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*ARTICLE***'Mapping' Moral Engagement in the Solution-Focused Approach Through MacIntyre's Model of Practice**

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Abstract

I attempt to answer Trish Walsh's two questions about the 'maps' that might exist for moral engagement in the 'helping' professions and how these might relate to the Solution-Focused Approach (Walsh, 2010). I seek to do this by exploring the narrative of the emergence of the Solution Focused Approach from the perspective of Alasdair MacIntyre's concept of a 'practice' (MacIntyre, 1985) with the aim of providing the basis for 'map' for moral engagement by Solution-Focused Practitioners. To this end I attempt to interpret the Solution Focused Approach as a MacIntyreian 'practice' in which virtues (as 'human qualities') emerge out of collective activity through distinctive narratives and skills which are oriented towards the internal goods of the Solution-Focused Approach as a practice. Next, I evaluate the institutions that host and nurture the Solution-Focused Approach in the light of MacIntyre's theory to gauge whether they have a positive or negative effect in promoting the internal goods of the practice. Finally, I consider how practice demonstrates MacIntyre's 'essential' virtues of justice, courage and honesty in its initial development and in subsequent codes of practice developed by associations that promote the Solution-Focused Approach (SFA). My analysis and discussion should furnish a sketch for a 'map' for practitioners that will support them in their moral engagement both in 'helping' situations with clients and in building, relationships, alliances, and institutions with colleagues. I conclude with suggestions for further study and research around this topic, including a second article in which I intend to identify some virtues specific to the Solution-Focused Approach.

Keywords: Solution-Focused Approach, moral maps, virtue ethics, moral practice, virtues, internal goods, external goods, moral role of institutions, moral traditions, essential virtues of a practice, moral codes, MacIntyre.

Introduction

Trish Walsh, in *the Solution-focused helper: ethics and practice in health and social care* (2010) asks the following questions: "What maps do professionals have for guiding action in moral decision-making? How do these maps relate to the process of solution-focused helping?" (p. 27). In exploring these maps of principles and rules she finds them too abstract and distant from the moral complexities involved in situations of professional practice that require moral engagement to be at personal, individual, and relational levels of engagement. I would add that the maps are also very likely to be problem focused and therefore incongruent with the Solution-Focused Approach (Solution-Focused Approach)(De Jong & Berg, 2013). She considers whether virtue ethics might provide a means for negotiating these complexities from a more person focused perspective. However, Walsh steps away from this option citing Houston's concerns about the issues around definition and framing of virtues (Houston, 2003).

This is a valid concern (although Houston (2003) does not explore it adequately) for what exactly is a 'virtue'? One (popular) approach is to define a virtue as a persistent personality trait formed through a person's life experience, especially in their early years (Sanderse, 2020). Now, this definition is open to challenge on two fronts: First of all, it becomes entangled in the complex psychological discussion about what constitutes personality and what might be inherent and what might be formed (Wright et al., 2021). Secondly, it is vulnerable to situationalism that argues, on the

basis of (disputed) experimental data, that there are no persistent personality traits that transfer from one situation to another (Besser-Jones, 2015; Snow, 2010).

I suggest that a more fruitful approach (and one more congruent to the Solution-Focused Approach (SFA)) is provided by social constructivism in which we can define virtues as aspects of character formed through human interaction in relationships (Darr, 2020) which connects with Houston's 'dialogical' emphasis (Houston, 2003). The implication here is that we develop different virtues within the context of specific relationships through specific interactions. Social contexts such as family, work, religion, sports, and hobbies all proved the venues for such relationships and interactions. This brings us to Alasdair MacIntyre's understanding of virtue ethics. MacIntyre understands virtues to be particular human qualities that are necessary to engage in the practices that realize particular internal goods of practice that contribute to qualitative human flourishing (MacIntyre, 1985). I believe that this approach will provide us as Solution-Focused practitioners with the beginnings of a more helpful map for moral engagement. In this article I will concentrate on tracing the formation of the SFA as a practice and its internal and external goods and conduct as the setting for the development and exercise of virtuous action (Donozo, 2014) This will serve as a prelude to a more thorough exploration of the distinctive virtues that arise from, and guide, practice in a subsequent article.

