A brief introduction to Solution Focused Brief Therapy through the comparison with other traditional approaches.

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As the named suggests ‘Solution Focused Brief Therapy (SFBT)’, is an approach originally developed in the context of therapeutic practice . Due to the pragmatic nature of the approach, the SF principles have been applied in other helping contexts i.e social work, mental health, education, governmental settings and business arenas etc.

How SFBT was developed

The SFBT approach took shape in the early 1980s after a period of observational studies carried out systematically by a group of practitioners in the United States, among whom were Steve De Shazer and Isoo Kim Berg (Cade, 2007). They observed life therapy sessions, gathered data about what worked or not worked well for clients during the therapist/client interactions. From this data they particularly looked out for the more useful and helpful methods of communication that would assist clients to realise their own strengths, visualise goals and see the possibility of moving forward to the preferred future.

This pragmatic and simplistic investigation into the practicality of helping, that is, identifying what works and what is useful, helped form the SF assumptions (see appendix 2, available only in the Change Certificate in Solution Focused Practice Course booklet).

These assumptions no doubt have helped shape the unique therapist/client interaction of the SF approach, in which certain techniques are used to assist in communicating across therapeutic goals i.e. identifying client's strengths, co-constructing goals and co-creating possibilities to achieve them etc. The result is they are collectively seen as solution orientating communications. The frequently used communicating techniques are: Scaling, Miracle Questions, Exception Finding and Problem Free Talk etc. (O’Hanlon, Beadle1997)

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How is SFBT different from other approaches

Together with few other recent approaches, SFBT has emerged from the western psychotherapy discourse where a handful of traditional approaches have been dominant for most of the 20th century. The emergence of SFBT seems inevitable for it serves to challenge existing approaches or even to bring forth a therapy model that is more appropriate for the needs of today's society. This implies the difference of SFBT from the traditional ones. Indeed, by knowing the differences between them, one would then be able to distinguish the assumptions and principles that underpin the various models, so as to understand the therapeutic objectives of each of them.

Simply by comparing SFBT with the 3 main traditional models i.e. Psychodynamic, Humanistic and Cognitive Behavioural Therapy (CBT), one would then realise the 'why and what' of the SF approach.

When a personal problem is addressed, it is only natural that attention is drawn to the person's past and present experiences as the potential cause of the present problem, or the personhood. The mental processes (cognition), the behavioural tendencies and the biological make-up are often seen as factors that cause the present problem also. This implies that past experiences, the personal construct and the biology of the person are all possible determinisms of one's problem, which further implies the positivistic cause of the problem. In other words, the cause of a problem is there waiting to be discovered, and presumably a matching cure to the problem would also be identified once the cause is known.

The SF approach to problems does not presume any deterministic factors:

The notion of positivism, of determining factors to a problem, of presuming the essentialised person and of seeking pre-identified cures to particular problems, are all characteristics of the three traditional approaches. Past experiences and the unconscious mind that determine the present behaviour is of the Psychodynamic approach. The person's concept of self and how this person has experienced and is experiencing the self, is determinism for self-worth, which directly affects how we see the world and behave toward it, as in the case of the Humanistic approach. As for CBT, the main determinism for present behaviour would be the person's cognitive functioning,

pattern and style (Hirschorn, 1979). Therefore, the belief of the respective determinisms shape the structure of the therapy process as: seeking the cause of the problem so as to identify symptoms for diagnosing a specific condition and, finding a matching treatment that can then be administered which is analogous to the medical model.

It may seem as if the SF approach is doing what the traditional approaches are not, in other words, it doesn't focus on seeking the cause of a problem and doesn't assume a positivistic determinism of a problem. Without the orientation of looking for the cause, there won't be any symptoms to look out for, without which diagnosing or categorising will not be possible and therefore there won't be a matching cure either. All in all, the SF approach seems not to pay too much attention to presumed details of the problem as the others do, which distances the SF approach from conventional therapy.

What makes SF approach different from others

It is the difference in perspective that marks SF out from the traditional ones. The traditional linear medical model of investigating a clients' problem belongs to the psychological perspective, which is characterised by positivism and essentialism (Holyoake & Golding, 2010). Whereas SF is from the sociological perspective, rather than from the perspective of looking inside the person or at the essentialised person. The SF approach concerns more the social aspect of the person, the forms of interactions that the person has with the world and with the therapist. The fluidity of the social interactions opens up possibilities for clients that otherwise would not have been realised had it been conducted within a predefined framework.

