

Steve de Shazer

Michael White

Paul Watzlawick

Bob Goulding

Barbara Herd

Kenneth Gergen

Insoo Kim Berg

Michael Hoyt

Donald Meichenbaum

Jeff Zimmerman

John Weakland

Bill Matthews

Gene Combs

INTERVIEWS

WITH BRIEF THERAPY EXPERTS

Michael F. Hoyt



Bill O'Hanlon

Karl Tomm

Stephen Madigan

Scott Miller

Interviews With Brief Therapy Experts

INTERVIEWS WITH BRIEF THERAPY EXPERTS

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USA	Publishing Office:	BRUNNER-ROUTLEDGE <i>A member of the Taylor & Francis Group</i> 325 Chestnut Street Philadelphia, PA 19106 Tel: (215) 625-8900 Fax: (215) 625-2940
	Distribution Center:	BRUNNER-ROUTLEDGE <i>A member of the Taylor & Francis Group</i> 7625 Empire Drive Florence, KY 41042 Tel: 1-800-634-7064 Fax: 1-800-248-4724
UK		BRUNNER-ROUTLEDGE <i>A member of the Taylor & Francis Group</i> 27 Church Road Hove E. Sussex, BN3 2FA Tel: +44 (0) 1273 207411 Fax: +44 (0) 1283 205612

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1 2 3 4 5 6 7 8 9 0

Printed by Edwards Brothers, Ann Arbor, MI, 2001.
Cover design by Ellen Seguin

A CIP catalog record for this book is available from the British Library.

∞ The paper in this publication meets the requirements of the ANSI Standard Z39.48-1984 (Permanence of Paper).

Library of Congress Cataloging-in-Publication Data

Hoyt, Michael F.

Interviews with brief therapy experts / Michael F. Hoyt.

p. cm.

Includes bibliographical references and index.

ISBN 1-58391-353-X (alk. paper)

1. Brief psychotherapy. 2. Psychotherapists—Interviews. I. Title.

RC480.55 .H682 2001

616.89'14—dc21

00-069669

ISBN 1-58391-353-X (case)

To My Colleagues

One afternoon the last week in April
Showing Kai how to throw a hatchet
One-half turn and it sticks in a stump.
He recalls the hatchet-head
Without a handle, in the shop
And go gets it, and wants it for his own.
A broken-off axe handle behind the door
Is long enough for a hatchet,
We cut it to length and take it
With the hatchet head
And working hatchet, to the wood block.
And there I begin to shape the old handle
With the hatchet, and the phrase
First learned from Ezra Pound
Rings in my ears!
"When making an axe handle
the pattern is not far off."
And I say this to Kai
"Look: We'll shape the handle
By checking the handle
Of the axe we cut with—
And he sees. And I hear it again:
It's in Lu Ji's *Wen Fu*, fourth century
A.D. "Essay on Literature"—in the
Preface: "In making the handle
Of an axe
By cutting wood with the axe
The model is indeed near at hand."
My teacher Shih-hsiang Chen
Translated that and taught it years ago
And I see: Pound was an axe,
Chen was an axe, I am an axe
And my son a handle, soon
To be shaping again, model
And tool, craft of culture,
How we go on.
—Gary Snyder ("Axe Handles," 1983)

I want to warn you not to copy me, but to work out your own method. Our people tell us to be original. If you can watch the method, though, and the way I go about it, maybe that will give you some thoughts about what to follow, what it's all about. Then you work out your own substance, your own songs, your own prayers and things to go with it.

—Rolling Thunder (quoted in Boyd, 1974)

A married couple came before the old rabbi to settle an argument. He listened to the first spouse and then said, "You're right." He then listened to the second spouse, and again said, "You're right." A student attending the proceeding then spoke: "Rabbi, I've been listening. First you told one person they were right, and then you told the other person they were right. They can't both be right." To which the rabbi replied, "You're right, too!"

—Yiddish Folk Tale

And my voice goes everywhere with you, and changes into the voice of your parents, your teachers, your playmates and the voices of the wind and the rain.

—Milton H. Erickson, M.D. (quoted in Zeig, 1988)

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PREFACE

The volume in hand comprises a dozen interviews conducted with brief therapy experts. Previously published in various books and journals, they are collected here in one place for the first time. The roster of participants includes some of the field's most influential innovators as well as a number of leading students and critics. The interviews were conducted to explore technical, theoretical, and ethical aspects of the theory and practice of brief therapy, the "conversation" or "interview" format allowing a give-and-take spontaneity that is especially congenial for talking about "talking therapy."

Each interview provides a platform to explicate the thinking of a particular person or to explore aspects of a perplexing problem. As readers familiar with Jay Haley's (1985) three-volume *Conversations with Milton H. Erickson, M.D.* or Richard Simon's (1992) *One on One: Conversations with the Shapers of Family Therapy* know, friendly interlocutory dialogue can be particularly useful for an in-depth probing of issues.¹ Questions can be asked, answers can be explored, responses can be revisited and reflected upon. The "inter-view" process is also two-way. As perceptive readers of this unique collection will note, at times various parallel processes emerge within the dialogues—process mirrors content, form follows function, the medium becomes the message.

Specific introductions open each chapter. Four of the interviewees (Robert Goulding, Donald Meichenbaum, Paul Watzlawick, Michael White) have been honored as faculty at the world-renowned Evolution of Psychotherapy conferences, and all the participants have made contributions that rightly earn the label "expert." Chapter 1, "On the Importance of Keeping It Simple and Taking the Patient Seriously: A Conversation with Steve de Shazer and John Weakland," features de Shazer (the co-origina-

¹I read somewhere that Albert Einstein's mother used to ask little Albert every day when he came home from school, "Did you ask any good questions today?" I also take inspiration from Terry Gross' lively "Fresh Air" interviews on National Public Radio and Roy Firestone's (1993) "Up Close and Personal" ESPN television *tête-à-têtes* with leading sports figures.

tor of Solution-Focused Therapy) and his mentor Weakland (of Mental Research Institute fame) discussing the work of Milton Erickson, the importance of closely attending to the client's worldview rather than imposing one's own obfuscating theory, and the role of strategy and collaboration.

Chapter 2, "Welcome to Possibilityland: A Conversation with Bill O'Hanlon," elaborates ways of using brief therapy and solution-oriented therapy methods to help clients expand their perceived options and to move safely into more desirable ways of being, with a special focus on assisting persons suffering aftereffects from sexual abuse and other trauma. O'Hanlon (who now calls his evolving approach "Possibility Therapy") emphasizes the importance of acknowledgment and validation as a first and essential (and often overlooked) part of brief therapy. The discussion of the *narrative* and the *experiential* senses of self is particularly fascinating within the context of recent controversies regarding "true" and "false" recall of abuse.

