Mini-Lectures by Bob Goulding

Edited by Mary McClure Goulding

Abstract

These mini-lectures were transcribed from teaching tapes made by Bob Goulding during his supervision of therapists who attended his ongoing training sessions. They are random thoughts in response to questions from his audience.

After her work on this issue of the Transactional Analysis Journal was complete, Mary Goulding moved from one apartment to another and discovered in her basement storage bin a few supervision tapes by Bob. She decided to include excerpts from these tapes in this issue.

"Remember that a redecision is made to fulfill a contract, so you are not looking willy-nilly for any old redecision. The redecision should conform to both the specifics of the contract and the early decision."

"Sometimes you may pick a scene for the redecision, like I just did when I asked you to go back to your family dinner table to tell them, "I Am Important!" But usually clients choose their own specific scenes and use their own words to redecide."

"Once years ago I was invited to North Carolina to give a talk to 200 or 300 psychiatrists. I was terrified. All my life I had been a stutterer, and I was terrified to speak in front of large audiences, and I was especially terrified because this would be an audience of psychiatrists. I drove from California to North Carolina and was terrified the whole way. The day of the talk I walked to the mezzanine to get a cup of coffee, and on the way downstairs I tripped and fell. I brushed myself off and then remembered that I'd left my notebook in the mezzanine, so I went back up. On the way down, I tripped again on the same step and hurt my ankle. This time I sat there on the step and said to myself, 'What the hell am I doing? Am I trying to break my damned ankle just to get out of giving this speech?' I decided that this was the problem. So I told myself, 'These psychiatrists came to hear me. They want to know about transactional analysis. I know the subject better than anyone in the world, except maybe Eric Berne, and they are paying to learn from me.' I went into the auditorium and gave a bang-up speech. And that was the end of my speech phobia. And when I stopped the phobia, I mostly stopped stuttering. That's an example of a redecision right in the scene, not in a past scene. And then I anchored my redecision by enjoying the speech!"

"Tickling is a form of rape. Any time you touch another person's body without consent, you are committing a form of rape. Tickling, slapping, tweaking, putting snow down the backs of jackets, pulling people into our swimming pool, all of these actions are violations, victimizations of people. I want everyone to know this and to stop doing these things."

"When I do live supervision, I maintain the right to come in anytime I feel like it. That doesn't imply that the therapist is making a mistake. Sometimes I come in because I am restless, or I have an idea I happen to like. Think of me as a mostly, but not always, silent cotherapist."

"If I don't get through a piece of work in 20 minutes, I'm not going to get through it in that session. I'd just as soon stop. Then people can go up in our hills and finish it for themselves, and the next day brag about doing their own work. They are proud of their ability to solve their own problems, and that's important."

"I've got four rules for stopping: First, I stop after a victory, a clear victory, which may be establishing the contract or may be the resolution of an impasse. The resolution of an impasse is usually a piece of successful redecision work. Redecision is Child work, as you know. Second, I stop if the client is stuck. I don't always get to a good place with a person. I'm not willing to stop and say that a person isn't getting any track. Either that's going to be all right or it's not. That's as far as I can go. I set 20 minutes for myself to keep a patient on track and then resolve not to keep the patient on track. What's going on in the patient? Can you try thinking of things that you can try?"

"How do you see the victory as an expression of the way the patient is making happiness happen?"

"Even if the patient does not believe in increments, he must feel success.

"People don't always ask for therapy. They won't.
not willing to go over and over and over the same material. When we’re stuck, either the person isn’t ready to finish or I’m on the wrong track. Either way, we need to stop and look at what’s going on. Third, when 20 minutes is up. That’s as long as I’m willing to work. You can set 20 minutes or 30 or 40 minutes. But set for yourself the maximum amount of time you are willing to work with one person in the group and resolve not to go over that time limit in any given session. The way you get yourself sucked into patient games is to go on and on and on, and think you have to solve something before you can quit. Fourth time to quit is break time. And now it is break time, so let’s quit for now.”

“How do I know when a patient has made a redicision? It’s easy. Ask the patient. Also, I can see the victory in the person’s face and body, the expression in the eyes, the grin of victory, the way the body relaxes. I can tell by my own happiness at the person’s breaking through an impasse. We were working together and the patient has triumphed. That’s a thrill that is obvious.”

“Even when the person has severe problems and the major goal involves long-term work, I believe in dividing the work into small, discrete increments, tiny pieces in which the client can feel successful.”

“People can’t make redicisions by Talking About. I don’t care how many years they spend in a therapy group talking about their problems, they won’t make redicisions. That’s why I want the client to bring the early scene to THIS room at THIS time and create an I–THOU dialogue with the others in the scene, to resolve the impasse. Look, here is my definition of redicision” (writes on board):

“I–Thou
Here and Now
WOW!”

“The purpose of morning brag sessions is to start the day getting the Critical Parent out of your head. It’s important to claim your power, claim what you are doing for yourself, claim and enjoy your own pride.”

“I think psychotherapy should be fun. It’s a serious process, but the doing of it should be fun. I do everything I can to make up jokes, bring in funny stories. People look forward to therapy with me, instead of dreading it. All through the years, I’ve had so much fun working. I’d be funnier with all of you if I weren’t so sick right now.”

Robert L. Goulding, M.D., CTA, was a charter member of the ITAA. With Mary Goulding, he was codirector of the Western Institute for Group and Family Therapy and coauthor of The Power Is in the Patient: A TA/Gestalt Approach to Psychotherapy (1978), Changing Lives through Redecision Therapy (1979), and Not to Worry: How to Free Yourself from Unnecessary Anxiety and Channel Your Worries into Positive Action (1989). He taught redicision therapy all over the world.