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).
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 "nonsensical" 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.

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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."
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**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."

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

Transcripts 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

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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.¹

**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.

¹*de 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. *

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

*Drawing 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" profes-
sionals. 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.  

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.

dede 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?

—Freud’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.⁴

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

⁴In 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 alls 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, 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-

*The 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."
Weakland: Yeah. I think that sounds very simple, but I don’t think it is simple. I think we’ve made a beginning on that right here. I think it’s a very complicated operation.

de Shazer: Yeah, it is. It’s so easy to read into ... you’ve got to watch out for this. People, therapists in particular, I guess, are taught to read between the lines ...

Hoyt: “Listen with a third ear . . .”

de Shazer: Diagnosis, interpretation, understanding.

Weakland: “Perceptiveness.”

de Shazer: Yeah. To me, however, the danger of reading between the lines is that there might be nothing there. So you’ve just got to listen to what the client says. So just stick on the lines of things. The client says that getting out of bed on the south side makes for a better day than getting out on the north side. Well then, goddammit, tell him to get out of bed on the south side. As crazy as it sounds.

Hoyt: If it works, don’t fix it. Do more.

de Shazer: Yeah, do more of it. I had one sort of like that. He moved the bed over so he couldn’t get out on the north side. He’d run into the wall trying to get out on the north side of the bed. That would be a different challenge to have, instead of a perceptivity training, to have a “simplicity training” or “beginner’s mind”—a “denseness” training.

Hoyt: “Keep it simple.”

de Shazer: “Stupidity training.”

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“In an interview conducted elsewhere (Duval & Beier, 1995, p. 72), Michael White and Insoo Berg had the following exchange while discussing a piece of solution-focused therapy work that Insoo had done:

White: I had a sense that you had taken in the complexity. And you had come out at the other end of that complexity with a message that was economical and, I think, quite profound. Now, how is it possible to share with the people who consult you about your work, how is it possible for them to know about that complexity that you are able to take in and somehow process and come out with the sort of messages that you do? My guess is the same about Steve’s [de Shazer] work. From what I know of Steve, he’s a philosopher and my guess is that he’s able to grasp the complexities of the world, despite the fact that he represents himself as a minimalist therapist. I think that he’s a minimalist in his message.

Berg: Yes.

White: But that message is informed by his grasp of the complexity.

Berg: Right.

White: Now that complexity, the grasp of that complexity, I don’t think is possible without some consciousness of the sorts of issues that we’re talking about here.

Berg: Right.
Hoyt: Maybe the fact that you weren't trained in psychology originally . . .

Weakland: That's a great help.

de Shazer: I think that my training in music helps.

Weakland: Ask him a little more about "taking it seriously," because I have this feeling that doesn't just mean one simple thing, that may mean maybe a lot of variations on that point. Taking it seriously. And I got your example; that's clear. But don't think it always means the side of the bed, that sort of thing.

de Shazer: Probably not.

Hoyt: What else would you think about "seriously"?

Weakland: Well, I think of an interview I had with a couple who came in to see me very concerned about their daughter who was anorexic. She was 30 years old, married with kids, but anorexic. They were very anxious about her, practically couldn't sit still. I had this one interview, after which I was going to be away the next week. Dick [Fisch] saw them the next week. I came back, and Dick started out telling about something disastrous, but he was putting me on. The truth of the matter was, they came in looking and sounding very, very different. And we were both up in the air about what the hell had happened. So I listened to the tape and I'd gone over it again since, and I had another interview with them. And the three sessions were all we had. We wouldn't have needed to have the third, really. So, I tried to figure out what the hell had happened in the interview that I had with them. Basically, I think all that happened was, or the main thing that happened was. I listened to them and I took it seriously, but I took it seriously in a certain way. I was clearly listening to and appreciating their concerns, but I wasn't getting excited. I think that's the main thing. There were a couple other things that went along with that like they'd been running around from one doctor to another. I suggested that "Certainly you may want to look for further doctors, but since the ones you've been finding have generally been unsatisfactory, you might want to give it a little more consideration before your next decision on a doctor for her." And I proposed that we could meet in two weeks, since I wouldn't be there, but if they wanted they could meet with somebody else, which was two steps more concretely of the same sort as my general behavior. And as far as I could see, that was it.

Hoyt: You took your sail out of their wind. [laughter]

Weakland: At least, I kept my wind out of their sail.

