

'Let's Live, and See': Interview with Moshe Talmon

Lil Cox and Alistair Campbell

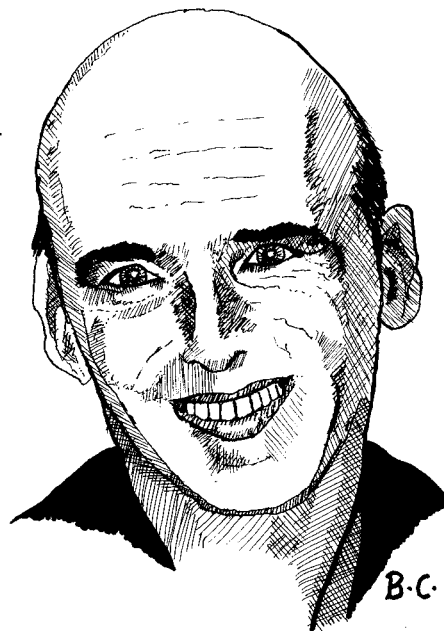
Moshe Talmon, author of *Single Session Therapy* and *Single Session Solutions*, spoke to Lil Cox, family therapist from Oakrise Child & Adolescent Mental Health Service at Launceston, when she caught up with him at the Inaugural Pan-Pacific Family Therapy Conference in Melbourne, Australia in September 2001. He spoke about his early life, training, his research showing that clients can get what they need from one session, and his current approach to therapy. Finally, he gives his reasons for continuing to live and work in Israel.

Moshe talked to Lil about his early life on a kibbutz in Israel and how the experience built in him a sense of group responsibility so different from the individual focus on children nowadays. He spoke about his relationship with a father who 'believed that children were born to be adored' but who 'left the discipline to my mother'. He described how the tragic death of his father from leukaemia, his own brush with death from a heart malformation, and his participation in the 1973 Yom Kippur war, led him to the understanding that studying to be a psychotherapist 'was the most important thing to do'.

Moshe studied and trained in the US through the 1970s and was influenced by some of the 'greats' of family therapy including Minuchin, Haley, Madanes, Satir and Whitaker. As part of the therapy culture of that time, he began to question the belief that clients who do not return after their first visit are 'therapeutic failures'. After looking at the data, he identified that many people only required one visit to get what they needed at that time. Moshe has since developed a comprehensive stance of doing therapy as a 'one-at-the-time', which can be applied to both single and multi-session interactions.

The journey has at times been a difficult one for Moshe. His approach has been attacked in many quarters as shallow and misleading. But, as he well knows, such attacks are usually from people who have not actually understood nor have read what he is presenting. Nevertheless, Moshe now chooses to focus on his own family, 'to be available on a very daily basis to the smallest and silliest needs of my kids' and 'to be away, outside of the talking circle'.

Lil: I'm wondering what your orientation is now?



Moshe: On one hand I am very close to what is now considered a constructivist position. Very much like many people of my generation I belong to the so-called post-modernist constructivist view. But, I think that we went too far in playing the 'good guys, bad guys' game where we say that the psychiatric labels of the 'bad guys' in psychiatric units are imposing mental illnesses on people. We also have to realise that there is a physical, chemical and biological reality of illnesses, including mental illnesses, and there are cases where, for example, anti-psychotic drugs indeed help people to avoid discrimination or re-hospitalisation and allow them to be part of the community. There are kids with real ADD where Ritalin can help them stay in school and not be locked out of their schools or families because they are acting out. There are people who have dysthymia and depression and the SSRIs can help them to face life with a bit more ease. I don't think psychiatric drugs cure anybody, but I don't think family therapy can either. I think we went too far in



Alistair Campbell was asked at short notice to interview Moshe Talmon, when the latter came to Melbourne to speak at the 22nd Family Therapy Conference there.

Lil Cox prepared the questions with Alistair, but had the honour of meeting and talking with Moshe. Alistair then continued to liaise with Moshe, and wrote up the interview. Address for correspondence: Alistair Campbell, 10 Birdwood Rd, Birkdale, QLD, 4159.

