Does SFBT Have a Theory ?

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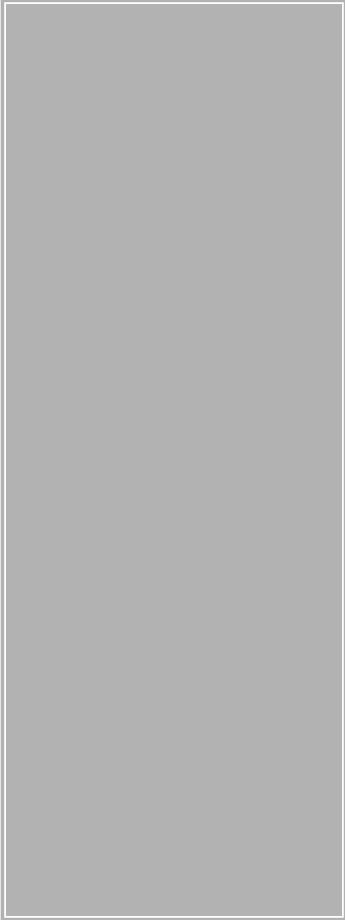Harry Korman

SIKT, Malmö, Sweden

Peter De Jong

Grand Rapids, Michigan

Sara Smock Jordan

Texas Tech University

Australia 2018

☐ The mess I make here of the work these people did – is all my fault and none of their responsibility.

Our ongoing project

Summarizing de Shazer's theory of SFBT, from three directions:

1. The basic postulates of the theory
   - ➢ and the contrast to the dominant paradigm for therapy

2. Describing his meta-theory about what a theory should be and how it should develop

3. Historically, how did de Shazer's SFBT theory develop?

Our ongoing project

Summarizing de Shazer's theory of SFBT, which has three aspects:

1. The basic postulates of his theory
   ➢ and the contrast to the dominant paradigm for therapy

2. Describing his meta-theory about what a theory should be and how it should develop

3. Historically, how did de Shazer's SFBT theory develop?

❑ Today, a presentation of the proposed postulates and a tiny bit on the history

Definitely yes:
there is a theory of solution-focused brief therapy

- ❑ Each of de Shazer's six books has 3 to 5 chapters on theory!
    - ❑ *Patterns of brief family therapy* (1982)
    - ❑ *Keys to solution in brief therapy* (1985)
    - ❑ *Clues. Investigating solutions in brief therapy* (1988)
    - ❑ *Putting difference to work (*1991)
    - ❑ *Words were originally magic* (1994)
    - ❑ *In More than miracles* (2007)
- ❑ He wrote more than 70 papers and chapters

- ❑ This presentation is not about creating a theory:
    - ❑ Extracting axioms/postulates from his writing, with quotations
    - ❑ Some contrasts to the traditional (dominant) paradigm
    - ❑ Some reflections on how and when it developed

First the misunderstanding / the rumour

➢ **He contributed to the rumour that SFBT has no theory.**

"… I maintain that SFBT is a practice or activity that is without an underlying (grand) theory. . ."
(*More than miracles,* 2007, p.101)

➢ **He did not say that he didn't have a theory. He said that he didn't have (or want) a "Grand Theory":**

"What is developed in this book is certainly not a Theory with a capital T; rather, the analysis leads away from such a grand design." (*Putting difference to work*, 1991, p. *xx*)

"Certainly I did not intend to develop nor have I developed a Theory or Grand Design . . . a Theory that attempts to explain everything or can be used as if it were designed to explain everything. . ." (*Words were originally magic*, 1994, p. 274

➢ **Instead he explicitly developed a theory with a specific scope:**

➢ what happens in therapy sessions
➢ and from 1989 - how language works in therapy sessions

De Shazer's "4 phases"

- The young de Shazer 1969-1978
  - Imitating Erickson
- Early Brief Family Therapy Center 1978-1982
  - Ecosystemic Brief Family Therapy
- de Shazer at BFTC 1982-1989
  - The emergence of solution focused brief therapy
- The post-structural de Shazer 1989-2005
  - After the nymphomania case
  - Wittgenstein

What is the theory about?

Theory construction

- In order to construct a **useful theory of doing (brief) therapy**, we need to identify what is observable and repeatable about therapy sessions. We need to describe the consistencies from session to session and case to case **based on what therapists and clients actually do** during therapy sessions. Therefore, theory development needs to be based on the disciplined observation of therapy being done within a **specific context**.

  - Wallace j. Gingerich, Ph.D.A, Steve de Shazer, M.S.S.W.B The BRIEFER Project: Using Expert Systems as Theory Construction. (Fam Proc 30:241-250, 1991) (submitted April 1989)

- "How do we make this teachable?"

