they were being blamed for all the problems that the child had. No one ever saw a father, or a family. No one ever did that. It just seemed to me like such a useless way of going about it, I didn't feel I'd got any skills to help me to deal with children, I felt helpless with them.

Kasia: *While you were working at the Women's Hospital in Perth you wrote your psychiatric dissertation on post-partum depression. What prompted you to choose this topic?*

Carolyn: I think what prompted me was the fact that I was having babies myself. So I strongly identified with the young women who were my patients who were having

babies. The understanding of post-partum depression at that time was very psychoanalytic. Depression was seen as related to ‘penis envy’—the idea that women could have babies but could never have a penis. I don’t know how I swallowed all that! I must say that I never could quite come at baby making as penis envy! I did however find myself understanding the issues of loss that were involved, such as the loss of freedom and so forth. And I guess I really responded to the fact that other women were having various sorts of struggles and that they needed a different kind of help from the traditional help, which was to analyse their childhoods and their relationships with their mothers, which didn’t seem very productive.

Kasia: *You finished your psychiatric training in 1973. At Graylands Hospital you became frustrated with the system whose ethos did not include psychotherapy. You also began to experiment with running groups, and you started an external course in psychodrama. Could you tell me how this exposure challenged the ideas and assumptions that you had embraced thus far?*

Carolyn: The psychodrama training program was very exciting. It was a universe away from what I had been taught about being impersonal and distant, and having no interaction with the patient. Psychodrama was about interacting. It was very immediate and involved a mobilising of affect. I had never been exposed to such thinking before. With psychodrama I could see people actually undergoing transformation before my eyes. Eric Berne, the father of transactional analysis, had the idea that one should try to ‘cure’ the patient in each session. It really challenged my ideas about therapy. This was in contrast to psychoanalysis where change occurred at a glacial pace of five or seven years of analysis.

Kasia: *In 1974 you attended a Transactional Analysis workshop run by Bob and Mary Goulding from California. How did your thinking change at this point in time?*

Carolyn: Enormously. The immediacy of this therapy was just so compelling. There was something really happening with people, and encouraging them to confront issues and ‘do something’ immediately, rather than sitting down and agonising about their lives, was an extremely appealing way of working. With the Gouldings, there was also the idea of marital therapy, which was also extremely different and exciting.

Kasia: *Subsequently you visited the Gouldings and Ellyn Bader at the Institute for Group and Family Therapy in California ...*

Carolyn: The workshops were very compelling. In the traditional analytic model, there had always been a clear distinction between therapist and the patient, whereas in the workshops the boundary was completely blurred. We were all therapists and we were all patients. That experience was amazing and changed my view of the world. I suppose that from the time that I had worked with women with post-partum depression I had an inkling that maybe the boundary between them and me wasn’t as clear as all that. In the workshops with the Gouldings I became really aware that it wasn’t your ‘pathology’ that united you with patients, it was your ‘humanness’.

Kasia: *So when did the concept of family therapy come up for you?*

Carolyn: Initially, it had started to filter into my work with women with post-partum depression. I had started to realise then that these women’s problems with their husbands in the ‘here and now’ were more important than agonising about their developmental issues. Exposure to Ellyn Bader’s work at the Institute in California made it obvious that there was a thing called ‘a systemic way of seeing problems’, and that meant a lot to me at the time.

So when I returned to Perth, I used to refuse to see women on their own, married women that is. Remember the trends in the 1970s, people were only married or single there wasn’t any other arrangement. So when people would try and refer me a depressed woman to see, I would insist that she come with her husband. The predominant idea of the child guidance clinics, that you can’t really involve fathers because they are not available, was untrue. When I invited husbands to come they generally came and there didn’t seem to be a problem with it. So I involved husbands in their wives’ depressions more and more and more. And the more I did it the more convinced I became that this was what it was about.

