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Journal of Solution-Focused Brief Therapy

Volume 1, Number 2 — 2014

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EDITORIAL POLICY

The *Journal of Solution-Focused Brief Therapy* is a scholarly journal that aims to support the Solution-Focused community through the publication of high-quality research in outcome, effectiveness or process of the Solution-Focused approach and the publication of high quality theoretical and/or case-study related material in the area of Solution-Focused practice.

The journal invites submissions as follows:

Research reports — We are committed to helping expand the evidence base for Solution-Focused Brief Therapy. The journal seeks scholarly papers that report the process and results of quantitative and/or qualitative research that seeks to explore the effectiveness of Solution-Focused Brief Therapy or seeks to explore aspects of the Solution-Focused process. We are also committed to research reports being “user-friendly” and so invite authors submitting research-based papers to address specifically the implications or relevance of their research findings to Solution-Focused practitioners.

Theoretical papers — The Solution-Focused approach raises many issues relating to psychotherapy theory, to our basic assumptions of working therapeutically and to the philosophical stance adopted by Solution-Focused practitioners. The journal welcomes papers that explore these issues and which offer novel arguments or perspectives on these issues.

Case study/Practice-related papers — We are committed to the journal being related to Solution-Focused PRACTICE. Therefore, we invite papers that explore the experience and perspective of practitioners. This might be a single case study, with significant analysis and reflection on the therapeutic process and which then distils some principles or insights which might be replicable, or it might be a paper which explores a series of clinical/practical cases and which seeks to draw out overarching principles which might be used by others. Please discuss your ideas with the Editor!

Not just “therapy” — The Journal recognises that many useful and interesting manifestations of the Solution-Focused approach occur in settings that are not to do with

therapy. Nonetheless, Solution-Focused interventions are all concerned with helping to facilitate change. The journal is called the *Journal of Solution-Focused Brief Therapy*, at least in part in homage to our heritage. Nonetheless, the journal welcomes submissions that explore the use of Solution-Focused ideas in other settings. The journal enjoys a collegial relationship with the journal *Interaction: The Journal of Solution-Focused in Organisations* and, where appropriate, will discuss which journal offers the more appropriate publication forum.

SUBMISSION OF MANUSCRIPTS

Manuscripts

Manuscripts should be sent to the Editor as Microsoft Word or Apple Pages word processing documents. Please do not submit your manuscript elsewhere at the same time. Please send the manuscript double-spaced with ample margins and a brief running head. The title of the paper should appear on the first page. Since all manuscripts will be blind reviewed, please include names, affiliations, etc. of the author or authors on a SEPARATE first page. Please also include on this (or a next) page details of any grants that have supported the research, any conference presentations relating to the paper, any potential (or even perceived) conflicts of interest.

Spelling should be anglicised, with -ise endings and English spelling of words such as colour, counselling, and so on. Solution-Focused Brief Therapy and Solution-Focused may be abbreviated to SFBT and SF after the first mention.

References should follow the format of the American Psychological Association (Publication Manual of the American Psychological Association, 6th ed.). Papers should include an abstract of no more than 150 words.

Any tables, figures or illustrations should be supplied on separate pages (or in separate computer files) in black and white and their position indicated in the main document. For any images or photographs not created by the author, the submission must include written permission to reproduce the material signed by the copyright holder.

We would expect that papers will ordinarily be a maximum of 5,000 words; however, this limit is negotiable if the content of the paper warrants more.

Clinical/client material

The Journal's policy is that any actual clinical detail in a paper (including, but not limited to, therapy transcripts, client/patient history, descriptions of the therapy process) should have signed consent from the clients/patients for the material to be published. If a paper includes clinical material or descriptions, please include a declaration, signed by the first author, either that signed consent of clients/patients, specifically for the publication of their clinical information in this journal, has been obtained and is available for review OR that clinical material has been altered in such a way as to disguise the identity of any people.

Review

Manuscripts will be reviewed by at least two members of the Editorial Board, who will be asked to recommend that the paper be accepted or rejected for publication; however, final decision about publication rests with the Editor. Reviewers will also be asked to indicate what kinds of changes might be needed in order for the paper to be published. Where reviewers have indicated that changes are required or recommended, we are happy to work with authors to review amended submissions with a view to achieving publication. When the reviewers both recommend that the paper not be accepted, and make no recommendations for changes, and when the Editor accepts this recommendation, no further consideration of the paper will be given. When the reviewers (and the Editor) suggest that your paper, while it might have merit, does not meet the requirements for this journal, we will endeavour to suggest other journals to which the author might submit the paper; however, we are under no obligation to help achieve publication.

Where one or more authors of a paper is a member of the Editorial Board, that person will take no part in the review process and the review process will still be anonymous to the author or authors.

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Editorial

Michael Durrant

Welcome to the second issue of the *Journal of Solution-Focused Brief Therapy*.

This issue has fewer papers than the first issue; however, most of the papers are longer.

We are privileged to have the paper from the “microanalysis team” of Janet Beavin Bavelas, Peter De Jong, Sara Smock Jordan and Harry Korman. In this era of much discussion about “does therapy work?” and “*how* does therapy work?”, there is much conjecture about the different factors that might, or might not, contribute to the success of therapy (and different ideas about “common factors” vs. the benefits of particular models). However, little of this research (and conjecture) looks at what *actually happens* in therapy sessions. Janet Beavin Bavelas was co-author of *Pragmatics of human communication*, back in 1967 (Watzlawick, Beavin and Jackson, 1967), a book that came out of the research being conducted at the MRI (Mental Research Institute) in Palo Alto, California. The MRI was, in many ways, the birthplace of brief therapy.

In his introduction to a special publication on communication, John Weakland (1967) suggested that the field of “communications” often had little to do with communication — it was concerned with communications engineering, telecommunications, information theory, analysis on the properties of particular messages, and so on. That is, “communications theory” appeared more concerned with theory than with communication.

Weakland proposed that the field of communication should look at “actual communication as it really exists in naturally occurring human systems ... Such a focus might seem simple and obvious, but it has until quite recently been denied, ignored or bypassed to an amazing extent. The study of communication involved almost everything except observing, recording, examining and describing real communication and interaction in detail” (1967, p. 1).

Bavelas, De Jong, Smock Jordan and Korman have embraced the study of “actual communication” in the therapy process ... by examining what thera-

pists and clients actually *say* to each other and how those sequences seem to show patterns. The paper in this issue is primarily a theoretical paper — although, I believe it still warrants careful study from those of us who are primarily clinicians. People often come to my training and say something like, “I’m hoping to get more tools for my toolbox”. Given that the *ONLY* tool we have is language, a paper about how language works to construct reality is probably useful!

The authors of this paper are working on a follow-up paper that will directly address the clinical implications of these research findings.

Dr Gale Miller was an “interested outsider” at the Brief Family Therapy Centre in Milwaukee for a number of years. Not a therapist, he brings a sociologists’ eye to Solution-Focused practice. Consistent with the previous paper, Gale’s understanding of Solution-Focused Brief Therapy was gained solely from what he actually saw and heard, sitting behind the one-way mirror in Milwaukee, rather than from any theoretical explanation. One of the criticisms of Solution-Focused Brief Therapy (particularly compared to Narrative Therapy) was its neglect of issues of culture and politics. In this important paper, Gale proposes a way of thinking about culture within Solution-Focused Brief Therapy.

Nick Drury offers a follow-up paper to his paper in the first issue on what we can learn from Wittgenstein’s philosophy of language. Again, it is a paper that demands careful study but offers fascinating insights into how we think about what we do in therapy. James Beauchemin and Mo Yee Lee extend our thinking about Solution-Focused Brief Therapy into thinking about “coaching” and about wellness.

Many people in the Solution-Focused world know Dr Frank Thomas. Possibly the leading thinker and writer about Solution-Focused supervision, Frank is also the official “archivist” for the Solution-Focused Brief Therapy Association. My “chat” with Frank was fascinating and kinda grew as we kept talking. I hope you find it as interesting as I did. Finally ... a longer than usual *Reviews* section.

Watzlawick, P., Beavin, J. & Jackson, D.D. (1976). *Pragmatics of human communication: A study of interactional patterns, pathologies, and paradoxes*. New York: Norton.

Weakland, J. H. (1967). Communication and behavior — an introduction. in J. Weakland (Guest Editor), Special issue, *American Behavioral Scientist*, 10(8), 1–4.

The theoretical and research basis of co-constructing meaning in dialogue

Janet Beavin Bavelas¹, Peter De Jong², Sara Smock Jordan³ & Harry Korman⁴

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de Shazer (1991) introduced a post-structural view of language in therapy in which the participants' social interaction determines the meaning of the words they are using. Broader theories of social construction are similar but lack details about the role of language. This article focuses on the observable details of co-constructing meaning in dialogue. Research in psycholinguistics has provided experimental evidence for how speakers and their addressees collaboratively co-construct their dialogues. We review several of the experiments that have demonstrated the influence and importance of the addressee in shaping what the speaker is saying. Building on this research, we present a moment-by-moment three-step *grounding sequence* in which the speaker presents information, the addressee displays understanding, and the speaker confirms this understanding. We propose that this micro-pattern and its variations are the observable process by which the participants in a dialogue negotiate and co-construct shared meanings.

One of the authors recently saw a young man who came in to get a second opinion. In the session, he said he had been "anxious my whole life" and used to think it was "a personality trait" that he would have to live with. Recently, he had met with a doctor who diagnosed him as having "Generalized Anxiety Disorder" and told him there were medications (SSRI's) that would "cure" him and that "always work" and "had no side effects." The client went on to say that he had doubts about SSRI's because he knew friends taking them who were not so pleased with their therapeutic effectiveness or their side effects; hence his decision to seek a second opinion.

He answered the miracle question with many details about how he would feel, think, act, and interact with others if a miracle that solved the problem had happened while he slept. When asked about instances when parts of the

miracle were happening, he identified small parts currently happening and major parts that were happening during entire months two years ago. During the break the therapist prepared the following feedback to him:

I think I understand that things have been really, really hard for a very, very long time. [*Client nods.*] I don't think that Generalized Anxiety Disorder fits with what I hear and see of you here today though. You are thoughtful and reflective, bright as a light and you have such high relational intensity. You also have a very clear image of how you want to be in the world. [*Client again nods.*] And then you have this wide emotional register. [*Client nods.*] Being that kind of a person comes with some costs.

He nodded gravely and said "Yeah. It would have been easier to be dim and happy." The therapist responded with "yeah," and the two of them burst into laughter.

Solution-focused practitioners will readily recognize the significance of what occurred in this conversation. Like the therapist, when they hear the client's language shift from "anxious my whole life" and "generalized anxiety disorder" to "it would have been easier to be dim and happy" (while laughing), they know something potentially important and more hopeful is happening:

We have come to see that the meanings arrived at in a therapeutic conversation are developed through a process more like negotiation than the development of understanding or an uncovering of what it is that is 'really' going on. (Berg & de Shazer, 1993, p. 7)

Structural and post-structural views of language

We have Steve de Shazer in particular to thank for alerting us to the therapeutic significance of clients' shifting their language about themselves and their situations. By the mid-1980's, he and his colleagues at the Brief Family Therapy Center had invented techniques (e.g., exception questions, the miracle question, scaling) to construct solutions with clients rather than to solve their problems. At that time, he began to observe that the old ways of talking about therapy no longer worked and, as he stated later, it became necessary to find new ways to describe and analyse what clients and practitioners do in the therapy room (de Shazer, 1991, pp. xiii-ix). He stressed that therapy is accomplished through language interaction, an obvious point that he claimed the field of psychotherapy had largely ignored, and he began drawing on the ideas of several philosophers and scholars of language including Bakhtin

(1981), Berger and Luckman (1966), Derrida (1978, 1981), Lyotard (1984) and especially Wittgenstein (1958) to create a more useful description of what is happening in therapy. He built this new description around the distinction between a structural and post-structural view of language (de Shazer & Berg, 1992; de Shazer, 1991, 1994).

The *structural* view of language (Chomsky, 1968; Saussure, 1959) is that the words used in a conversation (called the *surface structure*) are representations of underlying and true meanings (*deep structure*) which are assumed to be discoverable for any word (de Shazer & Berg, 1992; Harland, 1987). In this way of thinking, clients' words have essential, knowable meanings which therapists can uncover through their expert assessments and evaluations. For example, in a structural view, when a client comes in and says, "I'm depressed," the therapist should do a professional assessment, asking questions to uncover the existence and degree of a particular clinical condition named "depression".

In contrast, *post-structuralism* identifies the meanings of words within particular interactional contexts. So, rather than being seen as stable and beneath the surface, the meanings of words occur at the surface level of conversation and are knowable "through social interaction and negotiation" (de Shazer, 1991, p. 45). In this view, the meanings and descriptions that the client in our introduction attributed to his experiences are seen as shifting from "anxious all the time" and perhaps having "generalized anxiety disorder" to "it would be easier to be dim and happy." These meanings may shift even further through additional therapeutic dialogue as well as through whatever he does with his new understandings of himself when he leaves the therapy room.

de Shazer called his post-structural view of how words work in therapy *interactional constructivism* (1991, p. 48). He suggested that "we need to look at how we have ordered the world in our language and how our language ... has ordered our world" (1994, p. 9). The implication that we can re-order our world with language was illustrated by de Shazer and Berg (1992; de Shazer, 1991) with a case in which the therapist (Berg) and the couple negotiated the meaning of the wife's condition and the couple's problem from an initial description as "nymphomania" (the wife's word) to "more of a sleep problem for both of us" (the husband's words, which the wife accepted). The shift in meaning seems to have been useful to the couple because, two weeks later, the woman sent a note to the therapist saying that her "sleep patterns and libido" had returned to normal and more therapy was not needed (de Shazer, 1991, p. 67). It was this case, de Shazer said, that persuaded him and his colleagues that they must develop new ways to describe and analyse what is happening in therapy.

Social constructionism

de Shazer's interactional constructivism is very similar in meaning to the term used more broadly in the fields of psychology and sociology, namely *social constructionism*. In particular, Kenneth Gergen (1985, 1999, 2009) has written extensively about social construction in the field of psychology. Gergen uses the term to refer to the proposal that people, through their social and language interactions, continually create and rework the meanings that influence their lives. He views the collaborative language systems approach (Anderson & Goolishian, 1992; Anderson, 1997; Hoffman, 1990), narrative therapy (White & Epston, 1990), the reflecting team approach (Andersen, 1991), solution-focused brief therapy, and solution-oriented therapy (O'Hanlon & Weiner Davis, 1989) as instances of social constructionism where new and hopeful possibilities are co-constructed between therapist and client in therapeutic dialogue. According to Gergen (2009), the practices of these social-constructionist therapists are different from others in the field in two respects. First, they show no interest in categorizing personal or interpersonal problems of clients nor in figuring out the causes of problems. None of these are seen as useful ways to promote therapeutic change. A second difference is in the stance of the therapist relative to the client. The therapist is not a separate, neutral assessor of a client's objectively discernible problem(s). Instead, the therapist is (in Anderson & Goolishian's, 1992, term) deliberately a "not-knowing," collaborative partner who continually seeks to be informed by the client's language and expertise about his or her own situation and who invites the client to participate in a dialogue that co-constructs new meanings that will create the more satisfying and productive life that the client is seeking. A central concept in social constructionism and in these constructionist therapies, then, is the process of co-constructing new meanings in the therapeutic dialogue.

It is noteworthy that, although the process of co-construction is central to social constructionism, it has remained a broad theoretical concept, not specifically linked to dialogue. As we have observed elsewhere (De Jong, Bavelas, & Korman, 2013, p. 19), the presumed outcomes of co-construction are as abstract as the concept of social construction itself. For example, various psychotherapy theories have proposed that co-construction leads to new subjective meanings, understandings, realities of everyday life, knowledge, narrative realities that reflect power relations, the self, and many other broad categories of meaning (Anderson & Goolishian, 1992; Berger & Luckmann, 1966; Gergen, 2009; Hoffman, 1990; White & Epston, 1990). However, these are reified end products without descriptions of the process. In short, the

description of co-construction in the literature has remained abstract. To advance this view, we need to study *co-constructing* as an activity rather than abstracting it as co-construction.

It is the purpose of this paper to make co-constructing concrete and observable, that is, to develop an empirically based understanding of how co-constructing (as a verb) happens in therapeutic dialogues. We do this by first turning to a section of the psycholinguistics literature where research has revealed how participants in face-to-face dialogue collaborate with one another to create shared meanings — just as de Shazer (1991, 1994) and Gergen (1985, 1999, 2009) proposed. After summarizing this research, we propose a micro-model of an observable process by which participants in face-to-face dialogue collaborate to co-construct shared and new meanings. We conclude by addressing the implications of our model for the field of psychotherapy and identify useful directions for empirical research to further document the model.

Experimental evidence for co-constructing in dialogues

The same paradigm shift in two different fields

As outlined above, the traditional and dominant view for how language works in therapy is the structural view in which language transfers meanings from the mind of one person to the mind of another. We have joined with others including Berg, de Shazer, and Gergen who propose an alternative and sharply contrasting view, namely, that people in dialogue, including therapists and clients, *co-construct meanings together*. This position implies that, in order to understand how therapy works, the focus needs to be on the interactive process of co-constructing.

In experimental psycholinguistics, Clark and his colleagues (e.g., Clark, 1992, 1996) also proposed an alternative view of dialogue. They called the traditional and dominant view an *autonomous* view, in which speakers choose language that best conveys their meaning and send it to a receiver whose role is simply to comprehend this meaning correctly. In their alternative *collaborative* theory of dialogue, Clark and his colleagues proposed that the participants in a dialogue collaborate, moment by moment, to create shared meanings. In the collaborative view, meaning is created, modified, and sustained by their mutual actions — a view that is remarkably similar to theories of co-construction (Bavelas, 2011). The next section summarizes some of the key evidence from experimental psycholinguistics showing that a collaborative theory can better predict what happens in dialogue than an

autonomous theory can.

Tests of collaborative theory

The autonomous view of language use seems like common sense and therefore has intuitive appeal. It has led to a great deal of research on individuals as speakers and listeners and virtually none on their interaction. In the autonomous view, the interaction is irrelevant because a listener in dialogue is just like any other listener, such as an audience or an overhearer. This line of research focuses on the cognitive processes of a listener who is treated as “mute or invisible” in the interaction (Clark & Wilkes-Gibbs, 1986, p. 3), with no influence on the speaker.

In contrast, Schober and Clark (1989) pointed out that the listeners in a dialogue are fundamentally different from other kinds of listeners outside of dialogue. The listener in a dialogue is an *addressee*, that is, the unique individual whom the speaker is addressing and for whom the speaker is shaping what he or she says. The addressee has the right — and the responsibility — to indicate understanding and to assist when necessary. In doing so, the addressee has considerable influence both on what the speaker says and how it is said: “Speakers and their addressees go beyond ... autonomous actions and collaborate with each other moment by moment to try to ensure that what is said is also understood” (Schober & Clark, 1989, p. 211). The following experiments have focused on the influence of the addressee on the dialogue.

Clark and Wilkes-Gibbs (1986)

In this experiment, the speaker and addressee, who were separated by a partition, had the same set of 12 cards. Each card showed an abstract geometric figure (“Tangram figure”). As can be seen in Figure 1, these figures have no standard names and therefore can be described in a wide variety of ways. The speaker’s cards were laid out in a certain order, and the addressee’s cards were in a random order. The task was for the speaker to tell the addressee the correct order in which to place them. They did this six times, in a different order each time.

The autonomous and collaborative models differ sharply in their predictions on how the pairs would accomplish their task. Recall that, in the autonomous model, speakers choose language that best conveys their meaning, and the receiver’s role is to comprehend this meaning correctly. So the speaker would be in charge and would choose the best way to describe each figure, unilaterally providing a term or phrase that the two of them could continue to

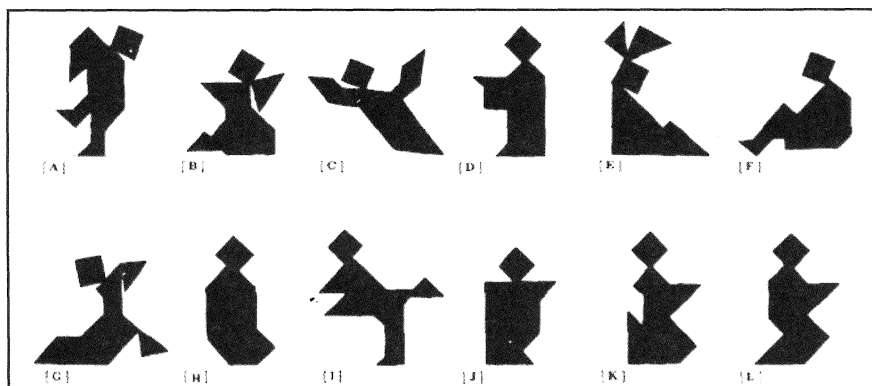


Figure 1. The 12 Tangram figures. used in Clark & Wilkes-Gibbs (1986)

use over the six trials whenever they referred to that particular figure. However, it turned out that speakers did not determine the names the pairs used for these figures. Instead, over the course of the six trials with the same figures in different orders, the speaker and listener collaboratively developed ways of referring to each figure. Often, it was the addressee who initiated a reference that they both adopted, as in this example (adapted from Schober & Clark, 1989, pp. 216-217):

Example 1. Trial 1, describing #12 in Figure 1

1. Speaker: "Then number 12, is (laughs) looks like a, a dancer or something really weird. Urn, and, has a square head, and urn, there's like, there's uh- the kinda this um,"
2. Addressee: "Which way is the head tilted?"
3. Speaker: "The head is, eh- towards the left, and then th- an arm could be like up towards the right?"
4. Addressee: "Mm-hm."
5. Speaker: "And, it's-"
6. Addressee: [overlapping] "an-, a big fat leg? You know that one?"
7. Speaker: [overlapping] "Yeah, a big fat leg."
8. Addressee: "and a little leg."
9. Speaker: "Right."
10. Addressee: "Okay."
11. Speaker: "Okay?"
12. Addressee: "Yeah."

They went on to refer to this figure in several subsequent trials, and by the last trial, they had co-created a reference to this figure that was brief and required only one turn each; it incorporated features that each of them had suggested:

<i>Example 1a. Trial 6, the same pair are describing the same figure</i>	
1. Speaker: "Um, 12, the dancer with the big fat leg?"	
2. Addressee: "Okay."	.

Clark and Wilkes-Gibbs found that the average number of turns and average length of each turn decreased significantly over the six trials using the same figures. This effect is consistent with the pairs having collaborated to establish a shared vocabulary that permitted them to refer unambiguously to each figure. However, although we can see their collaboration in examples such as above, the numbers themselves do not confirm that there was a collaborative process; it could have been that speakers simply got better at providing more succinct information as they went along. The next experiment addressed that possibility.

Schober and Clark (1989)

This study used the same task with an experimental design that tested collaborative theory more directly. They created two conditions that were identical in the information that the speaker provided but that differed in whether collaboration was possible. For each speaker-addressee pair, there was a third person, also behind a partition, who could overhear everything the speaker and addressee said. The difference in this study was that this third person could not interact with the speaker and could not speak up at all. These instructions created two kinds of listeners to the same speaker, an *addressee* who was free to engage the speaker in dialogue and an *overhearer* who could not. The overhearer could not clarify his or her understanding, suggest terms, ask questions, or even indicate when the speaker could go on to the next figure. Thus, in each triad, the overhearer had all of the same information as the addressee but did not have the benefit of interacting with the speaker. The autonomous model predicts that only the quality of the speaker's information would matter. However, it turned out that the ability to collaborate also mattered: The results showed that the addressees did significantly better at getting the figures in the right order than the overhearers did with the same information.

