Creativity and Family Therapy Theory Development: Lessons from the Founders of Solution-Focused Therapy

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ABSTRACT

The authors conducted in-depth interviews with 12 of the founders and significant contributors of solution-focused therapy and three internationally known therapists with close associations to the Brief Family Therapy Center, where solution-focused therapy initially developed. From these interviews, the authors identified conditions that supported the founders' work. They discuss their findings in relation to creativity and therapeutic theory development. [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-342-9678. E-mail address: <getinfo@haworth pressinc.com> Website: <http:// www.HaworthPress. com> © 2001 by The Haworth Press, inc. All rights resered.]

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In the past 45 years, we have seen various models of family therapy emerge and evolve. Structural, Bowen, and Milan therapies are all richly grounded in clinical data. Each also appears to owe a great deal to creative clinicians who examined and made sense out of their clinical observations. Still we know very little about the essential conditions and processes of theory development within family therapy.

In this article, we discuss the theoretical development of one popular (albeit not highly researched) approach to family therapy, solution-focused therapy. To better understand its development, we draw upon both the literature on creativity and the results of our own qualitative interviews with the founders of solution-focused therapy.

Our Study

Participants

The senior author conducted qualitative interviews with twelve of the founders and significant contributors of solution-focused therapy (i.e., lnsoo Kim Berg, Jim Derks, Steve deShazer, Wallace Gingerich, Marilyn LaCourt, Eve Lipchik, Alex Molnar, Don Norum, Elam Nunnally, John Walter, Michelle Weiner-Davis, and Jim Wilk). In addition, he interviewed three internationally known marriage and family therapists with rich associations to the Brief Family Therapy Center (BFTC) and solution-focused therapy, but not directly involved in its development (i.e., Bill O'Hanlon, John Weakland, and Lyman Wynne).

Methodology

We developed an initial interview protocol of open-ended questions to better understand, from the participants' view, how solution-focused therapy began and developed. We were not familiar with the literature on creativity at the time we began collecting data. After about half the interviews were conducted, the senior author began to immerse himself in this

literature. He used several of the themes in this literature (which were consistent with themes that were emerging from our data independently) as sensitizing concepts (Patton, 1990) that we explored in greater depth in our final interviews.

Generally, though, we used Glaser and Strauss' (1967) constant comparative method to inductively arrive at core categories of data related to each research question. In the beginning, we read, reread, and coded the transcripts of the interviews. As the senior researcher observed similarities across bits of data he formed tentative categories. The redundancy of data increased the validity of categories being formed and allowed a preliminary classification system to emerge (Guba, 1978). Theoretical memos, which the senior researcher wrote throughout data collection and analysis, were woven into the emerging conceptual framework of the development of solution-focused therapy (Miles & Huberman, 1984a, 1984b; Strauss & Corbin, 1990).

During constant comparative analysis mountains of information were transposed, collapsed, and clustered into meaningful categories and patterns. This recursive process alternated between clustering and unbundling of core categories until theoretical saturation occurred. Throughout, the senior researcher remained open to disconfirming evidence (i.e., outliers) that challenged the emerging categories and investigated them to determine their significance to the remaining data. This was done to avoid arriving at conclusions too quickly, which might limit the scope and depth of our findings (Glaser, 1978).

Furthermore, we compared the findings against field notes, transcriptions, personal conversations with the participants, and numerous articles and books written in the areas of creativity and solution-focused therapy. This comparison process yielded multiple confirmations of the patterns generated from the data. Such triangulation (Patton, 1990) enhanced the scope, clarity, and trustworthiness of the categories arrived at during the course of our study.

The Researchers

Qualitative researchers acknowledge that a researcher's perceptions are inevitably affected by their unique experiences and context. Therefore, we will summarize our own unique contexts below.

The senior researcher trained at BFTC from August of 1987 to August of 1988. In August 1988 he enrolled in a marriage and family therapy doctoral program in the Midwest where he gained considerable exposure to and training in a wide variety of systemic therapies. He changed a great deal over the six year period in which this study took place (e.g., during the course of the study he had to cope with personal revelations of traumatic childhood experiences which have greatly impacted his life). Although he continues to use solution-focused techniques and interventions in his private practice, solution-focused therapy is no longer his primary clinical or theoretical orientation.

The second author, a family therapy program director, has published several articles on solution-focused therapy and is positively inclined toward solution-focused interventions, but considers his own theoretical orientation to be integrative. He knows, but not well, several of the participants in this study.

Any familiarity with participants brings into question issues of observer bias. All researchers, however, introduce distortions based on their own a priori values and assumptions (Lincoln & Guba, 1985). Observer bias, as it relates to the qualitative interviews conducted in this study, involves two concepts: closeness and neutrality. That is, if a researcher is very close to an object of study (e.g., the development of solution-focused therapy) he or she may have difficulty seeing certain aspects of that object, apart from his or her own initial biases. If, on the other hand, a researcher is fairly distant (i.e., impartial), the phenomenon being studied may not be as intimately or fully understood.

Background: Creativity and Creative Processes

Many of us are creative. Often creative pursuits like painting, playing a musical instrument, or writing poetry add meaning to our lives. These creative endeavors require our sustained attention. However, much of our attention goes to raising our children, spending time with our mates, earning an income, and taking care of the many day-to-day activities that make up our lives. The amount of attention we have left to become immersed in an area of interest – a prerequisite for creative activity – is often in short supply (Csikszentmihalyi, 1996).

Still, certain individuals devote extraordinary amounts of attention to creative endeavors. Some of these individuals make tremendous contributions in their respective fields. One quality that seems to separate highly creative individuals like these from the rest of us is not necessarily their exceptional cognitive ability or their extraordinary talent, but their willingness to become totally, even compulsively, absorbed in their creative endeavors (Briggs, 1990; Gardner, 1993; Weisberg, 1986).

