

Gale Miller: The man behind the mirror behind the mirror at BFTC

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How did you get involved with BFTC?

It's all Wally Gingerich's fault! He was at the Social Work faculty of the University of Wisconsin, Milwaukee. My wife worked there and they became friends. In 1984 he asked me if I would go to BFTC to meet Steve and Insoo and talk with them. I went, we watched two or three sessions on video, and they asked me if I would like to do a study of them. I thought about it, agreed and started that summer. It's ironic, because Wally is a quantitative researcher and I am quite the opposite, but he and others there thought it was time to bring in somebody who wasn't just looking at outcomes and such like, and I was the one who got invited.

What did they hope or expect from the initial study?

This is the bit telling about what it was like then – I asked them what they wanted and they said, 'Whatever you want to do'. And it proved to be the case. It was a year long or a bit more, I watched therapy sessions and attended a training

seminar for local systemic therapy practitioners. Keep in mind that in 1984 they were not doing SF therapy, they were doing something very much like Steve's first book (de Shazer, 1982) – I called it ecosystemic therapy. It was very much informed by the Palo Alto Group (the Mental Research Institute). Basically they wanted someone a bit like an anthropologist who would tell them what they were doing. There weren't any rules.

Did you write up that first study?

At the end of the year I could not put off my other work any longer. I left and came back in 1989, which was longer than I had intended to be away. I came back intending to refresh my data, as I had enough to write the articles and book I was after. I discovered that it was a very, very different place. You could see that they had made a dramatic move in the direction of SF practice: different kinds of assumptions, much less systemic, much less time on developing clever interventions, much less time mapping troubles or problems; it was much more focused on solutions and more fluid. One of the things about the more strategic work is that it goes in fits and starts; it can appear disjointed to the untrained person. SF practice is more coherent to the untrained eye, one part builds on the previous one. When I show SF therapy tapes in my classes, the learners can usually see what's going on in the same way as I can. I don't need to explain it – that's a difference with the more strategic approaches.

How aware were the BFTC people that things were different when you came back in 1989?

Steve and I always disagreed on whether the underpinnings had changed or not. If you look at my data from 1984, I would say that they had different assumptions in order to have the conversations I saw, both with clients and behind the mirror. In 1984/1985, they would try to predict whether the clients would do the task or not – maybe partly to make the cases

interesting, but I submit this reveals assumptions that were more systemic and strategic. Later on there was much less interest in such matters; the assumption had shifted from the therapist as problem-solver to ‘it was the client’s problem’.

What kind of place was BFTC in those days?

Through the 80s and into the 90s BFTC was in the same building, a pretty nondescript office building around 60th Street and Capitol Avenue in Milwaukee. The original suite was in a basement (about half of each room was underground, so you could look out of the windows into the parking lot). It was a pretty unattractive place though not ugly; I know that clients weren’t put off by it. You walked into this ordinary reception area, there were offices for the therapists. There were also two major interview rooms, a larger one and a smaller one, with observation areas. Most of the sessions I observed took place in these; they used the larger room where possible as more people could get in to watch.

There was a telephone between the observation room and the therapy room so the observers could call the therapist if they wanted to. They had primitive video recording, and there were large microphones on the tables in front of the clients with cameras embedded in the walls. At the time this was reasonably impressive technology. You had to pay attention to how close people were getting to the microphones, because if someone accidentally kicked them, then your ears would hurt! I always watched the children, as if they grabbed the microphone then there was this screeching sound in the room.

In the big room, there would be people going in and out of the observation area all the time. The flow of activity was fascinating – there would be people observing a session from beginning to end, and a lot of people coming in and out, conversations about matters other than therapy, Insoo asking about scheduling a client, people calling home to check on their families. There was a door from the observation room into the main part of the building, so people would go out that door to go to the bathroom. This was a kind of home for a lot

of therapists who would come for the afternoon and stay till 8 or 9 at night. People would order pizza, eat vegetables, Insoo and others did stretching exercises on the floor. My sense was that the staff put in 12–13 hour days so they had to do something to stay alert!

Who were key members of the team when you arrived in 1984?

People make a mistake when they associate all this with Steve and Insoo – they owned the place, but the work emerged within the interactions of a lot of creative people. The term I prefer is not to say that Steve and Insoo were the leaders, but eventually they became the ambassadors of SF therapy – the representatives as well as contributing leaders.

In 1984, I cannot say enough about how important Eve Lipchik was – she was willing to go the extra mile to make sure I understood what she was doing. Sometimes she would have a client in the small therapy room, and I would be the only observer. She would take a break and come back and tell me what she was thinking and what she was trying to do, what her thoughts were, and then she would go back and deliver her parting message. That was hugely important to me. She's a very creative and thoughtful therapist.