Pedalling Virtue

MacIntyre's Understanding of a Practice

So, what does MacIntyre understand as a practice? A practice is a cooperative endeavor with its own narrative and traditions that realizes particular internal goods (Bielskis & Mardosas, 2014; Knight, 2008; MacIntyre, 1985). 'Internal goods' here are 'excellences' internal to the practice itself and relate to the 'product' or outcome of the practice (which I call the '*practice good*') and to the development of the practitioner in the skills, knowledge and qualities necessary to excel in the practice (which I designate the '*practitioner good*') (Higgins, 2010; Ward, 2017)¹. As practices are cooperative efforts that entail a community with shared traditions, purpose and disciplines they require social institutions for their sustainability. MacIntyre places great emphasis on the role of institutions for providing the framework for the formation of practitioners and the development of the practice (MacIntyre). MacIntyre also notes the limiting, even 'corrupting' effects of institutions (MacIntyre). In order to sustain the practice to which they are connected institutions need to promote and ensure that it is viable. This entails seeking what he calls 'external goods' such as reputation, money, and influence². The danger is that these goods can become ends in themselves that can eclipse the internal goods that are at the heart of the practice. A second danger posed by institutions identified by MacIntyre is the enforcement of conformity, under the guise of ensuring standards, that can limit the diversity and development of practice.

Cycling as a Practice

Cycling, from my experience, is a good example of a practice. I began cycling in earnest during a period of unemployment and I needed a cheap means of transport to get around, and then I began to love it! I began to understand and embrace the internal goods of cycling. I developed as a practitioner in developing skills of riding, negotiating different terrain and contexts (urban, rural, offroad), exercise, and bicycle maintenance (*practitioner goods*) that are necessary for the outcomes of health, vitality, existential engagement, awareness and adventure (*practice goods*) (Ballantine, 1984).

¹ MacIntyre later called these internal goods 'goods of excellence' (Knight, 1998; Ward, 2017).

² MacIntyre was later to these 'goods of effectiveness' (Knight, 1998 Ward, 2017).

Traditions for the Road

Cycling, of course, has its stories and traditions (McGurn, 1987). It has a complex technical history from visionary sketches by Da Vinci to running machines, high bicycles, safety bicycles, tricycles, and recumbents. Machines of esoteric materials and sophisticated design such as the Moulton 'advanced engineering bicycle' (Hadland, 1994) which I ride. Cycling also has a complex social history that includes highly regimented and status-oriented groups, workers' associations who went from using their machines for commuting to (re-)claiming the countryside, women's groups for whom cycling became a way of asserting their freedom and latterly environmental groups promoting cycling as a form of Green transport. There are also heroes who serve as exemplars such as Tour de France winners such as Eddy Merckx, Bernard Hinault and Chris Froome, long distance tourists such as Bettina Selby and Richard and Nicholas Crane and inventors such as Alex Moulton. These traditions and exemplars have given cycling its unique form. All practices have such traditions and stories that provide the narrative and social context the exercise of their unique knowledge, skills and internal goods of practice and practitioner. (Bielskis & Mardosas, 2014; Knight, 2008).

Institutions for the Road

In cycling institutions tend to function at two levels. A wider association (such as the Cyclists' Touring Club (<https://www.cyclinguk.org/>) and the British Cycling Federation (<https://www.britishcycling.org.uk/>) that would promote the internal good of the practice of cycling through sharing its positive traditions and the stories of its heroes and its internal goods, issue the authorized rules of competitive cycling, and organize competitions, championships rides and rallies. At the local level would be the club where novices are taught to ride and initiated into disciplines of good riding, competitive strategies and cycle maintenance by more experienced members of the club.