Individuals who devote so much attention to their creative endeavors have the potential to alter the knowledge base of a field. The Wright brothers, for example, used available knowledge of automobile and bicycle mechanics to build the first airplane and thus created the field of aerodynamics. The cumulative effect of such creative activity across fields irreversibly changes our culture (Csikszentmihalyi, 1996).

Some writers have compared creative processes to procreation in that the initial conception of an idea is often followed by a long gestation period in which the creator revises and nurtures the original idea (Barron, 1988; Torrance, 1988; Csikszentmihalyi, 1988; Gruber & Davis, 1988; Johnson-Laird, 1988). During periods of gestation enthusiasm grows and new ideas gather converts. Without these gestation periods, creative processes can be curtailed by such realities as budget constraints or demands for accountability, leaving new ideas "stillborn" (Csikszentmihalyi, 1988).

Typically, gestation periods involve small, incremental

steps rather than sudden shifts (Weisberg, 1986). Flashes of insight are a small, but necessary, part of these steps (Gardner, 1988; Langley & Jones, 1988; Torrance, 1988). Also, creative endeavors often evolve from ideas readily available in scientific communities (Weisberg, 1986).

The Creative Context for The Development of Solution-Focused Therapy

Creative endeavors, like the development of new therapeutic models, typically take place within a supportive context that allows time for creative individuals to give attention to their creative endeavors. We will discuss below other characteristics of a supportive context from both a macro and micro level and how they may apply to the development of solution-focused therapy.[1]

Broad Social Forces

In many fields, broad social forces have as much to do with what is and is not considered valuable and creative as does the original contribution. Historical forces also affect all creative endeavors. For example, an historical context provides reference points to determine whether new ideas are, in fact, useful and valued (Csikszentmihalyi, 1988; Gruber, 1989). It is no accident, for example, that solution-focused therapy followed on the heels of what some saw as the increasingly pathologizing aspects of the DSM III. Solution-focused therapies gained favor because of their emphasis on strengths, health, and empowerment, which many saw as a refreshing counterstatement to the increasing use of diagnostic labels (American Psychiatric Association, 1994). Solution-focused therapy was also a transparent, egalitarian alternative to what was perceived by some as the manipulativeness of other contemporary therapies.

Economic and political forces also affect the allocation of funds for private research institutes such as the Brief Family Therapy Center. According to the late John Weakland, who

along with Paul Watzlawick and Richard Fisch developed the Mental Research Institute variant of strategic therapy (Watzlawick, Weakland, & Fisch, 1974), there has been "little or no money available" for funding of private research institutes since Ronald Reagan was president.

The Field of Mental Health

Every field of inquiry has its inherent limitations. A degree of dissatisfaction, as well as a growing tension, are often prerequisites for creative shifts to take place (Barron, 1988; Feldman, 1988; Kuhn, 1977; Simonton, 1988). This tension often results from new and old ideas competing for recognition.

The 1950s saw a growing dissatisfaction with established psychoanalytic theory and practice. Small numbers of theoreticians/clinicians across the country, in relative isolation from each other, began to experiment with innovative models of therapy that emphasized the treatment of individuals within the context of their families (Nichols & Schwartz, 1991). Various authors describe these pioneering theoreticians/clinicians as nonconformists, innovators, trailblazers, renegades, and mavericks (Kaslow, 1990; Piercy, Sprenkle, & Wetchler, 1996). Several of these pioneers formed institutes (e.g., the Mental Research Institute, Philadelphia Child Guidance Center, and Galveston Family Institute) that served as clinical, research, and training centers. Moreover, these institutes often shared a common goal: the co-evolution of theory and practice (Anderson, Goolishian, Pulliam, & Windennan, 1986; Weakland, Fisch, Watzlawick, & Bodin, 1974).

The Domain

A domain is an existing knowledge base of a field. lf a domain is wide open, freshly charted, and graced with relatively little competition then creative endeavors can more firmly take root. If, on the other hand, the domain is already well delineated and there are many other creative individuals working in

the domain, then there is less possibility of further innovations (Gardner, 1993). The domain of family therapy in the late '70s and '80s was certainly more wide-open than that of other more established mental health professions. It provided a fertile ground for the advent and evolution of solution-focused therapy.

Disposable Wealth

Disposable wealth allows individuals to have sufficient time to create. Three sources of disposable wealth exist. First, society can financially support creative individuals who are willing to take the time to explore and challenge an existing knowledge base of a field (e.g., The Rockefeller Foundation supported Gregory Bateson). Second, disposable wealth can come from creative individuals with private sources of income (e.g., The external funds of Selvini Palazzoli supported the Milan group; personal communication, Wynne, August 7, 1990). Finally, creative individuals may be willing to sacrifice their incomes, which was, according to our participants, the case with the founders of solution-focused therapy.

According to the founders, solution-focused therapy was developed at tremendous financial sacrifice. In 1978, when BFTC opened, brief therapy was a relatively new idea. The founders developed a model of therapy with an average treatment length of four sessions. 99.9% of clients were seen in ten sessions or less (Kiser, 1988). Such short-term therapy is hardly a money-making proposition. According to Wynne:

> Other people could do this, but they [i.e., the founders of solution-focused therapy] stand out, in my opinion, because they had the guts, the courage, and the stamina to go ahead and pursue this kind of program without a lot of financial backing, just using their own generated income, and to continue over a period of years to maintain a conceptual and theoretical interest.