Kasia: *What practitioners and models of family therapy continued to influence your professional development?*

Carolyn: The first family therapist that I became interested in theoretically was Murray Bowen. I found the concepts of triangulation, and differentiation from the family ego, extremely useful. I also found that if I saw depressed women with their husbands and children I could get more action out of the problem. I found that I could now actually work with children in a useful way. I felt motivated once again to bring children into therapy, and to see them in the context of the family. I became very keen to see people in the context of their family.

I read all the classic sort of family therapy literature like Salvador Minuchin and Virginia Satir. I was inspired by Margaret Topham who was working in Sydney in the Virginia Satir model and who was an Australian incarnation of Virginia Satir! And ‘communication theory’ made a tremendous amount of sense. All of a sudden, communication theory seemed to connect with the existential psychiatry that I’d learned at a much younger age, by which I had been fascinated but which I’d never seen how to use. Communication theory, transactional analysis and Gestalt psychology gave me the tools to put Existentialism into operation. Existentialism to me, had been a theory without a practice. It was a very nice theory, but now it had a practice. You could get people to be in the moment, to be in the here and now, and to be authentic and you could see what a difference that made to them.

Kasia: *From 1981 you began to publish regularly in the field of family therapy. Which of those articles was most important for you in terms of your thinking and your professional growth?*

Carolyn: Probably the one on the Peter Pan and Wendy Syndrome. The central idea there was of an interdependent relationship in certain couples I had seen, where typically the man was narcissistic and flitted around, and pretty much pleased himself with what he was doing, and the wife stayed at home and was depressed and felt abandoned and neglected. Usually she was the one who

was pathologised. But when I looked at the marriage, there was little happening in the relationship to keep the woman nurtured—she was getting depressed. I had begun working with the husbands to get them to develop a more mature and committed relationship with their wives.

Kasia: *Could you tell me about the awakening of your feminist consciousness?*

Carolyn: Well, when I had worked with the women with post-partum depression, I had felt identified with these patients because I had felt we had similar problems. So it was *problems* that identified us. Later with the depressed women and their husbands, there was a shift towards thinking that maybe a lot of depressed women were really disadvantaged by marital arrangements and family arrangements. Then in 1988 I went to the College of Psychiatry conference, where I was struck by the lack of female representation. None of the plenary speakers were female, none of the invited speakers were female, none of the chairpeople were female. And I suddenly became incredibly aware of the fact that this College was an 'all male organisation' in a way that I'd never seen before.

I wrote a letter to *The Australian and New Zealand Journal of Psychiatry* commenting on this, and it caused quite a flurry. All of a sudden I found myself steeped in controversy. I suppose the defensiveness of some of my male peers surprised me because to me, what I was saying seemed self-evident. It wasn't a feeling I had, it was a reality that I saw. There simply weren't any women involved in this Congress. The defensiveness of the reaction made me acutely aware that the problem was a real, external one, not an internal one. There were some fierce letters to the Editor of the Journal and I was labelled a 'Querulous Paranoid Feminist'. There was so much controversy that the following year I was asked to give a keynote address on women's issues. Again, there was a tremendously defensive reaction by some people and I was 'roasted' at the College dinner that night. This made it very apparent that this was an issue a lot of people were finding difficulty dealing with.

In the keynote address, I emphasised that the psychology of women and men is different and that you have to understand the differences. Up until that point, I think all psychiatry had been absolutely gender neutral in its language and presentation. Really, what I was saying was that men and women do have different experiences and different developmental pathways and that we have to consider this.

Kasia: *How personal did the criticisms become?*

Carolyn: Oh, very personal. I felt extraordinarily depressed about it. There was a real struggle in terms of how I felt and how I was thinking. I remember I said to myself 'I must not internalise this'. But I was amazed at how totally I internalised it and how depressed I felt. That made me aware that the dynamics were those of a battered wife. I felt rather battered by the process.

