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RESPONSE ARTICLE

Narratives of Distinctiveness or Similarity and Connection – A Response to Korman, De Jong, and Jordan's *Steve de Shazer's Theory Development*

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Abstract

In 2020 the Journal of Solution Focused Practices published an article called *Steve de Shazer's Theory Development*. This surveyed the whole of de Shazer's career, which the authors divided into four phases, from which they distilled six axioms they believe are foundational to de Shazer's thinking and practice. In their commentary on the six axioms there is a considerable emphasis on the distinctiveness of SFBT, which the authors are keen to establish as different, in each of its foundational aspects, from most or perhaps all other therapies. This article is a response to this particular aspect of *Steve de Shazer's Theory Development*. It suggests that, in comparing different approaches in the field, it is possible to construct both narratives of distinctiveness and narratives of similarity and connection. Some arguments for developing more narratives of similarity and connection are advanced.

Narratives of Distinctiveness or Similarity and Connection

I believe that the article on the development of Steve de Shazer's theoretical thinking recently published in this journal (Korman et al., 2020) will become an instant classic. I thoroughly enjoyed reading it, so much so that I read it twice in relatively quick succession (the other reason for the second reading, beyond plain enjoyment, I will come to shortly). Steve de Shazer left a large body of work, when all his journal articles and papers are added to his books (de Shazer, 1982, 1985, 1988, 1991, 1994; de Shazer et al., 2007), and although this rewards careful reading, it is unrealistic to suppose that the majority of solution-focused practitioners or other interested people are going to find the time to read through all of it. And even if someone were to, the task of discerning and distilling from this large body a coherent account of de Shazer's theory development is something else again. So a debt of gratitude is owed to the authors of this article for their coherent and compelling account.

I read the article again as it was chosen as the focus of the first meeting in 2021 of the Solution-Focused Collective Reading Group. This context led me to read - or misread, as de Shazer (1991, 1993) might have said, following the deconstructionists - the article in a particular way, which influenced my contributions in the reading group. One feature of the article stood out to me on this second reading, and I have written this response just in relation to this. One of de Shazer's great legacies was his emphasis on the importance of conversation, not only in seeing therapy as conversation, but in encouraging it within the solution-focused community. I hope that this response might help in developing a conversation, and that other conversations will develop in relation to other aspects of the article. For example, the continuity it presents in de Shazer's thought seems to me to cut across notions of an SFBT 1.0 and 2.0 that have been mooted in recent times (McKergow, 2016).

The aspect of the article I am going to explore and respond to here concerns the extent to which solution-focused brief therapy (SFBT) is distinctive from other talking therapies and approaches to helping, on the one hand, and ways in which it is similar to other approaches, on the other, and the potential effects of writing and talking about it as either distinctive or similar (or both). I will share an idea that has developed as I have read, thought about and discussed this, which is that it is possible to construct narratives of difference or narratives of similarity and connection from the same material, and that these different narratives will have different effects.

Within four phases of de Shazer's theory development, the authors[1] distil six axioms they propose are "foundational to an understanding of SFBT" (p. 47[2]). They add that, being foundational to an understanding of SFBT, each axiom "contributes to distinguishing SFBT from other talk therapies". When I am teaching SF,[3] I do occasionally contrast it - or aspects of it - with other approaches, invariably adding what I see as an important caveat, that when I do this I am not saying it is better than other approaches, just different, and that the contrast can help to bring out what is distinctive about SF. In other words, I do sometimes draw on a distinctiveness narrative, in the context of helping people to learn the approach. I also wonder, whenever I do this, how necessary it is. In any case, as my contrasts are made with a view to aiding an understanding of SF, they are a means to this end, albeit a means infrequently used. In this article, these means and ends sometimes appear to be reversed, as can be seen in the abstract: "an understanding of SFBT… contributes to distinguishing SFBT from other talk therapies" (p. 47). It is this apparent importance given to establishing SFBT as distinctive that I wish to question.

