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THE SOLUTION CONSPIRACY: A MYSTERY IN THREE INSTALLMENTS

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INSTALLMENT ONE: NEWS OF THE DIFFERENCE . . . NOT!

What ails the truth is that it is mainly uncomfortable, and often dull. The human mind seeks something more amusing, and often caressing.

H.L. Mencken

Every erroneous inference, though originating in moral causes, involves the intellectual operation of admitting insufficient evidence as sufficient.

John Stuart Mill

I like McDonald's. There are probably a number of reasons for this, but I believe it is largely related to my being a "brief" therapist. First, they have a drive-up window that, if the truth be known, I have always wondered how to incorporate into my brief therapy practice. Perhaps the first window could be used for clients to tell their stories and the second window for the delivery of the intervention—oh, well, that's another paper. Second, the service is always speedy and the quality of their product largely consistent—the characteristics I most admire in a therapist. And finally, and perhaps most important, since the introduction of their new "value" menu (hamburgers are now less than a dollar), the cost of the food is commensurate with the income of a brief therapist. Recently, however, I had an experience that challenged both my faith and experience with my favorite fast food chain and which, quite coincidentally, led to a shocking discovery about solution-focused therapy.

In one of my recent visits to the drive-thru window at McDonald's, I placed my usual order for two 59 cent hamburgers, a small order of fries, and a large diet Coke and then drove around to pay for and pickup my food. Per usual, the clerk at the window was courteous, the change correct, and the service fast. As the Mc-

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Donald's is just down the street, I was soon back at my office preparing to eat my lunch. I retrieved the hamburgers and french fries from the bag and then tore the bag down the side and smoothed it out flat to serve as my McPlacemat. After taking another drink of my diet Coke, I carefully unwrapped one of the hamburgers and took a rather generous bite. After chewing a few moments, I noticed that there wasn't any meat in my first bite of hamburger. Not to be dismayed, I quickly turned the hamburger around to the side opposite my original bite and took another liberal taste. Again, however, there was no meat! "Good grief," I thought to myself, "they are really making these value-meal hamburger patties small nowadays!" I decided to open the hamburger to inspect the size of the patty for myself. Much to my shock and surprise, however, when I slowly lifted the top bun and peered in between I discovered that the meat patty was not just small it was absent! There was no meat on my hamburger at all! Before I knew it, I heard myself say, "where's the beef?"

My spontaneous reaction immediately brought to mind the old commercial of another fast food chain. Remember? A matronly woman orders a burger at a nameless and faceless burger joint and then, upon finding a minuscule meat patty amongst gobs of ketchup and between two humoungous buns, shrieks "Where's the beef?"

Quickly, I reached for and inspected the other burger. Luckily, this one was complete and so I returned, although somewhat less happily, to the business of eating my lunch. Having retained some of the compulsive qualities of my graduate student days, I decided to get something to read while I ate my lunch. As chance would have it, the first issue of the new newsletter for solution-oriented brief therapists, *News of the Difference* (Simon, 1992), had arrived that same day and was waiting for me in my mailbox. I had been anticipating the publication of the newsletter which was characterized in the subheading as a "bulletin board for people who do therapy that *makes a difference*" (p. 1, emphasis added). While munching the one complete burger in my lunch, I read through the newsletter thoroughly enjoying the articles and looking forward to the possibility, pointed out in the opening article by editor Dvorah Simon, of spending more time with "like-minded people" in future newsletters. After finishing my lunch, I wrapped the empty wrappers and two uneaten hamburger buns together with my improvised McPlacemat and tossed them in the trash. I placed my now dog-eared and ketchup-stained copy of the newsletter on my "to-be-filed-pile" for future reference and went on about my business.

A week or so later, I came across that issue of the *News of the Difference* while rummaging through my pile looking for an article I wanted to reference. Almost immediately, the events of that fateful day came flooding back to my consciousness. I slowly pulled the newsletter from the pile, temporarily forgetting the task at hand, and sat down while I attempted to make conscious a connection that seemed to be growing in my mind between the happenings of that day and the title of the newsletter: *News of the Difference: A Bulletin Board for People who do*

Therapy that Makes a Difference. "News of the Difference," I thought silently to myself, "for those who do therapy, that *makes a difference.*" My mind then went back to the memory of biting into the hamburger and finding the beef patty missing. "No beef," I thought, "No beef?" Then, suddenly, viola! The connection became clear!

"That's it! No beef!" A claim was being made in both the title and subtitle of Newsletter that solution-focused, solution-oriented, and/or other forms of brief therapy were somehow *different* from other forms of therapy in that they somehow *made a difference.* "What difference?" I wondered to myself. To be sure, I was aware of the claims routinely made in conferences and workshops and in professional journals and books that the differences between these approaches and others somehow *made a difference.* After all, I had been guilty of making such claims myself! What was not immediately apparent, however, was how,or whether these approaches were, in fact, different from other approaches and, even more importantly, actually what difference, if any, any of these supposed differences made. In short, I wondered, "Where's the beef?" What, in fact, is the difference that the readers and publisher of *News of the Difference* were referring to? and different from what? and how do they know that what they are doing makes a difference and where is the evidence that it is a difference?