Hoyt: Yeah, okay. You didn't get on board and go with that problem.

Weakland: No. But at the same time I didn't tell them. "Look, folks, you're making too much out of it. Calm down," or any of that sort of shit.
**de Shazer:** Exactly. A counterexample of taking it seriously is when clients come in and tell you, "This is the problem. And it's a big, heavy, monstrous problem." To you, it looks trivial. And you go and tell these people about all these other people who have more problems, or bigger or more awful ones.

**Weakland:** Yeah. Yeah.

**de Shazer:** That's a counterexample.

**Hoyt:** "You think you've got a problem ..."

**de Shazer:** Yeah. A client tells you they've got a problem, then they've got a problem, and you better take it seriously. You also better take it seriously if they tell you they ain't got a problem. That's the other part of it. He comes in and somebody sent him because he drinks too much. He says he doesn't drink too much or it's not a problem. Leave it alone. Take it seriously.]

**Weakland:** You're not going to deal with denial.

**de Shazer:** I'm going to deny the denial. You start to mess with that and you'll never work with him. Certainly, you'll never work with the drinking. If you help him get something out of therapy . . .

**Hoyt:** What I'm getting from what you're saying is it's best to accept that what the patient is communicating about is accurate. And it's our job to figure out what it's accurate about.]

**Weakland:** That's an interesting way of putting it, rather than converting them.

**de Shazer:** I'm not even sure about the last part . . . just, "it's accurate."

**Hoyt:** It's accurate.

**de Shazer:** Yeah. It's accurate. And that's all there is.

**Hoyt:** But if we're going to be of service to them, not just to take them seriously and listen, what do we add beyond listening?

**de Shazer:** The seriously. Taking them seriously. See, I think a lot of people listen, but they don't take them seriously.

**Weakland:** I think that's probably true.

**de Shazer:** For example, we recently heard a therapist (at the conference we were attending) who reported some nice stories. From the stories, it's clear the therapist listened. But from some of the instructions and steps that then got presented, it is clear the clients aren't being taken seriously.

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11 Solution-focused ways of working with the problem drinker are discussed at length in Berg and Miller (1992) and Berg and Reuss (1998).

12 This is a paraphrase of a statement from Schnarch (1991, p. 344).
Weakland: Is it possible that, once again, maybe not as blatantly as some places, we've got a therapist who is doing one thing, and describing it quite differently?

de Shazer: My experience of this is, yeah, he does a marvelous job at storytelling, but the theory, the rule-making theory construction stuff is not his ballgame. He's telling us all these rules and steps and stuff he's never done.

Weakland: Okay, but what I'm saying is he doesn't have to tell us the rules one way or the other. What he ought to be telling us is how he does what he does.

de Shazer: I was thinking, sitting there, during a couple of these stories—show us two segments of videotape.

Hoyt: At least, let us decide what really happened rather than filtering it through a...

de Shazer: Or, at least, all the points could be made with two videos of about seven minutes each.

Weakland: You don't get either the appreciative audience nor the keynote speaker's fee for 15 minutes of videotape.

de Shazer: I know, that's why I don't get those jobs.

Weakland: I seldom get them either, partly because I get up there and I don't have any answers, and I'm struggling with questions in my mind. And I'm not "inspirational," as they say.

Hoyt: I think this touches on the "respectfully" and the "seriously," in a way. In the Difference [de Shazer, 1991, p. 33] book, you say, "The use of strategy and tactics, meant to suggest careful planning on the part of the therapist, implies at the very least that the therapist and the client are involved in a contest." And you, John, in your Foreword to the book, you stated your disagreement, saying: "At a specific level, I do not think that use of the term 'strategy' necessarily implies a contest between therapist and client; indeed, I would propose that de Shazer carries on his therapeutic conversations strategically" [Weakland, 1991, p. viii]. What's up?

Weakland: Simple. My view is somewhat different, at least from the views that Steve expressed there. My view is expanded a little bit more in the paper at Tulsa last summer [Weakland, 1991], in which I talk about what I mean by "strategic."

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1In his paper "Conversation—But What Kind?" Weakland (1993, p. 143) wrote: "Just as one cannot not communicate, one cannot not influence. Influence is inherent in all human interaction. We are bound to influence our clients, and they are bound to influence us. The only choice is between doing so without reflection, or even with attempted denial, and doing so deliberately and responsibly. Clients come seeking change which they could not
de Shazer: There's no disagreement with what you mean. It's the word. It's the extra baggage the word carries with it that I'm objecting to.