Chapter 3, "On Ethics and the Spiritualities of the Surface: A Conversation with Michael White and Gene Combs," also emphasizes the importance of listening for the client's experience. Rather than focusing on the theoretical and technical aspects of Narrative Therapy (which White co-originated), however, our discussion centers on the spirit that informs the work—the values of caring, compassion, and service, the importance of constructing a path with love. An exercise is also included to help readers recognize and resist ways in which their conscious purpose and commitment to psychotherapeutic work may be undermined by common pathologizing discourses.

Chapter 4, "Cognitive-Behavioral Treatment of Posttraumatic Stress Disorder from a Narrative Constructivist Perspective: A Conversation with Donald Meichenbaum," also addresses issues in the treatment of persons who have been abused. Like the other interviewees, Meichenbaum (one of the originators of Cognitive Therapy) is extraordinarily articulate and informed, drawing on an extensive clinical and research background. In our discussion, he, too, focuses on the importance of the therapeutic relationship being collaborative and the need for careful attention to language, and addresses ways (including some cultural nuances) of helping clients to get "unstuck" by continuing their telling of the story until they construct a narrative that allows them to move forward, beyond the trauma.

Chapter 5, "Contact, Contract, Change, Encore: A Conversation about Redecision Therapy with Bob Goulding," reports an interview done near the end of Goulding's life. In addition to discussing his views regarding key aspects of effective psychotherapy, Goulding (the co-originator of Redecision Therapy, a treatment approach that grew out of the Transac-

tional Analysis theory of Eric Berne) describes aspects of his personal and professional development, assigning 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.

Chapter 6, “Constructing Therapeutic Realities: A Conversation with Paul Watzlawick,” presents some ideas about constructivism and the Mental Research Institute strategic interactional approach from MRI’s chief theoretical architect. Watzlawick comments on some of the figures that most influenced him (including Thomas Szasz, Hans Vaihinger, and Heinz von Foerster), discusses the subjective nature of “second-order” reality and the importance of the client coming to a new way of looking (a “therapeutic reality”), and explains his views regarding influence and informed consent.

Chapter 7, “Solution Building and Language Games: A Conversation with Steve de Shazer (and Some After Words with Insoo Kim Berg),” again features the ideas of the chief developer of Solution-Focused Therapy. Some of the history and minimalist elegance of the approach is explored, with special attention to the way language can be used to construct therapeutic solutions. As a bonus, at the end of the conversation Insoo Berg (co-developer of the Solution-Focused approach) joins us and provides some perspective on her perspective.

Chapter 8, “Postmodernism, the Relational Self, Constructive Therapies, and Beyond: A Conversation with Kenneth Gergen,” addresses some of the evolving problems of living and doing therapy in these postmodern times, including issues of character and integrity, relational responsibility and conflict resolution between competing value systems, and the possibilities of relatedness and the limits of narrative. A major contributor to the social constructionist movement, Gergen eloquently portrays both the potentials and challenges that lie ahead.

Chapter 9, “About Constructivism (or, If Four Colleagues Talked in New York, Would Anyone Hear it?): A Conversation with Scott Miller, Barbara Held, and William Matthews,” is an account of a discussion that took place at the “Brief Therapy: Lasting Impressions” conference held in New York during August 1998. A spirited exchange emerges as we discuss empiricism, pragmatism, and what may be meant by the term *reality*.

Chapter 10, “Brief Therapy and Managed Care: A Conversation with Michael Hoyt,” reports an interview done with me as subject (conducted by Matt Carlson). While fuller accounts of my own thinking can be found elsewhere (Hoyt, 1995, 2000), I take the liberty of including this here because of the numerous references I make to the contributions of other interviewees, and because our discussion about how the incursion of managed care may be influencing the practice of therapy—for better or worse—is very relevant to the brief therapy field.

Chapter 11, “Honoring Our Internalized Others and the Ethics of Caring: A Conversation with Karl Tomm and Stephen Madigan,” is a highly personal look into the development and application of Tomm’s ideas about ethics and the social construction of self. From the beginning of the exchange, in which he “opens space” by inquiring about *our* interests, his degree of self-revelation and soul-searching are extraordinary.

Chapter 12, “Direction and Discovery: A Conversation about Power and Politics in Narrative Therapy with Michael White and Jeff Zimmerman,” concludes the volume. We explore the concepts of *power* and *collaboration*, White (who also appears in Chapter 3) explicates some of his thinking about post-structuralism and responds to quotations I present from various critics, and we have an extended discussion about some of the personal experiences that have influenced our thinking and development—including White asking me about my interest in asking questions!

The term *brief therapy* can mean many different things. As Jay Haley (1995, personal communication), Paul Watzlawick (Chapter 6), and Steve de Shazer (Chapter 7) all told me, the term *brief* was originally used simply to distinguish the approach from those (usually psychoanalytically influenced) that set out to be *long-term*. Efficiency became the watchword; and there were lots of theories and no one overarching method. Thus, as Bill O’Hanlon comments in Chapter 2, *brief therapy* has come to mean, generically, any therapeutic approach that is problem-driven; that is focused on resolving the presenting complaint, with the therapist responsible for creating and maintaining the focus. In this sense, as O’Hanlon notes, *brief therapy* includes psychodynamic, solution-oriented, problem-focused, lots of family therapy, systemic and interactional approaches—all having a goal-directed emphasis on resolving the presenting problem.

In addition to meaning “efficient” and “to the point,” *brief therapy* is also used sometimes to refer particularly to time-sensitive intervention based on certain (social constructionist) theoretical principles, not on the length of treatment. Directly or indirectly, these approaches—which are sometimes loosely associated with the work of the famous psychiatrist-hypnotherapist Milton Erickson (with Gregory Bateson and the word *epistemology* waiting in the wings)—involve a wide variety of creative methods that operate at the level of cybernetics and hermeneutics, strategies and “language games,” all more-or-less intended to influence how clients interact and construe (“story”) their experience.² Several of the interviewees in this book knew Erickson and studied his work closely, and Erickson’s appreciation of how language shapes our sense of reality

²For a brief history of brief therapy, see Hoyt (1995, pp. 291-294); for an overview of the narrative function of “storying,” see *Some Stories Are Better than Others* (Hoyt, 2000).

and his ideas about more fully utilizing clients' own competencies and resources can be seen to prefigure discussions about client "empowerment" and "open the space" for considerations about therapist activity and the role of influence and power, "intervention" and different types of therapeutic tasks and "homework," the use of language in the creation of "therapeutic realities," and so on.