I picked up a pencil and began writing down the flood of thoughts and questions that came to mind. Over the next few days, I started to research these thoughts and questions in hopes of understanding what "the difference" was that the Newsletter—and the many supporters of the brief therapy models—might be referring to.

In Search of "the Difference"

The first question I considered was *how* (or whether) these approaches were in fact different from other approaches. Very quickly, I was able to find numerous examples of *how* the proponents of these new approaches—myself included—considered their methods to be different from other treatment approaches. Perhaps the most clear and succinct statement of this supposed difference appeared in O'Hanlon and Weiner-Davis's (1989) book *In Search of Solutions.* In the introduction, the authors describe the difference as a coming "megatrend," borrowing the concept from the bestselling book of the same name (Naisbitt, 1981), noting that the new approaches shifted the focus of treatment, "away from explanations, problems, and pathology, and toward solutions, competence, and capabilities" (p. 6). The remaining pages of the book delineated specific intervention techniques that followed from this shift in perspective. "Clearly a difference from other [read: traditional] approaches," I thought to myself. My search continued. A lengthy and systematic explication of the difference(s) in both theory and practice was found in de Shazer's latest book, titled not coincidentally, *Putting Difference to Work* (1991a) wherein five chapters' worth of differences between

the new "megatrend" and other forms of therapy were documented. "OK," I concluded after re-reading the first half of the book, "there is certainly a difference between how this new approach is described and the descriptions of other approaches—what is commonly referred to as *theory* and I suppose it can be said that there is also a difference in *what*—or what has traditionally been referred to as process—the solution-focused, solution-oriented therapists *do* with their clients based on their different perspective."

Having resolved the first question to my satisfaction, I turned my attention to the second, and what I considered to be, the more important question: *what* difference, if any, did the stated differences between the theory and practice of the solution-focused, solution-oriented approaches and the theory and practice of other approaches make? This was, I thought, the "meat" of the matter—the real, "where's the beef" question. In more traditional terms I was asking: what difference, if any, do the differences in theory and process make in terms of outcome?

The most clear and succinct statement was found in *Shifting Contexts: The Generation of Effective Psychotherapy* written by O'Hanlon and Wilk (1987). In the book, these authors stated, rather unequivocally, that the new approaches enabled "clinicians to achieve dramatic therapeutic successes more rapidly, more enduringly, more effortlessly, more pleasurably, and more reliably than any psychotherapeutic approach . . . [and] most in a single session" (pp. 217-18). "Wow! Pretty dramatic *difference*!" I thought to myself and then continued, "No value meal beef patty here! This is not just beef, this is the Big Mac!—with cheese!" I quickly pulled and reviewed other books, as well as the work of the team at the Brief Family Therapy Center (BFTC), to compare and found that most, although in somewhat more restrained terms, hinted of similar "findings" of differences (Berg & Miller, 1992; de Shazer, 1988, 1991a; de Shazer, Berg, Lipchik, Nunnally, Molnar, and Weiner-Davis, 1986; O'Hanlon & Weiner-Davis, 1989; Talmon, 1990).

I jotted down the list of differences that had been hinted at across the various books and articles and then began researching the four most commonly cited. These included: (1) more rapid; (2) more enduring; (3) higher frequency of single session "cures"; and (4) higher degree of client satisfaction. I assumed that this would be a relatively simple and straightforward task since these claims were not only cited most often but were also stated in clear, concrete, and therefore, verifiable terms. I began my research by simply returning to the sources of the various claims.

Same Damn Stuff—Different Model

The majority of claims, I soon found, were substantiated solely by reference to "subjective clinical experience" usually related in the context of stories and

anecdotes about successful uses of the solution-focused, solution-oriented models (c.f., de Shazer, 1985, 1988, 1991a; O'Hanlon, 1991; O'Hanlon & Wilk, 1987). Research, when it did exist—and this was the exception—was demographic in nature consisting, for example, of statistical averages of client characteristics, client ratings of satisfaction, and the number of therapy sessions and had never appeared in published, refereed professional journals (c.f., de Shazer, 1991a). No empirical studies, in the traditional sense of the word "empirical," had ever been conducted and indeed, there seemed to be an underlying attitude of cynicism and distrust of such research in much of the writing (c.f., O'Hanlon & Wilk, 1987). More on this later, however.

Sadly, at the conclusion of this research, I was not able to find *any* (read: not one, zero, zip, nada) support for the claims of difference of the new "megatrend" in psychotherapy. What was being described in the literature as a "value" for consumers of psychotherapy—both clients and therapists—simply had no beef! Worse, however, was that this was not only true of the research I reviewed but for the claims of difference embedded in anecdotal reports and subjective clinical experience as well. This is not to say that various figures and numbers hadn't been adduced as evidence of a difference but rather, and perhaps more damning, that these numbers—whether they had been derived from the few research studies available or based solely on reports of clinical experience—provided stronger evidence for how the solution-focused, solution-oriented approaches were *similar* rather than for how they were different from other approaches. Similar, I might add, to approaches (read: dynamic, emotive, intergenerational, etc.) that we brief therapists had been attempting to separate ourselves from both theoretically and technically for the last 30 years.