As MacIntyre (1985) notes, institutions may also have a negative effect in the world of cycling by running competitions only for money and not for the experience of the sport so that some players and spectators are locked out. At the local level it might mean that the club is dominated by just one or two individuals and everyone else is side-lined. There is also the danger of conformity as the wider associations might develop new rules that authorized the use of particular strategies and machines and prohibited others, such as the inexcusable exclusion of small-wheeled bicycles, such as Moultons (<http://www.moultonbuzz.com/>), from competition! In the local club this might mean the senior members insisting that new members adopt their styles of clothing, equipment and practice while opposing all innovation.

Virtues for the Road

Virtues are those human qualities that are necessary to excel in the disciplines of a practice and realize its internal goods (Darr, 2020; MacIntyre, 1985). MacIntyre argues that there are three key virtues that are necessary to sustain any practice:

We have to learn to recognize what is due to whom; we have to be prepared to take whatever self-endangering risks are demanded along the way; and we have to listen carefully to what we are told about our own inadequacies and to reply with the same carefulness for the facts. In other words, we have to accept as necessary components of any practice with internal goods and standards of excellence the virtues of justice, courage and honesty (MacIntyre, 1985, p. 191).

Without *justice* we are unable to embrace the traditions and skills of a practice by acknowledging their sources and authorities and so being in position to learn and participate fairly with those both within and without the practice. Without *courage* we don't be able to take the risks that engaging in a true practice requires. Both in terms of engaging in the practice as we have received and in developing it further. Lastly, without *honesty* we will be in no position to develop any excellency in practice as we need openness and reflectiveness to build our understanding and skills. Without these virtues a practice will fail. Practitioners will be seeking to do each other down rather than learning from each other

(like the Master and Apprentice of the Dark Side in Star Wars!). No practitioner will have the nerve to take the first step in existing skills, let alone try new experiments. Nor will any practitioner acknowledge any weakness and so the practice will stagnate. The practice will not be a site for the learning of virtue, nor will it contribute to wider human flourishing. Rather it will become something like a criminal syndicate which will be destructive of society and eventually of itself (Sellman, 2011; Ward, 2017).

What is the place of these three virtues in cycling? In competitive cycling members of the team have to act *justly* by recognizing their place in the team and learning from the team's leaders to play their role for the sake of all, especially their key riders. Team members will have to show *courage* in breaking away and the right moment and containing their movements of their rivals in the peloton and lastly *honesty* in competition without cheating in the form of sabotage or doping but rather relying on their own ability. But these virtues are also necessary for the commuting or touring cyclist. *Justice* in relating to other road users appropriately and learning from and supporting members of the club when riding together. *Courage*, in actually getting on a bike in the first place! But also in engaging with traffic and setting off to new places. And then *honesty* in talking about one's journeys and encounters.

In addition to these I would suggest some further virtues: *persistence* in cycling in bad weather, *generosity* in stopping to help other cyclists, *courtesy* and *friendship* in riding and socializing with other cyclists, especially club members. However, as a novice cyclist I did not begin with these virtues. They were formed as I learnt how ride with the support of more experienced cyclists and senior group or club members who themselves modelled these virtues. As I became a more experienced cyclist, I began to display these virtues myself, at least within the context of cycling. Some of these virtues might even be encoded in the rules adopted by national associations and local clubs.

Identity On and Off the Road

In MacIntyre's (1985) model of virtue ethics particular virtues are specific to the practice in which they have been learnt and exercised. They might not be exercised outside of the context of the practice. So, as a cyclist I might be generous and courteous in the setting of the ride or the club but mean and rude when it comes to getting on the train to go home after the club ride. This, of course, is exactly what the situationist would expect! Yet if I am an experienced cyclist who is really enthused by my practice, I am likely to make the virtues it entails part of my life narrative and to incorporate the practice into my sense of identity so that the virtues that I have learnt in the saddle will be displayed in my behavior at the train station and into my other relationships and practices, say as a partner to my spouse, or as a teacher in the classroom. In this way cycling as a practice would have a wider impact on the other communities and practices to which I as a cyclist belong.

