INBETWEEN – NOT INSIDE OR OUTSIDE

The radical simplicity of Solution-Focused Brief Therapy

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Summary

In this paper we attempt to set out some crucial ways in which we see the practice of Solution-Focused Brief Therapy (SFBT) as differing from other forms of therapy. We propose that these differences may have arisen because of the ways in which Steve de Shazer was introduced to therapy. Chief amongst the differences are the ways in which we act as if humans are neither driven from the inside by some kind of mentalistic or molecular framework, nor are they driven from the outside by systems or social forces.

With good research evidence for the efficacy of SF practice, we propose that for nearly thirty years we SFBT practitioners have talked about what we do and the time has now come to be clear and explicit about what we do not do and what assumptions we do not use.

This paper is based on conversations at the EBTA 2007 conference in Bruges. We hope that it will stimulate discussions within the SF field. We intend to produce another version of these ideas for a wider audience as soon as possible.

Introduction

Solution focused brief therapy is a distinctive field, different from most – if not all – other therapy forms. It is characterised by what we do and the ideas we use, but perhaps even more by the ideas we do *not* use and what it is that we do *not* do.

To date, we as SFBT practitioners haven't talked much about the assumptions we do not use and what we don't do. We have focused our descriptions on what we do and the techniques we use and the assumptions we have about people in therapy. This has resulted in many other professionals viewing us as naïve and superficial because when solution focused techniques are extracted from the whole framework of solution focused theory and practice and put within the framework of traditional psychological thinking the ideas and techniques become absurd, naïve and even plain stupid.

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We, being polite and patient professionals, have not seen the need to correct these misunderstandings – maybe because we are more interested (naturally!) in talking about what we do rather than what we don't do. We have also been aware of the difficulty entailed in questioning traditional psychological thinking – which happens when we say we do not use it – because traditional psychological thinking is so deeply ingrained in our language and culture. Attacking them head-on keeps them in the room and in the argument (as discovered by Richard Dawkins who in his atheistic mode seems to spend more time talking about God than the Pope does!).

Since the early 80's SF brief therapists have applied the approach with success. Although the collected research on SFBT is impressive, we think that there is a much larger and more significant conclusion - we do not use and we do not need psychological theory to do SFBT and we go so far that we think that using psychological theories on mind or systems while in conversations with clients or patients will prevent us from doing SFBT.

Therefore, this paper serves a number of purposes:

* To propose that it is time to talk about what we DON'T do as well as what we do
* To clarify how SFBT is different from many psychological ideas
* To suggest that SFBT is not only different, its effectiveness calls into question the usefulness of the other ideas

This version is intended to be read and discussed by an SFBT-knowledgeable audience, so we take for granted usual use of SF terminology etc. We intend to produce a second version for external publication, where these terms are more clearly defined, as soon as possible.

What makes SFBT distinctive?

Before we look at what is distinctively omitted by the SFBT practitioner, let us examine the essentials of SFBT. To the naïve observer, SFBT appears to be about talking about ordinary daily activities of life and is sometimes mistakenly seen as an ordinary conversation. We listen actively for what the client wants – points to it with echoing, paraphrasing and summarizing and ask questions to expand the descriptions into ordinary daily activities. We ask questions like:

- What are your best hopes from our work together?
- What would be/will be the first tiny signs that things are better?
- Where are you now on a scale from 1-10, where 10 is that your best hopes are realised?
- How come you're that high? What else?
- Who would be the first person to notice that things had improved for you? What would they notice? What else? Will you notice on that person when he or she

notices that things are better for you? How will you notice on that person when he or she notices that things are better for you?

The presuppositions of these questions are few and simple:

- *The client wants something to be different as a result of seeing us (and can know what it is).*
- *Things can get better.*
- *The client is capable of setting his/her own goals and is capable of evaluating progress towards that goal.*
- *Something made things change in the direction of better.*
- *Other people will notice when things improve.*

Building on this, it is possible to draw up a table of what we do and compare it to what we don't normally do at all. The phrase 'what we don't normally do at all' is very carefully chosen. SFBT can be viewed as a search to find what works in a particular case, and it occasionally happens that the usual approach does not yield enough results. However, nothing is absolutely ruled out, should it turn out to help in a particular case where the normal approaches don't.

