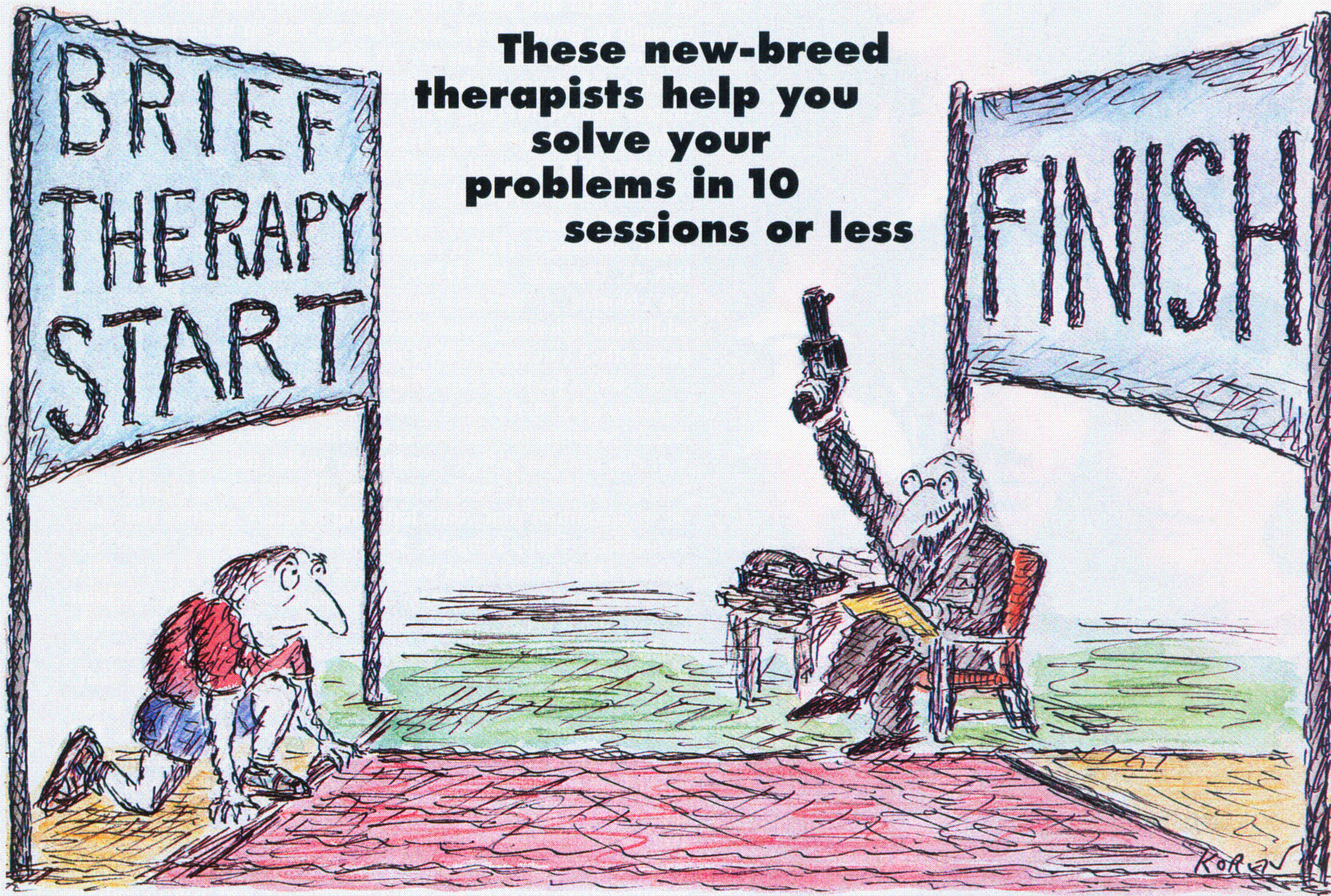


quick-fix shrinks

**These new-breed
therapists help you
solve your
problems in 10
sessions or less**



In this hurried age, we can barely make time for sound bites, fast food and automated bank tellers. As for our problems, we want them to fly away faster than the Concorde. Small wonder that “brief therapy” has become the hot new buzzword in mental health circles.

