

Contact, Contract, Change, Encore: A Conversation with Bob Goulding

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Abstract

An interview is presented in which Robert L. Goulding, M.D., describes aspects of his personal and professional development. He assigns special importance to his training with Fritz Perls and his long-term collaboration with Mary Goulding as the turning points of his life and career and discusses his views regarding key aspects of effective psychotherapy.

The following is the annotated transcript of excerpts from an extended conversation I had with Bob Goulding in September 1990. We had met in 1985 and worked together in different ways. Desiring to produce some lasting record, I approached Bob with a proposal to do an extended tape-recorded interview. Despite the encroachments of age and advanced emphysema, his generosity, curiosity, enthusiasm, tenderness, toughness, incisive intelligence, wit, and present-centeredness all were available and apparent.

Hoyt: I thought what we would do today, Bob, is to spend some time talking about Bob Goulding—how you got into psychiatry and psychotherapy, how you became the therapist you are, the supervisor you are, and the person you are.

Goulding: Well, that sounds like a lot of ground to cover for one interview—it might make about a 12-hour collection.

Hoyt: Where do you want to start? Here, or on the other end?

Goulding: Well, right now we're here, in my house, our house, Mary's and my house. I'd like to start where we're at professionally, at this point. I'm nearing retirement. All I'm planning in the future at this moment are some one-weekend-a-month, ongoing trainings and maybe a couple of one-week workshops, some lectures,

but pretty much not doing much else. It's taken me 72 years to get to this point.

Hoyt: Well, this is September 1990. Next month you'll be 73.

Goulding: Yeh, October. It seemed to me and it seemed to you that it would be a good time to stop and do some reflecting on what I've done, where I've been, and how I got there.

Hoyt: How long have you and Mary been at the Western Institute?

Goulding: Well, we've been here, at this place, Mt. Madonna, 20 years the first of May this year. When Mary moved to Carmel in 1965 from another part of California [Castro Valley], she went to work for the Salinas and Monterey mental health clinics where I was the Director of Adult Services. We've been working together in one way or another ever since then. First I taught her about group therapy; then we worked as cotherapists with both the clinic groups and other groups in private practice in Carmel, then she started doing groups on her own as well as doing groups with me. Then we started much more of a training program over in Carmel and did some workshops up in San Jose at a farmhouse—our institute was then called the Carmel Institute for Transactional Analysis. We changed it from the Western Institute for Group Therapy to the Western Institute for Group and Family Therapy at Virginia Satir's request. I had been friends with Virginia for a good number of years, and she wanted to come along with us on this adventure. She did the first workshop with us in our new house, in June of 1970. So we've been here since 1970. Mary and I have been married for 20 years. In fact, our wedding anniversary is coming up on October 12th.

Hoyt: You were married where?

Goulding: Well, the first time we were married informally and without sanction of the law [laughs] in Cuernavaca, Mexico, at Satir's conference. I remember it was her first conference, what they called "The 100 Beautiful

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People Conference"! I remember we got off the plane at the airport and we heard this person barking, "100 beautiful people! 100 beautiful people!" [laughs]. We had a wonderful wedding—David Steere and Irma Shepherd were our marriage facilitators. They said the magic words, and the whole group sat around hand-in-hand in a big circle . . . and we had a wonderful wedding ceremony. Then we were married here legally the following April with our family and good friends, which was really a whole lot of fun.

Hoyt: Does *here* mean here?

Goulding: Here on Mt. Madonna, here in this house, under the big tree that was just chopped down because of the big earthquake. So, we've been together ever since.

Hoyt: In addition to friendship, what did you get from Virginia in terms of learning to be a therapist?

Goulding: Oh, how to do family therapy her way [see Satir, 1967]. I'm sure it changed a lot from the time we were together years ago and the way it was before she died—I didn't see a lot of her in the last three years. She was busy gadding about, we were busy gadding about, and we didn't always gad about in the same circles. I think the last time we saw her was at the Evolution of Psychotherapy Conference.

Hoyt: In 1985.

Goulding: That Jeff Zeig [1987] put on in 1985. I may have seen her a couple of times since then, but that's the last I remember. She and her group did their Quest for Peace outside the conference one evening.

Hoyt: I remember that. That's when I first met you.

Goulding: Is that right?

Hoyt: I remember, I came up after your talk and said something about how much I enjoyed it, and you said, "Well, come and do a workshop!" And I said, "What would happen?" and you said [imitates Bob's deep voice], "You'll find out. Come and do a workshop!"

Goulding [laughs]: Always hustling [laughs]. I've been good at hustling. I'm using "hustle" as a fun word, to identify the fact that I've not sat back and let the world come to me. I went out and met the world, writing, teaching all over the world, people coming here from all over the world. It's been a very exciting time.

