
SKELETON KEYS

Most of the writing on brief therapy, systemic therapy, and strategic therapy has focused on tailor-made interventions designed for idiosyncratic situations. However, this chapter and Chapter 9 describe interventions that have been found useful with a wide variety of difficult situations. Coincidentally with our work, Selvini-Palazzoli and Prata (1980) invented an invariant prescription which they use across the board with families ("hopeless cases"). They suggest that in this prescription they have "found the springboard to get to the heart of the problem. Furthermore, this was *without* considering a lot of details that could get us off the track" (emphasis added). Both their prescription (which follows a formula) and our "formula tasks" (each of which are standardized) suggest something about the nature of therapeutic intervention and change which has not been clearly described before: Interventions can initiate change without the therapist's first understanding, in any detail, what has been going on.

But what is going on here? Both the BFTC team and the Milan team seem to think that the therapist need not know many details of the complaint in order to at least initiate the solution of the problem. The interventions, therefore, need only prompt the initiation of some *new* behavior patterns. The exact nature of the trouble does not seem important to effectively generating solutions, because the intervention needs only to fit. Just a skeleton key is called for, not the one-and-only key designed to specifically match the specific lock.

de Shazer
Keys to Solution
Brief Th

WRITE, READ, AND BURN

I developed the first of what we now call "formula interventions" for a specific case in 1969. A young woman had broken up with her boyfriend, much against her will. For months after the breakup she had obsessed about this, dreamt about this, and blamed herself – trying to figure out what she had done wrong. She remembered the good things that had happened and she remembered the bad, mainly the unreasonable and unexpected end to a relationship she thought was heading toward marriage. At the time of the first session, these thoughts had progressed to nightmares. She thought about him all day – and all night too.

After explaining to her that it was normal to have thought a lot about these things and that she needed to think about these things in order to get over the hurt and pain, I gave her the following task as a way of concentrating her efforts so that she could get on with life.

- (1) She was to find a comfortable place in which she could spend one quiet hour by herself each day at the same time. She was to spend at least one hour, but no more than an hour and a half, every day working on concentrating her efforts by:
- (2) on odd numbered days, writing down all her good and bad memories about her ex-boyfriend. She was to write for the whole period, but no more than one and a half hours, even if this meant writing the same five sentences over and over. Then,
- (3) on even numbered days, she was to read the previous day's notes and then burn them.
- (4) If these unwanted thoughts came to her at other, unscheduled times, she was to either say to herself, "I have other things to think about now; I'll think about this at my regular time," or make a note to remind herself to concentrate on these thoughts during the regular time.

Within three days the nightmares stopped, and the "obsessive thoughts" stopped by the fifth day. Then she discontinued the write-read-burn task because she had better things to do.

The write-read-burn ritual needs to be delivered with confidence by the therapist because the switch from thinking about something to writing about the same thing and then burning it might seem a rather improbable solution to some clients. Over the years, clients have explained how this works:

- (1) it objectifies their concerns or makes them more concrete;
- (2) not thinking the troublesome thoughts is easier because there is a scheduled time for this kind of thinking;
- (3) since the "bad" thoughts are no longer forbidden, thinking about other things becomes easier;
- (4) the troubles literally go up in smoke; and
- (5) the client realizes that he or she has "better things to do."

This formula is useful when the client complains of "obsessive thoughts" or "depressing thoughts." Most frequently, clients write no more than three times before they find better things to do and the troublesome thoughts are gone. Sometimes, people turn these notes into diaries. The therapist might suggest that if they cannot bring themselves to burn these notes, then they need to start a new diary when the unwanted thoughts have been gone for a week or two. In fact, the task can be drastically modified and still be effective. Recently, a man going through an unwanted divorce complained of thinking so much about it that it was interfering with his work. He was given the write-read-burn task. In the following session, three weeks later, he reported having his thoughts well under control, which he did by following only the fourth step in the ritual: scheduling a time for the next day. Then, on the next day he would keep himself so busy

that he did not have time to think. After five or six days he no longer found even this to be necessary.