The most glaring example of similarity I found was the very claim that had traditionally been touted as the major difference between the approaches: that these approaches somehow promoted the development of solutions or the resolution of problems more rapidly (read: fewer number of sessions) than other approaches (read: traditional treatment approaches). The figure I found cited most often was usually somewhere between three and seven sessions. For example, the team at BFTC frequently reported an average of 4.6 sessions (Berg & Miller, 1992; de Shazer, 1991a). Another example, in an article for the tenth anniversary issue of the *Journal of Systemic and Strategic Therapies*, O'Hanlon (1991) stated that, "I certainly influence my clients in the direction of completing therapy briefly . . . [and] my experience is that the vast majority of people will complete their therapy in a relatively short time, three of four sessions, and a few, perhaps 5%, . . . take longer" (emphasis added, p. 108).

The (apparently secret) fact of the matter was, however, that the majority of clients finished therapy in roughly the same number of sessions no matter what model of therapy was being employed. Indeed, while the figures (cited above) sounded low—indeed, perhaps even spectacular—in reality, data collected over the last 50 years consistently showed that these numbers of sessions constituted

the average number of sessions clients attended treatment *regardless of the treatment model employed* (Garfield, 1971; Koss & Butcher, 1986; Levitt, 1966; Rabkin, 1983). For example, I was forced to wonder whether it was just a coincidence that the average number of sessions at BFTC was *exactly* the same as that reported by the National Center for Health Care Statistics in 1966. In another particularly striking example, Garfield (1989), after investigating the length of treatment for clinicians practicing long-term, insight-oriented, psychodynamic psychotherapy in the Veteran's Administration in 1949, found that the average number of sessions was six! Moreover, this and other research consistently demonstrated that historically only a small number of clients—usually between 5% and 10%—took longer (Cummings, 1977; Cummings & Vandenbos, 1979; Follette & Cummings, 1967; Garfield, 1986).

Over and over, I asked myself, "where's the beef?" Followed quickly by, "where had we/I—the solution-focused, solution-oriented therapists/experts—been?" Clearly, the answer to the latter question was . . . "not in the library"—the data had been in existence for over 40 years! With regard to the first question, the brevity of the approaches had always been one of the "badges of distinction" between the new megatrend and the traditional, problem-focused approaches. Indeed, on numerous occasions I too had stood in front of training groups at BFTC and at countless workshops on the road and proclaimed the virtue of brevity. I could hear myself saying, "the average number of sessions is around five and given this it makes sense that we employ a model that is designed to be effective within this reality!" Given the research, however, I was for the first time forced to consider asking why? What difference did it make? If the average number of sessions was already five, then what solution-focused therapists did in treatment may actually have precious little influence—despite O'Hanlon's claim—on the length of that treatment. Indeed, according to the research, the influence, if it existed at all, was probably very small. After all, clients only came for an average of three to seven sessions *regardless of the treatment model employed.* To put it succinctly, as regards length of treatment anyway, like my McDonald's burger, I had to conclude that there simply was no beef in brief. More accurately, since all therapies were roughly the same in duration there simply was no such thing as *brief* therapy—it did not constitute a useful distinction. As Steve de Shazer might say, the distinction created "a muddle that befuddles" (de Shazer, 1989, 1991b).

This wasn't the only disappointing discovery I made, however. I had only started my search and was soon to find that other, perhaps less-glaring, examples of beef-less-ness were waiting to be discovered. Another example of the similarity between the solution-focused, solution-oriented approaches and traditional approaches regarded the claim of increased incidence of single-session "cures." Recall that I had earlier found that O'Hanlon and Wilk (1987) claimed that these approaches resulted in more "dramatic therapeutic successes . . . in a single session" (pp. 217-218). However, after reviewing the data, I found that

there was absolutely no evidence that the new methods resulted in more single session successes than other therapeutic approaches. On the contrary, the data clearly indicated that the modal number of sessions for all clients in therapy was one and had always been one *regardless of the treatment model employed* (Talmon, 1990). In point of fact, I came across a number of reports demonstrating that Freud, despite his somewhat distorted image as the father of long-term therapy, was the first to report a single-session success in his treatment of Katarina—and this was only the first of such reports (Rosenbaum, Hoyt, & Talmon, 1990; Talmon, 1990). The writings of Freud that I reviewed indicated that he treated many clients who came for only one session or a handful of sessions (Masson, 1985). Sadly, again, I was forced to conclude that there wasn't a single shred of evidence for the single-session cure claim.