Isaacs and Clark (1987)

This experiment also showed that the addressee had an important influence even when, unlike the Tangram figures, there was a correct name for the pictures the speaker was describing. That is, they did not have to come up with a new name. As in the two experiments just described, the speaker had to tell the addressee the correct order of a set of pictures, but these were postcards of well-known landmarks in New York City (e.g., Rockefeller Center, the Central Park Lake). There are, of course, proper names for these landmarks, but Isaacs and Clark (1987) arranged that not everyone knew them, as follows: They pre-tested potential participants for their knowledge of New York City and identified “experts,” who had lived there and knew the city well versus “novices” who had not been to New York City and did not know the proper names of the landmarks. Then Isaacs and Clark created four possible speaker-addressee pairings: expert to expert, novice to novice, expert to novice, and novice to expert. Not surprisingly, the pairs in which both the speaker and addressee were experts started with the proper names and continued to use them. The pairs with two novices were like the pairs describing Tangrams; they worked out a way to describe a salient feature in each postcard (e.g., “the tall building with the triangular top”) and used their agreed-upon description.

One might suppose that, in the mixed pairs, an expert talking to a novice would introduce the correct terms, and the pair would use those thereafter, but this is not what happened. The results showed that, surprisingly, the speakers’ expert knowledge of the correct term did not determine how the pair described the pictures. For example, expert speakers quickly learned that their novice addressees did not recognize the proper names, and their use of these names declined significantly over the trials as they changed to creating collaborative descriptions.

<i>Example 2. Speaker knows New York City, but addressee does not</i>
1. Speaker/expert: “Tenth is the Cidicorp-Citicorp Building?” 2. Addressee/novice: “Is that with the slanted top?” 3. Speaker/expert: “Yes.” 4. Addressee/novice: “Okay.” (adapted from Isaacs & Clark, 1987, p. 28)

However, when the speakers were novices, they also significantly increased their use of proper names—because they were learning them from their expert addressee, who often supplied them as an afterthought; for example,

Example 3. Speaker does not know New York City, but addressee does

1. Speaker/novice: "Fourteen is the fountain with the arch in the background."
2. Addressee/expert: "Right, Washington Square, good." (p. 33)

In both the expert-to-novice and novice-to-expert pairs, *the speaker, who was the one who knew the correct order, adapted to the level of expertise of his or her addressee*. Experts talking to novices used descriptions that were not "correct" but worked, and novices talking to experts learned some of the proper names. It is tempting to apply these results to the way expertise operates in different therapeutic practices: Does a client learn to talk about his or her life in language that works for the therapist or does the therapist learn to talk about the client's life in the client's language? Or a bit of both?

Bavelas, Coates and Johnson (2000)

This experiment showed the importance of a responsive, interacting addressee in a different, more typical kind of dialogue. Each narrator told a personal close-call story (where something bad could have happened, but in the end everything turned out all right) to an addressee in a face-to-face dialogue. They were strangers to each other, so the addressee could not have known the story. In the experimental condition, the addressee had to focus on an irrelevant aspect of the speaker's narrative (e.g., counting the number of words the narrator used that started with the letter *t*). These addressees made significantly fewer listener responses (e.g., nodding, wincing, commenting on the story), and—most important—their narrators told their stories significantly less well than did the narrators whose addressees were listening normally. For example, the narrators with distracted addressees tended to be more dysfluent, and more likely to end abruptly or to over-explain. Thus, even though none of the addressees could contribute to the content of story, the unresponsive "t-counter" still made a difference to the quality of their narrator's story-telling.

In summary, each of these experiments supported a collaborative rather than an autonomous view of language. In particular, it was not the case that the speaker imposed the language the pair would use. Instead, the addressee played an essential role in helping to shape language that would work for both of them (Clark & Wilkes-Gibbs, 1986; Isaacs & Clark, 1987). Listeners who could not collaborate did worse (Schober & Clark, 1989), as did speakers with unresponsive addressees (Bavelas et al., 2000). If, as we propose, collaborating equals co-constructing, these results also support a co-construction-

ist, post-structural view of dialogue.

Grounding sequences as the process of collaborating

The next question is exactly how collaboration works: What are the participants in a dialogue *doing* when they are co-constructing meanings in their interaction? An interactive view of meaning has old roots, including the writings of George Herbert Mead (1934):

It is not necessary, in attempting to solve this problem [of the meaning of meaning], to have recourse to psychical states, for the nature of meaning, as we have seen, is found to be implicit in the structure of the social act, implicit in the relations among its *three basic individual components*; namely, in the triadic relation of a gesture [i.e., any communicative act] of one individual, a response to that gesture by a second individual, and completion of the given social act initiated by the gesture of the first individual. (p. 81; italics added)

Markovà and Linell (e.g., Linell, 2001; Linell & Markovà, 1993; Markovà, 1990) revived and emphasized Mead's triad, namely, a minimum unit in which one person initiates, the other person responds, and the first person completes the triad by responding to this response. Like Mead, though, they did not test this proposal in a body of data.

Based on their intensive analysis of a large collection of dialogues, Clark and Schaefer (1987, 1989) also proposed that meaning in dialogue is established collaboratively, through a process they called *grounding*, where the speaker and addressee work together, moment by moment, to establish that they understand each other well enough to proceed. To *ground* something is to lay a foundation for it or to set it on a firm basis (OED Online, June 2014). In their ongoing dialogue, speaker and addressee are continuously ensuring a firm basis of mutual understanding.

Clark and his colleagues' theory of grounding (Clark & Schaefer, 1987, 1989; Clark & Brennan, 1991; Clark, 1996) emphasized two broad phases: the speaker *presents* something, and the addressee must *accept* it. However, they also mentioned a three-step sequence at the micro-level, similar to that of Mead and of Linell and Markovà:

- a. The speaker says something to the addressee.
- b. The addressee shows the speaker that he has understood.
- c. The speaker confirms that the addressee has understood her correctly. (adapted from Clark & Schaefer, 1987, p. 22)

Clark and Schaefer pointed out that the addressee's response in the second

step is unilateral; it provides feedback to the speaker. For mutual understanding, the speaker must also provide feedback to the addressee, confirming that the addressee has understood correctly. That is, both the addressee and the speaker require evidence that they are understanding each other, which results in familiar sequences such as this one:

<i>Example 4. A British telephone operator giving a caller the number of a restaurant</i>	
a.	Operator: "It's Cambridge 12345."
b.	Caller: "12345."
c.	Operator: "That's right." (adapted from Clark & Schaefer, 1987, p. 25)

In this example, the operator presented new information, the caller displayed understanding by repeating part of the information, and the operator confirmed that the caller had understood correctly. However, Clark and Schaefer (1987, 1989; Clark, 1996) did not develop this three-step process further; although the three steps are apparent in most of their examples, their analysis remained at a two-step level.

Systematic empirical investigation of the three-step model is in its earliest phase. Bavelas, Gerwing, Allison, and Sutton (2011) tested a three-step model on almost 600 presentations in 22 dyads and found that a three-step sequence fit these data virtually perfectly. (See also Roberts & Bavelas, 1996). In addition, based on intensive observation of face-to-face dialogues, we (Bavelas, De Jong, Korman, & Smock Jordan, 2012) have proposed and begun to empirically document a micro-model of three-step grounding sequences:

- a. The speaker *presents* new information.
- b. The addressee *displays* that he or she has understood the information (or has not understood or is not certain).
- c. The speaker *confirms* that the addressee has understood (or not).

When this sequence is completed, then speaker and addressee have *grounded* on a particular bit of information, that is, they have overtly demonstrated that they have understood each other so far. We have proposed that these sequences are continuous throughout the dialogue and are the building blocks of co-constructing and meaning-making (De Jong et al., 2013).

Empirical documentation of three-step grounding sequences

We will present the following analyses of grounding sequences in table form. (Note that it is often easier to read the transcript column first, then go back to follow the grounding sequences.)

Example 4a. The caller had asked the operator for the phone number of a particular restaurant (adapted from Clark & Schaefer, 1987, p. 25)		
	Transcript	Grounding sequence
#1	Operator: "It's Cambridge 12345."	1a: presents information.
#2	Caller: "12345."	1b: displays understanding of the information.
#3	Operator: "That's right."	1c: confirms that the caller has understood correctly.
		1: grounded that the number is Cambridge 12345.

The next example, from an unpublished therapy video, is equally simple:

Example 5. At the beginning of a college counselling session, the therapist had asked what year the client was in		
	Transcript	Grounding sequence
#1	Client: "I'm a junior."	1a: presents information.
#2	Therapist: "You're a junior here. "	1b: displays understanding of the information.
#3	Client: [quick nod]	1c: confirms that the therapist has understood correctly.
		1: grounded that the client is a junior at this college.

There are several variations on the basic pattern which still preserve the three-step sequence. In Example 2, above, the addressee’s display also presented new information, which initiated a second, overlapping sequence in which some utterances had two functions, as shown in the following table.

Example 2a. An expert on New York City is talking to a novice and describing the 10th postcard in the series (adapted from Isaacs & Clark, 1987, p. 28)

	Transcript	Grounding sequence	Overlapping sequence
#1	Expert: "Tenth is the Cidicorp-- Citicorp Building?"	1a: presents new information.	
#2	Novice: "Is that with the slanted top?"	1b: displays understanding with an alternative description.	2a: presents new information.
#3	Expert: "Yes."	1c: confirms that the display is accurate.	2b: displays evidence of understanding the alternative description.
		1: grounded that the 10th postcard is the Citicorp Building.	
#4	Novice: "Okay."		2c: confirms that the Expert has understood the alternative description.
			2: grounded that the 10th postcard is also the building with the slanted top.

Note that in the Bavelas et al. (2012) model, either person can signal a lack of mutual understanding in the second or third step, so grounding sequences also detect and correct errors. That is, the addressee can show that he or she did not understand, and the speaker can indicate that the addressee got it wrong. Example 6 illustrates a more complex pattern in which the participants used grounding sequences to sort out their problem.

Example 6. The telephone operator had requested the name of the person the caller was asking about but did not initially understand what the caller said (adapted from Clark & Schaefer, 1987, p. 20)

	Transcript	Grounding sequence	Overlapping sequence
#1	Caller: "Mrs. Lane."	1a: presents new information.	
#2	Operator: "Sorry, would you say that again please?"	1b: displays NOT understanding.	
#3	Caller: "Lane."	1c: confirms the operator's NOT understanding by presenting again.	2a: presents new information (in simpler form).
		1: grounded that operator did not understand the name "Mrs. Lane."	
#4	Operator: [spelling] "M-A-I?"		2b: displays POSSIBLE understanding.
#5	Caller: [spelling] "L-A-N-E."	3a: presents new information.	2c: confirms WRONG understanding by presenting the correct spelling.
			2: grounded that operator did not understand the spelled last name.
#6	Operator: "N for Nellie, A-N-E."	3b: displays WRONG understanding.	
#7	Caller: "No, L for London."	3c: confirms WRONG understanding ("No").	4a: and presents again ("L for London").
		3: grounded that operator did not understand the spelled name.	
#8	Operator: "Oh! sorry, Lane, L for Leonard."		4b: displays CORRECT understanding.

#9	Caller: "Yes."		4c: confirms CORRECT understanding.
			4: grounded that the name is "Lane."

It may seem narrowly technical to put so much emphasis on the three-step micro-sequence, but it has some radical implications. First, it overtly challenges the widely held individualistic and mentalistic views of dialogue in which the basic unit of dialogue is each individual's speaking turn. In this view, each individual speaker extracts a package of meaning from his or her mind and delivers it (i.e., a one-step, non-interactive view). There is also a two-step view, in which the addressee passively indicates understanding. Our three-step sequence insists that they have not grounded until the speaker gives the addressee confirmation of his or her correct understanding. Thus, the minimum unit of analysis for dialogue is a three-step grounding sequence, one in which the contributions of the addressee are as important as those of the speaker.

The second implication of our model is that dialogue is a micro-process, proceeding in small sequences of actions that are often unnoticed but not trivial. In the above examples, grounding was not an occasional pause to summarize every few minutes. It was constant, and every contribution counted, including repetitions, nodding or saying "Okay". Second by second, the participants continuously displayed and confirmed their understanding at each step, accumulating a foundation of agreed-upon knowledge.

A third crucial implication of our model is that the participants do not necessarily ground on what the speaker presented. Instead, their grounding sequence may lead the speaker and addressee to accept a modified version. In Example 1, at #6, the addressee interrupted and displayed understanding by providing an entirely new description ("a big fat leg"), which the speaker accepted, and then proceeded to ground on and use later (Example 2a). Similarly, in Isaacs & Clark's (1987) mixed pairs, the addressee was contributing to the version they grounded on.

Implications for psychotherapy

One of the first things that is obvious to an observer of any therapy session is that clients and therapist are having a conversation; they are using language. And yet the fact that *doing* therapy involves using language has been, in effect, hidden away, hidden away like Poe's *Purloined Letter*. The fact that *doing* therapy involves using language was

always already right on the surface of things but somehow overlooked (de Shazer & Berg, 1992, p. 71; italics in original).

Although language has always been right out there in the open for observation, as de Shazer and Berg claimed, the field of psychotherapy largely ignores how language works in the interaction between clients and therapist. We share de Shazer and Berg's curiosity about language and therapy. Specifically, we propose to identify language interactions between clients and therapist that are directly observable. At any given moment, the client presents his or her view of something; the therapist can respond (e.g., by paraphrasing it); and the client can accept, correct, or reject the therapist's version. At another moment, the therapist presents his or her version of something else, which the client may modify, and the therapist may accept, correct, or reject. These grounding sequences are micro-negotiations that build the shared meanings we call co-constructions.

While writing primarily about the co-constructive nature of post-modern models of therapy, both de Shazer (1991, 1994) and Gergen (1985, 1999, 2009) theorized that, regardless of model employed by the therapist, all therapy conversations are co-constructive. At the empirical level, our analysis of grounding sequences supports this assertion. Below, we present our analysis of the grounding sequences in two contrasting therapy dialogues; one is solution-focused and the other is from a motivational interviewing session.

Example 7. De Shazer asked the client "What brings you in?" (from an unpublished video; also in de Shazer, 1994, p. 247. This excerpt of the subsequent dialogue was 17.3 seconds.)

	Transcript	Grounding sequence	Overlapping sequence
#1	Client: "Well, right now I'm dealing with a drinking problem."	1a: presents new information.	
#2	de Shazer: "Mm-huh"	1b: displays understanding with a minimal response.	
#3	Client: "Yeah" (very softly).	1c: confirms the display of understanding, also with a minimal response.	
		1: grounded that right now the client is dealing with a drinking problem.	

#4	(de Shazer paused while looking down and writing, then says: "OK, and, uh" and pauses again.)		[At de Shazer's second pause in #4, the client started to speak (#5) but broke off as soon as de Shazer spoke again (#6). At #6, they were synchronized again.]
#5	Client: "Sometimes I drink--"		
#6	de Shazer: "You say 'right now'" (with emphasis).	1b' : second display of understanding what the client said in #1, this time more explicitly.	
#7	Client: "Well, I've been dealing with it -"	1c' : client confirms de Shazer's display of understanding (in #6) by beginning to give more information on what "right now" meant.	2a' : presents new information.
		1' : grounded that he is dealing with it "right now".	
#8	de Shazer (overlapping): "Mm-hm.		2b' : displays understanding.
#9	Client (continuing): "- but right now I'm just feeling that it's the time of my life to really get into it, do something about it."	3a' : presents new information on this theme.	2c' : confirms de Shazer's display as accurate by continuing on this theme.
			2' : grounded that he has "been dealing with" [his drinking problem].

At #1, the client presented two related pieces of information: "Right now I'm dealing with" and "a drinking problem." De Shazer could have commented on, repeated, or paraphrased either one. In his explicit display of understanding at #6, he chose the part of #1 in which the client stated that he was dealing with his drinking problem "*right now*," which might represent the beginning of a solution. At #7, the client confirmed de Shazer's display of understand-

ing by starting to build on the theme of dealing with it. Then at #9, the client confirmed de Shazer's display of understanding by incorporating "Right now" and adding a stronger statement of commitment, namely, that "it's the time of my life to really get into it, do something about it," and they grounded on this as well. After #9, the client continued to contribute information on this theme. Another therapist might have chosen to display understanding of #1 with "You said 'drinking problem,'" which could have led to further details of that theme instead.

The next example shows a different choice by a therapist.

Example 8. In a Motivational Interviewing video, Miller (Lewis & Carlson, 2000) was asking whether the client had an addiction that was becoming a problem. (The following dialogue was 12.7 seconds.)

	Transcript	Grounding sequence	Overlapping sequence
#1	Client: "Smoking's become a problem because I'm starting to play soccer, OK?"	1a: presents new information.	
#2	Miller: "So you can't breathe."	1b: displays understanding by presenting an inference.	2a: presents new information.
#3	Client: "And so I can't breathe."	1c: confirms the display of understanding by repeating it.	2b: displays understanding of the new information.
#4	Miller: "Yeah."	1: grounded that smoking is becoming a problem because he's starting to play soccer.	2c: confirms this display of information.
			2: grounded that the problem with smoking and soccer is that he can't breathe.
#5	Client: "The kids are younger and younger, OK?"	3a: presents further new information on this theme.	
#6	Miller: "Yeah."	3b: displays understanding.	

#7	Client: "They're half my age, twice my size."	3c: confirms Miller's display by giving more details about the problem.	4a: presents additional new information.
#8	Miller: [nods]	3: grounded that the kids in soccer are younger and younger.	4b: displays understanding.
#9	Client: "I'm having a problem with it."	5a: presents further new information.	4c: confirms understanding by continuing.
			4: grounded on the kids in soccer being half his age and twice his size.

As in Example 7, the client's initial statement presented two different pieces of information: "*Smoking's become a problem*" and "*I'm starting to play soccer*." The therapist's display ("So you can't breathe") referred to smoking as a problem that interferes with the client's soccer performance, and their subsequent dialogue continued to pile on problems. A different therapist could have chosen to display understanding of the other part of what the client said, for example, with "Oh! You're starting to play soccer?" which could have led to a discussion of a healthy choice.

In addition to documenting how therapies are co-constructive, analysing therapy dialogues with our three-step micro-model of grounding sequences has more specific implications for what is happening between therapists and clients in psychotherapy. One of these is that therapists are more influential than is often assumed. They are continuously contributing to the direction of co-construction by the paraphrases, elaborations, and questions with which they choose to display understanding. For example, in Example 7, at #6, de Shazer chose to focus his display of understanding on what the client was doing in the present rather than elaborating on the problem. Similarly, in Example 8, at #2, Miller chose to display his understanding by giving more details about a problem instead of commenting on a possible healthy choice. Obviously, these choices were consistent with their respective theories.

A second implication for what is happening in psychotherapy is that clients most often cooperate with the therapist's contributions, specifically by confirming the therapist's display of understanding. The therapists in Examples 7 and 8 provided displays of understanding that took the dialogue in different directions, and in both cases the clients followed the therapist's lead.

De Shazer's client confirmed that "right now" was what his initial presentation had meant by beginning to present more detail about his current motivation. Miller's client confirmed that "smoking's become a problem" was what his initial presentation had meant by presenting more details about how smoking was creating a problem for him.

Conclusion

The purpose of this paper has been to make co-constructing in therapy concrete and observable. We found a rich resource for our efforts in the psycholinguistics literature that contains persuasive experimental evidence for a collaborative rather than autonomous view of how meaning arises in dialogue. Taking our lead from social scientists and psycholinguists who have suggested that collaboration in dialogue occurs in interactive sequences, we have proposed a three-step, micro-model of grounding sequences as the empirically observable process through which co-constructing meanings occurs in therapeutic dialogues. So far, the dialogues we have analysed have consistently supported this empirical model which, in turn, lends support to de Shazer's and Gergen's theoretical ideas about what is happening in psychotherapy interactions between therapist and clients.

We see the conceptualization and initial testing of our micro-model of grounding sequences as the beginning of an important area of scientific study of therapy interactions. While we have presented some initial findings about grounding sequences here, in a future article we plan to present more findings as well as details about the observational rules for microanalysing grounding sequences in psychotherapy dialogues. Beyond our research, there is room for others to take these rules for microanalyzing grounding sequences and apply them in other investigations, such as microanalysing grounding sequences in couples and family work where there are three or more people simultaneously participating in the dialogue. We believe this is a potentially fruitful line of research for all of psychotherapy and one which clearly respects de Shazer's belief that we will learn more about how psychotherapy works by focusing on what is happening in the interaction of client and therapist rather than on what might be going on in the minds and emotions of clients.

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Culture in Solution-Focused consultation: An intercultural approach*

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I develop an intercultural approach to Solution-Focused consultation in this paper. The approach represents an anthropological-sociological interpretation and is written by an interested outsider to the Solution-Focused world. The analysis stresses how multicultural concerns permeate Solution-Focused consultations as practitioners and clients draw from other cultures in which they participate. Practitioner-client interactions are treated as negotiations that turn on participants' intercultural competencies, that is, their ability to navigate between their own cultural orientations and those of others involved in consultations. An explanation of how my intercultural perspective extends cultural themes in the Solution-Focused literature is discussed and an illustration of its usefulness is presented by analyzing a case study. Finally, discuss future possibilities for further developing this perspective.

This paper focuses on the concept of culture as an aspect of Solution-Focused practitioner-client interactions by casting the interactions as intercultural negotiations. I use the term intercultural to call attention to the ways in which Solution-Focused practitioners and clients bring multiple cultural meanings to bear on the practical issues at stake in their interactions. The term negotiation directs attention to how Solution-Focused interactions involve dialogue, deliberation and even bargaining intended to foster new understandings of the situation at hand and working agreements on how to proceed in addressing the situation. Negotiations involve contributions from two or more par-

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ties who initially may have quite different interests. The themes developed here are intended to apply to a wide variety of settings (e.g., therapy, businesses, schools, medical agencies, etc.) in which Solution-Focused consultation is done.

This paper serves two purposes. The first involves identifying cultural issues that have been minimized in conversations among Solution-Focused thinkers and practitioners, and suggesting how these issues might be part of future conversations. The second purpose is to expand the horizons of such conversations to include perspectives developed outside of the Solution-Focused world. This purpose connects with my status as an interested outsider whose primary involvement with the Solution-Focused world is as a qualitative researcher. My involvement dates back to 1984 at the Brief Family Therapy Center (BFTC) in Milwaukee.

While admittedly self-serving, I see the inclusion of interested outsiders' perspectives as vital to the development of Solution-Focused thought and practice. Outsiders' observations and interpretations challenge Solution-Focused practitioners to reflect on their work in new ways. Interested outsiders are particularly well positioned to act as intellectual brokers linking the Solution-Focused world with "intellectual currents in the contemporary world" (Miller 2014, p. 9). Relevant intellectual currents include both perspectives that clearly complement themes in mainstream Solution-Focused thought and those that challenge mainstream assumptions and claims about Solution-Focused interactions.

I draw from Geertz's (1973) approach to cultural anthropology and Fine's (1979) sociological analysis of small groups as idiocultures in describing Solution-Focused practitioner-client interactions as intercultural negotiations. Both approaches rest on the idea that human beings are symbol-making and symbol-using animals (Burke 1966). They also address Solution-Focused thinkers' and practitioners' concern for how meaning emerges within social interactions. Thus, they resonate with McKergow and Korman's (2009) interactional approach to Solution-Focused consultation, and Miller and McKergow's (2012) depiction of Solution-Focused interactions as complex systems within which unanticipated social realities sometimes emerge.

My approach to Solution-Focused consultations treats culture as a fundamental and ubiquitous aspect of Solution-Focused consultations. Thus, this paper might be seen as a response to complexity theorists' call for developing multiple descriptions of meaning making in complex social interactions (Cilliers, 1998; Miller & McKergow, 2012). Solution-Focused consultations are contexts for the social construction of multicultural meanings having implications for clients' future interpretations and actions. I develop the themes

discussed above throughout the rest of the paper. I begin with a brief review of the evolution of the concept of culture in the Solution-Focused world then develop my intercultural perspective on Solution-Focused consultation. Later, I analyse a case example to illustrate my intercultural approach and discuss some lines of future development of an intercultural approach to Solution-Focused consultation.