THE STRUCTURED FIGHT TASK

In 1974 I invented the "structured fight" task to fit a particular couple's troublesome situation, with some surprising results (de Skazer, 1977). This formula has been found useful in the process of promoting solution when both people complain about their arguments or fights. The ritual involves these steps:

- (1) Toss a coin to decide who goes first.
- (2) The winner gets to bitch for 10 uninterrupted minutes.
- (3) Then the other person gets a 10-minute turn.
- (4) Then there needs to be 10 minutes of silence before another round is started with a coin toss.

This intervention is specifically designed to fit situations in which both partners simultaneously complain about fights or arguments that seem never to settle anything. It is not useful in finding solutions for the wider range of complaints clients bring to therapists, i.e., if only one of the spouses is complaining about the arguments. However, the transferability of these two "formula tasks" gave us the idea that properly constructed tasks could be used again and again with little modification in a variety of similar cases. The same solution can be used over and over again without regard to the specific details of the complaint.

"DO SOMETHING DIFFERENT"

The "do something different" task was invented in 1978 to fit one specific case. The results the family reported prompted us to develop a formula version for other similar cases. The criteria for use of this formula were quickly recognized: One person is complaining about the behavior of another person and, having tried "everything," has become stuck reacting in

the same way over and over while the troublesome behavior continues. The wording for the task has become quite standardized. In this case the message is being given to the parents of a teenage girl.

Between now and next time we meet, we would like each of you once to, do something different, when you catch Mary watching TV instead of doing what she needs to be doing, no matter how strange or weird or off-the-wall what you do might seem. The only important thing is that whatever you decide to do, you need to, do something different.

The "do something different" task is readily transferable to a wide variety of cases, in part because the wording is nonspecific. Since we do not prescribe a particular action, the clients can choose from a very wide range of possible ways to cooperate. Furthermore, the wording can be readily adapted by the therapist to fit the specifics of a case. Another distinct advantage is that therapists do not need to know specifically what it is the clients are already doing in order to use these formulas; that is, the complaint can be very vaguely constructed. This is fortunate since some clients find it very difficult to be specific in describing their own behavior in therapy sessions.

This skeleton key, "do something different," fits particular situations and yet is so generalized that it can be transferred from situation to situation without a lot of variation. Complaints seem to be structured very similarly across situations. A "spontaneous" small change in response to a generalized directive, "do something different," can prompt solutions. Quite frequently, the therapist cannot begin to predict what different response the clients will spontaneously develop.

Simply, solutions involve doing something different from what was done before that did not work. An example from outside the therapy situation illustrates this quite well.

COP BREATHES FEAR INTO BOY

Wichita, Kan. — AP— A 10-year-old boy told police he broke into a school to retrieve his homework so he could do it, but the confession came only after an officer threatened to hold his breath until the boy talked, police said.

Officers alerted to a prowler at a Wichita elementary school Sunday morning found the 10-year-old wandering around the building. The boy refused to talk, so officers took him in for questioning, according to a police report.

"When officers were unable to convince [him] to confess his intent, a mighty battle of wits began between the suspect and Lt. David Warry," the police report said.

The boy stood firm in the face of repeated questioning, saying little more than his name, according to the report.

"In exasperation, the lieutenant threatened to hold his breath until [the boy] confessed," the report said.

"This proved to be too much, and he blurted out that he had broken into the school to retrieve his homework so he wouldn't get a zero when school opened Monday" (*Milwaukee Journal*, 31 January 1984).

The particular complaint or type of complaint does not seem to matter much, and the particular different thing done does not seem to matter much either, as long as it is different enough and/or effective *and* it fits.

When clients describe what is troubling them, they usually describe all the "different" things they have found ineffective. However, a closer examination of these approaches frequently reveals that all of them are within the same logical class; they were, therefore, not different enough. Punishment is punishment, whether it be grounding, restricting, or yelling. Telling oneself to lose weight, dieting, having the doctor tell you to lose weight—all are the same class of behaviors if they do not produce the desired results. (Telling oneself or being

told to start being a thin person might work.) Since clients seem not to find the different thing to do or the thing to do differently, they continue to complain.

