

# **Solution Is Only a Smile Away**

**title given**

**by**

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**formerly**

**Simple Therapy**

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*Less is more.  
What about least?*

## **Preface from a highwayman, ‘the author’**

I was introduced to Solution-Focused Brief Therapy by Dr. Anton Karshutski<sup>1</sup> in 1993.

Then I translated parts of Steve de Shazer<sup>2</sup>'s ‘Putting Difference to Work’ into Bulgarian, listed some thirty questions to him about it in a letter, and sent it in an envelope without address and postal code, as I didn't know these. Interestingly, this letter reached Steve, and he invited me to a workshop he did in Prague...

After this I attended a training month with him and Insoo Kim Berg<sup>3</sup> at the Brief Family Therapy Centre in Milwaukee, having a really wonderful time there with a gang of trainees from around the world. Quite different from each other, we shared the habit of careful listening to clients that we all tried to develop.

Upon leaving, Insoo and Steve wished me the best of luck in meeting clients who can teach me how to do therapy with them.

I happened to have that luck.

Over the years clients brought me to understanding that Their Own Ways are the Highways to Solutions.

So I became a highwayman: started stealing not only their words, phrases, and answers, but also their questions, and in fact everything they brought to therapy with them.

Then I sold it all back to them.

It seemed to work, to be useful for many, and that is how these lines came into being.

Since almost everything in this paper is stolen from clients, they are the real authors of what you will read here.

## **Introduction**

### *Counseling with the simple one*

*If one says something  
Confused and unclear,  
Do not you direct his thought,  
Neither his sorrow, nor his joy.  
Let God show him the way,  
And let wisdom triumph in you.*

Stefko<sup>4</sup>

### **What is Therapy?**

Therapy is a piece of time shared by a client (an individual, a couple, a family, or a group) and a therapist, usually spent in a conversation between them, and meant to be useful for the former.

### **What do therapists need to know about then?**

Before and above all, they need to know about time, conversations, and usefulness.

## **What is time?**

The Free Dictionary: *A particular period or part of duration; a point or portion of duration; the period at which any definite event occurred, or person lived; the duration of one's life; the hours and days which a person has at his disposal; a season; an opportunity; hour of travail, delivery, or parturition; existence in this world as contrasted with immortal life; definite, as contrasted with infinite, duration; a nonspatial continuum in which events occur in apparently irreversible succession from the past through the present to the future; a period designated for a given activity; a period necessary or available for a given activity; a period at one's disposal...*

Ray Cummings<sup>5</sup>, 1922: *Time...is what keeps everything from happening at once.*

## **What is conversation?**

Wikipedia: *Conversation is interactive, more-or-less spontaneous, communication between two or more conversants. Interactivity occurs because contributions to a conversation are response reactions to what has previously been said. Spontaneity occurs because a conversation must proceed, to some extent, and in some way, unpredictably.*

## **How can a therapist make a conversation useful?**

The simplest way is: By telling clients we both need to start our conversation with a possibly most useful question, and then go on with a bunch of other useful questions if necessary.

## Backgrounds of Simple Therapy

**What is its Basis for Reasoning?** (phrase used by Ed Leedskalnin<sup>6</sup>)

*To every thing there is a season, and a time to every purpose under the heaven:*

*A time to be born, and a time to die;*

*A time to plant, and a time to pluck up that which is planted;*

*A time to kill, and a time to heal;*

*A time to break down, and a time to build up;*

*A time to weep, and a time to laugh;*

*A time to mourn, and a time to dance;*

*A time to cast away stones, and a time to gather stones together;*

*A time to embrace, and a time to refrain from embracing;*

*A time to get, and a time to lose;*

*A time to keep, and a time to cast away;*

*A time to rend, and a time to sew;*

*A time to keep silence, and a time to speak;*

*A time to love, and a time to hate;*

*A time of war, and a time of peace.*

*... for there is a time there for every purpose and for every work...*

*... there is nothing better, than that a man should rejoice in his own works; for that is his portion...*

Ecclesiastes<sup>7</sup>, 3

The ‘same’ portion of time is to be born for somebody, while to die for another; to cast away stones for me, and to gather them together for you, etc.

Therapy is a time for both therapist and client to talk.

Their roles are different, however: it is a time for talking, listening, and observing for the therapist, and a time for thinking and talking for the client.

Therapists cannot know, however, **What time is it for the client now.**

No therapist can know this without asking the client. So, he needs to ask about it.

### **What can a therapist possibly know about a client?**

The obvious answer is: Nothing.

### **The Inevitable Ignorance of Therapists**

A therapist cannot be an expert on the content of the therapeutic conversation for an obvious reason: the client knows best her life circumstances.

The therapist cannot be an expert on the process of the therapeutic conversation for a more subtle reason: socially agreed upon time (as stated by clocks and calendars) is NOT the individual or family time of the client(s).

A therapist can be very experienced and knowledgeable, emphatic, understanding, and creative, too. And yet s/he always remains completely ignorant about whether the question s/he asks a particular client in a given moment fits this client and that moment.

It may be the right time and the right question to ask, and it may not be, as well.

So, therapists need to ask clients, besides other things, time and again: what time is it for them now?

Not-knowing is not a stance the therapist takes. It is the only possible way to be in the therapeutic situation.

### **What is the goal of therapy?**

Stated concretely:

On the content level the therapeutic goal is to help clients solve their presenting problems.

On the process level the therapeutic goal is to help clients solve their presenting problems.

Stated more broadly:

The common goal of any therapy is regaining mental health.

## **What is Mental Health?**

Someone, Alasdair Macdonald<sup>20</sup> I guess, said that happiness is the freedom to choose which of various difficulties and disappointments you prefer.

*‘When you have a problem, life is the same damn thing over and over.  
When you no longer have a problem, life is one damn thing after  
another.’*

John H. Weakland<sup>8</sup>

It is a curious fact that while numerous institutions, societies, groups, and persons are concerned with providing mental health, they hardly use a definition of it.

So let us try finding one...

Our human world is designed in a process of thinking about something, then speaking about it, after that comes the doing of it, and finally evaluating what we have done. Then the process is started over, to form what we call progress.