Hoyt: You've promoted yourself, in the best sense. You offered people something that they wanted to come for.

Goulding: That's right. Good psychotherapy. And our model, the rededication model, is a really different model than has been taught before. Even the word is our word—we couldn't find it in the dictionary. It fit. People were asked to make *new decisions*, different than the decisions they made in childhood, which in childhood were perfectly appropriate for that period of time in their life, the people around them, where they lived, and so on, but are no longer appropriate in terms of their healthy life today. And our original concept was that the way to get into people changing is to get them to decide differently while they're in their Child ego state. What TA calls the Child ego state, which at that moment is free and is not in any way reacting to internal or external parents. It's made purely from what people want to do—not either for or against parental messages, injunctions, or counterinjunctions.

Hoyt: It comes from the *person*.

Goulding: From the internal guts, wanting to do it differently.

Hoyt: Tell me how you came to understand that, to see the importance of working with the inner Child.

Goulding: Well, I'm sure that some of that started with my general psychiatric training; it encompassed that idea because it always talked about parents and how parents affected development, and so on. But, of course, there are three parts to us, today what we call the Parent ego state, the Adult ego state, and the Child ego state. The Child ego state is that part of us which once was a child and still does things at times as that child did. And some of the things that we call "aberrant behavior" or "mental illness" or whatever are based upon those kinds of early decisions. So it seemed kind of obvious that the way then to get people to change is to get them to change what they had once decided, which means helping them get into their Free Child ego state so they can make that decision.

Hoyt: This is such a shift, though, from how many psychotherapists work who are very rational and sort of explain to people what they should do and point out how they're not doing

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the right thing and how their thinking is distorted or they're not making right choices.

Goulding: All of those things may be appropriate to do, but that's only doing Adult-to-Adult work. What we're doing is saying you've got to bring the Child into the act. The Child is the one who made the decision in the first place, so if you don't bring that Child, that part of the person, into the crux of the change, that Child will screw up the works, will destroy the work, will not allow the change to take place. Because if he says or she says, "Hey, what about me? I was getting my goodies all these years doing it this way and now you say up there, Adult, that I can't do it this way? Ho-ho-ho." That child will sabotage the work. So, no matter how much Adult explaining you get, the Child still runs the roost. So until that Child has agreed to change, you don't get a good change.

Hoyt: Do you remember when you went "Ah, ha!" when you recognized the importance of that? Was there a case, a moment, a discussion?

Goulding: Michael, I think it just grew. I'm sure there was a time, but I don't remember a case. I just recognized more and more . . . well, part of it was that I was aware that the Adult work done by Eric [Berne]—which was great work in which people really understood—didn't change what they wanted to change. You know, we were in the same office building, Eric and I and Dave Kupfer. So I started looking for what could we do that would facilitate them changing more than just Adult awareness. I was doing a lot of marathons. Dave Kupfer and I did our first marathon in 1962 at Esalen—no, our first was in Marin at the fellow's house [Michael Murphy] who now has Esalen, matter of fact.

Hoyt: When a therapist is working in his or her office, not doing a marathon, what are some of the technologies, some of the methods they can use to get people back into their Child more quickly?

Goulding: Oh boy, that's an important question! One of the things that is important is to not take a classical history—"When were you born? Where were you raised? and Who were your parents?"—all "were" questions. What we do to start is to make the questions, "What year are you born? Who's living with you? and Where are you living?" Hear the "are's" rather than the

"were's"? Every time we ask an "are" question people begin to get more and more in the present tense, they bring the past into the present. Well, when you bring the past into the present and use it as if you're in the situation right now, you're drawing more and more on a Child ego state kind of work, with affect immediately. As soon as people start saying "are" instead of "were," they begin to increase their affect—they get more sorrowful or more angry or more anxious or more scared—because they're beginning to tap into the reservoir of feelings that have not yet been resolved in that Child ego state. So it starts right in the beginning with the ways in which we get people working. And then, when you start doing Gestalt work, two-chair work, you separate out: You have people sitting in their own chair, where they started from, talking to a Parent in another chair, and you begin to get a division between the Parent out there and the Child happening over here. And you get people to be able to fight back to that part of them which they no longer want to listen to when they sit back in the original chair. That's the easy way.

Hoyt: What else?

