

Interview

Harry Korman: Making the process of co-construction visible

By Anton Stellamans and Mark McKergow

Harry Korman is a physician specialising in child and adolescent psychiatry. He is the director of SIKT in Malmö where he works with families, children, adults and couples. He supervises and teaches solution focused therapy in a number of areas within the mental health field and parallel fields. He worked in child and adult psychiatry for 15 years before entering into private practice in 1996.

Lately he has become interested in microanalysis of dialogue in therapy and is currently involved in research on this. His most recent publications are "Inbetween" with Mark McKergow and "More than Miracles" with Steve de Shazer, Yvonne Dolan, Terry Trepper, Eric McCollum and Insoo Kim Berg.

How did you get involved with the SF model?

It was a mistake! Martin Söderquist and I and some other colleagues started "the heroin programme" in Malmö in 1983, doing structural strategic family therapy. We did a lot of reading, Milton Erickson, Stanton and Todd on the structural strategic approach, Haley etc and among others we read all Steve de Shazer's papers. At the time mostly papers about hypnosis, his first book on Patterns of Brief Ecosystemic Family Therapy (de Shazer, 1982) and very importantly the Death of Resistance paper (de Shazer, 1984). So in 1987 we invited him over to teach us about strategic family therapy. After about ten minutes, I figured that this was NOT strategic family therapy. He and Insoo did a two day open workshop, and they worked one day with us on the heroin programme, and it completely fucked up everything we were doing.

What did they do that was different?

They started by showing a tape of the ‘cocaine lady’ (later mentioned in the Clues book, de Shazer, 1988). He asked her what she hoped for, and she said that she wanted him to take away her urge for drugs – and he laughed at her! That was a shock – you don’t laugh at clients. They started negotiating and she finally said that she wanted to overcome the urge to do drugs, and he asked if it ever happened that she had managed to overcome the urge – and she said that she hadn’t taken any for three days! It was the elegance and the aesthetics of it that struck me.

He also saw a case with us – the family was a caricature of the literature on addicts and their families: a 30 year old man living with his family, very close to his mother (who was a bit overweight), peripheral father coughing with bronchitis. Whenever the father said anything the mother and son would look at each other and shake their heads – a real pathological family. This was the fifth session, and he had not stopped using drugs yet. We used a Serbo-Croatian interpreter to work with them. Steve started the interview and we realised the interpreter didn’t speak English. So we used two interpreters, Serbo-Croat to Swedish and Swedish to English.

As Steve was talking to them, they behaved normally and non-pathologically! The family told us of their plans to take the son out into the forest at the next weekend and detox him cold turkey. Watching from behind the mirror, we could see that the pathology was not there during his interview. It was a very vivid illustration of second order cybernetics. The eight therapists were really shocked, and we were left wondering if we were *creating* the pathology through the questions we asked.

What made you decide you wanted to learn more about this, rather than saying that this was all wrong?

That was a process of several years. I really liked the elegance and aesthetics of the model. However, we were in

the middle of a big randomised controlled study on structural/strategic family therapy with the heroin project and could not just change what we were doing.

However, I could not help myself but experiment. A couple of days after the workshop I saw a mother and child in paediatrics (I worked as a paediatrician at the time) who came wanting help with the child shitting and peeing in her pants. Having just been to the course, I asked the mother if there were days when her daughter was dry. Yes. When? Last Tuesday. What was different then? The mother answered, thinking out loud, 'Maybe my shoulder wasn't aching as much and maybe I wasn't thinking so much about the divorce'. Getting people to take responsibility for their problems was a big thing in structural/strategic family therapy, and here it was accomplished in about 30 seconds. We talked about how she behaved differently towards the child when she wasn't thinking about her divorce. Then I saw them three weeks later and the girl had been dry since the consultation.

Then I went back to child psychiatry and started experimenting with the small things I knew at the time. I have a very distinct memory of deciding that I wanted to learn SF. I was seeing a family for the second session. Afterwards, there were two interns in the coffee room and I offered to show them the tape of the session. You could see the family waiting in the room while I set the machine running. I come in with all my papers and my file and start getting myself seated – it's a long process. The family is waiting for me to start. Then I can see on the tape that the family thinks I am ready, and I am not. I see on the tape that someone starts telling me about something that's become better, and I can see myself not hearing what they are saying. Then I settle in, and I am done, and I ask my first question, which has nothing to do with what they said. I start by asking about the problem! I can see on the tape the confusion in the family, the reorientation, and they start telling me about everything that's the same, the problem – and we go into a beautiful structural strategic family therapy session, very similar to the

one we had the week before. I saw that I had missed an opportunity to build on what had become better, and I remember talking to myself while watching that tape: I really need to learn to do SFT and I need to learn to do it well.