Neither, I found, could we practitioners of the new "megatrend" claim that our single session cases were more successful than those of traditional practitioners. Despite this being one of the more frequent statements that I heard about the new approaches, there was simply no data to support such a claim. Indeed, the research clearly indicated otherwise. For example, the research indicated that the majority of clients who attended only a single session benefited from that meeting *regardless of the treatment model employed.* In this regard, senior psychotherapy researcher Jerome Frank (1990) concluded that the numerous studies of single-session cases, "reveals that *most* patients who quit after a single interview do so because they have accomplished what they intended and that, on the average, such patients report *as much improvement* as those who stay the prescribed course" (p. xi).

I was, to say the least, confused by these findings. Indeed, I even began to feel like I was unravelling—coming unglued. For this reason, I decided to take some time off from work to rest and to consider what course of action I should take next.

INSTALLMENT TWO: ENTER BRIEF-THROAT

> History doesn't repeat itself, but it often rhymes.
> Mark Twain

> If you tell a lie often enough, people will believe it's true.
> Goebbels

I had only been off work a few days when I began growing steadily more paranoid about what I had written and stored on the hard disk of my computer. I decided to return to work and run my "Brief Therapy Research" files through my data encrypter program. When I finally arrived at work I found, much to my horror, that my research had already been discovered.

A Note from "Brief-Throat"

The note in my mailbox—signed "Brief-throat"—made mention of claims made by practitioners on the fringe of the "megatrend" and suggested that I include these in my research. In particular, he/she/it suggested that I look at claims made by NLP practitioners Andreas and Andreas (1990) in a special issue on "brief" therapies for *The Family Therapy Networker.* "Good grief," I thought, feeling my paranoia reach heretofore unexperienced levels, "this whole thing is getting a little too bizarre!"

Trying to remain calm and appear nonchalant, I sauntered back to my office, shut the door and then quickly rummaged through my "to-be-filed-pile" for the article mentioned in the note. Mysteriously enough, at the top of the pile was the issue of the *Networker* containing the article mentioned by "Brief-throat." Just as he/she/it had indicated, the authors claimed that their methodology resulted in "briefer than brief," rapid, one-session, often single-procedure cures to clients presenting problems. Such claims, I thought, could hardly go unnoticed since they, if documented, would represent a significant advance (read: difference) in the practice of therapy. It was not surprising therefore when, over the course of the next few days, I found that the methods *had* commanded a generous amount of research attention.

In one comprehensive review of this research, for example, Sharpley (1987) concluded that, "there are conclusive data from the research on NLP, and the conclusion is that the principles and procedures suggested by NLP have failed to be supported" (p. 105; see also Coe & Scharcoff, 1985; Einspruch & Forman, 1985). These findings, together with those regarding the actual incidence of single-session "cures" in the general psychotherapy literature I had found earlier, made the claims advanced by these practitioners somewhat less than extraordinary. In fact, as may be obvious, the findings indicated that their results were basically the same as every other approach. Again, no beef! Coincidentally, in the same issue of the *Networker,* I found several articles in which the proponents of the new megatrend appeared to be softening (read: reframe) some of their original claims of difference (c.f., O'Hanlon, 1990; Wylie, 1990). For example, the approaches were now being described as a "state of mind" rather than a package of powerful strategies designed to achieve specific results in a more rapid, enduring, and successful manner (Budman & Gurman, 1988; O'Banlon, 1990, 1991; Wylie, 1990). "No wonder," I thought to myself, "given that the research is so clearly nonsupportive." But the lack of research support was not the reason given for the more contrite position taken by the proponents of "brief therapy." Indeed, no mention was made of the research. Instead, proponents referred (read: deferred) to the "latest thinking," wherein the methods and underlying assumptions of brief therapies were said to be better understood as a metaphor that reflected the clarity, efficiency, and effectiveness

of the new approaches rather than as techniques that achieved results in a limited period of time (Wylie, 1990).

In a short piece, O'Hanlon (1990) made a similar point and underscored the importance of this "state of mind of the therapist" saying that, "it is important to distinguish between the therapist automatically assuming that therapy must be long-term to be effective, and the client teaching the therapist that therapy should be long term" (p. 48). However, the question that begged to be answered by both O'Hanlon and the other writers was, "why?" In other words, what was the purpose of using this metaphor since the fact of the matter was that this "state of mind" did not seem to make any appreciable difference in the "state of affairs?" As my research had already demonstrated, the approaches certainly did not result in more efficient or effective treatment and, as far as clarity was concerned, using a "metaphor" seemed to me to only obscure the fact that these new approaches were no different than any other in terms of outcome. "Or, even worse," I thought, "perhaps using such a metaphor would only perpetuate the myth of a difference." Then it occurred to me, "Perhaps *this* is precisely the point.*

After reading most of the articles in that issue of the *Networker*, I decided that I needed to think things over and consider my next step. I decided to cancel my appointments for that day and go get something to eat. Eating always helped me think. Before leaving the office, I started to run the data encrypter program but then decided to leave the file open in the hopes that "Brief-throat" would establish contact again. I then headed out for McDonald's—of course.

After going through the drive-thru, I decided to head home to eat my value meal. As I wheeled my car between the trees that line the winding driveway leading up to my home, my mind was completely occupied with the events of the last few weeks. I was particularly troubled by the most recent development—the entrance of this "Brief-throat" character—and wondering what my next move should be in regard to the developing mystery (conspiracy?).

