Have you heard the latest rumor about … ?
Solution-Focused therapy as a rumor (1998)

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Originally published in *Family Process, 37*, 363–377, (1998). Reproduced here by kind permission of Gale Miller.

Commentaries

Solution-Focused and Narrative Therapies Revisited
Family Process, 37, 363–377, 1998

This essay treats solution-focused therapy as a rumor. Solution-focused therapy is a series of stories that members of diverse therapist communities tell one another. Our version of this rumor stresses how solution-focused therapy is a job involving language games, political relations, and ethical issues. We use this starting point to tell a story that links solution-focused therapy to Wittgenstein's philosophy of language, and to aspects of postmodernist social thought. We also discuss how solution-focused therapy is organized as a politics of possibilities.

There is a game that children sometimes play in which one person whispers a story to another person who then whispers it to a third person. The third person passes the story to a fourth person, and so it goes. This process continues until everyone has been told a version of the initial story. At this point, the last person to hear the story tells it to everyone else, and the final version of the story is

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compared with its initial version. The "fun" of the game comes from the differences between the two stories, and from game players' attempts to explain how the initial version got transformed as it was conveyed from one person to another. There is a serious side to this game as well. We sometimes use it to demonstrate how rumors emerge and are spread in communities.

Rumors are stories that pass through communities in much the same fashion as the game described above. According to Ludwig Fleck (1979[1]), even when we look at the development of scientific facts—which are surprisingly similar to rumors—

> we cannot fail to recognize their social structure … [T]houghts pass from one individual to another, each time a little transformed, for each individual can attach to them somewhat different associations. Strictly speaking, the receiver never understands the thought exactly in the way that the transmitter intended it to be understood. After a series of such encounters, practically nothing is left of the original content. Whose thought is it that continues to circulate? It is one that obviously belongs not to anyone individual but to the collective. Whether an individual construes it as truth or error, understands it correctly or not, a set of findings meanders throughout the community, becoming polished, transformed, reinforced, or attenuated, while influencing other findings, concept formation, opinions, and habits of thought. After making several rounds within the community, a finding often returns considerably changed to its originator, who reconsiders it himself in quite a different light. He either does not recognize it as his own or believes, and this happens quite often, to have originally seen it in its present form [p. 42].

New words are used to describe the action, new lessons may be drawn from the stories, and the events in question may be placed in very different social contexts as the stories pass from person to person. In the case of rumors, however, we often cannot agree on who initiated the story. Even when we agree on this, we may not agree that the first version of the

[1] A work originally published, in German, in 1935.

story is the most credible one. Deciding who and what to believe may become a serious problem for community members, many of whom are seriously concerned about getting the story "right". It certainly does not help when the authors of competing stories insist that their versions are the only true and credible ones.

Solution-Focused Therapy as a Rumor

He is a poor observer who does not notice that a stimulating conversation between two persons soon creates a condition in which each utters thoughts he would not have been able to produce by himself or in different company.

—**Ludwig Fleck** (1979, p. 44)

This essay is a response to some questions that have recently arisen more frequently in seminars and workshops about solution-focused therapy. The questions have been asked by therapist community members who are serious about getting the story of solution-focused therapy "right". Some of their questions ask about solution-focused techniques and strategies, but others deal with the general meaning of solution-focused therapy, particularly its intellectual contexts and political implications. The questions often focus on the following issues. What are the major postmodern themes in solution-focused therapy? How are these themes related to solution-focused therapy practices? What are the political implications of solution-focused therapy?

Therapists' interest in these issues reflects the extent to which the solution-focused approach has been accepted in diverse therapist circles. Indeed, we might say that these questions show that the pioneers in solution-focused therapy have succeeded in achieving one of their most important goals: that is, to move therapists' discussions of their professional practices and philosophies beyond the assumptions and concerns of both conventional psychotherapy and traditional family therapy.

We believe that it is useful to think about solution-focused therapy as a rumor. It is a series of stories that circulate within and throughout therapist communities. The stories are versions of the solution-focused therapy rumor. While the names of the major characters usually remain stable, the plots and contexts that organize the action may vary from one storytelling episode to the next. Perhaps this is why so many people have questions about the intellectual contexts and political implications of solution-focused therapy. These issues are central to the plots and contexts of many of the stories that form the rumor we call solution-focused therapy. How these issues are defined in therapistcommunities may also have practical implications, since community members' perceptions of social reality and their actions are sometimes related to the information conveyed through rumors.

It is important, then, that we be very clear about our purpose in writing this essay. Our goal is *not* to offer the final, definitive, and only credible story about solution-focused therapy. We recognize that rumors belong to whole communities. No particular storyteller "owns" a rumor. We do, however, think that we can make a contribution to the evolution of the solution-focused therapy rumor. That is our only goal: to keep the rumor of solution-focused therapy alive by retelling it in a little different way. We should also note that our telling of this rumor is related to our long-standing— but different—involvements with solution-focused therapists and their practices.