Moving freely and successively along the spiral of Thinking-Questioning-Answering-Doing-Reviewing-Thinking...(THI-QU-AN-DO-RE) is probably what one needs, in order to stay in good mental health.

## **The Mental Health Spiral**

*A student used to think three times before doing something.  
Upon hearing about it, the Teacher said: 'Twice is enough.'*  
Chuang Tzu<sup>9</sup>

Simple Therapy uses this definition:

Mental health is the free successive movement along the Thi-Qu-An-Do-Re spiral.

If one stops somewhere along its cycles (doing the same damn thing over and over again), or jumps across its steps, then she is usually in trouble.

The task of the Simple Therapist then is to help clients rediscover the spiral and start traveling along it again.

*'The more you do something, the better you become in doing it.'*  
Insoo

Traditionally, therapists are trained to do most of the job in therapy. It is only the Doing of what is supposed will help a client, which is reserved for him.

Solution-Focused Brief Therapy changed this former habit. The client has to Think, Answer, Do, and Evaluate his therapy, while the therapist is mostly engaged in Asking his bunch of useful questions.

The question naturally following from there is:

**Do therapists need to ask clients questions, if clients can ask better ones?**

No.

Therapists should try not to do for clients what clients can do for themselves.

So, therapists do not need to provide clients with useful questions, if clients can ask themselves the most useful ones.

Whenever clients can do for themselves all the Thinking, the Asking, the Answering, the Doing, and the Evaluating, therapists can refrain from doing any of these. This is how clients, not therapists, become better in helping themselves.

Practice shows it is not a rare occurrence that clients are capable of doing all that is necessary to solve their problems.

Therapists are there to be curious about it, and to support clients in their endeavors. Observing and listening to clients is all that the Simple Therapist usually does.

It is very much like Mark Twain's<sup>10</sup> Tom Sawyer<sup>11</sup> painting the fence by arranging the scene and observing someone else doing it.

### **The difficulty with not-knowing**

While generally accepted in SFBT, not-knowing is usually perceived as a position, a stance the therapist takes when talking to clients. It is, in fact, as already stated, *the only possible way to be in therapy*.

Educational systems around the world are organized around the idea that knowledge is valuable, so not-knowing is to be avoided, blamed or ashamed of. While in many fields of human activity this may be the case, in therapy this is usually upside down: not-knowing is useful and knowing is what often stands in the way of building appropriate solutions together with clients.

The story of Adam and Eve eating the knowledge tree fruit tries to tell us how knowledge closes our senses to the beauty of the world, making the gardens of Eden look like Hell. Knowing is the seed of prejudice. This is difficult to grasp due to our long practiced habits of learning, knowing, and valuing the stance of being experts on something.

## Historical roots of Simple Therapy

### Yusuf's story, as told by Velichko<sup>12</sup>:

*Once upon a time  
Yusuf asked himself a question,  
Which turned out to be a very difficult one.  
It took a week for Yusuf to answer it,  
But eventually  
He succeeded!  
He had an answer to his question!  
Then Yusuf started wondering:  
"Am I clever, or am I stupid?  
Obviously, I must be very clever,  
As I was able to answer  
Such a difficult question...  
On the other hand,  
I am quite stupid,  
Since it was me who asked the question in the first place,  
Thus making my life so miserable  
For a whole week."  
As he was walking down a street  
Deeply involved in these thoughts,  
Yusuf happened to meet Mustafa.  
Yusuf asked Mustafa the God-damn question,  
And Mustafa said:  
"What do you think about it, Yusuf, my friend?  
What is the answer to this question?"  
Yusuf happily uttered the answer,  
And then very calmed and satisfied,  
He started thinking to himself:  
"Obviously this is a very good question,  
Since Mustafa asked it!  
So I am a clever guy."*

Asking oneself a question is very different from someone else asking you the 'same' question... as now you have to answer not only the question, but the person asking it, too.

## Contemporary roots of Simple Therapy

*'Therapy is just a toolbox, and our questions are simply tools in it.'*  
Steve de Shazer

### **A goldsmith's story, as told by Kevo<sup>13</sup>:**

*"I have a big toolbox  
With all kinds of gold-shaping tools, and I have used them for thirty  
years now...  
And yet, there have been these several times,  
When clients came, wanting to have some ornament,  
Or a piece of jewelry,  
That I had no tool for making.  
Then I had to imagine:  
First of all  
How what the client wants should look like,  
And then design a new tool for making it.  
So I have made over the years many tools of my own...  
Now I have a much bigger toolbox,  
Some of the tools being used only a few times in my life,  
And some of them used only once."*

### **How did Simple Therapy come into being?**

*'... and as you are taking these half steps at a time,  
you have to be constantly aware  
of things that accidentally happen to you,  
and therefore take advantage of whatever happens to you...'*  
Steve de Shazer, personal communication, 1995

## **The Vomiting Girl, a case report:**

*One Saturday morning, a father brought for consultation his 7-year-old daughter complaining of her vomiting everyday for the last week during the second school lesson.*

*When the therapist (Plamen) tried to orient the conversation towards possible exceptions from the problem, girl's strenghts, etc., the father became very upset and refused answering his questions.*

*He declared he has some kind of 'analytical approach', so he refused to talk about anything else but "the cause for her condition, as we can only handle the situation if we know why this happens".*

*At his point in the session the therapist had no idea what to do, so he decided to follow the client, and asked the usually avoided in SFBT 'why' question:*

*- Okay, what do you think is the cause of this problem ?*

*- I think that her teacher in writing is to blame. My daughter has never been physically punished, and this teacher hit her on the head with her massive golden ring when she was not doing some task, so the child reacts to this aggression by vomiting, i.e. refusing to accept such a crude attitude. Maybe we need to change the school she goes to.*

*- Okay, and what does the teacher think about this ?*

*- Well, she says my wife gives the child too many antibiotics on necessary and unnecessary occasions, so she vomits as a side reaction to the drugs...*

*- And what does your wife say ?*

*- She is sure my parents are to blame, as we were out of town for a couple of weeks, they looked after the child at that time, and the problem started right after we came back...*

