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## Offering Expert Knowledge Within a Not-Knowing Solution-Focused Paradigm: A Contradiction in Terms or a Helpful Response to (Some) Real Life Conundrums?

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### Abstract

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One of the fundamental tenets of solution-focused brief therapy (SFBT) is that its strengths-based starting point and the *not-knowing* stance of the therapist are sufficient to ensure that most clients progress without the need for reliance on *expert knowledge* (Anderson & Goolishian, 1992). Occasionally, however, the authors have found that certain clients' progress can be expedited by the introduction of information previously unknown to them, specifically in connection with changes to their physiological responses to previously innocuous stimuli. This information provides the clients with a framework for understanding their responses, which would not have been forthcoming through questioning, whether solution-focused or otherwise. Once this information has been offered to the client, we have found that responses to solution-focused questions regarding best hopes, preferred futures and next steps are more forthcoming due to the client's increased sense of hope. The authors conclude, therefore, that offering expert knowledge within a solution-focused paradigm can indeed be a helpful response to some real life conundrums.

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Solution-Focused Brief Therapy (SFBT) is a strengths-based approach that assumes the solutions to clients' problems are already latent within their existing skills, knowledge, and experiences. While solution-focused therapists adopt a position of "not-knowing" (Anderson & Goolishian, 1992) with reference to the precise ways in which a client will arrive at his or her desired destination, they nonetheless assume a certain amount of knowledge pertaining to which lines of inquiry and focus are likely to yield the most helpful outcomes for the client. This is what the authors have always understood to be the basis of the suggestion that the solution-focused therapist "leads from one step behind" (De Jong & Berg, 2001): the therapist does not necessarily know where the client is going but guides them through what they know or believe to be the most useful lines of inquiry. These lines of inquiry can be summarized as a focus on what is wanted rather than what is not wanted; on the future rather than the past; on examples of recent successes (exceptions) rather than failures; and on strengths and skills rather than problems or pathology.

As most solution-focused therapists would no doubt acknowledge, many people starting therapy are so focused on wanting their difficulties simply to go away that they find it genuinely hard (and often more than a little weird!) to be asked what life would be like without them. Some of these clients may respond to the therapist's attempts to elicit responses to future-focused questions with ripostes such as, "Well, if I knew that, I wouldn't be here!" or "I just want to feel better."

Solution-focused therapists convinced (we would say, with good reason) of the relative benefits of staying focused on what is wanted therefore persist with these lines of inquiry, while perhaps acknowledging the difficulty of these questions. In most cases, this persistence is ultimately rewarded. Solution-focused therapists therefore recognize and accept the clients' initial resistance as their "unique way of cooperating" (de Shazer, 1984), seeing it as having a useful and meaningful role in signaling to the therapist that they need to slow down, back off, or simply do a bit more listening.

Every now and then, however, comes a client whose “unique way of cooperating” may actually signal that our future-focused questions are quite simply not what is needed at this stage and that something else is needed – quite urgently – instead. We could think of these clients as those whose resistance to the questions signals that they are “not waving but drowning” (Smith, 2003). This reference seems particularly apposite because, in considering such clients, we have found it useful to use the metaphor of someone who is struggling to stay afloat in turbulent water and who can think only about the need to somehow get out. In the remainder of this article we use the example of one client – John – to illustrate this point. We then draw some conclusions about the sorts of situations in which a solution-focused approach, without a specific therapist’s expert knowledge, may simply not be enough. We also explain how we see that this apparent deviation from solution-focused practice can be done in a way that remains in accordance with solution-focused principles

#### Case Example: John

John was a former soldier who had returned from Iraq, having sustained serious physical injuries resulting in severe hearing loss and reduced mobility. This meant that he needed to be retired from active duty after many years of having served abroad in the army in various positions. John had been referred to me, Steve Flatt, for therapy by a private referrer. He was referred as a result of having been diagnosed with posttraumatic stress disorder (PTSD) by a psychiatrist who recommended trauma-focused cognitive-behavior therapy (CBT). The next few paragraphs are based on conversations in supervision between the two of us – Steve Flatt, the therapist, and Suzi Curtis, his supervisor – reflecting upon Steve’s early sessions with John.

At his first session with John, Steve asked him (as he always does) what he was hoping to achieve through their sessions together. John replied that he just wanted an answer to the question, “What has happened to me?” He explained that he no longer recognized himself or his behavior as belonging to that of the person he had been for the previous 45 years. The sociable, laid-back, practical-minded man that he and his wife, two teenage daughters, and numerous friends and members of the extended family used to know and enjoy had been replaced by someone who was afraid to go out, who spent long hours alone at home drinking copious amounts of whisky and watching TV constantly in order to keep on top of news from Iraq, who startled easily and often inexplicably, who was irritable, angry and verbally aggressive with his daughters, who slept very little, and who spent much of his waking time re-living and thinking about the events that had led up to his being sent home from Iraq.

As a trained cognitive-behavioral therapist with 18 years of experience working with people who have been diagnosed with PTSD, much of what John described to Steve in this first session was familiar and Steve was therefore tempted to launch straight into his usual

explanations of the brain’s response to trauma, since this would be in accordance with his earlier CBT training. At the stage when Steve met John, however, he was beginning to develop his practice using a solution-focused line of questioning and was keen to practice it with as many clients as possible. He therefore racked his brain to try to come up with a truly solution-focused way of responding to John, finally coming up with the question, “If you understood what had happened to you, how do you think that might make a difference?”