Since the founders of solution-focused therapy had no external funding they relied on income generated from seeing clients and training therapists. However, in the beginning years this often meant a willingness to sacrifice a paycheck. For example, Steve de Shazer and Jim Derks, the two original full-time employees of the Brief Family Therapy Center, did not receive a paycheck for the first year. In fact, Elam Nunnally said that the whole time he was there (12 years) he and other members of the group "were only getting paid a fraction of what we were putting in". In agreement, deShazer said, "economic sacrifices certainly lasted the first 8 to 10 years" of BFTC's existence.

Evidently, these financial sacrifices made it, in Eve Lipchik's words, more "delicious". As Lipchik put it, "It was a cause". Simlar zeal is found in other creative groups who often feel they are "on a mission from God" (Bennis & Biederman, 1997, p. 204).

Creative Individuals

Attributes of Creative Individuals

Several authors have found a number of common qualities among creative individuals (e.g., Briggs, 1990; Sternberg, 1988; Weisberg, 1986). For example, creative individuals exhibit: (a) a willingness to confront hostility and take intellectual risks; (b) a willingness to live on the fringe of a field; (c) perseverance; (d) a proclivity toward curiosity and inquisitiveness; (e) an openness to new experiences and growth; (f) a driving absorption; (g) discipline and commitment to their work; (h) a proclivity toward being task focused; (i) a high degree of self-organization such that these individuals set their own rules rather than follow those set by others; and (j) a need for competence in meeting optimal challenges. Moreover, creative individuals seem to possess an aesthetic ability to recognize "good" problems in their field, while ignoring others (Perkins, 1988; Sternberg, 1988; Walberg, 1988).

In addition, Weisberg (1986) believes that characteristics need-

ed for creative endeavors are situation specific. It may be, for example, that our most creative therapists possess quite different qualities (e.g., intuitive relationship skills) than creative theoreticians (e.g., ability to integrate theoretical propositions). In short, individual qualities that facilitate creativity in one area of a field may be less important in another.

Finally, some creative individuals are withdrawn, reflective, internally preoccupied, and possess a certain lack of fit to their external environment (Feldman, 1988; Gardner, 1988). They may feel ill at ease around others and thus maintain their distance from peers, avoid interpersonal contact, and resist societal demands (Hennessey & Amabile, 1988; Simonton, 1988; Sternberg, 1988). Often they are more comfortable with books than with people (Simonton, 1988; Walberg, 1988).

Founders of solution-focused therapy were found to possess many of the above qualities. Steve deShazer, for example, persevered on the fringe of the field for many years. Our participants told us many stories about his great curiosity, free spirit, and absorption in the task of developing solution-focused therapy. Some also described how his quiet dedication and eccentric manner sometimes distanced him from others. Clearly, deShazer's eccentricities fit the stereotypical image of creative individuals.

Personality and Theory Development

The development of any theory of therapy and related techniques is intricately connected to "the life experiences and personalities of its founders" (Slipp, 1984, p. 10). It is often helpful to know something about the background of the founders of a particular therapy in order to interpret their work. Who were the mentors of the founders of solution-focused therapy? Upon what past knowledge was the model built? What other forces constricted or shaped the direction of the founders? For example, did previous life experiences of the founders bring forth certain biases and defenses? Openness about and awareness of these factors are, at times, difficult to come by (Slipp, 1984).

However, one participant who had obviously thought about the impact of the founders' personalities on the development of solution-focused therapy was Eve Lipchik. Lipchik shares her thoughts in the following dialogue (throughout the article when dialogue between two people occurs, we identify responses of participants with a "P" and the interviewer's remarks with an "I"):

P: We are all extremely sensitive people who hurt easily and at some level we're looking for ways to help people hurt less. There is no question that at some level we were attracted to this model out of personal need. I'm not saying … in a bad way, but we're very intuitive and we easily identify with other people.
I: Easily identify with other people's feelings?
P: With other people's pain.

And a little later in the interview:

P: So a model [of therapy] which makes us engage in long intimate struggles doesn't fit for any of us.
I: In what way?
P: It's too stressful. You choose work that fits you, that makes you feel good about yourself, that is comfortable for you.

Below Lipchik talks about the relationship of her own childhood experiences to her involvement in the development of solution-focused therapy.

All of a sudden, one day over night, some guy marched in with tanks and everybody hung swastikas on windows and I went to school the next day and nobody would talk to me. And I went to the park and I couldn't sit on a bench because there was a sign on it, "No Jews Allowed". And the kids I skipped rope with wouldn't skip rope with me anymore. And so I see a history for me of non-acceptance. And then I come to the United States and I was a refugee kid, I didn't

speak the language, I wore different clothes. So the status of being a member of the group was tremendously important to me.

Insoo Kim Berg also spoke of her background and its influence on her involvement in the development of solution-focused therapy. She states that she has always gone against the grain, both in her personal and professional life. Berg noted, "I sort of rebelled against my family. My marrying an American (her first husband) was a horrendous thing that happened to the family and I just said, 'To hell with you', and I just left Korea". According to Berg, severing ties with her family in Korea pushed her to succeed in America.

The Interplay of Person, Field, and Domain

According to Csikszentmihalyi (1988), creative endeavors bring together three elements or forces: (a) the individual, (b) the domain, and (c) the surrounding field. These interrelated forces (i.e., persons, domain, and field) jointly determine the occurrence and development of creative ideas. Each of these three forces are equally affected by the other. Any starting point is purely arbitrary. We could start with the creative person, because we often believe that creative ideas – like the light bulb in a cartoon – begin within the minds of individuals. But, of course, the knowledge that goes into any creative endeavor exists long before the creative individuals arrive on the scene. It is stored in the symbol system (i.e., domain) of any field in the customary practices, language, and specific notations of an area of inquiry.