Elam Nunally came in at least once a week and did some teaching about cybernetics and its implications – if you look at the publications you can see that he was very important. Wally Gingerich, like Elam, was a professor at the University. In my opinion Wally was the single best therapist there at working with children. Everybody learned immense amounts when Wally was working with children, he got a big audience behind the mirror. Jane Peller was there – she, Steve and I worked on a research team for a while where we would look at video tapes of sessions that in the judgement of Steve and Insoo had seemed to go well. I was always impressed with how observant and bright Jane was.

Alex Molnar came a lot in the early days – he and Steve wrote some papers, they would sit in the back of the room and

talk about philosophy. Occasionally Michelle Weiner-Davis was there, John Walter came at least once, there were others too. Marilyn Bonjean was one of their instructors – she was the first person I met who was using this in an organisational context. She was a therapist and also an administrator in a home for the elderly. We had a conversation one evening about how she was using some of these ideas in running the institution.

It was a fascinating accumulation of people who brought very different experiences. If you looked at how it was behind the mirror, there was this open fluid conversation, people tossing out their ideas, a kind of osmosis, things penetrating the collective thought. It was very experimental, not a lot of rules on what good therapy is. The research team were watching tapes to see what seemed to work – there wasn't a huge ideological commitment to any particular strategies or techniques. I was struck by how unpredetermined it all was.

When I came back later, some of the same people were there. Wally was still there. Steve and Insoo were doing more training, a lot of the people I met were students. There were a lot of people from out of town taking short courses. I stayed off and on over the next 10 years. Scott Miller and Larry Robinson were there and they both moved on to make important contributions of their own.

Who were the clients who were coming in for therapy?

Anyone who would show up. In 1984 health maintenance organisations were only beginning in this country, so a number of clients were people with private insurance plans. There were clients who were referred by the courts. A significant percentage was inner-city poor people who may not have had insurance. Steve insisted that every client pay something, even if not the full fee. His argument was that if you pay for something, you value it more. For the very poor clients they would let them decide what to pay, but they had to pay something. Steve argued that working with this diverse clientele made a difference in how they practised – other

approaches seemed not to work with certain populations, but developing something that worked with this mixed population produced something with wide possibilities.

How did things move on over the ten years from 1989?

It got more focused on solutions, there were fewer kinds of questions, the parting message was given less attention over time – not intentionally. There are some people now paying more attention to that – the logic of it was to move as much as possible into the interview, as you want to get the client to solve the problem, and so it's understandable that they would downplay the message, not wanting to take responsibility for solving the problem. There was emphasis on compliments and on tasks (though not as much). It was more about telling people to keep doing what was already working. The conversations behind the mirror got less interesting! There is not a lot to talk about compared to strategic therapy – what kind of system is this, what are they resisting, how do we use that, can we try a paradox here – there can be tons of stuff to talk about. A lot of the debate behind the mirror became about what would be a good compliment for this client, for example. If you look at my book (Miller, 1997) you will find there is less in the chapters about SFT compared to those about the systemic stuff, as there was less to say.

Did they think there were developing a new sort of therapy?

I'll give you my opinion – I am sure there are other opinions held by those involved. In 1984 I don't think they had a clue they were doing something different, building a model. If you look at my notes from the seminars, when they talked about important therapists and techniques, it would mostly be the systemic people, Milan, Palo Alto. Sometimes they would say they did things a little bit different, but not a lot. The focus was not on building a new model of therapy as much as it was on trying to make it more effective and more efficient – basi-

cally what works. Steve and Elam spent the most time thinking about models – but Steve spent as much if not more time with Wally trying to develop an expert computer programme on how to do this stuff, so that suggests something about the focus on the practical side of things.

Later they began to reflect on what they were doing, and that's when the sense that this was a different way emerged. I think it happened between 1985 and 1989 – I think it evolved, it wasn't a sudden realisation. Clearly Steve had a somewhat different vision of things when I went back in 1989.

I wouldn't call it a mature vision of SF practice, but there was something more he was talking about. If you read his books in chronological order, my sense is that that is the best indicator for how the formalisation of this evolved. Each book is different from the one before.

Another thing that happened between 1984 and, say, 1994: they began getting a lot more students from far away, people coming in for workshops and seminars lasting 2–6 weeks. I have a feeling that some of this crystallised because they were having to teach it. I would say that's both a good thing and a bad thing – as a teacher, I know you have to crystallise stuff in order to teach it. They were still therapists but they weren't just doing therapy, whereas in 1984 it was all about therapy.

How did they view the rise and rise of SF therapy as a modality during this time?

That's interesting. I don't know that there is a single answer. Insoo was less philosophical than Steve, and this was not something that she expected. She approached it in a matter of fact way – OK, this stuff is being used by people around the world, they want to learn about it. Her approach was pretty matter of fact, and she was interested in learning about what people were doing. Other people did things that Steve and Insoo would have never anticipated, and Insoo liked to learn how other people were using this stuff – like the consulting stuff you do, some of the other early people doing organisational work – she would talk about how amazed she was by

how this was being adapted there. She also discovered that there were people who were doing it who had never heard of it – there was a very successful school in Texas based on these principles, who had devised them themselves, and Insoo went there and observed it.