Before examining how this is done, let me take a detour into the idea of constructing narratives and how different ones can be created. A clear statement of this can be found in the writing of de Shazer himself. In Phase 4 of his theory development (Korman et al., 2020), de Shazer began to talk about therapy conversations as stories or narratives (de Shazer, 1991, p. 91). In considering the narratives developed in SFBT conversations, de Shazer drew on the work of Gergen and Gergen (1983, 1986), according to whom there are three narrative types available for describing and evaluating people's lives: progressive narratives, which depict people as moving in a preferred direction; stability narratives, which show life as unchanging, and regressive (de Shazer preferred digressive) narratives, in which people are moving away from their goals (de Shazer, 1991, p. 92). The therapy conversation, according to this view, does not explore an external reality, the meaning of which has been fixed beforehand and is awaiting discovery in the therapy, but develops a narrative constructed by the therapist and client together. Solution-focused therapists seek to construct progressive narratives, as de Shazer (1994, p. 135) makes clear with regard to the purposes of a follow-up solution-focused session, which include *"constructing the interval* between sessions as having included some improvement" (emphasis added). The same point emerges clearly in the report of the seminal "change talk" research study (Gingerich et al., 1988), where the breakthrough move was made to bring "*constructing* change" (emphasis added) forward into the initial session.

There is a clear implication that other narratives could be constructed than the progressive ones typical of solution-focused conversations. It seems evident, for example, that the interval between any two sessions for any client could be constructed as having included some problem, or something that does not fit with the client's preferred direction at that time. As we know, from our belief in the existence of exceptions, nothing always happens (de Shazer, 1985, p. 161, 1988, p. 52), so "improvement" will not have been happening continuously between sessions, just as much as problems will not have been. Gergen and Gergen provided a typology of three narratives for describing and evaluating people's lives. I would like to tentatively suggest a typology of narratives for comparing things, for example, ways of doing therapy, which would also include three types of narrative: a distinctiveness narrative, a similarity, or connection, narrative, and a both-similar-and-different narrative.

The de Shazer theory development article develops a narrative which highlights the distinctiveness of SFBT from the outset, and this is emphasised in particular when each of the six axioms are introduced. I shall consider each axiom in turn. Under the first proposed - *Therapy is an observable interactional process, that is, a conversation* (p. 50) - the authors state that de Shazer "begins to clearly distinguish his theoretical focus from that of therapies that focus on what is happening inside the client which is not observable and not focused on client-therapist interaction" (p. 50, emphasis added). However, the same point about what it is that de Shazer is doing here could also be made within a connection narrative, which might include the following: "he begins to *clearly ally* his theoretical focus with those therapies that are focused on client-therapist interactions, rather than on what is happening inside the client which is not observable" (emphasis added). It would be hard to claim that de Shazer was alone in focusing on client-therapist interactions, and in fact the authors do not claim this in their comment under Axiom 1.

[1] Each time I use the phrase "the authors" from here onwards, I will be referring to Harry Korman, Peter De Jong and Sara Smock Jordan, the authors of the 2020 article I am responding to.

[2] All page numbers refer to Korman, De Jong and Jordan, 2020, unless marked otherwise.

[3] Given that I focus more widely than just on therapy in my own work, I will use the abbreviation SF rather than SFBT when I am referring to this.

An example of another conversational approach to therapy that will be familiar to many SF practitioners was developed by Harlene Anderson and Harold Goolishian, who co-founded the Houston Galveston Institute in 1978, coincidentally the same year that Steve de Shazer, Insoo Kim Berg and their colleagues founded the Brief Family Therapy Center. In a chapter in an edited collection of social constructionist approaches to therapy, Anderson and Goolishian (1992) refer to their therapy as having been evolving over the previous twenty-five years, which would cover the whole of the first three phases of de Shazer's theory development. I imagine readers of this journal will be less familiar with the Conversational Model of British psychotherapist, Robert Hobson, whose 1985 book, *Forms of Feeling*, sets out the eclectic approach to therapy he had been developing over the previous thirty years. It would be easy to create a distinctiveness narrative contrasting the Conversational Model with SFBT, but there are wonderful similarities too, not least given the straightforwardness of Hobson's approach and his insistence that "the therapist is always involved in a two-person situation" (Hobson, 1985, p. 202).