Solution-Focused Practice as a Virtuous Practice: Internal Goods, Theory and Disciplines

I would like to suggest that like cycling, the SFA is a practice (although admittedly very different as a therapeutic practice, though doubtless many cycling aficionados would promote the therapeutic value of their pastime) with traditions and stories that frame its internal goods, particular disciplines that promote the good and virtues that are essential to the exercise of those disciplines. The SFA also has its institutions such as local teams and practices, and national and international organizations that seek to promote and develop the practice and its internal goods. We shall see that the local practices have been of particular importance in its development. So, what does it mean to describe The SFA as a virtuous practice with particular internal goods? To do this we will need to consider the story and traditions of the SFA.

The Development of Solution-Focused Therapy as a Practice

Critical to defining a practice, in MacIntyre's sense, is to identify its internal goods (Bielskis & Mardosas, 2014; MacIntyre, 1985) as this will provide us with the focus and purpose of the practice – why practitioners value the practice for its own sake. However, to try and do this with an abstract definition will be meaningless unless it is set in the context of the formation of the tradition or narrative of the discipline (Darr, 2020). This narrative will provide both the context of the emergence of the internal goods of the practice and the explanation of their significance, which is the basis of theory of the practice. As the narrative develops, the context of the practice may change, and with it the significance of its internal goods in terms of both *practice goods* and *practitioner goods*. Such changes will require further theoretical explanation and justification resulting in a dialectical relationship between the internal goods and their explanation. Theoretical understandings of the good can provide insights into how to enhance practice further. Enhanced practice through the engagement of practitioners may lead to a development of the goods of a practice that requires further theoretical explanation. This leads to a further consideration concerning the development of the perspectives and skills of the practice. These are the skills and exercises that are adopted, emerge or are designed to promote the practice's internal good (such as cycle design and cycling techniques that promote the 'engagement of the ride'). Skills, I would suggest, are developed in the moment, through engagement, or designed on the basis of theory, once it is understood how they work to promote the internal goods. Just as there is a dialectic between the internal goods and theory there is also a dialectic between the skills of a practice and theory. I believe that this will be demonstrated in the narrative of the development of Solution-Focused practice that I give below. Given the dialectical relationship between the development of skills, theory and the internal goods of practice and practitioners it is necessary to consider the development of skills and internal goods as an evolving system in some detail.

Antecedents of Solution-Focus Practice

The antecedents of the rise of the SFA are to be found in the revolt among a number of therapists, especially family therapists, against the interiority of the psycho-analytic and psycho-dynamic approaches (Visser, 2013) which sought to diagnose client problems in terms of some interior condition that first had to be addressed before external conditions could be improved. Therapists who identified with this movement sought to become experts, not in interior pathology, but in the external dynamics of client's family and social systems. This would allow discovery of the external causes of client problems in, and their resolution, through behavioral patterns and strategies that would disrupt such 'problem systems' (Cade, 2007; Miller, 1997; Visser). On the radical edge of this movement were Milton Erickson and his close collaborators in the team at the Mental Research Institution (MRI) led by John Weakland in Palo Alto, California (Cade, 2001; Visser).

Both Steve de Shazer and Insoo Kim Berg had engaged extensively with MRI and adopted many of the theories and practices that Weakland and his colleagues had developed. When they both relocated Milwaukee in 1977 to begin their new life together, they sought to apply these systemic and strategic approaches with their clients the Milwaukee Family Services where they were employed. At Family Services they soon found themselves entangled in arguments and controversies around those who supported a systemic approach and those who favored a more traditional psychodynamic approach. Eventually these disputes reached the point that de Shazer, Berg and others decided to establish their own independent practice where they could develop more constructive therapeutic approaches. Thus, in 1978, was born the Brief Family Therapy Center (BFTC) (Visser, 2013; Miller, 2004).

Evolving Practice at Brief Family Therapy Center

Overview

Once the new centre was fully established a *modus operandi* emerged in which the core team worked collaboratively attempting new initiatives with clients that all observed, both 'live' through a one-way mirror or by video recordings. Practice was analysed and new approaches and methods suggested (Miller, 2004). In the course of this activity de Shazer

emerged as the main theoretician and author while others like Berg, Eve Lipchik, and Elam Nunnally were key experimenters. de Shazer synthesised the results and insights of the team and became the centre's main spokesperson (Kiser, 1995). This pattern continued until the middle to late 1980s when the original BFTC team began to disperse.