From culture to intercultural competence

Culture's status among the inventors of Solution-Focused Brief Therapy at BFTC in the mid-1980s varied by context and time. Visitors were frequently told that culture was not a concern of Solution-Focused Brief Therapists. The early leaders explained that their approach emerged from working with a multi-cultural client population. They had developed techniques that were effective in addressing diverse problems reported by clients who varied by race and ethnicity, income, regional background, age, and gender. The therapists' emphasis on minimalism was also relevant. Why complicate the approach by attending to unnecessary issues? But I also observed how these therapists sometimes took account of cultural issues in doing therapy. For example, they replaced the miracle question in sessions with members of the Jehovah's Witnesses (who do not believe in miracles) with questions about being in God's grace, as well as modifying the scaling question to move from negative 10 to 0 to better fit with the cultural orientations of clients in some countries.

A major shift involved Berg and Jaya's (1993) article on working with Asian-American families. They made a case for including cultural concerns in Solution-Focused Brief Therapy while also cautioning readers to not over-generalize about Asian-Americans or emphasize culture over cooperating with one's clients. More recently, we have seen a number of publications discussing how Solution-Focused Brief Therapists might take into account the client's culture. They include Lee's (2003) incorporation of Solution-Focused ideas and practices into cross-cultural clinical social work and Lee and Mjelede-Mossey's (2004) approach to cultural dissonance among East Asian immigrants to the United States. Geisler's (2010) experiences in doing Solution-Focused work in Mexico and Hsu and Wang's (2011) discussion of filial piety as a concern in therapy sessions with Taiwanese/Chinese clients are also significant contributions to the literature. A recent addition is Moir-Bussy's (2014) report on fitting Solution-Focused Brief Therapy with the cultural concerns of Chinese and Australian clients.

Lee (1996) advanced a different line of development by showing how

social constructivism is related to cultural diversity. Also, Kim's (2014a) edited volume on multiculturalism and Solution-Focused Brief Therapy is noteworthy for applying the concept of cultural competency to a number of different groups including clients with disabilities, LGBTQ, economically poor, spiritual and religious clients. Cultural competence involves both learning the values, practices, and beliefs of members of other cultures and using that knowledge to reflect upon one's own cultural orientations (Lee & Zaharlick 2013).

Finally, Solution-Focused practitioners and others have applied the idea of culture to team building and leadership in organizations (Aoki, 2009; Godat, 2013; Gray, 2011; Yoshida, 2011). Others have used Solution-Focused techniques in medical, prison, and school cultures (Ferraz & Wellman, 2009; Greenberg et al., 2001; Lindforss & Magnusson, 1997; Metcalf, 2008). These studies expand Solution-Focused Brief Therapists' primary focus on the cultures of racial, ethnic, and national groups to include workplaces, occupations and institutions as cultures.

This brief review of the literature points to the increasing interest of some members of the Solution-Focused world and interested outsiders in the concept of culture. Yet, as Kim (2014b) notes, much of the literature in this field expresses uncertainty about the extent to which Solution-Focused practitioners should be culturally oriented. He explains that many Solution-Focused practitioners worry that training focused on cultural issues will

reinforce assumptions around stereotyping and the fallacy of knowing everything about a particular race, culture, or minority group. Because of these concerns, Solution-Focused clinicians advocate for more of a *not knowing* approach, which is central to Solution-Focused Brief Therapy ... (p. 10; italics in original)

I see such concerns as warranted but only up to a point. Another concern involves the temptation to define culture in overly abstract ways, thereby divorcing it from the lived realities of people's lives. Also problematic is the frequent tendency to define others' values and practices as cultural expressions while neglecting one's own. Despite these realistic worries, Jahoda (2012, p. 300) makes an important point in stating that "the concept of "culture" is probably indispensable" to life in multicultural societies. This is the lesson that I draw from the cultural literature that has emerged in the Solution-Focused world over the last twenty years. The studies point to multicultural contexts of Solution-Focused consultation; thus, making a case for incorporating a greater cultural consciousness into the Solution-Focused world.

The key question, of course, involves how to incorporate greater cultural

consciousness into Solution-Focused thought and practice. Treating Solution-Focused practitioner-client interactions as intercultural negotiations is one starting point in answering this question. The critical skills in Solution-Focused negotiations consist of practitioners' and clients' intercultural competencies. These competencies include practitioners' and clients' abilities to express their practical concerns and cultural orientations to each other, as well as to assist other parties in expressing their own concerns and orientations. A basic step in expanding intercultural awareness in the Solution-Focused world involves developing an intercultural perspective on Solution-Focused consultations. We turn to this issue next.

An intercultural perspective

My approach to culture and Solution-Focused consultation begins with Geertz's (1973, p. 5) definition of culture as "webs of significance" or meanings that people spin and in which they are suspended. Geertz's depiction of culture as a web points to how multiple meanings are linked to one another within particular cultures. Put differently, culture consists of symbolic clusters (Burke 1973). "Each element in the cluster serves as a background for the other elements, thus imbuing them with values that might not otherwise be associated with them" (Miller, 2014, p. 13). This is one reason why groups that appear to share some of the same values may define themselves as significantly different from — even opposed to — each other.

Spinning of webs of significance is a process of social construction. Meanings emerge as people interact and interpret aspects of their own and others' life experiences. Both activities are sources of change and continuity. This is the importance of Geertz's (1973) depiction of culture as suspending people. Meanings hold people in place for a time but they are not necessarily trapped in that place for all time. To the extent that socially constructed meanings hold people in place, cultural meanings serve as orienting frameworks through which they engage the worlds around them. The meanings guide perception by casting some concerns as more relevant than others and some responses to situations as more appropriate.

Geertz's (1973) approach does not limit the concept of culture to a few group categories or identities. All groups are candidates for cultural analysis as long as analysts can demonstrate that group members orient to shared meanings. Thus, we may speak of Solution-Focused culture. Further, Geertz's approach challenges cultural analyses that treat members of cultural groups as orienting to stable and enduring meanings. The challenge calls attention to the variety of cultural contexts (webs of meaning) in which people suspend

themselves as they go about their everyday lives. Consider a day in your life. It might include participation in family, profession, popular culture, public service, politics and religion. Each of these contexts involves spinning webs of meaning that are somewhat distinct. Indeed, an important part of managing life involves successfully moving from one cultural context to another.

While one can argue that such cultural identities as race, gender, sexual orientation and nationality cut across diverse contexts more than others, this is not to say that the identities have same meaning in all contexts. This is an important reason why cultural analysts need to attend to the social practices associated with particular social settings and to the negotiations through which cultural realities are socially constructed. Consider, for example, Jackson's (2001) ethnography of racial and class identities among residents of Harlem in which he states

many African Americans have decidedly performative notions of social identity. Class position is glimpsed through interpretations of everyday behaviors. Racial identity is predicated on perceptions of particular social actions and is shored up with recourse to specific kinds of activities. Racial "location" is not contingent solely on one-drop rules or degrees of skin pigmentation. Socially meaningful identifications are partially derived from observable behaviors, practices, and social performances. (p. 4)

Jackson's statement underscores the multidimensionality of seemingly stable cultural identities. His study is a useful point of departure in seeing how life in contemporary societies involves continuing intercultural encounters and negotiations. Sustaining racial, gender, sexual and other cultural identities involves ongoing adaptations to the webs of meaning associated with the diverse social groups and settings in which people participate.

Fine's (1979) analysis of small groups as *idiocultures* augments Jackson's (2001) insights by showing how small group members draw from multiple cultures in constructing distinctive webs of meaning that address their shared social circumstances. Fine uses his studies of little league baseball teams to show how members of each team used selected aspects of baseball culture, adult social worlds and their shared experiences as children to invent their own cultural practices, values and perspectives. Team members demonstrated their intercultural competence in negotiating which general cultural themes to take from the larger society, how to reorganize them into their own webs of meaning, and in applying the themes in diverse situations.

Fine (1979) identifies several concerns that guide group members' negotiations about the incorporation of particular values and practices into their

idiocultures. Three are particularly relevant to Solution-Focused consultation: the incorporated values and practices must be known to group members, consistent with the group's social interests and appropriate to the social relations of the group. Fine's baseball teams differed in their knowledge about baseball traditions, their primary interests and preferred teammate relationships. For example, all of the teams did not emphasize winning over other social values, nor did they emphasize the same criteria in assigning members to differing statuses within their groups.

Fine's (1979) analysis has direct relevance for understanding how cultural realities are constructed in Solution-Focused consultations. Participants in consultations form small groups focused on a limited range of issues. Similar to little league baseball teams, Solution-Focused practitioners and clients negotiate about what aspects of more encompassing cultures are relevant to their interactions, and how the selected cultural elements should be fitted together to form webs of meaning that are consistent with their emerging relationships. Idiocultural participants need not be experts on others' cultures but they do need to know enough to successfully negotiate with each other. This brings us back to Jackson's (2001) stress on paying close attention to what others say through their words and unspoken actions.

In treating culture as webs of meaning and Solution-Focused consultations as emergent idiocultures, Solution-Focused practitioners might better see how their orientations to interacting with clients are grounded in Solution-Focused culture. Practitioners selectively borrow from Solution-Focused culture in asking particular questions, responding to clients' answers in particular ways and formulating parting messages. Solution-focused practitioners and clients construct shared idiocultures by negotiating if and how practitioners' actions fit with cultural themes introduced by clients. This is how Solution-Focused practitioners and clients spin and suspend themselves in webs of meaning that express aspects of multiple cultures. I illustrate how idiocultures are negotiated in the next section. It summarizes a case example offered by Blakeslee and Smock Jordan (2014) involving a white therapist and two Native American clients. I summarize the case example to save space and focus on the give-and-take of the negotiation.

Case example¹

Blakeslee and Smock Jordan (2014) begin by noting some core values of Native American culture and contrasting them with dominant — white — cul-

1. The case example discussed here is from Blakeslee and Smock Jordan (2014) and is used with the authors' permission.

ture in the United States. The values are a holistic orientation to spirituality that includes: treating nature as sacred; stress on community relations as a source of well-being; personal identity as inseparable from family and tribal identities; time as coordinated by natural events; and communication practices that include avoiding eye contact and extended pauses between sentences. Blakeslee and Smock Jordan also discuss substance abuse, partner/family violence, poverty and unemployment, and depression and suicide as major clinical issues in Native American communities. They next offer some suggestions on how Solution-Focused Brief Therapists might adjust their therapy practices to respect Native American culture, such as replacing the word doing with being (e.g. “so, if you weren’t fighting as much, how would you be instead?” p. 116), modifying the miracle question to ask about having a vision and being directive in giving the parting message.

The session involves a married couple (Mika, who is employed, and Matt, who is unemployed) with a 15 year old son (Tokada, who is not present in the session). The therapist begins by asking about what needs to happen “during our meeting today so that being here was helpful” (p. 113). Mika explains that she has been sent by her boss and is concerned about losing her job. The therapist notes, “So just being here is helpful” and “Keeping your job is important” (p. 113). Matt nods and Mika says “Yes.” The therapist then asks about Mika’s job. Mika replies that she gets little time off, must take sick days to attend tribal events, and concludes: “I wish we had never left” (p. 113). Mika next turns to her concerns about Tokada who she says is “losing his heritage” because the school is “trying to make him think like white people,” adding “no offense” (p. 113). The therapist replies that she/he takes no offense and asks Mika to say more about her son. Mika states that he prefers to be called Tate which “is really a slap in our face because his name has special significance in our tribe” (p. 113).

Next, the therapist asks about how the couple is coping. Mika explains that she and Matt have been fighting and that it is interfering with her job. The therapist replies that it must be hard talking to a white therapist. Mika agrees. The therapist asks, “How might I be helpful given that I am not American Indian?” (p. 114). Mika states that it would help if the therapist gave a positive report to her boss, one that states that Mika is a good worker and not crazy. Mika explains that less fighting would also help because she wouldn’t be arriving late to work, would be sleeping more and spending more time with Tokada. Mika responds to the therapist’s “what else” question by adding family members would spend time talking about tribal traditions if there was less fighting, and that “This would make us feel more at home” (p 114).

Next, we have a miracle question. The therapist asks Mika and Matt to

imagine a shift where “an elder or an animal appeared in a vision and they let you know that the problems you have been talking about today are no longer a problem” (p. 114). Mika mentions four changes resulting from her vision: she and Matt would wake up in the same bed because they would not be fighting, Matt and Tokada would return to morning chanting, Tokada would join his parents for morning tea, and they would walk Tokada to school prior to Mika’s going to work. She characterizes this as the best possible situation “while living outside of our tribe” (p. 115).

This session illustrates how Solution-Focused consultants address clients’ concerns while keeping the sessions consistent with the principles of Solution-Focused consultation. We see this in the therapist’s use of the word being, supportive response to Mika’s worries about white culture, treatment of Matt’s silent nodding as an acceptable form of participation, and refocusing the miracle question around having a vision of an elder or animal. The session shows how Solution-Focused consultants’ responses to clients’ statements guide clients toward identifying resources for change. We now consider how the case example is an intercultural negotiation.

Intercultural interpretation

Looked at from an intercultural perspective, Mika and Matt’s interaction with their Solution-Focused Brief Therapist is a first step in building an idioculture that might be further developed in subsequent sessions. The therapist’s questions (which express Solution-Focused cultural concerns) form a context in which clients and therapist selectively draw from Native American and white cultures to construct a shared orientation to the issues at hand. The therapist’s questions establish the parameters within which Native American and white cultural values, practices and identities are incorporated into their emergent idioculture. It is significant that the therapist’s questions do not ask clients to blend or harmonize differences between the cultures. Indeed, the interaction turns on stated and unstated contrasts between them.

The example illustrates how Solution-Focused practitioners and clients build idiocultures by using known aspects of their own and others’ cultures to spin webs of meaning that are consistent with their interests and relationships. All of the parties in the interaction display intercultural competencies, but Mika’s actions are particularly instructive. Mika displays her understanding of white culture in expressing sensitivity to the therapist’s possible negative feelings about Mika’s disapproval of the white orientation taught in Tokada’s school, request for a report that fits with her boss’s concerns (i.e., that she is a good worker and not crazy) and desire to find the best possible

situation for living within white society. Mika also displays her understanding of how therapy relationships are organized in nontribal society. Perhaps most impressive is Mika's positioning of herself outside of both white and therapy cultures, while also participating in both. Her actions suggest, but do not guarantee, that the interaction adequately addresses her concerns and sense of appropriate client-therapist relations.

Looking at what is said in therapy is only one way of seeing intercultural competence in interaction. We should also consider what might have been talked about but was not. The therapist's choices are central here. Specifically, the therapist shows no interest in the clinical issues that Blakeslee and Smock Jordan (2014) describe as recurring problems in Native American communities. Nor does the therapist focus on issues that might otherwise be treated as basic to family members' cultural identities. For example, the therapist does not ask the clients to discuss the meanings associated with particular tribal practices (such as morning chanting and the special meaning of Tokada's name), what aspects of white culture they find particularly problematic, their regrets about leaving the tribe or what is different when they feel more at home while living in white society. It is telling that Mika does not return to these issues as the interaction proceeds.

Three unspoken aspects of the therapy session warrant special mention. They involve the therapist's treatment of time, Matt's unemployment and the circumstances of the family's departure from the reservation. Each of these issues might be seen as relevant to the family's current situation based on the therapist's knowledge of Native American culture. For example, might Mika's tardiness at work be related to the traditional Native American orientation to time? Could Matt's unemployment be caused by excessive drinking, depression or suicidal thoughts? One might also imagine a variety of reasons why the family moved away from the reservation, including the alienation of family members from other tribe members. Thus, we might ask if the clients' problems are related to feelings of social separation that undermine their sense of well-being and challenge the close connection between their personal and tribal identities. Who knows where the interaction might have gone had the therapist used her cultural knowledge to pursue these and other possibilities in the session.

The unspoken aspects of the example point to the importance of interactional discipline by Solution-Focused consultants in choosing which topics to develop in interacting with clients. This issue harkens back to Berg and Jaya's (1993) caution about therapists using their cultural knowledge to over-generalize about clients' desires and needs. Interactional discipline involves sustaining a disciplined curiosity that focuses on the actual circum-

stances of clients' lives. This is not to say that there is only one correct way of doing Solution-Focused consultation with particular clients. Fine (1979) clearly shows that all idiocultures are — to varying degrees — unique social constructions. My point is only that the construction of Solution-Focused idiocultures should be informed by clients' expressed desires and needs. I explore other implications of an intercultural approach to Solution-Focused Brief Therapy in the next section.

Future considerations

I have described an intercultural approach to Solution-Focused consultation that turns on Geertz's (1973) definition of culture as webs of significance spun in social interaction and Fine's (1979) analysis of idiocultures. The approach extends McKergow and Korman's (2009) analysis of meanings as emerging in-between practitioners and clients. I have discussed how participants in Solution-Focused consultations rely upon aspects other cultures in interacting with one another. Thus, there is no clear or stable boundary separating practitioner-client interactions from the larger cultural environments in which they take place. My intercultural approach advances complexity theorists' interest in how transformations of meaning emerge in some social interactions (Miller & McKergow, 2012) by noting how Solution-Focused consultations are contexts for constructing idiocultures. In negotiating what aspects of other cultures should be included in consultations and linking them together in particular ways, Solution-Focused practitioners and clients create potential conditions for interactional transformation.

An intercultural approach also has practical implications for Solution-Focused practitioners seeking to increase their intercultural competence. In particular, Blakeslee and Smock Jordan's (2014) case example illustrates how an intercultural orientation can aid Solution-Focused consultants in adapting their questions and comments to take account of clients' cultural values and practices. They also show the usefulness of acknowledging cultural differences with clients and perhaps asking clients for guidance in conducting consultations in culturally preferred ways. It is important to note the several potential cultural topics that the therapist avoided asking about. Taken together, these practical implications of an intercultural orientation fit well with Panayotov's (2011, p. 8) simple therapy, particularly his practice of asking clients, "*What do you think is the most useful question I have to ask you now?*"

I see the intercultural approach described here as a first step in incorporating a greater cultural consciousness and competence within the Solu-

tion-Focused world. But I also recognize that I have not addressed some important issues related to the approach. These issues represent future considerations that Solution-Focused consultants and interested outsiders might address through future research, theory development and innovations in Solution-Focused practices. I discuss three future considerations here. The first focuses on how an intercultural perspective challenges aspects of the dominant discourse in the Solution-Focused world.

One challenge involves depictions of Solution-Focused practitioners as taking a not knowing stance, position or attitude in interacting with clients. Thus, not knowing is a choice. Viewed interculturally, one must ask, "How could practitioners ever know in advance what cultural themes clients will interject into particular consultations or how practitioners and clients will negotiate webs of meaning for addressing their shared concerns?" Not knowing is a circumstance of life that calls for recognition and acceptance, nothing more or less. On the other hand, disciplined curiosity is a skill that is, to varying degrees, evident in the intercultural negotiations of Solution-Focused consultations. As a skill, disciplined curiosity may be fostered through training, supervision, conversations and analyses of intercultural negotiations.

The individualistic assumptions that pervade Solution-Focused discourse are also significant. Clients are depicted as voicing unique individual desires in Solution-Focused consultations, and practitioners are cautioned to closely attend to their clients as individuals. This theme echoes a well-established and essentialist emphasis in Western cultures. Thus, it should not be surprising that individualistic claims are often made by clients in diverse Solution-Focused settings. Solution-Focused practitioners should take the claims seriously by treating them as client contributions to the building of idiocultures, that is, as cultural claims. The uniqueness of practitioners and clients is negotiated and realized as they select and organize themes borrowed from the other cultures in which they participate. Thus, every consulting session is a context for socially constructing clients and practitioners as unique.

The second future consideration involves conducting studies of Solution-Focused culture. Bidwell's (1999) theological analysis of Solution-Focused Brief Therapy is one starting point. Bidwell states that hope and possibility are the ultimate metaphors for Solution-Focused Brief Therapy, adding these values infuse therapists' techniques and ethical orientations. Another starting point is Ferraz and Wellman's (2009, p. 326) characterization of Solution-Focused Brief Therapy as "fostering a culture of engagement." These are only starting points, however. Future discussions need to move beyond such vague claims as Solution-Focused consultation is collaborative, respectful and optimistic.

There are many ways of addressing this issue but I think ethnographic studies of the Solution-Focused world are particularly promising. I say this because Solution-Focused culture consists of more than what happens within practitioner-client interactions. The Solution-Focused world consists of a wide diversity of settings, actors and activities. They include trainings, reading and writing texts, supervision, conference presentations, casual conversations about one's own and others' consultation practices and explaining Solution-Focused consultation to outsiders. A holistic ethnographic examination of the Solution-Focused world must look at how Solution-Focused assumptions, claims and practices are described, explained and justified in different social contexts. It should also look at disagreements among members of the Solution-Focused world; the criticisms they make of their own work and others' practices and the times when they treat practices that they usually criticize as appropriate for particular circumstances. The latter focus is significant because humanly constructed webs of meaning include both consistent and inconsistent themes as well as certainties and dilemmas.

The third issue directs attention to the relationship between clients' lives inside and outside of Solution-Focused consultations. How do clients interpret their brief involvement with Solution-Focused culture when they return to their families and communities? Quantitative studies concerned with clients' behavioural or attitudinal changes following Solution-Focused consultations are inadequate in addressing this issue. It calls for qualitative studies of the webs of significance and interactional contexts within which clients incorporate their Solution-Focused experiences within other idiocultures. We might treat this process as intercultural translation (Latour, 1983). Clients translate by selectively interpreting and applying aspects of Solution-Focused brief culture in their everyday lives. Studies of clients' uses of Solution-Focused culture in their everyday worlds promise to increase Solution-Focused consultants' ability (competence) to assist their clients' intercultural translation in non-consulting settings.

Conclusion

This paper develops an intercultural approach to Solution-Focused consulting. The consultations are negotiations within which practitioners and clients use their intercultural skills in developing somewhat unique webs of meaning that will potentially transform clients' orientations to their present and future lives. The negotiations are also contexts for constructing practical resources that clients might use in changing their lives. New meanings and resources emerge as practitioners borrow from and rearrange aspects of

multiple cultures to create idiocultures which might serve as standpoints for seeing new possibilities in clients' lives.

My intercultural approach is also a potential resource for therapists wishing to reflect on the values and practices that define Solution-Focused culture, and the diversity of forms it takes in different practitioner-client consultations. It may be useful in assisting Solution-Focused consultants to reflect upon their professional values, practices and identities, as well as asking themselves about other possible ways of being a Solution-Focused practitioner. Such reflections reposition clients and their cultural preferences as sources for practitioners' professional development. It is a way of extending Solution-Focused consultant's intercultural consciousness and competence by engaging the non-Solution-Focused world and learning from it.

While I have stressed the usefulness of developing intercultural consciousness in the Solution-Focused world, I would be remiss to leave the impression that that cultural analysis is always the most useful way of understanding Solution-Focused consultation. The concept of culture is only one of many concepts that people use to make sense of issues in life. For example, many so-called cultural issues might also be addressed using economic or biological perspectives; not to mention the many political and moral philosophies extant in contemporary societies. No doubt, there are times when other perspectives better address Solution-Focused clients' and practitioners' concerns. Still, I cannot imagine a form of Solution-Focused practice that is culture-free. My difficulty in imaging this possibility is related to the diversity of webs of meaning and idiocultures within which people participate in contemporary societies. It is hard to argue that we live in a world of multiple realities without including the concept of culture.

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A Taste of Wittgenstein for SFBT. 2: *Philosophical Investigations*¹

Nick Drury

This second of two papers provides an overview of Wittgenstein's later work and life from the perspective of what is called the 'resolute' or 'elucidatory' reading, for Solution-Focused Brief Therapists. This perspective takes the view that Wittgenstein's work can be seen as a form of therapy that enables us to be more attuned to the world and each other.

