

Classic SF paper

Introduction to 'On getting unstuck'

Kirsten Dierolf

de Shazer, S. (1974). On getting unstuck: some change-initiating tactics for getting the family moving. *Family Therapy, 1* (1), 19–26

‘**O**n getting unstuck: some change-initiating tactics for getting the family moving’ is Steve de Shazer’s first published article. In the very first sentences we find him firmly rooted in the systemic ideas of the time. De Shazer speaks about “interventions which deliver a shock to the system and throw it out of equilibrium” as an “effective way to initiate change”(p. 19). The therapist’s task is to design this intervention using “ingenuity and creativity” (p. 26). The whole design and delivery is “a rewarding activity when the maneuver works as planned.” (p. 26). The seminal work “Change” by Watzlawick, Weakland and Fish was published in 1974 , the same year as “Getting Unstuck”. Interestingly, Steve de Shazer only met John Weakland in 1976, two years later. In “Getting Unstuck” Steve de Shazer follows the systemic theory developed at the MRI around that time: it is the task of the therapist to break into the “rigid system” (p. 19) of unsuccessful solutions.

The therapist and the client family are seen as on different sides: an observer and the observed, someone who intervenes and people for whom the intervention is designed. The system that needs unbalancing to enable change consists of the interactions within the family and the agent of the unbalancing is the therapist. De Shazer’s view on the usefulness of this position changes in the ensuing 10 years: in 1984, with

“Death of Resistance”, he moves to a very different view of what happens in therapy. He no longer regards the family interactions as the relevant system. De Shazer includes the therapist in the picture. The interactions of family and therapist in the therapy session become the relevant system. De Shazer also sees this system of interactions as emergent – you can never know what your question was before you hear the client’s answer. Instead of seeing the family interactions as a system that the therapist needs to “break into” (p. 19) (which creates the term “resistance”), de Shazer starts presuming that there is cooperation between family and therapist. Looking for signs of cooperation becomes more relevant and useful than looking for signs of resistance and figuring out how to break into it.

When you peruse “On getting unstuck” for signs of SF as we recognise it today, you will see the initial focus on language. You can also recognise that de Shazer is using assumptions hidden in questions and formulations to help the family change (e.g. establishing “hunches” early in the session). De Shazer advocates using “therapeutic hunches” and stresses the importance of letting the family decide whether they are useful. You could well take this as the beginnings of the “client-as-expert” stance. De Shazer also does not use an external system of diagnosis to generate recommendations of what would be healthy for the clients. I think we sometimes forget how close SF is to systemic approaches when we take this major distinction from other approaches for granted: in both, the client decides what the change is that they want to see and not the outside expert. As de Shazer states, it is important to him to “focus on the immediate source of complaint” (p. 26) and not on anything hidden or whatever can be assumed “behind” the family’s problem. Therapy is about “getting unstuck” and not about creating any standard pre-defined “healthy family”. This major step in the evolution of “constructive therapies” (Hoyt, 1996) was taken in the years around the publication of “On getting unstuck”.

The second strategy de Shazer describes is the “strength

assessment”, where all family members list the good qualities of each other and the family as a whole – helping the family to refocus on what works. “They stop concentrating on the point of conflict and take a look at the whole picture (p. 22)”. This is a strategy that Insoo Kim Berg called “a tap on the shoulder” (Berg & de Shazer, 1994): moving the focus of attention away from the problem toward the resources and exceptions. It is an SF tool that we still use today in many circumstances such as therapy, nursing, education and, of course, organisational consulting, coaching and training.

In “On getting unstuck”, paradoxical interventions are mentioned as a “very versatile technique”. De Shazer later rejected paradoxical interventions because they “are designed to stop something and we aren’t trying to stop anything.” (Hoyt, 1996, p. 63) They can also carry the assumption that the client does not really want to change the problem that he or she came to therapy for. This assumption creates an opposition between therapist and client that SF has learned to do without.

I recommend reading “On getting unstuck” for a number of reasons: it is a really interesting historical document. You can get a feel for the early de Shazer. His sense of humour and mischief and genuine interest in helping people are obvious. When you put the article in its historical environment, you can observe the slight but noticeable differentiations to the therapies of the time: there is focus on getting people “unstuck” rather than using a medical model, focus on what works, and focus on the clients as experts for what they want and what they find useful.

References

- Shazer, S. de. (1984). The death of resistance. *Family Process*, (23), 1–17.
- Berg, I. K., & Shazer, S. de. (1994, c1998). *A tap on the shoulder: Six useful questions in building solutions*. Milwaukee, WI: Brief Family Therapy Center.
- Fisch, R., Watzlawick, P., & Weakland, J. H. (1974). *Change:*

Principles of problem formulation and problem resolution.
New York, London: W.W. Norton.

Nardone, G. (2004). Historic Notes on Brief Strategic Therapy.
Brief Strategic and Systemic Therapy European Review, 4,
65-73.

Hoyt, M. F. (1996). *Constructive therapies*. NY: Guilford.