*- And what do your parents say ?*

*- They think my wife is feeding the child with unsuitable for her age and inappropriate food, and her stomach doesn't accept it.*

*The therapist asked the girl:*

*- Your father thinks it is important to know the cause of this, do you have any idea about it?*

*The father looked shocked by the idea that the little girl might have*

*something to say on the issue, so quite intrigued he also asked:*

*- Yes, what do you think ?*

*The girl thought for some time, and replied:*

*- Well, I think the first time it happened by chance...*

*- By chance ?! - the father said - And what about the other times after ?*

*- Maybe it became a habit of mine.*

*...*

*- So, what are we going to do about it? – the father asked.*

*- Well, if my mother doesn't give me breakfast for a week, I shall have nothing to vomit, so the habit will go away.*

*The therapist said to the father:*

*- I promise to you that absolutely nothing bad will happen to your daughter if she has no breakfast for a week, eating all her other daily meals. Do you think your wife will agree to this?*

*- Yes, if you say so – the father replied.*

*- Okay, I say so.*

*After this session they never showed up again.*

*The therapist happened to meet the father in the street a couple of months later, and he said they didn't call again, as 'after three no-breakfast days', on next Thursday the girl wanted to have her morning meal again. The problem was all gone.*

The above led to formulating one of Simple Therapy's basic tools, **the Final Cut of the Ockham's razor**<sup>14</sup>:

**Everything happens first, and then becomes a habit.**

**How was the Cut confirmed?**

Upon hearing the above story, a father said:

*- Yes, it is exactly what happened to us, too. When our daughter was three, she didn't sleep one night, and then this became a habit of the whole family for the next four years. We tried many and different therapies, but they all failed. She continued screaming and walking*

*around nightly, and we gave up trying to do anything about it. Then, at the age of seven, she just fell asleep one night, and this became a new habit of us all. We sleep quite well for the last couple of years now.*

Different clients state different problem, and find different solutions. One thing remains unchanged: Problems are problematic because they became habitual. Solutions can be solutions only if they become habitual.

Things that happen and then fade away before becoming habitual can be referred of as lost habits. Things that happen and then repeat themselves can grow into habits of different size.

All nations, languages, religions, sciences, traditions, trades, and cultures can be seen simply as habits.

Habit is not our second nature, as usually thought. It is our only nature.

The Cut explains everything: problems as well as solutions. There are no exceptions to it.

Every previous habit forms a part of the context in which new texts appear and develop.

Even though we have the habit of thinking our lives are ruled by cause-and-effect relations, we actually live in a world of context-and-text sequenced habits.

## The Practice of Simple Therapy

### What are the therapeutic tools of Simple Therapy?

Therapy starts with one of

#### The **Opening Questions:**

*What do you think is the most useful question I have to ask you now?*

*What do you think we need to talk about first?*

*What do you think we should do now?*

*What do you think is the most useful question we must answer first?*

When clients put the first question they want to have answered, the therapist simply repeats it, that is he asks the

#### **Echoing (Parrot's) Question.**

If the client's first question is 'Why?', the therapist relies on

#### **The Razor's Final Cut:**

*Everything happens first, and then becomes a habit.*

The therapist usually does not use the Final Cut as a declarative sentence.

Following the Jesuit tradition of SFBT,

(s)he asks the

#### **Why Clearing Questions:**

*When did **this habit happen** first (last)?*

*How often does **this habit happen** lately?*

Upon clearing the 'Why?' question, what usually follows is

#### **The Awakening Question:**

*What are we going to do about it?,*

most often asked by clients themselves.

Then the therapist puts down the clients' answers to this on a

**Prescription:**

From 1 to 5 written tasks, self-appointed by the clients to themselves.

Then the therapist asks for the

**Follow-up Permission:**

*If you let me ask you 6 months from now ... (the Follow-up Questions),*

*please write down your phone number.*

...

After the agreed upon time the therapist contacts the client on the phone to ask the

**Follow-up Questions:**

*How are things going on for you?*

*Was our meeting(s) useful for you?*

## **Do these tools work?**

Yes, with some clients, sometimes. Just like any other tool.

## **How do they work?**

### **The Tools One by One: Rationale, Description, Discussion**

The start of Simple Therapy can be seen as an answer to the question:

#### **Can clients ask useful questions themselves?**

Obviously, therapists don't know and cannot know this, so they have to invite clients to do so, and see if they can handle the job.

If clients succeed, it may happen therapists don't need to use their solution-focused questions, if rendered unnecessary.

If clients fail, they usually invite therapists to use their professional questions, proven to be useful (exceptions, miracles, coping, relationship, scaling, etc.)

## **The Thinking Tool**

*Man gave names to all the animals  
In the beginning, in the beginning  
Man gave names to all the animals  
In the beginning, long time ago...  
Bob Dylan<sup>15</sup>*

... and he chose to give himself the 'Homo Sapiens' name.

This makes sense, simply because before doing anything else, we usually think. Thinking sets the context for most of our other actions.

Therapy needs to start with the client thinking about her situation, and a therapist should try supporting her in this.

## What about the therapist?

*Don't think, but observe!*

Steve de Shazer, following Ludwig Wittgenstein<sup>16</sup>

Since therapists are too busy observing, it is obvious clients need to do all the thinking.

The simplest way to help them do it is by including ‘...what do you think...’ in our questions.

Now even our traditional solution-focused questions look framed in clients’ thoughts:

- *What do you think this miracle will look like?*
- *Where do you think you are on a scale from...?*
- *What do you think will be the next step?*
- *What do you think was useful until now?*
- *What do you think (s)he will see (say, do, etc.)?*

This is how therapy starts with the first Thi-Qu-An-Do-Re step – Thinking.

## How Do Opening Questions Work?

Let us return to the beginning: ... Interactivity (in a conversation) occurs because contributions to a conversation are response reactions to what has previously been said...

In fact every prior utterance in a conversation sets a frame (forms a context) for following exchanges (new texts). Then in their turn, these texts become contexts themselves, etc.

The Opening Questions predefine everything that will happen in the following conversation as mostly useful for the client.

If the therapist asks an Exceptions-Finding Question, for example, right from the start of the conversation, it is just an unframed question.