Brief therapy earns its name from the fact that the focus is on short- rather than long-term treatment. Many so-called brief therapists claim to be able to help most people within four to six sessions, with less suffering and at a fraction of the cost of months or even years on the analyst’s couch.

To give you fast, fast, fast relief, brief therapists strive to be hands-on, *active* practitioners, another breed altogether from the traditional aloof, impassive shrinks. By training, they aren’t wedded to long-term, open-ended arrangements. Says Bill O’Hanlon, a therapist at the Hudson Center for Brief Therapy in Omaha, “We’re more like general practitioners — people come back to us when they’re hurting and stop seeing us when they’re better.”

Even the brief therapists’ vocabulary sets them apart from the mainstream. They talk about “consumer satisfaction,” and refer to patients as “clients.” Many prefer

BY KATHLEEN MCAULIFFE

ILLUSTRATION BY EDWARD KOREN

not to be addressed as “doctors,” shunning the medical implication that they have superior knowledge of what’s wrong with you. In their view, the consumer always knows best. Their job is to enable you to find your own solutions — as expeditiously as possible.

In this time of crisis over health care costs, any approach that promises a shortcut is swift in getting attention. Health maintenance organizations (HMOs) and insurance companies have championed brief therapy. Critics, however, charge that the approach saves mainly money, not psyches. “We’ve seen a rash of new attempts to justify providing less and less care for patients,” says Bryant L. Welch, J.D., Ph.D., senior policy adviser for the American Psychological Association in Washington, DC.

To many psychologists, the less-is-more approach is more hype than help. “It’s not the panacea that a lot of people are claiming,” says David Moultrup, a marriage and family therapist in Belmont, Massachusetts. “I’m all for brief therapy when it’s called for, but many problems are simply too deep and complex to yield to a quick fix.”

Long-term therapy, though, is a luxury few can afford. Indeed, studies show that most Americans who even *try* therapy, whatever the approach, attend less than 10 sessions. One third of patients on average give up after a *single* session, a figure consistent since at least the 1940s.

Brief therapists make the most of that reality. The briefest of approaches is *single-session therapy*, or SST, as dubbed by its leading proponent, Israeli psychologist Moshe Talmon, Ph.D., who helped develop SST while on staff at the Kaiser Permanente Medical Center in Hayward, California. Says Dr. Talmon: “We want to maximize the effectiveness of each therapeutic encounter — after all, a client’s first session could be his or her last.”

A number of studies indicate that brief therapy is effective. In 1988, at Milwaukee’s Brief Family Therapy Center, therapist David Kiser interviewed 164 patients at intervals of six, 12 and 18 months after their treatment ended. Nearly three fourths of the patients reported that they had completely met their goals after four to 10 sessions.

Brief therapists tend to concentrate on treating commonplace ills such as mild depression, work stress and grief. But increasingly they also are tackling such hard-core disturbances as incest, family violence, substance abuse and marriages on the brink.

Still, they look to the future, not to the past, for solutions. The late psychiatrist Milton H. Erickson,

M.D., a pioneer of the movement, felt strongly that solving a problem is more important than understanding the root of it. This pragmatic thinking aligns with contemporary approaches such as behavioral and cognitive therapy. And a here-and-now treatment, it turns out, can be much shorter than one that probes the there-and-then.

To the psychoanalytic school of thought, disregarding the past is downright heretical. But brief therapists aren’t convinced of memory’s therapeutic power — or even of its accuracy. They point out that insights into the origins of a problem don’t necessarily lead to relief or solutions. Indeed, dredging up the past may impede a patient’s progress. Studies show that people in therapy sometimes feel all the more hopeless and depressed for dwelling on their problems. And memory is subjective in any case: Evidence suggests that our current state of mind colors our recall of events.