What we do	**What we don't normally do at all**
We focus on what the client (and others involved) say they want, and what difference that would make during ordinary daily activities.	We don't focus on what's wrong and why
We ask about what helps the client progress in the direction he/she/they want	We don't ask what stops or blocks the client
We organize the client's descriptions of what they want and what of this is already happening into categories and groups that help us decide what we believe is most useful for the client to do more of. In other words we "diagnose" what we and the client agree on that is going right.	We don't diagnose pathology or use theories to understand what is going wrong in client's lives
We use simple concrete language	We don't introduce abstract words (like beliefs or values) into the conversation
We listen very carefully to what our clients say, take it seriously, and ask them to tell us about aspects of their lives that may have been overlooked in focusing on their problems. This is how we 'stay on the surface'.	We don't assume that what is left unsaid is more interesting than what is said

SFBT could therefore be viewed as a form of practice which helps our clients to simplify their lives by simplifying how we talk together about life and helping them attend to what they say is important to them and what they say is helpful – rather as Wittgenstein (1957) hoped to use language to 'show the fly the way out of the fly-bottle'[3] in dissolving the problems of philosophers. This is a highly practical pursuit, and one that has different priorities to other fields which may seen academic categorisation, description and explanation as being important to do first.

The really extraordinary thing is not just that following the right hand column is at least as effective as any other treatment (as shown in the collection of research results by Macdonald, 2007). It takes less time with lower therapist burn-out and most of the therapists doing it report that it is also more fun to do therapy this way. And yet hardly anyone seems to know about, let alone understand, our approach. It's as if somebody discovered that you can run a motorcar on water instead of gasoline, and nobody's interested.

None of the questions we ask depend on the assumption that the client is hindered or troubled by some internal mechanism which we or they need to change. Nor are they at the mercy of some external system. It is, we propose, an unnecessary complication to introduce either of these concepts into the conversation by the therapist. We examine these concepts in the following sections.

People are not controlled from inside

A conventional wisdom holds that an individual's behaviour and interactions with others are driven by internal mechanisms hidden from view, and that in order to change behaviour the internal mechanisms must be changed. This is like adjusting a machine or some kind of computer programme – as if people were at the mercy of bugs in their operating systems.

Typical given internal mechanisms include:

- Beliefs
- Personality Traits
- Attitudes
- Motivations
- Values
- Thoughts
- Emotions
- Psyches
- Mental Maps
- Brains
- Genes

[3] Basically helping people get out of the confusion created by language.

- Weaknesses
- Strengths
- . . . .

SFBT practice does not follow this conventional wisdom. SF-therapists do not inquire or try to change any of the things above. People in SF-therapy can and do change their lives and leave all manner of problems, diagnoses and other ailments behind them without any use of, reference to or mapping of these internal 'things'. Indeed, even problems declared by the client in such terms can be handled quite satisfactorily.

This doesn't mean that SF-therapists say that "brains" or "genes" do not exist or that such things as "attitudes" or "motivation" can't be mapped, discussed or examined. Indeed, we often talk with clients about their strengths, useful personal qualities and so on. However, to think of these as 'controlling' mechanisms which must be changed in order for any other changes to occur is not only misleading, it leads us immediately into doing something in therapy that is not SF.

As an aside; this position has, in fact, been argued for in a theoretical way for some time, for example in the literature of sociologically-oriented social psychology. The proponents of 'discursive psychology' notably Rom Harré (Harré 2000, Harré and Gillet 1994) and the Loughborough group led by Professor Jonathan Potter (Potter and Wetherall 1987, Potter 1996) have been coming to very similar conclusions albeit from a more academic and less practice-focused perspective.