If, however, he asks it AFTER the client has responded with ‘I don’t know’ to ‘What do you think is the most useful question I can ask now?’, it is already framed as ‘the most useful question the therapist can ask now’.

Stated differently, the Opening Questions set a demand on both therapist and client to have a conversation that is as useful for the client as possible.

These questions serve as a basis for what clients want from the conversation itself, before going to what they want change in their lives.

When clients go to therapists, they expect the conversation to be about their concerns, problems, hopes, and other important matters. Most people go to therapy burdened by the idea that they themselves, or someone else, have done something wrong. Keeping the focus on the client, no matter if that is her past or future, problems’ causes or possible solutions, supports her initial role of someone in trouble, and of someone to be blamed for it.

Focusing the conversation right from the beginning on what the therapist should do, or on the conversation itself, alleviates a lot of the pressure on the client.

The question ‘*What do you think is the most useful question that I can ask you first?*’ implicitly states the therapist’s ignorance about what therapist and client should talk about. This brings about a powerful change in clients’ perceptions and expectations.

Most clients respond to this with laughter, or at least with a smile.

*‘... I don’t know if this is always possible,  
but I want to see clients laugh in the first session...’*

Insoo, personal communication, 1995

There is also another meaning, implicated in the Opening Question to the client:

‘It is all your time now, so you can organize it, if you want to.’

Depending on the client’s answer to the Opening Question, it may happen to be **that** brief:

*CF, a 51-year old male client suffering from schizophrenia for a quarter of a century was brought to the Acute Male Department of Rousse Mental Health Centre by the police after setting several times fire on his balcony.*

*The case history read he left a month before Chicago, Illinois, where he lived and worked as a taxi driver for more than ten years.*

*Upon returning back home, he found it locked. Neighbors told him his mother was in jail after killing his father with a knife some five years before. CF broke into his home, and lived there without electricity and water as he had no money to afford these.*

*It turned out he was setting the balcony fire only to make him some coffee (no electricity available). The client had no contacts with his family for many years, had no wife, friends, or even acquaintances. When asked who his closest person was, he said he used to have a friend once, but haven’t heard of him for fifteen years, and doesn’t remember his name.*

*When released from the acute ward, he was referred to the Day Clinic for rehabilitation.*

*His first Simple Therapy session went like this:*

*T: What do you think is the most useful question I can ask you as a beginning?*

*C: It is – ‘How can I help myself feel a little bit better in the next couple of weeks?’*

*T: Okay. So, how can you help yourself feel a little bit better in the next couple of weeks?*

*C: Well, I need to start reading again. I used to read a lot before, but haven’t read anything for a year or so...*

*T: Okay, is there something in particular you would like to read, or...*

*C: No, no, it doesn’t matter. It can be old newspapers, any book from the shelf, anything. I just have to start reading again.*

*T: Okay, can you help yourself feel a little bit better in the next couple of weeks in some other way, too?*

*C: No, this is all I need to do as a beginning.*

*T: Okay, please, start reading, here is your prescription (it read: Rp./Reading), and we will meet in a couple of weeks to decide how we go on from there...*

*In the second session the client addressed many issues of importance to him, we included the social worker to help him handle these, sent him to the labor ability commission for getting a pension, etc., all these in the order he set.*

It is pretty sure the therapist could never come up with such a useful question from his Solution-Focused toolbox (in fact quite unnecessary in this case). The first session took only some minutes (maybe seconds in fact), and the client had a shortcut to his solution, enough for the moment.

### **How does Echoing work?**

If the client tells the therapist the first question she wants to have answered, the therapist replies with simply repeating the client's question.

*V.S. is a 44-year old female client, living alone, owner of an accounting firm, who was diagnosed with Bipolar Disorder for the last 12 years. After talking with her for about a quarter of an hour about a sailor man who is interested in her, but travels around the world most of his time, this is what happened in the session:*

*T: What do you think is the most useful question I should ask you right now, at 11 a.m. on Friday, 1 of April?*

*C: What is my situation these days?*

*T: So, what is your situation these days?*

*C: Well, at home I can say I am above 50% of my usual self, but at work I cannot reach even 35%. So I have to stop working for now, and*

*to become better at home I need to not sleep for two nights. And I have a plan how to do it - I will clean the house, found some interesting films to watch on the TV, took out a book I want to reread, and will do some gardening at night. The thing is - I should not go to sleep for two nights. So she was told to do these, and received a prescription that read:*

- Rp./*
- no sleep for two nights*
  - cleaning the house*
  - the list of films on TV*
  - the book I want to reread*
  - night gardening*

*On the next session a week after the client said she is in a much better mood, and she can go to work soon, being at 80% at the 'home scale', and hoping to be at least at 60% at work .She told the therapist she had never heard or read of sleep deprivation as a therapeutic tool for bipolar depression, and still she knew somehow she needed to do it.*

Echoing requires leaving all therapists' previous assumptions. In this session, the client's question some therapists might consider the beginning of a 'problem talk series', turned out to be a scaling question under wraps.

The therapist could have never imagined asking a scaling question in such a perfect way, fitting her and her situation that well, and leading directly to a detailed solution-description.

As in this case, Simple Therapy can sometimes be not only single-session, but also single-question. Echoing the client's question and its answers was all that the therapist needed to do here.

Whatever the question put by the client is, the therapist just repeats it, hopefully exactly as the client has stated it.

There is more to this tool:

When we echo the client, the client usually echoes us.

Since our Opening Questions imply ‘*What should I do now?*’, there is a high probability that at a later point in the session the client will ask the therapist and herself the same question (thus awakening herself for the possible solutions).

### **What if there is no question to echo?**

It happens that clients reply with ‘I don’t know’ to the Opening Questions.

Then the classical Solution-Focused Brief Therapy tools come into being. The techniques – Exceptions Finding, Miracle, Scaling, Coping, Relationships, etc. are well described in Insoo’s and Steve’s books. All these questions, however, are now framed as ‘the most useful questions I can ask you’, since this is what we wanted from the client, and she gave us back the right to ask whatever questions we find most useful.