Introduction

"Well, God has arrived. I met him on the 5.15 train." So wrote John Maynard Keynes in a letter to his wife in 1929, on Wittgenstein's return to Cambridge. A decade after his retirement from philosophy, due to thinking he had essentially solved all the problems of philosophy, he decided to return due to 'grave errors' in the *Tractatus*, that had contributed to the misunderstanding of it by the Vienna Circle (logical positivists) and others. In the *Tractatus*, he had attempted to *show* that logic is not rooted in any universal laws lying outside the universe (or in some metaphysical space) awaiting discovery, but *shows* itself in our linguistic projections when we picture things with words. Most of the time (though certainly not always) we recognise straight away whether something someone has said is logical or not. This is because, as language users, we recognise through use, and not reference to a set of internalised rules, whether a person is playing the 'game' or not. The implication is that (most of the time) we can trust our good sense to tell us if this is logical or

1. The first paper, "A taste of Wittgenstein for SFBT. 1: The *Tractatus*", appeared in the previous issue of the journal.

not (or that these figures add up) and now focus our attention on the more important things in life — ethics and aesthetics. That is to say, how we get on with each other and our environment, and how to make life more beautiful (which he suggests amounts to the same thing). Unfortunately, in the *Tractatus* he had, largely unwittingly, endorsed the idea that language pictures reality and, as a result, philosophers had become pre-occupied with developing a purified language for science. As such, they were missing the point about the importance of ethics and aesthetics, and hence Wittgenstein's return to Cambridge. Incidentally, the word 'sin' stems from the Greek 'harmartia' meaning to 'miss the mark' (as in archery). Wittgenstein was to address their sin.

In this paper, I will outline some of Wittgenstein's later efforts to provide a philosophical therapy for untangling some of the knots or conceptual confusions in our thinking. I will of course, be limited by my own understandings of Wittgenstein's writings and recorded remarks, and I apologise for this. The 'resolute reading' or the 'New Wittgenstein', as well as the 'elucidatory' reading have been useful for me (Read & Crary, 2000; Fischer, 2011; Hutto, 2003/2006). As we shall see, I also refer to some of the empirical implications of Wittgenstein's work that have been explored by subsequent scholars. As both the 'resolute' and 'elucidatory' readings share the idea that Wittgenstein's work is a form of therapy for the Western intellect, psychotherapists may find some interest in it. Especially Solution-Focused Brief Therapists, as "[t]he solution of the problem of life is seen in the vanishing of the problem" (1961, §6.521²).

Context and Method in the *Philosophical Investigations*

Although Wittgenstein published next to nothing over the 20 years after his return to Cambridge, he was preparing a manuscript (*Philosophical Investigations* — '*PI*') at the time of his death in 1951 (from prostate cancer). Subsequent to his death, collections of lecture notes were compiled, his own and his students, and remarks in various notebooks, which now make up the 20+ books of the Wittgenstein corpus. In the introduction to the *PI*, he remarked that his "thoughts soon grew feeble" if he tried to force them along a single track, and so the result was more like an album "criss-cross[ing] in every direction over a wide field of thought". Not only that, it can be useful to regard previous philosophical endeavours as an attempt to present a general picture of the universe, whereas Wittgenstein's method consisted of scraping the picture off the window so we can see the world (or be with the world as participants) more clearly. Consequently, setting out Wittgenstein's work in

2. All references to Wittgenstein will just include date, and page or aphorism number.

the form of a narrative poses high risks, for it may enfeeble his elucidations.

From his notebooks and comments to friends, we could say that if there was a narrative to his philosophy, it would be that whilst the Enlightenment philosophers had scraped religious dogma off the window, ‘scientism’ had replaced it. Whereas our collective attention was once captured by imaginary theological entities behind the scenes influencing the world; they had been replaced by imaginary mechanisms or so-called laws of nature. Our collective attention is still governed by superstition. “[T]he main source of superstition results from belief in the causal nexus” (1961, §5.1361). “Man has to awaken to wonder ... Science is a way of sending him to sleep again” (1980a, p.5). Thus the goal of his therapeutic activities is to achieve total clarity (or presence in the world). He comments that because industrial culture seeks progress, “... clarity is sought only as an end, not as an end in itself. For me, on the contrary clarity, perspicuity are valuable in themselves” (1980a, p.7). “For the clarity we are aiming at is indeed complete clarity. But this means that the philosophical problems should completely disappear” (1958, §133). Thus Wittgenstein can be regarded as a form of Zen for the west (Weinpaul, 1958). To achieve this clarity would also entail letting go of this narrative also, otherwise it too becomes another picture on the window — “The real discovery is the one that makes me capable of stopping doing philosophy when I want to” (1958, §133).

Deconstructing the Picture Theory of Meaning

It wasn’t until the mid 1930s, before Wittgenstein began writing what has become known as the first section of the *PI*, and it took him the rest of his life to near completion of it. It is noteworthy that *PI* begins with a deconstruction of the picture theory of meaning, that had been central to the elucidations on logic in the *Tractatus*. For some time, and as expressed in the lectures notes now known as ‘The Blue Book’ (1966), he had been preoccupied with ‘one of the greatest sources of philosophical bewilderment’ (Monk, 1991, p.337); the tendency to think that some things that we have labelled with a noun (a substantive) must correspond with some identifiable or definable entity (a substance). ‘Numbers’, ‘time’, ‘knowledge’, ‘meaning’, ‘thought’, ‘paranoia’, ‘the good’, etc., are all, what we would now call socially constructed entities that we have conferred existence on. When we try to pin them down with a definition, they slip through our fingers like water; yet we use these words perfectly adequately. In this respect Wittgenstein approvingly quotes Augustine (1958, §89) who puzzled over this with regards to time: “What is time? If I am not asked, I know; but if I am asked, I don’t know”.

The *PI* begins the deconstruction of the picture theory of meaning with a quote from Augustine's *Confessions*, which claimed that we learnt the meaning of words by our elders pointing to objects and telling us the name of the object. This is known as the ostensive definition or teaching of words, and most people believe that this is how the meanings of words are learnt. But Wittgenstein questions this. One of the examples he gives, is to ask us to imagine someone pointing to an object and saying "that is sepiā". For this to make sense to us, we would already have to know that we are engaged in a colour naming activity here (1958, §30). He extends this argument throughout the first eighty odd remarks in *PI* to show that ostensive definition cannot be the foundation of language learning, we must first learn what attention directing activity is going on. Is the person pointing to the table and saying "table" naming the object, the colour, giving us an order to climb under it, fetch it, etc? The first time learner has to learn the attention directing activity first.

There is now considerable research on Wittgenstein's elucidations on joint attention sharing and language development. In summary, mimicry is present at birth, and between nine and 14 months the child begins to alternate between monitoring the gaze of (m)other and what other is gazing at, checking to verify they are continuing to look at the same thing. During this period vocalizations begin to become part of these games (Hobson, 2002). Thus language is based on the development of this joint attention sharing skill ('know how'), and not 'know that' (words representing things).

"For a large class of cases — though not for all — in which we employ the word 'meaning' it can be defined thus: the meaning of a word is its use in the language" (1958, §43). He goes on to remark that the error of the *Tractatus* is that in it, all language is explained in terms of the denotative model (ostensive definition), and this is misleading as it occludes the context of use by the speakers. We see this today where there are strenuous efforts to tie down the definitions of various psychiatric terms to neurological activities. Incidentally this neurophrenological project was delivered a severe blow recently when it was found that a group of people suffering from a rare disease that results in bilateral amygdala damage still report fear and panic (Feinstein, et al, 2013). The implication from Wittgenstein's elucidations here is that it will be far more useful, in most cases, to attune to how this particular person is using this word (e.g. depression, panic, etc.), rather than attempt to tie down these meanings as positivism would have us do.

Language Games and Rule-Following

Wittgenstein called the joint attention sharing activities where words get

their meaning ‘language games’. Outside of the particular activity that is a language game, words have no intrinsic meaning. A language game is a communally shared activity as diverse as naming, commanding, speculating, courting, doing mathematics, arguing, telling jokes, and much more. He talks of there being a ‘family resemblance’ (what mathematicians today call a ‘fuzzy set’) between diverse language games, with no one feature common to all. “Commanding, questioning, recounting, chatting, are as much a part of our natural history as walking, eating, drinking, playing” (1958, §25). “Here the term “language-game” is meant to bring into prominence the fact that the speaking of language is part of an activity, or a form of life” (1958, §23). “And to imagine a language means to imagine a form of life” (1958, §19).

In describing the diversity of language games, he is bringing into question the false view of the logicians and the “author of the *Tractatus Logico-Philosophicus*” (1958, §23) that language has a single underlying logical structure. Wittgenstein’s criticism here of his own earlier views have led some to totally reject the *Tractatus*, suggesting a much larger gap between ‘early Wittgenstein’ and ‘later Wittgenstein’ than is perhaps warranted. The view shared by most in the ‘resolute reading’ and ‘elucidatory reading’ camp is that both works had a therapeutic orientation, and the difference is largely limited to one about how words obtain their meaning (Read & Cray, 2000; Hutto, 2003/2006). In the *Tractatus*, the claim was that a word is the object it denotes, whilst in *PI* it is the use the word has in a particular language game. (This raises interesting philosophy of science questions, beyond the scope of this paper, as to whether meaning needs to be tied down to a specific denotation for scientific claims. For example, are psychological ‘tests’ based on self-report valid, as people may be using the same word in different ways?)

The important thing to recognise here is that language arises out of ‘know how’ activities, unlike the structuralism of Saussure or the mentalism of Pinker and early Chomsky, who all suggested that understanding is a result of a mental calculus performed on words and other sensations. We don’t obtain our understanding by inferences and deductions (intellectual activities) but via learned shared semiotic (meaning-making) activities. We attune ourselves to each other to play the same language games; games that are mostly learned in childhood. Whilst we may describe a particular language game with rules (say chess), the rules don’t bind the game so much as reflect an expression of our agreement or customary way of doing this activity (1958, §199).

There is a widespread view, shared by those who didn’t appreciate the say-show distinction in the *Tractatus*, that the rules of logic, mathematics, grammar, and other games, are somehow independent of the game, dictating whether we are applying or following the rules correctly. This view would

have us believe that these rules function as something of a mechanical calculus, and when working correctly, in the case of language, result in meaning. This kind of thinking leads us to think of rule-following as an inner mental mechanism, a causal process; and is thus likely to give rise to such therapies as CBT or psychoanalysis, which attempt to discover ‘faults’ in the imagined inner mental mechanism. Wittgenstein however spends a considerable proportion of the *PI* deconstructing this notion (1958, §143-242). He shows that the rules aren’t independent of their use, otherwise there would have to be rules on how to interpret rules (which would lead to an infinite regress). Not only that, if rules were independent of us and open to interpretation, then all sorts of interpretations could be argued to be the correct one (1958, §198-202). For example, what stops one from deciding that the point on a sign-post is the tail of an arrow and heads in the opposite direction to that intended by the sign-post maker? This example helps us see that what constitutes a rule is our customary, or collective use of it. “[A] person goes by a sign-post only in so far as there exists a regular use of sign posts, a custom” (1958, §198). “The application of the concept ‘following a rule’ presupposes a custom” (1978, p.322). So the rule is not a mysterious inner process but is an expression of an agreed custom. They show themselves when the person is playing the game in the agreed manner. “The word ‘agreement’ and the word ‘rule’ ... are cousins” (1958, §224). “[I]t is our acting, which lies at the bottom of the language-game” (1958, §204).

‘Private Language Argument(s)’

Another important section of *PI* has been called ‘the private language argument’ (or sometimes ‘arguments’) (1958, §243-309). In this section, Wittgenstein shows us that we cannot have a coherent private language that is known only to us. This is an attack on the Cartesian idea that I can only have certain knowledge about my own thinking and sensations, and have to make inferences about what others are thinking or sensing. As we shall see, this has ramifications on our understanding of Intersubjectivity, or the so-called ‘problem of other minds’. In brief, the idea he attacks is that if it was possible to talk coherently about my own inner sensations as things only I have access to, then I should be able to formulate a private language about these that is only meaningful to me. The problem with this however is that if I was to point to some inner sensation, presumably known only to myself, what certainty do I have that I am pointing to the same sensation on subsequent occasions? By contrast, if I was to point to a chess piece and say “that is a bishop”, you would no doubt correct me if it was a rook. However if my memory is the

criteria for identifying this as the same sensation, I have no way of knowing whether it is correct in identifying this as the same sensation I had yesterday. "I have no criteria of correctness" (1958, §258). The problem here is not just that my memory could be faulty, but unlike public events, there is no way I can step outside myself to confirm or verify the accuracy of my account. He amusingly gives us this quip on the problem of the self-referentiality of the puzzle: "As if someone were to buy several copies of the morning newspaper to assure himself that what it said was true" (1958, §265). There is no way to distinguish what seems correct from what is correct. So we need to let go of any certainty here.

Now the philosophical knot that we have gotten ourselves into here, arose because we began from a Cartesian assumption that 'I' or my mind was an observer, separate from the sensation, and I was observing my sensations like objects in the world. From such a Cartesian perspective it seems that the thing I can know most certainly is whether I am in pain or not. But as Wittgenstein observes we don't say we 'know' we are in pain (except when doing philosophy). "It can't be said of me at all (except perhaps as a joke) that I know I am in pain" (1958, §246). I simply am in pain, and express it by groaning, crying etc., or just saying 'I am in pain'. Indeed, we never learnt the word 'pain' without the aid of other people seeing these external criteria — my pain behaviour. That is, the language game of pain began from external criteria in a shared attention context. At first, we just winced, groaned, and cried, etc., but gradually people taught us how to express these sensations in increasingly sophisticated ways, which is most useful when I go to the dentist. Now these expressions often take the form of descriptions, but are in actuality, sophisticated expressions of my sensations.

Thus Wittgenstein's attack on the private language argument, is not so much to say to the Cartesian 'you're wrong', but to show them there is an incoherence to their argument. The Cartesian argument could be said to be parasitic on language games about knowledge of things in the world, where we have ways of verifying or justifying our knowledge claims. However when I am in pain, I simply am in pain, and it is not the kind of thing I can talk about (coherently) in terms of knowing. There is no evidence or justification I can appeal to. (The reader could enter 'beetle in the box' into an internet search engine for more on this.)

Behaviourism and Phenomenology

As Wittgenstein stresses the primacy of 'know how' rather than 'know that', many have been led into thinking Wittgenstein was some sort of a behaviour-

ist. Hutto (1995) points out that Wittgenstein himself shows that he is not a behaviourist by arguing that sensations are not a nothing (as many behaviourists argued) or could be ignored (as other behaviourists argued), but they are not a something separate from our minds that we are reporting on either (1958, § 304). As we have seen from the ‘private language argument’, they find expression in our behaviour. Well socialized expressions look like objective descriptions of sensations, but the picture theory of language has misled us here, for it created an illusion that there was some sort of gap between the sensations and the behaviour of reporting on them. Or, a gap between the sensations and a conscious Cartesian mind observing them. This error in turn, gave rise to the argument between the behaviourists who wanted to ignore the reality of sensations, and the phenomenologists who wanted to give sensations primacy in their analyses. It is not difficult to find adherents of both camps quoting Wittgenstein in their support today.

Perception

Wittgenstein’s elucidations on the nature of perception have a strong ethological and ecological appeal to them. They further develop the ‘know how’ rather than ‘know that’ theme, and have been empirically demonstrated by Gibson (1979) and Noë (2004). Since at least the time of da Vinci, the dominant philosophy of visual perception claims that bundles of light frequencies entering my eyes are being refracted through the lens to register on my rods and cones; which results in an electrochemical impulse travelling along the optic nerve to the rear of my brain, where the data is spontaneously interpreted, due to inductive familiarity with previous similar bundles of data, resulting in me seeing the computer screen in front of me. Most proponents of this perception of perception claim that we don’t actually see the world, but a ‘grand illusion’ of it in our brains (Noë, 2009).

The target of Wittgenstein’s criticism of this account of perception is the idea of interpretation. Interpretation is a conscious activity — “I see that cloud as a rabbit” — which is quite different to when I just say, “I see a rabbit over there”. We experience ‘seeing’ passively, we just ‘see’ the rabbit; in contrast when we are interpreting we usually experience this is an activity (a different language game). A problem with the traditional view is that the brain has been likened as the “I” or seat of consciousness, spontaneously interpreting or organising ‘sense data’ into recognisable patterns. This Cartesian view with its idea of unconscious interpretation can be further criticised by seeing that it is open to the possibility of there being an infinite regress of interpretations of the interpretations.

Much of Wittgenstein's elucidations in this domain stem from discussions of ambiguous figures, like the Necker cube or Jastrow's 'duck-rabbit'. Rather than interpreting the figure first this way and then another way, we actually see something different in each instance. The traditional view that claimed unconscious interpretation of 'sense data' accounted for seeing led perceptual psychology becoming focused on illusions such as the Müller-Lyer arrows, in order to elucidate the interpretative mechanisms. Wittgenstein's non-interpretative view of perception has us look at what is going on when seeing an ambiguous figure first as a rabbit and then as a duck. Our focus shifts from one end of the figure to the other as we go from rabbit to duck (cf. 1958, p.212e).

This observation by Wittgenstein has led perceptual psychologists, such as Mack & Rock (1998) and philosophers interested in perception and cognitive science, such as Alva Noë (2004) to study inattentional or change blindness, rather than perceptual illusions. Many would be familiar with the experiment in which a man in a gorilla suit walks through the a group of basketball players and is not 'seen' by observers (Simons & Chabris, 1999). Interest has shifted away from interpretation of sense-data to understanding the activity of seeing.

This elucidation has enabled us to see that the primary function of perception is not so much identifying things in the world ('know that'), but the development of sensorimotor skills ('know how') for the purpose of keeping track of our relationship with the world. Attunement! After cataract surgery the congenitally blind cannot see until they successfully integrate their perceptual apparatus within a sensorimotor framework (Noë, 2004, p.5). Held & Hein (1963) showed that a newborn kitten never learned to see until it had developed appropriate sensorimotor skills. There are more feedback neural pathways to sensory systems than input (Noë, 2009, p.22), and we are constantly moving our bodies and eyes to enhance visual perception.

Noë suggests the metaphor of a blind man with his cane as a way of understanding enactive perception (and cognition); using his senses to probe the interdependent relationship he has with the world for a way forward. Gibson (1979) noted that perception is not a passive pastime for a Cartesian homunculus, so much as it is primarily part of a particular task, such as walking, grasping, catching prey and so on. This has obvious ecological and ethological appeal, as we realise the task of the senses, and for that matter the intellect and language, is not primarily to obtain (or communicate) an accurate picture or map of the world, as it is to find or maintain useful ways of relating with it. The task for therapists is to attune to the client in his or her struggles to become more attuned to the world.

Cognition

These elucidations on the nature of perception have had a strong influence, along with other aspects of Wittgenstein's later work on the development of what is being called 'Radical Embodied Cognition' (Gallagher, 2008; Chemero, 2009; Shapiro, 2011; Hutto, 2012). REC would have us understand cognitive processes as involving the whole body as the locus of sensing and acting, and the skin as no longer the boundary of mental pathways. Harré and van Langenhove (1999), working from Wittgenstein's ideas on language games as joint attention sharing activities, suggest that we view 'thinking' as the subtle positioning and re-positioning of ourselves (and others) in the world. Children who gesture whilst learning arithmetic tend to do better than those who don't (Broaders et al., 2007). Not only do we think with our bodies as we position and re-position ourselves, but mental processes are also both 'in here and out there' rather than the Cartesian assumption of 'mind in here, world out there' (Noë, 2009). This is the description offered by Bateson (and now called 'distributed intelligence'), where the blindman, his stick, and the street are all involved in the circuit of activity attention flows around (Bateson, 1972, p.459). (Bateson's attraction to Russell and his theory of logical typing appears to have led him to offer the idea that it is information rather than attention that flows around the circuit.) Heidegger (1962) has shown us that most of the time we are at one with the world; that is to say, we are so absorbed in our activities, so attuned, that we are not aware of any gap between our self and the world. The hammer or the car feels like part of me when I am using them. As the Mahāyāna Buddhists say, 'samsara is nirvana' – our everyday mind is already at one with the world, and so-called enlightenment is in recognising this. (The Rinzai school of Zen also taught that any effort to achieve this 'one-ness', including meditation, is wrong-headed, as one would be setting out from a position of separation. Mindfulness practitioners please take note.)

Developmentally, REC researchers and philosophers argue, that Piaget's idea that the early sensorimotor stage is overcome or abandoned in order for adult cognition to arise is simply wrong. Instead, sensorimotor skills are refined and become more flexible (Thelen et al., 2001). Whilst Piaget saw the first two years as a shift from attachment to separation; embodied cognition sees 'attached-individuation' occurring as we mature. Where Piagetian researchers attributed errors by infants who reach for objects now hidden in a different place to knowledge ('know that') deficits, the embodied researchers see this as immaturity in the grasping and pointing activity ('know how'). Lakoff and Johnson (1999) suggest that abstract concepts are metaphorical

extensions of bodily activities, for “reason uses and grows out of bodily capacities” (p.17). Embodied cognition finds more attraction to Vygotsky than Piaget, as ‘intelligence’ is viewed as something that ‘emerges’ or is ‘called forth’ by the social environment, as we ‘invite’ our children to ‘sense out’ the world in more refined or flexible ways (Vygotsky, 1978; Shotter, 2011; Shotter, 2012). Vygotsky called these social situations where change occurs, Zones of Proximal Development (ZPDs) where we become who we will be by performing as we are not (yet). Both ‘teacher’ and ‘student’ can be seen having anticipatory responses to each other’s utterances (or joint attention activities) that are being modified as the conversation unfolds. Like blind men with our canes, we are reaching out to meet the activities of those around us, and in so doing we are modifying the embodied structure of our being that generated the anticipatory responses. Similarly, psychotherapy can be viewed as a ZPD where both therapist and client are active participants in the co-creation of ‘realities’ via a chiasmic intertwining of anticipatory responses to each other (Beebe & Lachmann, 2003; Holzman, 2011, Shotter, 2011).

Intersubjectivity

A number of Wittgensteinian psychologists have taken the discipline to task over the claim that social functioning is a result of a Theory of Mind (ToM) (Leudar & Costall, 2009). Although there are various ToM theories, they all suggest that somehow or another we are making inferences (either intellectual or simulated ones) to understand ‘other minds’. (ToM research has also been criticized for defining the phenomena it claims to be researching.) Although there is no denying that at times we do resort to inference or simulation to understand another person, we become ensnared in Cartesianism, if we think this is the main vehicle of intersubjectivity. Children, some learning disabled people, and even cats and dogs get on very well with people although lacking the capacity to make meta-representations. The only people who need a ToM (besides far too many mental health ‘experts’) are those attracting a diagnosis of autism, because, as one put it, “to make up for the instincts I don’t have” (Williams, 2009, p.156). Wittgenstein says we would be “Putting the cart before the horse” if we were to think that our reactions to others is primarily a result of thought (1981, §541-542). In the beginning was the reaction (1980a, p.31).

In most social situations, there is no homunculus interpreting the ‘other’. “The idea of the ego inhabiting a body [is] to be abolished” (1993, p.225). Although no Cartesian observer within, there is bodily subjectivity inhabiting the world: “The human body is the best picture of the human soul” (1958,

p.178e). Our performance based knowledge of people is expressed in attitudes: “My attitude towards him is an attitude towards a soul. I am not of the opinion that he has a soul” (1958, p.178e). An attitude is an expression of our subjectivity, and is not ‘know that’ knowledge about something. Now when we interact with another: “In general I do not surmise fear in him – I see it. I do not feel that I am deducing the probable existence of something inside from something outside: rather it is as if the human face were in a way translucent and that I were seeing it not in reflected light but rather in its own” (1980c, §170). In other words, we don’t have to look inside ourselves to recognise the anger, indifference, joy, and so on in the face of another: “it is there as clearly as in your own breast” (1981, p.220). “My thoughts are not hidden from the other, but are just open to him in a different way than they are to me” (1992, pp.34-35).