Of course, activity in our brains is associated with our behaviour and of course the genes a person possesses limit the range of possible behaviours and interactions of that person. However, we want to make a distinction between 'associated with' or 'limited by' and 'controlled by'. Genes do not control which possible behaviour and interaction is used in a particular situation – rather, they set 'parameters of possibility' and allow huge variation to emerge. Stephen Rose has written widely against genetic determinism (see for example Rose, 2005) and in broad support of this position. Wittgenstein and those inspired by his ideas show the nonsense of imagining that we are controlled by our brains (see for example Bennett and Hacker, 2003, Dierolf and McKergow, 2007).

People are not controlled from outside

Another conventional wisdom holds that individuals are part of systemic processes in action which, if changed, will result in change for the individual. This view sees people as being at the mercy of external macro-level forces, including

- Systems
- Second-order change
- Power structures
- Narratives
- Cultural norms
- Karma

- . . .

Such ideas also form no part in SFBT practice. This is not to say that, for example, cultural norms have no influence. Neither is it to say that taking a systemic view is not sometimes helpful. However, this is not the same as acting as if there was an overarching 'real system' that must be found, mapped, followed or changed, or else the work will be in vain.

We wish to distinguish between macro-level systems such as those listed above and micro-level interactions – the everyday self-organising of conversation, response and going on (in the terms of Wittgenstein) using language together. Talk and social interaction can be viewed systemically, and the ways in which norms, narratives and power are locally constructed and (therefore) locally changeable are of great interest to us. We are very aware of the way in which small interactions and dialogue can create ideas of macro-level phenomena. However, the very fact that these are created by micro-level interactions means, to us, that they are changeable by the same kind of micro interactions. It's one thing to talk about 'changing society' if we want something different – quite another to set about changing society as if it was the same as changing one's underpants.

The origins of SFBT

We might wonder how a robust and widespread form of practice such as SFBT came to exist, when it clearly is not a development of previous conventional ideas. One answer to this might lie in the way that Steve de Shazer became interested in therapy.

In 2002 Steve de Shazer was doing a workshop in Malmö, Sweden and someone in the audience asked him how he became a therapist. He answered that he was never a therapist and then told the following story:

"I was never interested in psychotherapy and I had never read anything about it. I was a researcher in sociology with an interest in how language works. One day in the late 60's on the look-out for an interesting research project I was in a library waiting for someone who was late. I picked a book at random from a shelf and opened it. It happened to be a book by Jay Haley about Milton Erickson. On the page that I opened, Haley stated that Erickson's sessions and strange homework tasks followed no rules. My immediate reaction to this was that that is nonsense. There has to be rules. Language and communication is rule-bound and people wouldn't be able to communicate if they weren't following rules.

Haley writes well though and the book made an interesting read and Erickson's work made a lot of sense, so I read some more and eventually I read everything that had been written about Erickson and I read all I could find that Erickson had written himself. I also read some of the other books on the same shelf about psychology. Most of them speculative, badly written and uninteresting.

So I started this research project. Trying to figure out how Erickson constructed his interventions. What were the rules? A lot of Erickson's cases were published – actually I think that there are more cases of Erickson published than of any other therapist. So I started organizing the cases looking for similarities and differences and patterns and trying to describe the rules that I knew Erickson had to be following. I found 4 rules and divided up the cases between them – putting them in piles. One pile for each rule and one for the cases where I had not yet found a rule. The last one I called the "weird cases" pile.

When I had put all the cases in the piles I discovered that the "weird cases" pile contained about 50% of the cases. This bothered me and I speculated that this was so because there must be crucial information lacking in the written descriptions of the cases and without that information it would be impossible to create the rules that would explain those cases. So – since I had now read most (if not all) of the literature by and on Erickson and had developed a clear sense of what Erickson was doing and thought it made perfect sense – I decided I had to start seeing cases myself to create descriptions so that I would be able to figure out the rules.