How complaints develop in most cases is actually unknown. But we might (re)construct a history as if involving a whole tree of either/or decisions: (1) if the husband's coming home late is seen as normal the branch ends, if abnormal, the branch continues, and splits into (2) either he is bad or mad; (3) if bad, then a negative consequence is called for, if mad, treatment is called for. However, this is too simple because any split represents the frames of two people (husband and wife), and the fight is on over the interpretation given to the situation. When the decision "this is a bad husband and, therefore, he needs to be chastised" is called into question by the lack of results, then, rather than considering the behavior normal and ending their attempts to stop the lateness, they switch labels from bad to mad, and seek treatment, because they are still labeling it a "problem."

Frequently, the "do something different" task is most useful when clients complain about the ineffectiveness of their reaction to some repeating sequence of events, e.g., a child has temper tantrums to which the parents react in the same ineffective fashion. This direct but nonspecific intervention offers clients a wide range of possible new behaviors and insures that the chosen behavior will be something that fits for them and is not outside their bounds of possibility.

Case Example: Oreo Cookies

An eight-year-old boy was throwing temper tantrums both at home and in school. Typically he was given "time-outs" and lectures and sometimes spanked. But this approach did not stop the tantrums. Then both parents and school tried to reward him during the intervals between tantrums, but that did not work. The parents frequently found themselves yelling at the boy while the boy threw his tantrums. At the end of a session with just the parents, the therapist told them to, "Do something different next time Josh throws a tantrum,

no matter how strange, or weird, or off-the-wall what you do might seem. The only important thing is that whatever you decide to do, you need to, do something different."

During the next tantrum father gave Josh a cookie without saying a single word. The tantrum stopped. When mother next witnessed a tantrum, she danced circles around the boy while he kicked and screamed. That tantrum stopped. Subsequently, neither the parents nor the school reported any tantrums. Both the cookie-giving and the dancing were behaviors previously excluded from the tantrum pattern, and their use proved different enough to prompt solution.

At first glance this solution appears to be counter-intuitive. Why should the cookie not serve as a reward or reinforcement rather than as a solution to the tantrum situation? It might seem as if father's behavior would promote tantrums rather than stop them, but it did not, because the tantrum-cookie sequence marked a new context in which the child did not know what to expect from father except that he knew he could not expect the usual attempts to stop the tantrum by punishments, lectures, or time-outs. It is possible that if the boy had thrown another tantrum and Dad gave him a cookie again rather than doing something else different, then the cookie might become a reinforcement. But, as it stands, the unique reaction proved a solution.

Case Example: Fear of the Unknown

Another couple, faced with similar tantrums and given the same task, reported that they had been unable to think of anything different to do. The need had never arisen, since their son had thrown no tantrums during the two-week interval. Unlike the first case, the boy had been present when the "do something different" task was assigned. The therapist then asked the boy about this lack of tantrums, and the boy replied, "I used to know exactly what they would do, but now I don't." He decided that rather than find out what different things his parents might do, he would just stop having tantrums. In this case, the parents did not have to think of

something different to do because the boy found something different to do and the tantrums ceased completely.

*Case Example: Bullshit**

After a year and a half of therapy that "was going nowhere," the parents brought their complaints about their 16-year-old son to new therapists. They complained about how "stupid" and "trite" Wayne's lies were; nonetheless, the parents still found them difficult to endure. They could not understand *why* Wayne needed to lie so much. They felt that they had tried everything: lectures, swatting, grounding, restricting him in other ways. But "nothing works with him."

After complimenting the parents on their persistence in this matter, the therapist commented that he was sure that the team had only seen the "tip of the iceberg." He suggested that they should not change anything yet, because things might get worse. The team also asked the family to observe, between sessions, what happened in their family that they wanted to continue to have happen. (See Chapter 9 for a detailed study of this "first session task".)

In the second session, the family talked for over a half hour about all the things they would like to continue to happen. When the therapist tried once again to set a concrete goal, the family found this impossible. They would "just know" because Wayne would be "feeling better about himself."

The team was struck by the family's sense of humor and told them that, as well as how impressed they were with the number of things they wanted to see continue. They continued with the following message:

The team is split and confused by the difficulties you express and how best to correct them.