Method, not *duration*, is the radical difference between brief therapy and Freudian-derived approaches. Explains Michele Weiner-Davis, a brief therapist in the Chicago suburb of Woodstock: “We’re looking to help clients identify their

hopes, dreams and aspirations and the shortest route for getting there.”

Sometimes, solutions can be mercifully brief. In her book *Divorce Busting*, Weiner-Davis tells about Ann and Steve, a couple who had just separated after 15 years of marriage and three children. They had grown apart over

several years as Ann had become ever more involved in child-rearing; Steve, in playing sports and keeping fit.

Ann and Steve met individually with Weiner-Davis, who then called them in together and said, “Tell me what’s different about the times in your marriage when the two of you get along. What are each of you doing differently? In what ways is your relationship different?” One reply: They had spent more time together as a couple. Weiner-Davis suggested that Ann and Steve go out on two dates together. She also gave them a homework assignment: “I’d like you to notice what’s happening that you want to continue to happen.”

Four sessions later, Ann asked Steve to move back home. The couple reconciled, Weiner-Davis believes, because they had started to focus not on their years of unhappiness but on the opportunities to redeem themselves and their marriage. Never did Weiner-Davis see the need to investigate each spouse’s deep past.

Similarly, a brief therapist faced with a chronic abuser of alcohol might raise questions about the recent occasions when the client controlled his drinking — say, because of a

(continued on page 168)

Here-and-now TREATMENT CAN BE much shorter THAN ONE THAT PROBES THE there-and-then.

SHRINKS

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business meeting. "Conventional therapy would scrutinize the problem—the antecedents to drinking," says Larry Hopwood, clinical director at The Brief Family Therapy Center in Milwaukee. "We zero in on the exceptions to the problem as a path toward finding solutions."

Brief therapy urges you to look to the future—and to answer what is known as "the miracle question." Early in treatment, explains Hopwood, you may be required to spell out your dreams, goals and aspirations, then to suppose that a miracle happens to you one night while you are asleep. "When you wake up in the morning, what would be different?" you are asked. Surprisingly, therapists observe, the "miracle" is often some small, easy achievement.

For example, an obese woman's "miracle" wasn't that she became 100 pounds thinner. Instead she saw her boyfriend giving her a good-morning peck on the cheek. Says Hopwood: "Because clients often come up with a miracle that's well within reach, they leave the session with a feeling of

optimism that change can happen."

The potential of the future can be a powerful antidote to the abuses of the past. O'Hanlon tells of Victor Frankl, a survivor of a Nazi concentration camp in Poland. One winter day in the camp, during forced labor, Frankl collapsed. A guard began clubbing him, threatening to kill him if he didn't keep working. In that terrible moment, Frankl looked ahead and imagined himself in postwar Vienna, at the podium in a lecture hall before a rapt audience, speaking on how inmates survived the death camps. Encouraged by this vision, Frankl managed to get up and live another day. Says O'Hanlon: "I saw him give that lecture in 1989—to 7,000 people, and he got a standing ovation."

Many traumatized people, O'Hanlon observes, fixate on the past, and organize their lives around it: "Frankl, by contrast, projected himself into a future that was positive and made maximum use of his resources."

For consumers, the evidence is that more therapy is not always better. In choosing the approach that's right for you, you should realize that the decision depends on highly subjective emotional and financial considerations. Some guidelines:

If your goal is to achieve a deep understanding of yourself and the forces that have shaped your personality, consider traditional therapy.

If you want to get relief from troubling symptoms or to solve a vexing problem, brief therapy may indeed be best for you.

Kathleen McAuliffe, who lives in Miami, writes on health, psychology and science for SELF, The New York Times Magazine, Omni and Smithsonian.