Steve de Shazer is a practicing therapist, as well as being one of the "inventors" of solution-focused therapy. He has written extensively about the theory and practice of this approach. He also travels internationally to conduct workshops and seminars, and to consult with other therapists about solution-focused therapy. Some people would say that he is a major authority in this area. Gale Miller is a sociologist and university professor. One part of his research involves observing and writing about solution-focused therapists' professional activities. To that end, he

has spent parts of the last 13 years observing and analyzing how solution-focused therapists do their work. His analyses are one way in which solution-focused therapy may be interpreted by an interested "outsider" to the therapist community (Miller, 1997).

These differences are significant to us. We believe that they form different positions and interests in solution-focused therapy. The stories that we hear from others and spread through our own storytelling are different. This essay is distinctive because it blends our differing concerns about, and interpretations of, solution-focused therapy. It is not so much an attempt to get the story of solution-focused therapy "right", as it is to get our stories "straight". We think it will be useful to others to hear the same story from both of us. Of course, it is entirely up to others to decide whether our contribution to the rumor known as solution-focused therapy is credible and useful to them. We make no claims to privileged knowledge or insight about this rumor.

It should also be noted that our purpose in telling this story is not to create a seamless narrative that neatly links all aspects of solution-focused therapy into a fully integrated story. That kind of story does not fit with our sense of what solution-focused therapy is about and how it works. While solution-focused therapy involves socially constructing new stories for clients' lives, it does not require—or even emphasize—that the new stories address and explain every aspect of clients' lives. One way of making sense of this theme in solution-focused therapy is through Von Glaserfeld's (1984) distinction between "fit" and "match". As Anderson (1990) explains:

> The quest for truth has been dominated by an idea of a perfect "match" between cosmic reality and human understanding of it. The idea of a fit leads to a more pragmatic way of looking at things. A philosophical system, a scientific theory, a religion, or even a personal identity does not have to be a precise mirror of ultimate reality as long as it works more or less well in its context [p. 70].

Thus, our story discusses some concepts that we find to be useful in making sense of solution-focused therapy. They fit with what we see happening in solution-focused therapy sessions. We also discuss some ways in which these concepts may be used to answer others' questions about the intellectual contexts and political implications of solution-focused therapy.

Making Sense of Solution-Focused Therapy

It often happens that we only become aware of the important facts, if we suppress the question "why?"; and then in the course of investigations these facts lead us to an answer.

—**Ludwig Wittgenstein** (1958, p. 471)

While it is obvious to many, we still think it is important to stress that therapy is a practical activity that is done for several related—but different—reasons. One of the most important reasons for therapy is to help clients change their lives. It is a justification for therapy, and a test of it. When is it not a legitimate question to ask, "Does coming to therapy contribute to positive change in clients' lives?" "Does it work?" This justification and test are especially relevant to solution-focused therapy, which is organized to create positive change as quickly as possible. Solution-focused therapists treat this test as a major ethical standard to which they hold themselves accountable. Thus, all of the questions regularly asked by solution-focused therapists—ranging from scaling to coping to miracle questions—may be evaluated by the question, "Do they work?"

The practical emphasis in solution-focused therapy is clearly evident in the emergence and evolution of the miracle question, a centerpiece in this approach. (The ellipses … denote pauses, which are very important when asking the miracle question.)

> Suppose . . . after we are through here, you go home and have dinner, do your chores, watch TV, and whatever else you do, and then you go to bed and go to sleep . . . and, while you are sleeping … a miracle happens … and the problems that brought you into therapy are gone, just like that! … but this happens while you are sleeping, so you can't know that it has happened … So, once you wake up in the morning, how will you discover that this miracle has happened?

An early version of the miracle question was first asked in an interview at the Brief Family Therapy Center in which the client and therapist were having difficulty specifying a goal toward which they might work. As far as the client could see, only she would know—somehow, somewhere deep inside— that her problem (feeling depressed) was solved and she felt better. No one else would be aware of it because no one else knew that she was feeling "depressed". Pragmatically, as Wittgenstein put it, any " 'inner process' stands in need of outward criteria" (1958, #580). That is, the client's "feeling better" will lead to some different behavior on her part, and this different behavior will prompt other people to respond to her differently. These different responses can come to serve as reinforcements for the client's different behaviors, thus also reinforcing the inner changes. The client responded to the miracle question by saying that she would get to the office by 6:30 a.m. and work on her paperwork. This would surprise her colleagues and her boss since normally she got to the office shortly after 9:00 a.m. Her boss had been nagging her for 6 months about catching up on her paper work. She added that her husband would be very surprised to see this happen. This beginning of a workable goal—that is, its being described in concrete, behavioral, interactional terms—was a development that was noted by both the therapist and his team. The client reported in the second session that she figured she did not need to wait for a miracle to happen; all she needed to do was get up early and go to the office! Which she did shortly after the first session. As a result, she described things as much improved.