Some of our interviewee-experts might at first question being subsumed under the *brief therapy* rubric (since their work does not derive from the Ericksonian tradition and was not developed primarily to address length-of-treatment issues), and a few might even be uncomfortable about being called "expert" (or at least would want to clarify what is meant by the term *expert*, what it might say about therapeutic power relations and therapist-client roles). It is safe to say, however, that while they may differ in their therapeutic approaches, all the interviewees focus on ways to enhance the effectiveness of treatment—with careful attention to the uses of language, to the interplay between intrapsychic and interpersonal factors, and to issues of influence and respect for clients' competency and autonomy. "By comparing . . . views," as Joseph Campbell (quoted in Larsen & Larsen, 1991, p. 215) put it, one "may calculate for the parallax." There are many fascinating nuances and contrasts, and readers will find much to ponder.

A few words about method: When preparing for an interview, I generally immerse myself in the particular person's writings, supplemented by attending workshops they may teach and/or watching videotapes of their work, reading secondary sources (what others have said about them), and also discussing their work with colleagues. I take detailed notes, cull a few key quotations, and organize a loose outline of primary and secondary questions. After the interview is done, the tape is transcribed and the typescript is circulated to all participants for further elaboration and polishing. Footnotes are also inserted to provide fuller scholarly exposition.

Most of the interviews were done face-to-face; a couple (Paul Watzlawick, Kenneth Gergen) were conducted with back-and-forth mailings. All are lively and often witty; some are quite poignant and personal. In two instances (Karl Tomm and Stephen Madigan; Scott Miller, Barbara Held, and Bill Matthews), the conversations were held before a "live" audience at a professional conference. In one instance (the conversation with White and Combs), I had a very comprehensive interview schedule in hand but, in response to a mutual desire for a more relaxed communication ("How about if we just talk?" Michael asked) I literally tossed the sheaf of papers over my shoulder as we began. What resulted is much more alive and to the heart of the matter than what would probably have occurred had I persisted in asking an endless series of academic questions.

Except in the case of the Karl Tomm and Stephen Madigan conversation (Chapter 11), last names are used throughout the following transcripts to identify speakers. As in the original 1998 publication (in *The Handbook of Constructive Therapies*), we honor Karl's request to use first names to reflect the more personal tone of our meeting.

Each interview is full of information and able to stand on its own. There is also some "exchange" or "synergy" (as well as controversy) between chapters as participants explore the same issues and also occasionally respond, directly and indirectly, to questions and quotations drawn from the writings of other interviewees. Watzlawick, and White and Zimmerman, for example, respond to some of Held's and Matthews' characterizations of their work being "anti-realist"; I quote Gergen to Held; White demurs (if not eschews) being labelled a "constructivist," and he and de Shazer embrace post-structuralism; and White responds to some issues raised by Tomm and by de Shazer. Meichenbaum references the work of White, Gergen, and O'Hanlon; and while not explicitly citing one another, Goulding, de Shazer, and O'Hanlon all highlight the importance of careful listening, clear goals, and focusing on client strengths.

Some readers might prefer to work through the book from front to back, or turn immediately to a particular discussion. Every chapter has its value and, read like a reflecting team (see Anderson, 1991; Friedman, 1995), the whole is intended to be greater than the sum of its parts. The interviewees are all extraordinarily articulate and insightful. I am grateful to my colleagues for their willingness to participate and for their expertise and enthusiasm. Readers are invited to pull up a chair.

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1

CHAPTER

On the Importance of Keeping It Simple and Taking the Patient Seriously: A Conversation with Steve de Shazer and John Weakland

The solution of problems and the problems of solutions have long been the focus of attention for John Weakland and Steve de Shazer. One of the contributors of the original double-bind hypothesis (Bateson, Jackson, Haley, & Weakland, 1956), Weakland (who passed away in 1995—see Cade, 1995) was Codirector of the Brief Therapy Center at the Mental Research Institute in Palo Alto, California. He was coauthor of *Change: Principles of Problem Formation and Problem Resolution* (Watzlawick, Weakland, & Fisch, 1974), *Counseling Elders and Their Families: Practical Techniques for Applied Gerontology* (Herr & Weakland, 1979), and *The Tactics of Change: Doing Therapy Briefly* (Fisch, Weakland, & Segal, 1983). de Shazer is Senior Research Associate at the Brief Family Therapy Center in Milwaukee, Wisconsin. Like Weakland, he is a major figure in the development of brief therapy and the shift toward a constructivist perspective. His books include *Patterns of Brief Family Therapy* (1982), *Keys to Solution in Brief Therapy* (1985), *Clues: Investigating Solutions in Brief Therapy* (1988), *Putting Difference to Work* (1991), and *Words Were Originally Magic* (1994a).

Originally appeared, with changes, in M. F. Hoyt (Ed.) (1994), *Constructive Therapies, Volume 7* (pp. 11–40). New York: Guilford Press. Used with permission.

The following conversation took place during the afternoon of December 3, 1992, in Phoenix, Arizona, where we were all participating in the Fifth International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy (see Zeig, 1994).

Hoyt: I think it's appropriate that we're meeting here at the Erickson conference, especially since the theme is "The Essence of the Story." And that was the first thing that I wanted to ask. What do you think is the essence of being a brief therapist?

de Shazer: My first immediate thought is that "essence" is a muddling word. Because when you talk "essence," that means you also talk something about "nonessence." And you've got me, Michael. That, to me, is unanswerable because of that.

Hoyt: Maybe I should take out the question about the essence and ask it the other way. What is brief therapy?

de Shazer: Oh, shit. I think that made it worse! *[laughter]*

Weakland: About the essence, I'll say one thing. It's leaving out a whole lot of stuff that a great many people otherwise think is essential.

de Shazer: Right.

Hoyt: Well said. It's leaving out what many people think is essential, but obviously isn't.

Weakland: Yeah, I guess that it's about *simplifying*. That's probably the essence, if there is such a thing.

Hoyt: What's the Ericksonian essence in your work?

Weakland: When I get to the Ericksonian essence, it has really nothing to do with technique. It has nothing to do with theory. It mainly had to do with Erickson was very curious, and he was a hell of an observer, and he looked and listened to other people, and he finally had the guts to draw his own conclusions. That basically is what I think was the essence of Milton and comes at a much deeper level than what he did specifically.

de Shazer: I guess my point again is around this point of "essence." When you start to look for the essence of Erickson's work or brief therapy, you're always in danger of forgetting the "nonessential" stuff. You automatically point to something that is nonessential when you say something is essential. Automatically. And you're in danger then of sticking something into the "nonessential" box that will prove, in the long run, to be just as essential as anything else has been.

Weakland: You're always in danger of being too sure of yourself beforehand. You're equally in danger of not having the nerve to go with what you think is best.

de Shazer: So I think it's a very slippery category because of that. A not-

very-useful way of thinking. You can't afford to box things off into this "nonessential" box, because over and over it has proved to be that things we thought were not essential at one point were things that later turned everything around.