Kasia: *I'd like to just go back a little bit in time because in 1983 you had a big change in your life, you moved to Sydney with your family. Previous to the move you had met protagonists of the self-psychology movement from Sydney and you struggled to integrate ideas*

from self-psychology and systems thinking. You moved to Sydney, set up a private family therapy practice, signed up for analysis and began teaching with Margaret Topham at the Family Therapy Institute. You were offered a job at Prince of Wales Hospital to set up a three-year Master of Psychotherapy degree program. As a female and outsider, coming to Sydney must have been professionally and personally a difficult experience?

Carolyn: Well, Sydney was a compromise because at that stage America seemed to be like 'Mecca' and I think it was 'the Mecca' of psychiatry then. It isn't now! Similarly Sydney was very exciting and I felt that there'd be a lot more professional stimulation here. It was easier in some ways for me in Sydney because people didn't know much about me except that I was a psychiatrist. I had already established myself with a few publications and teaching. Leaving Perth was for me a way of leaving behind some of the traditional family ties that I felt were somewhat oppressive really. At the same time establishing myself in a big place like this without friends or family and just some collegial contacts was not easy. And having to uproot my husband and children made it a very difficult transition.

Female issues continued to be very obvious, when I came to Sydney. There were practically no women in positions of power or influence within the College. This became very clear when I tried putting together the psychotherapy course. In networking with other people, I realised there were very few females to network with. And there was always the sense of being kind of on the periphery.

Kasia: *How did the move to Sydney impact on your practice as a family therapist?*

Carolyn: I continued to work as a family therapist and I had that reputation so I got referrals in that way. And I had become more involved with the Institute of Family Therapy and the *ANZ Journal of Family Therapy* and so forth. And my first job at Prince of Wales was to teach family therapy to the registrars, and I did a lot of workshops for psychiatrists. I really consolidated my position as a family therapist.

I had quite a struggle to try and integrate the self psychology ideas. I wrote a paper on 'analysis and system' which was my 'best shot' at seeing if I could integrate them. But I never really felt happy with it because I was very aware that 'self psychology' was an incredibly 'sexist', 'mother blaming' approach to therapy. I found myself recoiling from that. It seemed to me that self psychology was not advancing at all from the old child guidance model, although the jargon was different and the concepts seemed much more sophisticated. Basically it underlined empathic failures of mothers as responsible for children's problems. This was not an advance in thinking at all. It was just dressed up as an advance. So I eventually gave up the struggle and became more involved with the NSW Institute of Psychotherapy, which was more object relations based, and that was much easier to relate to.

Kasia: *So after 1989 you proposed an MD on feminist issues in psychiatry to the School of Psychiatry. That idea was rejected. Could you elaborate on why?*

Carolyn: Yes. Again it was suggested that I was being ‘paranoid’. Once again I was confronted by a defensive attitude to what seemed like an obvious fact. I think at this stage, I became determined that I wasn’t going to be silenced with this idea that women were disadvantaged. Then I met Gretchen Poiner who was in charge of the Women’s Studies Department, University of Sydney. I asked her if I could do a Ph.D. on this subject and she just said ‘yes’. It was just amazing to find this instant welcoming of ideas. So that was very important!

Kasia: *So Gretchen Poiner was in fact your first significant contact with non-medical feminists. What impact did that have on you?*

Carolyn: I had had a lot of contact with non-medical feminists, without realising it. When I became interested in psychotherapy, all the training I attended was dominated by non-medical people. So I knew a lot of psychologists and social workers and non-medical people who were feminists, although they weren’t identified as such. Meeting Gretchen Poiner was the embodiment of it, and the actual speaking of the name of it. The process had been going on for a long time, but I hadn’t understood that.

