

Looking back and looking forward: an interview with Insoo Kim Berg¹²

JW: When you first moved to Milwaukee I know that you had an ambition to set up the “MRI (Mental Research Institute) of the Midwest”, and I’m curious about when it was that you moved away from doing therapy the way it was done in the MRI and toward a different way that was worth telling people about and that it needed a new name? And how did you come to that conclusion?

IKB: When we first started officially under the official name of Brief Family Therapy Centre (BFTC) in 1978 we didn’t have an office, so we started in our living room. We really were aiming to faithfully reproduce what the MRI was doing and so we just got on and did it with what resources we had. So 1978 went by and we finally had enough money put together to move premises, but we were scared of renting an office because they ask you for a three year commitment, and we didn’t know if we were going to survive for three years. But eventually we did move into an office, and then we had a one way mirror, and we started teaching what was essentially the MRI model.

Then, I think about 1980 or 1981, we started noticing that we were doing something very differently, but we didn’t know what it was. And then there were lots of visitors coming to BFTC because we had a newsletter called the Underground Railroad. I don’t know if you are familiar with the phrase? The term is from the slave days. It was a secret network where people would help out slaves escaping from house to house. We took the name because what we were doing was so different that we wanted to do it as quietly as possible! We started writing the newsletter, Steve became the first and only editor, and people started reading about our work and coming to visit us, so we had a lot of visitors coming and going and that also helped us recognise we were doing something very different from what MRI was doing, because the visitors would keep saying that they thought our way of working was a bit different from the MRI method. So that was the beginning of recognising that we were doing something a little bit different, although we didn’t know exactly what.

JW: At that stage many people might have thought they should try to be more ‘pure’ and thought they were getting the MRI model wrong, but instead you kept going with the difference?

IKB: Yes, absolutely! We wanted to be very pure and we did that for several years, but then we came to recognise that we were not quite doing what the MRI model was saying we should do. The first thing we recognised was different and that became part of solution-focused therapy was the concept of exceptions, and that was the beginning of the whole evolution of solution-focused therapy. We first noticed that we were commenting on solutions instead of problems in 1982, and then after that things started just growing, bursting out. The miracle question first came along in the later part of 1982, and then we added the scaling question and then the other kinds of questions. But I think I would say that the exception was the first thing that we noticed was different.

Steve’s paper, ‘The Death of Resistance’ came out in about 1985 and initially we talked about ‘double vision’, which was considering the client’s view and our view side by side, so whilst clients saw problems we saw solutions. This was the first idea that led to Steve’s first book ‘Patterns of

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Brief Family Therapy'. Even then we were quite sure that solutions were important, and this made it clear to us that the way we were thinking was really different from the MRI.

JW: I wonder what kept you going with that kind of variation, to see if it represented something much more substantial?

IKB: Something, but I don't know what, gave us that clue, that we had an idea that was really interesting but that nobody has ever written about. There is this huge area to talk about called exceptions and times when the problem is not occurring. We became very curious about this and sure enough, in almost every case we found things that the client didn't want to change. We asked that question, "what don't you want to change?" and we experimented with it, asked people at the end of the first session to pay attention to what it was that they would like to keep in their family, what they would like to fling out, what they would like to keep in their life, what was going on in their lives that they wanted to keep happening. This would be at the end of the first session. MRI had this technique 'invariant homo suggestion', and Steve labelled what we were doing as that. And sure enough the clients would come back with answers to our questions, saying, "Oh this is what we want to keep happening, this is what went well."

JW: I have a sense that the question is based on an assumption there will be something, otherwise why ask?

IKB: Exactly, exactly. We saw some glimpse of that, but didn't know quite what that was, so we thought we should try to find out. And we kept going with asking that and making that assumption, because the clients kept coming back to us, and every time we asked they had something to say!

JW: So that reinforced the sensible-ness of the question?

IKB: Exactly! I think that's why we always give credit to the clients, because they encouraged us, their response encouraged us to keep looking for it and looking, because their responses were so enthusiastic, they would brighten up, they would have more energy and so we thought that maybe we are hitting something here.

JW: When did you get the sense that what you were doing had such significance that you should be telling other practitioners about it?

IKB: We wrote a paper in about 1986 where we took the format of the MRI's problem formation and problem resolution model, which they'd written about in a previous paper. What we did was take the exact same format except that we went in the opposite direction and talked about the 'solution formation'. That was the first time we spelled it out, that this is what is going on (at BFTC). But before that Steve had been writing the death of resistance paper in 1984 and it was at that point we first realised that we didn't even have to think about resistance, that if you follow this model you don't even need to go there.

JW: And once you started pinning your colours to the mast and became very overt about what you were doing, what was the response of the therapeutic community at the time?

IKB: We recognised early on that the local therapy community in the Milwaukee area was not really interested. We had more visitors from out of town and out of the country, especially from Europe,

attracted by 'Underground Railroad'. For some reason people from the Scandinavian countries became very interested and so we began to have a lot of visitors coming.