"Should I tell my team members about my findings?" I wondered. I mulled this question over in my mind and quickly concluded that I wasn't exactly sure *what* I should tell them, let alone *whether* or not to tell them.

"How would they take it?" I pondered and "what exactly was it that they would have to take?"

"My findings on brief therapy?" I heard myself ask.

"Ha! Would I still have a job at the *Brief* Family Therapy Center then?" I wondered.

"Hmmm," I heard myself sigh in distress. Frightened by the prospect, I quickly changed my focus to another line of questioning, "What about this

*When I was finally able to talk with Bill about this, he said, "when you ask me what difference it makes, I point to my clients and say, 'I they will tell you.' They're paying for the room and the rental of me for an hour." This is different from Steve Andreas, I reminded Bill, who offers a money back guarantee.

'Brief-throat' character?" This new twist was only serving to make a painful experience strange—some might even say, downright unbelievable! "Who would ever believe this story?" I began wondering. "Certainly," I concluded, "I couldn't tell my team members about this why, they would think I was crazy!"

I stopped the car abruptly as a related, more disturbing thought then crossed my mind. "Was it possible," I wondered, "that I was merely making this whole damn thing up as I went along?!" I considered this idea momentarily and then dismissed it when I remembered that the message of the 1992 Networker Conference was that we were all "making it up as we went along" anyway (*The Family Therapy Networker*, 1992). In the postmodern era, it was, apparently, not possible to *know* if one was making "it" up anyway. Fiction, as I understood the message of the conference, was therefore increasingly being accorded the same status as truth in the field of therapy. This is not to say that fiction was the same as truth but more that they were now on an equal footing.

The scent of my value meal burgers once again reached my consciousness.

"Who are you Brief-throat?" I asked out loud. "Come out, come out where ever you are!"

Upon clearing the driveway, I hit the button on the garage door opener and guided my car into what was an unusually dark garage. The light on the garage door opener was apparently not working again. I grumbled angrily under my breath about the repairman who had already been out to my home three or four times to fix the damn thing. Each time, I remembered, he simply replaced the light and charged me whatever portion of his $75.00 per hour fee the process took to complete! When I asked him why the light continued to be a problem and suggested that he should attempt to figure out the cause of the problem, he merely scoffed and mentioned something about the solution and the problem not necessarily being related. At the time, I found it hard to argue with his logic and just wrote him a check. As I sit here writing this, however, it occurs to me that his statement might have been more than a mere coincidence. Not that he has anything to do with my story. Rather, I just wonder if he might be a brief therapist who, because of his salary, is forced to do other things to make ends meet. Just a thought.

I gathered up my belongings and food and began making my way toward the back door, groping in the dark. That's when I first felt it—that is, the feeling that I wasn't alone in the darkness. Unlike the people in movies, I kept walking—even picking up my pace a little—in hopes of finding the back door of the house before what ever it was in the darkness made a move. I didn't make it though.

"Brief-Throat" Revealed

A quiet, though nonetheless audible, voice whispered out of the darkness, "I have been waiting for you for a long time!" Initially thinking the voice belonged to a

hit-man from, well, whatever—things had been pretty strange you have to admit—I dropped my value meal and diet Coke to the floor and began scurrying hurriedly along the garage wall feeling my way to what I hoped would soon be the back door. Before I arrived, however, the voice spoke once again—this time in a reassuring tone, "It's me," the voice claimed, "Brief-throat."

I stopped, turned and, quickly regaining my composure, asked the voice in the darkness to prove that he/she/it was the real "Brief-throat" and not . . . well, some spy from a national therapy organization.

"You've heard the rumor that certain BFTC old-timers threw the I-Ching behind the mirror to determine the intervention task to be used and found that it was at least, and often more, effective than the model?" the voice asked.

"Yeah," I responded, recognizing that the relationship of this information to my research meant that the person in my garage had to be the real "Brief-throat."

Brief-throat continued, "Your conclusions are sound, Scott."

"Which conclusions?" I asked, squinting my eyes in the direction of the voice in the hopes that they would eventually adjust to the darkness and allow me a better view of the mystery figure.

"In particular," the voice said, changing in tone, "that there is no difference in outcome that can be attributed to solution-focused therapy." More silence. "What's more," the voice then continued out of the darkness, "to search for it..... using whatever method will simply lead to disappointment..... solution-focused therapy simply doesn't make any more of a difference for clients than any other therapy."

"So, I am right then!" I said with a new confidence.

"Were you truly that surprised?" Brief-throat asked with curiosity and then continued, "history, as Twain once said, is simply rhyming again."

"What do you mean?" I asked, confused by the response.

"Over the last fifty years," Brief-throat answered, "hundreds of new models of therapy have appeared. Each has promised difference, been represented to clinicians as an advance over previous approaches. . . . and each, of course, has failed to deliver."