Weakland: Also, you can't—it's very similar—but you can't really do the same with big and little, or at least what seems to me to be big things often seem to other people to be little things and vice versa.

Hoyt: In your own experience, what did you put in the nonessential box that you then brought back?

de Shazer: I started off trying to construct a theory, in the formal sense of the term, looking at Erickson's published cases and there's all these goddamn cases that didn't fit the theory. I mean, the theory worked very well. There were five major patterns. That worked just fine. I simplified it. But, nonetheless, there was always pile number six, which usually contained more cases than the other five. But we thought, you know, it's only a matter of figuring out how the theory works in these other cases.

Weakland: We're going to whittle down that residual category until it's no bigger than all the rest and go from there.

de Shazer: I started off, essentially, looking for the essence, a very grand theory. And there are always these weird cases. And then I tried doing my form of brief therapy. And I could get most of my cases to fit into these five patterns, but, goddamn it, even by deliberately trying, I couldn't get all of them to fit. So I swept it off to the side, remembering that all theories are incomplete and incorrect, and that it's okay. It's just that the "weird cases" pile kept growing over the years.

Weakland: That brings a terrible thought to mind. It couldn't have been very far away, but I never saw it this clearly. I have done a certain amount of reading in physics. I never got rid of my original scientific bent. Besides, they have things to say that make more sense than most of the psychologists. And poor old Einstein struggled for many late years looking for the grand, unified theory, and he left a number of other people who were doing it. And I read *Infinite in All Directions* by Freeman Dyson [1988], and I was moved to sit down and write Dyson a letter pointing out that it's never going to happen, because you're putting together new interrelated observations; you're always building new observing tools and taking new angles of observation, so you're always going to have more stuff to interrelate. Therefore, you will never reach the end. Dyson didn't answer. And now that I think of it, we're in the same fix.

Hoyt: The more we know, the more ways we can theorize it, but it doesn't necessarily mean . . .

Weakland: We may simplify certain things, but we are never going to

reach an endpoint that will encompass everything, unless we just completely stop doing anything.

Hoyt: My question really is backwards. Rather than asking what's the essence, meaning pulling all this data together into one, it may be more useful to realize the uniqueness of the experiences.

de Shazer: Yeah. Yeah. I think the way I see it now is that every session is somehow a unique event, and that the main thing the therapist has to do is listen and keep it simple. And if you do it, I think, the clients will tell you what to do.¹

Hoyt: That reminds me of my favorite Einstein story. I read that his mother, when he would come home from school each day, would say to him, "Albert, did you ask any good questions today?"

Weakland: This enterprise of therapy is a bitch of a job, because in a number of respects you have to go two directions at the same time, although they stay in close relation to each other. I'm not so sure that this isn't really the essence of living in general, but you have got to have some idea what you're about in a session, but you have to always be prepared to hear something that will tell you that you're headed the wrong way. You have always got to be making contact with your clients, but you've always got to preserve enough distance so that you're not seeing things exactly the same way they are or you're no good.

¹In his paper, "Essential, Non-Essential: Vive la Différence," de Shazer (1994b, pp. 248–249) reports: "In order to reread Erickson's case examples as though for the first time, I needed to adopt a reading strategy that would allow me to not drag along all of my previous readings that involved the pursuit of a Theory. . . . To aid me in this rereading, I decided to interpret these case examples as stories—not as exemplary lessons, but as pure stories. Thus, I read them as if they were fiction, which meant that I was no longer taking the distinction between 'literature' and 'science' very seriously at all. . . . As I continued to read using this strategy, I started to see myself and Haley and even Erickson-the-author in much the same relationship to these tales as the Baker Street Irregulars have to the Sherlock Holmes adventures. . . . It then dawned on me that the Erickson-the-clever stories, like the Sherlock Holmes stories, actually underdevelop or underrealize all the other characters that appear in the stories, particularly the clients. Often, these other characters, like inspector Lestrade, no matter how important to the story itself, are just cardboard cutouts. We have little or no idea about their contributions to the therapeutic endeavor.

"However, as you and I know, and as Erickson and Haley also know, in order to have a therapeutic enterprise, there needs to be both therapist and client. As I reread my own cases from this point of view, I came to realize what clever clients I have had. Most of the ideas for 'unusual interventions' in the miscellaneous pile in fact came from the clients themselves! Fortunately, we were cleverly listening when they told us what to do.

"To reread my own case stories using the persona of clever-clients unfortunately forces the therapist-in-the-story to appear to be incredibly stupid. Undoubtedly, we therapists could not learn as much from de Shazer-the-stupid as we did from Erickson-the-clever. Maybe we all need to remember systems theory here and reread these stories with an interactional focus, which would lead us to the idea that clever therapy depends on having clients and therapists cleverly working together in clever ways."

de Shazer: You've got to know where you're going.

Weakland: Yeah. So that you're doing things that are in a sense contradictory or at least headed in opposite directions over and over again. And, I think, probably in a lot of other ways that one could spell out. Maybe the essence is to be ready to live with uncertainty.²

de Shazer: Exactly. And incompleteness.

Weakland: Yeah. And that is the last thing that most people want to do.

de Shazer: Or, as Wittgenstein says, "You've got what you've got, and that's all there is." Just take what you've got, no matter how incomplete and inconsistent and incoherent it appears. You've got what you've got.

Hoyt: It isn't even especially this field, but this is one of many fields that people want closure or want *the* answer—fast answer, slow answer, brief answer, long answer.

de Shazer: Ten steps.

Weakland: Yeah. That's right. That's the sort of thing I meant. That's the sort of thing that will sell.

de Shazer: Completely muddleheaded. The widest variety of unnecessary and unuseful divergences from figuring out what the hell to do.

Hoyt: Many of the different methods that are called techniques or steps may be creative and clever, but they don't seem necessary and may just be imposing . . .

Weakland: Clouding the waters. Some are nice stories, a combination of nice stories and eight to ten steps, and you can just go out and follow them. It's a great sales job.

²In his written report that came out of the "Ericksonian Methods: The Essence of the Story" conference where this conversation took place, Weakland (1994, pp. 288–290) wrote: "[I]n a world, perhaps especially a professional world full of the search for fixed answers, Erickson was a lifelong opponent of dogma at any level. This is, he was opposed to the construction of or adherence to grand theories. Over and over, when asked general questions, he would respond instead with another concrete example. Equally, however, although he was a very practical man, he rejected the limiting premises implicit in accepting the received popular wisdom uncritically. He was continually saying and doing things that appeared contrary to 'common sense.' It is perhaps especially significant—for this is where many opponents of dogma make a large exception—that he clearly was not eager even to establish a new dogma of his own. . . . In my judgment, the key to all this is Erickson's emphasis on *observation*. . . . Erickson looked at and listened to others (and also himself) carefully. Then he made his own judgments about what to believe and do, based primarily on his distillation of such firsthand experience. But he was ready, secondarily, to listen to 'authorities' in the same way—that is, not as sources of truth but as also expressing views, whose value and relevance he would judge for himself. I see his stance as a profoundly individualistic one, yet that of an individual in contact with, not in isolation from, others. Moreover, and perhaps even rarer and more difficult, he proposed that his patients and students do likewise—examine things more widely and deeply, then decide for themselves. We might see this as his one dogmatic principle."

de Shazer: Those ten steps won't lead to stories like that. *[laughter]*

Weakland: You mean, they don't come from the same place? *[laughter]* You see, thinking about first-order and second-order change, although it is useful to diagram or explain certain things, it does not help you help people make specific changes in the midst of practice.

de Shazer: There is this group that I call the "weird case" pile. The ones that don't fit the theory.