Steve was philosophically a little more complex. He was very proud of some of the creative side of this, people applying it in different settings and cultures. We went to a conference in Bulgaria in the early-mid 1990s, and he was very incredibly proud of the creative ways the people there, and around Europe, were using it in contexts that he would never have figured likely. But Steve more than Insoo had a more narrow view of what it is, what you ‘should’ do. One of the things about being successful, about being adopted by other people, is that they inevitably change what you do. Steve was clearly conflicted about that – there were some practices that he didn’t necessarily like. And more personally, after he and Insoo had become particularly successful he would sometimes lament that he was spending all his time on the road and not being able to be the kind of therapist he was when I met him. That was a cost to their success, neither of them were very involved with therapy in Milwaukee once they had achieved international success.

When did your involvement become less?

I became less involved around 2000. I was still working at the university. Steve and Insoo were in Milwaukee less and less. They moved to another building in the late 90s, a training building with office space, they were not in Milwaukee enough to have clients. Then eventually they moved the office to the basement of their house, which clearly signalled the end of their therapy in Milwaukee. Around 2000 another clinic started, Solutions Behavioural Health – Steve and Insoo were investors, Insoo occasionally did therapy there. There wasn’t really anything for us to work on together. I shifted to observing sessions at Solutions Behavioural Health and continued to be involved that way.

What's your involvement now?

I am still involved with the people at Solutions Behavioural Health – I try to go once a week and sit in the team. I am trying to set up a project with a colleague at Marquette University. John Briggs is the clinical director, Theresa Zakutansky was a founding member. Carol Flannery is there, and then there are some other much younger ones. There are also some people there who don't do SF practice. I don't know how much Steve and Insoo would approve of everything that goes on there; each of them has their own style. Carol, for example, doesn't ask the miracle question very often but she does other kinds of things that I would say are SF. She is perhaps the most minimal therapist I have ever seen, she has jettisoned so much of what most SF therapists would rely on.

Looking back, what are your views on where we are now? Is SF practice fulfilling its potential?

I have very mixed feelings about what's happened – my version of Steve's dilemma about the success of it, although the issues are a little different for me. There is no denying that this approach has become more influential in the world than anyone could have imagined. You think about this little group of less than ten people in Milwaukee formulating something that would be applied in medicine, schools, businesses and on and on . . . it's unthinkable, too big for me to get my head around. So in that sense it has exceeded its potential. But all of this has been achieved at some costs – that's where my mixed feelings are. One of these costs is what I would call a decline in 'openness to whatever works'. Because it has become more crystallised in the teaching and writing people do, questions that get explored are narrower now than they were in 1984 – you could ask anything you wanted then to see if it worked better. But when you develop an identifiable approach, then you have the question about 'is this SF?' I miss the audaciousness of the early years – it's not that it has become a religion or anything like that, but it has become narrowed. Technique has become more central, unsurprisingly.

The other difference involves the largely undeveloped intellectual side of all this. It wasn't just therapists sitting behind the mirror, it was people like Alex Molnar interested in other things – philosophy, cybernetics and so on. Part of the openness of it was inviting these strange, not practical people and playing with them, seeing if they informed the work. I think that side is essentially undeveloped – there are exceptions of course like the Karlstad Group because there are philosophically and intellectually oriented people in the field, but institutionally that side of it pretty much does not exist. Reaching out to other institutions like medicine and education, that the practitioners have successfully done, has not been so successfully done to reach intellectual communities. I don't know that it's a necessary loss, but clearly that part of the potential of the movement has not yet been achieved, and that bothers me.

What interests you at the moment?

One of the issues I have come to be very interested in is where does all of this fit in clients' lives? I think SF therapists mistakenly assume they know more about their clients than they really do. What I would like to see is more research by academics on how clients interpret what goes on in therapy, and what parts they use and don't use. I watch therapy tapes with therapists, and they say 'That's a good session because . . .', as the client had perhaps started smiling or talking about solutions. But it's one thing to say that the therapy session changes, it's a whole different thing to say that that change is reflected in the client's life. That's the kind of question we (academics) need to explore – maybe challenging the assumptions of what makes good questions. So I'd like to see a shift away from the world of therapy and into the non-therapy world.

Thank you very much.

References

- de Shazer, S. (1982). *Patterns of Brief Family Therapy: An Ecosystemic Approach*. New York, NY: The Guilford Press.
- Miller, G. (1997). *Becoming Miracle Workers: Language and Meaning in Brief Therapy*. New Brunswick: Aldine Transaction.