So I set up this clinic in the sociology department and started seeing cases and soon found that about 50% of the cases I saw fitted into one of the 4 rules and about 50% of the cases went into the "weird cases" pile. Since the proportions were the same as Milton Erickson's, I was confident that I was replicating what Erickson was doing. Well - I was wrong. When I saw a filmed session with Milton Erickson 15 years later my immediate reaction to Erickson's work was: "Gee – he's doing it all wrong!!!"

So - what is important for the purpose of this paper – solution focused brief therapy is built on a misunderstanding of Erickson by a sociologist interested in how language works. This is probably the main reason why the activities of solution focused brief therapists are distinctly different from what other therapists do. Thinking about psychology or how mind works had nothing to do with the creation of the model.

SFBT and eclecticism

As we said earlier, using SFBT questions within other frameworks can lead to the approach appearing silly, naïve or ridiculous. For example, in the Norwegian feature film *Kunsten å tenke negativt* (The art of thinking negatively, 2006) a very depressed man in a wheelchair contemplating suicide and his worried girlfriend are visited by a 'solution focused therapist' and her 'positivity group'. It is convincingly shown that the positive attitude in the 'positivity group' is superficial and based on 'denial'[4] and for 'real' change to happen one needs to work through one's problems seriously. The film is a good example of applying some solution focused techniques within a framework of traditional

[4] "Denial" is a concept invented by … and appearing in the psychological literature ….. It has now entered into the realm of "general knowledge" about how things are – much like the sun goes up in the east.

psychological thinking and creates an image of the SF-therapist as hopelessly naïve and stupid.

Some elements of SFBT seem to be cropping up in various forms of practice. For example, MacKinnon et al (2006) advises psychodynamic interviewers to avoid questions involving the word 'why', to ask about exceptions as well as details, and ask about positive aspects of clients' lives and so on. Asen et al (2004) explicitly include SF questions along with narrative questions in teaching doctors how to assess patients' family systems. However, their reasons for doing this are quite different from those given by SF-therapists for doing similar things. This is not to say that there is no value in such eclecticism – far from it. But it is not the same, in our view, as practicing SFBT.

Steve de Shazer preferred to completely ignore traditional ideas which led to some bizarre misunderstandings. When someone would ask Steve in a workshop "How do you work with depression (or anorexia or any other diagnostic label built on pathology)?" Steve would answer: "I don't understand that question". From a solution focused perspective his answer makes perfect sense. We don't work with depression, we don't work with or solve problems at all. We work on building solutions – as outlined above and well described in many books and paper - with people in the same way whatever their diagnosis. For traditional psychology this doesn't make any sense because the distinction between solving problems and building solutions simply doesn't make any sense. But to continue to completely ignore the widely held traditional assumptions, as Steve de Shazer preferred to do, risks leaving our field marginalised and unconnected[5].

People live in the emerging world Inbetween

So, SF therapists don't use ideas from psychology and we do not act as if people are controlled from inside or from outside. How could we describe what we do in general terms?

We get along doing the things that people do – talking, conversing, reflecting, sleeping, joking, wondering, interacting through language and behaviour at close quarters. The act of *responding* – to another person, to a question, to an event, to a setback – is not seen as one controlled by inside or outside. What happens at any moment is not seen as scripted, controlled or determined by any of these - it is a moment of creativity within the context of all that has gone before and all that may become. The way in which conversations

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[5] *We might wonder, in passing, about the apparent need for SF therapists to produce books about working with specific diagnostic categories such as problem drinkers (Miller and Berg 1995). It's possible to conclude that such books have their place in attempting to bridge the gap with other professionals who are used to working with such categories, being a place where relevant war-stories and case examples may be collected, and being a way for the SF-therapist to learn the grammar of a particular specialism – the technical terms, norms, expectations, support offerings and community around a particular field. Gale Miller has written about this tension (Miller 2003).*

self-organise, that dialogue emerges, is also being studied by those from other fields including complexity theory (see for example Cilliers 1998, Stacey 2005). In the best sense of the words, we make it up as we go along. This form of practice is connected to ethnomethodology pioneer Harold Garfinkel's (1967) idea of 'ad hocing': the methods people use to sustain conversations and a shared sense of social meaning, order, and reality.