(1) One team member says that there must be some deep underlying problem that is motivating this lying

*Steve Hunter and Arnold Woodruff, Youth Service Bureau, McHenry County, Illinois, reported on this therapy done by their team.

and stuff, and said something (vaguely) about some sort of complex that I don't understand. She feels that before we can figure this out, Wayne has to tell the most obvious and outrageous lie of his life with everyone in the family and every clue pointing at him. And that the absurdity of the situation will create the conditions under which everyone will understand "why" Wayne lies.

(2) A second team member feels that you are basically on the right track and should keep doing what you are doing in staying together as a team. In fact, this team member feels that Wayne's behavior may be keeping you together as a team. And that you should continue counseling and that, the next time Wayne lies, do something different, something that Wayne cannot expect.

(3) A third team member feels you are moving too far too fast with things and that you should go slow and be cautious about any further changes until you know "why" Wayne lies.

(4) I am thoroughly confused and exhausted by all this but think that all of you need to go home and think about, or get a clear sense of, when you'll know Wayne is better.

Three weeks later, the family reported that it had been a good interval, the one exception being the night Wayne came home three hours late and told the most outrageous lies. This convinced father that next time he needed to do something outrageously different. He decided to buy some cattle droppings from a neighbor and rub Wayne's face in the bullshit when next he was caught in a lie. Understandably, his wife would not let him do it, so he went to a novelty shop and bought a can labeled "bullshit repellent," which he had ready. The next time Wayne lied, father sprayed him with this. After the initial shock, everyone present saw the humor in the situation. Subsequently, during the rest of the interval

(over two weeks) the parents did not catch Wayne in a single lie (a record period of time).

The therapist complimented Wayne on his performance of the "outrageous lie" task, father on his performance of the "outrageously different" task, and mother on two things, her good sense and her ability to stay out of these things between father and son (which was a different thing for her to do). The team warned the family about the process of change being three steps forward, two back, and suggested they watch out for the possibility of yet more outrageous lies. Father said he was ready.

The fourth session, which was held three weeks later, was opened with this question: "How many times did you need to repel Wayne's bullshit?" Father reported no need for the repellent and that he had found some "straightforward" ways to deal with Wayne the one or two times he thought he was lying. It turned out, however, that in both instances Wayne was being truthful.

After complimenting the family on the changes and worrying about future relapses, the team scheduled a "follow-up session" in two months, suggesting that the family might decide to cancel that if there was no need at that point.

Case Example: A Touch Is Worth Many Words

A mother complained about her 14-year-old deaf son's temper tantrums. When he was home from his residential school for only a weekend, things went fine. However, when he was home for an extended vacation, after a few days he would start to fight with Andy, his 11-year-old brother, refuse to do what he was told, make angry faces, slam doors, and run out of the house. This sort of behavior also occurred at school when he did not go home for a weekend. Once, immediately prior to the scheduling of the first session, mother and son's conflict had become physical.

During the first session it immediately became clear that all three cared deeply about one another. Although Jimmy

said, "They talk funny," the mother's and Andy's signing was clear enough for Jimmy and the interpreter. Mother described her efforts to care for Jimmy and the difficult decision to place him in a residential school for his own best interest. He agreed that this school was better for him. Both of them described how pleasant things could be on the weekends, but expressed a lot of fear about the coming three-week holiday.

During the consulting break, the interpreter thought that Jimmy would have a difficult time understanding what we meant if we told him to "do something different." Remembering that mother had mentioned times when each surprised the other, the task was modified.

The therapist suggested that during the next week, if either of them thought things were getting close to another tantrum, then both of them should somehow pleasantly surprise the other. In fact, even when there were no "almost" tantrums, they were still to find a way to pleasantly surprise each other. Neither of them was to identify the surprise or ask, "Was that your surprise?" They were each to see if they could figure out how they were being surprised. The younger brother was given the job of observing this and reporting on how each of them surprised the other.

In the next session, Andy was able to tell us about the various surprises that he had observed. It had proved a hassle-free week, and the boys found ways to cooperate rather than fight. During this session it became clear that at least some of Jimmy's tantrums were part of a deliberate "game" of exaggeration. Sometimes mother's and Andy's misunderstanding of this ended in chaos. Neither his brother nor mother had been aware of this.