Thus for Descartes, first person knowledge of psychological states is unproblematic, but third person is (‘the problem of other minds’); whereas for Wittgenstein, this is reversed. As we have seen from the private language argument, we learnt the use of psychological words from public criteria of their expression. We see these outer criteria. “‘We see emotion’ — as opposed to what? — we do not see facial contortions and make the inference that he is feeling joy, grief, boredom. We describe the face immediately as sad, radiant, bored, even when we are unable to give any other description of the features. ‘Grief, one would like to say, is personified in the face. This is essential to what we call ‘emotion’” (1980c, §570). As you may recall from earlier, it doesn’t make sense to say I know I am in pain, I just say I am in pain; I don’t take the position of an observer to my own body. Understanding this helps us see that not only ToM, but a great deal of modern psychology is built on a conceptual or philosophical confusion. “[I]t is correct to say ‘I know what you are thinking’, and wrong to say ‘I know what I am thinking’. (A whole cloud of philosophy condensed into a drop of grammar)” (1958, p.222e). (Wittgenstein ends the *PI* by noting that psychology is barren as a science because although it has experimental methods, it has conceptual confusion (1958, p212e).)

But the ToM proponent may argue that there are aspects of ‘other’ that escape my detection, that transcend my observation. Wittgenstein has an exchange with an imaginary interlocutor: “‘But you can’t recognise pain with certainty just from externals.’ The only way of recognizing it is by externals, and the uncertainty is constitutional. It is not a shortcoming” (1980c, §657). The “externals” trigger my concern, which as Vygotsky (1978) puts it, is completed in my spoken utterance or gesture. Of course, my client is not interested in my ‘body language’ per se, but whether my expressions of concern are genuine or feigned. Although there may be aspects of other that transcend

my observation (I can see that you are upset, but may not know why yet), it is the immediacy of the expression that moves me to conversation of concern. As we know, in SFBT, I may not need to know (intellectually) what is upsetting you to help you, my expression of care may be sufficient on its own. Shotter (2011, 2012) argues that there is a relatively unexplored realm in psychology which he calls 'knowledge of the third kind' or 'know from' (as distinct from 'know how' and 'know that'). It is from within the dialogue triggered by these 'primitive' reactions we are having with each other that new language games (or ways of life) emerge as we co-ordinate our perceptual and speech sensorimotor activities. Daniel Stern (1995) appears to be describing the same thing when he talks of 'affect attunement'. As we become entwined or relationally responsive to each other, the conversation becomes increasingly spontaneously, or takes on a life of its own, and then, ideas novel to either or both of us (knowledge of the third kind) might start emerging. Sensorimotor therapist Pat Ogden calls this 'relational mindfulness' (2013).

Wittgenstein & Freud

After Wittgenstein's eldest sister Gretl, the intellectual in the family, was psychoanalysed by Freud (and later helped Freud escape the Nazis), Wittgenstein took an interest in Freud. He thought they were both dealing with orientation problems or people "not knowing our way about" (1958, §123). As we have been seeing, these are not intellectual problems requiring an answer ('know that'), but relational in that they require us to relate to certain aspects of our environment differently ('know how') (Shotter, 2011). Wittgenstein even called himself 'a disciple of Freud' for a while, although he was later to attribute to Breuer and not Freud the 'extraordinary scientific achievement' (1980a, p.36). This is the idea that problems might reflect processes a person is unconscious of, but can disappear when attention is redirected through talk. But he was also highly critical, calling psychoanalysis "a dangerous and foul practice" that's "done no end of harm" (Bouveresse, 1995, p.xix). He thought Freud's substantivisation (turning an adjective into a noun) of the word 'unconscious', was seductive nonsense: "New regions of the soul have not been discovered" (1979, p. 40). Wittgenstein's interest here was strong enough that in the late 1930s he seriously considered training as a doctor and then psychiatrist in Dublin. However, these plans were put on hold by the looming war.

In lectures describing the "abominable mess" (1993, p.107) of Freudian thinking, (which is now pervasive throughout psychology, psychiatry, and the social sciences), Wittgenstein pointed to the confusion of 'cause' and 'reason'

(Winch, 1958/1990; Heaton, 2010). Freud's 'scientism' led him to claim that he had discovered unconscious reasons as the causes of psychological problems. Wittgenstein pointed out that in general, a 'reason' is usually known, I can usually give a reason why I did something; however a cause is a conjecture (and usually unconscious) (1966, p.15). He gives the example of the face that inspires fear or delight; the face is not the cause but the reason I was delighted or frightened. (It is helpful to think of the 'distributed mind' here.) The cause is a conjecture on how the association was first made (1958, §476). Densensitisation to the face can occur without the cause ever being known; and as SFBT therapists have been noting forever, we don't need to know the cause. He pointed out that 'why' questions can lead us into this confusion as they can be answered with a reason or a cause (1966, p.15). Moreover, when giving a reason we may be pressed as to why we did that too, and get into what seems like an infinite regress of reasons; but the chain ends when we give a causal conjecture (Cioffi, 1990).

Confessions

The question of whether the psychoanalyst requires personal analysis was addressed in an interesting manner by Wittgenstein. In the mid 1930s when he was reading Freud, he wrote: "The edifice of your pride has to be dismantled. And that is terribly hard work" (1980a, p.26e). He went about it by writing out a list of his sins and insisted on reading them to a small circle of his acquaintances. He then went to homes of the children he had hit whilst teaching in rural Austria a decade earlier, and asked the families to forgive him for what he had done. One friend he confessed to asked why he was doing this, "You want to be perfect?" "Of course I want to be perfect," he replied (Monk, 1991, p.369). As Monk explains, these confessions were not to hurt his pride, but to remove a barrier that stood in the way of "honest and decent thought". Also many of the remarks in *PI* can be seen to be written in the form of confessions — "I feel like saying ...", "I want to say ...", etc. "In confessing you do not explain or justify, but describe how it is with you" (Cavell, 1969, p.71). We might say that in the relational mindfulness of flowing therapeutic conversations, this is what is occurring; and I believe that is what is meant by Anderson and Goolishian's (1992) 'not knowing' stance.

World War II and the Last Years

As noted previously, his plans to go to Ireland and become a psychiatrist were abandoned by the war. He became a British citizen, gave up his position as

Professor of Philosophy at Cambridge, and went to work as a dispensary porter at Guys Hospital in London. He endeavoured to keep who he was from most, but was recognized by some and invited to dine with the doctors. His job was to deliver medicines from the dispensary to the wards, and according to some, advised patients not to take them. Before the war was finished, he had returned to Cambridge to begin work on completing *PI*. As he was never completely happy with the result, this project was never finished.

During the last couple of years he made a number of notes that have since been published as *On Certainty* (1969). Whereas the Cartesians and positivists had attempted to find certainty in intellectual knowledge ('know that') by hunting for foundational axioms, that they could build knowledge systems (e.g. logic, mathematics, the various sciences) on; he shows that any claim of knowledge invites doubt. Even G.E. Moore's claim that 'I know this is my hand' invites the question of how he knows (even if it seems a very reasonable claim). Wittgenstein argues that these sort of statements (e.g. 'here is a hand', 'the world has existed for more than five minutes', etc) are not empirical propositions so much as expressions of our relationship with the world and each other. They show the common ground we share as people, and at one stage refers to such statements as the riverbed that the river of language flows in. Our certainty lies in this common ground, in our 'know how'. Our scientific endeavours to find certainty in intellectual ('know that') knowledge has led us to be out of touch with the world. It could be said then, that this final work marks a return to the show-say distinction that finds expression in the *Tractatus*.

Conclusion

Wittgenstein returned to Cambridge in 1929 because his earlier work had been built on the picture theory of meaning, and as a result most had missed the point of it. He spent the next 22 years deconstructing the picture theory by showing that language works by joint attention sharing activities he called language-games. Representational ideas (picture theory of meaning) can bewitch the intellect (1958, §109), and he developed a philosophical therapy to "show the fly the way out of the fly-bottle" (1958, §309). The function of perception is to keep track of our relationship with the world; our certainty is to be found here and not in any representation of the world: a shift from 'know that' to 'know how'. Becoming attuned to the world awakens us from the sleep that scientism induced (1980a, p.5). SFBT, like Wittgenstein's therapy, does this by dissolving problems so that we can all say, "Now I can go on" (1958, §151).

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About the author

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Solution-Focused Wellness Coaching*

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Understanding wellness as a multi-dimensional construct has significant implications for both physical and psychological health treatment. Links between chronic illness and lifestyle factors such as inactivity, diet, and stress, present a need for professionals with specialized training who can support individuals in developing skills and resources related to making lifestyle changes. To facilitate wellness-based lifestyle change, models that integrate evidence-based approaches are needed. Solution-Focused Brief Therapy and Solution-Focused Coaching are evidence-based approaches that emphasize client strengths and building solutions in both clinical and non-clinical contexts. Establishing a Solution-Focused Wellness Coaching (SFWC) model provides a short-term, effective approach to coaching that is applicable in a variety of health and wellness contexts including primary care, counselling, social work, occupational and physical therapies, and exercise and fitness. The SFWC model provides a framework that utilizes specific, replicable therapeutic techniques for supporting clients in enhancing wellness across physical, spiritual, emotional, intellectual and social domains.

Background

Acceptance of a multi-dimensional conceptualization of health and wellness has been gradual within the traditional medical model. The historically embraced biomedical model of illness focused exclusively on biology while ignoring psychological, environmental and social influences on health. Yet, evidence supports an increased risk for major illness and death associated

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with lifestyle behaviours such as inactivity, diet, smoking and sustained stress (Smith, et al., 2013). A shift toward a holistic understanding of health is supported by the World Health Organization, which defines health as a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity (WHO, 1992).

A related body of literature conceptualizes wellness as a multi-dimensional construct with multiple models of wellness having been developed and modified in recent years. While promising as an emerging paradigm, these developing models create challenges related to establishing a consensus definition. Among the notable models of wellness are the Lifespan Model of Wellness (Myers, Sweeney & Witmer, 1991), the Indivisible Self Model of Wellness (Myers and Sweeney, 2004), Hettler's Hexagonal Model of Wellness (1980) and the Clinical and Educational Model of Wellness (Granello, 2013). Though each incorporates varying domains, consistent among these models are five similar components that relate to emotional, intellectual, physical, social and spiritual wellness (Roscoe, 2009).

The acceptance of wellness as a multi-dimensional construct has significant ramifications for both physical and psychological health treatment. Effective counselling and lifestyle change strategies are needed to inform, engage and empower clients. Approaches should ensure that clients can effectively communicate their needs and are invested in change-related decision-making (Caldwell, Gray & Wolever, 2013). In health care, where primary care providers are key change facilitators, numerous barriers prevent them from counselling patients, such as a lack of time, counselling training, institutional support and reimbursement (Tulloch, Fortier & Hogg, 2006). Thus, there is a need for professionals trained in health behaviour change theory, health-related assessment and interventions and counselling strategies to support patients in making lifestyle modifications (Tulloch et al., 2006).

Current health promotion counselling and advising interventions have been guided by several theories and models. These include Cognitive Theory, Health Belief Model, Theory of Reasoned Action and the Transtheoretical Model of Change. However, the theoretical foundations often do not accurately translate to specific counselling strategies, which may result in professionals utilizing non-specific counselling techniques and relying on health information and professional status to convince patients to change (Elder et al., 1999).

The emphasis on lifestyle change as mediator of holistic wellness and the need for accessible, brief approaches that focus on lifestyle change have contributed to the growing prevalence of "coaching" models. Here, coaching is defined as a means of helping others attain a desired goal or future state (O'Connell, Palmer & Williams 2012). This can take many forms based on var-

ying theoretical foundations including cognitive coaching, behaviour-based positive psychology and goal-oriented coaching (Ives, 2008). Common types of coaching models include Life Coaching and Executive Coaching, which are structured approaches to help non-clinical populations set and reach goals (Green, Oades & Grant, 2006).

Several private programs focus specifically on wellness or health coaching. For example, Wellcoaches, American Council on Exercise and the National Institute of Whole Health offer training and certifications for coaching. Additionally, Integrative Health Coaching, developed at United States research institution Duke University, is a systematic and collaborative process that facilitates life experience enhancement and goal attainment related to a particular health concern (Caldwell et al., 2013). Despite the numerous models, there is no consensus definition of health or wellness coaching, resulting in wide variations in training, methodology and scope of practice (Smith et al., 2013). Thus, there is a need for a clearly defined model and therapeutic approach to health and wellness coaching, to provide guidelines and strategies to facilitate lifestyle change.

Solution-Focused Brief Therapy

The Solution-Focused Wellness Coaching model provides a health and lifestyle change approach using evidence-based counselling strategies and techniques. Solution-Focused Brief Therapy (SFBT) is a strength-based intervention defined by its emphasis on constructing solutions rather than focusing on problems and the assumption that clients have the resources and capacity to change (De Jong & Berg, 2013). It originated in the early 1980's based on the work of de Shazer, Berg and colleagues at the Milwaukee Brief Family Therapy Center (BFTC) in Milwaukee, Wisconsin (De Shazer et al., 1986).

SFBT is categorized as a post-modern approach to counselling, adhering to tenets of social constructivist theory (Crockett & Prosek, 2013) and emphasizing that problems and solutions are both clients' construction in a social context. SFBT utilizes a collaborative and non-hierarchical relationship with clients and recognizes that they are the experts on their goals and aspirations. The therapist is an expert on the conversation of change that allows clients to reconnect with their resources and strengths and accomplish their self-determined goals. In addition, SFBT focuses on the present and future and believes that problems belong to the past (Lee, 2013).

As described in the Treatment Manual endorsed by the Solution-Focused Brief Therapy Association (Bavelas et al., 2013), SFBT basic tenets include: focusing on the client's desired future rather than on past problems or cur-

rent conflicts, it is based on solution-building rather than problem-solving, no problem happens all the time — there are exceptions, alternatives to current undesired patterns of behaviour, cognition and interaction that are within the clients' repertoire or can be co-constructed by therapists and clients as such and clients are encouraged to increase the frequency of current useful behaviours. Additionally, SFBT differs from skill building and behaviour therapy interventions, in that the model assumes that solution behaviours already exist for clients and the conversational skills required of the therapist to invite the client to build solutions are different from those needed to diagnose and treat client problems.

As the popularity of SFBT has grown, so has its research base. Many scholarly articles and studies have been published that examine the unique qualities of SFBT and distinguish it from other therapeutic modalities. Among the significant differences between SFBT and other commonly used therapeutic approaches such as Cognitive Behavioural Therapy (CBT) and Motivational Interviewing (MI), are the lack of diagnosing pathology; focusing on what is right rather than what is wrong and not assuming that what's behind the client's words is more significant than what is said (McKergow & Korman, 2009). Studies demonstrate that SFBT sessions were significantly higher in positive content, lower in negative content compared to (CBT) (Jordan, Froerer & Bavelas, 2013) and SFBT formulations preserved a significantly higher proportion of clients' exact words and added fewer of therapist's interpretations than did CBT or MI (Korman, Bavelas & De Jong, 2013).

The evidence base for Solution-Focused Brief therapy is strengthened by several outcome reviews and analyses. Reviews by Gingerich and Eisengart (2000), Gingerich and Peterson (2012) and Kim (2008) support positive benefits of SFBT including strong evidence related to length of treatment, indicating that SFBT may be more cost-effective than other therapeutic approaches. Evidence supports the effectiveness of Solution-Focused Brief Therapy across a variety of populations. For example, outcome literature related to school populations demonstrates positive effects of SFBT on behavioural and academic problems, (Kim & Franklin, 2009), improved listening comprehension and reading fluency, perceptions of general intelligence and attitudes toward school and teachers, as well as decreased anxiety in children with reading problems (Daki & Savage, 2010).

Within an adult population, SFBT has demonstrated effectiveness in addressing a range of symptoms and behaviours (Gingerich & Peterson, 2012) including depressive symptoms (Sundstrom, 1993), medication compliance (Panayotov, Anichkina & Strahilov, 2011), abstinence from alcohol (Spilsbury, 2012), post-traumatic stress (Bannink, 2008) and parenting skills (Zimmer-

man, Jacobsen, MacIntyre & Watson, 1996). SFBT has been utilized across populations including couples (Zimmerman Prest & Wetzel, 1997), college students (Sundstrom, 1993) and in group therapy (Lafountain, Garner & Eliason, 1996). A SFBT approach has also been used in a health and wellness context with challenges related to weight management and diet (Dolan, 1997), as well as in work with athletes (Hoigaard & Johansen, 2004).

Solution-Focused Coaching

Based on the principles of SFBT, Solution-Focused Coaching (SFC) is an adaptation of this treatment approach for use with non-clinical populations. Like SFBT, SFC is focused on helping people identify preferred outcomes and specific goals, disengaging from problem-focused thinking, identifying and utilizing resources and strengths, through a mutually respectful collaborative environment (Grant, 2013). SFC embraces several basic beliefs that guide practice including: asking questions is more important than providing answers, focus is on the future not the past, build on client's strengths and explore solutions and "if it's not broken, don't fix it, unless it can be improved" (O'Connell et al., 2012). SFC differs from SFBT in several important ways including focusing on non-clinical goals, use of a coaching model as opposed to a psychological model and delivery by a trained coach rather than a counsellor or psychotherapist (O'Connell et al., 2012).

In addition to the demonstrated effectiveness of SFBT, literature supports the use of a SFC approach. Multiple books provide rationale, guidance and techniques related to SFC (Jackson & McKergow, 2007; O'Connell et al., 2012). In addition, a number of studies demonstrate its effectiveness on a variety of outcomes. Within a coaching context Solution-Focused questioning has been found to be more effective than problem-focused questioning, with notable differences in client affect, goal approach, understanding of problems (Grant & O'Connor, 2010) and improvements in self-efficacy and action planning (Grant, 2012). Solution-Focused coaching has also demonstrated effectiveness in improving workplace well-being (Grant, Curtayne & Burton, 2009) and can be effective in group interventions (Green, Oades & Grant, 2006).

Solution-Focused Wellness Coaching

SFWC framework

The proven effectiveness of SFBT and SFC, as well as the emerging acceptance of wellness as a multi-dimensional construct, provides an ideal combination for addressing lifestyle behavioural change. The Solution-Focused Wellness

Coaching model (Table 1) integrates core tenets of SFBT and SFC with a wellness framework that includes social, emotional, intellectual, spiritual and physical wellness domains. By working collaboratively with clients to identify their strengths and resources, SFW Coaches can support them in identifying future-oriented goals. These self-determined goals can be focused both on specific domains of wellness and on holistic well-being.

Understanding the subjectivity of wellness as a construct, as evidenced by the multiple existing models represented in the literature, allows for flex-

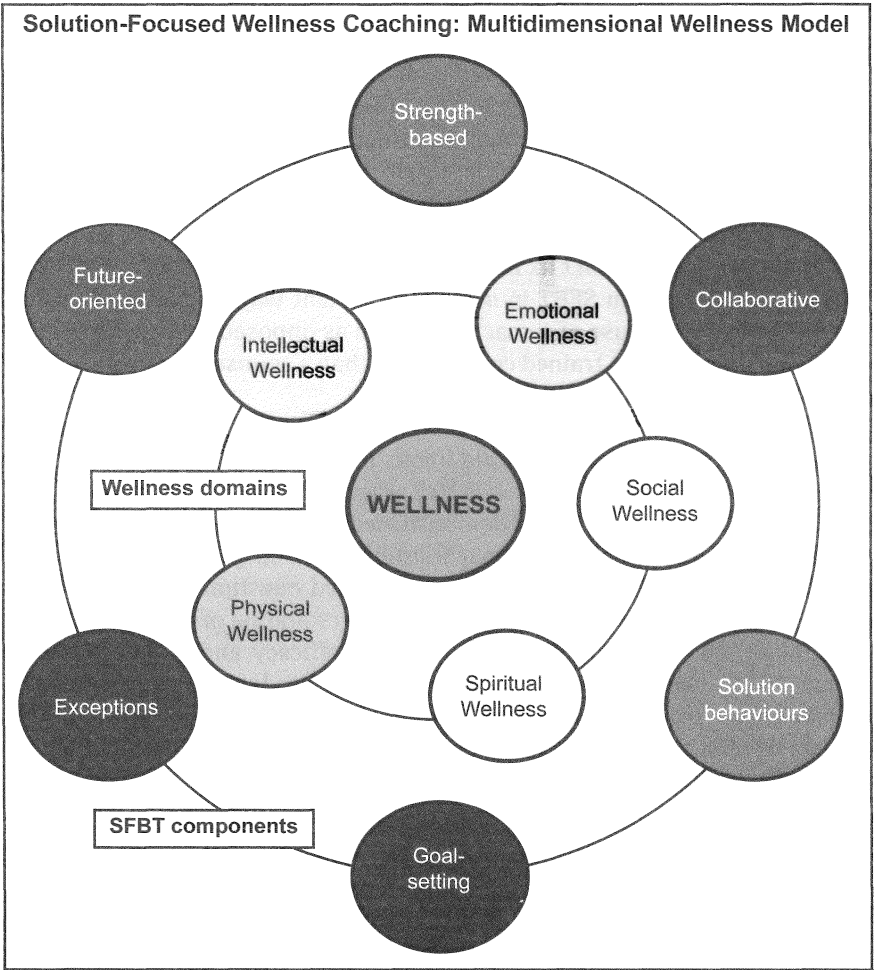


Table 1. Solution-Focused Wellness Model

ibility in the client's conceptualization of their own well-being. The SFWC model provides a useful framework illustrating the multidimensional nature of wellness. However, SFWCs must be cautious not to direct the conversation, or "fit the client to the model". SFBT is built on the wants, needs, or behaviours of clients, therefore the SFWC assumes a supportive role that attempts to expand rather than limit options. (de Shazer et al., 2007). The Solution-Focused approach may be integrated with other techniques so long as a belief in clients' abilities to know what is best for them and to effectively plan how to get there, is maintained (Trepper, et al., 2006). Thus, SFWCs can support clients as experts in identifying and defining areas that are most pertinent to their overall wellness, while assisting in the process of distinguishing and exploring relationships between the multiple dimensions of wellness and the facilitation of wellness-related change.

While clients may choose to focus on single or multiple aspects of wellness and "label" these domains in ways that are meaningful to them, the following are consistent to the vast majority of evidence-based wellness models (Roscoe, 2009) and provide a useful framework for addressing wellness-based change.

- **Social Wellness** has been described in the literature as an individual's interactions with others, the community and environment (Hettler, 1980), the amount of support received and reciprocated and the value attached to these actions (Adams, Bezner & Steinhart, 1997).
- **Emotional Wellness** relates to the awareness and acceptance of feelings (Leafgren, 1990), management or regulation of emotions (Hettler, 1980) and one's sense of self (Adams et al., 1997).
- **Physical Wellness** can be described as maintaining bodily balance and harmony through cardiovascular fitness, flexibility, strength and healthy diet (Hettler, 1980; Renger et al., 1990), as well as taking preventative action to avoid illness.
- **Intellectual Wellness** relates specifically to expanding, improving and sharing knowledge and skills through a variety of creative and stimulating activities and resources (Leafgren, 1990; Hettler, 1980).
- **Spiritual Wellness** focuses on the perception of meaning and purpose in life, the integration of mind and body (Adams et al., 1997) and the pursuit of a fulfilling life (Renger et al., 2000).

Using a SFWC approach, these domains of wellness can be explored with clients in a manner that adheres to the core tenets of SFBT. Professionals can support clients in identifying ideal states of well-being, defining and clarifying different aspects or domains of wellness that are deemed important

by clients, exploring past wellness-related successes and exceptions and developing future-oriented goals for each domain. Using a Solution-Focused approach, this can be accomplished while maintaining a strength-based, collaborative relationship that values the clients as experts who have the resources and skills necessary to facilitate positive, wellness-based changes. The sample domain table (Table 2) shows how Solution-Focused skills are developed for a particular domain.