FINDING A BRIEF THERAPIST

For a referral to a brief therapist in your area, contact the counseling center nearest you:

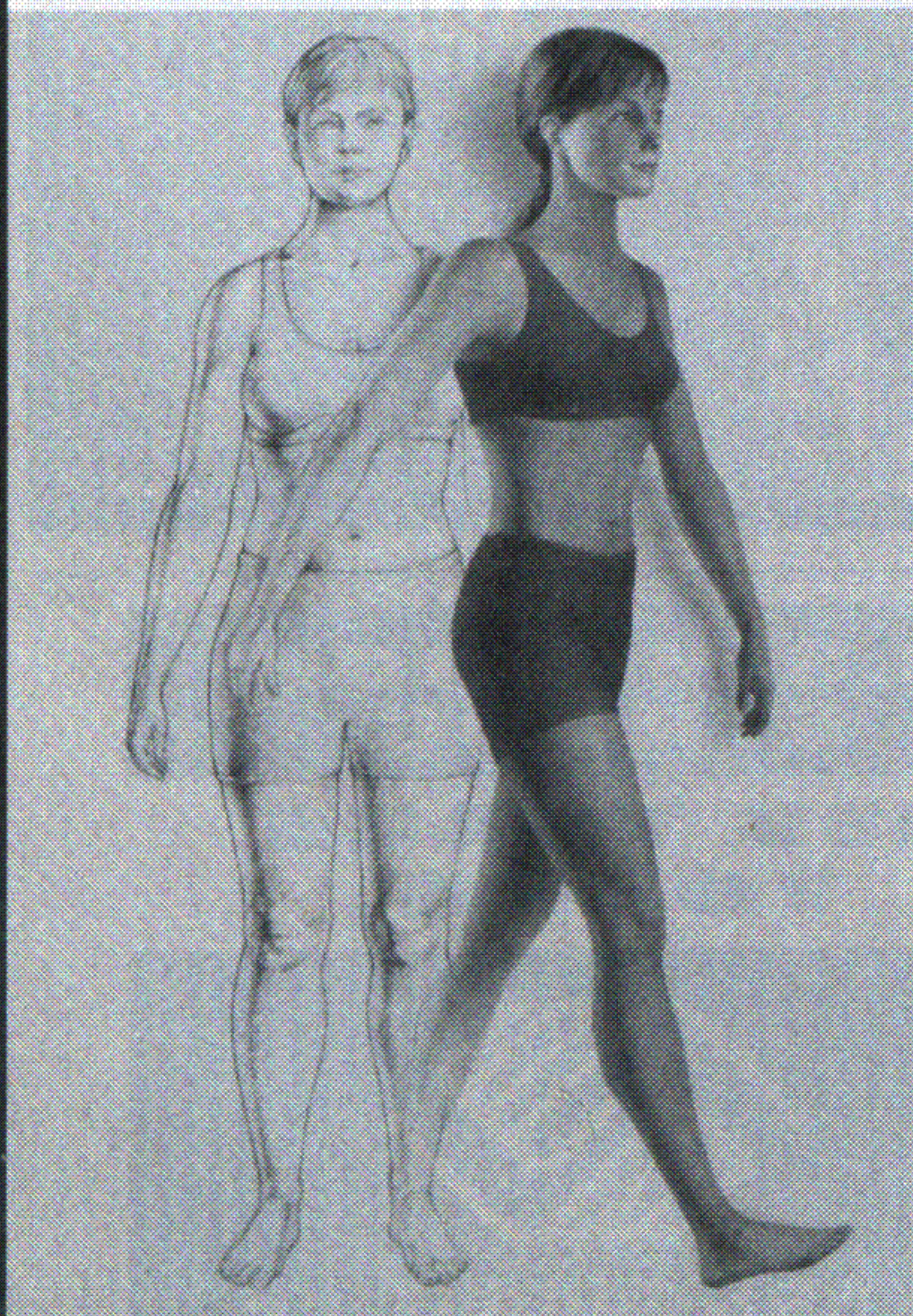
■ Mental Research Institute, 555 Middlefield Rd., Palo Alto, CA 94301; 415-321-3055

■ The Milton H. Erickson Foundation Inc., 3606 N. 24th St., Phoenix, AZ 85016-6500; 602-956-6196

■ The Hudson Center for Brief Therapy, 11926 Arbor St., Omaha, NB 68144; 402-330-1144