Subsequently, members of the Brief Family Therapy Center tested and refined the miracle question by asking other clients to imagine and describe their post-miracle lives. They also adjusted the ways in which they asked the question to fit their distinctive styles of interacting with clients. The miracle question emerged, then, as a practical solution to a practical problem: the setting of useful goals. And solution-focused therapists continue to use it because it serves their practical interest in helping clients develop achievable goals for change (de Shazer, 1985).

Solution-focused and other therapy approaches are also related to some general ideas, logic, and rationale that explain why they work as they do and/or what they might accomplish outside of the therapy room. These reasons—which are variable across therapy approaches—form the intellectual and political contexts of therapy. They are every bit as important, basic, and contestable as questions about the practical effect of therapy on clients' lives. But questions about the intellectual and political concerns of therapy and about actual therapy practice involve very different issues. It is important that we keep these differences in mind.

Practical questions about therapy focus on clients' desires for change, and therapists' responsibility to work with clients in constructing change. This is what clients pay their therapists to do. It is the therapists' job. To characterize therapists as having a job is *not* to say that such contexts exist only to make money, although it is one of their professional interests.

Rather, the job rubric is useful in highlighting the practical side of therapists' professional activities and relationships. Therapists ask questions and make suggestions that are designed to help clients improve their lives. Doing this job is basic. Again, it is necessary to repeat the question: "Does it work?" Therapists who fail at this job fail at therapy, no matter what else they may accomplish in the process.

The other set of questions deals with issues of primary interest to non-clients, particularly to therapists and some

university professors. These issues involve solution-focused and other therapists' orientation to developments in other aspects of society. The answers that therapists construct to these questions are ways of defining therapists' general role in society and contribution to it. Their answers justify therapy by aligning therapists with some ideas, people, and social movements, and may cast them as opposed to other ideas, people, and movements. Therapists often use these questions and answers to define therapy as a *cause,* and to assign different kinds of therapy to different causes. Stories about these issues are mostly told by therapists, to other therapists. Thus, clients' concerns and influence on the therapy process are often minimized in these stories. Understandably, most clients have little interest in them. Why should clients care about the intellectual, political, and other causes with which their therapists are identified? Clients have their own problems.

The metaphors of therapy as a job and as a cause, then, form two related—but different—contexts for making sense of solution-focused and other approaches to therapy. They do not exhaust the ways in which the solution-focused therapy rumor may be told. But they are two major starting points used by therapists in constructing the characters, plots, dramatic tension, and moral lessons that make up the stories that they tell each other. Further, where therapists start in telling their stories matters. In beginning with therapy as a job, for example, they establish narrative circumstances that focus on the therapist-client relationship, the contingencies of the relationship, and therapists' responsibilities within it. In contrast, stories that are organized around the therapy as a cause theme are more likely to treat the therapist-client relationship as an epiphenomenon. That is, its importance and meaning are derived from such "larger" concerns as culture, and political and economic structures. The latter stories often emphasize how therapy is a process of helping clients to "see" how these "larger" realities shape their lives and problems.

Beginning with therapy as a job or as a cause also has

implications for the "authorities" stressed by storytellers when providing solution-focused and other therapies with intellectual and political contexts. Storytellers create such authorities by telling stories that treat some people as having privileged knowledge or insight. Authorities speak with special credibility or authoritativeness, but their standing as authorities is always contingent on the story being told. This is why we write that some people would say that Steve de Shazer is an authority on solution-focused therapy. It depends on the story being told. Sometimes he is cast as a uniquely credible authority—even the final authority—on all aspects of solution-focused therapy, but we also hear stories that limit his expertise and credibility to only some aspects of solution-focused therapy. Presumably, there are even stories being told that cast de Shazer as lacking any credibility on this issue.

Thus, different narrative beginnings may lead storytellers to different authorities, or to different interpretations of the same authorities. We may all agree, for example, that Steve de Shazer is an authority on solution-focused therapy, or that solution-focused therapy is a kind of postmodern therapy. But this consensus is likely to disappear quickly as soon as we begin to discuss how de Shazer is an authority, or ask, "What is the "real" meaning of his statements about solution-focused therapy?" Similar difficulties emerge when we begin to describe the central defining aspects of solution-focused therapy and of postmodernism. Answering the question "What is it?" is not always so easily done as we sometimes assume.