Hoyt: The word "strategic"?

de Shazer: Yeah.

Hoyt: What is the extra baggage?

de Shazer: It's the military metaphor that's attached to it.

Weakland: Oh, but I cannot be responsible for what a bunch of other people are attaching to things always.

de Shazer: It comes with it automatically. That's why I like the word "purposeful," rather than "strategic."

Hoyt: Were you aware of the military . . . ?

Weakland: I was not aware, if that is what he is referring to.

de Shazer: That's what I'm referring to. Trying to refer to.

Weakland: Well, it wasn't referred to sufficiently clearly in that quotation.

de Shazer: That could be.

Hoyt: You said a "contest" in strategy. Do you mean a "combat" in the way of military?

de Shazer: Yeah, contest, military.

Hoyt: It's like when people talk about their "therapeutic armamentarium."

Weakland: I never do that.

Hoyt: Other people do.

Weakland: Well, what am I going to do then with all of the words that formerly were good words and people have done similar things with them so that they all aren't worth a shit anymore?

de Shazer: You have to keep making up new ones.

Weakland: Then they'll do the same thing again.

Hoyt: It's hard to be politically correct in these times.

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achieve on their own: expertise in influencing them to change usefully seems to us the essence of the therapist's job. Therefore, we give much thought—guided, of course, by what a client does and says—to almost every aspect of treatment. To whom we will see in any given session, to the timing of sessions, to what suggestions we will offer at new thoughts and actions, to responses we make to clients' reports of progress or difficulties encountered, and especially not just to the content of what we say, but to how we will phrase it. This strategic emphasis, however, does not mean that we propose or favor any arrangement in which a therapist has all the power, knowledge, control, and activity, while the patient is just a passive object of therapeutic actions—if indeed this were possible, which is very doubtful.
de Shazer: We want to be politically incorrect.

Weakland: I'm going to have to move to France and put it up as a project to the French Academy.

de Shazer: We have always this competition of winning/losing that gets attached to "strategy," because of this, the implication of underhanded dealings, the backroom dealings, the dirty guys behind the mirror, and so on. Which I think all come out of this military "strategic" word.

Weakland: That's where I would disagree. I think they are there, and I think they get attached to that word, but I don't think they come out of it. I think they come out of something much deeper, which is that therapists want to have power without acknowledging it, influence without acknowledging it. They want to be in there, superior and influential, with perfectly clean hands. And as long as that's the case, they will corrupt the hell out of any word you use.

de Shazer: Yeah, probably. That's probably true. And it's probably true with every word, absolutely. So if the word is easier to hear—I'm using the word "purposeful"—it's less distracting than the word "strategic." When I stopped using the word "strategic" and started using the word "purposeful," I got into less problems with my audience.

Weakland: Okay.

Hoyt: It's more "user friendly." It doesn't set off the "Is this manipulation? Is this somebody getting over on someone?"

de Shazer: Right. It's clearly manipulation. It's got purpose behind it.

Hoyt: Okay. In terms of listening to them seriously, that's what I was trying to get at. The purpose is to take them seriously, but the purpose is still to have influence?

de Shazer: No, the purpose is to reach their goal. And it's therapists . . .

Hoyt: Is this one of those kinds of binds that we started talking about, like connection versus independence? It's like in one way, we're empowering them, but we're influencing them.

Weakland: We care about influence. Yeah, but that's okay. This is the old hypnotic argument, where on the one side you have all those people who say, "You hypnotize somebody, you make them dependent." And on the other side is, "It depends on what you do with the hypnosis with the subject." You may use it to empower them. You may make them dependent, but it's not inherent in "hypnosis." Just as there's nothing inherent in "influence." It depends on what kind of influence it is.

de Shazer: There's always influence.

Weakland: Sure.
A Conversation with Steve de Shazer and John Weakland

**de Shazer:** You can't not influence.

**Hoyt:** Is there an inherent language paradox here? To "influence someone" implies having a power over them, but you want to influence someone to be more powerful.