Individuals who do not have access to this information will not be able to make creative contributions, no matter how adept or skilled they otherwise are (Csikszentmihalyi, 1988). Most child prodigies (e.g., Mozart and Einstein), for example, make their most significant contributions after they have been immersed in their field for approximately ten years (Gardner, 1993). Likewise, Picasso needed to know the variants of art to paint *Les Demoiselles d' Avignon*.

For the founders of solution-focused therapy, the domain was the existing theories and readings within and related to the field of marriage and family therapy. Similar to other creative individuals (Gardner, 1993), their task was to create a variation or difference within their domain, to exploit gaps or points of difference within the existing knowledge base. However, to separate the good ideas from the bad, another element is needed: the field's established professionals and social organizations. That is, the field of any given area of inquiry selects the promising variations and incorporates them into the existing domain (Csikszentmihalyi, 1988).

Journal editors, book publishers, and conference coordinators act as "gatekeepers" of a field. If a field's gatekeepers are not well respected or supportive of this "new knowledge", creative ideas may have a hard time taking root. Consequently, more respected gatekeepers, who have more influence, are better able to gain the attention of other professionals and establish the creativity of new ideas. If, on the other hand, a field is too rigid and defensive, novel ideas will be discouraged. In the case of solution-focused therapy, the support of well respected individuals such as John Weakland, Lyman Wynne, the editors of *Family Process* and the *Journal of Marital and Family Therapy,* the program chair of the American Association for Marital and Family Therapy opened the gates to allow grassroots clinicians to know about solution-focused therapy.

Isolation and Accountability

Two major themes that we had not expected emerged from our interviews. The first dealt with the role of isolation in the creative process. That is, we found that individual, group, and theoretical isolation enhanced the creativity of the founders of solution-focused therapy. Moreover, their elitist, separatist attitude reinforced the isolation of the group and helped solidify the founders' sense of purpose and motivation.

The second theme – the lack of accountability to funding sources – is also a key ingredient in many creative processes

(Csikszentmihalyi, 1988) and was instrumental in the development of solution-focused therapy. The freedom to proceed without identifiable goals, completion dates, and formal evaluations afforded the founders of solution-focused therapy clinical and theoretical freedom.

Isolation

In general, isolation affords creative individuals a degree of detachment from the constraints of organizations and/or fields in which they are embedded. This, in turn, allows time for ideological gestation to occur. This is illustrated in the following dialogue by Lyman Wynne:

> I think that isolation is necessary for a while. However, when ideas reach a certain point of definiteness, then you need some input and some critiquing from other people. But the problem usually is that people start criticizing the ideas before they have been fu1ly formulated and so they are stillborn. They don't even get explored and are not as innovative as they would be with more brainstorming.

Individual Isolation

Several of the participants we interviewed personally noted the importance of solitude in their own creative process (cf. Thomas & McKenzie, 1986). Periods of solitude are evident among many creative individuals (Csikszentmihalyi, 1996; Storr, 1988). There is also evidence that some creative individuals (e.g., writers) alternate periods of isolation with input from others. As a result, these other individuals become an integral, but often overlooked, aspect of the creative process. Lyman Wynne stated:

> I'm reminded of one of the early things that I participated in when I was a graduate student at the Department of Social Relations at Harvard ... Talcott Parsons was writing a book called *The Social System*. He had a group of about

four or five people that he convened once a week, and we had read what he had been writing . . . chapter by chapter. We would then kick it around and brainstorm about it . . . it was, in so many ways, creative and generative and I think it was even more so as a result of this renewed feedback process.

As can be seen in the following comment by one of the founders, deShazer had similar intermittent interactions with the therapists at BFTC.

Steve would go disappear and come out and we'd sit down and talk about this concept or that, or he would give us a portion of the book or an article, a recent article that he'd just finished and we'd all kind of pour over it . . . and so we would spend a lot of time reading what he had been writing.

Group Isolation

As a new agency, the Brief Family Therapy Center was understandably isolated. However, it is obvious that the isolation the founders experienced was not merely a product of being a new business. As Lipchik put it:

P: We remained isolated as a group in the community. Many saw us as haughty, separatist, and different.
I: Was that a conscious thing, to be separate?
P: We felt we were special in our own way and didn't need anyone. We didn't really knock our brains out to market and to call people back and to feed them because we didn't see ourselves as a traditional agency . . . the purpose and goals of our agency weren't business and to make money. We prided ourselves for having loftier goals: the development of theory and training.

Theoretical Isolation

The founders of marriage and family therapy are generally seen as critics of prevailing therapeutic theory and practice

(Kaslow, 1990). The founders of solution-focused therapy were no different. The original founders of solution-focused therapy saw themselves as going against the prevailing "therapeutic grain", both within the Milwaukee community and the broader field of marriage and family therapy.

Moreover, they perceived themselves as the "rebels" and "black sheep" of an already rebellious field. According to Berg, this attitude helped solidify, but isolate, the founders.[2]

P: I think for a group of people who psychologically see themselves as outside the mainstream, not inside, in their families and society in many ways, we thrived on being unique and different . . . We were very elitist.

I: Elitist in what way?

P: We were the best, you know. You have to believe in what you do. You've got to be totally convinced, especially if you risk working this . . . If you risk making money to work this way. You sacrifice a lot of other things in life other people value to defend ideas and to create them and to build them.

In the following, Lipchik addresses the group cohesiveness that was especially evident in the beginning years of BFTC.

I think there is something about "me against them". You know, the security of being "in" and they're "out". You know, if you don't buy into the traditional thinking you're out. Well, now we've created our own system where we're in and they're out.