The crucial thing is they are used **only if and when** the client is unable to design a useful therapeutic tool herself. This creates a context of necessity and usefulness of everything the therapist will do instead.

### **How does client’s ‘I don’t know’ response to the Opening Question work?**

Very often therapists see the ‘I don’t know’ response to their questions as bothersome.

In this exchange, however:

- *What do you think is the most useful question we need to answer first?*
- *I don’t know....,*

the therapist is implicitly invited by the client to use his own repertoire of useful questions.

This makes the client much more co-operative and the conversation more useful, as the client has already agreed the therapist uses whatever question he finds appropriate.

## **The Razor's Final Cut?**

Sometimes clients want to know, before anything else, **why** their problem exists.

Then the therapist relies on the Razor's Final Cut.

### **What is the Razor's Final Cut?**

Whenever we deal with the question 'why', we immediately and inevitably face ambiguity over what we search for: causes, or functions. In fact the 'why' is a set of two very different questions:

1. What are the causes of...?, and
2. What is the purpose of...?

This makes the 'why' a problematic question and limits its usefulness.

Even though, any answer (explanation) that is non-judgmental, non-accusing, non-blaming, and solutions-providing is good in therapy. These answers, however, are usually quite rare.

William of Ockham provided us with a valuable guiding tool:

Do not multiply entities without necessity!

In practical terms this means that if we have two or more explanations of something, following the Razor asks us to choose the simpler one.

This implicitly suggests there should be a simplest one explanation to everything.

Luckily, little Annie from the Vomiting Girl case above, told us what this simplest explanation to all our problems, as well to all solutions, is:

***Everything happens first, and then becomes a habit.***

Stated as a declarative statement, however, the Cut may not be working with some clients. That brings about the use of the 'Why' Clearing Questions.

## How do the ‘Why’ Clearing Questions work?

These tools consist of whatever words the therapist chooses to use, combined with one noun, ‘habit’, and one verb ‘happen’ in the form of a question:

*When did this habit happen for the first time?*

*How often does this habit happen lately?*

Whatever the client’s answer, for examples:

‘It happened two (twenty) years ago.’, or

‘It happens once a week (daily).’,

they have accepted the Final Cut as an explanation to their problem.

Therapists don’t need to stay with this ‘explanation’. As already mentioned, any other non-judgmental response to the question ‘Why’, eventually proposed by clients, is also acceptable and can be useful. The important thing is clients go **beyond** this question.

What usually follows after clients have answered the Clearing Questions is: They lose interest in asking ‘why’ anymore, and ‘miraculously’ arrive at...

### **The Awakening Question:**

*What are we going to do about our situation?*

Variants of the Awakening Question can be quite diverse:

*How can I help myself feel better in the next couple of weeks (as in the case above)?*

*How can I get out of this depression – tension loop?*

*What could I do to overcome my panic?*

*How did I solve this before?*

*What else could I do to feel better?*

Upon hearing some of these questions, the therapist takes out his pack of prescription blanks, while again echoing the client’s question:

*Yes, what are you going to do about it?*

Then the therapist puts down the client's answers on a prescription.

### **Prescription? This is what doctors are there for, aren't they?**

*A client rushed into the office, shouting:*

*C: Just give me a prescription for pills! I know you talk too much, and I don't want any talking, just a prescription for pills!*

*T: Okay, but what do you need pills for – anxiety, sleep, tension...*

*C: (interrupting) I said 'Don't talk, just give me my prescription!'*

*The therapist took out his prescriptions pack, wrote something, handed it to the client, and she left.*

*About an hour later the client came back laughing:*

*C: I went to the pharmacy and the pharmacists asked me: 'Who is more crazy – you or your doctor?' He showed the prescription to me and I read: Rp./ Pills...?!'*

*Then we had a conversation about what was troubling her, and she was able to find her way out of it, leaving this time with no prescription in hand.*

We humans tend to perceive written texts as more powerful than spoken words.

In the habit of my culture, when something happens to someone, a common comment is 'It has been written for him.'

A written task has a higher probability of being done, than a spoken one.

Obviously there needs to be at least one task on a prescription, and rarely these are more than four or five.

All tasks are self-prescribed by the clients, and echoed by the therapist.

Prescriptions may include for example:

*Rp./*

- *Cognac with the morning coffee*
- *Embroidering*
- *Smiling more often*
- *Pills*
- *Start smoking a cigarette or two again*
- *Verdi's Requiem*
- *page 108 of 'War and Peace'*
- *talking with friends*
- *sports*
- *fishing*
- *playing chess*
- *going for a week in the mountains*
- *talking to my boss about my work overload*
- *etc.*
- *...*
- *and in fact anything clients prescribe to themselves.*

In some rare cases the prescriptions are two-sided. Once upon a time a client wanted it this way, and several others also made sense of it:

<p><i>To have a good day I will:</i></p> <p><i>Rp./</i></p> <ul style="list-style-type: none"><li>- <i>embroider tapestry</i></li><li>- <i>read love-stories</i></li><li>- <i>have a party with friends</i></li><li>- <i>go for a walk</i></li><li>- <i>go for massage, cosmetics, hairdressing</i></li><li>- <i>jog and swim</i></li></ul>	<p><i>To have a bad day I will:</i></p> <p><i>Rp./</i></p> <ul style="list-style-type: none"><li>- <i>stay alone</i></li><li>- <i>think about my disease heredity</i></li><li>- <i>weep and cry for hours</i></li><li>- <i>smoke a cigarette after another</i></li><li>- <i>take tranquilizers to become a wet rag</i></li><li>- <i>think how lonely and unhappy I am</i></li></ul>
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After all, it is up to the client to decide whether she wants to have a good day (practice solution habits), or a bad day (practice problem habits).

When the prescribing part of the session is done, the therapist goes on with...

### **The Follow-up Permission Quest:**

‘If you let me ask you after... (an agreed upon period of time) *How are things going on for you?* and *Was our meeting(s) useful for you?*, please write down your phone number.’

Most clients readily do this and set a time for the call.

## **How come?**

Over the years in a psychiatric setting many clients and their relatives have stated their wish to be monitored by their therapists even after therapy is over or unnecessary.