You got in touch with Steve de Shazer and Insoo at that time?

Yes – we continued to invite them over, to see them at least once a year from then on. SFT snuck itself into our heroin programme.

So do you have an impression of how the model developed?

Not really. I have these ideas, but I'm sure that if Steve were still alive he would not agree with me. At that time it was an exception-based model. Then in the late 80s/early 90s it became more goal focused/miracle question focused. There was a switch at the end of the 80s – therapists shifted from asking about pre-session change and exceptions, to getting more quickly to the miracle question and then asking about parts of the miracle happening already. That was a switch – it simplified the model enormously in my view.

Is there a change in the way you do SFT over those years – things that are more important to you now than when you started?

That's a difficult question. I don't know . . . I hope there is. Like most people I was dabbling with this, trying to make sense of it, learning to deal with vagueness, learning to deal with the different ways that people describe their goals and problems . . . and learning to deal with when they didn't have any problems. I hope I am better at it today than I was twenty years ago, but then again we were recently analysing a tape from 1996 and it's not that different from what I do today. I see from the tape that there were times when I become solution forced – trying to

convince the client that things are better. That very rarely happens now. That's not a difference in my thinking though, it's me being more skilful. I have had a basic structure that I always follow, but maybe there is more variation now.

Say some more about the basic structure.

Either starting with 'what are you good at?', or going directly into 'how would you know this has been useful?' – creating a common project. Then I ask the miracle question, and then look for part of the miracle happening using the miracle scale. Then often some more scales and some work on that – always unpredictable. Then a break, I make a summary, with most often an experiment they can try or something I think would be useful for them to observe.

You have been training people in SFT since when?

Martin Söderquist and I started teaching structural/strategic family therapy with addictions in the 80s. Towards the end of the 80s we noticed that there was more and more SF stuff creeping into our course on structural strategic family therapy. In the early 90s we wrote a book basically about SF, and I think that it was then that we were almost entirely switching to SF. The book was called 'Talk About A Miracle' (Korman and Söderquist, 1994 – available for free download at www.sikt.nu). The middle sections, the most important, are called meeting the addict, meeting the family, meeting the professional network – lots of family therapy influences in that structure, even though it's about SF. So I would say that from the beginning of the 90s we started teaching people SFT.

When you teach SFT now, what is the highlight you try to convey to the students?

I will spend a lot of time on the first few minutes of the first session, when you listen to the complaint and start investigating what people want, ensuring that the client feels heard,

in particular about what they want. I emphasise the ‘common project’ – there is a paper on my website. I do a lot of teaching for social workers, and for them you cannot start by asking the miracle question, the context is not that clear. You can do that in therapy – people come in wanting something to become better as a result of talking so bringing up the topic of what “better” means in their life is natural and simple. Not so in social work. People might come to a social worker wanting a new sofa, and then their answer to the miracle question will be ‘I will have a new sofa’ unless you have been successful in creating a context where talking about a miracle might make sense. It is not the easiest thing to develop an SF dialogue around the difference a new sofa will make in their lives, you can do it but it’s hard.

I try to teach them how to create a context in dialogue where for instance the miracle question makes sense. If you don’t have that basic skill you will get lost very quickly.

How come it was YOU that set up the SFT-L discussion list?

When I got on the internet in the early 90s, I subscribed to a list of child psychiatrists. There were some people in New York who used funds from their university to set up a list-serv, to provide support to people. We talked about it at the first EBTA meeting in Bruges in 1994, and I was the one who had the technical knowledge to make it happen. I remember in particular talking to Yvonne Dolan and Charlie Johnson about it but there were more people involved in making the decision. I could do it for free with the help of the New York people, so I set it off and became the list owner. To me it was extremely important to have that network of SF people around, and for lots of other people too who felt really alone with these concepts where they were working, there were people on the computer who you could talk to. Nowadays there is not so much happening – perhaps it has had its time. When people bring problems, then the list can spring into action.

You have twice mentioned so far the elegance and aesthetics of the model. Did this bring you to microanalyse interactions between therapists and clients?

No, I wouldn't say that. I was in Victoria, Canada doing a workshop and took a long walk with Insoo Kim Berg. We were saying that you can tell in a minute when you are watching a session if this is an SF session or not. However, we were stuck on WHAT it was that told us that. My interest in microanalysis stems from trying to pinpoint what 'it' is.

What are you discovering about 'it' – how does SF differ from other approaches?