Prior to the publication of *Keys to Solution in Brief Therapy* (deShazer, 1985), few therapists knew of the work being done at the Brief Family Therapy Center. This lack of popularity further enhanced the isolation of the BFTC group. As Lipchik put it:

I remember going to AFTA [i.e., American Family Therapy Academy], in 1985 or so. A meeting of the elite in the field, let's say 250, 300 of them, and thinking, "Oh my

God, there's nobody here except Steve, Insoo, and I and John (Weakland) from MRI who talk the same language. Everybody else is talking a different language". It was shocking, the isolation, but it didn't matter. It didn't change our theoretical direction. If we had gone under for some reason, we would have gone under, but we wouldn't have changed to working a different way. We wouldn't have adopted another theory.

And later on with Berg:

We put ideological boundaries around ourselves. We were different than others because we had ideas that nobody else had ... we were different than the structuralists, for example. We weren't reading everybody's family therapy stuff to see how it fit with ours. We were concentrating truly on whatever new things we were going to develop ... we were looking for ideas that fit with our minima list type of work.

A Lack of Accountability

The lack of accountability to funding sources played a major role in the development of solution-focused therapy. Similar freedoms from external expectations, evaluations, and time constraints are evident in the development of other models of family therapy and in other areas of inquiry (e.g., music and the arts) (Amabile, 1996; Gardner, 1993). The staff of the Galveston Family Institute, which was originally under the auspices of the University of Texas Medical Branch, referred to this lack of accountability as "benign neglect" (Anderson et al., 1986).

Here, Berg talks about the lack of accountability at BFTC:

We did what we wanted to do. Nobody told us what to do. We lived on our income and so, I think, we were account-able to no one. All we had to do was present ourselves attractive enough so that people would send us cases.

Through our interviews with Lyman Wynne and John Weakland, we received fascinating insights into the seminal work of Gregory Bateson, Jay Haley, William Fry, and Don Jackson on schizophrenic communication. A lack of accountability to funding sources existed across settings and theoreticians and was a primary factor in their creative accomplishments.

Here, Weakland discusses the role of accountability during the days of Gregory Bateson:

> Well, here was a man [Gregory Bateson] who, when other people, like Jay [Haley], talked about power, Gregory threw up his hands and said, "That shouldn't be talked about or even thought about. It should be avoided". And yet Gregory was the man who said, "My project has three bosses. It is funded, originally, by the Rockefeller Foundation, it is administered by the anthropology department at Stanford, it is located physically in the VA Hospital in Palo Alto. Therefore, I have no real boss and we can do pretty much as we please".

In the following dialogue, Wynne addresses the important relationship between accountability and theory development.

> As I think about it, they [founders of solution-focused therapy] had some of the same advantages, under different auspices, that I'd had in the '50s at NIMH, namely that I wasn't beholden to anybody to come up with ideas in a particular way, didn't have to follow a party line at the time. They just gave us money to do what we wanted to do . . . this left us with a lot more room to try out things that people are less willing to do if working under a grant, or an academic group have been their own masters to a considerable extent and they do not have to justify their existence to anybody. That was also true of the Palo Alto group and it was also true for a long time at NIMH with Murray Bowen and myself during the '50s.

Feedback

Feedback from others serves to hone one's ideas. The founders of solution-focused therapy received feedback from: (a) each other, (b) therapists who were receiving training at BFTC, (c) visitors to BFTC (e.g., Michael White), (d) attendees at conference presentations, and (e) reviewer feedback from rejected manuscripts.

Feedback from outside the group of founders appears to have been crucial to the theory development process. Evidently, it was difficult for the founders to recognize existing changes in solution-focused therapy theory. Outsiders, who were more objective, were able to mirror them back. As a result, the founders would then reflect on and discuss these changes which, in turn, further modified the existing theory and techniques. Publications, conference presentations, and training of therapists, which provided a bridge between the group and outside influences, also enabled the founders to further articulate, disseminate, and modify (through feedback) existing theory.

Moreover, our interview data suggest a balance between isolation, premature criticism, lack of accountability, and feedback. That is, physical and theoretical isolation can intensify creative energy and cohesiveness (i.e., an "us against the world" attitude) within a group. At the same time, it protects creative individuals from premature criticism, which can cause ideas to be stillborn. Isolation, then, coupled with a lack of accountability to funding sources, allows creative individuals to create. That is, they are not subject to external evaluations, expectations, and time constraints. However, constructive criticism (i.e., feedback), at the right time, can hone one's ideas. The freedom to take time, to allow ideas time to germinate, is especially important in creative processes.

Group Process

A story naturally emerged as participants recounted the development of solution-focused therapy. Certain themes and categories became evident as founders described them over

and over again. Different participants emphasized different aspects of the story, depending on their involvement and interests. Much of what they described involved normal group process. We present the themes that emerged below.

From Total Cohesion to Increasing Separateness

Initially, the founders wanted to be as noncompetitive as possible, especially in their clinical work. The group was most cohesive and productive during this early stage. Our participants said there was plenty of room for divergent viewpoints. In the beginning, this was necessitated by the different theoretical backgrounds of the founders. Wynne said that the founders of solution-focused therapy showed a "genuine willingness to listen to one another and to have sharply contrasting points of view expressed". Similarly, Weakland noted a high tolerance for divergent viewpoints during the Bateson Project and at MRI. However, when it came to resolving discrepant viewpoints among team members at BFTC, deShazer had more influence than any other.

As solution-focused therapy and its founders gained notoriety, there was increased competition and conflict among group members. The founders began to assert their individual needs to be recognized which, in turn, challenged the survival of the group. At the same time, tension increased over the division of money. As a result, the group never regained its former level of camaraderie and cohesion. It appears that once their goal of developing and promoting a new therapy model was achieved, the group had difficulty working together. This process is illustrated in the following:

> When BFTC was out of the red and was doing a credible job and it looked as though the organization was there to stay, somehow or another the thing started falling apart and discussions about theory ceased to occur in a spontaneous way and it ceased to occur within the total group. Then we started talking about things like, "How do you divide up the pie?" And then people sort of splintered off into smaller groups.