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the idea that with the correct questions we would construct metaphors and families would alter their lives thereafter due to these metaphors. I think that, with all due respect to my own and other people's views, we have to acknowledge humbly our own limitations and also to acknowledge the reality that there is a real brain with a real biology and not only relationships and culture. We have to take a more humble and cooperative stand.

Lil: That's very interesting that you would say that. So, what is your theory of pathology?

Moshe: That there is biology that needs to be taken into account and treated sometimes. That we have a spontaneous ability to yield and a spontaneous ability to fight back. We help clients to utilise the psychological and physical immune system as well as the sociocultural system. We can and should fight back against social

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oppression and we can fight back against germs and cancer. At the same time, we need to avoid telling people that they 'create' their own illnesses or create an expectation that if only they will reconstruct their thinking and language they will be cured. That's awful. It's putting people in an impossible position, to think they create all their problems and illnesses. It's putting a little bit too much both on the therapist and the clients. Basically we need to live reality not only as a subjective experience but also sometimes as an objective reality. But, this is just my comment on my own state of mind and evolution as a 'psychotically' optimistic therapist.

Lil: So, what are your thoughts about change?

Moshe: It is interesting because I keep a very positive and optimistic view of change. But, the view of change that is most important for me now is the view of change held by my clients. Some people come to therapy and think people never change and are able to keep this view all along. Some people come to therapy and think that people have great abilities to change but they get disappointed when change doesn't take place as much as they had hoped it would. So, as long as I'm a therapist, I am on the side of believing that as long as we live we change all the time — internally and externally, physically and mentally. I very much want clients to realise that there is continuous change and sometimes they get stuck with the idea that they will not change, although as long as they live they are subject to the ongoing processes of change.

Lil: Are there key times when people change?

Moshe: In my work, the key times for changes are when you cannot take it any more and you get to your wits'

end. What we have to realise is that most people have never seen a psychiatrist nor a psychologist and are not 'psychologically minded', and have no interest in becoming 'psychologically minded'. In the States, I worked with a team of people whose clients were primarily working class families and they would use psychiatric services very much as they would use other medical care. I don't think they ever went to physicians expecting ongoing therapy, nor would they would go to psychiatrists, psychologists or family therapists expecting ongoing therapy. They have a specific problem, so they want to get a specific answer, and if it works, fine, but if it doesn't they would try something else or do nothing. I recently read an interview with Haley where he said that the most important decision in the history of psychotherapy was the decision to charge by the hour and not by the result. I think that is somewhat true and it plays a tremendous role in our lives and our clients' lives and in the context in which we work.

Lil: Yesterday, when you talked about your single session work, you said that it is less clear now than it was back then.

Moshe: I think often about what happens when you get into a research project. I was clear when we conducted the research, and later when writing the guidelines or editing the tapes. The book came out and I would go out and present the research to people. I was paid to present the case and the value of seeing each and every session as a whole, complete in itself. But then you leave the pedestal and you go back to work with families. Sometimes I do single session therapy and sometimes I don't do it. I do work with very much of an orientation which is solution focused. But, I also do a lot of therapy which is very brief yet presents no solutions. So, as I move along and I continue to see families and individuals I have lost the clarity that comes as a result of having to present research data or clinical approach. But this is part of my commitment to continue to work with clients and not with theories.

Clients always allow me to stay humble and human with the confusion, and the knowledge that I don't know. There is this incredible challenge that each new family presents to us. What is most beautiful about being a clinician is that there is absolutely no guarantee that what you have tried with one family is the way to work with the next. As a matter of fact, most of the time it doesn't.

Lil: So, have there been changes that you have made to the original theory?

Moshe: Yes. When I first started with this single session approach, my main goal was to help therapists and client families not to feel abandoned or rejected because of the negative attitude towards dropping out in therapy. So I created a level of awareness of a planned single session therapy as opposed to what is most often is unplanned single session with a 'no show' to the second appointment. We would present at the opening of the session the possibility that we might have only one session and so let's see what we could accomplish today. I think that we were very forceful in that approach. I don't do it any

more. I sort of let it unfold and wait and see. The main goal of psychotherapy is to help people take care of themselves and continue with the business of life and hope they don't need any more sessions, but if they do that's all right too. I'm more aware now that clients' expectations and the course of life (after they leave the session), will eventually determine the length of therapy. There is an expression in Hebrew 'Let's live, and see', which I often used when asked if more than one session was needed.