Domain	Solution-Focused skills
Physical wellness	Identifying strengths & exceptions: <i>What things do you do currently that make you feel physically well?</i> <i>How important is physical wellness in your life?</i> <i>What are some specific things you do to take care of yourself physically?</i> <i>Can you identify some times when have felt physically well? What did that feel like? What things were you doing?</i> Future-oriented questioning: <i>What would your ideal physical state look like? How would that feel?</i> <i>What are some things that you will do in the future that might make you feel physically well?</i> Miracle question: <i>If you went to bed tonight, a miracle happened but you didn't know how it happen. Overnight you became totally physically well, what would be different in the morning?</i> Scaling: <i>On a scale of 1-10, how would you say that you feel physically?</i> <i>What would a 10 feel like?</i> Positive feedback: <i>It seems like you have several great ideas for ways that you could feel more physically well</i> <i>You have been making some good progress related to your physical wellness</i> Goal-setting: <i>What goals do you think you could implement to help you move from a 4 to a 6 related to physical wellness?</i> <i>What are some things you might change in the next week or two that would lead to you feeling more physically well?</i>

Table 2. A sample domain table: Physical wellness

SFWC in practice

The SFWC can support individuals in constructing their own definitions of wellness and the value that they place on each domain. This allows for the exploration of strengths, exceptions, “ideal states,” and goals related to the domains as identified by clients as current areas they would like to focus on. Through examining client strengths, the SFWC can work collaboratively with clients in identifying practices that they are currently implementing to feel physically well. Additional strategies may be identified which could build on current practices and positive, attainable goals that reflect client values can be established. By providing regular, positive feedback client strengths can be reinforced, while focusing on successes rather than ongoing problems can help to facilitate lifestyle change.

Additionally, professionals can support clients in identifying ways that domains of wellness are interrelated and examine ways that improving one area of wellness may affect not only other domains, but overall perceptions of wellness as well. By emphasizing the interrelatedness of wellness domains and developing strength-based goals, clients can create lifestyle changes that lead to improved overall health and wellness.

The SFWC model is designed for use with non-clinical populations, therefore may differ from specific goals and skills utilized in a therapeutic context. Though there are variations in techniques within a SFBT approach, the basic tenets identified by Bavelas et al. (2012) in the *Solution-Focused Therapy Treatment Manual for Working with Individuals*, illustrate the core components that serve as a foundation for Solution-Focused techniques. Specific, active ingredients of SFBT include collaborative alliance, focusing on solutions, setting attainable goals, focusing on the future, use of scaling and focusing on exceptions to problems (Bavelas et al., 2012).

SFWC case illustration

Nico was a 20-year-old male college student who was seen for individual wellness coaching at the university wellness centre. Nico was referred to wellness coaching by his academic advisor due to concerns related to feeling overwhelmed. After gathering background information and ruling out the need for any higher level of care, Nico and his wellness coach collaboratively agreed to explore Solution-Focused Wellness Counselling. It was determined that this approach might be beneficial to support Nico in establishing balance in his life and improve wellness.

Using a Solution-Focused Wellness Coaching approach with Nico inte-

grated discussion related to his perceptions of health and wellness. Consistent with the tenets of SFBT that emphasize collaboration and a non-hierarchical relationship, the SFWC worked to gather information about Nico's strengths and experiences related to wellness. Using this approach recognized Nico as the expert and valued his conceptualization of well-being. Through this dialog, the coach was able to explore the multidimensional nature of wellness with Nico, while focusing on solutions rather than current problems. The dialog also presented opportunities to highlight exceptions, instances when Nico's strengths and resources allowed him to access a state of improved wellness.

*SFWC: Can you describe what it's like when you are feeling most 'well'?
[focusing on solutions rather than problem]*

Nico: Well, I'm not stressed out all the time. I guess I would probably be sleeping better and able to concentrate. I'd probably have more time to hang out with my friends ...

SFWC: It sounds like when you talk about feeling 'well', there's actually quite a lot that goes into it.

Nico: Yeah, I guess so.

SFWC: So let's try this. Imagine that you went to sleep tonight and, sometime during the night, a 'miracle' happened. Because of this 'miracle' when you wake up in the morning you feel completely, totally, well. What is the first thing you would notice that would be a clue that a miracle happened? [Miracle Question]

Nico: I guess I would just feel better.

SFWC: What specifically would feel better? [amplifying]

Nico: Well, I'd be well-rested for one. Maybe not as stressed. I'd probably be working out more.

SFWC: What would your best friend or roommate notice is different about you? [amplifying]

Nico: I think I would have more energy. I would probably not look as tired. They would probably notice that I was in better shape.

SFWC: So if that 'miracle' state were a 10, where would you say you are right now on a scale of 1 to 10? [Scaling question]

Nico: Um. Probably about a 4.

SFWC: How can you tell that you are at a '4' and not lower?

Nico: Well, I feel stressed. I haven't been exercising nearly as much as I would like and I think I probably spend too much time at home and not enough time with friends. But I also don't feel like I'm depressed or anything. I mean, I still have friends and am doing pretty well in school.

SFWC: Can you think of times in your life when you felt closer to a '10' [*Finding exceptions*]

Nico: Sure, back in my second year. I was probably about an 8 or a 9. Life was pretty good.

SFWC: What was different then? [*exceptions*]

Nico: I was working out all the time, getting good grades. I was living with a couple of good friends. I wasn't nearly as stressed out all the time.

SFWC: What kinds of things do you do currently that make you feel the most healthy or 'well'? [*Identifying strengths*]

Nico: I still get to the gym on occasion, but not nearly as much as I'd like.

SFWC: Great that you still find time to exercise. It sounds like feeling physically well is important to you.

Nico: Yeah, I guess it makes a pretty big difference for me.

SFWC: Are there other areas of life might be affected by your physical wellness?

Nico: Well, if I have more energy I'd probably be able to spend more time on school work, which would hopefully lead to better grades.

SFWC: It sounds like being physically well would change a lot about your overall wellness.

Nico: Yeah, I guess it would.

SFWC: Can you think of some additional things you could do that might help improve your physical wellness.

Nico: Hmm. Certainly exercising more. Maybe getting more consistent

sleep. I suppose my diet could use some work...

SFWC: What do you think might be a realistic short-term goal for improving your physical wellness? [*Goal-setting*]

As in many models of psychotherapy and coaching, concrete and specific goals are an important component of a Solution-Focused approach (de Shazer et al., 2007). By integrating short-term, measurable, realistic goals for each domain, Nico was able to identify strategies to improve his overall well-being based on his own strengths and resources. It was essential in this case to implement goals on a gradual basis, as Nico's presenting concerns related to feeling overwhelmed. Thus, initial goals developed based on the preceding interaction were focused solely on physical wellness. Subsequent weekly coaching sessions sometimes integrated goals based on other domains of wellness as identified by Nico, therefore ensuring that goals were relevant. This not only enabled Nico to develop his own goals based on his own values, but improved both domain-specific and overall wellness and improved his self-efficacy related to goal-accomplishment.

SFWC: In addition to feeling more physically well, what other things would be different about your life if you were feeling closer to a 10? [*Amplifying*]

Nico: I guess I'd probably be more social, want to get out more. Maybe not just hanging around the apartment so much.

SFWC: So there is a social component to your wellness?

Nico: Yes. A lot of times I feel good if I can meet up with a friend for lunch or something. It's just difficult to find time to do those sorts of things consistently.

SFWC: If a '10' is your ideal state with regard to the social aspect of your wellness, can you describe what that would look like? [*Scaling, identifying 'ideal'*]

Nico: I guess I would hang out with friends more, feel better connected to people, be more involved. I'd probably be more confident about social interactions.

SFWC: Okay. If that's a '10', how would you rate yourself currently in social wellness?

Nico: Realistically probably only about a '3' or a '4' right now.

SFWC: Are there times that you can think of when you felt closer to a '10' socially? [*Exceptions*]

Nico: Yeah, I think both freshman and sophomore years I felt closer to a '10'. Maybe about a '7' or an '8'.

SFWC: What was different then? [*Amplifying*]

Nico: Well, freshman year everything was new. I was meeting new people, making new friends, going out much more.

SFWC: What sorts of things do you currently do to feel well socially? [*Identifying strengths*]

Nico: You know, I still get out a bit. I make it to class every day and hang out with my roommates ... at least on the weekends.

SFWC: Are there other things that you could do socially that might help move you closer to a 10? [*Scaling*]

Nico: There are definitely some friends that I feel like I've lost a bit of contact with, who I've been meaning to get in touch with.

SFWC: Okay. Anything else you can think of?

Nico: You know, even just a phone call would probably be good. There are also some clubs here on campus that I thought about checking out that might be cool.

SFWC: How do you think that checking out the clubs might be helpful? [*Future-oriented questioning*]

Nico: Well, ideally I'd make some new friends, new social connections. It'd get me out more – more involved

SFWC: Are there specific clubs that you would like to check out?

Nico: I used to do martial arts when I was younger. I've thought about joining the Aikido club. I'm also interested in science fiction and I saw that there is a science fiction club as well

SFWC: Great. So thinking about the social aspect of wellness, what do you

think might be a good short-term goal for you? [*Goal-setting*]

Nico: I think that checking out at least one club in the next week would be realistic. I also would like to get back in touch with one particular friend that I've been meaning to call.

SFWC: Those sound like great goals. How might they change your current rating of '4' if you were to accomplish these goals?

Nico: If I was involved in a club? I think that alone would probably bump me up at least to a 5 or 6.

The conceptualization of wellness as a multidimensional construct created a foundation from which the SFWC was able to support Nico in exploring each domain individually, develop general wellness or domain-specific goals and work towards overall balanced wellness. This provided an opportunity for the SFWC to gather specific information about Nico's perceptions of wellness through use of Solution-Focused techniques like the miracle question and scaling questions. This was helpful in clarifying how Nico conceptualized his ideal state with regard to each domain of wellness, which could therefore inform goals in that area.

SFWC: We've looked at goals for both physical and social wellness. How do you think these will impact your overall well-being? [*Future-oriented*]

Nico: I'd imagine that if I can accomplish those goals I will feel a good bit better than I do now. I'll probably have more energy, be in a better mood, have more confidence.

SFWC: So physical and social wellness can affect other areas as well?

Nico: Definitely.

SFWC: Earlier you mentioned that you would rate your overall wellness as about a '4'. When you are able to meet these physical and social goals, how do you think it will impact your current 4 rating?

Nico: If I can do those things consistently, I'd have to think that it would get me to at least a 6 or so.

SFWC: It sounds like you had identified some areas that can definitely improve your overall wellness.

The discussion between the Solution-Focused Wellness Coach and Nico included opportunities to collaboratively explore the multidimensional nature of wellness. This was important in examining the impact each domain may have on overall wellness. Examining the construct wellness provided opportunities to clarify how Nico thinks about wellness and how specific domains influence his ability to maintain balance.

Practical implications

The healthcare paradigm is evolving toward a preventative, multi-dimensional approach to wellness. Based on evidence supporting the link between chronic illness and lifestyle factors such as inactivity, diet and stress, there is a need for professionals with specialized training who can support individuals in developing skills and resources related to making lifestyle changes within a non-clinical context. Solution-Focused Wellness Coaching uses evidence-based techniques to support individuals in creating wellness-based changes across multiple domains. Despite multiple coaching approaches and certifications, there is a lack of consensus definition, training requirements and utilization of evidence-based practices.

In contrast to the traditional Western medical model that focuses on resolving problems, the SFWC supports individuals in constructing their own conceptualizations of optimal wellness and identifying future-oriented goals and strategies based on existing strengths and resources. This strengths-based approach to facilitating healthy lifestyle change is a shift from traditional coaching or treatment models in which the emphasis is on fixing problems. Research is needed, including studies related to individual and group SFW coaching, to establish Solution-Focused techniques as a dominant approach in health and wellness-related change and provide a foundation for integration into both physical and psychological health-related fields.

This model provides a short-term, effective approach to coaching that is applicable in a variety of health and wellness contexts including primary care, psychology and counselling, social work, occupational and physical therapies and exercise and fitness. By providing professionals with strategies and techniques, SFWC integrates easily implemented strategies that are replicable and evidence-based with a multi-dimensional understanding of wellness. Rather than pathologising clients or focusing on problems, health professionals can utilize the SFWC model to support clients in facilitating preventative lifestyle change using a strength-based, collaborative approach.

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Not all who wander are lost: Wandering and wondering in the Solution-Focused world. An interview with Frank N. Thomas

Interviewed by Michael Durrant

University of Sydney

Dr. Frank Thomas is Professor of Counseling and Counselor Education at Texas Christian University in Fort Worth (Texas, US). He is also official Archivist for the Solution-Focused Brief Therapy Association. Frank and I have been friends and colleagues for nearly 25 years, co-presented at international conferences and written book chapters and professional articles together. I endorsed his latest book, *Solution-Focused Supervision: A resource-oriented approach to developing clinical expertise* (2013, Springer), describing it as “THE most significant Solution-Focused book of the past 10 years.” Frank is also an Associate Editor of *JSFBT*.

*All that is gold does not glitter,
Not all those who wander are lost;
The old that is strong does not wither,
Deep roots are not reached by the frost.*

~ J. R. R. Tolkien, *The Fellowship of the Ring* (1954)

You have a long history in pastoral care, youth work and various versions of “looking after people.” What were the driving forces in your early work with people?

You’re the first person to ever ask me this question, Michael — ever! — so gathering my memories will bring some new insights, I believe. Some expected influences come to mind including family, Scouting, church and service projects in my community. My parents were quiet about their benevo-

lence toward others, which fit their humble Scandinavian heritage. But one impactful incident that informed my “looking after people” comes to mind, a story worth telling:

In 1967, the “Jones” family — an African American man from the eastern USA, his white wife and their infant daughter — moved to my home town of Sioux Falls, South Dakota. He had been hired at my junior high school to teach “shop” (woodworking, metalworking, electronics and so on). They moved into a house one street over from us and somehow my mother learned of their plight: several childcare businesses had refused to take care of their daughter, so the mother could not seek employment. My mother also learned that this family had been petitioned out of two neighbourhoods prior to purchasing their home because of their cross-racial marriage and “mixed” child. With her fifth child finally in school, my mother had her days free for the first time in 16 years ... but she (with my father’s agreement, I’m sure) decided to approach this couple and offer to care for their infant. She only asked one favor; that Mr Jones take me to school each morning.

This was the same year of the famous US Supreme Court case *Loving v. Virginia* (2015), which (finally) ended all state laws that prohibited or restricted race-based marriages. Witnessing my mother’s act of bravery and kindness still influences my passion to serve nearly 50 years later. Although the Jones’ left South Dakota at the end of the school year, I got a first-hand education in race (from Mr Jones) and justice (from my mother) that still fuels me.

What was the route from these Sioux Falls high school lessons to growing up to become a therapist?

My dedication to justice and becoming a psychotherapist continued during high school and into college. Counsellor (and lifeguard) positions at summer camps the last two summers prior to college plus the summer following my first year at the University of South Dakota solidified my dedication to helping others by affirming my gifts. My commitment to becoming a mental health professional grew and I had mentors — faith-based and academic — who encouraged me toward the helping professions of social work and pastoral counselling.

So, you began your career as a pastor but ended up a therapist?

I chose a pastoral ministry path after receiving my undergraduate degree in sociology and social work. But I didn’t feel as though I was fulfilling my potential working as a pastor in local churches after graduation with my mas-

ter's degree. I felt I could be more influential in the university as a professor and supervisor but what surprised me was that my interests had formed around family therapy rather than counselling or social work. One thing led to another and the final outcome was a marvellous educational and clinical learning experience at Texas Tech University leading to a doctoral degree. Doors opened and I've been teaching psychotherapy in various institutions and contexts for nearly 30 years.

When were you first exposed to the Solution-Focused (SF) approach?

I met Steve de Shazer at an AAMFT¹ conference being held in New York City in the mid-1980s and I thought he was one of the strangest people I'd ever encountered. He was trying so hard to introduce himself to people at a gathering that he honestly appeared to be selling a product no one wanted! When he walked away from me, I tossed his business card aside. Later in the week I told my professor, Bradford Keeney, about this strange fellow I'd met. After describing him, Brad said, "That's got to be Steve de Shazer. I wrote one of the introductions to his first book; John Weakland wrote the other one. When you get back to Texas, you need to read it." So, I did (because when a professor directs you to read something, you do!) — I ordered *Patterns of Brief Family Therapy* (de Shazer, 1982) and read it a few days after it arrived. And was I impressed!

This initial exposure grew into a commitment to the SF approach that now spans four different decades. I had the privilege of being asked by Steve to be a Founder of the SFBTA Academy, an initial gathering of SF professionals in North America he believed should be tasked with continuing the SF tradition. Founders included Peter De Jong, Yvonne Dolan, Heather Fiske, Dan Gallagher, Josee Lamarre, Teri Pichot, Joel Simon, Lance Taylor, Terry Trepper and others who made significant contributions to SF in North America. So you can see that my initial impressions of Steve, and SF, changed drastically from my first encounter with him in New York.

How did the approach fit with what was already important to you?

Steve's systems/interactional approach was very close to my own at that point in time. Having studied with Brad Keeney, cybernetics was my primary theoretical lens. Steve had a remarkable ability to distil very complicated systemic/interactional ideas into clinically relevant and applicable forms. I was already quite adept at applying the MRI/interactional model under the

1. American Association for Marriage and Family Therapy

tutelage of Brad, Monte Bobele and others at Texas Tech University. Steve had studied at MRI, and his mentor was John Weakland, who introduced Insoo and Steve (Cade, 2007). In fact, the origins of the Berg/de Shazer approach were interactional, not Solution-Focused: “We just wanted to be in the forefront of thinking in the family therapy field. We wanted to be the MRI of the Midwest and provide the very best training possible for the next generation of family therapists ... Looked at in one way, (we) could say this all happened by accident” (Nunnally, de Shazer, Lipchik, & Berg, 1986; c.f. Cade, 2007). So it was an easy step from MRI/interactional to early SF, as they were sister approaches.

How did the approach make a difference to you?

Change toward a more SF approach took a few years to coalesce. Although I liked Steve’s directions from interactional to SF, there was little support in my doctoral program for SFBT. My clinical work at Texas Tech continued to be structural-strategic and MRI/interactional because of the teams with whom I worked — no one else was practicing SF. After graduating from Tech I directed an outpatient therapy clinic associated with a psychiatric hospital in 1988–89. There I found some like-minded professionals who wanted to learn SF together. So for more than a year this wonderful SF group thrived in Arlington, Texas. People I still admire as SF professionals — Tom Lee, Tracy Todd, Tom Chancellor, and others — dedicated time to work as a team with a one-way mirror to learn the SF approach. We spent hundreds of hours seeing clients and discussing cases, refining our skills and supporting one another’s learning. My dedication to the SF approach began with this skill-building experience and I continue to learn through teaching and training others as well as psychotherapy practice and supervision.

How has SFBT made a difference to how your practice as a therapist has developed?

The most significant difference SF had on my practice development came from its emphasis on exceptions and resources. In my clinical work in the 1970s and 1980s, I applied first-order systems models. These were the tools of the times for family therapy and all are practiced today. But I yearned for something less expert-centred, less instrumental, and I found it in the SF approach. Following in your tradition, Michael, I say I practice “Frank Therapy” — I cannot duplicate another’s style because I believe we bring biases and knowledge to our work that reflect who we are and what we value. But my core

philosophical stance toward psychotherapy is based on systems thinking and SF assumptions: the ripple effect is possible (change leads to more change), interaction creates reality, relationships are generative, observing is more important than interpreting and curiosity drives inquiry.

What have been the particular challenges that your commitment to SFBT have raised in your practice as a therapist?

I'm sure my challenges parallel those of most SF practitioners, only I don't make a living doing psychotherapy, so they don't impact me in the same way. The most common experience we run into is the need for constant referrals! My median number of sessions over the past 25 years is about six, which is fewer than half of most of my non-SF colleagues, so my referral stream is constantly in need of tributaries. Most people come to me via one of two sources: professional colleagues and client word-of-mouth. Referrals from the latter category are particularly interesting to me because many clients make their way to my office after horrible experiences with other therapists and therapy approaches. "My last therapist told me I was XYZ (diagnosis) and needed medication (even though the therapist had no medical credentials)" and "S/he told me to (get divorced, leave my family, join AA)" are the most common things I hear from clients who have had negative therapy experiences. I know about clients' negative experiences in therapy because I ask (Norcross & Wampold, 2011)! And I continue to be amazed by the pseudo-expertise floating around the therapy community. Professionals give advice and dictate what clients must believe, change, or do in order to bring resolution to their difficulties but pay little attention to client feedback and resourcefulness. So many challenges within my practice are tied to the barriers previous therapy has erected for clients by the very professionals who tried to help them.

Another interesting challenge comes from the influence of the media. I constantly have clients who bring Oprah or Dr Phil into the room: "The other day on (television show, podcast, website) I heard/read about this disease/diagnosis and I think I might have it." Even clients who are experiencing more and more instances of their preferred future and moving up their personal scales of positive change can be side-lined by pop cultural references or experts selling books on syndromes and disorders — advertising works. I even have clients who seek out Skype or email consultations between sessions: "I didn't want to bother you so I contacted this website and learned ..." So, exchanges like these can be trying and even derail progress the clients report. However, the good news is that SF as an approach is remarkably resilient! Even when clients encounter debilitating information that gets them off-

track, I respectfully request that we return to our agreed-upon collaborative directions to see if we can continue to make headway in spite of barriers that appear on their road to change. Almost all of the time, clients prefer positive change over oppressive information suggested by other sources and I believe this preference is reinforced by positive and responsive therapeutic relationships.

How has SFBT made a difference in how your practice as an academic has developed?

I have built my career as a member of the academy by wandering and wondering. Unlike many successful colleagues who have laser-like focus in their scholarly activities, my path has taken many, many interesting trails. I have published and presented on a wide variety of topics outside the SF realm including cybernetics, family therapy with substance abuse, marital therapy, weight control, therapist self-care, ethics, pedagogy, pastoral care, ethnography/qualitative research, humour, spirituality, justice and counselling interventions. I've been most fortunate to be able to follow my curiosity, write on what interests me and collaborate with colleagues I admire from many walks of life.

However, the majority of my presentations and publications have been focused on SF approaches. My scholarly activities have concentrated on SF and other postmodern approaches for about 25 years including books that I believe have been significant contributions to the field (Malinen, Cooper, & Thomas, 2011; Nelson & Thomas, 2007; Thomas, 2013; Thomas & Cockburn, 1997) and having the privilege of presenting more than 230 workshops across five continents. My teaching has been guided by SF principles as well as I attempt to build relationships with students centring on competence and collaboration. I will be forever indebted to the SF community for creating opportunities within which I have learned and contributed. From my initial professional presentations on SF supervision (Thomas, 1990) and my first SF publications (Thomas, 1994a, 1994b) to today, I have found the SF community of professionals to be supportive of innovation and open to alternative voices.

What have been the particular challenges that your commitment to SFBT have raised in your practice as an academic?

I've found the academy to be an open, inquisitive body. University colleagues and administrators have always been supportive of my scholarly activities

and research including my forays into the SF world. Research support for SF practices has grown exponentially the past several years (Franklin, Trepper, Gingerich & McCollum, 2012) but novelty has always been welcomed at the institutions within which I've instructed and served. Texas Tech University was fertile soil for innovative thinking and practice in the world of family and interactional therapy. I was privileged to teach and learn with some of the finest family therapists in the country while at Texas Woman's University and it was during this 12-year period I began to collaborate with SF thinkers including you, Thorana Nelson, Jack Cockburn, John Wheeler, Dvora Simon and others to whom I am indebted. Finally, the primary approach we teach in our counselling program at Texas Christian University (TCU) is SFBT, with a heavy emphasis on systems thinking and resourcefulness. Becky Taylor created the program and approached me a decade ago to join what has turned out to be a top-flight investment in the lives of professionals at the master's and doctoral level. My TCU deans have supported the work of the SFBTA Archive (see below) by assigning assistants to this project year after year, all at TCU's expense. So ... as you can see, the challenges have been few but the rewards, many.

Here in Australia, SFBT is widely used by practitioners but is not widely embraced within academia. It is viewed with scepticism within most university departments — thus, most Solution-Focused therapists do not learn the approach within university study. It sounds like your experience is very different from this.