Goulding: Humor. Humor is a wonderful way of getting people into the Child ego state. And I'm a very funny therapist and I use a lot of humor in my work, including jokes and including profanity when it's appropriate or sometimes when it's not appropriate. Whatever it is that I can see I can do to get a laugh will facilitate getting into Child ego state work. Or doing physical stuff, for instance, when we do desensitization of heights or water. Now we do it in fantasy, as we learned from the behavior therapists, but we also do it in reality. We'll have people sit in a chair in the barn or seminar room and look at a ladder across the way and fantasize themselves walking across the driveway and climbing up the ladder and stepping over onto the roof and walking over to the top of the roof and looking at the view. And we'll have them do all that in fantasy first, and then have them do it in reality. When they do it really they're taking their body into it now and their movement into it, and it becomes an entirely different process, where they anchor in their Child ego state the feeling, the real feeling of climbing that ladder.

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Hoyt: It's the power of *experience*, rather than talking about history or what went wrong. It's living in a new way.

Goulding: That's right. A lot of our work is experience, exactly. We learned from the Gestaltists, from the psychodramatists, a lot of it we developed ourselves—that's what rededecision therapy is all about.

Hoyt: Tell me about the evolution of your learning to use experience. Were you trained as a psychoanalyst, were you sitting back and passive?

Goulding: No, my basic training in psychiatry was after I had spent 15 years in general practice. I was a general practitioner in North Dakota for 10 or 11 or 12 years, and then I was in Carmel for a year as a general practitioner, and then went back and got my psychiatric training. That was a very interesting program, because I was at a Veterans' Administration [VA] hospital in Perry Point, Maryland, and there I had a number of teachers, clinicians, who were differing kinds of therapists. I had a guy who did marital therapy, a psychoanalyst who did classical psychoanalytic psychotherapy, I worked with a family therapist in Baltimore who did his classical kind of family therapy. I worked with some practical, pragmatic people who did practical, pragmatic stuff. So I learned a whole flock of different kinds of therapy skills. Then I came back to Carmel and looked up Erie Berne because I had just read his book [Berne, 1961]. We had played poker together in the past. I told him I wanted to learn TA, and also I wanted to complete my analysis with him that I had started in Baltimore. I wanted to do both.

Hoyt: What did he say to you?

Goulding [laughs]: That's an old story—he said [*imitates Berne's voice*], "Well, that would be kind of sticky!" So, I decided that I wanted to learn TA. So I learned TA from Eric, at 11 o'clock every Saturday morning for a couple of years. [In another conversation Bob indicated to me that it was he who had originated the "OK" concept and the term "I'm OK, You're OK" during one of those morning tutorials with Berne.] Then Fritz Perls came to Esalen, and I was going to Esalen a lot in those days. I attended a workshop led by Fritz and Jim Simkin. Satir was in the workshop, and Irma Shepherd

and Joan Fagan and Howie Fink, and a number of other people that I've kept friends with all these years. Marvelous workshop. I learned as much about Fritz's keenness and savvy by being a friend of his as I did by being in his workshops. He was really a wonderful guy. He did some things that people didn't like, but I liked him.

Hoyt: When you talk about Fritz you get a twinkle in your eye.

Goulding: Oh, yeah, well Fritz had a few in his eye, too! [*Laughs.*] Yeah, he was a lot of fun. But, anyway, Eric gave me an awful lot of stuff. Got a lot from Fritz. And I've learned from the Polsters [1973], and from the people I've worked with over the years.

Hoyt: How are you different from knowing Fritz, different as a therapist?

Goulding: I learned Gestalt therapy from him. I think I got a lot of Fritz's wit. Well, I used Fritz as a good springboard for my own wit, let's put it that way. I didn't get it from him; I would use wit in therapy. And also, I made a major change in my own life with Fritz and Jim in the workshop that I did. I always knew that I was smart and I was hardworking and I was good at whatever I did, but I didn't realize how powerful I was until I got in touch with my own power at that workshop with Fritz and Jim. So, in addition to everything else I may have learned in terms of working, I also learned how important power is, and how important *my* power was, and how powerful I was.

Hoyt: Would it be fair to say you made a rededecision?

Goulding: Sure it would! I didn't make it in that kind of conscious way at the moment, but I can remember when I claimed my own power. It was a wonderful piece of work. I was in the group and it was the second or third day of the workshop, and I was beginning to feel very turned on but with some tears, and Fritz noticed that I was tearing and said, "What's up, Bob?" And I said "I'm just feeling so moved." And he said, "So *move!*" And so I started to move, and erupted, as it were, and I kept saying "I feel like a volcano, about to blow up, but . . ." [*loudly imitates Fritz*], "Then blow up! Blow up!" So I became louder and more noisy and [*imitates Fritz again*]: "BECOMING A VOLCANO

SWIRLING INTO THE ATMOSPHERE!!" It was wonderful! [Laughs.] Like we reclaimed my volcanic powers, as it were. [Pause.] It's very touching, as I think about it now. I'm moved again to tears. Great experience—it was a good workshop. The two big turning points in my life were that workshop and meeting Mary [pause]. It was very exciting to be around Carmel at the time—there was Satir and Fritz and Simkin [1976] at Esalen and Berne in Carmel. [For some histories of those times, see Anderson (1983), Hatcher and Himelstein (1976/1983), Jorgensen and Jorgensen (1984), Perls (1969a, 1969b), and Shepard (1975).] It was really a great place to be. We all kind of developed together, as it were. Separately, because we were all on our own mountains, but we were all developing our skills and our knowledge. And I've kept learning. You've almost got to—if you want to stay with the flow you just have to keep at it. To stay on top of the psychiatric psychotherapeutic world I have to keep changing, too.