■ The Brief Family Therapy Center, 6815 W. Capitol Dr., Suite 300, Milwaukee, WI 53216; 414-464-7775

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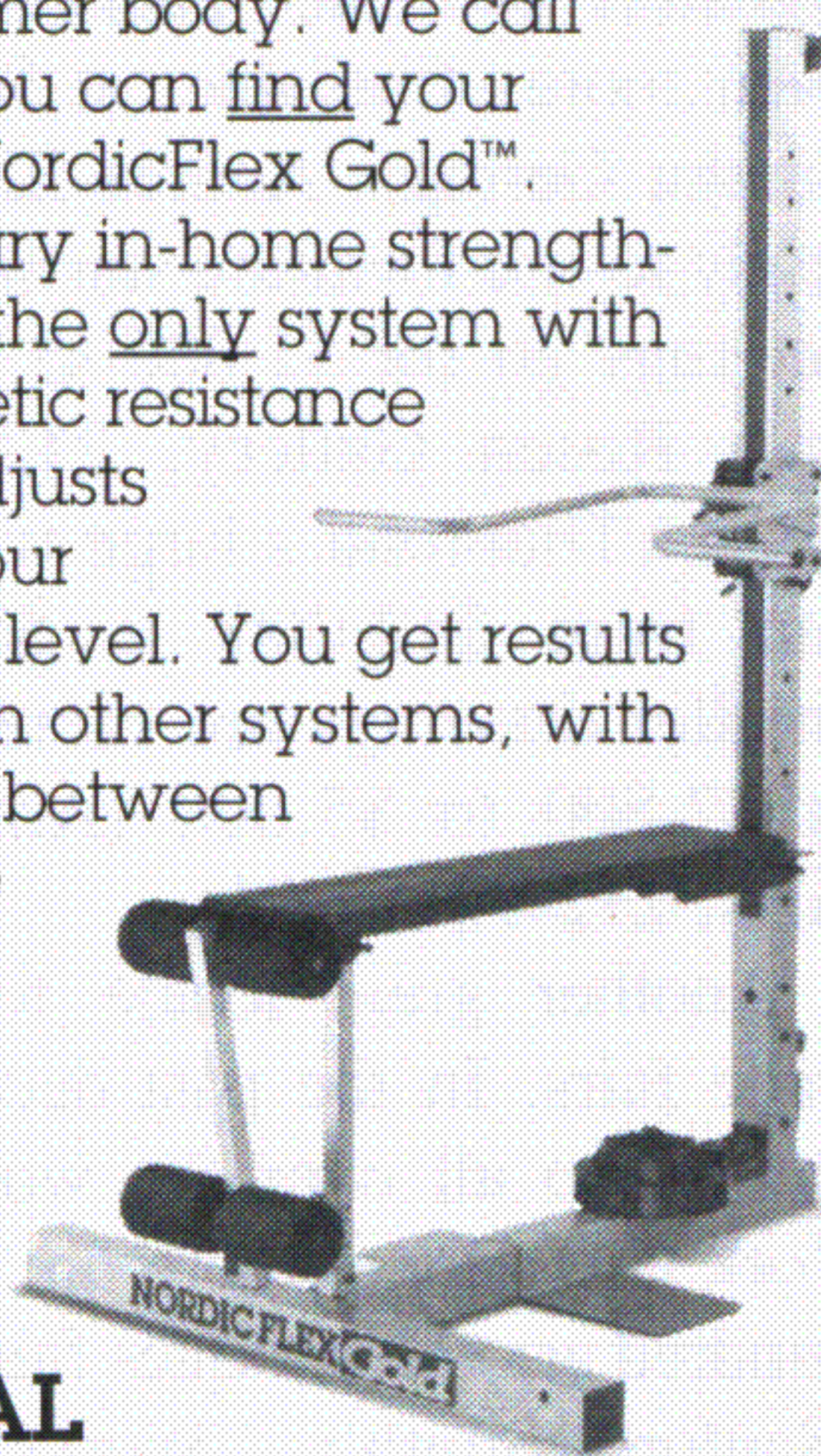