This comment is interesting in the light of the second axiom the authors propose for de Shazer's theory: *The minimum unit of analysis is the therapist interacting with the client in the therapy setting. This unit cannot be subdivided further* (p. 51). Hobson might be saying something similar. The authors make a bold comment under Axiom 2: "With this axiom a clear boundary was set towards basically all other theories in the field" (p. 51). The meaning of the word "basically" in this sentence is not clear, and it might be that it is intended as qualifying the "all" that follows, to mean "most" or "maybe all". I think this would be a sensible qualification, in that there is always a chance that there are theories or models of which one is not aware.

There has already been at least one similarity/connection narrative developed that posits similarities between SFBT and the person-centered therapy of Carl Rogers (Hales, 1999). One of the "core conditions" of person-centered therapy is empathy, and it has been suggested that solution-focused brief therapists have not been very interested in this (Turnell & Lipchik, 1999). Empathy might be thought of as something the therapist possesses, or more behaviorally, as consisting of responses by the therapist to the client. However, two leading British person-centered therapists describe it in a way that appears to connect it with Axiom 1, as an interactive process, which "must take into account not only the verbal response of the counsellor and how this is perceived by the client, but also the interaction sequence which has led up to that response" (Mearns & Thorne, 2007, p. 70).

Turning to the third axiom proposed by the authors - *Change is the purpose of the therapist and client meeting* (p. 54) - I am tempted to begin another conversation, or re-enter one might be more accurate, given my reflections in the *Theory of Solution-Focused Practice* produced by the European Brief Therapy Association (Sundman et al., 2020, pp. 101-109). I put forward a view there about SF being "a process with hope at its center… rather than change" (p. 107). However, that was a view of mine and these axioms concern de Shazer's theory, and in any case it is not the focus of this response. Returning to this, I realize that in order to make my case, I am myself constructing a narrative of difference between me and the authors. I need to be careful! In their comment under Axiom 3, the authors highlight that solution-focused therapists "are not interested in the problem or the causes of the problem" and refer to "the enormous differences this leads to in practice compared to almost everything else in the world of psychology and psychiatry" (p. 54). One of the features of SFBT that seemed most distinctive to me, and excited me most when I was first trained in it, was this lack of interest in the problem. At the same time, it was not so much "enormous differences" in practice this would lead to that excited me, but rather the support it gave me to practice in the way I wanted to. This might have been connected to my coming not from the world of psychology or psychiatry, but from the world of social work. Debates have long raged about whether assessment or change efforts should be at the centre of social work, and as a child protection social worker I had written an internal paper advocating a change in approach for my team, which would see us shift the balance from assessment towards change. What we needed was a model and a skill set that would enable us to do this, and this is what SFBT provided me and by extension my team with.

This leads to one of the main reasons I have for thinking there are potentially beneficial effects in developing, at least in part or at least on occasions, a similarity/connection narrative for SFBT. As a trainer, I often suggest to people learning SF that they look out for ways it fits with their preferred ways of working. There are at least a couple of reasons for this. First, it seems likely that people will form a good impression of the approach when first coming across it if they see connections with ways they already like to work. Second, it can be a difficult task for many learners, especially those whose work context is not as straightforward as therapy (for using SF at least), to adapt and integrate SF into what they do. It therefore seems to make sense to look for where it will fit, rather than where it might jar, with pre-existing approaches. This is what happened in my own case. As well as fitting with my desire to focus more on

change and less on assessment, SFBT also connected with my preferred approaches to social work. In particular, task-centered social work had been developed as a brief alternative to traditional social casework (Reid & Shyne, 1969; Reid & Epstein, 1972), and during my social work training I had been attracted by its client-led, goal focus and absence of esoteric theory. I am not alone in making connections between task-centred work and SF practice. In an account of an SF approach to social work practice teaching, Bucknell (2000) discusses both similarities and differences. In the standard British text-book on task-centered practice, two of my former social work lecturers challenge the idea that "getting to the root of the problem" is an essential precursor of change, and cite de Shazer admiringly: "Indeed, there are brief therapies which start with the goal and leave the problems untouched. After all, it is possible to start untangling a ball of wool and to learn how to keep it untangled without knowing how it got tangled in the first place" (Doel & Marsh, 1992, p. 94).