And the discussion may become even more contentious when we turn to how postmodernism and solution-focused therapy are related, such as how solution-focused therapists' practices and ideas are influenced by the writings of particular postmodern intellectuals. These discussions are likely to include one or all of the following questions. Whose writings should be treated as authoritative texts about postmodernism? How should authoritative texts be interpreted? What aspects of these texts are most useful

for solution-focused therapists? Which commentators (solution-focused therapists and others) speak with authority about postmodernism, as well as about solution-focused therapy?

These questions suggest some of the reasons why solution-focused therapy and other rumors are so unstable. Their meaning and practical implications change with each telling of the rumors, and every telling of a rumor must begin from some place. The beginning places that we use in telling stories are standpoints for constructing social realities. We see—and tell stories about—different realities when we move from one standpoint to another, but we can stand in only one place at a time. Thus, storytellers cannot begin their stories about solution-focused therapy by simultaneously treating it as a cause and as a job. They have to make a choice. Later, they can consider some of the issues associated with the alternative strategy, but only within the narrative context that they have already constructed.

A Narrative Beginning

There must not be anything hypothetical in our considerations. We must do away with all explanation, and description alone must take its place . . .
                        —**Ludwig Wittgenstein** (1958, #109)

We prefer to begin with the practical—or job-like—aspects of solution-focused therapy. This strategy focuses on some of the simplest, most basic, and obvious aspects of solution-focused therapy. Our story stresses such mundane issues as solution-focused therapists' professional responsibility to cooperate with clients and to help clients improve their lives. It also focuses on the practical ways in which solution-focused clients and therapists manage their social relationships in order to construct solutions to clients' problems.

A major reason for our preference is that this strategy focuses attention on the details of therapists' and clients'

mutual activities. Solution-focused therapy is an interactional event made up of such ordinary activities as asking and answering questions, commenting on others' statements, and evaluating possible solutions to clients' problems. Further, all of these activities are observable features of solution-focused therapy settings. We only need to watch and listen in order to see and hear how therapist-client relationships and solutions to clients' problems are interactionally constructed in solution-focused therapy sessions.

An additional advantage of this approach is that it provides a brake for controlling storytellers' tendency to overgeneralize: that is, to tell stories that are little related to the practical contexts within which solution-focused therapy is done. Such stories are often interesting and even useful for some purposes, but they can also create confusion by divorcing the meaning of solution-focused therapy from the concrete practices that organize it. Our narrative strategy requires that any and all generalizations be reconciled with the observable details of solution-focused therapy settings and practices.

This strategy is consistent with that espoused by Wittgenstein and related philosophers of language. They stress that the meanings of words are inseparable from the ways in which people use them within concrete social contexts. In the abstract, any word can have infinite meanings, but this is not the case in the practical world of everyday life. Here, words are used to accomplish the practical ends of speakers (and listeners) and writers (and readers). We use language to do things, and in the process we assign concrete meanings to the words we use.

We often overlook the importance of language in our lives because, as Wittgenstein states, it is organized as diverse language games that are so familiar to us that we take them for granted. Language games consist of the typical ways in which we use language to construct meanings and build social relationships. They are, at least to some extent, culturally standardized patterns of language use that we and others recognize, and respond to, in our

everyday encounters. Language games include the typical ways in which we conduct ourselves in social interactions with our physicians, the ways in which we express anger to others, and the ways in which telephone solicitors ask for charitable donations. Perhaps because they are so commonplace, we often treat language games as trivial. One of Wittgenstein's greatest contributions was to call attention to how language pervades our everyday lives, thus reminding us to pay attention to this otherwise unnoticed aspect of society.

Language games are associated with forms of life, which Wittgenstein analyzes as the various ways in which we exist in the world. Forms of life consist of the concrete social roles and relationships within which we conduct our lives. They include such diverse activities as buying objects at a neighborhood store, sending and receiving e-mail messages through a computer, and going to a baseball game. Each of these forms of life is inextricably linked to a set of observable language game moves that define them as distinctive activities. This is why buying groceries is not the same as sending an e-mail greeting to a friend. They are different ways of being in the world.

The same might be said about problems and solutions. They are forms of life that are socially constructed and maintained through different language games. At minimum, problems-focused language games emphasize what is wrong with people's lives (Miller & de Shazer, 1991). This language game also frequently involves portraying the sources of our problems as powerful forces that are largely beyond our control, and sometimes even beyond our understanding. The solutions language game, on the other hand, focuses on finding ways of managing—if not remedying—one's problems (Miller & de Shazer, 1991). Here, the emphasis is on identifying the resources that we are using, or might use, to change our lives in preferred ways. One way of "playing" this language game is to treat change as a struggle to gain control over one's problems. But it can be "played" in many other ways, including by treating one's

problems and their sources as irrelevant to the change process.