Yes, you're right. SFBT has influence inside and outside the academy. It has roots within educational institutions here in the US and has also thrived through training centres. People like Peter De Jong (Calvin College), Cynthia Franklin (University of Texas/Austin), Mo Yee Lee (The Ohio State University), Eric McCollum (Virginia Tech University), Johnny Kim (University of Denver) and others are known for their commitment to SFBT practice and research, building their careers around the approach within the US academic world. I have been granted tenure at two prestigious universities and taught at an accredited theological seminary over the past 25 years while committing a great deal of my scholarly activity and teaching to the SF approach, so my own professional trajectory has been tied to the prominence of SF as a legitimate academic pursuit.

I believe Solution-Focus' research base has established itself to the point that it is questioned on philosophical grounds of bias more than on grounds of academic rigour or validity as a treatment "model." The work of Gingerich

(Gingerich & Eisengart, 2000), Franklin and her colleagues (Franklin et al., 2012) and front-line researchers like Lee (Lee, Sebold, & Uken, 2003) have elevated SF in many clinical academic programs. Also, my experience is that most academic programs teach SFBT as a legitimate option for mental health professionals. It is not just trainers on the workshop and professional development circuit who promote the approach; professors, lecturers and supervisors support budding clinicians as they develop clinical skills and apply the SF approach in various psychotherapy graduate education settings and training contexts.

When I think of your work, the particular contribution that most comes to mind is your work over many years developing ideas about Solution-Focused Supervision. How did this become such a large area of interest?

I've searched and re-searched my personal (memory) and digital (computer) recollections and have come to this conclusion: the majority of my applications of SFBT have been therapy-plus-supervision. From the behind-the-mirror team learning experiences at Willow Creek Adolescent Center in the late 1980s to my current work at TCU, I don't separate counselling practice from supervision. I had not read Joe Wetchler's (1990) article on SF supervision — the first SF supervision publication — until after I had already created a presentation on the topic and begun teaching this (what I thought of as a) unique approach to mental health counselling supervision (Thomas, 2013, 2012, 1996, 1994b, 1992, 1990). Since my first presentations, I have scrutinized our profession's literature for conceptual and research publications related to SF supervision. This remains a commitment of mine, to track SF supervision developments because ... well, if I don't, who will? "Acquire, preserve and catalogue" is the archivist's mantra and this attitude has spilled over from the SFBTA Archive to a few of my own professional interests and research/writing pursuits.

The appeal of and my commitment to SF supervision is tied to the field of supervision in general. Most attributing value to supervision for mental health professionals do so with little research support of their conclusions. Our commitment to this long-standing learning practice is more philosophical than anything, as there is meagre support for (any type of) supervision having value for *clients* (Freitas, 2002). Training in SFBT leading to effective practice without ongoing supervision has some research support (Ferraz & Wellman, 2009) and is probably the most common learning scenario for SFBT practitioners throughout the world. I'm hoping colleagues will continue to examine the supervisor-therapist-client connection, even though the

research methodologies are usually complex (see Freitas, 2002) and if someone is interested in teaming up for a study ... contact me!

Your 1996 chapter on supervision was titled “Solution-Focused supervision: The coaxing of expertise”. The four words after the colon have always struck me as rich with meaning. Could you unpack them a little?

Choosing a phrase that would suit how I was thinking about SF supervision back then was agonizing! This title was the best I could come up with for my first presentation in 1990 and it still fits today. My supervisory collaborations with therapists are not “mining” (trying to locate or discover things inside the therapist or her history); instead, my stance is one of curiosity. Creating space for therapists to speak forth their thoughts leads to safe conversations. And even though some supervision moments must very directive and/or didactic (pointing out what the law requires of the therapist, for instance), most of these SF supervision conversations draw forth moments of and reflections on successes and competence.

It's important for me to coax forth experiences of expertise. For me, to coax is not to persuade; my use of the word “coax” parallels terms like encourage, bring forth, prompt or even provoke. In a follow-up interview I conducted years ago (Thomas, 1994a), a client once told me this: “You believed in me before I believed in me.” That is what I want to communicate to therapists: I trust you have deliberate ways of thinking and acting that support client change and I want to hear about in-session experiences that corroborate your developing expertise.

One of the ways I love to supervise is sitting with the therapist and client(s) — not behind a one-way mirror or watching via video/audio link, but right in the room (see Lane & Thomas, 2013 for a description of how this can be organized). In the last few minutes of this supervisory consultation time I often interview the client regarding what the therapist did well (staying within the SF tradition). This feedback process is almost always well-received by clients and therapists alike. With the therapist in the room, witnessing our conversation, clients inform me about how their therapists have been effective and how clients make sense of these moments of success. I ask, “What did your therapist do today that you found helpful?” and follow up with, “What do you think this says about your therapist?” and “What do you think this says about your relationship with your therapist?” When reflecting with therapists after the clients have responded to these questions and left the room, practitioners almost always report a positive impact — they are excited to

hear how they have cooperated with and encouraged client change and ready to discuss how they might nurture these practices in the future. Although some in our field believe therapists' contributions to client change should be de-emphasized ("the client is the expert" taken to an extreme, limited therapist self-disclosure, de-valuing the importance of the therapist-client relationship, and so on), clients share credit (Furman & Ahola, 1992) with little prompting — *they* experience change as the result of the SF collaboration and highly value the person and expertise of the SF practitioners they see. This practice of including the client in the supervision process is yet another way I coax expertise.

You have been appointed as "official Archivist" by the Solution-Focused Brief Therapy Association. What does your role as SFBTA Archivist involve?

The SFBTA Archive (preserving the Brief Family Therapy Center of Milwaukee) was created by the Solution-Focused Brief Therapy Association of North America. Insoo Kim Berg and Steve de Shazer left all of their professional items and heritage to SFBTA and Insoo's daughter, Sarah Berg, has been highly supportive of our endeavour. My role as Archivist is to solicit, collect, archive, and safeguard materials directly connected to BFTC. I work with the SFBTA Archive Committee and Board to meet these Archive objectives and they have been wonderfully innovative and supportive.

What is included in the Archive?

So far, my assistants and I have archived hundreds of items including video and audio recordings (and some transcriptions), photographs, publications, unpublished manuscripts, training and presentation handouts, promotional materials and correspondence. We hope to solicit even more items by continually reminding SF professionals that once something is thrown away, it can't be retrieved. (Readers: *please* check out your own filing cabinets and hard drives for items you'd like to contribute to the Archive!)

Somewhere, I have a scribbled note that says, "Received from Michael Durrant, teaching fee of \$200 plus one beer, [signed] S de S". Is that the kind of thing you would want?

Absolutely! Scan it (300 dpi minimum) and send me the PDF or JPEG! Preserving the BFTC is so much more than documents and videos — it is an effort to capture as much of the ethos as we can. Steve and Insoo corresponded with

hundreds of people around the world and I am certain many letters, faxes and emails are hidden in office file drawers, boxes or electronic storage devices. People have photographs of Insoo, Steve and other original BFTC team members that could be scanned, preserved, and shared. One of my projects is to acquire stories — people's favourite recollections of SF founders as well as current perspectives on the impact the SF originators had on them. If in doubt, preserve what you have and contact me! (Thanks for allowing the Archive plug!)

How (or how do you hope) the Archive will benefit the SF community?

With the 10th anniversary of Steve's death approaching in September 2015, the Archive Committee and I are working toward a website launch to honour him, Insoo and the BFTC. We hope to make the Archive accessible while protecting the confidentiality and maintaining dignity for all. What we plan to roll out initially are videos of SFBTA Founders and colleagues who were close to Insoo and Steve, videos of Steve and Insoo that have not been made available to the professional public, unpublished manuscripts, photographs, and other items of interest to those who are attracted to the history of SFBT. I'm also committed to progressive rollout of Archive materials — rather than put everything on the Internet at once, I hope we can lure people back to the website time and time again by periodically posting items, stories, videos, and photos. This Archive is a preservation but it is also a process, offering elements from our past and encouraging future contributions. History is continuous re-collection!

I know that you have analysed Insoo's supervision style using some of this archival material. Will any of the archive material be available to people conducting research in SFBT?

The SFBTA Board and Archive Committee are committed to protecting client confidentiality, so most Archive videos will never be available to the public or the profession. Research with any materials involving therapy clients will be very restricted (if it is allowed at all) and some of this spills over into video recorded supervision and team conversations. A major Archive project I am conducting now, with the able assistance of my TCU teaching assistants, is to identify all video recording segments that have no identifiable information or images of clients. These segments will then be reviewed by the Archive Committee to assure client confidentiality and the dignity of all involved. My hope is that many segments will then be made available for viewing within the

SF community for learning and research. In addition, I will post my personal supervision presentation handouts, some transcripts and unpublished manuscripts related to Insoo's supervision and consultation style via the website.

At the Australian & New Zealand Solution-Focused Conference in 2013, your keynote address was called “Something old, something new, something borrowed ... something true” and you looked at the path trodden by SFBT (where we had come from) and possible future paths for the approach. How do you see the future of Solution-Focused work?

My colleague Cynthia Hansen and I spoke about this in Milwaukee at the 2014 AAMFT Conference, within which an entire day was dedicated to SF and the contributions SF has made to the field of family therapy (Thomas & Hansen, 2014). Many of my heroes were in the audience that day for our plenary, including Eve Lipchik, Wally Gingerich, Gale Miller and others who blazed the SF trail ... our future is dear to my heart.

Mark McKergow (2014) has written a wonderful little piece on what he calls “key new developments” (p. 36) in SF practices. These developments-as-shifts — from exceptions to the problem to instances of client preferred futures, from therapist-centred tasks and suggestions to client resources and from questions toward additional conversation tools — describe a SF approach that is much, much different from the SF approach as it was originally created in Milwaukee. This is in step with the tradition Gale Miller and Steve de Shazer encouraged in their article on “SFT as a rumor” (1998; c.f. Miller, 2013) in which they encourage creativity among writers and practitioners while requesting commitment to the central ideas that have long informed SF. Gale and Steve say there is no metanarrative about SF — it is formed, in-formed, and re-formed in each conversation, constantly changing with each SF interaction. Their only recommendation is, “that Solution-Focused therapists and others who hear different versions of the Solution-Focused rumor ask two questions ... How is Solution-Focused therapy defined within the stories; what is it that the stories are about? And, do the stories offer adequate descriptions of how Solution-Focused therapy is done?” (p. 377). To quote an often-cited SF tenet, change is inevitable ... for clients, for practitioners and for the SF approach.

SF today isn't the SF of the founders, as deifying would lead to its demise; at the same time, we who have had the privilege of practicing SF approaches and living within the highly dedicated global SF community have the responsibility to sustain the traditions, ideas and memories that make SF practices so exceptional.

A final word of thanks to you, Michael, for all your efforts to support SF and promote it throughout the world ... you (along with Michelle Weiner-Davis) were also plenary speakers at AAMFT in Milwaukee. We are all in your debt.

Finally, you say that trying to maintain the SFBT of Steve and Insoo (the risk of deification, you say) would be fatal. Can you make some comments about the reverse of that? As you gaze over a wealth of SF material, do you think there is a risk that some will begin to dilute or obscure the things that really are fundamental to this approach?

Your question is prescient and very important for all in the SF community to consider and discuss. If SF is a postmodern approach (of which I am convinced) and postmodernism as a philosophy avoids essentialism (e.g., necessary practices and/or ideas), how are we to continue the SF tradition without restraining its obvious evolution? Attempts to promote and preserve the SF approach continue through global and regional professional associations, conferences, training centres and manuals, research protocols and professional publications (including *JSFBT*). But I don't believe it's possible to identify or claim what is and is not Solution-Focused without locating it within a context and time. Few well-read SF professionals would identify their *current* ideas and practices with de Shazer's early writings. I doubt many of us design and assign between-session tasks according to client response tendencies; even fewer of us practice SF as a forced-choice decision tree; and I doubt the majority of those who practice SF take literal breaks before closing a session. Few leaders in the SF profession label clients as customers, complainants, or visitors anymore and several respected SF trainers and authors have even rejected "the questions" — miracle, exception, and others — as essential to SF practice. So, if we don't enshrine a frozen-in-time set of notions and customs as "this is SF" but still want the tradition to endure, what are our options?

My views are influenced by founders, sages, manuscripts, experiences and critical thinking. As our principal founders, Steve and Insoo, remain my primary informants. I'm able to privilege them and their work because I have so much to draw from compared to nearly everyone in the SF field — the Archive is a treasure chest! But other sources inform me and how I envision SF's future. Sages like Eve Lipchik, Gale Miller, Brian Cade, Andrew Turnell, Mark McKergow, you, and others remind me to appreciate and anticipate — appreciate our common bond and anticipate change. Gale Miller's (2013) article on his imagined SF futures is a wonderful example of critical thought regarding the inevitability of change in SF practices. SF has never

been and can never become static — entropy is the only possible outcome for approaches entrenched in the past. But “anything goes” cannot apply either. I like the idea expressed by Bertrand Russell (2014): “Liberty is the right to do what I like; license, the right to do what *you* like.” The current forms of SF should be informed by collaboration among professionals who honour our heritage *and* seek to create with “license” — we should work toward agreement rather than going solo. What works should be preserved; if it doesn’t work, we should stop doing it and do something different(ly). We (together) ought to be dedicated to what I believe are central SF ideas and actions as SF evolves, such as working from observation rather than from hypotheses, building solutions clients desire rather than goals imposed by helpers, maintaining a future focus, creating solutions in concert with client resources and honouring client expertise and seeking to avoid pathologising and pejorative practices. Risk is unavoidable ... but so is reward! My friend, the late Heinz von Foerster, once stated what he called The Therapeutic Imperative: “If you want to be yourself, change!” (von Foerster, 1990). If we want a vibrant, viable SF that is true to our traditions...we must change!

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Solution-Focused Practice: Effective communication to facilitate change

Guy Shennan

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Paperback. 216 pages. £16.99 (\$A38.95)

Review by Frances Huber

Brief Therapy Institute of Sydney

What have you been pleased to notice about how you've been working recently?

What else have you been pleased to notice?

Guy Shennan suggests that the normal response to having heard, or read, a question is to begin answering it and, with the above questions in the first Activity Box in Chapter 1, he challenges and engages the reader. This follows a quote from Nancy Kline:

People think better throughout the whole of the meeting if the very first thing they do is to say something true and positive about how their work or the work of the group is going (Kline, 1999, p. 107).

Thereby, he tosses the reader into the deep end of Solution-Focused practice with focused, thought-provoking, "difficult" questions and ideas, then holds their hand with explanations, transcripts from work with real-life clients and his own reflections of his Solution-Focused journey.

Shennan is clear that his aim is "to provide a comprehensive guide to any professional who wishes to use Solution-Focused practice" (p. xiii) and he describes his book as having the same components as a comprehensive Solution-Focused training course. Immediately noticeable is the terminology he uses. While acknowledging that Solution-Focused was originally developed as a therapy approach, he rarely uses the term Solution-Focused Therapy to

refer to the approach. Rather, he prefers the broader term Solution-Focused Practice (SFP) and shows that the process is the same whether the context be therapy, supervision, coaching or some other change-related activity. The subtitle of the book is *Effective communication to facilitate change* and the author is clear that SFP is relevant for “anyone whose job involves talking with people in order to help them make changes in their lives, to move on in some way, to resolve problems or to achieve goals” (p. 3).

He proposes that SFP can be used “on any occasion when a helping professional is talking to someone” (p. xiii) and that this is “likely to be useful” as supported by the increasing evidence base for the approach. His stated aim therefore is that, by the end of the book, the reader will understand the whole approach and be able to figure out how to apply it in his or her own situation, both as a structured approach and, given the usability, also for more “opportunistic ways of unplanned conversations” (p. 7) and that this adaptability distinguishes his book from other beginner SF books.

For those who appreciate structure, a glance at the *Contents* indicates topics covered: Chapter 1 is an overall introduction to SFP, Chapter 2 plunges the reader into the *Solution-Focused Process* followed by chapters about *Contracting*, the *Preferred Future*, *Instances*, bridging these last two with *Scaling Questions*, *Acknowledgement and Possibility (with Coping Questions)*, *Putting It All Together* and *Applications and Adaptations* — until you emerge from Chapter 10 *Becoming a Solution-Focused Practitioner*, armed with practice tips and answers to frequently asked questions and as well as a list of useful SF questions (Appendix 1) and resources (Appendix 2), including details of the SFT list, international SF associations and SF journals.

Each chapter is separated into small parcels of information beginning with a quote and an introduction followed by explanations and case transcripts and with frequent appearances of the Activity Boxes, with practical exercises to help the reader consolidate learning, and boxes of Reflections, engaging the reader with questions about the material presented.

In the *Preface*, Shennan traces his own Solution-Focused Practice journey as an experienced social worker, working with difficult families, constantly reacting rather than being pro-active, until he attended a 4-day SF training course in 1995. For the first time, his weekend “got in the way” of him working with clients—rather than enjoying his weekend as time out to “recharge the batteries and replenish the soul”, he was anxious to get back to work and use these new skills! He then relates his early experiences of asking three archetypal SF questions — the miracle question, coping question and scaling question — emphasizing the book’s focus on practice, rather than being theoretically driven.

A single paragraph denotes the development of the Solution-Focused approach by an “inspired group of therapists” (p. xiv) in Milwaukee in the 1980s, acknowledging Steve de Shazer as most responsible for the dissemination of the SF approach via his prolific writings. Shennan also acknowledges being most influenced by working from 2004–2010 in collaboration with Harvey Ratner, Evan George and in particular, Chris Iveson, at BRIEF in London — and is clear that it is the BRIEF version of SFP that the book represents.

He is gently persuasive about SFP explaining its increased popularity due to the interrelated usefulness and usability across many settings as reflected in his own use of the “shape shifting” (p. xii) approach providing counselling and mentoring to adult offenders, youth workers, consultants, occupational therapists, physiotherapists and psychologists.

Some differences in SF language are apparent. Shennan uses the term “contracting” as used by BRIEF to describe the initial “best hopes” process versus “setting a common project” as used by Harry Korman in Sweden, based on his observations of de Shazer’s language. He also uses the term “instances” to describe the pieces of the miracle that are already occurring for the client to differentiate these from exceptions (to the problem).

The book is sprinkled with SF wisdom such as the SF practitioner makes full use of each opportunity when it becomes available, that even one question can lead to a shift in thinking or moving forward and to treat every session as if it might be the last. He explains the focus on simplicity and minimalism whilst addressing common concerns and criticism of the approach such as merely “being positive”, not discussing the past, repetitive questioning and the acknowledgement of emotions.

Shennan maintains the first person, warm and encouraging conversational tone as if chatting together over a coffee — or tea and scones, as pertaining to the English setting. He plants seeds for the reader to muse over and to predict further questions, explained later in the book, increasing their confidence in understanding the approach. Knowing Guy Shennan as a man of creativity with a twinkling eye, I was perhaps only disappointed that the book did not contain a single picture, cartoon or diagram to illustrate aspects of SF work.

When I recently taught a two-day introductory SF workshop in Sydney, I brought in a variety of SF books for people to peruse during breaks. My group participants leafed through Guy’s book and exclaimed with enthusiasm about the useful case examples and the step-by-step progression of the SF approach to consolidate their learning.

This book is ideal for self-directed initial SF learning and also has practical applications as an adjunct to formal SF training. The exercises in the boxes

would be particularly useful for SFP students in a group or class setting and used as group reflections and to generate discussions, as well as being useful for the solo student. Frank Thomas, a Professor of Counseling and Counselor Education, says that Shennan's book is one that "will be required reading for all my students".

As a somewhat experienced SF practitioner, I didn't discover anything "new" in this book but I enjoyed the clear explanations of SF principles and practical applications and I always find value in reading real-life transcripts. As a trainer, I appreciated noting how he draws a student into the SF journey. Shennan's book is a valuable addition to any developing SF practitioner's bookshelf.

The reviewer

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Solution-Focused Supervision

Frank N. Thomas

2013. New York: Springer Science+Business Media.

Hard/softcover: \$US79.95 Available as ebook for \$US59.99.

Review by John Wheeler

Independent Solution-Focused practitioner, trainer & supervisor

Once, I thought I might write a book on Solution-Focused Supervision. I am very pleased that Frank Thomas beat me to it. In this review I will set the scene, reflecting on what I have noticed about Solution-Focused Supervision and what I have noticed about Frank through my various connections to him

and his work over the years. I will then offer a perspective on the contents and my thoughts on who might benefit from reading this book.

Although I had first come across SFBT in 1991 and witnessed a remarkable impact on my work with families, parents and young people, a number of years were to elapse before it occurred to me that this way of thinking about people and change, and these conversational tools, might also be useful in supervision. As I reflected in a chapter Frank Thomas asked me to write for *The Handbook of Solution-Focused Brief Therapy* (Wheeler, 2007), this delay was not unique to me. There was a seven-year gap between the first publications on Solution-Focused Therapy and the first on Solution-Focused supervision! I then went on to deliver training in Solution-Focused supervision to a wide variety of managers and supervisors, including social work managers, health professionals and clinical psychologists, an experience which exposed me to many “what-if” questions. “What if you have a supervisee who just doesn’t get it?”, “What if you have a trainee who is not producing enough evidence to pass the course?”, “What if you have a member of staff who should be sacked?” I currently supervise a variety of practitioners including family therapists, family intervention workers, school counsellors, adult counsellors and managers, individually and in groups. I remain fascinated by the contribution that Solution-Focused thinking and Solution-Focused questions can make to supervision conversations. Thanks to the questions that have been asked in training, I hope that I am also alert to the various stakeholders who can be effected by supervision conversations — supervisees, the people they work with, the people they work for, other services and so on.

I first encountered Thomas’ work at the EBTA conference in Dublin (Thomas and Shapee, 2001), through a presentation of research on practitioners’ experiences of supervision. Thomas’ research on supervision goes back a long way. In this workshop, I was also introduced to his “Mutual Admiration” paper (Thomas, 2000), in which he drew attention to the supervisor positions of Gatekeeper, Guru and Guide — distinctions which I have carried into many supervision sessions, training and my own subsequent writing about Solution-Focused supervision (for example, Wheeler, 2007). Thomas’ thinking and writing about Solution-Focused supervision also goes back a long way. Whilst others (for example Wetchler, 1990 and Marek et al, 1994) can take the credit for the first published papers on the transfer of Solution-Focused ideas and practice from therapy to supervision, credit goes to Frank Thomas for the first published chapter (Thomas, 1996).

When the Board of the European Brief Therapy Association planned the 2002 conference in Cardiff, they were keen to encourage a different format for workshops — collaborations between people from different countries,

preferably with people who had not previously worked together. Through the medium of the SFT List, I recruited a presentation team and constructed a workshop based on Frank interviewing me and Yvonne Greaves on our experience of Solution-Focused supervision with me as supervisor and Yvonne as supervisee. The remaining members of the presentation team, Roger Lowe and Gillian Fleckney, then reflected together on the interview (Wheeler et al, 2002). I would have been quite happy, and not surprised, if Frank had taken the lead in the workshop, but no — he preferred to be a member of the presentation team with me taking the lead. For me this said something striking about Frank's commitment to working in collaboration with others, his respect for and interest in other people's experience and his willingness to allow knowledge to emerge out of carefully constructed conversations. This was the first time I had been responsible for a workshop presentation team of five people where we had no idea what would be said!

Fast forward eight years. I was sitting in Frank's workshop on the consultation style of Insoo Kim Berg (Thomas, 2010). As archivist for the Solution-Focused Brief Therapy Association, Thomas had studied numerous videos, 6 books, 18 published articles and book chapters and 30 unpublished manuscripts to unpack the wisdom Insoo Kim Berg had brought to her Solution-Focused supervision. Just as Steve de Shazer and others had studied a vast amount of information at the Brief Family Therapy Centre to distil Solution-Focused Brief Therapy, Thomas had committed a vast amount of time and effort to distil Insoo's contribution to Solution-Focused supervision.

Out of years of research, thinking, writing and study and with an interest and willingness to learn from others, has come a veritable magnum opus.

In 1996, Thomas had described Solution-Focused supervision as follows,

Solution-Focused supervision seeks to set up a cooperative, goal-oriented relationship that assumes that the therapist possesses strength, ability and resourcefulness to resolve a complaint and achieve training goals. It naturally follows that the supervisor is not the expert on the therapist's situation – the supervisor defines the goals, direction, and options with the therapist to construct a participatory experience through consensus and teamwork. (Thomas 1996, p. 131, emphasis in original).

