Chapter 20

The Brief Therapy Tradition

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Although this is the thirtieth anniversary of the Mental Research Institute, it is near enough to the twentieth anniversary of MRI's Brief Therapy Center and near enough to the twelfth anniversary of the Brief Family Therapy Center (BFTC) and thus the focus of this brief chapter.

MRI

The development of brief therapy over the past 20 years owes a lot to the work done by MRI and people associated with MRI during MRI's first 30 years. Without the development of the interfunctional view (at MRI) and the other work of Weakland, Haley, Jackson (of MRI) and the work of Bateson and Erickson during the first decade, this tradition of brief therapy (and all of family therapy) would certainly have a different form.

MRI as a whole needs to be thanked for initiating the systemic view, i.e., demonstrating that a family or any interactional situation can be seen as if it were a system and thus it can be mapped following the "laws" of general system theory. This construction is, after all, the foundation of family therapy as well as of brief therapy.

BRIEF THERAPY

As we see it, this tradition of brief therapy is not psychotherapy (a therapy organized around the individual-as-a-monad), nor is it...
(Ericksonian) hypnotherapy (a therapy organized around the individual in a context) nor is it family therapy (a therapy organized around the family-as-a-context) but it is rather a separate therapeutic tradition (a therapy organized around the context which people built for themselves and/or in which they find themselves) with a distinct philosophy. (Neither of us being philosophers by trade, we have had to put the following premises in plain English rather than in more esoteric, philosophical jargon. We are also aware that calling what follows “a philosophy” may be rather grandiose.)

**CENTRAL PHILOSOPHY OF BRIEF THERAPY**

1. If it ain’t broke, don’t fix it.
2. If it doesn’t work, don’t do it again: Do something different.
3. Once you know what works, do more of it.

**Premise 1: If It Ain’t Broke, Don’t Fix It.**

This premise is so central to life that it seems self-evident. There, in fact, should be no need at all for this premise which, among other things, we take to mean the following: If something is not a problem for the client and, therefore, the client does not complain about it, then—no matter how obviously problematic that something might be in the eyes of the therapist or “society”—it is none of the therapist’s business. Unlike many other types of therapy, brief therapy (within this tradition) is non-normative and thus the need for explicitly stating this premise. Although it should go without saying, this premise is actually broader in its implications and applies to doing therapy as well. For brief therapists it means that if you know a solution that works, do not unnecessarily look for another way. Never forget what works.

**Premise 2: If It Doesn’t Work, Don’t Do It Again: Do Something Different.**

It also seems as if this premise should be self-evident, but given the folklore idea: “If at first you don’t succeed, try, try again,” this

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1. This is the MRI version of the Central Philosophy. See below for the BFTC version.
premise cannot be overstated because it seems to run counter to common sense.

In the brief therapy tradition the focus is on resolving the problem through interrupting the stability and redundancy of the problem. The problematic situation has been simply and clearly described as "the same damn thing over and over again." Clearly, problems have self-maintaining properties including repeats of the same old failed attempts at solution. Obviously, things are not working and Premise Two the Central Philosophy suggests that—in such a problematic situation, someone needs to do something different in order to disorganize the problematic pattern(s). In fact, when anyone in the problematic situation does something different, anything that cannot be seen as "the same damn thing over again," then the problem is on the way to resolution, i.e., what was problematic becomes just another of the damn things that make up life. Simply, the problem is resolved by stopping the failed attempts at resolution.

**Premise 3: Once You Know What Works, Do More of It.**

On the surface, this premise should be so self-evident that stating it seems stupid. Once the problematic pattern is broken—by the clients' doing something different—then Premise 3 comes into play: the client needs to continue doing what works.

As we see it, the program known as brief therapy has long been involved in a major research project: Constructing a general view of (1) the nature of human problems and how they develop, and (2) solutions and how they work. As a result of this research, related specific procedures have been developed for both problem solving and solution development. In brief therapy the focus is on "the problem to be solved" and, in a certain sense, these "problems" are the clients rather than the people that therapists work with and for. Brief therapy can be defined as a way of solving human problems and there is an (perhaps implicit) assumption that any individual in the same situation as the one the client describes would have the same problem. That is, problems are seen as situational, i.e., problems are more a result of the definition of the situation than they are a result of any causative underlying maladjustments or psychopathology or systemic dysfunctions.
Obviously, a tradition based on such simple premises is frequently going to be seen as deeply flawed. Surely the resolution of chronic human problems cannot be so simple. In fact, it is easy to see these central premises as simpleminded rather than just simple. It came as a shock, as brief therapists, to discover there is a serious flaw in the MRI version of the Central Philosophy.

At BFTC, we serendipitously found out that, when asked in the right way and/or at the right time, many, perhaps most, clients will report that there are times when the complaint/problem does not happen, even though they had every reason to expect it to happen! This means that Premise 3 should take precedence over Premise 2 and thus we have been forced to revive the Central Philosophy:

1. If it ain’t broke, don’t fix it.
2. Once you know what works, do more of it.
3. If it doesn’t work, don’t do it again: Do something different.

(Is this a difference that makes a difference?) Of course, on a different level, deliberately replicating an exception—doing what works instead of what does not work—is a way of doing something different. But that particular something different is already part of the clients’ repertoire and therefore promoting clients’ cooperation (and task compliance) is greatly enhanced. Simply, a solution is developed by doing more of what is already working.

Thus the flaw we see in the MRI version of Brief Therapy is that they actually take their philosophy seriously and, therefore, since their model ain’t broke they do not try to fix it. Weakland, Watzlawick, and Fisch stubbornly continue to do more of the same since it works. We owe our development to this “flaw” and pushed beyond it; the ultimate tribute disciples can pay to their masters.