Theory Construction

- " A theory, as I use the term, is not meant as an 'explanation,' {i.e., inferences} rather a theory is only a coherent "description" of specific sequences of events within a specific context." I.e., of "the-therapist-interacting-with-the-client-in-the-therapy-setting"

  - *Clues, 1988, p. 82*

- A theory is a map:

  - "The map is '*de*-scriptive' rather than '*pre*-scriptive'. It describes what solution focused therapists *do* rather than what they should do. Thus, it is not a map of the 'right way,' or the 'only way,' or even the "best way."

    - *Clues1988, Intro page XV*

Theory Construction

- It's a theory about **"therapy-as-a-system"**
  - not at study of the individual as a system or the family as a system
  - It's not a theory about the people that are in therapy

- It's a theory about patterns. From 1978-1989 described in one way and from 1989 (after the nymphomania case) described in another way

Presenting contrasts

For each postulate:

- First, the traditional paradigm

- Then de Shazer's writing as postulates, drawing primarily on

  - *Patterns* of brief family therapy (1982)

  - *Keys* to solution in brief therapy (1985)

  - *Clues*. Investigating solutions in brief therapy (1988)

  - Putting *difference* to work (1991)

  - *Word*s were originally magic (1994)

  - More than *miracles* (2007)

- Then an example of the difference it makes in practice

Postulates/axioms

- An axiom or postulate is a statement that is
  - taken to be true,
  - serves as a premise or **starting point** for further reasoning and arguments.

- The word comes from the Greek axíōma (ἀξίωμα) 'that which is thought worthy or fit' or 'that which commends itself as evident'.

Wikipedia 2018

Postulate I.

The minimum unit of analysis is the therapist and client interacting in the therapy setting (and this unit can not be subdivided further)

- ☐ Can be traced back to the young de Shazer

- ☐ "The purpose of this chapter is to describe the constraints of a theory of brief family therapy, one that is built on viewing **therapy-as-a system**."   (*Clues,* 1988, p. 62)

Postulate I.
The minimum unit of analysis is the therapist and the client interacting in the therapy setting

Traditional paradigm	de Shazer, SFBT
☐ The unit of analysis is the client (individual or family).	☐ "The unit of analysis is client(s) and therapist and the conversation they have together about the client's concerns." *Words*, 1994, p. 36
☐ The language is about individuals.	☐ "I have, of course, continued our tradition . . . of keeping the therapist-interacting-with-the-client-in-the-therapy-setting (i.e., the therapy system) in the description or theory of therapy." (*Clues*, 1988, p. 63)
☐ The focus is on *the client(s) and the nature of their problems.* This is the minimum unit of analysis; the therapist is not required or even included.	☐ "It is easy to commit the error of drawing a boundary between the family system and the therapist, while the behavior between the family and the therapist is fully interactive, communicative." (*Patterns,* 1982, p. 1)

Postulate I.
The minimum unit of analysis is the therapist and the client interacting in the therapy setting (and this unit can not be subdivided further)

Traditional paradigm

Eileen, tell me what things I can help you with today.

de Shazer, SFBT

- What kind of work do you do?
- I'm an attorney

□ The therapist went on to focus on the husband and her relationship to him.

□ The therapist's unit of analysis is the client and her husband.

□ He is investigating it from outside.

□ The therapist continuously breaks up their fighting by various means.

□ She's an active part of a system that includes her.

Postulate I.

The minimum unit of analysis is the therapist and the client interacting in the therapy setting

Ia: What about the client?

Traditional paradigm	**de Shazer, SFBT**
☐ Therapy is about the nature of client(s) and their problems .	☐ This theory "is built on a relationship between therapist and client which is *cooperative* in nature." (*Keys,* 1985, p. xvi)
	☐ Admiration for "the creativity of clients and the resources they already have before they come to therapy." (*Keys,* 1985, p. 136)
☐ The client's diagnosis determines what therapists should do:	☐ Treatment decisions are based on what emerges in the session:
☐ diagnosis → treatment	☐ "Exceptions are not discovered, they are invented during the conversation between client and therapist. They are an element of a description, not a fact of real life." (*Clues*, 1988, p.188)