Kasia: *And in 1991 you finally published your first piece of writing articulating the issue of gender disadvantage in Australian psychiatry. This publication was rewritten 27 times, costing you two years of your life. What do you now see as having been the issues which led to such a battle?*

Carolyn: Well, firstly, I was determined to get this on the agenda and secondly, I think that I was struggling against enormous resistance. The enormous resistance meant that the article was rejected several times. I just wrote and rewrote and rewrote and what was finally published bore no resemblance to what I’d first submitted.

Surprisingly, the issues I had to cut were concepts from gender psychology, which is how the paper started. When I had presented the keynote address at the Congress, I had articulated how women had been positioned as ‘less than men’, from the time that Eve was constructed from a spare rib up. I think that it was a very interesting and quite an entertaining paper but there was no way it was going down with the College Journal. So I struggled through many many re-writes and eventually I got it published.

Kasia: *And Carolyn, how did your formation in systems thinking and family therapy mix with feminism?*

Carolyn: I think that feminism really sits well with systems theories. Just as I had once upon a time discovered that the depressed woman had to be understood in the context of her marital relationship, I now understood that the depressed professional woman had to be understood in the context of her professional organisation. So, it was very much about continuing to see those issues. And ideas from ‘Peter Pan and Wendy’ were there also, in terms of the narcissistic man with the high profile and the little woman sitting at home being pathologised for being depressed. I think all of these ideas really helped me to embrace feminist thinking and find it very easy to relate to.

My Ph.D. was about women working and training in Australian Psychiatry. I also included a chapter on the issue of sexual abuse of patients by psychiatrists, but it

certainly wasn’t the main theme. In fact my supervisors wanted me to leave it out altogether and I had a bit of a struggle with them to keep it in.

Kasia: *How did your reading and research lead you to the area of sexual abuse of patients?*

Carolyn: The issue of sexual abuse was one of those things where the universe just arranges to have things happen to you. When I was setting up the psychotherapy course, I had invited the most senior female psychotherapist in Sydney to take part in it. In the middle of the program, a scandal erupted about the fact that she was having a relationship with a patient. It was terribly destabilising and created dreadful problems. I had a profound sense of disappointment that one of my female colleagues should be behaving like this. It was really confronting to me to see that that had happened.

Subsequently, I was contacted by a woman patient who had had a similar experience. I saw her and provided some sort of counselling and support for her while she went through the complaint process. Then people started just coming out of the woodwork. It just seemed to snowball. Colleagues just kept referring these patients to me. I became more and more interested and also more and more aware of how defensive the profession was in dealing with it. I could see that these women who’d been abused by psychiatrists were being pathologised by the profession and called ‘borderline’, ‘hysterical’, or ‘seductive’. On the other hand, nothing was said about the psychiatrists who had gotten sexually involved with them! So I was really aware of the degree that women were once again being kind of scapegoated and pathologised for a problem that was a systemic problem, not an individual problem at all.

Kasia: *So while you were working with all these issues, you published?*

Carolyn: I think probably the first article that I wrote was ‘Sex and Gender and the Impaired Therapist’. In this article I deliberately did not confront the issues too vigorously, because there was such a defensive atmosphere in the profession. I put the issues in the context of impairment, drug and alcohol excesses and other things like that. I think this deliberate care helped me put the issues on the agenda without being overly confronting. By contrast, the subsequent articles I wrote in 1994 and 1996 were much more confronting of the systemic issues.

My involvement in an investigation related to the sexual exploitation of boys by the Christian Brothers was something else which the universe delivered unto me for some strange reason. I had no particular interest in male survivors of sexual abuse but I was asked if I’d do some assessments for the case in Western Australia. I really accepted it firstly, because I knew about sexual abuse, but only in females, and secondly, because I was happy to go to Perth, which is my hometown. I went and I saw these 30 men who had been targets of the Christian Brothers. It was another huge paradigm shift for me. Up until then, I had been locked into a world view of men as perpetrators, and women as victims. All of a sudden, this view was totally turned upside down, and I saw men as

victims of abuse. This experience turned me around in my thinking, and brought me to where I am now, which is working in a prison where the population is almost entirely male, and really looking at men who are disadvantaged.