I'm not sure if I have a big answer for that one – I may have many small answers. It's a very big question. One of the things we discovered very early on was a particular pattern – when a client says something, the SF therapist will hammer out the parts of that utterance that have to do with goals and solutions. So if a client says that she wants to be a better mother but is such a worthless, worthless person, then an SF therapist will make the choice of highlighting that they want to be a better mother – and there are a million zillion ways to do that. Other therapists will highlight that she feels like such a worthless, worthless person. We see the choice on the tape. It's like when Steve is faced with a client who likes music and drinking – and he asks 'What kind of music?'. This pattern is ongoing and continuous.

Then there are other things, like grounding. The problem may be that the mechanisms of co-creation of meaning in dialogues are probably the same regardless of whether this is an SF session or a CBT session or an ordinary conversation over tea. It's the same fundamentals of language at work. So there is not a big distinct thing that 'this is it'.

We just wrote these two papers on formulations (*Micro-analysis of Formulations: Part I, Observing Co-construction in Psychotherapy* by Peter de Jong, Janet Beavin Bavelas &

Harry Korman, and *Microanalysis of Formulations: Part II, Comparing SFBT, CBT, and MI* by Harry Korman, Janet Beavin Bavelas & Peter de Jong. (Under publication, 2010) and we are starting to look at grounding, the micro-processes of groundings which happen perhaps four to ten times per minute. It may be that there is not much difference in this – it's the smallest meaning making sequence, so regardless of the model, the grounding must move along continuously. If you stop people from grounding (agreeing meaning jointly), then dialogue dies very quickly. So if you, Anton, stop saying 'Mm' now and then... (laughter).

What is your reaction to the idea in the research of Scott Miller and others that it doesn't matter much which therapeutic model you use?

We tend to believe that if people say they are doing CBT, then they are doing it. One of the findings of the common factors people is that the difference between models is smaller than the difference between therapists who are using the same model. So some therapists in a certain camp have 80% of their clients getting better, and others have 30% getting better. That is a very big difference! So I am more interested in individual differences than model-to-model differences. I sincerely believe that some therapists, regardless of how they define themselves, have better outcomes. It would be interesting to compare good and bad therapists in microanalysis, rather than models. We might discover something that is teachable in there.

What are your expectations of what will come out of this research?

I am hoping to find teachable stuff that good therapists do! And in a sense, I am becoming less interested in what SF therapists do and more interested in what good therapists do. We have this belief that using clients' language, working with the client on what they want to get out of therapy, is a

way to a more successful outcome – it would be interesting to see if that’s the case and we are thinking about ways to find out if this is true. It would be a mistake then to limit oneself only to SFBT. What do good (successful) CB-therapists do? Perhaps they are not doing CBT at all, and perhaps the best SFB-therapists are not doing SFBT at all.

You co-wrote an article with Mark McKergow (McKergow and Korman, 2009) about what we do and what we don’t do. Why is it important for you to talk about what we DON’T do?

This comes back to the conversation I had with Insoo in Canada – how do you know that this tape you’re watching is not an SF session and you know that almost instantly. People do things that we don’t do. We haven’t talked much about that. When Mark got up in the Bruges EBTA conference he said things I had thought for a long time, about what we don’t do, and I thought it was time to start talking about it. I think we don’t do cognitive behavioural therapy. I have a gut feeling against it, when people say they are doing SF cognitive behavioural therapy, blurring things – at least in terms of teaching. Maybe they are doing good therapy, but blurring distinctions doesn’t move the field forwards.

What other ways are there in promoting these revolutionary ideas?

I don’t have any plans like that. I am not even sure it’s a useful way to go about it. I don’t think it’s useful to say that everything else is shit. The Inbetween paper for me was finally being clear about this difference. Now it’s been said, there is nothing more to be said.

Is there anything we haven't asked you about that you'd love to talk about?

I am really becoming interested in this grounding stuff, perhaps the smallest units of meaning-making in dialogue, how meaning is built layer by layer in these small rapid sequences. Peter de Jong, Janet Bavelas and I were able to analyse one minute and two seconds in a hard morning's work! It's about understanding and being able to describe what goes on. There is an old experiment (Clark and Schaefer, 1992) of two people doing a task, one instructing the other. Then you add more people in the room who are not allowed to speak, and they perform less well – because they are unable to participate in the dialogue, even though they heard the whole thing. We treat understanding as being in people's heads, but this shows how it is created in dialogue – it's really interesting. The creation of meaning between people, to make co-construction visible, making this whole difficult concept visible, is very fascinating.

Thank you very much.

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