Hoyt: What are you looking at nowadays? What's exciting you?

Goulding: This is exciting right now, doing this interview. Teaching is exciting me. I've long since gotten tired of treating sick people. I like to treat people who are not sick, who have things that are blocking their own process, their own growth. Therapists, particularly. I love to treat therapists, that's what I do: treat therapists, train therapists. The treatment is part of the training. What I like to do is to get people like you here that I can not only train in the techniques of therapy but also facilitate grabbing your own power and your own stuff and increasing your own abilities by helping you get rid of those things that may be getting in your way. [See Hoyt and Goulding (1989) for a detailed report of a supervision session we did together.]

Hoyt: Let's talk about supervision, training.

Goulding: All right.

Hoyt: Mary and you have traveled all over the world teaching. You've taught thousands of therapists, you're world renowned, you've been honored by different associations, you've been on the faculty of the Evolution of Psychotherapy conference, the Fielding Institute has recognized you with an honorary degree. When you approach a situation for supervising, do you have

a thinking framework, do you have an idea of what you're trying to accomplish?

Goulding: Sure. I've got a list of things that I use in my head when I'm doing therapy that's really a very simple list. It's literally a list—I've written it hundreds of times. [The list: contact; contract; con; chief bad feelings, thinkings, behaviors, and body; chronic games, belief systems, and fantasies; childhood early decisions (injunction and counterinjunctions, scripts, stroking patterns); impasse resolution (redecisions, ego state decontamination and reconstruction, reparenting, etc.); and maintaining the victory (anchoring, changing stroke patterns, plans for using the redecision in the future). See M. M. Goulding (1990), R. L. Goulding (1983, 1989), Goulding and Goulding (1978, 1979), Hoyt (1995), Kadis (1985), McClendon and Kadis (1983).] Things I am listening for and looking for and watching for and feeling for, and I am training people to do the same way. A whole series of things, starting with something very simple, very basic, and that's the original contact that people make. How do you make your first contact?

Hoyt: You're establishing the relationship, the parameters, and you're also paying exquisite attention to language.

Goulding: That's right. Absolutely. Even when I'm on the phone with somebody I will often pick up things that they do, and say something back differently. Like I want to get somebody up here to lay some rugs, and the guy says, "I'll try and be up there," and I say, "No, I don't want you to *try* to get up here. I want you to *be* here. When will you be here?" So in that first contact I pick up words that are not clear and which are part of what I like to call a *con*. When people come here, the first contact they get is driving up my driveway, which is full of redwood trees and beautiful yards and pasture and cows and cattle and horses. And so, immediately upon coming into our property they recognize that it's a different kind of place. They come up our brick steps and they're not even the ordinary regular brick walk steps. They're longer and thinner, so you have to take more steps in order to get up to the house. When they try to open the door, the door is still jammed from our earthquake of last year so it's hard to get open. They

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have to make an effort to get in—that's kind of interesting. I tried to fix it but I figured, "That's part of the contact, what the hell" [*laughs*]. They walk in the front room, the foyer, and there are some artifacts from all over the world, some flowers, growing plants—a clarinet sitting on a shelf—a different kind of place. It's all part of the contact. It's all part of people saying to themselves in some way, "Hey, here's a different kind of place. Here's somebody, somebodies." They may not even think it consciously, but this kind of contact has got to push some buttons about differences, about "this place is different." So, the contact is a very important part of the process, and I teach that to people. How the contact is made in the therapy room is important. What people say when you start to form a contract. Eye contact. Being aware of what people are doing, making contact through what they're doing very often. That's all an important part of the process. I'm interested in who this person is, and I want people to be interested in who I am.

Hoyt: Then what?

Goulding: Then I'm interested in *contracts* in therapy. How people change—no, *what* they change. What they want to change. And in listening to the contract I'm also listening for ways in which they're going to screw it up, like the words they use that I call the *cons*. "Try" is one. "What I'd *like* to do" or "What my husband wants me to do" or "What my wife wants me to do." All the words that indicate they're not going to do what they've said they're going to do. And I confront them, and confront them, and confront them. So that the contract ends up being clearly stated, workable, and without much danger of being sabotaged by the Child. The patient has the power. [Reaches to the shelf behind him, pulls off a copy of *The Power Is in the Patient*, and thumps it.]