Weakland: That's where the potential instruction is.

de Shazer: Yeah. It's these "weird cases" that don't fit the theory . . .

Weakland: All right, then we're more similar than I thought, but I didn't start with anything like a theory. What I started with was lost in the world and saying, "What the hell is going on out there?" And I didn't understand what was going on in the "normal world," so called, let alone the world of problems.

de Shazer: Reading Erickson's papers, my initial response was, "What the fuck is going on here? He's got to be crazy."

Weakland: Oh, God, when I first went down to talk to him, my main reaction was, "That is interesting, but I can't make a fucking bit of sense out of it."³

Hoyt: Do you remember when you began to see it? Was there a moment or watershed where it clicked?

Weakland: Oh, no. It was very gradual. One of the simplest stories he told, one of the plainest stories he told, it was 20 years I began to think about that again and thought about what it was, which was simply the story about Erickson and the headwaiter and his son and the son's friend who weren't dressed properly. Remember that story?

Hoyt: Recount it, please.

Weakland: It was in San Francisco. And Erickson was there for one of those traveling roadshows that they used to put on. And his son was working somewhere near the city, and Erickson invited him to come down and have dinner with him one night. And he came down with a young friend. They went down to the dining room. The two young men were dressed quite casually and, when they got to the doorway of the dining room, the headwaiter said, "I'm sorry, sir, you cannot come in. The two young men with you are not dressed properly for the dining room." And Erickson said, "But I am a guest in this hotel and these two young men are my guests." And the headwaiter said, "I'm sorry, sir, but the two young

³Transcripts of many conversations with Erickson (involving Weakland, Haley, and Bateson) are available in Haley (1985).

men are not dressed properly according to our rules here. I cannot admit you." And Erickson said, "But I am a guest in this hotel and these two young men are my guests." And this went on very civilly for several more rounds, at which point, suddenly the headwaiter said, "Would you come this way, please," and took them to a nice table and seated them. I can get it, but I don't understand it. I can get it, but don't understand it. The sense I finally made out of it, which wasn't long ago, was . . . well, I connected it up with some things that finally we'd gotten clear on and that helped me to at least get some grasp. Erickson was not arguing. There was no confrontation. There was just a statement of fact. He did not argue with the headwaiter's statement. He just made his statement of fact. He did not escalate; he didn't change the volume of his statement. He just repeated it. But he was clearly prepared to repeat it essentially forever if necessary. And, I'm assuming that meanwhile the pressure was growing on the headwaiter to get on with his business. But the main point was he made no confrontation, no argument; he just stated a fact and kept on stating it. So, but how come . . .

de Shazer: So, how come . . . that sounds like more of the same of something that's not working.

Weakland: What's the difference? Well, somebody, I think it was Bateson somewhere, said we have to consider the role of time in these things. That was changing.

de Shazer: Ah. That was changing. And there may have been some other things about the situation . . .

Weakland: There may have been some people piling up . . .

de Shazer: Ah, the line behind them! This is the whole point I suppose: exceptions. And here's an exception of some sort. Now the easiest thing to do with exceptions is to sweep them under the rug and forget 'em.

Weakland: Furthermore, that's a time-honored procedure in many a field . . .

de Shazer: That's how you keep your theory pure . . .

Weakland: Including the cases of cancer that go into remission.

de Shazer: Right. For 20 years.

Weakland: Including the "flights into health" that plagued the field of analysis for so long.

Hoyt: "Flukes." "Flight into health." "Let's not talk about that one."

de Shazer: Right. Keep your theory pure, you see.

Weakland: But it's always those exceptions that seem most interesting. That's probably another example of how my mind is bent.

Hoyt: Well, here's an exception that I've been struggling with. I'll read you the quotation. It's in the Preface to *Putting Difference to Work* [de Shazer, 1991, p. xiii]. Steve, you say, "You do not need to know what a problem is in order to solve it." Yet, John, you're giving a workshop [at the Ericksonian Congress] called "What's the Problem?" Why ask, "What's the problem?" if you don't need to know what the problem is?

Weakland: Why not? It doesn't always get in the way of resolving it.

de Shazer: Yeah. You just don't need to know what it is.

Weakland: In a sense, you never know what it is.

Hoyt: Is the problem the problem they're stating?

Weakland: It's, "What do you see as a problem?"

Hoyt: Steve, you wouldn't ask that at the beginning . . .

de Shazer: Not usually.

Weakland: I wouldn't usually talk too much about solutions, but I might. I don't think you necessarily need to know what the problem is. I happen to think it's one way to go that can be very simple and productive, and will fit with the inclinations of most of your clients. So why not?

de Shazer: I think it's not necessary. And I use the word "necessary" very strongly. It's not necessary.⁴

Hoyt: How do you deal with patients, though, that come in, and they're more traditionally oriented and they feel they need to tell their story, and they need to present their problem, give their history, portray their tale?

de Shazer: I guess that I have to tell you, frankly, I don't get many of them. My hunch is that it is more of a therapist's concern about what they think the client thinks. I've found that, basically, my clients tend to be veterans, and they've told these stories before. And if I can get in and break into that story with exceptions questions, or a miracle question, we can get beyond it very, very quickly.

Weakland: Okay, then you're saying or implying that a lot of your clients have told that story enough so they're tired of telling it and finding it doesn't go anywhere.

de Shazer: Yeah.

Weakland: All right. But let me give you a further answer to my title. It's not aimed at solution-focused therapists. It's aimed at conventional

⁴To highlight this contrast, de Shazer, Berg, Lipchik, Nunnally, Molnar, Gingerich, and Weiner-Davis (1986) entitled an early paper on solution-focus "Brief Therapy: Focused Solution Development" to parallel an early paper by Weakland, Fisch, Watzlawick, and Bodin (1972) entitled "Brief Therapy: Focused Problem Resolution."

therapists who think they know better than the client what the problem is. That's where it's really aimed.

de Shazer: Oh, that's the problem, all right. That's a problem.