**de Shazer:** I think that in any conversation, everybody is influencing everybody else.

**Weakland:** Always.

**de Shazer:** And "power" is a bad concept.

**Weakland:** I think "power" is a bad concept because it is generally not very useful. But I don't think that it is an idea that will corrupt the world like Bateson seemed to think toward the end.

**de Shazer:** No. I agree that the idea of unilateral control is not possible.

**Weakland:** No, that's true.

**de Shazer:** Stalin proved that.

**Hoyt:** But constructing a reality that's going to make a difference is different than power; it's constructing.

**de Shazer:** And it takes at least two people to construct a reality. One person, by himself, might construct this reality, but it would probably be a psychotic one. It takes two to make it a viable reality.

**Hoyt:** If you mean a social reality.

**de Shazer:** Yeah.

**Weakland:** Is there any other?

**de Shazer:** There is no other.

**Hoyt:** Semantically, there's not. But what I do in my head is real in my head, to me.

**de Shazer:** Yeah. But I don't know about... See, that's the whole point.

**Hoyt:** You know the one about the three baseball umpires that are disputing? This is my favorite constructivist story. The first one says, "I call 'em as I see 'em." And the second guy says, "Well, I call them as they are." And the third guy says, "They ain't nothing until I call 'em!" And that's, I think, what we're saying. Until we call them, it's not. Things come into reality by being said.

**de Shazer:** Right. Wittgenstein goes into all this stuff about the slipperiness of a private language. You can't depend on it. You can't count on it. You can't count on anything inside until you bring it out, test it out. Then, as soon as you do that, you're changing it.

**Hoyt:** Where is our field going? Do you have any prediction? Any sense of it?
de Shazer: I'm no good at predicting. I know that. I've proved that to myself beyond a shadow of a doubt.

Weakland: I may make an attempt at describing where it is, if I get geared up between now and April, or at least where I see it is. Where it's going, I don't think I'd try that.

Hoyt: Where do you think it is?

Weakland: Well, in terms of some things we know and some confidences we have, at the best, it is a helluva long way from the old days; but in terms of how it has become bureaucratized, stupefied, taken over, the extent to which people are willing to accept, both practically and intellectually, a sort of second or third place role for it, it's gone way the hell downhill. People work in a hospital at a level more or less that of a nurse in relation to the doctor, that sort of thing, when it should be changing the fundamentals of the whole field.

dc Shazer: I think that we see some . . . there is some more, maybe a warped picture. There's more change to the whole field in Europe than there has been in the United States. There's more influence of systems theory in Europe. They take it a little more seriously. Well, like, family therapy became a method in the United States. Brief therapy is a method on the menu.

Weakland: I see the main change having taken place when things just got far enough so you could begin to sell family therapy and make some sort of a living at it.

Hoyt: That was the beginning of . . .

Weakland: That was the beginning of, "Let's see where we can make a quick sale. Let's establish standards, certifications, freeze them." I mean, once you've established them, you've largely frozen them, whether you do that deliberately or not.14

dc Shazer: Narrow the pool of potential influence in the field, by saying, "Well, you are left-handed, you can't come in. We don't allow left-handed people any more."

Weakland: And worse yet is if you're left-minded.

dc Shazer: Yeah.

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14In a discussion conducted elsewhere (Hoyt, 1997, p. 198), Jay Haley made a similar observation:

Haley: I don't think this is a good time to start being a first-generation therapist. When I went into therapy, you could hang out a shingle. There was no licensing. All you needed was referrals and the people paid you. It was so simple then compared with how complex it sounds today.
Weakland: Say a little more about what goes on in Europe. Usually, all I hear is what I hear from Paul [Watzlawick], and mainly what Paul will say is, "A great deal is going on that you should know about." We say, "We're open." Then he says, "But you don't read German."

de Shazer: There's lots going on in Germany that nobody knows about. I think that there's more within the various mental health professions. There's more influence of systemic thinking, rather than in family therapy being one approach on the menu. There's less rigidity about some of these things. I have to go in another direction somewhat. In the United States, I think that brief therapists are still seen as a radical nut fringe. On one hand and simultaneously on the other, we're both archconservative and archradical. And family therapy has become this something that is organized and run by this organization over there. And hypnosis is organized and run by this organization over here. And somehow these two are different. I don't know how, but anyway. In Europe, although they have separate societies—there's an Ericksonian Society and so on and so on—there seems to be a wider variety of people who are in these various societies, and they don't seem to have any feuds (this is a general rule; there are exceptions) the same as they are in the United States about territory and right and wrong. There are some other feuds, but they're different. There are some right and wrong difficulties, but there's no such thing, for instance, as a one-model allegiance. It's an allegiance to a way of thinking.