Hoyt: The title of your book [Goulding & Goulding, 1978].

Goulding: Right. All we have is this knowledge of how *you* can change. You're the one who's going to change—we keep that in the foreground all the time. Then we go through the process of the work that has to be done. And really, it doesn't make any difference what kind of therapy you do in terms of whether it's

redecision therapy or something else—anybody with good skills in any kind of therapy they do is going to effect some change. [This is borne out in *The First Session in Brief Therapy* (Budman, Hoyt, & Friedman, 1992), in which leading practitioners of different therapeutic schools, across varying methods, all attended early on to issues of alliance, clear goals, and patient involvement.] If you're a good therapist, you'll get that done. You'll make good contact, have a good contract, and then do the work that needs to be done and anchor the work so that two days from now, two weeks from now, two months from now when they get in the same kind of stress, they have a little button inside of them, the kind that goes "bzzzz" like a reminder. So, the *contact* and *contract*, the *middle ground* and *anchoring* are some of the very important issues. Incidentally, my speech at the Evolution of Psychotherapy conference down in Anaheim this year is that: "Contact, Contract, and Encore," I call it. The main body of my speech is going to be on those three things, not so much on redecision therapy. [Bob's failing health kept him from attending the Second Evolution of Psychotherapy conference held in Anaheim, California, December 12-16, 1990 (see Zeig, 1992). I went, and had two long phone conversations with him during the conference. In addition to wanting details about Mary's presentations and the audience's responses, he was keenly interested in a number of topics, discussed them intensely, and was very frustrated not to be physically present at the meetings.]

Hoyt: So it's making the contact; helping the patients recognize their responsibility, their role in their problem; and then helping them continue to access their power regarding how they're going to keep from turning back into being passive or being a victim of their problem.

Goulding: That's right, that's right. So when they start to get back into the game, or back into the script, or whatever it was, they can really recognize it, and if they've done some good therapeutic work they can anchor themselves or facilitate their anchoring themselves. So you asked me how I teach—that was the original question—I teach all of that to people. I teach them how to facilitate making the redecision,

because that's what we do, but that's not so important to me as teaching them how to do good general therapy. Whether they do redecision therapy or TA or whatever is not as much my issue as teaching them to do good therapy.

Hoyt: Be effective.

Goulding: Be effective. All of the things it takes to be a good therapist.

Hoyt: As I've watched you teach therapists I see a parallel between what you do with the trainee-therapist and what you want the trainee-therapist to be doing with the patient [see Hoyt, 1991]. You make the contact with the trainee, you listen for where this trainee is stuck, what this trainee needs to get unstuck, you help the trainee empower herself or himself, then try to help them remember that so they won't fall back into being ineffective.

Goulding: That's right. And in doing that, of course, I have to have the experience of doing therapy in front of me, so the best training I do is this live supervision in the live group doing live work. Not notes and so on—God knows I've supervised enough people with notes over the years, and that's important to do, to get people supervision of their own clientele, their own people that they're seeing, because people see all different kinds of people. It's also important for me, to train, to do it live as well.

Hoyt: If you're supervising the therapy from notes, you're actually supervising what they *said* they did, not what they're doing.

Goulding: That's right! That's why I'd rather have tape than notes. And I do that, as you know, if you've got a stuck patient that you're having a hard time with, you bring me notes of your work with that tough patient and I can still help you with looking for new ways of dealing with it. And that's an important part of supervision, too, and I like to do that. Most people who have trained with me do bring in notes of their work and occasionally bring in tapes. That is an essential area of supervision because people do get stuck—including me.

Hoyt: As part of your supervision work, you'll work with the trainee-therapist helping them overcome their difficulties working with a particular patient. Do you see a boundary between supervision and personal psychotherapy?

Goulding: I'm not sure what you mean by

"boundary." Certainly people do things that get in their own way because of their own script and their own games, and so on. A therapist who plays "Kick Me," for instance, is going to do something in the process of the work so that the patient wants to kick him or kick her. The therapist who is afraid of closeness and intimacy is not going to be reaching out as much and, therefore, will stay somewhat withdrawn from personal work compared to a therapist who is much more intimate and much more able to deal with closeness and enjoy closeness, and so on and so on and so on. Whatever people are stuck with gets into their therapy.

Hoyt: Are there times you'll say to a trainee, "I think this is more a personal therapy issue. We shouldn't call this supervision"?

