

Change Certificate in Solution Focused Practice

Unit 3: The Work of Language

Project Brief:

Write a 1200 word essay about a helping session with the following features in mind:

The Discourse

The Construction of a 'new' discourse

The client's 'old' discourse

The dominant belief in the 'old' discourse

The dominant belief in the 'new' discourse

The repositioning of the client in the new discourse

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Making sense of a helping session using the Solution Focused Approach

What distinguishes SFBT from other approaches is its underpinning belief and its philosophy behind how 'meaning' is constructed and understood. Approaches such as the Psychodynamic and Humanistic therapies developed through the Modernist era, would maintain that meaning is 'absolute' and that words have the same meanings. However, those emerging from the Post-modernist time would argue against this and believe meaning is relative and can be determined by other terms. In SFBT, meaning is produced through carefully constructed dialogue between the counsellor and client. Here, we see a form of communication through language that encourages the client to think how they can change themselves.

Michel Foucault (1972) was the first to introduce an interesting concept about language. He believed discourse to be **'a group of statements which provide a language for talking about, a way of representing the knowledge about'**. This knowledge is produced through discourse and historically when such knowledge becomes the dominant belief, so does its acceptance as being the truth. For example, the discourse of self-harm has changed through historical periods but each explanation has always been considered as the true meaning behind the action. Dominant beliefs behind self-harm include it being recognised as a form of mental illness or dysfunctional behaviour, a means of having some control in life, and more recently it seems to be fashionable whereby individuals self-harm visibly over the internet. This discourse has evolved through psychiatry and more notably through different media outlets.

Solution Focused Practitioners work under the idea that a client enters a session with a particular discourse about their problem. SFBT however, understands that these particular beliefs, attitudes and behaviours are relative and not set in stone and most importantly are open to different interpretations. The following discussion will demonstrate how the SF counsellor, co-constructs a 'new' discourse together with the client through manipulating language to enable the client to realise that there are other possibilities.

During this helping session, the discourse was revealed from the outset through the use of the 'best hopes' question. My client was a young mother who was concerned with her eating habits and was constantly worrying about what she is eating, when she is eating and how many calories she is consuming. Ultimately, she wanted to be able to eat a meal without thinking about all of the above. As the client delves deeper and begins to describe the reasons for her unhealthy eating patterns, aspects of the dominant belief are revealed. She was facing some struggles in her marriage. This led to high levels of stress and as a result the client began losing lots of weight. She was experiencing feelings of 'guilt' because of an incident whereby she allowed a friend's husband to 'come on to her' and take one step further with a kiss. It appeared that these mixed emotions were haunting her and the client felt her life was spiralling 'out of control'. Losing weight started to become her main focus as it was a way of regaining some control again and was also a distraction from the guilt she was feeling towards her family. Her role as a mother as well as a wife had dramatically been affected and had led to having less energy to spend time with her children.

Using the question **'what are your best hopes for today?'** allowed an immediate shift from the problem to a more hopeful position in the near future in terms of her eating habits and thoughts behind them. Although it did also direct the conversation towards problem-talk for a little while, the client did show an independent willingness to change by saying she wanted to go back to how it was when she wasn't always thinking about her diet. This provided me with an opportunity to find out how the client had managed in the past when her focus was not always on her eating habits. By using questions like **'Can you describe to me a situation where you didn't feel you were always focusing on what you eat?'** and **'Can you describe what it was like when you were in control?'** the client was able to find exceptions which would allow her to almost re-live the times when she was in control and therefore acknowledge those resources and skills can be used again to regain control in a more sensible manner.

Throughout the earlier stages of the session the client did continue returning to her dominant belief of the discourse by mentioning losing control and feeling guilty for eating certain foods. The use of the scaling question worked well in shifting the focus away again and assisted in the construction of a 'new' discourse. Although she rated herself quite low on the scale as a 2, asking how she could push herself up the scale to a 3 allowed the client to uncover more positive and productive ways in which she could change her eating patterns and that in fact she was already making a conscious effort to do so. She had huge self-awareness of what she should be eating to stay healthy by taking multi-vitamins and ensuring that she drinks enough milk to build up her bones so as to prevent osteoporosis. By using questions such as **'What else?'** and asking the client to elaborate further on what she could do to improve her eating, a new 'discourse' started to be constructed whereby the client was thinking about detailed examples of the types of food she could enjoy eating which would also lead to a more balanced diet.

As the counsellor I felt it was important to keep the client's focus towards this 'new' discourse of enjoying a more comfortable healthy diet in life and so followed up with the miracle question. The client's posture changed almost immediately at this point, she moved slowly and sat in a more upright position, with her head slightly tilted up and her finger touching her head to signify that she was thinking very carefully about what would be different if her eating worries had completely disappeared. Again through the solution focused language the client is carefully steered towards visualising her new preferred future by describing how she would relish a full English breakfast at the start of her day or even a croissant and an omelette rather than her usual habit of waking up and avoiding food. When asked **'What other changes would people see in you?'** the client immediately introduced a somewhat different dominant belief in this 'new' discourse in that she would be more energetic and this would result in her wanting to take part in more activities. The client expressed further how she would be able to cope with her job much better instead of being so irritated at times. Additionally she would be happy to take her children out to the park and overall have a better relationship with her children as she wouldn't be shouting at them constantly.

By closely analysing this helping session, it is apparent that the solution focused techniques helped both counsellor and client create a new narrative. The exception finding questions and use of scaling particularly enabled the client to see changes she had already made in

terms of dealing with her unhealthy eating habits and thoughts and helped the client to adopt a more laid back approach to eating through envisaging a variety of ingredients in her cooking. The miracle question assisted the client greatly in constructing a preferred self and largely repositioned her to a completely different identity to the one she entered the session with. She concluded that food would no longer be her obsession. The client's new discourse would include being a happier, energetic and work friendly individual.