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*CLINICAL***Twenty-Eight Years of Amazement-So Far**

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Abstract

The following account describes the author's transition to using SFBT whilst working in a Child & Adolescent Mental Health Service, and reflections on the influences on his practice prior to discovering the approach. Through two examples of practice the author shares his continuing sense of amazement over the potential for SFBT to be both effective and efficient. This paper concludes with a first-hand account of someone who experienced the effectiveness and efficiency of SFBT when seeking therapy for a long-standing set of challenges.

Introduction

Solution-Focused Brief Therapy (SFBT) offers practitioners and clients an opportunity to work together, drawing on the best that each can bring to the conversation. The development of my own competence in SFBT required me to set aside much of the expert thinking that influenced my practice prior to learning the approach. Setting aside this expert thinking has, I believe, left more space for clients to be the experts on their lives, as well as to be more aware of both the life they want to be living and the strengths and resources they have at their disposal.

Looking back over my 28 years of using SFBT, I notice that I have also experienced more of something else that might be of significance – amazement. Amazement has been defined as “the emotion produced by truly unusual and surprising things” (vocabulary.com, n.d.).

An experience of unusual and surprising things could be relevant to Bateson's thinking about the information that is derived from “differences that make a difference” (1972, p.272). When amazement happens in therapeutic conversations, this might be a clue to the client that important information has emerged, and a clue to the therapist that something in their practice has helped that to happen.

My first use of SFBT was amazing, for me, in terms of how quickly and simply complexities were resolved. Keeping space open for clients to make amazing changes in their lives has required me to ensure I do everything I can to privilege their perspective. In keeping with this, the paper concludes with the perspective of a recent client, leaving readers to discern for themselves the extent to which the use of SFBT has contributed to her experience of therapy she describes, and perhaps also her own experience of amazement.

Background

I first came across Solution-focused Brief Therapy through a one-day workshop, by Chris Iveson from BRIEF, on a Friday in 1991. At that time I was utilizing my training in Family Therapy, working as a Social Worker in a Child & Adolescent Mental Health Service (CAMHS). Prior to the workshop my work setting positioned me as an expert in relation to the families, parents, young people and children I worked with. Given that my training in Family Therapy had been prior to the post-modernist change in the field, heralded by papers such as Hoffman's “Constructing Realities” (1990), my therapeutic approach also positioned me as expert.

Over time I also came to realise that I had been heavily influenced by Structuralism. Working in CAMHS I had been trained to explore the problems people came in with and then use my expert knowledge to find the underlying causes, causes either hidden to the clients or lost in history. Finding origins to problems had at times been quite exciting, like being a detective. However, the end result often brought me and my clients to a place of difficulty. Sometimes clients didn't agree with my

formulations, and my engagements sometimes turned into acts of persuasion or coercion. At other times we were both left thinking “now what?”

I recall working with one eight-year-old boy with encopresis. Through my careful detective work his parents and I worked out that this had probably started when he was a three-year-old at nursery school, waiting to go to the toilet. A siren from a passing emergency vehicle had frightened him and he'd had an accident in his pants. At that realization we finally understood how the problem started. Unfortunately, we were still left with no idea about how to help an eight-year-old use the toilet when he needed to go. As I became more familiar with SFBT I came across the following observation, usually attributed to Einstein, “We cannot solve our problems with the same thinking we used when we created them” (Einstein, n.d.). I was clearly not the first to notice a disconnection between problems and solutions.

My Introduction to SFBT

The early part of the workshop I attended on SFBT raised significant challenges to my usual ways of thinking about my work. Many of the key ideas felt counter-intuitive. The presenter spoke of clients being experts on their own lives, having the potential to find their own solutions. Effective therapy also did not require the therapist to find underlying causes. The therapist did not necessarily need to know what the problem was.

However, exercises on times when problems in my own life did not happen, scaling my progress on dealing with a challenge and how I could tell the next day that a miracle had happened in the night fascinated me. I was also fascinated by watching the presenter's videos of his practice. His clients were clearly energized, animated, and resourceful. Looking back, I could see how my clients did not usually look like that and then realized the difference was probably due to the presenter asking his clients different questions from the ones I usually asked. By the end of the workshop, I noticed a number of significant changes in myself. Having been to other therapy workshops previously, I was familiar with thinking I might try some of the new possibilities for practice I had learned. This time I was determined to try the questions from SFBT with clients as soon as I could.