Goulding: If somebody's sitting there in a chair and they've done something that I think can be worked through right then, I'll work it through right then. I very rarely say what you just said, that it's a therapeutic issue. I'll make a note in my head, and the next time we're still in the group and I have a chance I may go back and say, "By the way, when you were doing the therapy awhile ago, blah, blah, blah, blah—that's something to deal with."

Hoyt: If you find that you're not getting it worked through in the moment, that it's a recurring theme that this particular trainee comes up with case after case or session after session, then how will you handle that situation differently?

Goulding: I'm not sure that I would. I'd just keep coming back. What I don't want to do, you see, is have them feel like I'm looking over their shoulder in that kind of way while they're working. It's impossible to work with me in the room and not feel like I'm looking over their shoulder—because I am, obviously—but I don't want that to get in the way of their work. Now, when I experience that it is getting in the way of their work, and I know that they're better therapists than they're being in their work in front of me, I may look into what kinds of parental experiences they had, like "When you're a little kid, when did you get scared when your dad was watching you?" or "When you were a little kid, what happens in your house that you get scolded for?" There's all kinds of ways of asking those questions.

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Hoyt: I certainly remember the first times I was presenting work to you as my supervisor, and in the back of my mind I was thinking, "Am I doing it right? Am I doing it right? What's he going to think? Oh-oh, it doesn't sound perfect!"

Goulding [laughs]: Right.

Hoyt: And I realized, "If it sounded perfect, I wouldn't need to be having supervision."

Goulding [laughs]: It doesn't have to be "bad." You might learn something different and still be perfect. [Ever sharp, Bob picks up a "Be perfect" remnant—one doesn't need to be "trained" until some mythical (and unattainable) standard of "perfection" is achieved.]

Hoyt: Thank you.

Goulding: You're welcome. [Both laugh.]

Hoyt: Have you watched other therapists supervise—other than Mary, of course, with whom you work as a cosupervisor?

Goulding: Not very often. Some. I watched Satir a little bit, but not much. I watched Shepherd and Fagan because I visited them in Savannah, at Georgia State, when they were on the faculty [see Fagan & Shepherd, 1970]. Of course I've watched people supervise here when they're here for workshops. I teach supervision. We get a lot of people here who are advanced members of the International Transactional Analysis Association and who come to Mt. Madonna to get more time for their Teaching Member credentials. So I do a lot of good teaching with them.

Hoyt: Do you see patterns of errors or mistakes or places that supervisors get stuck?

Goulding: Michael, I'm not thinking of any at the moment. Do you have a hunch, the way you asked the question?

Hoyt: Well, the way I asked it is a leading question. I've seen the reciprocal of the trainee wanting to be kicked and I've seen supervisors who feel they need to be always right and they're looking for ways to make the supervisee wrong. Or they're making the supervisee unnecessarily dependent on them. They're not willing to stroke much; they're much more interested in finding what's wrong and in always being "one up" [see Hawthorne, 1975; Kadushin, 1968].

Goulding: The one set pattern that I think is more prevalent than anything else is people not willing to tell them when they're wrong. Most

supervisors who are getting training here give all the positive strokes. They may give the supervisee an option, but not many. They say, "I like this, I like that." But it's very rarely they say, "I would have done this, as another option." Or, "You were absolutely wrong not to pick up on that suicidal gesture that they made. You should have picked that up." Very rarely do I hear them do that. I don't know if I do or not. I think I do. I'd say, "You missed picking up on the suicide gesture."

Hoyt: I've heard you give that feedback to people, but do it in a way that didn't make them wrong. You didn't say, "You were wrong." Rather, you said something like, "This was an error," or "This is something that needs to be attended to, because it's so essential."

Goulding: Yeah. Right.

Hoyt: I think that's a problem in our profession. People sometimes try to be so nice and kind.

Goulding: Yeah, that's what I was saying. Sometimes they are too nice and don't pick up on stuff that's important to pick up on. Although I must say that my supervisees are a higher class of people! [said with a wink].

Hoyt: Indeed! [Both laugh.] In my work supervising I've found real differences between relatively beginning therapists and more advanced, experienced therapists who come to learn something new or come because they're stuck on a particular problem. I think beginning therapists need a lot of help learning to understand how patients get stuck and just learning basic techniques: what can you do in these situations. They also have their own contribution to the problem.

Goulding: As I say, everybody's at their own level. At an intensive workshop there's a chance to get both at the same time. Doing supervision in a group for me is much more than just economically sound. It's a way in which those who are advanced can get good advanced stuff and can relearn some early stuff, while those who are getting early stuff may have a chance to get some advanced stuff they wouldn't get otherwise if they were just in a group with people of the same level.

Hoyt: Much like group therapy is.

Goulding: Yeah. That's right [see Goulding, 1987].