Hoyt: The psychoanalyst David Malan [1976], in his work on short-term psychodynamic therapy, writes about "valuable false solutions," where, in his model, the patient is doing something useful but not addressing an "underlying" or "more important" issue. Have you ever had instances where someone takes a solution and you feel that solution is going to be so limiting to them or hurtful to them that you'll try to talk them, maybe not out of the solution but try to get them to expand their options?

de Shazer: Hum . . . I don't think so.

Weakland: When they're saying it's okay, even though I don't think it might be, as long as they say they think it's okay, and they can convince me that they think it's going to stabilize and continue to be okay, then that's okay.⁵

de Shazer: Malan still implies that he knows best . . . And if we want to get into that frame, that's probably true with every case, then. *His* thing.

Hoyt: "Do it my way." That's "The Art of Psychoanalysis," Haley's [1969] satiric paper—the attitude that, "We still haven't addressed this deep enough, long enough, the way I think you should."

Weakland: Yes.

Hoyt: Yvonne Dolan, who gave a wonderful presentation the other day, has emphasized in some of her work with clients [Dolan, 1991], how important it is to let them tell their experiences, to validate and hear their history. And Cory Hammond the other day was talking about the importance he saw for abreaction with PTSD folks and MPDs.

de Shazer: I have no idea what these initials mean.

Hoyt: Multiple Personality Disorder and Post-Traumatic Stress Disorder.

de Shazer: Okay.

Hoyt: Is there a time when people need to talk through their feelings with the therapist? "Working through," some people would call it.

Weakland: Oh, yeah. I'll give you an answer to that in my framework.

⁵de Shazer (1991, p. 112) has described the general characteristics of well-formed goals, the features of solutions that affirmatively answer the question, "How will we know when to stop meeting like this?" They are: (1) small rather than large; (2) salient to clients; (3) described in specific, concrete, behavioral terms; (4) achievable within the practical contexts of clients' lives; (5) perceived by the clients as involving their "hard work"; (6) described as the "start of something" and not as the "end of something"; and (7) treated as involving new behavior(s) rather than the absence or cessation of existing behavior(s).

If somebody has kept it all to themselves, then to talk to a therapist is a new behavior.

de Shazer: Right.

Weakland: And then it can be useful. If they've talked to three other therapists, let alone six relatives and 42 in-laws, then it don't amount to shit.

de Shazer: Then, it's problem talk; it's problem-maintaining behavior already.

Hoyt: It's stabilizing rather than progressive.⁶

de Shazer: Yes. I guess that I'm going to go more indirectly on an answer for that. Some years ago, we talked to a whole bunch of people that had terminal diagnoses, cancer, from six months to 15 to 20 years before. So they should have been dead a long time. And a common feature we found running throughout the cases was that they didn't talk to other people about the cancer.

Hoyt: They didn't create a social world that would reinforce destruction.

de Shazer: Yeah, one of them told me very plainly that she got up and went back to work the next day after she got this terminal diagnosis.

Weakland: By God, that's interesting. You'd never find this out from reading Bernie Siegel [1986].

de Shazer: We didn't have enough cases, and I couldn't get the funding, but . . .

Hoyt: If there's one exception, one . . .

Weakland: It opens the door, but the people who control the money and things won't recognize that it opens the door.

de Shazer: They all had goals. They all went back to work. They all followed doctor's orders—until they stopped taking doctor's orders.

Hoyt: I saw a tape of Norman Cousins describing an interview with a woman who was eight years after her diagnosis. She was a nice, little, blue-haired old lady, very polite. And she said, "The doctor told me that I had six months to live." And Norman Cousins said, "And what did you say to him then?" And she said, "I told him to go fuck himself!" [laughter]

de Shazer: To me, that fits the stereotype of these successes. We had this one, her husband had a terminal diagnosis of some sort. So she had been

⁶Drawing on the work of Gergen and Gergen (1983, 1986—see Chapter 6, this volume), in *Putting Difference to Work* de Shazer (1991, p. 92) describes three narrative types: (1) *progressive* narratives that justify the conclusion that process is being made toward goals, (2) *stabilizing* narratives that justify the conclusion that life is unchanging, and (3) *digressive* (or *regressive*) narratives that justify the conclusion that life is moving away from goals.

nursing him. And then she got her terminal diagnosis. And she said to the doctor, "I'm going to outlive that son-of-a-bitch." And she did . . . by 15 years. *[laughter]* Or another one of these. She was lying in the hospital and had just gotten this terminal diagnosis. And the Cancer Institute people come in and say, "I'm sure you're wondering, 'Why me?'" And the woman says, "No, actually, I'm not. Why not me?"

Weakland: Because it makes exactly the same sort of logical sense.

Hoyt: Yeah. I see taking history as being very destructive, most of the time. That is, so many people look at the past, and it's problem talk. The emphasis is on history and diagnosis of problems, rather than the future or the resources.

Weakland: I've been more and more convinced that every one of these things is quite unique.

Hoyt: Other than the money, what's the biggest impediment? How do you get people to make the shift, get mental health professionals to see it?

de Shazer: Well, I think that I have a somewhat facetious answer and that is that they're not "mental health," they're "mental illness" professionals. It's not a mental health industry; it's a mental illness industry.

Weakland: Yes.

de Shazer: We're in doublespeak.

Hoyt: Yes.

de Shazer: But I'm rather puzzled by this in some ways.

Weakland: Would part of that be that people, therefore, that get into it, by and large need dependents?

de Shazer: I think they need to see themselves as being wrapped up in something important.

Weakland: Certainly, one line of that is, "Those poor, damaged people need me."

de Shazer: Right.

Hoyt: Meaning, "and I'm not one of them."

Weakland: That, too.

Hoyt: And, "I'm different. I'm one of the healthy, wise ones."

Weakland: Yeah. "Even if I was one before, now I have surmounted that and can bring help to them."

de Shazer: What I also think is involved, on another level entirely, is the misapplication of the scientific metaphor to this field. I don't know why Freud abandoned other metaphors. But I've been reading Freud. In

his 1915 “Introductory Lectures on Psycho-Analysis,” Freud says, “The only thing there is, is the talk between doctor and patient.” That’s the only thing there is. That’s all psychoanalysis is. Then he forgot that by the end of the third page, but he talked about that for several paragraphs.⁷

Weakland: It might have changed the course of history.

de Shazer: So it was becoming medical, becoming scientific—to me, in an inappropriate way, because that science then got captured by this positivistic mode of science, which we now call “science,” which is a very small part of something that might be called science. Science was quite different 200 years ago. And, in our world, research has narrowed down to this A versus B business. And all that complicates the picture.

Weakland: By and large, I have a strong impression that it is only people like psychologists and sociologists who are concerned to be “scientific.” Scientists aren’t concerned about this. They go ahead and do their work.