The problems and solutions language games are also associated with different forms of life. Obviously, the problems-focused language game is the more interesting of the two, particularly to sociologists. It is pervasive in everyday life. It is frequently a part of dinner conversations among family members, ordinary interactions between neighbors, and the routine "gossip" exchanged by workers about their bosses and co-workers. Complaining about our problems is one way in which we build and maintain social relationships, and is often a pleasurable activity that fills many hours of our lives. But it can also become a very difficult and frustrating experience. In "playing" this language game, we risk creating a tragic life story for ourselves. This story is organized as a self-fulfilling cycle in which we cast ourselves as hopeless victims of life's circumstances and, based on this assumption, interpret our subsequent experiences as confirming our victim status.

Solutions are part of a different language game that may be unconnected to the problems language game. What are the chances, for example, of our learning to dance the tango if we spend all of our days and nights playing chess? Often, talking about problems is like dancing the tango, and talking about solutions is like playing chess. The lack of connection between problem-focused and solution-focused language games is central to the practice of solution-focused therapy.

Solution-focused therapists emphasize this difference in making the postmodern claim that clients' problems are uncaused. "Finding" the causes of clients' problems is not necessary to constructing solutions, and the time devoted to the search for causes may actually make the problems worse. Different language games have different practical consequences for game "players."

Walking about in Postmodernism

> *Our talk gets its meaning from the rest of our proceedings.*
> —**Ludwig Wittgenstein** (1972, #229)

Wittgenstein elaborates on his concepts of language games and forms of life by describing them as ways of walking about in the world. That is, language games make it possible for us to see, experience, and participate in social worlds made up of diverse objects, events, and people. Different uses of language are like paths for Wittgenstein. They take us in different directions, allow us to see new sights, and to see old sights in new ways. It is possible, then, for two people following different paths to have very different experiences with—what seems to be—the same sight. Paris is not the same city for the airplane passenger flying overhead, the street vendor selling ice cream to tourists departing from the Eiffel Tower, and to the metro rider going home after a long workday. Indeed, some would argue that these paths, experiences and forms of life are so different that they do not involve the same city at all.

This conclusion can certainly be made about recent developments called postmodernism, an amorphous term that may refer to a historical period, to a variety of loosely connected ideas, and/or to an "attitude" toward life. Like Paris, postmodernism is different depending on the path that we take to walk around within it, although the tour guides written about walking around in postmodernism are nowhere near as useful as those written about walking around in Paris. Who and what counts as postmodern is not always clear. It is easy to get confused about whether we are "in" it, or "in" something else. And, then, there is the question of whether it really matters whether we are "in" postmodernism at all. Might it be enough just to do one's job well?

It is important, then, always to keep in mind that our version of the solution-focused therapy rumor involves entering postmodernism by following the path laid down by Wittgenstein (Wittgenstein, 1992). This path—to repeat

ourselves—focuses on the concrete ways in which people use language to get things done, including constructing problems and solutions. It is a path that never strays very far from the concrete language games of therapists and clients. It is not a straight or linear path. It winds around and through some parts of postmodernism, while other parts are avoided. Further, the view from this path is one of continuous motion and process. Those who travel this path soon learn to accept change, discontinuity, and contingency as normal features of normal life.

This is one reason why solution-focused therapists embrace the postmodern practice of avoiding metanarratives (Lyotard, 1984). Metanarratives, or grand theories, are stories that explain everything by reducing reality to a few foundational elements and principles. They are central to traditional psychotherapists' and family therapists' categorization of their clients' problems into mental illness and family system types. The categories are simultaneously classifications of clients and their problems, theories that explain clients' life circumstances and their problems, and strategies for solving clients' problems. These metanarratives frequently assume that clients' lives are stable. They also assume that clients' lives are problem-saturated and, consequently, change must involve outside intervention.

The stories told by solution-focused therapists, however, stress that the solutions to clients' problems are already present in clients' lives. Solutions are present as exceptions to clients' problems, and as personal and social resources that clients may draw upon in solving their problems. Virtually every question typically asked of clients by solution-focused therapists is related to this assumption. One of the major ways in which solution-focused therapists use scaling questions, for example, is in eliciting descriptions of exceptions from clients:

> On a scale from "zero" to "ten," with ten standing for how things are the day after the miracle and zero standing for how things were at the point you called and arranged for this

appointment, where would you say things are between "zero" and "ten" at this moment?