Hoyt: Maybe that's even a reflection of multiculturalism, all the different languages and . . .

de Shazer: Well, I can just stick within Germany and say that. So I don't know that it's that. I think that they take the idea of general systems theory more seriously. Not completely, but more seriously. And I think John and I are pretty radical on that. We probably took it more seriously than most people, word for word sometimes.

Hoyt: Is there something about “American character,” to use that broad stereotype, that makes people here want simple answers or ten-step programs? Or 12-step? [laughter]

de Shazer: Or 12-step or 5-step. I'm not sure I'd go that direction in describing the difference. I think that our psychotherapy business became overattached to the medical establishment. Part of it is that, and then it becomes this organization stuff. [Murray] Bowen was right. We shouldn't have organized at all. If nothing else, one thing I've always agreed with him about, maybe the only thing I've agreed with Bowen about, is we shouldn't organize this field. Don't do it! And he was saying—well, I don't know when he started saying that—but the first time I heard it, I agreed completely. Don't do it! Don't do it!
Hoyt: I don’t know how we’re going to take it back. I think, if anything, we’re getting more organized in the managed-care movement and the licensing bureaus and the different schools of therapy and the certification and education business.

de Shazer: And it’s all the same kind of thing. And the Europeans, they like to have these little certificates, too. But it’s educational, rather than job training.

Weakland: Now, why are the psychiatrists in Europe doing therapy instead of giving pills and doing esoteric biochemical and brain anatomy research?

de Shazer: I’m not sure. Obviously, it’s not all of them, but more than I meet here in the United States. I think they see themselves as doctors, and they’re healing. I suspect medical training is different. These guys all, the ones I’m thinking of in particular, see themselves as healing, and they’re afraid of medicines. They stay away from pills.

Hoyt: In the front of [Furman and Ahola’s] Solution Talk, Carlos Sluzki [1992] writes a Foreword, and he has sort of a warning. He talks about, if you really take the solution approach, how radical it is. He puts it in the tradition of antipsychiatry and R. D. Laing and David Cooper.

de Shazer: I’m anti antipsychiatry, too.

Hoyt: But he says, if you really take this seriously, it’s going to raise hell in traditional institutions. How you talk about people, what you chart, what you do; the whole egalitarian versus authoritarian structure breaks.

de Shazer: I agree completely.

Weakland: Oh, yeah. If you take our version seriously, that would happen.

de Shazer: Any version.

Weakland: And frankly, I think that’s what should happen.

Hoyt: I wanted to ask you just a couple more questions. My question is, What’s your cutting edge? What are you interested in now? What are you investigating? What’s got you excited?

Weakland: Not a helluva lot, to tell you the truth. I’m tired. I’ve been seeing things going the way we’ve been talking about for many a year, and I’ve been putting my oar in to try to see things go differently. And I feel like I’ve been swimming upstream against a current that’s probably faster than my stroke is.

Hoyt: What would you want people to take from your work?

Weakland: What would I want them to take from my work? I think that’s fairly simple. Which is you look around the world, try to under-
stand behavior, look at how people are dealing with each other first, and
don't get away from that until you've given it a good look.

de Shazer: Don't let the theory get in the way. Theories will blind you.
Weakland: Also, don't let the theory that "everything is individual" get in your way. Don't let the theory that "everything is genetic" get in your way. Look at what the hell people are doing right here and now where you can look at them.

de Shazer: Don't even let the theory of "everything is not individual" get in your way.

Weakland: Okay. Fair enough.
de Shazer: It might be individual this time.

Hoyt: What in Zen they would say, "Have a beginner's mind."
de Shazer: Yeah.
Weakland: I think this emphasis is still fair because it is very plain that the medical way of looking and the individual psychology way of looking have gotten tremendous emphasis and support compared to anything that's gone with looking at the way people deal with each other on all fronts.
de Shazer: Absolutely. They also say in Zen, "Before enlightenment, a mountain is a mountain. After enlightenment, a mountain is a mountain."

Hoyt: What mountains are you climbing?
de Shazer: John's swimming this river; I'm climbing a mountain.