SFBT questions were questions I had never asked before. These were questions that could take me into parts of people's lives I had never previously thought to ask about. These questions had clearly worked well for the presenter and his clients. I was keen to see how they would work for me with mine. Although at the beginning of the day many of the propositions from the presenter had felt counter-intuitive, by the end of the day I was thinking that SFBT was the closest I had found to the way I had always desired to work with people. Although the approach had initially jarred with my assumptions about practice, I sensed that it fitted well with my values and ethics. Other changes were more specific to my thoughts about being at work. I noticed that at 4:30 pm on Friday I was eager to return to work after the weekend. I also noticed that I was hoping everyone would turn up for their appointments so I could try out this new approach. These were unusual thoughts for me at the time, as failed appointments usually provided welcome opportunities to catch up with paperwork.

The First Day Back at Work

When back at work, it was probably obvious to those I had already been working with, that I had attended some sort of training since I had last seen them. As far as I could tell, no-one wanted me to stop asking the new questions from SFBT. The first thing that amazed me after the workshop, came from my work with a family I saw for the first time that day. Mandy, and her five-year-old son James (not their real names), had been referred to CAMHS by their general physician as a result of Mandy struggling with a number of challenges. Mandy explained that for most of James' life she had lived with her parents. Six months before the referral they moved into their own place. I heard that James refused to sleep in his own bed and had temper tantrums when he could not have his own way. I also heard that when they visited her parents, James would ask to stay with them rather than go home with his mother. Mandy's parents undermined her authority by saying James could stay if he wanted. The still functioning expert part of my brain mapped out a plan. First, help Mandy establish a bed time routine, and then, once Mandy felt more confident through the success of this, proceed to address the temper tantrums. Finally, would come the *pièce de résistance* of my Family Therapy, a meeting with Mandy and her parents to establish clearer boundaries and bolster Mandy's authority over her son. Despite the persistence of my expert thinking I managed to try out something from the workshop, the miracle question. “Suppose”, I asked “When you go to bed tonight, a miracle happens, but because you are asleep you do not know. When you wake in the morning how would you be able to

tell?" Mandy's immediate reply was "James would have slept in his own bed." Recalling more of the training I asked a series of follow up questions. "Suppose this happened, how would you be different? What would be different between you and James? How could your friends tell? What might be different when you pick James up from school?"

Soon the session ended, and off they went, ready to come back for another meeting the next week. Anticipating the possibility of a three-month involvement, I was somewhat surprised to hear Mandy say on her return that everything was improved, and she required no further involvement. When asked to say more, Mandy explained that on the way home on the bus James stated "I'm a big boy now and am going to sleep in my own bed" and subsequently he had. I could only assume that whilst playing with a sand tray in the room James had heard his mother's description of the life she wanted and decided he wanted to be part of it. Assuming there was still more work for me to do, I asked about the temper tantrums. Mandy explained that there had been none since James had started sleeping in his own bed. Assuming there was still a need for my expert Family Therapy, I asked about the undermining by her parents. Mandy explained how that had also stopped happening. Taken even more by surprise I asked how this had come about. Mandy explained that this had been easily done. The day after James had slept in his own bed she had gone to her parents' house whilst he was at school and told them that if they did not stop undermining her they would never see him again. Mandy concluded the second, and last meeting, by sharing she had not always been as unconfident as she had probably looked at the first meeting. Prior to James' birth she had been a confident young woman with plans for her life. James' unexpected arrival had put the plans on hold and necessitated them living with her parents. Now her confidence was back, as was her readiness to start planning for her life again.

Reflections on Practice

Prior to discovering SFBT I had endeavoured to be as helpful and respectful as I could be with those I worked with. It is only after committing myself to the assumptions of SFBT that I became more aware of the power-relations possibly at play at that time. Through further training in Family Therapy I came across the work of the French philosopher Michel Foucault who proposed that societies typically operate by dividing practices (Dreyfus & Rabinow, 1982, p 208) which separate out those who are considered a threat. As a professional working in a health setting, I was particularly challenged by Foucault's view that professions contribute to this demarcation through practices commonly found in my service - assessment and diagnosis. Prior to discovering SFBT, had I been an active participant in such a process? Had I contributed to some families thinking they were dysfunctional whilst others were not? Had I contributed to some young people thinking they were abnormal whilst others were not? These were uncomfortable questions.