In a Balkan culture it is not rare that your therapist is not just that. My father was a surgeon, and some of his former patients still visited him many years after they had an operation, even though no complaints or health problems bothered them, just to have a chat with him.

From the moment clients know they will be contacted by the therapist and asked how they are doing, they need to change not only for themselves, but also for the therapist. This usually increases the chances of their doing whatever is useful for them.

The Follow-up Permission Quest sets a context for whatever clients will do after they leave the therapist's office.

On the date (and sometimes hour) agreed upon, the therapist asks the client on the phone...

### **The Follow-up Questions:**

*How are things going on for you now?*

*Was your meeting three months ago useful for you?*

They remind clients of the solutions discussed, and of the therapist's engagement in their case.

These two questions serve as both therapeutic and research tools.

The clients' answers are collected in a database, allowing for Simple Therapy to be studied for its effectiveness.

By recording clients' answers as part of therapy itself, a nearly 100% sample of all cases can be studied retrospectively.

## **So how long is Simple Therapy?**

It takes as many sessions as necessary, plus one phone call.

It is not a rare occurrence that ST is single-session, and sometimes it happens to be single-question – when the first question the client asks leads her to a satisfying solution.

When more than one question is necessary, this fact remains certain: every following client's question is more useful than the previous.

## **What is the Emotional Tool in Simple Therapy?**

The One and Only Emotional Tool used in this therapy is **Curiosity**. The simple therapist is curious about what his clients want, about how they are going to get it, about their thoughts, utterances, actions and reactions, about what happens outside the therapy room, about everything that might be useful, and about everything of interest to the client.

He is especially curious about what is the question most important to the client in a given moment.

Curiosity stems out of the therapist's radical not-knowing. It makes everything the client says in therapy interesting.

*In a beginner's mind there are many possibilities,  
In the expert's mind there are few.*  
Shunryu Suzuki<sup>17</sup>

All the therapist needs to do is to preserve his beginner's mind. It is not as easy as it may seem.

## Is There Some Theoretical Basis of Simple Therapy?

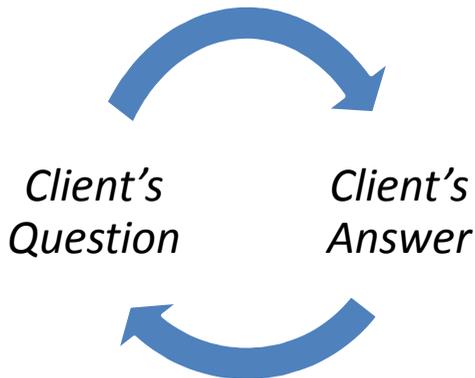
Hardly so.

Many old ideas are new again.

Simple Therapy is founded on the Discovery of **the Therapeutic Wheel**.

The Wheel consists of two parts – clients' questions and clients' answers.

Every question the client asks carries in itself the possible useful answers, and every answer in its turn sets the stage for the next question, as in the Yin-Yan monad:



Many therapists are aware of the fact that adding *answers* to the Wheel prevents it from turning towards the possible solutions.

It takes a step further to realize that adding *questions* to the Wheel can do very much the same.

Refraining from BOTH your own questions and answers leads to therapy, based on the 'Nothing is the Answer to Everything' Zen koan. Note that this, as any other Zen saying, has at least several meanings. Examples include: 'Every question does not get the same answer twice.', and 'Nothingness, or the Buddhist Void or No-mind is part of a

good and useful response to everything, not taking any problem too seriously.’

So, the therapist’s job is to actively and curiously do the nothing in response to everything he comes across.

Simple Therapy is only one practical way of how one can do it.

In a broader sense, the ‘theory’ behind this is Milton Erickson’s principle of utilizing everything the client brings to therapy – phrases, words, complaints, symptoms, questions, answers, or the whole of client’s language and repertoire.

### **The Therapeutic Wheel Law:**

*The less a therapist interferes with the turning of the Wheel,  
The faster it turns towards useful solutions.*

Doing things one’s own way is usually the best way to do them. That is why Simple Therapy is done the client’s own way, sometimes forgetting all therapists’ ways.

The Client’s Own Way is her Highway to Solutions (you read this already in the Preface).

The therapist is a highwayman who steals the client’s map of the road she has chosen, only to show her this same route, and to encourage her take it.

## Some Metaphors

### Simple Therapy as Language-Feed-Back

Psychotherapy can be described as a language-feed-back loop, generating in the client's utterances, mediated by the therapist, and fed back to the client to promote change in his/her behavior.

While most 'traditional' approaches involve quite heavily the therapist in modifying what the client says, Solution-Focused Brief Therapy short-cuts all client-provided CONTENT back to the client.

Simple Therapy goes one step beyond: It feeds back to the client also the PROCESS of how the solution will be reached. It is up to the clients not only to say 'what' they want to see happening in their lives, but also 'how' this will be achieved. Clients become responsible of their therapeutic process, as well as their preferred futures.

If clients have questions of their own at a certain point of time, we ask them FIRST, and then go with our questions (if still necessary). If they don't come up with such questions, this is an invitation for us to go the way we decide. And THEN Solution-Focused questions (our SECOND best choice) make much better sense to them.

It is really amazing how often clients ask solution-focused questions themselves.

If this is not the case in the beginning of the conversation, they can arrive at them sometime later in the session.

The important thing is to address **any** client's issue at high priority, even though the therapist may see it as a dead-end theme. What we, therapists, might consider a waste of time in fact saves time.

Quite often Simple Therapy looks like and feels like 'borrowing the client's ego'. That is why the Simple Therapist needs less of his own ego to do it.

## **Simple Therapy as Mental Rehabilitation**

Helping clients do the Thi-Qu-An-Do-Re themselves can be seen as a kind of mental rehabilitation, or psychological ergo-therapy (Treatment of disease by muscular exercise. Origin: Gr. Ergon, work, + therapeia, to do well.)

With the therapist's assistance in the beginning, clients train their abilities to think, ask useful questions, give useful answers, try out possible solutions, and evaluate them. The more clients themselves practice these, the better they become in doing the whole mental health cycle.