The therapist asked Jimmy to pretend to have a tantrum or to play this game at least once in the coming two-week period. Mother and brother were to guess when he was pretending and when he was serious. If they thought he was pretending, mother was to hug Jimmy, and Andy was to give him a brotherly squeeze on the arm. The idea behind this, which was not explained to them, was for mother and brother to communicate nonverbally with the deaf boy, which might

be more real for him. This proved effective. In the next session, both mother and Andy reported following through, but since they had been unable to tell if the "tantrums" were real or pretend, they had physical contact "just in case." Jimmy said he was "pretending" all the time. In a subsequent phone conversation, mother reported that she could not tell real from pretend and had decided to treat all as pretend, "A hug is always the better thing." This seems to have eliminated the complaints both at home and at school.

Case Example: Anticipation

A young woman was very concerned about how depressed her husband was when he returned after a few days out of town. Each week he would spend two or three days out of town on business. When he walked in the front door of their house, he always seemed down-and-out. For the first couple of months, she tried cheering him up, but this did not work. He would just withdraw to his workshop. She tried talking with him about his feelings at various times, but he always said, "Nothing is wrong." She was afraid that he was not looking forward to coming home. She tried to make things especially cheerful, including having his best friends over when he returned or making his favorite meal. This did not work either and she became more worried. She asked her parents and her in-laws for advice, but they could not suggest anything except continuing to be cheerful in the face of his depression and her fears.

After hearing this description, the therapist told her to spend some time while her husband was gone figuring out what she thought her husband would be expecting her to do. Once she figured this out she was to "do something different." He told her that anything might make a difference and break this habit.

While her husband was out of town, she decided that what he would least be expecting was for her not to be home when he got there. She left a note on the kitchen door telling him that she would be home late. While he waited for her, he

prepared his own dinner. He was not at all depressed when she arrived. The following week she was still painting the bathroom when he returned and he fixed dinner for both of them and gave no sign of feeling depressed. She decided that he had been feeling bad because she had been showing signs of missing him and so he felt guilty about having to be out of town so much. She decided that she would no longer let him know his being gone bothered her so much.

The "do something different" task seems to promote some random, or apparently random, behaviors in clients, allowing them to alter the sequences of behavior that are part of the complaints they brought to therapy. In part, this task seems to work because it reaffirms to the clients the therapist's expectation that change can and will happen, and that they, the clients, can change and solve the problem.

This task seems most useful when the complaint is an interactional one, i.e., when the parents are complaining about their child's behavior and/or their reactions to it, or one spouse is complaining about the behavior of the other and/or their reactions to it. The same idea, that it is necessary to "do something different," also applies when the person is complaining about his own behavior, but a different task seems more useful.

"PAY ATTENTION TO WHAT YOU DO WHEN YOU OVERCOME THE URGE TO . . ."

The main variation of the "do something different" task, "pay attention to what you do when you overcome the temptation or urge to . . ." (e.g., act depressed, overeat, yell at your spouse, get drunk), was designed for use when a person is complaining about his/her *own* behavior or about himself in some way.

Any complaint can be seen as if involving a rule, or a set of rules, which determines behavior. However, there are also exceptions to that rule. That is, although clients tend to say that the troublesome behavior *always* happens, there are some more or less similar conditions under which it does not

happen. These exceptions can frequently serve as the best model upon which to build interventions because the behavior involved is already part of the clients' repertoire; consequently, the intervention will automatically fit. It will also be different because the exception is applied to the rule-bound situation, where it can serve as something new or random and thereby stand some chance of prompting new or different responses. Of course, pointing out this exception to clients may well not be very useful because of their "always" label on the behavior(s). They cannot see the exception as an exception; they see it as accidental and unrelated. It seems more useful for the therapist to help create a context in which clients can discover for themselves that some exceptions are possible and can be useful. The task, "pay attention to what you do when you overcome the temptation to . . .," was designed specifically to help clients and therapist alike discover (and use) the exceptions to the rule.

Case Example: Flashback

A young woman came to therapy concerned that she might relapse into heavy drug use. Two years earlier she had successfully stopped using heroin and cocaine and even stopped smoking marijuana. Recently she had been more and more tempted to return to the old habits. As the urges increased she found herself cutting herself off from people and activities. At the first session she was asked to "pay attention to what you do when you overcome the urges to return to the old patterns involving drugs."