Lil: So you leave it up to clients?

Moshe: Yes, because it up to them at the first place. When I see first timers, I don't know all about their level of readiness. I do not know enough about their expectations of change, and expectations of change clearly influence their reported outcome, and therefore influence the length of time that is required to meet these expectations. Also, I don't know if they know enough about the future. Life itself presents the good luck and bad luck events that then support or nullify what you did in the session. For me, single session therapy is still about making the most of each and every session, but still knowing that you don't know if the course of therapy will be long or intermittent, or if it will just be brief. So I try to work by letting the client decide what they want after they realise the outcome of the session. Then I need to respect what they decide to do.

I am not against people who decide that they want to go into long-term therapy or to people who decide to use medications. I am not an antagonist to people using alternative medicines, either in combination with psychotherapy or even excluding psychotherapy. For example, in the last few years I have been working in close collaboration with primary care physicians as well as 'non-verbal' psychotherapists (using movement, music, touch, etc.). I know how to work well with conversation, but some people work well through music, dance or physical exercise like Tai Chi, and that's fine with me. Yes, I'm well aware as a private practitioner that we compete for clients and resources. Yet in my book the best way to compete is to collaborate.

Lil: You also said something yesterday about how it is that you keep yourself forever curious. Can you say something about that?

Moshe: I guess that the issue of curiosity in my life is combined with the need to stay optimistic and be willing, in spite of all that happens to people, to keep the light at the end of the tunnel. I think that clients are looking for that in us. At times, like all of us, I do get discouraged and desperate, I do get confused and what is happening to families does paralyse me at times. I think that curiosity allows me to stay in the process. Curiosity allows me to respect their ways of being and to stay connected, to stay empathic, and to be with families even when their efforts are failing. Maintaining human connectedness and caring is a huge responsibility for all of us who chose this ever-challenging profession.

Lil: Finally, what are your thoughts about the conflicts that are happening in your country?

Moshe: Thank you for asking. Being born and raised in Israel teaches you a lot about staying optimistic despite everything that happens. When an Australian says to you 'Don't worry' as a common figure of speech here, she or he literally means you need not worry. Everything will be fine. Israelis say that as often to one another, but know, it *may* not be fine. The other night, I watched on Israeli

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news a nineteen year-old soldier at the funeral of his best friend killed in the daily war against terror. He cried in front of his friend's open grave and asked forgiveness of the friend's mother who always worried for her son. The friend cried: 'I always told you: "Don't worry. Everything will be safe and fine" and now nothing is safe and nothing is fine.' It is difficult for a person who believes in dialogue and who believes in human connectedness to witness a constant state of war and bloodshed.

We (Arabs and Jews) live on a very small piece of land, where the 'victory' of one side is the 'tragedy' of the other side. My own personal history of having to witness two wars as a child and participate in two wars as a young adult firmly increased my belief that the only solution is to have people sit down and talk. We don't only have a small land to share; we have limited resources and time to make it worth living. People in the Middle East have to not only recognise and respect their differences but also to recognize that 99% of our genetics is the same. There is only 1% that is different, yet it creates an incredible amount of conflict. The fact is that for the last 100 years (and for 52 of those I have been alive) I have witnessed a history of terror and wars, and these days both sides see absolutely no end to the situation. The tool I have as a family therapist is the realisation that despair and hopelessness are incredible and powerful forces for change. This is where we start therapy. So, anything that looks like ending is an opportunity for a new beginning. I will not be able to be an Israeli therapist unless I keep this hopeful view of life.

I did my doctorate and post doctorate studies in Boston and Philadelphia. I worked for six years with Kaiser Permanente in California. I have an American license as a psychologist. I have dear friends and relatives in Australia. Personally, I have an option to live in wider, richer and more peaceful lands. I chose to return to Israel as my homeland and will do my best to help people live more peacefully whenever it is possible. ©