Kasia: *Recently you have been appointed as Director of Mental Health Services for the prison system. What led you to take on this position?*

Carolyn: From the time I saw the Christian Brothers survivors I became very interested in seeing men as victims of childhood abuse, and I worked with some of them in therapy. It was a matter of seeing how this particular group of men had been extremely victimised by social and cultural circumstances. That led me to see criminal men as the products of grossly disadvantaged backgrounds, and as enormously stigmatised because of their anti-social behaviour. It is really about acknowledging the extent to which men are pathologised, not by psychiatrists but by the justice system.

The key attitude seems to be the law and order attitude, 'lock them up and throw away the key'. It is just so frustrating as a psychotherapist to be able to see a group dynamic which is so obvious, so transparent and yet one is so helpless to do anything about it. It's all about displacing all the badness of the community on to one little scapegoat group and then fiercely punishing that group. We are just getting deeper and deeper into imprisoning men at a greater and greater rate.

Kasia: *What thoughts have you had about what you can try to shift within the prison mental health system?*

Carolyn: Well, I think it's about being realistic about what you can do. When I was interested in women as a stigmatised group, my interest was trying to move them out of the psychopathology paradigm altogether, and reconstructing a social paradigm. With the biogenetic paradigm of the day, people seem to be going back to medieval ideas about 'bad seed' and 'bad blood' and this group of people just being born 'bad'. From my point of view, moving into a psychopathology paradigm is an improvement for men who are identified as criminals. I think at this stage if we can try to focus community attention on seeing that these people may have psychosocial disturbances, then we are actually moving forward. However, I feel quite depressed about current thinking, because it seems that the biogenetic paradigm has become so dominant.

Kasia: *And Carolyn, what is the state of psychiatry and family therapy in the prison mental health system currently?*

Carolyn: Stone age! For example Long Bay Hospital is a 90-bed psychiatric hospital with 1.4 FTU psychiatrists. The way those men are treated is just dreadful, but it's happening not in a Third World country, it's happening here.

I think working in the world of the prisons is itself an island of hope, in that we are really confronted with the psychosocial problems that create anti-social behaviour. I think working with children is also hopeful because here the professions are less stuck in the biogenetic paradigm—hyperactivity notwithstanding! We'll see that the answer is not a pill but that the answer is social engineering.

Kasia: *Has psychiatry been able to embrace systems thinking?*

Carolyn: There has been some capacity within child psychiatry to embrace it, but even in child and adolescent psychiatry there's always been a tendency to let the social worker do it. That reminds me of the old child guidance clinic days. These days of course the social worker won't speak to the mother on her own, she'll probably interview the family. I just wonder why psychiatrists create this kind of hierarchy. It appears psychiatrists see systems thinking as something that they need not bother with. I think that overall it means that we continue to be blind to systemic issues, we continue to treat the scapegoat and not understand the systemic issues involved.

Kasia: *What is your view as to the main dilemma facing psychiatry today?*

Carolyn: Firstly I think psychiatry has embraced the biogenetic paradigm much too vigorously, which has pushed us back into a kind of medical model approach to psychiatry. I had a depressing thought recently that as a psychotherapist I was going to be regarded by young psychiatrists as rather quaint, you know, 'I can knit and I can do psychotherapy'! And they are sort of in the same category! Why would you knit something when you can go to the supermarket and buy it and why would you sit there and talk to somebody for five years when you can give them a pill?

Secondly a lot of the most interesting work has been taken up by non-medical people. I think for example that psychiatrists actively abdicated family therapy and allowed it to be taken up by others. It was more comfortable to do one to one therapy. Clinical psychologists and social workers have embraced a lot of the psychotherapies and a lot of the more creative ways of working, like family therapy and cognitive behaviour therapy. In many ways psychiatry has allowed itself to become deskilled. We seem to have been manoeuvring ourselves into a situation where we make a DSM diagnosis and write a prescription and I don't understand how you need five years of training to do that. I just feel depressed about that approach to psychiatry. It's similar in the United States to Australia, and to a lesser degree in the UK.