Postulate II:
Therapy is about co-constructing solutions with the client

Traditional paradigm	de Shazer, SFBT
❑ Therapy is about *the therapist solving the client's problem.*	❑ "In a broad sense, ... the client comes to therapy wanting to solve his problem. Within this framework, clients depict their problem, a process that is shaped interactively by the conversation between them and the therapist. It is this depiction or construction that therapy deals with, and therefore a primary focus of the interview is on helping clients change their way of constructing their (problematic) experience." (*Clues*, 1988, p.76)
❑ Therefore, diagnose the nature and scope of the problem ❑ more than DSM	❑ Diagnosis is not a fact to be discovered: ❑ "'Depression,' 'marital problems,' and 'individual problems' are simply constructions of the users of those terms" (*Words,* 1994, p.9)

Postulate II:
Therapy is about co-constructing solutions with the client

Th: So , em, em, is it okay if we start like, uh [pause] *What will have to happen, as a result of you coming here today*, this afternoon, tomorrow, the day after tomorrow , *for you to feel that it's been somewhat useful to, to be here?*

Cl: Um, [pause] Don't t- [Laughs]. . .

Th: *It's a difficult question.*

Cl: [overlapping] not even looking that far ahead, um. [pause] I don't know, I-I guess, ,maybe just-ta, sort together everything I'm, feeling. I don't exactly know what that is yet. I don't- I don't exactly know what's bothering me like, I mean I, I'm in the process of going through a divorce, so I'm sure that's-the majority of it. [T: Hm, hm] I just recently haven't been able to sleep too well and, so I thought maybe this might help me sort out whatever I need to [Th: Right] get my life back together, ha ha

Th: *Help you sort something out to get your life together. So what would be a feeling, uh, a thought, an action, something you would do or think or feel that would tell you that you were sort of getting your life together?* [Cl: Um] *This afternoon or tomorrow*?

Postulate III:
Change is the purpose of the therapist and client's meeting

Traditional paradigm	de Shazer, SFBT
□ Focuses on assessing *stability* rather than change	□"In a broad sense, the rationale for therapy is 'change'—the client comes to therapy wanting to solve his problem. " (*Clues*, 1988, p. 76)
□ Assumes the client's condition is stable (or worse) unless treated	□"It is the therapist's task, therefore, to develop with the client these expectations of change and solution." (*Keys*, 1985, p. xiv)
□ Purpose is to identify the client's (or family's) pattern	□"What the early conceptualizers and therapists since then have failed to realize is that 'the study of the family' and 'the study of family therapy' are studies of different logical types. The former is a study of stability, while the latter is a study of changing." (*Patterns*, 1982, p. 4)
□ E.g., family homeostasis resistance to change	□They created "an artificial opposition between therapist (for change) and the family (homeostatic, and therefore against change)." (*Patterns,* 1982, p. 5)

Postulate III:
Change is the purpose of the therapist and client's meeting

☐ Therapist explains that the situation is permanent, and she must accept it.

☐ I.e., change is not possible

"It is the therapist's task, therefore, to develop with the client these expectations of change and solution."   *(Keys,* 1985, p. xiv)

The opening presented several opportunites for talk about change. Think about some of these.

Postulate IV:
Therapy is an observable interactional process, i.e., a conversation

Traditional paradigm

- Focus on concepts or attributes that the therapist has *inferred* (removed) from what was said.

  E.g.,

  - therapeutic alliance or bond

  - compliance, resistance, insight, catharsis, transference, counter-transference

  - the "deeper meaning" of a word

- These are abstractions

  - not visible interactional processes.

- They use words that *reify* a process

  - making it into a static "thing."

  (Linell, 1982)

de Shazer, SFBT

- "What we observed was so simple and obvious and so easy to see, since it was right on the surface and had long been readily available to any observer; yet it had remained hidden away . . . . We saw a therapist who was talking with the client.   (*Words*, 1994, p. xvi)

- "The everyday use of words is a social, interactional activity"   (*Miracles, 2007,* p. 110)

- "The idea that doing therapy can be seen as a conversation points to and reminds us of the interactional aspects of the endeavor—something that is quite easy to neglect.
  (*Words,* 1994, p. 40)

Postulate IV:
Therapy is a visible interactional process, i.e., a conversation

A TRADITIONAL ANALYSIS OF A SESSION

TRANSCRIPT	THERAPIST'S COMMENTS
Miller-1: "So, fill me in a little bit. What is it that brings you here today?"	Knowing nothing about his situation, I begin with an open question.
Mike-1: "Well, actually I'm doing a favor for a friend of mine."	His first response bespeaks low personal involvement in being here. He is doing a favor for a "friend" who referred him.
Miller-2: "Uh huh."	
Mike-2: "And he told me about a study you guys were doing, and so I figured I'd participate in it, and they told me you were basically an addiction counselor, and he thought I might be an interesting subject."	He's not too sure what to expect, but he has an idea. I don't know yet just what "addiction counselor" means to him, but it turns out to be a loaded term, as we soon discover.
Miller-3: "Uh huh."	
Mike-3: "Okay?"	
Miller-4: "Okay. Well, tell me about where you are now with the addictions that you've been . . ."	I knew only that he was referred to discuss some form of addiction.
Mike-4: "Well, what do you want to know in particular?"	He seems to expect specific, closed questions.
Miller-5: "Well, are you in recovery now, or . . ."	
Mike-5: "No, I'm not."	
Miller-6: "Okay. Alright. So what are the drugs or what it is you struggle with?"	