The resolution of Mandy's challenges in one meeting, when I expected to be engaged for three months, was certainly unusual for me at the time. Whilst I did manage to ask the miracle question in good faith, trusting the question and trusting Mandy's potential to make use of it, I was subsequently surprised by how well my first use had worked. Over time I have often seen how the rapid change that can come about with SFBT can quite easily make perfect sense after the event. Maybe James did see benefit in being part of the life his mother wanted. Waking in the morning after James had spent his first night in his own bed had probably made quite a difference to Mandy, perhaps restoring the confidence she used to have. Maybe this made it more likely that James would more readily accept her authority. Maybe all of this had given Mandy the confidence to issue the threat to her parents that they dare not ignore. Given these possibilities, it makes more sense how all of this happen after one conversation and even through the course of one day.

Twenty-Eight Years Later

I continue to be amazed at how quickly and well SFBT can work. 'Millie' is one who sought help with habits she had been struggling to overcome for a long time. At the outset Millie described a number of habits she did not want to have in her life and had been unable to remove. When asked what she hoped for from us talking together, Millie named that she wanted to ensure that worrying was not getting in the way of everyday life. Using this to define 10 on a 0 to 10 scale Millie evaluated that she was at 5. Exploring the difference between 5 and 0 enabled Millie to recognise how she was learning to manage worry and be calm. Exploring other times when she managed to prevent worry getting in the way brought to mind other successful strategies, and tips, from her parents that proved to be useful. The scaling question also gave Millie an opportunity to consider how 6 might be different from 5, helping to identify the habits she was ready to address. When I first learned to ask the miracle question, I would use the phrase "and the problems you came with today are resolved..."

Over time I found that the question was more likely to help clients make detailed descriptions of what they wanted when the wording included the hopes from the conversation. So, for Millie the question became, “When you go to bed tonight a miracle happens, and worrying is no longer getting in the way of everyday life, but because you are asleep you do not know. When you wake in the morning, what would be the first sign that the miracle has happened?”

Rapid change happened for Millie, just like Mandy. Unlike Mandy, Millie came for a few more meetings to consolidate her progress, during which time she reported further improvements in areas in her life she had not mentioned in the first meeting, including a fear of flying. Millie’s quick improvement was for me another example of something unusual happening. After 28 years of using SFBT I was, however, less surprised, having witnessed unusually quick changes so many times before.

After a third meeting Millie agreed to share with me, for this paper, her experience of SFBT in our first session. I am particularly indebted to Millie for taking the time and effort to put into words what was, by the look of it, an amazing experience for her. At the end of the day, the people who are in the best position to comment on the usefulness of SFBT are those who have experienced the approach and seen how it works for them. With that in mind, I will now leave the last word to Millie.

Millie’s Account

I first walked into John’s office in June. I was excited, nervous, anxious and very sceptical. I’d heard great things about therapy, but to me, the idea that what seemed to be my lifelong ailments could be broken down and removed from me was something that seemed inconceivable. For the last ten (plus) years, I’d lived with these ideas and thoughts that, often, had a terrible effect on my mental health. At the mention of therapy, I would cringe or feel embarrassed or feel as though there was something seriously ‘wrong’ with me. I much preferred to say, ‘I’m going to see the man at (*the place where we met*) or ‘I’m seeing someone to help me manage my stress’. In hindsight, that was untrue. The reality was that I’d suffered too long with anxiety and obsessive compulsive disorder, exacerbated by stress.

During our first session, John and I discussed a range of things and he asked me various questions – when he could get a word in edgeways. Many of the things we talked about, I will remember forever but one thing in particular that still resonates with me now is the idea of ‘the miracle’ – the miracle is the notion that when I woke up the following morning, all of my ‘issues’ would be gone and I’d notice it minute by minute throughout the day. I cried. I cried because to me, it seemed nothing more than a lovely dream that I wished I could have, something unachievable but nevertheless, something I wanted so desperately.

The next morning, I woke up and went about my day as usual, yet the inclination to complete these obsessive tasks had diminished considerably. I was suddenly so conscious that I wasn’t ‘doing’ my usual actions in the same obsessive way. I felt a sense of control. If I had a problem or felt badly, I would find a way to get through it. Another thing I knew was ‘it will pass’, a phrase that has repeatedly been music to my ears. Surely things could only get better? And that they did.

In only a few short sessions I felt refreshed, rejuvenated and ready to live my life. Nobody is perfect and everyone has troubles of some kind. Many are able to overcome them, and others can’t, but sometimes it isn’t about doing things perfectly but more about conducting yourself in a way that is perfect for you.

I won’t lie, I am fairly nervous for when my time with John comes to an end, but I could not be more grateful to him for helping me get my spark back. I now know for sure that I CAN and I WILL find a solution for whatever I am yet to face. It really is just like a miracle (Millie, personal communication, 9/8/19).

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