One week later she reported more activities, more social contacts, and no failures to overcome the urges. The task was repeated, and during the next session (two weeks after the second) she reported far fewer urges and more activities. Without the therapist's suggestion, she requested that the task be repeated, and the therapist gladly went along with the request. In the final session, two weeks later, she reported that the temptations had stopped and she was able to find time to relax and do nothing without the return of the urges.

The frame suggested by this task presupposes that the client (and clients in general) *will* overcome the urges or temptations (her frame suggested that the temptations would become too strong to resist) at least some of the time, and that the client will, perhaps, do something different in order to overcome the urges. The construction of the task is also meant to help the client pay attention to what she does, i.e., her behavior, rather than some interior state. In the session following the assignment of this task, the therapist frequently opens with a question such as, "Well, what did you do when you overcame the temptations during this past week?" This question presupposes that change has happened and that the client has done something to overcome at least some of the temptations. Regardless of the client's response, she is encouraged to see and use tools which she already has to overcome the temptation to "go back to the old way." Once the either/or thinking is reframed to include the excluded classes of behavior, the client will be able to do something different that fits for her, since it is her own, rather than the therapist's, idea.

Case Example: Who's First?

A mother and her 15-year-old son came to therapy because they both wanted to stop smoking. After exploring all the reasons for stopping or not stopping, the team gave the following variation of this homework task:*

Between now and next session, pay attention to what you do when you overcome the temptation to smoke and pay attention to what the other one does when he or she overcomes the temptation to smoke. Half the team thinks that you, mother, will stop smoking.

*This task, rather than the "do something different" task, was used because both mother and son were essentially making complaints about their own behavior, not about each other's smoking. If each had been complaining about the other, then the "do something different" task might have been more useful.

first, while the other half thinks that the son will stop first. We don't know when you two will stop.

The message from the team presupposes that *both* mother and son will stop smoking, the question now being who will stop first and when. One week later, both mother and son reported smoking far less and described in detail the various alternate activities they found for themselves separately and together. The team again wondered who would quit first. Eventually (after a total of five sessions, all including this same message from the team) both quit on the same day, each claiming to have been first!

Eight months later neither was smoking.

Case Example: The Silent Critic

An older woman came to therapy because she wanted to keep her job five more years until she retired. But at this point she found herself becoming critical of her boss. Each time this had happened in the past, she had spoken up and lost her job. At her age she feared looking for another job. She cared about this boss and was afraid that his careless bookkeeping was going to lead to trouble. Every day the pressure became worse as she found difficulty after difficulty. The day before the first session, she felt so pressured by her helpful urges that she had to quit early to prevent speaking up.

The therapist, after complimenting her on withstanding the pressure, asked her to count the number of urges she felt each day and to pay attention to what she did to overcome these urges. Each day she reported experiencing 15 to 20 urges. She overcame them all by shifting tasks, calling a friend, chewing gum, watering plants, and once by correcting the mistake without mentioning doing so, even though this was not her job. Her boss noticed this correction and was pleased with her initiative. But she was still afraid that he would fire her if she pointed out mistakes or she corrected them on her own.

After complimenting her on the ways she found to overcome the urges and on taking the initiative, the therapist remarked that her boss was lucky to have someone so sensitive working for him and wondered if he knew how lucky he was. He gave her the same task.

Again she found things to do instead of being critical. This turned out to be a good thing for her when her boss complimented her on "not mothering" him. This reinforced her decision not to become critical. However, she felt the pressure increased. To overcome the temptations, she took on more and more responsibility for various tasks around the office, including correcting errors without being told.

Six months later, he gave her a substantial raise because she was so conscientious about her work and able to work without a lot of directives.

CONCLUSION

The formula interventions and the case material illustrate the creativity of clients and the resources they already have before they come to therapy. In some sense, the therapy really adds nothing (the Wizard of Oz technique): The therapist does not tell the clients what to do differently and does not teach the clients any new techniques. These interventions are minimally intrusive and yet their impact seems inordinately large. The ripple effect or the concept of wholism gives us some notions about how a small difference can become a big enough difference.