Hoyt: They’re interested in answers.

Weakland: They’re interested in problems and answers, and maybe even in procedures, but they don’t sit around thinking about “scientific.”

de Shazer: Right.

Weakland: They don’t seem to be worried about it.

de Shazer: Yeah. But it becomes necessary to worry about it if you have a misapplied model. So if you are applying some theory of oranges, and you have apples in your hand, then you’ve got to really worry about your theory, you see.

Hoyt: Let me stay with this idea. In training people, what stumbling blocks do you see people having in learning to be solution-focused?

Weakland: Are we getting fresh people or trained, already “properly” trained people?

Hoyt: What are the stumbling blocks with each of those two?

Weakland: Getting fresh people, it’s a helluva lot easier.

de Shazer: Yeah, usually. I can train an engineer in a relatively short period of time, or a computer scientist.

Hoyt: So what’s the baggage that “mental illness” professionals need to let go of?

⁷Freud’s words (1915/1961, p. 17): “Nothing takes place in a psycho-analytic treatment but an interchange of words . . . the patient talks . . . the doctor listens. . . . Words were originally magic and to this day words have retained much of their ancient magical power. By words one person can make another blissfully happy or drive him to despair. . . . Words provoke affects and are in general the means of mutual influence among men. Thus we shall not depreciate the use of words in psychotherapy and we shall be pleased if we can listen to the words that pass between the analyst and his patient.”

Weakland: I'd say that, just to begin with, there's a body of "knowledge" and a point of view that goes along with it, both of which have been acquired at considerable cost and, therefore, people have got a large investment in it.⁸

de Shazer: And people don't, we haven't trained ourselves to pay attention to what works.

Weakland: That is true.

de Shazer: And even people who have been in the field for a long time and have lots of "experience" get married to their theories, as we all do. But they won't pay attention to what works. Even stuff they do. So I think that what's really difficult, to me, with the older, more experienced practitioners, usually, is that they know all this stuff about what works but they don't know they know it. And they get hung up on looking at what doesn't work. It's good to know what doesn't work, but it's really helpful to know what does.

Hoyt: I think this may be a benefit of this managed-care movement that's come in—even though it has some problems, there is the idea of accountability [Hoyt, 1995]. They're not going to pay therapists for long, inefficient treatment. In some way, people are going to have to start looking at what works and what doesn't work. Even if all the altruistic reasons don't motivate people, being told, "We're only going to pay you if it works," may bring people around.

de Shazer: Judgments of what works are good. Who's making the judgments? I hope it's the clients.

Hoyt: I hope so. That's a good point.

de Shazer: I think we have enough evidence from various research projects that therapists are very bad judges of what works. You contributed to that literature and so have I.

Weakland: That's the other end of the thing I'm talking about. It's, "We know better than they do."

Hoyt: I was actually the principal investigator on the single-session therapy project with Moshe Talmon and Bob Rosenbaum [Hoyt, Rosenbaum, & Talmon, 1992; Rosenbaum, Hoyt, & Talmon, 1990; Talmon, 1990]. And we asked people, "In terms of the problem that you came in

⁸In his essay "Myths about Brief Therapy; Myths of Brief Therapy," Weakland (1990) describes some of the assumptions and belief systems that constrain practice and often promote unnecessary complexity. In a related vein, Hoyt (1985, 1990, 1995) has discussed some of the factors—including the belief that "more is better," theoretical obligations, financial payoffs, emotional entanglements, and reactance against being required to work briefly—that may interfere with efficient practice.

with, are you satisfied or unsatisfied? What do you see as different?" And so it was really client-centered, rather than us giving a rating.

Weakland: That's what makes the difference.

de Shazer: It's really amazing to think that you have to ask the customer about whether he got what he wanted or not.

Weakland: Just within the last six months, I've seen a flyer come from some analytic-connected institution in the [San Francisco] Bay Area, in which one of the workshops is titled—let's see how close I can reproduce it—"Resolving the Problem of Desire for Early Termination."

Hoyt: I saw that, too.

Weakland: It's dealing with a problem that clients have without even knowing they have it, and it's important to cure that one, or nothing else can be cured.

Hoyt: It's to keep them in.

de Shazer: Must prevent "flight into health," because they're flying around there with their eyes closed, and they never know what they're going to run into!

Hoyt: Do you notice any gender differences? In your clinic, do women want longer or do men want longer therapy?

Weakland: Oh, I've noticed gender differences everywhere.

de Shazer: My father told me all about that. He still notices and he's 85!

Weakland: My father didn't tell me a thing, but I notice some myself.

Hoyt: People have come up to me at workshops and said—I've heard this on several occasions—"Brief therapy is more of a masculine energy or a male endeavor. It's fixing things. It's problem-solving. It's not relationship and nurturing and holding and unfolding."

Weakland: And you're asking us questions about what's the difficulty in getting people trained in working this way?

de Shazer: You've got your answer. Just like every client, you've got your answer already.

Weakland: My God, we've got all this garbage, and they're acting like it's serious.

Hoyt: I think it's a confusion of their interests and the client's interests.

de Shazer: I hear some of that sometimes, too. And I usually try to have a tape of Insoo [Berg—de Shazer's wife and colleague] along with me in my workshops. And she's pretty obviously different genderwise, if nothing else. And then they get a little puzzled by that, the people who ask this question, they get a little puzzled. And then they say after I've puzzled

them by showing Insoo's tapes, then they say, "What you two do doesn't even look like therapy."

Hoyt: So you've heard that too?

Weakland: I see people come up with all sorts of cockamamie ways of saying, "Can I somehow keep from having to take this seriously?" Which I assume means it's making some sense to them, but they're scared of it somehow.

de Shazer: That's a pretty common reaction, actually. When people watch our tapes, they frequently find what we do to be unbelievable. I always start my workshops with, "You've got to be skeptical. And you probably can't be more skeptical than I am, and I'm going to remind you to be skeptical, if anybody starts to go too far in the other direction." I always start with this. "If somebody had told me about this model 15 years ago, I would have called the men in the white coats. This can't work. And every day I'm surprised, but it does work. And I still am. It's not logical in some way."

Hoyt: I think the simpler you keep it, the more the client's resources can be utilized, and so it's ultimately respectful to let them access what they have.

Weakland: It's a helluva lot more respectful than knowing better than the client what ails them, which I think is the most basic comparison. And it's what the whole damn other psychiatric and psychotherapeutic scheme is based on.

Hoyt: What taught you this? Was there a moment when you got it?