(Obviously, this particular scaling question is asked after the client's response to the miracle question has been fully developed.) The response most frequently given by clients is that things are currently at "three." This means that things have already gotten better since the initial telephone call. Solution-focused therapists then will ask the client to describe, in as much detail as possible, the differences he or she sees (and others see) between zero and three. The therapists usually follow such client descriptions by asking clients to explain how they made the exceptions happen, a language game move designed to identify the social and personal resources that clients are already using to solve their problems. Frequently, the therapist will then ask about how the client and other people will know when things have gone from three to four. This implies that both change can be expected and that it can be readily identified and known. And, of course, the miracle question is designed to use clients' abilities to hope and imagine how to identify new—less troubled—ways of life.

These solution-focused questions assume that clients' lives are continuously changing, and that clients' problems are discontinuous and contingent realities. Problems are discontinuous realities because they are not always present in clients' lives. They are contingent because problems and solutions are directly related to clients' practical activities, including their uses of language to interpret reality. The solution-focused language game is designed to persuade clients that change is not only possible, but that it is already happening. It is, in other words, a rhetorical process designed to talk clients into solutions to their problems.

The idea that we can talk ourselves into solutions and the related notion that we talk ourselves into our problems are sometimes difficult for therapists—and others—to accept. These claims sound overly glib to some people, and even disrespectful of clients' concerns and experiences. But these

reservations are products of their own language games and social contexts. Within the Wittgensteinian language game, however, the idea that we talk ourselves into problems and solutions is obvious, and even a matter of common sense. We construct problems by interpreting and describing aspects of our lives as undesired conditions that we wish to change. And we sustain our problems by continuing to talk in this way.

We talk ourselves into solutions by changing how we interpret and describe our lives.

Others sometimes object to these claims, stating that the claims ignore the material circumstances of people's lives. They often argue, for example, that clients' descriptions of their lives as troubled are about something. The descriptions are not fictions, nor can clients simply wish their problems away. Viewed from the path laid down by Wittgenstein, however, language and the so-called material circumstances of life are not separate entities. They are inextricably inter-twined. Our experiences with material conditions are always influenced by the language games that we "play". These games shape how we categorize and orient to our life circumstances. They encourage us to pay attention to some aspects of our lives and to ignore other aspects. The so-called material conditions of our lives are also contingent on language, discontinuous, and in process.

Solution-focused therapy builds on this Wittgensteinian fact of life. Solution-focused therapists ask, "Since we talk ourselves into problems and solutions anyway, why not emphasize solutions?" This emphasis is not a way of denying the deprivations and injustices in clients' lives, but of getting beyond them. How are victims' lives improved by continuing to talk about how they are victimized? Does not this talk—which is also a persuasive rhetoric in its own right—just further their victimization by continuing to direct attention toward clients' powerlessness and hopelessness? Do not therapists have a responsibility to encourage their clients to notice how clients are already managing their problems, and to identify personal and social resources that

clients might use to take greater control of their lives? These questions—which are based on the postmodern assumption that problems and solutions are talked into being—are neither glib nor disrespectful.

These questions also help to explain why de Shazer (1991) analyzes solution-focused therapy as a deconstructive process involving the misreading of clients' life circumstances. This emphasis involves two major postmodern claims. First, because meaning always involves interpretation, meanings can change. Second, solution-focused therapists assume that all language games involve assumptions that are taken-for-granted by the "players" themselves. One strategy for changing our own and others' interpretations, then, is to make these taken-for-granted assumptions explicit. This strategy transforms the assumptions into choices. They are now matters that we can talk about, drop, modify, or maintain.

Again, let us return to the questions that solution-focused therapists typically ask their clients. Many of these questions are designed to be deconstructive misreadings of clients' interpretations of their life circumstances. Questions about exceptions, for example, indirectly challenge clients' assumptions that their lives are uniformly troubled, and questions about how clients cope with their problems are designed to elicit information about clients' strengths, insights, and successes. This information may be used to challenge clients' assumption that they are powerless in dealing with their problems, and to present them with a new choice. Clients may choose to continue focusing on their problems and powerlessness, or to emphasize their past successes and the reasons why their future lives can be even better. And solution-focused therapists' questions about how clients made the successes happen further challenge this assumption.

It is through these and related concrete uses of language, then, that solution-focused therapists encourage their clients to reinterpret their options in life, and to talk themselves into solutions. These aspects of solution-focused therapy are

also ways of playing around with language and meaning. This "attitude" is encouraged by Wittgenstein's approach to language, and stressed by some postmodern philosophers. If meaning is always changeable, based on our use of language, then why not play with language to produce new—more desirable—meanings. Thus, the playfulness of solution-focused therapists is to serious effect. Language is a resource that is vital to all therapists' practices and relationships with their clients.