Postulate IV:
Therapy is a visible interactional process, i.e., a conversation

INTERACTIONAL ANALYSIS OF THIS SESSION

TRANSCRIPT	THERAPIST'S COMMENTS
Miller-1: "So, fill me in a little bit. What is it that brings you here today?"	Presents a not-knowing question.
Mike-1: "Well, actually I'm doing a favor for a friend of mine."	Gives his answer.
Miller-2: "Uh huh."	Accepts his answer.
Mike-2: "And he told me about a study you guys were doing, and so I figured I'd participate in it, and they told me you were basically an addiction counselor, and he thought I might be an interesting subject."	Gives more of his answer.
Miller-3: "Uh huh."	Accepts this answer.
Mike-3: "Okay?"	Checks on therapist's understanding.
Miller-4: "Okay. Well, tell me about where you are now with the addictions that you've been . . ."	Affirms his understanding. Then asks a question that contradicts what he had affirmed.
Mike-4: "Well, what do you want to know in particular?"	Asks what the question means.
Miller-5: "Well, are you in recovery now, or . . ."	Rephrases his question. Note: "yes" = an addict in recovery, "no" = an addict still using.
Mike-5: "No, I'm not."	Says he's not in recovery (= not addicted?)
Miller-6: "Okay. Alright. So what are the drugs or what it is you struggle with?"	Responds as if he said he was not in recovery and was struggling with drugs (plural) or something,

24

Postulate V:
Client and therapist jointly construct a therapeutic reality.

Traditional paradigm	de Shazer, SFBT
□ Structural view of language □ Language is independent of its use and its users	□ "Post-structural view of language," specifically, "… interactional constructivism (the idea that reality is socially or interactionally invented)" (*Difference*, 1991, p. 158)
□ There is a reality out there, and language represents it.	□ "language is reality." (*Words*, 1994, p. 9)
□ Meaning is fixed. ■ Words have essential meanings.	□ "Clearly, communication is an interpersonal process which implies that these meanings are negotiable. . . . . [and] can only be constructed or invented through how that word is used in social interaction—in a specific context." (*Clues,* 1988, p. 64)
□ Language is an *exchange of information.*	□ "change is seen to happen *within* language:" (*Words*, 1994, p. 10)
□ Therapist and client talk **to** each other.	□ "We saw a therapist who was talking with the client." (*Words*, 1994, p. xvi)

Postulate V:
Client and therapist jointly construct a therapeutic reality

Background

He has just finished explaining his math courses, ending with Algebra 2, which is his best course:

Cl: Then you take, uh, Algebra 2.

Th: Ohh. So that's what you're taking now.

Cl: [nods] Yeah. And I like it.

Th: [overlapping] That's what you're best at?

Cl: Yeah.

Th: That's what you're best at.

Cl: I'm making all A's in it.

Th: You're making all A's on it.

Cl: [nods] Yeah.

Th: So you must be a very smart young man.

Postulate V:
Client and therapist jointly construct a therapeutic reality

Th: You're making all A's on that?

Cl: Yeah.

Th: So you must be a very smart young man.

Cl: Well, no, [ducks his head and laughs], no I'm [shakes head], I'm all right.

Th: You're all right.

Cl: Average.

Th: I would say you're OK, all right. Good!

They negotiate how smart he is.

Our conclusion:

SFBT does have a theory: five postulates so far

I. Therapy is about co-constructing solutions with the client.

II. The minimum unit of analysis is the therapist interacting with the client in the therapy setting.

III. Change is the purpose of the therapist and client's meeting.

IV. Therapy is an observable interactional process, i.e., a conversation.

V. Client and therapist jointly construct a therapeutic reality.

Some Questions

- Is there really a theory of SFBT?

- Is it unique?

- Is it sufficient?

- Does this theory distinguish SFBT from other approaches?

- Should SFBT theory encompass other topics as well? Which topics?

- What should be the next step for articulating SFBT theory?