These ideas have been present in SFBT since before its inception – the Interactional View was the key basis of the Mental Research Instutite group in Palo Alto, through which Steve de Shazer and Insoo Kim Berg first met. In our view the Interactional View is a key element which has more wide-ranging implications than many have realised.

The tiniest details of life, deliberate or accidental, produce a rich and surprising unfolding future. It is in this unfolding that we act (with focus on the 'here and now' as one way to prevent our attention from wandering into theory-land), as clients in ordinary daily activity and as therapists in conversation with our clients, co-constructing possible preferred futures. It is in this sense we use the word Inbetween – in order for there to be interactions and unfolding there must be something with which to interact.

Occam's Razor cuts again

Scientists in general take the principle of Occam's Razor seriously. When a theory, axiom or hypothesis has been shown not to be essential – to be dispensable – it can be safely put aside. The sun does not rotate around the earth (although Galileo was imprisoned for saying so). Focal sepsis (treating mild depression by pulling out all the sufferer's teeth – common practice in the 1920s) has been abandoned as has treating hysteria with hysterectomy. Perhaps because we, the authors, come from science and medicine ourselves, we are both keen to persist in wielding the razor and making progress by doing less.

As SF practitioners we continue to seek to do more with less – and perhaps show how other fields could be simplified and perhaps even abandoned using the results. In the early days of SF therapy (say the mid 1980s), the understandable priority was to develop and hone the approach through practice and experience. Now, twenty years later, we have a well-established approach.

Of course the process of honing and refining should and must continue. However, with the ever-increasing number of research studies showing the effectiveness of SFBT, we can begin to be more assertive in extending our conclusions. The razor has been sharpened. It's time to start showing the benefits of a close shave more widely – particularly in the area of psychological theories. We argue that SFBT offers a distinctive, effective and efficient paradigm for working with people, which brings into question much that is taken for granted in the world of psychology.

The collected research shows that SFBT is at least as effective as any other form of practice – most of which make explicit use of either internal control ideas ('beliefs, thoughts or whatever must be changed') or external control ideas ('systems or whatever must be changed'). However, if neither of these shows an advantage in practice, is it not time the world started to reconsider these concepts?

In SFBT, the miracle is noticed after it happens. This seems to be true of many revolutions in our day-to-day lives. When computer engineer Ray Tomlinson sent the first email to his Arpanet colleagues in 1971, the papers the following morning didn't give it a mention. When SMS text messaging was added to the specification for cell phones it just seemed like a neat idea, not one that would change the way we live. Maybe the post-psychological revolution is already happening – without anyone noticing it.

One of us (MMcK) has launched the Karlstad Group project with Gale Miller. We intend to promote a reinvigoration of SF therapy and other practices by establishing dialogues with other similar conceptual traditions with a similar interactional/social focus. Complexity science, agile software development and swarm intelligence are among neighbouring fields identified so far. Psychology is not on the list.

Conclusion

Over many years of SFBT practice around the world, we have shown that therapy is possible without viewing people as either being controlled from the inside (by mechanisms psychological or molecular) or from the outside (by structures or systems). Since we can effect change without recourse to either of these it is time to call for a wide scale reassessment of how we talk about and view people.

In his book Lifelines, biology professor Steven Rose (2005) writes against the idea of genetic determinism. He summarises his position by echoing Marx and saying:

"We have the ability to construct our own futures, albeit in circumstances not of our own choosing."

SFBT echoes this idea in a very practical way. We work without psychological or systemic concepts. We embrace people as people who do things that people can do – hoping, talking, reflecting, conversing, interacting, responding... And we strive to keep on showing the benefits of simplifying.

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