Toward a Politics of Possibilities

There are—we think—some clear advantages to telling the solution-focused therapy rumor as a Wittgensteinian story. It is a practical, language-focused story that emphasizes the ways in which individuals and groups can change the circumstances of their lives, while also recognizing that no one has absolute control over their lives. Thus, Wittgenstein's philosophy of language has a sociological side that emphasizes how language games and forms of life are socially organized practices. This is why we are able to recognize and participate in each others' language games.

The sociological side of Wittgenstein's philosophy of language is also useful in understanding one of the major "risks" of our approach to telling the solution-focused therapy rumor. The "risk" involves being charged with telling a politically conservative[2] story, a charge that is also frequently made about Wittgenstein's philosophy (Pitkin, 1972). For us, of course, this charge is itself a part of a language game, made up of its own assumptions and rhetorical moves that encourage "players" to define politics in a limited number of ways. Within this language game, it makes perfect sense to describe solution-focused therapy as conservative. And there are no compelling reasons for these language game "players" to reconsider their position since, as Wittgenstein teaches us, every language game is complete unto itself.

[2] "Conservative" thinking favors, for instance, the Concrete over the Abstract, Life over Reason, and Practice over Norms (Mannhein, 1953).

Perhaps the most important assumption associated with this particular language game is the claim that a politically responsive therapy must be explicitly linked to a recognized political ideology or cause. The assumption is central to many of the rumors told by therapists about diverse therapy approaches. It asserts a linear relationship between the practices that define therapy approaches and their general—social and political—effects. The rumor insists that the best way to change the world is through direct means, be they individual or collective interventions. Therapists implement this assumption in many different ways.

Some therapists, for example, ask clients to explain how their problems are related to general social and cultural patterns. This therapy strategy recontextualizes clients' problems by treating them as social problems, and it—at least implicitly—justifies political responses to clients' problems. Treating clients' problems as social problems is one way in which therapists and clients cast the problems as epiphenomena, as larger than clients' immediate lives and concerns. Finding solutions to the problems, then, necessarily involves changing the larger social and cultural patterns—that is, the social problems—that cause and/or sustain them.

Solution-focused therapists do not dispute the claim that such interventions are sometimes effective in dealing with clients' problems, but they do dispute the claim that such interventions are always the best approaches. To this claim, solution-focused therapists respond that "one size does not fit everyone". What fits depends on clients' preferences, as they are constructed in social interaction with therapists. We explain this emphasis in solution-focused therapy by returning to the job-like qualities of therapy. Defined as a job to be done, solution-focused therapists have an ethical responsibility to develop remedies to clients' problems that are effective and satisfactory to clients. There are many ways of fulfilling this responsibility, including sometimes using language in indirect and ironic ways. This is another postmodern theme in solution-focused therapy, one that stresses how understanding and effective action sometimes

involve uncertainty, paradox, and contradiction.

This theme is central to a deconstructionist analysis that emphasizes the tensions, gaps, omissions, and seeming contradictions that may be found in all texts.But while pointing out these "textual problems", deconstructionists refuse to remedy them (Rosenau, 1992). Their interest is in opening up new interpretive possibilities for readers while avoiding the closing of other possibilities. It is a language game that is designed to unsettle other language games and forms of life, particularly those that treat meanings as stable and self-evident. In therapy, the deconstructionist strategy is sometimes used to unsettle conventional definitions of clients' problems, such as therapists' formal diagnostic categories and ineffective client orientations to their lives and problems.

This point is made by de Shazer (1991) in describing a case involving a married couple who came to therapy seeking a cure for the wife's "nymphomania." She stated that she had recently developed a need for sex at least once a day or she couldn't sleep. Both the wife and husband complained of the circumstance. She stated that she felt controlled by her compulsion, and he complained of becoming a "stud" whose only function was to service his wife. The clients reported at a subsequent session that the trouble was getting worse. A significant shift occurred, however, when the husband stated that he believed that the problem was not a sexual problem, but a sleeping problem. The wife responded by asking the therapist, "Do you have any cures for insomnia?"

This question opened up a variety of new possibilities for explaining and solving the clients' problem. It is also significant that the new possibility emerged in the interaction without the therapist suggesting to the clients that the concept of nymphomania was inappropriate for their circumstances. Rather, the therapist asked questions designed to encourage the development of new—competing—understandings without eliminating the prior understanding. The new understandings made choice

possible. A variety of alternative understandings might have emerged and worked within this context, including explicitly political understandings. [p. 65]

Solution-focused therapy, then, calls for a different orientation to politics. It is a distinctive language game within which conventional assumptions about politics make little sense, and may actually be counterproductive. This is perhaps why solution-focused therapists sometimes refuse to talk about politics at all. For example, they sometimes respond to questions about politics by describing therapy as only a job, a question-and-response that invites the conservative label from "players" involved in the conventional political language game. Interpreted within a different language game, however, this response suggests that the job of therapy is a political process. That is, it is a reality contest involving the problem-focused stories that clients bring to therapy and the solution-focused stories that solution-focused therapists prefer.