In this text, Thomas revisits and expands on these assumptions, starting with a richly described presentation on the Solution-Focused stance in general and the application of this stance to supervision in particular. As a seasoned trainer, he draws well on his experience of sustaining the attention of others by dancing between ideas, anecdotes, examples and humour. Whilst Thomas'

earlier writing had focused mainly on Solution-Focused supervision, he has made good use of this opportunity to locate the Solution-Focused approach within a broader range of ideas, such as isomorphism and self-supervision. Thomas also takes a robust position on the ethical responsibilities of supervisors, addressing all the “what-if” concerns presented to me when I have introduced Solution-Focused supervision to others. Having acknowledged that not all who use the Solution-Focused approach would agree with his position on the contribution of systemic thinking to Solution-Focused work, Thomas provides a fascinating example of how multiple levels of context can inform and be informed by the supervision of one practitioner working with one service user. His ability to engage with other perspectives ensures that the text would not only be of interest to those who already know the Solution-Focused approach, but could also be of interest to supervisors who are more familiar with other perspectives.

Up to now, published accounts on Solution-Focused supervision have only provided a smattering of illustrations of how the tools from Solution-Focused practice can be of use in supervision. Here Thomas writes at much greater length, again alternating between explanation, description, and examples to show supervisors how they might use a future focus, exceptions, scaling, compliments and an additional tool of hedging. For those interested in documentation which has been tried and tested, he shares in the appendix a comprehensive goal-setting template and a weekly risk/goal chart.

The supervision thinking, wisdom and experience of Insoo Kim Berg take centre stage. Through his position as SFBTA archivist, Thomas shares a unique understanding of Insoo’s approach, noticing not only ideas and practices that would be familiar to those already engaged in Solution-Focused practice but also ideas and practices, such as hedging, which go beyond what Solution-Focused practitioners might usually do. As Thomas points out, whilst Insoo showed great faith in practitioners’ potential to practice well, she was also prepared to go outside of the practitioner’s own thinking when there were concerns that clients were not being served well enough. I particularly liked the way Thomas positioned two full transcripts of Insoo’s supervision as the fifth chapter, cleverly unpacking each transcript, referencing back to the thinking and practices described in the preceding chapters.

Following the example of De Jong and Berg (2012), Thomas includes an applications chapter in which he generously brings to his story of Solution-Focused supervision the voices of others, providing the reader with the opportunity to hear how the approach takes form in pastoral counselling, adversarial places, school settings, supervision of supervision, teams, the counselling of adolescents with addictions, practicum students, continuous supervision

in the workplace, college settings and family intervention services.

Finally, Thomas provides the reader with the state of play on research, sharing what has already been carried out whilst recognising how much more still needs to be done.

I can recommend this text to anyone interested in improving the effectiveness of their supervision by drawing on a Solution-Focused approach, both those who are already in clearly defined supervisor roles and those who through their management responsibilities find themselves mentoring other members of staff and monitoring the impact of their work on those who use the service.

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The reviewer

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Brief coaching with children and young people

Harvey Ratner & Denise Yusuf

2015. New York: Routledge.

Paperback. 146 pages. £24.99 (\$47.95)

Review by Jeff Chang

Athabasca University, Canada

Harvey Ratner and Denise Yusuf have written an eminently practical book for helping professionals who work with children and youth. Their book is full of informative tips on how to engage with children, youth, parents and schools; how to structure one's work and relate with the systems in which children are embedded and what to expect when things sometimes do not go as expected. Moreover, it is based on a sound theoretical foundation.

Ratner and Yusuf open the book with a description of the Solution-Focused (SF) approach and its development. They "hit the high points" by highlighting the three shifts in thought the Milwaukee BFTC team initiated and which the readership of this journal will take for granted today: the importance of eliciting a detailed future description (usually embodied in the Miracle Question), the assumption that there are exceptions to almost every problem, and the value of using scaling questions to help clients make distinctions. They then describe the innovations from BRIEF in London (the team of which they are part) — inquiring about best hopes, the Tomorrow Question, signs of change, identity questions and a shift away from detailed end of session interventions.

In the first chapter, the authors go on to describe the conduct of the first and subsequent sessions. In their section on using "best hopes" questions to develop a contract for coaching, the authors demonstrate their practical

experience by dealing with the common situation of the client's best hopes being outside of one's control. They describe SF questions and, more importantly, they tell the reader about how they actually work. They give about the most succinct and clear explication of social constructionism I've ever read. In fact, the first chapter addresses some of the most common questions Solution-Focused trainers encounter — SF as a “positive” approach (it's not, it's “constructive”), using SF with other approaches (it can stand alone), using SF in different contexts, effectiveness, when SF appears to be “stuck”, “assessment”, and what to do when encountering safety issues like self-harm and harm to others. They provide solid answers to these common questions/concerns about SF.

Finally in the first chapter, they tackle the definitions of “therapy” or “counselling” vs. “coaching.” Eroding the usual idea that “coaching” is focused on behaviour and performance while counselling or therapy is “deeper,” they state there is “no difference between what an SF coach and an SF counsellor actually do” (p. 17). In my view, they continue to elevate the definition of coaching from something practiced by “wannabe” counsellors to a worthy endeavour. The first chapter lays a solid SF foundation for the rest of the book.

Subsequent chapters, each by one of the authors, focus on children, adolescents, parents, groups, schools, different settings and materials. In discussing work with children (Chapter 2), Yusuf points out the importance of starting the conversation with talk about their strengths and capabilities. She provides specifics about how to tailor the SF approach to children — developing best hopes, scaling, preferred futures, etc. She also deals with practical issues such as how to deal with pauses and lulls in a coaching session, the pace of a session, using lists and drawing a session to an end. Case examples illustrate these principles.

Ratner opens the chapter on adolescents (Chapter 3) with adolescents' well-known tendency to answer, “I don't know.” He uses this to model how to skilfully engage youth in the coaching process and have them articulate their best hopes. Again, case examples are used to illustrate real life situations, including cases that do not proceed as expected due to external circumstances, how to manage situations with youth in care, how to deal with situations that do not seem to improve, and bereavement. He also focuses on the key issue of how to keep the attention of teens. He concludes the chapter, “Perhaps the most important lesson to be learned is in talking to young people is to listen and to look for signs of their creativity at work ...”

Chapter 4, on working with parents, accomplishes what is so characteristic about this book. The chapter starts with a brief accessible conceptual explanation — in this case on “taking an interactional view” — and illustrat-

ing it throughout the chapter. Throughout the book, both authors embed snippets of theory, which are well-integrated into the practical content. As a theory “wonk”, I appreciate their strong grasp of the thinking behind the SF approach. And, as an SF trainer and professor in a generalist counsellor education program, I appreciate the clarity and brevity of their theoretical explications — the embedded bite-sized pieces will help practitioners who “just want to learn the skills” deepen their understanding of SF ideas. Following de Shazer, Yusuf remarks, “... in my experience, doing the talk rather than explaining the talk is a more effective way to increase everyone’s understanding” (p. 88). In this book, the authors show how they apply theory rather than discussing theory in a way that causes eyes to glaze over. In the chapter on parents, Ratner highlights the importance of focusing on the positive effects of changes, rather than the changes themselves.

In the Chapter 5 (*Groupwork*), Ratner offers practical tips about how to structure groups. Groups require some extra effort to keep order and not simply “go with the flow,” and he deals with practical issues such as how to arrange a group, organize a first session to get the work started in the right foot and how to keep the interest of youth, ending sessions and the group itself, confidentiality and location. His wise words give a “heads-up” to those who are thinking of conducting groups. In all of this, he remains true to the SF perspective.

In Chapter 6 (*In the School*), Yusuf asserts that school-based coaching programs are cost-effective, efficient and supportive of students. Noting that school personnel may find it counter-intuitive that the SF approach does not delve into problems, she takes the opportunity to remind readers to “stay on the surface.”

Chapter 7 (*In Different Settings*) highlights the use of SF coaching in social services agencies that serve children and youth, while Chapter 8 (*Materials*), provides examples of print resources such as “coaching cards” that provide reminders to encourage solutions, visual means of scaling, lists, and forms.

I suppose if I have one tiny disappointment in this book, it’s that — aside from the chapter on children — there is only one case example of preteens, which involved a group of 7-year-olds. I would have preferred that there be more case examples involving younger children. Otherwise, this excellent book emphasizes practicality, built on a foundation of clear theoretical thinking. It is accessible to those who might not be inclined to pick up a “therapy” book, while substantial enough to avoid being written off as conceptually “lightweight.” This book will make an excellent addition to the libraries of therapists, counsellors, teachers, foster parents, health care professionals, teachers, residential and community-based youth workers, youth ministers

and anyone else who works with children and youth.

About the reviewer

Dr Jeff Chang lives and works in Calgary, Alberta, Canada. He is Associate Professor of counselling at Athabasca University, Director of the Family Psychology Centre, Editor of the *Canadian School Counselling Review* and clinical supervisor at Calgary Family Therapy Centre. Jeff was first exposed to SF ideas when he read *Keys to Solution in Brief Therapy* in 1985 and subsequently attended several trainings at BFTC. He is co-author of *Basic Family Therapy* (6th ed.; 2013) and editor of *Creative Interventions for Children: A Transtheoretical Approach* (2013).

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Brief and simple: Solution Focus in organisations

Natalie Polgár and Katalin Hankovszky (Eds.)

2014. Hungary: Solutionsurfers.

Book available from www.briefandsimple.com, €35.00

Kindle e-book edition \$US8.37

Ebook review by Nick Burnett

Managing Director of Nick Burnett CCP and Managing Consultant Queensland for Growth Coaching International

The lasting impression having read this book connects with one of the opening phrases by Dr Mark McKergow in his 'Not-Foreword' when he describes the book as similar to visiting an Art Gallery. There are some real gems in the wide range of case studies presented in 'Brief and Simple', and there are also some which 'clash' with my understanding of what being Solution Focused is. Having said that I'm sure, like the art gallery, those which resonate and those which don't will vary from one person to another. So I would suggest that it is worth investing time and patience in exploring this book.

Fundamentally this is a book about organisational change, and follows on from the 2007 Solutions Focus Working book edited by Clarke and McKergow. There are 43 case studies presented either directly by the consultant or via

an interview with one of the editors. The case studies are grouped by chapter with a common theme such as:

- When leaders initiate change
- How to change solidified structures
- Large scale interventions
- SF in small businesses
- SF organisations

Whilst some of these are helpful and make sense, in other chapters the grouping appears to be more difficult to identify what the common theme is. Additionally, some of the chapters have a helpful introductory, setting the scene, discussion whereas others don't. It may be that given such a large number and wide-ranging number of case studies the structure of the book was an attempt to help the reader make sense of those chapters which may be of most use to them, but going back to the art gallery analogy, there is a danger that some readers might just dip into one chapter and in doing so miss some really helpful case studies.

Reading through the book there were a number of common themes that I kept noticing.

Firstly, there were a number of common elements which I would group under an SF approach to organisational change. One is that it came through clearly in most case studies that there is no pre-determined formula to implementing an SF approach in organisations. In the interactive and constructivist nature of SF, meanings and approaches are continually being created, moulded and evolving through conversation. There are, for those not conversant with SF, a number of radical elements including operating in the clients world with a belief that they have the solutions and using their language to frame up the intervention. Participants in a number of the case studies were definitely seen at a minimum as equal partners or indeed the experts. I was also reminded of the importance of 'noticing'. A number of the cases identified that even before the intervention they were asking participants to 'notice' what was going well and the strengths of colleagues, through invitations to the training day.

Another common theme I noticed was that of the light, often playful approach in using an SF approach to organisational development. This was even played put in the way some of the case studies were written, with one of them being written through the eyes of a dog! A number of the case studies refer to a range of approaches such as the use of visuals, or going for a walk, as elements of the interventions.

A number of the case studies have a strong element of risk taking that not all would feel comfortable with. In some cases this played out by adopt-

ing a guerrilla approach to implementing SF – basically just doing SF without telling people that’s what was happening. On others it was even going into training sessions with virtually no pre-determined structure, and in others adopting a very different pricing structure.

One of the elements of some of the case studies that I found challenging to varying degrees was the implementation of SF with other approaches which are more formulaic. These included mixing SF with:

- Constellations
- Psychodrama
- Open space
- The Art of War
- Flow
- Other HR specialist interventions

I know of some within the SF community who would feel that as soon as another model is introduced it stops becoming SF as we know have more knowledge than the participant. My view however is a bit more pragmatic than that and, rightly or wrongly, I rely on the “If it works, do more of it”, and “Every case is different’ principles of SF in viewing approaches adopted. I guess I’m left with the question can this be called SF or is it better called a SF approach to implementing the strategy?

Another key theme coming through for me what also that there is need to be ‘trained’ in SF if individuals and/or organisations are to master the SF approach. Many of the case studies talk about the benefit of participants experiencing SF approaches throughout the intervention but additionally there is a need to then practice and reflect on adopting an SF approach.

Additionally, what is different to most external interventions is that SF interventions are not seen as long term. Based on the reference to Insoo Kim Berg who stated that we should treat every session as if it were the only one we will have with the client, a number of the SF consultants talking about wanting to make themselves irrelevant as quickly as possible. The key focus being on building internal capacity.

The final theme is that at the core in adopting an SF approach to organisational change is the importance of conversations. If we change the quality and focus of the conversations we change the relationships. The case studies are full of examples of where the conversations are changed through the power of questions asking participants about what they want.

My final reflections on the myriad of case studies in the book are of likening SF to Improv. The importance of having a beginners mind and the confidence to take risks and see where the conversations take us allow us to be the best we can be for the organisation whether we are internal or external. With

a fundamental trust in the process and the participants there are 43 examples that this will lead to success.

The reviewer

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Practising positive CBT: From reducing distress to building success

Fredrike Bannink

2012. Chichester, UK: Wiley-Blackwell.

Paperback. 320 pages. €40.00 (\$A67.95)

Review by Ian Johnsen

Independent Solution-Focused practitioner, trainer & supervisor.

This book is all about Solution-Focused ideas; however, it is not aimed primarily at Solution-Focused practitioners. Bannink states in the preface that the book is “aimed at professionals who would like to adopt a more positive approach to psychotherapy and CBT or who would simply like to increase the range of techniques available to them.” So, the target audience is CBT practitioners who, the author hopes, might be persuaded to incorporate more positive ideas in their practice. However, she does suggest that therapists trained in Positive Psychology (PP) or Solution-Focused Brief Therapy (SFBT) will

“find useful information on how to combine elements of CBT with their own therapeutic approach”. I am a therapist trained in SFBT but must confess I have never found much of professional relevance in CBT, so I read this book with a cautious interest.

Bannink has summarised and compiled a number of interesting ideas relating to best therapeutic practice, developments in types of cognitive behavioural therapy as well as ideas from PP and especially SFBT. The compilation, although thorough, works against a more intellectually rigorous and coherent argument that would be needed to convince me that Positive CBT was anything more than SFBT with some added bells and whistles. By the book’s end, I was still not in favour of encumbering SFBT with ideas from PP. The book does, however, show that it is possible to turn every problem-focused CBT technique on its head — into a solution-building technique!

The thoroughness and multitude of summaries work well as signposts to key ideas popular in the field of strengths-based work and for the novice in this field the book may be a good introduction to some of the central themes. The work of Positive Psychology heavyweights, Seligman and Fredrickson, is prominent but the book features many others.

There are 31 stories and parables that often playfully or metaphorically illustrate the more academic points made in the chapters. At times they are rather cheesy but they do lighten the tone¹. There is also a multitude of exercises (68!) that could give a therapist new to the approach some guidance about how to implement it. Again, most of the exercises would be very familiar to Solution-Focused (SF) practitioners.

There are also what Bannink refers to as case studies throughout the book. They are mostly not actual case studies but short scenarios that provide a platform for the author to suggest a question or highlight practice points. I was concerned at times that due acknowledgment for some of the ideas presented in the text was lacking. For example, in Case 6.1 (p. 82), she writes of how, in her own therapy practice, she uses the taxi driver/passenger analogy to highlight the importance of a goals having a future-focus rather than a concern with the past — the question a taxi driver and a therapist both need to ask is “where to?” not “where from?”. Guy Shennan (2014) attributes this analogy to Chris Iveson but there is no attribution in this text. Likewise, I also think of what is known in SFBT as the “best hopes question” as coming from the work of the team at BRIEF in London (George, Iveson & Ratner, 2013, for example) but again there is no acknowledgement of this here.

The book is divided into sections: section one on theory and section two

1. Interestingly, the “Story 10.1: Brilliant Insights” (p. 166), adapted from Paul Watzlawick (1976), might in fact be read as a warning against undermining the radical simplicity of SFBT!

on applications.

The theory section provides an overview of traditional CBT before moving on to outline the distinction between problem solving and solution building. There is a chart that highlights differences between traditional CBT and Positive CBT. From the point of view of an SF therapist, however, what is called Positive CBT seems so very much like SFBT that I could not help but wonder what a contrast between SFBT and Positive CBT might tell us.

Bannink outlines and acknowledges that there are already “positive” elements in the developments of cognitive-behavioural practice. She is even clearer in saying that she is in particular drawing on two positive sources for Positive CBT, namely “Positive Psychology and Solution Focused Brief Therapy”.

Whilst it is true that both approaches might be considered broadly strengths-based, I feel they make uneasy bedfellows. In a previous and worthwhile article, Bannink (Bannink & Jackson, 2011) outlined the similarities and differences between SF and PP approaches and indeed there is a page summary of that work in the book (p. 50). She is most certainly aware then that trying to combine SF and PP is problematic. The main issue in my view is that all but the most philosophically informed psychologies, such as work in the tradition of discursive and cultural psychology (Harré & Moghaddam, 2012), has a central concern with identifying abstract universal principles. This is still largely true for PP but not at all true for SFBT. SFBT is about helping people to describe their hopes, what realising those hopes in the context of their day-to-day lives would be like, and in affirming (and as the process goes on reaffirming) what is already working. This type of “not knowing” or “non-expert” approach is hard to reconcile with much of the psychology literature that tends to focus on the “fixed” and “immutable”: personality, key character strengths or neurophysiological responses such as the flight-or-fight response. That level of abstraction, in which universal claims are made, works against understanding the unique specific historical, social, material and spiritual contexts in which people live and respond to others.

A good therapist working with SFBT is likely to be quietly mindful that with between 120 and 150 neurotransmitters working across billions of sites between someone’s ears we would be wise not to abstract and generalise in our work with people. Rather, we ask them about their own experience. An interest in what is happening between their nose and the noses of other people in their life rather than an interest on what is happening between their ears. From this perspective I find information about oxytocin, dopamine, endorphins, cortisol and GABA (pp. 56-9) not particularly useful.

The two sections on applications have the same strengths and weak-

nesses: good summaries of research, extensive use of well know SF techniques (and some from PP), good points about goals, the alliance, emotions, the importance of feedback and myriad helpful topics relating to therapeutic work. There is also a section on frequently asked questions that a novice therapist might find useful.

Perhaps I might have been more convinced that there was a distinct practice called Positive CBT if the text had included some transcripts of therapy conversations. These would have shown just how the questions fit together and how the process of this sort of work might be different from SFBT. Unfortunately, transcripts are notably absent.

Overall, I'm not sure that the essential rationale for this book is valid. Bannink hopes that CBT practitioners might blend (my word) SFBT ideas into their work. She also hopes that SFBT practitioners might blend CBT techniques into their work. However, I am not persuaded about the basic compatibility of SFBT and CBT (although, on her web site, Bannink claims "SFBT can be seen as a form of CBT" (Bannink, 2014). I'm not sure if Bannink REALLY thinks they rest on the same theoretical and philosophical foundations (in which case, see McKergow & Korman, 2009; Miller & McKergow, 2012) or if she simply thinks that bringing SFBT and CBT closer together will lead to an increased acceptance of the validity of SFBT.

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The reviewer

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Learning Solution-Focused Therapy: An illustrated guide

Anne Bodmer Lutz

2014. Washington, D.C.: American Psychiatric Publishing.
Paperback. 248 pages. \$US79.00. Also available as ebook.

Review by Gale Miller

Marquette University

Anne Bodmer Lutz's *Learning Solution-Focused Therapy: An Illustrated Guide* is a basic introduction to Solution-Focused Brief Therapy for physicians and psychiatrists. Lutz is a psychiatrist with a focus on children and adolescents. Thus, it should not be surprising that many of her examples involve working with children and adolescents. The book is well organized and flows from topic to topic. Each chapter includes illustrative case examples and tables that summarize key assumptions, concepts and claims. Video cases are available

online. The book should be of interest to many therapists as well as physicians and psychiatrists. It indirectly provides insight into how Solution-Focused brief therapists and medical professionals might collaborate and support one another

I read the book as consisting of three related parts. The first part is the introductory chapter that briefly lays out the history, core assumptions and central questions of Solution-Focused Brief Therapy. The second section is made up of six chapters that describe and illustrate basic concerns and techniques. They include discussions of finding client strengths and resources, building a positive emotional climate, attending to clients' and one's own language, scaling and miracle questions, and goal negotiation. The final section deals with how aspects of Solution-Focused Brief Therapy can be used in medical assessment, psychopharmacotherapy ("combined use of psychoactive medication and psychotherapy", p. 149), addressing clients' addictions, supervision and consulting.

Lutz presents Solution-Focused Brief Therapy as an "add on" to present medical practices. Solution-Focused practices extend and enhance physicians' and psychiatrists' skills in working with clients. This means that the differences between the philosophy of Solution-Focused Brief Therapy and medicine are downplayed. This is a reasonable approach, given most physicians' professional commitment to the medical model and the extent to which the model is entrenched in contemporary institutions and cultures.

For me, Lutz's add on emphasis increases the significance of the chapters in the third part of the book. These chapters point to the distinctiveness of medical encounters compared with therapy, coaching, educational and other settings of Solution-Focused practice. The difference involves more than the medical model. They also include the historical pattern of doctor-patient interactions in medical settings, as well as moral judgments about patients (e.g. those with addictions) that are too often part of medical practice. Lutz's book does not directly challenge these aspects of medical culture; rather, she describes a different approach that reconfigures the doctor-patient relationship and that direct attention away from assessing the moral character of clients. The book promises to expand physicians' and psychiatrists' skills and to foster change in medical culture.

The chapter on psychopharmacotherapy deserves special mention since many Solution-Focused Brief Therapy clients take medications of various sorts. Even if they don't recognize it, these therapists are participants in the world of medicine. Lutz's chapter provides a framework for therapists to assign agency to clients who may see themselves as passive recipients of medications. Within Solution-Focused Brief Therapy, medications are only

solutions when they enhance clients' efforts to build new future lives for themselves. The questions suggested by Lutz point to how medications are social, as well as chemical, substances. This is one of several ways that she uses Solution-Focused Brief Therapy to foster a new professional consciousness among physicians and psychiatrists.

I see this book as having special relevance to medical education. It is a useful source book for students and residents in developing their own styles of interacting with clients, assessing cases and consulting. The chapter on supervision should be read by supervising physicians charged with guiding students' and residents' entry into medicine and with coordinating medical teams made up of diverse medical professionals.

I have two suggestions for the next edition of the book; both involve linking Solution-Focused Brief Therapy to issues that concern physicians. The first is to note how many of the most common problems with which physicians (especially general and family practice) involve counselling issues. Such problems include managing medications, diet, and stress. Solution-Focused Brief Therapy involves a number of very practical and easily implemented tactics for addressing such matters. The second issue involves how Solution-Focused Brief Therapy resonates with past developments in medicine that challenge typical medical relationships and practices. I am specifically thinking of Kleinman's (1988, *The Illness Narratives*) emphasis on understanding clients' experiences with illness and disability. Solution-Focused Brief Therapy is a practical approach to engaging clients' illness experiences, as well as identifying ways in which clients' might move on with their lives.

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The reviewer

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