As the model became well known, the founders sought each others' company less. In addition, deShazer's success at writing further separated him from the group, while at the same time identified him as the model's primary spokesperson. On the other hand, the other BFTC faculty members provided a context in which deShazer had the freedom and time to write; that is, they saw the majority of clients and brought in the majority of the money, which enabled the agency to stay afloat.

Discussions and Reflections

It was at this point that deShazer began to seek out individuals with whom he could discuss his ideas (e.g., Wally Gingerich, Alex Molnar, and Michele Weiner-Davis). Typically, these relationships would remain intense (albeit cognitive) and productive for several months. One participant speculated that deShazer enjoyed, and even preferred, intellectual discussions to ones that focused on feelings. S/he speculated that when these individual relationships became more intimate, deShazer became uncomfortable. In response, deShazer would curtail contact and seek out someone else for theoretical discussions.

Along with these individuals, deShazer explored various areas of inquiry that often emerged from within the larger group. These collaborative relationships often resulted in research projects, articles, or modification of existing theory. For example, deShazer remembers that after one session Gingerich, a BFTC faculty member, said, "Lots of things go on in a session, but you (deShazer) only respond to a certain limited number of things. How do you know what to ignore?" According to deShazer, this question resulted, in part, in the research project on change-talk (Gingerich, deShazer, & Weiner-Davis, 1988).

Certain faculty members, then, would reflect back deShazer's behavior to him or other colleagues which would, in turn, lead to clarification and/or change of solution-focused theory. Observing and discussing each others' therapeutic interactions was an integral part of theory development.

In addition, deShazer tended to challenge the limits of the group in a way that no other founder did. That is, he would propose ideas that were seen as "crazy" and "out in left field". The other founders would then take the ideas and modify them, tossing them "back and forth". According to Berg, the "group needed Steve to be off the wall". Berg herself admitted that she would never "think up the things that he does".

deShazer and Berg

The union of deShazer and Berg (they are husband and wife as well as colleagues) was a strong force behind the development of solution-focused therapy. deShazer himself said that Berg had a lot to do with him becoming a public figure and that without her encouragement he never would have written his first book. Moreover, deShazer and Berg complemented each other in many ways. This is evident in the following comments of Berg:

> Steve is terribly creative and he goes way out in left field. I mean he just goes off the wall and I think I bring him more in line, more mainstream. So we balance each other out. I think I tend to be too conservative, too conscious of stability, and more middle of the road.

In addition, several participants spoke of a circular dynamic between deSazer and Berg. deShazer would observe Berg and deduce underlying assumptions of her work, while Berg had difficulty articulating and writing down her own clinical methods and interventions. Berg states:

> Sometimes I do things without realizing what I do. I think that I just go in to the session and I just do it, because it seems to make sense to do it that way and then somebody [usually deShazer] says, "You did something different", and I'd say, "What?" and they would say, "Well, you did this and this different".

Clearly, Berg served a key role in the development of solution-focused therapy. According to deShazer, "everybody imitates Insoo." The pivotal role that Berg played in the development of solution-focused therapy can be seen in deShazer's comment that Berg was "the primary clinical creator" of the model. Berg agrees with deShazer, stating that her primary contributions were the "practical application" and dissemination of the model.

Group Activities

Certain group activities supported the creative process of theory development. These group activities were: (a) a willingness to challenge underlying clinical assumptions; (b) absorption of others' work; (c) time to observe, dialogue, and theorize about cases; (d) acceptance of divergent viewpoints; (e) feedback from each other; (f) informal research projects; and (g) getting the theoretical discussions down on paper or, as in the case of deShazer, on the blackboard. For the purpose of illustration, we will discuss two activities: "Time to observe, dialogue, and theorize about cases" and "A willingness to challenge underlying clinical assumptions".

The results of the original study showed that the creative process of therapeutic theory development requires that time be set aside for theorizing about and discussing cases. Moreover, we found that intellectual curiosity and a willingness to identify, question, and challenge underlying therapeutic assumptions were important in solution-focused therapy theory development.

In the beginning years of BFTC, founders would spend four or more hours a day in theoretical and conceptual discussions of cases. For several years they would only see two or three cases per day. According to Jim Derks, deShazer and he would watch videos of cases over and over again to look for patterns. Many of the theoretical and conceptual discussions were spent answering two basic questions: "What is it we are doing?" and "Why are we doing it?" Often, while the group

answered these questions, deShazer would be at the chalk-board, outlining the group's conversation.

Similarly, Wynne said that in the early days of NIMH, a typical day included seeing one or two cases and then spending five to six hours discussing them. Weakland and colleagues at the Mental Research Institute also purposefully set aside time to discuss and conceptualize the underlying assumptions upon which they operated. In fact, during the summer of 1971 the MRI staff took a three-month break from clients and spent much of the time discussing their work. This time and effort resulted in their article, *Brief therapy: Focused problem reso-lution* (Weakland et al., 1974).

The following dialogue provides a behind-the-scenes view of the theory development process. It describes the team's shift away from the concept of resistance towards the use of compliments, a shift that the founders agreed was a major contribution (i.e., a nodal point) in the development of solution-focused therapy. According to deShazer (1984, 1989), resistance is a product of a therapist's conceptual-ization and plays itself out in therapist-client interactions. As you read the dialogue below with Marilyn LaCourt, notice how team members question and search for underly-ing assumptions.

l: Have theory and clinical practice informed each other in the development of solution-focused therapy?
P: Definitely.
I: In what way?
P: . . . Steve and the rest of the folks didn't make a big issue out of resistance, but rather became very complimentary to clients that they were seeing . . . noticed that being compli-mentary was somehow sidestepping, or by-passing, this thing called resistance.