This helps clients not only find solutions to their presenting problems, but also know-how to solve other problems in the future.

## **Simple Therapy as Useful Misunderstanding**

*As there is no understanding, my only hope is that you misunderstand me in a useful way.*  
Steve

Understanding each other is usually impossible due to the obvious fact that we all imply different meanings in the words used in a conversation.

Understanding oneself, however, is quite probable, as we all speak our own languages.

Repeating a client's question may work for her, even though it has remained beyond the therapist's understanding. What is important is that the question makes sense, and this is usually the case with one's own questions and answers.

SFBT is based on a ‘weird’ but useful idea – you don’t need to know anything about a problem in order to solve it. ST adds to this another one of the kind: you don’t need to understand a question in order to make it useful for the client.

## **Therapy as Journey**

Any therapy can be seen as a travel. The questions involved are:

- Where to?
- How?
- Where through?
- At what cost?

<b>Questions</b>	<b>Journey</b>	<b>Therapy</b>
Where to?	Final destination	Goals, miracle pictures, hopes, solutions, renewed exceptions, coping...
How?	Airplane, car, train, bus, taxi, on foot...	Questions
Where through?	Intermediate destinations	Answers to clients’ questions, tasks, experiments...
At what cost?	Lowest fare usually preferred.	Length of therapy, emotional burden, financial cost.

## **What are the abilities and qualities a simple therapist needs?**

*'We've been able to get along because neither of us believes that what takes being a therapist or a human being is always to look someone in the eye; you can live satisfactory without constantly doing this.'*  
John H. Weakland to Steve de Shazer, 1994

*'... I think there is just too much in this world disrespect for each other, human beings, and that is really upsetting, so the reason we spend so much time developing this model has to do with wanting to show professional people how to be respectful of the people they work with, so I guess that's what I consider very holy...'*  
Insoo 1994

To follow John and Insoo, maybe what takes being a therapist or just a human being is:

Re-Fa-Cu-La

- Re-spect for each and every client;
- Fa-ith in each and every client;
- Cu-riosity, stemming out of not knowing; and
- La-ziness. Simple Therapy is for the laziest among therapists.

## **What are the obstacles a simple therapist needs to be aware of?**

Long-term memory prevents simple therapy from happening. The more previous experience interferes with the conversation at hand, the less useful it becomes for the client.

Here knowledge is the other name of prejudice.

Short-term memory is enough. In fact all the therapist needs to remember is the last few utterances of the client.

## **What Is the Time Focus of Simple Therapy?**

*'I have never seen a problem in my life.  
I have only seen talks about problems.'*

Insoo Kim Berg

By default, therapeutic conversations are usually problem-free. Clients almost never DO their problems in a therapeutic conversation. They TALK about problems, these being inevitably in the past. Most traditional forms of therapy are past oriented.

Solution-Focused Brief Therapy made a radical shift towards the client's future, ignoring his past problems and difficulties, and searching to find out only about his past successes, useful coping strategies, and achievements.

Simple Therapy is mostly about the present; about the moment **now**, when we have our conversation, and when problems are non-existent.

### **Why not concentrate on the present moment, then?**

Since the present is an example of how clients want their lives to be in the future, we can use it in a way similar to finding exceptions to the problem.

Very close to the ideas behind Zen meditation and Mindfulness Therapy, we need to be 'in the now' to dissolve any problem. Simple Therapy can be seen as one possible way, among many others, of how to practically do this with clients.

Following Insoo and Steve, many brief therapists also like to hear their clients laugh in the first sessions, and at any other time. And laughter is rarely found in talks about the past and the future. It is most often a happening of the present. Laughing itself means one is in the present moment.

## **Empowering Clients**

The power in a conversation lies with the one who asks the questions. So, the simplest way to empower clients is by having them ask the questions in their therapy conversations.

## Simple Therapy Seeds in Insoo and Steve’s Legacy

### Seed 1

*‘... you always need to be constantly aware of things that **accidentally happen** to you. And to take advantage of whatever accidentally happens... The Miracle Question is an example – a client said something about ‘it would take a miracle’, Insoo heard that word ‘miracle’... these sorts of accidents. If we hadn’t been prepared to look for accidents like this, we would have never learned to use the Miracle Question, it would have faded away... So, you have to be always aware of accidents, as you are walking your half steps at a time, and take advantage of them. Then the accidents may turn you away from what you think is your final goal, but end up at another goal that is just as good... or better.’*

Steve de Shazer, Personal communication, 1994

Besides the many accidental happenings in the author’s clinical practice that led to developing Simple Therapy (see ‘The Vomiting Girl’ above for example), we can take a closer look at the ‘Miracle Accident’ Steve tells us about.

### The Miracle Accident Paths of Development

#### Miracle Accident **Content**

The client wanted to be asked about her miracle.

↓

Insoo asked her about her miracle.

↓

The Miracle Question was developed and refined.

#### Miracle Accident **Process**

The client wanted to be asked her own question.

↓

Insoo asked the client’s own question.

↓

Simple Therapy was developed and refined.

## Seed 2

*'The important ingredient of self-discipline is not imposing your own agenda on the client.'*

Insoo Kim Berg

How are agendas set?

By the questions put at the table.

So, if we want to work with the client's agenda, we have to deal with their questions first.

## Seed 3

*Insoo: I would like to see clients laugh. But I don't know if this is always possible.*

*Steve: That's true. The first thing Joe Burger said the first time he watched therapy, was 'you should try to get everybody laugh at the first session'. And I would like to get a laugh if I can, or at least a good smile...'*

Insoo and Steve, Personal communication 1994

The Opening Questions imply 'I don't know what to ask you.' This turns the therapeutic situation upside-down. Most clients respond with laughter or a smile to it.

## Other Seeds of Simple Therapy

### Single Session Therapy

Elements of ST can be found in many cases of Single Session Therapy. For example, Robert S. Wright confesses: 'As is the case in all the clinical work I do, I will often follow up a single session with a phone call in 3 or 4 months to see how people are doing.'