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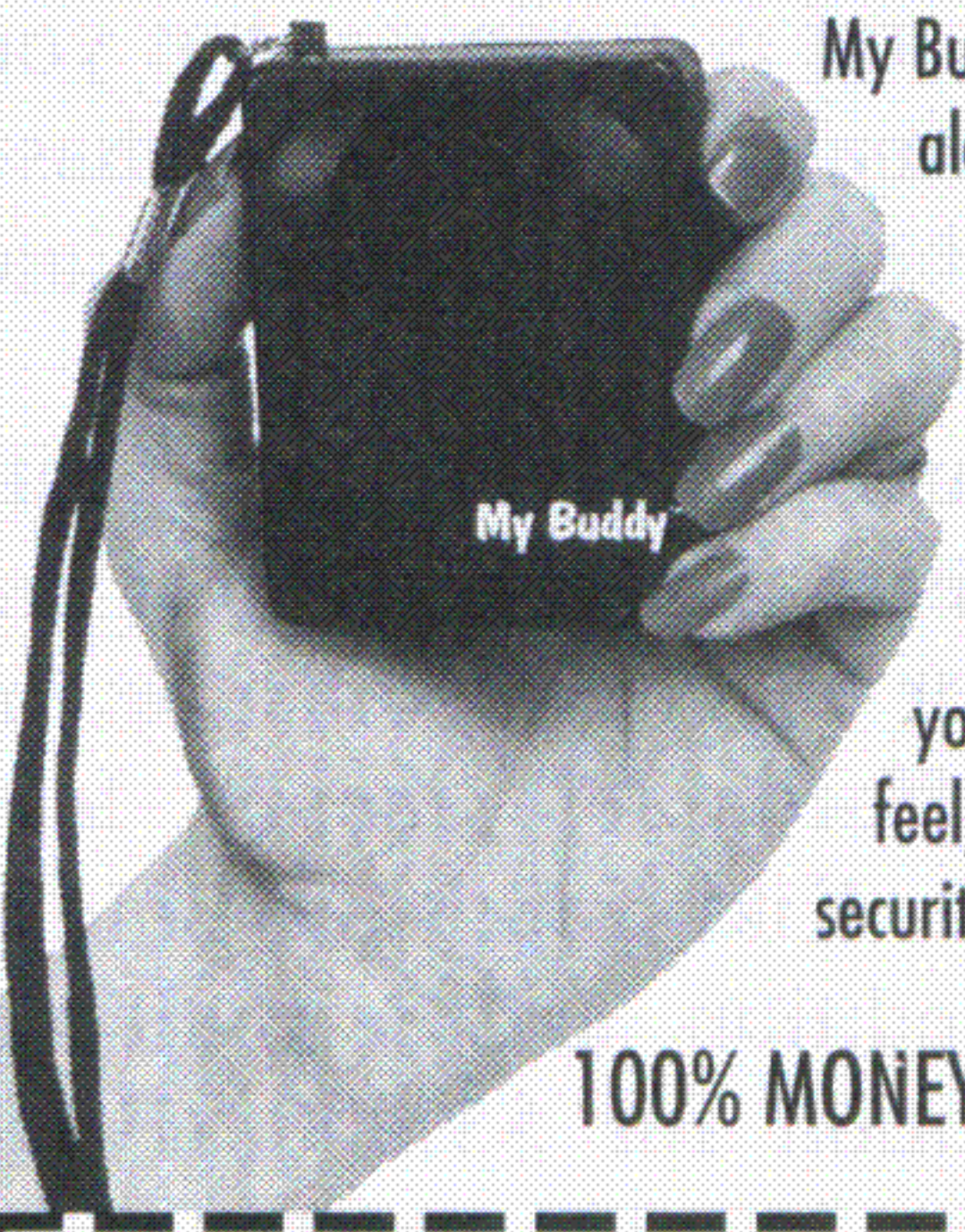
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