So the therapy went on and then it was noticed that nobody was talking about resistance . . . and so then the group would sit down [i.e., behind the mirror or in consultation after the session] and say "Hey, that's interesting. We haven't been

talking about resistance. Why? Why have we not been talking about resistance?"

I: You actually asked those questions?
P: Yeah. And then it was like, "Well, we don't see it. Well, then why don't we see it? What's different?" Well, then it was like, "Is anything in the therapy session really so different or are we just looking at it differently?"

Nodal Points

Originally, the founders of solution-focused therapy worked together at Family Services, Inc. in Milwaukee, Wisconsin. Even then the founders patterned much of their work after the therapeutic approach of the Mental Research institute. According to LaCourt:

> About the time we started working together I went with Insoo and some other people to a program in Chicago where John Weakland and Paul Watzlawick (from the Mental Research Institute) gave a two-day seminar. The seminar gave us an impetus to model what we were doing more closely after what the Mental Research Institute was doing. In fact, we developed a group at Family Services (in Milwaukee) that used the MRI brief therapy approach.

In 1978, when the Brief Family Therapy Center opened, the founders of solution-focused therapy were highly symptom- and problem–focused. Although participants disagreed as to when the shift from problem-focused to solution-focused began, all agreed that the shift was gradual and lasted several years. Moreover, it was composed of several nodal points, or markers.

For the purpose of illustration, we will discuss two nodal points. The first is a paper written in 1978 by Don Norum entitled *Brief therapy: The family has the solution*. The second is the development of the first session formula task (deShazer, 1985).

Don Norum

Don Norum's paper, which was an unexpected finding of our study, appears to be a theoretical artifact or precursor to the development of solution-focused therapy. Norum wrote this paper while he was employed at Family Services of Milwaukee, an agency in which deShazer and several other founders of solution-focused therapy were also employed.

Soon after, deShazer and his colleagues left Family Services and opened BFTC. Norum's paper was rejected for publication by *Family Process* as "shaky, highly dubious, and unsupported". Still, this forerunner of solution-focused therapy contained several basic tenets of the model developed by deShazer and his colleagues.

Several participants, including deShazer, were surprised to learn of Norum's paper during this research project. Although deShazer recognized that talks among staff at Family Services where he and Norum worked must have influenced the development of his ideas, he remembered dismissing Norum's ideas in much the same manner as the reviews did, perceiving them as "impossible." Thus Norum's ideas, which were presented within the context of crisis intervention theory, did not "fit" for deShazer (Hoffman & Remmel, 1975).

Weiner-Davis also expressed surprise after recently reading Norum's paper. She particularly was taken back by Norum's emphasis on pretreatment change (i.e., change experienced by clients between the initial phone call and the first session), since she believed her ideas regarding this phenomenon predated others (Weiner-Davis, deShazer, & Gingerich, 1987).

Apparently, the staff at Family Services, and the field of marriage and family therapy, were not ready for Norum's ideas in the late '70s. According to LaCourt, Norum's ideas about the "client having the solution were not very popular" at Family Services. They were seen as "too far out." LaCourt also remembered deShazer and the rest of the system thinkers listening to Norum's ideas with skepticism. Still, his ideas may have been like a forgotten seed that eventually was watered and flowered within the context of the more fertile environment of the BFTC.

The First Session Formula Task

According to deShazer, the development of the first session formula task was the most significant nodal point in the development of solution-focused therapy. It resulted, in 1982, from a conscious effort to develop a generic intervention message. The first session formula task is as follows:

> Between now and next time we meet, we would like you to observe, so that you can describe to us next time, what happens in your [pick one: family, life, marriage, relationship] that you want to continue to have happen. (deShazer, 1985)

Prior to 1982, the founders frequently used the intervention message: "Notice what's going on that you don't want to change". Elam Nunnally said this "ancestor" to the first session formula task was the result of the influence of paradoxical therapies which encouraged therapists to tell clients, "Don't change anything", in an effort to get them to change. What they noticed, Nunnally said, over the one or two years that they used this question, was clients became aware of things they were doing or others were doing that they liked or appreciated.

Below Nunnally discusses the development of the first session formula task.

P: I remember very clearly the day Steve [deShazer], Marilyn LaCourt, and I were sitting around talking and we kind of jelled on a better way of saying it, which was to ask clients, "Notice what's happening that you want to continue to happen".

  We were already using that "You don't want to change" message and getting good results from it and then we shifted to this, "Notice what you're doing that you want to keep doing" or "Notice what's happening that you want to keep have happening".

I: So you rephrased it even more positively.

P: Yeah. And the clients were coming back with things that they had already been doing, which were not new ... but they just hadn't noticed before. These things were often

very congruent with their goal direction. Now here they are identifying things they already are doing that are in the direction of their goal. If they're already doing it why not just tell them to keep doing it. Building on that . . . I remember the precise moment when one day I said to Steve, "What we're really focusing on here is the solution. You may have already thought of that".

I: How did he respond when you said that?

P: He agreed, "This is solution therapy".

Although the development of the first session formula task resulted in the founders being much more solution-oriented, they did not yet refer to their therapeutic approach as solution-focused therapy. Still, they knew they were focusing on positives, what clients were doing that was a1ready working, and the future. Once the founders found that solutions were often disconnected from the problem, the founders lost interest in exploring client complaint sequences. As a result, they further diverged from the therapeutic approach of the Mental Research institute.