And then we were contacted by Lyman Wynn, from the family therapy field. He is known for writing about schizophrenia and he did a lot of study of schizophrenic families. Anyway, by coincidence Lyman Wynn's daughter lived in Milwaukee. So he and his wife would come to visit their daughter and they heard about us, although we have no idea how. So every time they came to visit their daughter they would say, "Can we come and talk with you?" "Can I come and sit behind the mirror when you are doing work?" "Yes of course!" We were very honoured that someone as well known and respected as Lyman Wynn would want to do that! So then we had lots of conversations with him, and also John Weakland from the MRI continued to visit us. I would say that John Weakland has been our mentor right from the beginning, because we were affiliated with the MRI model. He also recognised we were gradually moving away from them and yet he still got really interested in our work, and we so admired his ability to do that.

JW: That's a tremendous test of a relationship isn't it? When you part company with someone...

IKB: He still kept visiting us once a year. He came to visit us, sat behind a mirror and we would have him stay with us. Steve and John would drink until midnight, they would talk, talk, talk, talk! Anyway, these kind of important people and people gave us a different way of looking at it, because they would say, "Hmm, I wonder...let's think about calling it something else, let's call it...doesn't sound like this, somehow this is different." That stimulated us even more.

Even though we were settled in Milwaukee, we had more out of town visitors than local people and we recognised that we weren't going to influence anybody in Milwaukee, at least partly because we were right there! Looking back, I think that us being situated in Milwaukee was helpful for us, because big cities like New York or Los Angeles or Boston are places where the therapists tend to follow the old model and that are the seat of the old power structure in the therapy world. But nobody expected anything to come out of Milwaukee, so we were left alone to do what we wanted to do, and nobody disturbed us except the visitors who would come and give us this feedback about what we were doing, which just encouraged us to keep going, and which was very helpful.

JW: I wonder whether the local therapists weren't also hearing the rumbling of the underground train!

IKB: Well, some students did. We had to earn money, and when we set ourselves up, the approach that's called 'managed care' was just beginning to be used, and the Midwest was one of the hotbeds in the early stages of managed care. So although we'd never come across it before, we agreed to a contract with a managed care company, and they said they would pay us \$500 for each case we took on, but that was the limit. If we solved the problem in fewer sessions than would cost \$500 then we could keep the extra money, but if it cost us more then we would have to pay for it. We said, "We will do it!", because we knew we could solve problems in a very short time. By that time we had become much more confident. And then, we also spread out to the local community, especially to Social Workers and Probation Officers, and to community mental health centres, schools and other public funded programmes. We spread the word, and we said, "Send one of your most difficult cases to us, don't send us your easy cases, we just want the most difficult cases!" And sure enough they just loved it, because we were willing to take their most difficult cases. We got to be quite good at

that, and so we became very good at working with poor people, and with the under-served in the community. But we rarely got to work with the middle class and upper class people.

JW: I'm curious to ask if you could have, in those early days, looked into a crystal ball through to 2006, seen what's happened with solution-focused therapy today?

IKB: No way! Absolutely no way! We never imagined, and that wasn't our ambition either. We just wanted to be a good clinical centre that served the under-served. I think Steve and I started as clinicians and once you get the clinical work in your blood you cannot get it out of you! So we just wanted to do a good job and write about it. That was our ambition.

JW: So what's happened is way beyond your original ambition?

IKB: Yes, even last summer, before Steve died, we used to still talk about it quite often, and say, "isn't it amazing! Although we never had this kind of ambition we are so grateful that somehow we started out something that has just spread around the world." I'm still astounded by this!

JW: What tips or thoughts could you share with the experienced people who want to take solution-focused working further on?

IKB: Well, I think that the model in the way we know it today has taken a long time to be where it's at right now and I suspect it is going to continue to move on and we don't know in what way. People ask me about, "what is the miracle picture for you?" I have no idea because we've just come so far, way beyond anything we could have possibly imagined, so who knows what's possible from here on? I don't know!

I think the first thing is to educate the young people who are coming into the field. I mean, that's the first part, and the second thing is adapting solution-focused practice to wherever. You saw at the trainers' conference (Amsterdam 2006) how SFBT is spreading throughout the different fields, and now it really has gone outside the boundaries of therapy. There is a huge world out there, and people need to hear about solution-focused working and to learn how to practice it and adapt it to different fields.

People need to hear the spirit of it, it's not just a technique, but it's a willingness to learn from clients, as they are the driving force of this, and some sense of humility, of modesty. It's not about us, it's about the clients and it's about their life and how to make their life better. I think that's a very important part of it. I would say that's what people need to keep remembering.

JW: Finally, I just wondered what you would say to people who are new to solution-focused working and maybe not even been on training but something whets their appetite? What thoughts would you share with them by way of encouragement?

IKB: Well I think that if something about solution-focused working has caught some of their attention, then being aware of whatever that was and sticking with that, staying with it, and learning more about how to make it work, is a good way to start. The things that first catch people's attention seems to be very different for different people, and as a trainer I'm very curious about that. If we knew what that was then maybe we might be able to do better training!

JW: And the ripples continue to go out. Thank you.