John was somewhat surprised at this question because he had taken it as self-evident that he would want to understand the changes that had occurred in him. He replied that knowing what had happened to him would make him “feel better” and that it might help him to “stop feeling that I am going mad!” He also explained that his wife and daughters might benefit from an understanding of what had happened to him because they were currently at a loss as to how to handle him, something which upset John greatly.

At this stage, Steve considered asking questions about John’s preferred future, such as, “What would ‘feeling better’ (or not thinking that you were going mad) look like for you? What would you be doing when you are ‘feeling better’ that you are not doing now? What would your wife and daughters notice about you if you were ‘feeling better’? Would they like this? How do you think they would respond? How would their response affect you..., etc.?”. All of the above are, we hope, perfectly reasonable and potentially helpful lines of solution-focused inquiry that, in other situations, may have proved useful means for eliciting information on the sorts of changes that John would like to see in his own behavior and relationships and that could lead to the identification of exceptions: times when he was already behaving in this way and when his family responded to him positively or seemed able to “handle” him.

So why did Steve not go down this route? We offer two related reasons: The first of these was simply that Steve had picked up from John’s demeanor and response to his solution-focused questions thus far that he had little sense of what life might look like if and when he began to feel a bit better. He did speak of wanting to “live a normal life” with his family but it was clear that John did not have much of an idea what this might look like. This was because he had never previously lived at home for more than four weeks at a time between deployments and had spent these four-week periods in “party mode,” celebrating his return home or preparing for another goodbye. This was clearly not a model that could be translated into an everyday family existence and John was very aware of this.

But even so, we hear you say, Steve could have pursued this idea of a “normal life” through other means by, for example, asking John to notice the times when he felt even slightly more “normal” than others, or whether he had any models of “normal” in mind from other families (real or fictional) that might assist him in formulating his goal more clearly. Indeed, this is a route that Steve could and would have gone down were it not for the second reason (we said there were two!) which was simply this: Steve believed that he knew how to give John at least some of the relief in the

form of an understanding of what had happened to him that he wanted. Therefore, to hold back on this in favor of a more hypothetical exploration of “what life would look like if you had some understanding... etc.” would have seemed, quite frankly, unethical.

At this point we would like to refer you back to our metaphorical drowning person. Though this may seem an extreme and even fatuous metaphor, we would argue that the similarities are more numerous than the differences. For one, John’s state of mind really was becoming a life-and-death issue for him, partly because his levels of drinking had become dangerous and also because he had begun to seriously contemplate “not being here.” Further, like the “passerby” in this metaphor, Steve had a pretty good idea that there was something he could offer to John to help to “haul him out” of his immediate crisis. This “something” was a model based on evolutionary psychology and neuroscience that Steve had developed from a range of sources, especially the book *The Emotional Brain* (Ledoux, 1996), and evaluated as part of his daily practice with clients who have suffered trauma over the course of his career as a therapist.

As Steve’s practice developed over the last 18 years he was consistently confronted by two issues: (a) his own lack of understanding of the experience of certain “symptoms” that recurred with great consistency in clients who had suffered trauma; and (b) the consistency of the question, “Am I going mad?” from his clients in relation to these “symptoms.” Exploration of the literature produced only partial explanations without connections between the different brain systems. The model Steve developed was a synthesis of a wide range of sources put together in a coherent way that provided clear explanations for the many confusing responses to a traumatic event. The model had been refined inductively over the course of Steve’s working with over 3000 clients, as he had observed which of its elements were perceived by clients to be the most helpful.

Steve is currently considering adapting this model to explain and understand why solution-focused questioning is so effective in helping clients. In this article we will not describe this model in detail. Suffice to say that it is based upon an understanding of the brain’s “survival mechanism” and the way that it can lead to certain unpleasant and distressing experiences in people who have been in traumatic situations.

This was, quite simply, something potentially hugely useful to John that Steve knew and John did not. No amount of questioning – solution-focused or otherwise – would have brought to the fore an answer to John’s question, “What has happened to me?” Indeed, the answer lay deep in the

primitive survival mechanisms in his brain and was entirely unknown to him. John found the information that Steve offered him about this mechanism to be extremely helpful in answering his primary question. It also enabled him to see that he was not “going mad” but that he had responded in a way that made perfect sense. Once he and his family had this information, they also had a sense of hope because the model described enabled them to identify several ways they could begin to make exceptions happen by creating the conditions for John to retrain his responses in line with what he wanted. Once they felt more in control of the process, the family were then able to turn their minds to thinking about how they wanted to build a “new normal” life together. At this stage, Steve was able to return to a solution-focused line of questioning with the family, with great results for all.

### Conclusion

We conclude from this that solution-focused questions should remain the first line of inquiry but that resistance can sometimes signal that something else is needed as well. When distress is so acute that some form of relief seems to be a prerequisite for any further progress, it can often seem quite simply impossible to spend time talking about how life would be different if this relief was forthcoming. Furthermore, in cases where this “relief” is something that the therapist is competent to offer and where the client has explicitly requested it, we propose that it should be offered and that it may, indeed, be necessary before clients can even begin to consider solution-focused questions relating to their preferred future

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