Hoyt: You learn from others.

Goulding: [Pause.] Well, I'm just thinking about this book, how much stuff is in this book. We published *The Power Is in the Patient* [Goulding & Goulding, 1978] from a lot of articles that Mary and I had written prior to this book except for a couple that we wrote just for the book. One of them that Mary wrote is a wonderful, wonderful one-page article, "To My Clients" [M. Goulding, 1978, p. 15]. Ever read that?

Hoyt: I have.

Goulding: Isn't it beautiful?

Hoyt: Mary has a way sometimes of saying in a phrase or page or paragraph what other people with hundreds of pages have not said well. She gets right to the heart. She does it poetically and poignantly and right on, in a way that sticks.

Goulding: Yeah. She sure does. [In addition to those volumes coauthored with Bob, Mary's books include *Who's Been Living in Your Head?* (1985), *Sweet Love Remembered* (1992), and *A Life After a Death* (in press).]

At this point, Bob and I took a break for lunch. As we resumed the interview, Bob referred to the nasal canula and oxygen tank by his side, noting, "I need to be on oxygen most of the time, so I'm on it. It makes working a little harder, but I probably wouldn't be working much more anyway, so that's not particularly important. It's no fun, but that's how I'm surviving. Right now Bob Goulding is on oxygen, and will probably never get off it." We then went on to talk about how he got into medicine. Influenced by a family doctor and by an uncle who was a physician, he had firmly decided as a young child to become a physician.

Hoyt: When did you think to become a psychiatrist?

Goulding: Well, that's a different case. When I was in medical school—well, I'm not sure about that now. I was very interested in psychology, and when I went to college I had already read a lot of stuff that was written in those days. I read a lot of Freud and books about Freud. Now Freud didn't die until I was almost through

college, so he was around during my growing up years. I can recall reading the book Adler wrote, *Understanding Human Nature* [1927/1946], when I was very young. So I had an interest in psychology. I don't remember thinking, "I'm going to be a psychotherapist someday." And then when I was in medical school I took all the time I could get working in the psych unit. When I was in general practice in North Dakota from 1948 to 1957 I knew that I needed to know more about the treatment of mental illness because most of my practice was psychosomatic stuff. I decided during all those years that I had to go back and get some more training in psychiatry. What happened was, I had left North Dakota and was in Pacific Grove in 1957 when I decided to become a psychiatrist. I had a little Metropolitan, and I drove it all over the country looking for a residency. I chose Perry Point VA Hospital in Maryland—just exactly what I was looking for, a broad spectrum of therapies rather than just psychoanalytic stuff, which most hospitals were in those days, and I liked the people who were there, so I stopped my search and stayed. I remember it well, and I've never regretted it. I've had a great time as a psychiatrist and psychotherapist. But I'm not a classical psychiatrist in terms of I don't ordinarily deal with very sick patients anymore. I use almost no medications. I never did use much in the way of medication even when I was in full-time private practice. I'd rather make my interventions social or verbal, rather than chemical.

We went on to discuss his family of origin. From his father, "who ended up as the vice president of a large advertising firm," he learned "work hard, succeed." From his mother "I probably got more of my social graces. She came from a fairly prominent North Philadelphia family. She told a lot of stories. She was very pretty, a good musician, good pianist, a redhead with a violent temper. They weren't abusive, though—I didn't get any more licks than anybody else got. . . . She was funny, loud, kind of hysterical sometimes, but always with a cultured edge. Loving . . . my family were not much in the way of touchers. I don't know where I got my touching from. You know, I

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touch a lot. My mother touched certainly more than my father, but I don't remember her being very touching, particularly. Touching wasn't done much in my family, either side."

Our conversation then wended lambently through a variety of topics: life and medical practice in North Dakota, baseball, music, hunting, fishing, fun with old friends. He spoke fondly of his old North Dakota friend, Don Stewart, who taught him to fish [see Goulding, 1978].

Goulding: Every psychotherapist should also be a fly fisherman, know when to put the bait out and when to pull it in [*laughs*]. It's important: when to strike. Half the process is striking at the right time. Give a confrontation to a con when the person is not ready to accept the confrontation of the con, and it's much harder to get his attention, just like a trout. If you don't lay that fly right where that trout is feeding, they'll never even see the fly. You've got to be able to lay it in the right place at the right time, when the trout is there. It's nothing different than good psychotherapy—you lay the fly down at the right place at the right time [*laughs*]. GOT IT?

Hoyt: Got it!

Our discussion of life back then continued.