### Katharina

Sigmund Freud described in 'Studies in Hysteria' (1895) a single-session therapy case. Leaving away his clever explanations and speculations, you can clearly see that following on the client's own question, in this case it was ... "*Yes, I surely was disgusted," she said reflectingly, "But, at what?"* " (p. 92)... led to ... 'After she finished these two series of stories, she stopped. She looked as if changed. The sulky, suffering features were vivified, her look was cheerful, she felt lighter and elated...'

The key therapeutic tool here was simply going along with the client's questions and answers, even though the therapist's vanity prevented him from seeing this.

## Simple Therapy Summary

*'The emphasis on having things "my way" and needing something new each year has distracted us from serious and useful dialogue about what aids people in distress and facilitates change.'*

John H. Weakland

**BEFORE** therapists do anything on their own, They need to have the clients' answers to all present clients' questions. It is not a rare occurrence that **AFTER** that, nothing more is needed for a solution to happen.

The practical guidelines of Simple Therapy are very few:

**Always start the conversation from where the client is, not from where you are!**

**What does the client think she wants from therapy, and in therapy itself?**

**The client's own way is usually better than any of her therapist's ways.**

## **Finale**

Each and every client is not only different from every other, but from herself in a different moment in time. That is why therapy is by necessity always an improvisation.

### **What is improvisation?**

*'Improvisation requires  
a profound process of assimilation  
verging on forgetting.'*  
Paolo Pandolfo<sup>18</sup>

Now I wish you the best of luck in meeting clients who can teach you how to do therapy with them.

## Who is who here?

<sup>1</sup> Dr. Anton Karshutski is a Bulgarian-born psychiatrist living and working in Stockholm after leaving his country in the 1960s when it was under communist rule. In the early 1990s he brought Solution-Focused Brief Therapy back home, and I can never forget him saying: ‘I have worked in the therapy field all my life, but have done only nonsense before I started using the solution-focused approach when I was 64.’ This made me decide I should not lose any more of my professional and personal time.

<sup>2</sup> Steve de Shazer and <sup>3</sup> Insoo Kim Berg are the creators and first developers of Solution-Focused Brief Therapy. Since you read this paper, you should know who Insoo and Steve were. If you don’t, please do know enough about their work before touching on Simple Therapy, if you want to make sense of it.

<sup>4</sup> Stefko is a chronic psychiatric patient, diagnosed with schizophrenia for the more than three decades. He is fond of drawing, writing, and calculating, often combining these in graphics made up of stylized letters, words, numbers, and mathematical symbols sequences. He is a client of the Solutions Centre Rouse rehabilitation services. Quoted here is one of his brief texts.

<sup>5</sup> Ray Cummings was an American science fiction writer. Strictly speaking, he has nothing at all to do with Simple Therapy or any other therapy, but you can never know...

<sup>6</sup> Edward Leedskalnin was a Latvian immigrant to the US, the sole builder of Rock Gate Park in Florida. The form of his ‘A Book in Every Home’ is used here to encourage readers to think themselves instead of just follow the author. Its Preface says: ‘*Reader, if for any reason you do not like the things I say in this little book, I left just as much space as I used, so you can write your own opinion opposite it and see if you can do better.*’

<sup>7</sup> No one knows for sure who Ecclesiastes was. Some believe king Solomon was hiding behind this name, a piece of information which has no practical significance at all.

<sup>8</sup> John H. Weakland was one of the founders of brief and family psychotherapy. Mentor, colleague, and friend of Steve de Shazer; this quotation is from a late conversation between them.

<sup>9</sup> Chuang Tzu was a Chinese philosopher. Very little, nothing in fact is known about his life. His words and stories are translated time and again into diverse languages, and are still read by many.

<sup>10</sup> Mark Twain was an American writer, and <sup>11</sup> Tom Sawyer – the main character in his probably best known novel. You should have read it as a child.

<sup>12</sup> Rev. Velichko Mihailov is an Orthodox Christian priest and a friend of mine, living in Canada for the last dozen of years. I miss him.

<sup>13</sup> Kevo is my neighbor, a goldsmith – and a very good one. He told me this story over a drink or two. He is also a friend, and a nice guy; plays backgammon, and sings very well beautiful folk songs.

<sup>14</sup> William of Ockham was an English logician, theologian and Franciscan friar. He is suspected of having said "entities must not be multiplied beyond necessity" (*entia non sunt multiplicanda praeter necessitatem*), but this is probably just a rumor. This 'razor' is in fact borrowed from ancient Greek thinkers, and is supposed to be a basic scientific tool, 'shaving away' unnecessary assumptions.

<sup>15</sup> Bob Dylan (born Robert Allen Zimmerman) is an American singer-songwriter, musician, poet and painter. Everyone knows at least one or two of his songs. In a 2004 interview he remarked: 'You're born, you

know, the wrong names, wrong parents. I mean, that happens. You call yourself what you want to call yourself. This is the land of the free.'

<sup>16</sup> Ludwig Wittgenstein was an Austrian-born philosopher, perceived by Steve de Shazer as a therapist in the world of philosophy.

<sup>17</sup> Shunryu Suzuki was a Zen Master who said some useful things in his life, for example: "The way that helps will not be the same; it changes according to the situation."

<sup>18</sup> Paolo Pandolfo is an Italian virtuoso player, composer, and teacher of music for the viola da gamba. You should hear at least some of his ever enchanting improvisations on this marvelous instrument.

<sup>19</sup> I happened to meet Aoki-san, or Yasuteru Aoki, at 8 p.m. on 20 September 2012 in the Ian Olbracht pub in Torun, Poland. He is Japanese, you know, so after a beer or two I asked him something about Zen. He knew nothing about it. Two days later he changed the title of this text. Then I restored the original place of a couple of inverted commas, and removed an already unnecessary name. This is how the present shape of this reading was formed.

<sup>20</sup> Alasdair Macdonald, MD is a person I am really honored and happy to know. He is a SFBT practitioner, trainer, researcher, and developer. Dr Macdonald contributed to this booklet not only this saying; he was the first to read, suggest some very useful changes, and review it. Before and above all, he inspired it.

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*'Learn of the pine from the pine;  
learn of the bamboo from the bamboo.'*

Matsuo Basho

Don't search for the road,  
Go where it is not,  
And you will find a way.