So rather than relying on the expertness and privileged knowledge of the therapist to help the clients as in the traditional approaches, the SF approach sees practitioner and client as partners embarking on an unknown journey together in which they play the role of constructing the paths as they go about searching for the destination. The paths are constructed through their utilisation of forms of language, out of which emerge a clearer destination that becomes more and more tangible to the client. That is, specific meaning has been brought into existence within this therapist/client interaction, this is then the reality for the client (Golding, 2007). In other words, a discourse has been developed between the two social actors.

How meaning is produced within the SFBT approach:
It seems, through dialoguing, the client and therapist jointly invent a social reality that can be the goal(s) for creating ways to achieve them. This indicates that language is a form of social action within which both objects and people are constructed. So SF therapeutic interactions utilise the property of language to bring about a state that is favourable for the clients. In order to achieve this state, the context in which the therapy sessions are carried out has also been taken in consideration. By this, the client is seen as someone who is resourceful, and that the therapists do not hold a definitive truth, but together they create a solution to fit the particular needs of the client.

The SFBT model may have tried to shed the notion of a regime of knowledge (Foucault, 1980), so that the practice would not be constrained by its own episteme and promote a re-negotiation of the feeling of a power imbalance between therapists and clients. In order to do so, SFBT does not seem to show preferences in any of the psychological fields such as the unconscious experience, learning processes, cognitive processes and the experiencing person. However, it cannot escape the fact that each therapeutic encounter is a discursive event by which knowledge and meaning are produced. Nevertheless, SFBT seems to utilise this very nature of discursiveness as the fundamental framework by which the conversations between therapists and clients are constructed in a way that will bring a ‘cure’ for the clients.

Conclusion
Therefore, the emerging contrasts between the SF approach and others are obvious to see. The contrasts that come into being are mainly because of the differing underpinning theoretical assumptions between the SF approach and the ‘others’. It is as if the SF has occupied a privileged position of being the latecomer whose practice has not been restricted and limited by the established regime of knowledge the others have. In light of the restrictions and limitations they have enabled them to seek more effective ways of approaching the therapeutic practice.

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Whilst the traditional approaches became the regime of knowledge in the psychotherapy field, the SF approach emerges in the 1980s, moving away from the restriction of the traditional diagnostic and cure approach to problems. Instead, it focuses on the solution and emphasises goal setting, achieving it by way

of skilful dialoguing that is viewed as constructing a preferred reality for the client.

The SF is a relatively new approach that seems to be born out of the ideological currency of the time in similar manner to its predecessors. The beginning of the 21st century heralds a break with the effect of the last century politically and socially as real-time communications, together with a globalisation of disciplines and ideas carried by homogenised computer technologies etc. have compressed time and geographic-cultural distances between countries. Different cultures, values and beliefs are brought together through borrowed time and space. Whether SFBT, or indeed all the other therapy practices, is ready for the cultural change in society, would be dependent on whether any of them has the potential for change. The jury is still out considering the verdict.

References:

Cade, B. (2007*). A history of the brief, solution-focused approach.* In: Nelson, T. & Thomas, F. Handbook of solution-focused brief therapy. Clinical Applications (Eds.).The Haworth Press.

Foucault, M. (1980), *Power/Knowledge*, Brighton, Harvester.

Golding, E. (2007), *A journey envisioned through*

communication, University of Birmingham, D06C310SSC, 4th Jan. 2007.

Hirschorn, P., in Medcof, J., & Roth, J., (eds), (1979), Approaches to Psychology, Open University Press, Milton Keynes.

Holyoake, D.D.: Golding, E. (2010) *The 'uncanny sense of self', Solution Focused*

Practice and a theoretical re-thinking of 'the self' in psychotherapy, Asia Pacific Journal of Counselling and Psychotherapy, Vol. 1, No. 1, March 2010, 87–96

O'Hanlon, B. ; Beadle, S. (1997) *Guide to Possibility Land: 51 Methods for Doing*

Brief Respectful Therapy, New York, Norton.

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