Weakland: He's got a better deal. Unless it's a new volcano, that mountain isn't rising up as he's climbing.
de Shazer: But some of the side trails are so interesting.
Weakland: That's always a possibility.
de Shazer: And you go back down to see something.

Hoyt: There's also the pleasure in climbing, not just to get to the top.
de Shazer: And I like to take a walk around it now and then. I don't have any particular place I'm going.

Weakland: I think you asked the question. I'm not excited about this, but there's a couple things I'd like to see happen. I would like to see a few more young people interested in things I'm interested in that would be likely to hang around our Institute. And I would like to see three, two, or even one person on our board of directors who would read that little piece by Carlos [Sluzki] and be in favor of it. I might think there might be some future in the Institute.
de Shazer: You know, 22 years ago, we could have had a Brief Therapy
conference in Palo Alto, and we could have all fit into a VW bus. We'd need a little bigger bus now. It's grown faster than the population growth curve. But I think it's important for the field for there to be some outside to the field. And I think you've done it and our group has done it. We've been outside and inside simultaneously. We've been out in the margins. Not quite family therapy. And we're not quite brief therapy, MRI style, and you're not quite brief therapy, Milwaukee style. We're sort of always around the edge of things. Well, Insoo says I'm completely untrained, which is true. And John's completely untrained.

Weakland: Well, yeah.

de Shazer: And the field has to keep somebody out there; there has to be an outside, somebody in the margins. Family therapy would not have been an idea, much less a fact, if there had not been some outsiders. You, Jay [Haley], Gregory [Bateson]—untrained therapists.

Hoyt: Do you see these outsiders today?

de Shazer: Well, they're being legislated out of existence.

Weakland: Because they're trying, certainly working very hard, giving them a bad time, if there are any out there.

de Shazer: I'm looking for them. You've got to get those people. You've got to keep getting them in somehow, so they can take a look at things. If you legislate everything and train everybody in the orthodoxy, then you're closing out. You've got to kill the field in order to save it, so to speak.

Weakland: This is one time I think that might be apt.

Hoyt: Are you writing another book?


Hoyt: What's your next thought? What's it on?

de Shazer: I have no idea.

Weakland: He'll tell you that after it gets written.

de Shazer: Yeah, when it's done. My basic writing method is to sit down and write, and it's free form, so to speak, in my own way of doing free form. And then I edit. Chop, chop, cut, paste. So I really don't know where it's going.

Weakland: By God, that explains some things.

Hoyt: You'll see when you get there. You may have a solution without knowing the problem. What would you want people to take out of your work, Steve, if you wrote no more?

de Shazer: I know what I don't want, and that's for anybody to develop some sort of rigid orthodoxies. I'm afraid of that. I'm always afraid of that. For me, it's a big point of concern. That there's a right way to do this
and this. And to see my descriptions—and they've done this to me; I've probably done this to myself—to see my descriptions as prescriptions. So what I'd like, I suppose, is what I said earlier about listen and take them seriously. The “take them seriously” part. That's what I want people to take out of it is to take it seriously. And I suppose that the break between “problems” and “solutions,” certainly that part. But I ain't dead yet.

Weakland: Well, I'll tell you what I'd like to leave as a message: "Stay curious." And everybody is rushing like hell to try to get away from that. 15

de Shazer: Or, to put it another way, if the choice is between the therapist or the client being stupid, it should be the therapist. [laughter]

Hoyt: Well, gentlemen, I think we've done it. I thank you both.

References


15 In closing his paper, "Erickson's Essence: A Personal View," Weakland (1994, p. 291) made some observations that also might be applied to himself: "In the end, I think the essence of Milton Erickson's work is based on his personal qualities. So I would like to conclude by pointing to three such qualities that I see as fundamental to all he did. This requires going beyond the usual bounds of professional discussion. However, I hope we might follow his example somehow, even though I cannot say how these qualities might be taught to others, nor even how he acquired these qualities himself.

First, Erickson was and remained a man with a great curiosity about life: he wanted to look at and reflect on everything that came into his view. Second, he had a wide and deep sense of humor, which I see as central for his ability to combine engagement and detachment even in very difficult and distressing situations. Finally, and I believe most important of all, a point that needs no documentation: In both his professional and personal life, Milton Erickson was a man of great courage."
Interviews With Brief Therapy Experts


A Conversation with Steve de Shazer and John Weakland