Kasia: *And are there any dilemmas that face family therapy in Australia today, in your view, in terms of where it is going, or developing?*

Carolyn: I actually lost interest in family therapy in recent years too, because I think when family therapy started going down the track of Narrative therapy it seemed to me like they were re-discovering psychoanalysis. And I felt that it had lost a lot of its energy. It had lost the working with the system, because it seemed to me like—and I'm not really an expert on Narrative therapy so this is maybe not a very sophisticated critique—but my impression of Narrative therapy was that it was sitting down talking with a person about their background.

Kasia: *So in thinking about your professional identity, what professional group or conceptual paradigm do you feel most affinity with now?*

Carolyn: I hate to say 'eclectic' because it always seems like such an insipid description, although there was a time

when eclectic was quite a respectable thing to be. I think these days saying you're eclectic it is assumed you are able to do a bit of everything but not really able to do anything very well. People today tend to go into narrow fields and specialise. It's okay, provided people map out the boundaries, and are clear about the problems that they think they can deal with effectively. But I see a lot of 'experts' with very narrow approaches trying to generalise these as an answer to everything. There are times when you need to understand the system and there are times when you need to understand the individual. You have to be able to move in and out of the two dimensions depending upon the needs. If you're stuck in one dimension, then you are not flexible enough to see the whole picture.

What does excite me is the work that's been done in the area of trauma. People are re-discovering the paradigm that Freud was developing at the end of the last century. In a way we are going back one hundred years. I'm hopeful that by becoming interested in trauma, people will re-discover the importance of developmental experiences, the importance of infant and child development. The language of course is different, we are calling it something new, we are not talking about 'neurosis' anymore, we are talking about 'trauma'. There is also a new understanding articulated by people like Alan Shore that experiences such as trauma have a neural substrate. I think that's very exciting because it confounds the body-mind

boundary completely. It reminds us all that psychology is biology and biology is psychology.

Now I think you've got my whole story!

Publications by Carolyn Quadrio

- Quadrio, C., 1981. Schizophrenia and Family Therapy, *ANZJFT*, 2, 3: 123–129.
- 1982. The Peter Pan and Wendy Syndrome—A Marital Dynamic, *The Australian and New Zealand Journal of Psychiatry*, 16, 2.
- 1986. Analysis and System: A Marriage, *The Australian and New Zealand Journal of Psychiatry*, 20, 2: 219–224.
- 1983. Rapunzel & the Pumpkin-Eater: Marital Systems of Agoraphobic Women, *ANZJFT*, 4, 2: 81–85.
- 1986. The Middle Years, *ANZJFT*, 7, 1: 33–37.
- 1986. Individuation as a Life Process, *ANZJFT*, 7, 4: 189–193.
- 1991. Women in Australian and New Zealand Psychiatry: The Fat Lady Sings, *The Australian and New Zealand Journal of Psychiatry*, 25, 1: 95–110.
- 1992. Sex and Gender and the Impaired Therapist, *The Australian and New Zealand Journal of Psychiatry*, 26, 3: 346–363.
- 1994. Sexual Abuse Involving Therapists, Clergy and Judiciary: Collusions and Conspiracies of Silence, *Psychiatry, Psychology and Law*.
- 1994. Do we Need a Psychology of Gender Difference?, *ANZJFT*, 15, 4: 177–183.
- 1996. Sexual Abuse in Therapy: Gender Issues, with comments by John Ellard and Cherric Galletly, *The Australian and New Zealand Journal of Psychiatry*, 30, 1: 124–133.

Acknowledgments

Grateful thanks to Anne Duffy who transcribed the interview with such dedication, patience and good humour.