The fourth axiom - *Client change via therapy occurs through observable interactions in which the therapist finds ways to cooperate with the client* (p. 54) - relates to the major breakthrough that de Shazer made in relation to the idea that clients resist the therapist (de Shazer, 1984). Given how groundbreaking this was, a distinctiveness narrative makes sense when recounting that time, when de Shazer "question[ed] and dismiss[ed] many established concepts in the family therapy field and, thereby, continued to differentiate how therapy was being done at BFTC compared to many other family therapy clinics…". However, I am not as convinced by the final two words of this sentence: "… both then and today" (p. 54).

In 1996, a year after I first trained in SFBT, I embarked on two years' training in family therapy and systemic practice. I had been aware of the types of family therapy prevalent in the 1980s through working during that period at a young people's psychiatric unit, and the contrast in my later training was marked. The focus then was firmly on collaborative and so-called second-order approaches, in which therapists and teams took non-expert positions. This has been described by Lynn Hoffman (2002) as a "new paradigm" for family therapy, with the shift becoming noticeable in the late 1980s and early 1990s, exemplified by Anderson and Goolishian (1992), Tom Andersen and his reflecting team approach (1987), the post-Milan work of Cecchin (1987) and the social constructionist approaches summarized in McNamee and Gergen (1992). Solution-focused brief therapy is of course distinct from all of these approaches, and at the same time, they are all collaborative and cooperative endeavors to a greater or lesser extent. Since this period, similarity/connection narratives in this respect are both possible and have often been told (see, for example, Friedman, 1993).

The fifth axiom - *Brief therapy is about developing solutions with clients* (p. 63) - is intended to encapsulate the solution-focused process as developed in Phase 3 of de Shazer's theory development. I am not convinced by this axiom's wording, which perhaps reflects my training and work with BRIEF and subsequent accounts of the "BRIEF version" of solution-focused practice (Shennan, 2019). However, I now believe that, though there are some material differences between versions of the approach, others are more superficial and a function of the way it is presented. While I do not describe what I do as "developing solutions" with clients, the more detailed comment that unpacks the axiom does reflect my practice, involving as its does the twin activities of "working cooperatively to continue changes already occurring in the client's life, specifically those changes in the direction of the more positive future the client wants", and "inviting clients to expand and construct the details of their definitions of a more satisfying future" (p. 63).

The last two sentences in this "unpacking" paragraph beneath Axiom 5 offer a clear example of the distinctiveness narrative that led me to want to make this response. Following an emphasis on de Shazer's interactional stance and the "therapy-as-a-system" promoting client change, the paragraph ends: "In contrast, solution development is not about viewing clients as having problems conceptualized as puzzles to be assessed and solved. In this respect, de Shazer clearly distinguished SFBT from most other therapies" (p. 63). What is implied is a monolithic view of most therapy as being about assessing and solving problems, conceptualized as puzzles, which seems both a generalization and something of a caricature. Added to the collaborative, postmodern and social constructionist therapies referred to above, it is difficult to see person-centered, humanistic, existential and many integrative and creative therapies as based on assessment and problem-solving in this manner. Moreover, having set out what "solution development" positively consists of, the necessity of adding that it does not involve certain other activities is questionable. Finally, even if that contrast is useful in clarifying the solution-focused process, ending the paragraph with the clinching note that thereby "de Shazer clearly distinguished SFBT from most other therapies" suggests that demonstrating this distinctiveness was the aim all along. Why would this be the case?