Brief-throat was, of course, right and I had been aware of this fact at one time. Despite this, somewhere along the way, I had become convinced that the "megatrend" was somehow different (read: better than, new and improved) from other therapeutic approaches. Perhaps sensing my thoughts, Brief-throat digressed momentarily from the topic at hand to remind me of the large body of research from cognitive psychology which has demonstrated that skepticism, patchwork explanations, and no explanations at all nearly always gave way to simple, unified theories that by the sheer force of their ambiguity were able to account for disjointed findings (Gilovich, 1991; Nisbitt and Ross, 1980).

"Do you see it yet, Scott?" Brief-throat then said with an air of hopefulness and expectation.

"Apparently not," I thought to myself.

Perhaps sensing my lack of understanding, Brief-throat continued, "When a finger points at moon, don't look at the finger or you'll miss the moon!"

"Huh?," I said loud enough for Brief-throat to hear, "what does that mean?"

"I like that!" I said loud enough for Brief-throat to hear. However, I was forced to ask Brief-throat to explain what he/she/it meant.

"Don't miss the obvious is what it means!," Brief-throat thundered.

"What obvious?" I thought to myself.

Responding to my silence, Brief-throat explained, "The main impact of the solution-focused model—and any model of therapy for that matter—is on the therapists that adhere to and practice the model's theoretical tenets and techniques and *not* on their clients!" Brief-throat then paused momentarily, in effect giving me time to digest what had been said.

In the dark silence of those moments, I began to reflect on the impact of the "megatrend" on me and my clients. Clearly, I recognized, adopting the model had resulted in my doing some things quite differently. But was the differential impact of the model, I wondered, limited to me? Without much effort, I was able to identify a number of significant differences in me since adopting the model. For example, I was thinking differently, developing different friends and associates, feeling more positive about the clients I worked with, reading different books, attending different workshops, et cetera. The differences in me and my practice of therapy were numerable. On the other hand, when I tried to identify any differential impact of the model on my clients, I was quickly forced to recognize that the majority of my clients had somehow always managed to benefit from treatment—even when I was using treatment models based on entirely different and sometimes opposite theoretical tenets!

"How come I didn't see this?" I asked in a discouraged voice and then continued, "Somehow, I have always managed to see myself as evolving . . . becoming more, er, well, effective."

Speaking in a more soothing tone, Brief-throat responded, "Comfortable, perhaps. Smoother, more than likely. Effective?"

I could hear the sound of Brief-throat's head moving slowly from left to right and then back again, "Probably not! I don't have to cite all the research that shows that experienced therapists are no more and, in some cases, even less effective than beginning therapists do I?"

Now I was shaking my head back and forth from left to right. I was certainly aware of the research. I remembered that the last major review of all of the studies in this area had concluded that there were "few general effects of [therapist] experience on outcome" and, when such effects did exist, they "tended to favor" those with less rather than more graduate education (pp. 286-287, Beutler, Crago, & Arizmendi, 1986). "So much for my Ph.D. and $20,000 in student loans," I thought silently to myself.

"You're not special, Scott, nor are the solution-focused, solution-oriented models. As I said, this has been going on for a long time and, from the looks of it, will likely continue to happen in the future."

"Yes," I said, agreeing with Brief-throat's observations, "but what I wonder is how this could continue to happen? Why hasn't anyone said anything about this? The data is clear. Why hasn't someone pointed it out?"

"Well," Brief-throat answered, "there have, in fact, been a few that have pointed it out."

"Yeah, but why hasn't anybody listened then?" I asked and then quickly added, "Has there been or is there some type of conspiracy to keep this information private. . . . I mean, to suppress it from becoming public?"

"Well. . .," the voice in the darkness began to respond. But before Brief-throat could finish, the garage door light suddenly began to flicker and then came completely on line filling the whole garage with light. I squinted hard, attempting to avail myself of what I thought might be my only opportunity to learn the identity of my mystery advisor. My eyes quickly adjusted and there in the light stood the once shadowy and enigmatic Brief-throat. I nearly fainted! Brief throat was none other than . . .

INSTALLMENT THREE: PUTTING SIMILARITY TO WORK

Do not become the slave of your model.
Vincent Van Gogh

I used to be different, now I'm the same.
EST

We know very little about psychotherapy. If we restricted what we taught to what we know about psychotherapy then we wouldn't have [any] clinical training program[sl.
Neil S. Jacobson

"Brief throat was none other than . . ."—that is exactly what I had just finished typing when the batteries on my laptop ran out of juice. Truthfully! I was on a plane travelling from a workshop in Nova Scotia to another in California when the computer beeped three times and then shut off abruptly. Initially, given my state of mind at the time, I took this as a supernatural sign that the identity of Brief-throat was supposed to remain unknown. Over a few weeks, however, I was able to curb my overactive imagination and use the time to rethink my earlier decision to identify the mystery advisor. By the time I was finally able to return to the story I had changed my mind about revealing the identity of Brief-throat. In making the decision to not reveal the identity of my mystery advisor, I had to accept the fact that some readers would be disappointed and not finish reading the paper. However, thanks to the batteries in my computer, I had enough time to

come to the realization that the central mystery in the solution conspiracy was not the identity of Brief-throat. Indeed, it became increasingly clear to me that revealing the identity of Brief-throat—something which I promise I had originally intended to do—would actually serve to obscure the real mystery; that is, why I/we (read: brief therapists) had ever been seduced by all of the talk of difference in the first place.