The politics of solution-focused therapy center in the concrete ways in which therapists and clients replace problem-focused with solution-focused stories. This is a politics of possibilities because it allows clients to construct diverse—even contradictory—solution-focused stories. One size does not fit all clients even though all clients are asked the same solution-focused questions by their therapists. This is one reason why we reject stories that describe solution-focused therapy as only technique, or as overly reliant on technique. Every client's response to the miracle question, for example, is somewhat different, and they are often greatly different. These differences hold even when two clients complain of—what appears to be—the same problem. Some clients' solution-focused stories justify political action, but others do not. The solution-focused language game allows for, and appreciates, both possibilities.

The solution-focused politics of possibilities is perhaps most easily seen in solution-focused therapists' preference for open-ended stories. These stories are always in process and, therefore, subject to reinterpretation and revision.

Solution-focused therapists do not insist that clients develop new stories that integrate their entire lives. It is enough for clients to be able to describe better future lives, and identify how aspects of their future lives are evident in their present lives. The alternative strategy involves constructing metanarratives of clients' lives. These stories emphasize how clients' lives are coherent stories that are based on a few foundational elements. This narrative strategy undermines solution-focused therapists' emphasis on how life is contingent, changing, discontinuous, and socially constructed.

Why, solution-therapists might ask, should we limit ourselves to only one life story or to one miracle, for that matter?

Cannot life be a series of stories and miracles? And do all of our stories and miracles have to be consistent with one another? Is not it enough to live as well as we can under present circumstances, while reserving the right to change at some future point? These are the kinds of questions that emerge from the language game that we call the politics of possibility.

What Next?

A basic tenet of solution-focused therapy is that the meaning of a question is only known by the answer that it elicits.

Thus, if you do not like the answer that you get, then you should ask a different question. The same advice might be given to therapists when they question one another about their therapy practices, philosophies and politics. We believe that one of the reasons why many therapists are so concerned about the meaning and implications of solution-focused therapy is because they are asking poorly formed questions. The questions do not fit with the language game of solution-focused therapy. Thus, confused therapists get answers that add to their confusion.

There is irony here. Aren't these the very circumstances that solution-focused therapists emphasize in explaining how

their clients become overly focused on and overwhelmed by their problems? And, like clients, "troubled" therapists may uncritically listen to a variety of stories that promise to explain and solve their problems. But, frequently, this only increases their confusion and worry because uncritical listeners let others decide which questions should be asked and answered.

A major way in which solution-focused therapists assist their clients is by suggesting new questions for assessing clients' lives. The questions ask clients to conceptualize and describe their lives in new ways. Equally important, clients might use the questions suggested by their solution-focused therapists to listen critically to the stories that circulate through their lives. This possibility is central to our telling of the solution-focused therapy rumor from the standpoint of Wittgensteinian philosophy. Following Wittgenstein, we believe that a good place for solution-focused therapists to begin in critically examining our own and others' telling of the solution-focused therapy rumor is, temporarily, to suspend asking questions about "why." Inquiries about the intellectual contexts and political implications of solution-focused therapy are often asked as "why" questions.

Major problems emerge when "why" questions are asked prematurely: that is, when questioners assume that they already understand what is being talked about and how it works. We believe that this is the current situation regarding solution-focused therapy. The diverse and competing stories told about solution-focused therapy indicate—at least to us—that the "what is it" question has not yet been adequately answered. Is solution-focused therapy a job, a cause, or something else all together? We also believe that too little attention has been given to the "how is it done" question. This is a question that calls for careful descriptions of the concrete details of solution-focused therapists' relationships with their clients and, at least sometimes, should be asked prior to the "what is it" question. While many people find "why" questions to be more interesting and fun to discuss, we believe that these questions cannot be adequately

answered without, first, developing careful descriptions of "what" is being talked about and "how" it works.

This leads to our only recommendation for others. We suggest that solution-focused therapists and others who hear different versions of the solution-focused therapy rumor ask two questions about these stories: How is solution-focused therapy defined within the stories; What is it that the stories are about? And, do the stories offer adequate descriptions of how solution-focused therapy is done? Solution-focused therapists might raise the latter issue in a different way by asking, does this story adequately describe the concrete details of what I do as a therapist and my clients do in response to me?

Indeed, therapists may find that asking "why" questions is unnecessary once these questions have been adequately answered.

We recognize that this strategy will not lead to final or definitive answers, but it might encourage useful answers. Useful answers help therapists (and others) make sense of the actual practices that are central to doing solution-focused therapy. That is enough for us.

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