Weakland: Jesus, how did I find that out? I think I found that out—I must have gotten primed some by Milton, but I didn't recognize it, and by getting tired by what I knew of psychodynamics. But I think what really did it for me was time with the early family therapists where we started out with something that we thought was new and different. And within five years, I was starting to read articles like "After Only a Year of Family Therapy, the Nature of the Problem Was Becoming Clarified." And I thought, Jesus Christ, we've gone and copied the worst thing about the analytic movement at several times their pace. And that's what pushed me toward brief therapy. And, in brief therapy, one of the main things was, "What's the present problem?" and stopping looking around and behind and under it and second guessing. That's the real thing. I think that's as close as I can come.

Hoyt: How would you contrast that to long-term therapy?

Weakland: The essence of long-term therapy is to create the illusion that you can make life not be one damn thing after another.

Hoyt: Steve, was there something where you got the power of cooperation, the power of empowerment?

de Shazer: I guess it was when we started to listen to the clients and take them seriously, actually. And that was the discovery at some point, and I don't know when it was anymore, but I know it dawned on us in about '82 or started to dawn on us.

Weakland: Let me interrupt one second. After he tells you this, you need to go back and ask him one thing, because he said something that sounded very plain and simple, but I think it's very complicated what it means.

Hoyt: Let him tell this, and then you ask him.

Weakland: I may forget it. But the phrase is, "Listen to the clients and take them seriously." So ask him about that later.

Hoyt: Continue.

de Shazer: Somewhere about '82, we started to—let's see, what was the word I want to use—*discipline* our observations around what clients were telling us were their criteria for improvement and success. And what they said was strikingly different from what even we, as brief therapists, thought it should be. And it was amazing, the "trivial" things they said made the difference sometimes, and that they weren't connected to whatever goddamn complaint they brought in. They'd list 12 criteria for measuring that things were better since the previous session, and 11 of them had nothing to do with the complaint. And it all seemed to me, up to that point, that the job of the therapist was the presenting problem and resolving that. That's the job. Plain and simple. Well, yeah, except if the client doesn't think it's resolved; in other words, it's not resolved. And the strangest things resolve "problems." They all fit the rule in that they're doing something different or at least seeing something different, which is doing something different.

Hoyt: We saw that in our single-session project, where not only did the main complaint problem get solved, but 60 or 70% of the patients also described what we called "ripple effects" with other problems clearing up or improving.

de Shazer: In our telephone calls to them later on, we found strikingly more oddball things that we couldn't possibly have predicted. And we learned that we couldn't predict anything.

Hoyt: Despite that, are there categories of patients that you've found your approach doesn't work with?

de Shazer: I wish there was a category like that.

Hoyt: Then you could predict it and say . . .

de Shazer: Then I'd have a project I could send John to work on. [*laughter*] John would love to have a project like this, wouldn't you? I would love to have a project like that. I would like to say, "This is a special category of something. And this is a 'something.'"

Hoyt: Anorexics or tall people or something.

de Shazer: Yeah, something that we could identify as a "something." And there seems to be no way to get at that. I have not found it in 25 years.

Hoyt: How about the category being people who have desire for long-term therapy or long-term relationship with the therapist—it may not be "therapy."

Weakland: Even that, I think if you assembled what you thought was a bunch of them and started to talk to them a little bit, you would probably find your category falling apart. Rather rapidly.

de Shazer: Yeah. We'd have more exceptions to the rule than examples of the rule. I think, for me anyway, our practice suggests that the sooner you can ask the miracle question,⁹ the less likely you're going to get into that trouble. The sooner you can get an answer, of course.

Weakland: And the next thing you know, somebody is going to call up and immediately after they say "Brief Family Therapy Center," they're going to ask the miracle question.

de Shazer: Well, I don't think it'd work that way, because you have to respond properly. It's not the one step.

Weakland: He's still holding on to some threads of complexity.

Hoyt: When you say "respond properly," what's your thought behind that? Is there a certain thing that makes it "properly"?

de Shazer: No, it really depends on the client and what they're telling you. You have to respond properly for them. You have to take it seriously. There's a case I had recently, he's a borderline street person and long-

⁹The Miracle Question: "Suppose that one night, while you were asleep, there was a miracle and this problem was solved. How would you know? What would be different?" (de Shazer, 1988, p. 5) A number of other elegantly simple techniques designed to focus on the construction of useful solutions include the "Crystal Ball Technique" (de Shazer, 1985, pp. 81–92; after Erickson, 1954) which has patients visualize successful, complaint-free futures; and various "skeleton key" interventions, such as the "First Session Formula Task" (de Shazer, 1985, p. 137), which tells patients: "Between now and the next time we meet, I would like you to observe, so that you can describe to me next time, what happens in your [family, life, marriage, relationship] that you want to continue to have happen." Rather than tailoring each intervention to the particular client, a generic or invariant task is assigned that paradoxically directs the client toward his/her/their own individual strength, success, and solution.

term drinker. And I asked him the miracle question. And we had this wonderful discussion for 25 minutes, and he sticks really, really nicely to the topic; what the miracle might be and what he might be doing the day after and all these other things. And I'm going with this and trying to expand it to his wife and so on. And then I asked him one of our scaling questions where a 10 stands for, "He'd do anything to get this miracle to happen" and a zero, "Well, if it happens, it happens." And I say, "Where are you on this?" And he says, "Oh, zero." That's when I said to myself, "Oh, no. Now what?"

Weakland: And he says, "Can't you give me a 0.5?" *[laughter]*

de Shazer: Right. Then he says he could not possibly stand the idea of winning \$35 million in the lottery. \$250,000, that he could handle. But not \$35 million. He wouldn't know what the hell to do. So what's the first step? That "zero" meant something entirely different to him than it meant to me. "Oh, no, I'm not going to get my expectations that high." That's what that meant to him.

Weakland: "Well, suppose you woke up one morning and half a miracle would have happened while you were asleep. What would you notice? What would tell you that half a miracle had happened?"

de Shazer: Or, in another version, there was this guy in Leipzig recently—he was already in therapy—so I somehow got into asking him scaling questions starting with, "Are things better?" And we talked that around several times and using a scale from -10 to 0 , he'd gotten up to -5 sometimes. And we explored when they were. And then I asked the miracle question; he couldn't answer. He had no idea. And so I said, "Well, maybe this miracle brings you up to -5 ."

Hoyt: Brings you to where you are.

de Shazer: Well, he reached -5 once in a while. And he says, "Wow, yeah, and it also happens sometimes when . . ." And he went on to tell us about two more times in his life when he gets to -5 . He describes his trip to Cologne, which was a wonderful place for him. He'd never been in the old west part of Germany. He'd never gotten out of the East Zone before in his life. And as he describes this, I say, "You know, -5 sounds an awful lot like 0 to me." Okay, so there's this half-miracle. Sounds good enough.

Hoyt: And he's happy?

de Shazer: Oh, yeah. He said he could stay at -5 forever and it would be okay.

Hoyt: You wanted me to ask about "listening to clients and taking them seriously."