Having seen Michael White's work for the first time, and in response to a both-similar-and-different narrative comparing SFBT and narrative therapy (Chang & Phillips, 1993), Steve de Shazer (1993) wrote a very strong

distinctiveness narrative of his own. He concluded: "'unique outcomes' and 'exceptions' are vastly different concepts. They lead to, follow from, and are related to vastly different clinical practices and theories of change" (de Shazer, 1993, p. 119). I believe that unique outcomes and exceptions are actually quite similar, but even if we accept there are differences between them, de Shazer's use of the word "vastly", twice in rapid succession, seems curiously hyperbolic. His conclusion might have been influenced by his misunderstanding of the term *unique outcomes* and why the sociologist, Erving Goffman, coined it. He assumes that the uniqueness of a unique outcome refers to it being a one-off event, which, being an outcome, comes at the end of a long process (de Shazer, 1993, p. 118). However, in his classic account of mental hospitals as "total institutions", Goffman (1961, p. 119) used *unique outcomes* to refer to aspects of a person which are neglected when the person is considered as a member of a social category - that of mental patient for example - aspects that are unique to that individual. White borrowed the term to refer to "aspects of lived experience that fall outside of the dominant story" (White & Epston, 1990, p15), where the dominant story is usually a 'problem-saturated' one. Different to exceptions? Perhaps, but surely not much and definitely not vastly. We can only conjecture about the reasons for such an extreme distinctiveness narrative, yet it would be understandable if these great therapists (White (1993) had concluded similarly), being in the process of establishing their relatively new approaches, felt the need to emphasize their distinctiveness in order to do so. Almost thirty years on, and this particular reason for constructing distinctive narratives seems less pressing.

The sixth and final proposed axiom - *Therapy is a visible interactional, dialogic process negotiating the meanings of the client's language* (p. 66) - reflects de Shazer's developing interest in Wittgenstein and post-structuralist ideas about how meaning is made in the interactions between people. Its connection to the first axiom, regarding therapy being an interactive process, which the authors see as having emerged in de Shazer's first phase between 1969 and 1978, is testament to the continuity and consistency of de Shazer's thinking and vision over the years. There is a glimmer of a similarity narrative in the authors' comment under Axiom 6, before a return to distinctiveness: "While some other post-modern therapies may share this theoretical view, most therapies in the field are not post-modern and function as though words describing client difficulties and their solutions have essential meanings" (p. 66). I can attest to other post-modern therapies sharing this view, as the most input I have received on post-structuralism was when attending training on narrative therapy in 2014 and 2015.

The authors say that the post-structural view is more often today known as social constructionism (p. 63), and in their reflections on "the therapeutic power of post-structuralism", Drewery and Monk (1994, p. 304) see social constructionism as "fall(ing) within the diverse range of implications deriving from post-structuralist insights". They are reflecting as counsellors, yet address social as well as personal change and end their piece looking to the potential of social constructionism "far beyond the micro-context of the counselling interview" (Drewery & Monk, 1994, p. 312). This returns me to where I began, which was my reading of the Steve de Shazer theory development article for a meeting of the Solution-Focused Collective reading group.

I believe it was reading the article in this context that led me to see and reflect upon its distinctiveness narrative aspects, and to explain this, I will refer to the solution-focused manifesto for social change (Solution-Focused Collective, 2019). The manifesto is based upon a belief in the potential of the solution-focused approach to "be harnessed in the pursuit of social justice". It sets out a number of intentions aimed at increasing social justice through solution-focused means, including that "we build links with movements for social justice and equality, and with practitioners of other approaches committed to these aims, so that we learn from and enhance each other's work". I appreciate the distinctiveness of solution-focused practice, my perception of which contributed to it changing my life and career virtually overnight when first training in it in 1995. I also appreciate that it offered me a way of working that fitted with how I wanted to see and work with people. I am sure that other approaches would also have fitted with this, but you can only attend one training course at a time, and it is probably in part an accident of my circumstances in the late summer of 1995 that I work as a solution-focused practitioner now. I am pleased to have come across similarities with other approaches since then, and perhaps the construction of some similarity and connection narratives, or at least some both-similar-and-different narratives, will aid in the creation of the links and alliances across approaches to change that are needed for the construction of a better world.

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