Generalizability

A concern of qualitative research such as ours is the ability to generalize results across settings and, in this case, to the development of other models of therapy. Admittedly, our information is limited – we talked to only fifteen therapists out of all the therapists and theoreticians involved in the development of various models of therapy. Moreover, most of the data, although fascinating, are anecdotal.

Ultimately, however, the best way to check the fit of our findings is to examine their explanatory underpinnings and see if they apply to similar phenomena. Do the processes presented here apply to the development of other models of therapy (Milan or structural family therapy)? To other creative endeavors? Additional research needs to be done that will clarify which ingredients or variables are salient across settings, which are model specific, and which require further exploration.

However, through our readings and discussions with other founders of marriage and family therapy, we believe that other models of family therapy have gone through similar developmental and group processes. For example, at the 1990 annual conference of the American Family Therapy Association (AFTA), James Framo and Ivan Boszormenyi-Nagy spoke of the development of their ideas in the early days of family therapy and the synergy among themselves and their colleagues. Framo said that they would wake up with the attitude of, "What are we going to discover today?" We found similar synergy and excitement among the founders of solution-focused therapy.

We also see similarities in therapeutic theory development when we compare the findings of this study to the early work of Lyman Wynne. During the early 1950s, Wynne and his colleagues at NIMH, along with a few others, most notably the founders of the Mental Research Institute, headed by Don Jackson, "had become frustrated by the well-known observation that patients relapsed when they left the hospital and resumed contact with their families" (Wynne, 1983, p. 113). As a result, they began to see and observe family members together, an occurrence that was rare in those days. The following excerpt is from Wynne's acceptance speech of the first Distinguished Contribution to Family Research Award of the American Association for Marriage and Family Therapy (Wynne, 1983):

> We observed each other's therapy through one-way mirrors; and we discussed each session, formulating hypotheses and criticizing the hypotheses for many, many hours. (p. 1 14).

In addition, we suspect that even models of therapy that appear to be the work of individuals, rather than groups (e.g., Akerman and Erickson), require similar ingredients (e.g., a lack of accountability, feedback from others, and time for the creative process to germinate).

Similarly, we speculate that "empirically derived" models such as behavioral marital therapy and emotionally focused

therapy developed, beyond empirical data collection, through the creative discussions and connections made by their founders. Indeed, it appears that even in creative endeavors other than therapeutic theory development (e.g., in the fields of mathematics and music) similar processes are at work (Gardner, 1993).

Implications for The Field of Marriage and Family Therapy

Lyman Wynne and the late John Weakland, two leading pioneers in the field of marriage and family therapy, expressed concern whether the field of marriage and family therapy would be able to continue to be supportive of the creativity necessary to move the field ahead. Wynne said that fields that are "open and generative" are more likely to attract people such as deShazer. Wynne was concerned that the "increasingly restrictive accreditation requirements (of AAMFT), which may improve quality overall, may make the field less appealing to the mavericks and innovators," which, he states, "we need". Wynne states:

> That is one of my biggest worries, actually, in the family therapy field ... that I don't think we have many places nowadays where people have this kind of attitude toward knowledge ... of being interested in ideas, in exploring and deepening their knowledge ... and being creative and providing contexts in which that can happen. I think you really have to provide such a setting and, I think, in the case of Steve and Insoo, they created their own.

In agreement, Weakland was "not highly confident" that the field of marriage and family therapy would continue to generate creative groups such as the founders of the Brief Family Therapy Center and the Mental Research Institute. Certainly, the managed care marketplace does not appear a supportive environment for the many conditions that allowed solution-focused therapy to develop and flourish (e.g., lack of accountability and time to reflect).

In addition, several participants said the requirements of the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) of the American Association for Marriage and Family Therapy (AAMFT), as well as many academic institutions, created an atmosphere that was *not* conducive to the development of new models of therapy. In fact, the founders of solution-focused therapy were not willing to create a training program that met the requirements of the Commission on Accreditation for Marriage and Family Therapy Education. According to deShazer, "It was too confining".

deShazer's comment raises interesting questions for COAMFTE-accredited programs. Is there room in COAMFTE-accredited programs for rebels, lack of accountability, isolation from criticism, and rejection of current theories? And should there be? The conditions that supported the development of solution-focused therapy may not be appropriate for programs that seek to expose students to multiple ways of doing family therapy. University programs *are* accountable to teach a core curriculum and to evaluate student knowledge and clinical skills. This is part of their mission. They are not at liberty to ignore core knowledge across various theories. There is still plenty of room for them to be innovative and creative in what and how they teach, however.

The conditions of BFTC supported the development of solution-focused therapy. We have suggested that these conditions have also been part of other creative movements in family therapy. We hope that there will always be creative *bands* of family therapists like the BFTC founders that can move our field forward. We also see a place for structure and accountability. Perhaps the challenge of our field, and its training programs, is to strive for a balance between structure and accountability, on the one hand, and the creative-supportive conditions we have outlined in this article. Both are worthy goals.

Notes

[1] Our readers will undoubtedly differ as to how significant they believe the development of solution-focused therapy is to the field of family therapy, particularly given the paucity of

empirical data to support its effectiveness. Also, readers will likely disagree regarding the degree of creativity and accomplishment of its founders. Still, the amazing popularity of this approach among practitioners makes it worthy of study. We examined its development in light of current literature on creativity. That is, we believed we could learn a lot from creative individuals and groups throughout history that might shed light on the development of solution-focused therapy.

[2] Bennis and Biederman (1997) found that highly creative groups "see themselves as winning underdogs" against a common enemy. According to Bennis and Biederman (1997), creative groups typically "create their own worlds", while maintaining a bridge to the mainstream culture to tap its resources. This bridge was apparently provided by Weakland and Wynne, as well as the editors of Family Process, JMFT, and the program committees of national AFTA and AAMFT conferences.

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