Goulding: Those North Dakota days were really different days for a city boy. Going on a house call at dawn and the sun is just beginning to light up the sky, not even a view yet, and I'm driving along the road seeing birds flush out of the ditch alongside the road and maybe scare a couple of deer that are feeding in the ditch or in the field nearby. Wintertime hearing the tires crunch on the snow as I was going out on this house call—and there was almost always snow—and sometimes so cold it was unbelievable. And I remember one day, one night, I was out on a house call—it wasn't really a house call, it was a road call—it had been reported to us that a guy had a coronary in his car. So, whoever it was who found him called me and I called the sheriff and the ambulance company—the ambulance company was also the mortuary in little towns like that; the mortuary van doubled for an ambulance. We went out

Highway 85 looking for this guy, and we found his car, but we couldn't find him. And it turned out later on that some forestry service guy went by and found him and took him to the hospital in Dickinson. It was so cold out. We got up to the little town called Amidon, north of Bowman, when we couldn't find this guy, and went into one of the bars to warm up and get a drink. There at the bar was a guy, whose name I won't mention here because he may still be around, who had been working very hard in AA for a couple of years in North Dakota, and here he was sitting at the end of the bar just drunk as a skunk. He thought if he got that far away from Bowman he could get away with it. And he tells the story: "Jesus Christ! I'm peeking through the door in the bar and in comes Bob Goulding, the sheriff, and the undertaker!" [*Laughs.*] Caught! Caught!!

Hoyt: [*Laughs.*]

Goulding: I remember one time I had two deliveries at one time in the hospital. One woman was on the gurney and one woman was on the delivery table. I had to go back and forth between the two women in the delivery room. They were simultaneously delivering. I had to make sure that neither one of them was in a bad place, and I could kind of let the nurses help, which they were very good at. This time I delivered one with my right hand and one with my left hand, standing in between the two women—which is not the world's best antiseptic condition—but we got the babies delivered. I was very careful not to cross them over. It was quite a hospital.

Hoyt: You loved being involved in people's lives.

Goulding: In that kind of medicine, yeah. I really did love it. I'm glad now that I quit it and went into psychiatry, cause I've had a lot of fun doing psychiatry, too. But it was a very rewarding ten years in North Dakota. I was really a part of the community in all kinds of ways. This practice here, of course, I'm not a part of this community at all. I'm part of a different community, but it's a worldwide community rather than a local community. I hardly go to downtown Watonsville. If I went back to North Dakota now probably half the people in the street, adults, I delivered.

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Hoyt: There's a carryover, though, the way you work with people here: the contact. They come to your small town and you get totally in their life.

Goulding: Oh, yeah. Sure. I've said many times that the best experience that a psychiatrist could have is do some general practice first.

Bob then talked about his days in the 82nd Airborne, when he was a medical doctor who made 37 practice parachute jumps. Our conversation continued, touching on various family memories. It had been a long day, and Bob was visibly tired. Before we stopped, I asked:

Hoyt: Tell me about this Mary Goulding woman that you're seen with.

Goulding: The most important thing I ever did was meet Mary. Incredible woman. She's just an incredible woman. Loving, caring. I didn't realize how caring she was capable of being, because it hadn't really been her thing, until I've been sick. And she's just been incredibly wonderful. It's hard for me to do a lot of stuff, you know, and she's been here and on hand taking me places where I had to go and being supportive and not denying me anything. Wonderful. We've had a great 25 years of working together. Couldn't be a better cotherapist. She's unique, intuitive, smart, quick, loving, caring, confronting—everything a good therapist should be, she is. She's incredible. That one page in *The Power is in the Patient* says it all, the page "To My Clients." She says, don't tell me about your problems. Tell me about your health. What better thing could you say as a therapist than don't talk to me about your problems? You got to know about them, of course, but don't keep repeating them as part of the catechism or the ritual. [Or the "story" or "narrative" one constructs about self and life (Hoyt, 1994, in press).] How are you getting well? What are you doing that's good? What are you doing that's helping and healing? That's the important thing. What are you doing differently? What's your rededication? How are you bringing it about? These are not her words, they're my words reflecting her point of view—and mine. I think one of the problems with a lot of therapists

is they listen too much for pathology and not enough for health.

The "interview" was over. We had more conversations, but none taped. When I look back, I think I am a better person, a sharper therapist, and more alive for having known Bob Goulding. I learned about both the creation and the acceptance of one's reality. As I have written elsewhere (Hoyt, 1992), I remember his brilliant ability to listen and get right to the heart of the matter; his simply refusing to argue with me; his wonderful humor and irritable moods; his compliments about my wife (which I reciprocated); his insisting on paying me for some teaching I had done; his clueing me in that his famous fishing story (Goulding, 1978) had something to do with making money, too. I remember Bob's integrity, caring, power, and friendship. Some say that when a star dies you can still see its light for a thousand years.

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