Just as in Watergate—the political parallel of this story—the real mystery, despite the incessant focus of the media to the contrary, was not and is not the identity of Woodward and Bernstein's secret informant, "deep-throat." Rather, the real (and only remaining) mystery of the entire Watergate affair is why Richard Nixon chose to: (a) encourage/authorize the break-in at Democratic National Headquarters given that he was virtually insured a landslide re-election; and (b) choose to cover-up the break-in if in fact he did not, as he has steadfastly maintained, encourage/authorize the break-in in the first place! In short, the real mystery of Watergate remains why Richard Nixon felt that he needed to do something different when what he had already been doing was working so well?!

Therefore, while "Brief-throat," like his/her/its political counterpart "deep-throat," was very much real—that's the truth—just who s/he/it was would have to remain a closely guarded secret. Having chosen to conceal the identity of my advisor, however, did not mean that I likewise deemed it necessary to hold secret what Brief-throat had to say on that fateful day in my garage. Indeed, the details of this meeting I will blab to just about anyone who will listen.

The Solution Conspiracy . . . SOLVED!

Initially, Brief-throat kept right on speaking after the lights came on. That I now knew his/her/its identity was apparently, I quickly surmised, of no great concern to Brief-throat. When I was able to regain my composure, I had to ask for Brief-throat to stop and start over from the beginning.

Although somewhat irritated by my request (read: my dimwittedness), Brief-throat grunted and then obliged, "The claims of difference made by the growing solution-focused/oriented crowd are unusually strong. As you have found out, however, the fact is that the evidence for these claims is exceptionally weak—if it exists at all."

As Brief-throat paused to take a breath, I seized the opportunity to offer a counterpoint, "Some might argue that, despite the lack of research, the experience of all of the therapists doing this style of therapy has to count for something."

"Yes," Brief-throat responded, not missing a beat, "they may. But, this only proves my point even more."

"And that point would be?" I asked still uncertain of what I had heard.

"That the major impact of the solution-focused, solution-oriented models—or any therapy model for that matter—is on therapists and not on their clients."

Upon hearing Brief-throat state these points a second time, I was able to dispel the dissonance I had experienced. I had heard correctly. What's more, I also knew that Brief-throat's conclusions were right since my own research had, in fact, uncovered a few studies that actually showed, albeit indirectly, that the major impact of treatment models was on the therapist (Kaley, personal communication; Kolevzon, Green, Fortune, & Vosler, 1988).

"Anyway," Brief-throat then continued, "the unspoken assumption of your statement seems to be that quantity will somehow overcome limitations in quality."

"Well, I'm just pointing out what others might say," I then offered feeling somewhat defensive.

Brief-throat, in a more serious tone, then said, "Don't misunderstand me now. No one is saying that psychotherapy-in-general or that the solution-focused, solution-oriented models in particular do not work." "No?" I asked with great uncertainty and then, in an effort to dispel some of my increasing anxiety, added, "So at this point I don't have to think about retraining in some other field then?"

"No!" Brief-throat said emphatically, "Definitely not!"

"That's good," I quipped, "because I'm still paying off my student loans from graduate school in psychology!"

Ignoring my attempt at humor, Brief-throat continued, "What needs to be recognized is that these models do not work because they are different from the other models but rather because they are the same as every other model . . . as far as clients are concerned at least."

"But. . ." I once again tried to interrupt.

"There is no sin here," Brief-throat continued, this time simply speaking over me, "Nope, no sin. Perhaps the time has come to stop looking for and creating distinctions and differences and instead focus on what we all have in common that works."

"Yeah, but what about all of the talk about creating a difference that makes a difference?" I asked.

"There is nothing wrong," Brief-throat said ignoring my question, "with sharing with other models what 30 plus years of empirical research has demonstrated are the key characteristics of any effective therapy. It is time to *put similarity to work.*"

"Empirical research?" I asked, the incredulity in my voice only thinly veiled, "are you referring to, well. . . . science?"

"Of course, why not?" Brief-throat responded rhetorically.

"But, I thought . . ." I started, my voice trailing off as I began to think about what my mystery advisor was saying.

"Hmm. You and a lot of others. However, what is needed is not the abandonment of science per se but the addition of other paradigms, other methods of understanding—or misunderstanding as the case may be—the therapy experience. Not either/or, but both/and . . . When understood as a method

designed to estimate the probabilities of certain events given certain contexts and conditions and not as a way to uncover objective truth, research, or the scientific method, can be an exceptionally useful descriptive tool. Indeed, ignoring research and science will most certainly doom the field to repeat the errors, as well as the inventions, of the past."

Brief-throat paused momentarily, turned away and, shaking his/her/its head, continued, "For some reason, however, this is not being understood. The conceptual confusion caused by the wholesale adoption of postmodern philosophies in the human sciences has led therapists to abandon the search for truth and redefine reality as a purely discursive phenomenon. For many, truth and reality have become, quite literally, what we say they are."

"So Brief therapy is briefer and long-term therapy is longer—even though they are basically the same—just as long as we say they are!" Brief-throat turned back toward me, eyebrows raised in expectation. I continued, "If the facts don't fit the theory. . ."

". . . so much the worse for the facts. Hegel," Brief-throat said finishing my sentence for me and then continued, "The end result can only be the continuation of the field's 'repetition compulsion,' of the last 50 years."

"Repetition compulsion? Sounds perfectly Freudian!" I offered, injecting what I hoped would be a little humor.

Unmoved, he/she/it simply went on to explain, "Model mania! Method madness! The continued re-inventing of the 'therapy wheel' using different words and descriptive metaphors to account for the effects of essentially the same elements on treatment outcome."

Brief-throat paused and the garage fell silent.

My thoughts were running a hundred miles an hour when I heard, "The only way to sustain such a bankrupt process is with hype . . . to make outlandish claims of having discovered or invented a new and improved treatment approach."

"Like detergent," I observed.

Brief-throat once again looked away, "Endowing a model with unique—even magical—capabilities only serves to obscure what is actually helpful about the model and can only lead to disappointment since it cannot and never will be able to live up to the grandiose statements that are made about it . . . I've seen it so many times. Not long ago, claims of superior results were made about the cognitive-behavioral approaches, especially in the treatment of anxiety and depression. At about the same time, others were claiming the unique results of Bowenian Family Therapy, Structural Therapy, the list is endless. How many therapies were there when they last counted?"

Brief-throat continued, "The solution-focused, solution-oriented approaches will not escape the fate of these earlier models if something is not done to curb the miraculous claims being made about them. In fact, it's happening already. Somehow . . people have become confused about—or perhaps even bewitched by—things as simple as, say, the 'miracle question.' "

Not exactly sure what Brief-throat was referring to and, perhaps, fearful that I was one of those people, I feigned total ignorance—something which isn't very hard for me, by the way, since I have so much real life personal experience—and asked for Brief-throat to explain.

"A simple question, just a question, learned from a client—the purpose of which was to help the therapist and client work together in a process designed to identify the client's goals (a process which, by the way, the literature on the therapeutic alliance has demonstrated is a component of any effective therapy)—is being misunderstood as a technique, better yet, a spell, that is or was somehow supposed to create miracles. When this doesn't happen—and how could one ever expect miracles from a question—well . . . Brief-throat said, shaking his/her/its head.

As it turned out, my ignorance, for once, was indeed feigned as I had become aware of the trend to which Brief-throat was referring while doing my research. That research had uncovered several recent publications in which various—even magical—properties of the question were being identified (read: touted) (c.f., Simon, 1993). One such claim, I remembered, stated that "the miracle question dissolves time as it makes real the immanence of life working" (p. 1, Simon, 1993)! "Wow," I remembered thinking at the time I read it, "that's impressive stuff, poetic even."

Brief-throat interrupted my temporary reverie, "Hoping, perhaps, to stave off the disappointment, disillusionment, and eventual abandonment of the solution-focused, solution-oriented models by practitioners exposed to such claims, several authors have written journal articles (c.f., Efron & Veenendaal, 1993; Friedman, 1993) warning, amongst other things, that the 'miracle question' may not produce miracles and that the apparent simplicity of the models does not readily translate into easy-to-do."

"Why do such warnings even need to be written?" he then added.

Recognizing that the question was rhetorical, I didn't offer an answer. We both knew anyway.

The garage once again grew silent. I was caught up in my thoughts. So much had happened in the last few weeks and in my garage. Despite this, I had a nagging feeling that I was leaving some central question unasked. Then it came to me!

"Just before the lights came on I was asking you how this ever could have happened and why no one has said or is saying anything about this?"

After a few moments of silence, I asked once again, though this time more directly, "Well? Has there been or is there some type of conspiracy to cover up this information?"

"There are powerful forces at work . . .," Brief-throat said turning to face me.

Brief-throat's eyes then met mine and he/she/it said, "But, just as with therapy models, the most potent forces are not always those that are most obvious . . . nor are these forces unique to any one group or individual, rather . . ."

Brief-throat stopped mid-sentence, gazing now for the first time during our long discussion at the contents of my large diet Coke and value meal spilled across the floor of my garage, and then asked, "Your lunch?"

"Well, it *was* my lunch," I said despondently.

"Are you still hungry?"

"As a matter of fact," I answered, "I am. I hadn't thought about it until now." I looked down at what was supposed to have been my lunch, both burgers from my value meal now lay out of their protective scrappers, the top bun of each cast aside revealing their beefy contents. The pain of the sight forced my eyes away from the mess, "I guess all the excitement made me sort of forget about food." There was a brief pause and then, catching me totally by surprise, Brief-throat offered, "McDonald's?"

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