Process of Evolution

In describing the evolution of Solution-Focused practice that follows I have drawn on three main substantive sources. Gale Miller's *Becoming miracle workers: language and meaning in brief therapy* (2004) that records his qualitative research with the BFTC (which is given the pseudonym of 'Northland Clinic' in his text) developing a grounded-theory study on the interaction of therapists and their clients, and with each other from 1984, finally published in 1997. Miller's methodology largely involved participant observation supplement by interviews of team members. Secondly, David Kiser's doctoral dissertation: *The process and politics of solution-focused therapy theory development: a qualitative study* (1995). Kiser conducted his research in the early 1990s also using a grounded-theory approach but focusing on interviews with the founders of BFTC. Lastly, the study of Steve de Shazer's theory development conducted by Harry Korman et al. (2020) 'Steve de Shazer's Theory Development'. This last source is an article based upon an extensive literature study of de Shazer's published work.

These three texts all take different approaches in tracing the evolution of the SFA during its 'heroic' age. Miller takes a wholistic approach and identifies two stages in the therapy used in BFTC, the 'ecosystemic' and 'solution-focused' (Miller, 1997; 2004.) and focuses on the outcome of practice at each stage. Kiser identifies 'nodal points' – shifts in therapeutic disciplines that indicate a change of focus to a participatory systemic approach and then to a SFA (Kiser, 1995) and concentrates on the development of practice and practitioners. Korman and his colleagues track the evolution of the SFA by discerning four stages in de Shazer's theory development which, I will suggest, traces the development of *practice goods* and *practitioner goods* of the practice. Given that de Shazer became the key spokesperson of the team at BFTC it would be reasonable to assume that change in his theory would also reflect therapeutic developments at BFTC. In the light of this I will use this latter work to provide the main framework for understanding the narrative of the growth of the SFA and locate the contributions of Miller and Kiser within this framework. I anticipate this narrative will disclose the internal goods of the SFA in this key period.

Phase 1: Early de Shazer 1978

In 1978 de Shazer, Berg and the BFTC team began their new venture working from a systemic-strategic foundation heavily influenced by MRI and Erickson (Visser, 2013; De Jong, 2019). In this early phase they see client's troubles as rooted in malfunctioning social, especially family, systems. At this time, the team saw the therapist as the expert who designs a behavioral strategy, often complex and counter intuitive, to disrupt the system and move it into a more constructive pattern (Kiser, 1995; Miller, 2004).

Korman and his colleagues present two axioms that they believe that characterize de Shazer's thinking at this stage:

- Axiom 1: Therapy is an observable interactional process, that is, a conversation.
- Axiom 2: The minimum unit of analysis is the therapist interacting with the client in the therapy setting. This unit cannot be subdivided further (Korman et al., 2020, p. 21).

Axiom 1 captures de Shazer's commitment the systemic perspective that therapy concerns external relationships rather than internal psychic pathology and relates to the *practice good*. *Axiom 2* expresses his (advanced) conception that the therapist and client constitute a single system and contributes to the internal good or excellence of practitioners. In this respect de Shazer appears to be ahead of his colleagues who come to share his understanding only at the next phase of the evolution of the practice (Kiser, 1995; Korman et al., 2020).

Phase 2: Early BFCT 1978-1982

During the 'Phase 2' period the BFCT team pushed the limits of the strategic approach that they have adopted. Miller, who begins his research while the transition from Phase 2 to Phase 3 is taking place in 1984 designates the approach to practice that is taken in this period as 'Eco-Systemic'. In this phase, the BFCT therapists begin to work more cooperatively with clients to develop change in their systems. This has two results. Firstly, the general realization that the therapist, and even the team behind the mirror, is part of the therapeutic system (Miller, 2004) and thus should be regarded as practitioners. Secondly, the expertise of the client comes to the fore, to the extent that the client is regarded as the expert in their desired change. Miller notes that during this period the team is concerned that the client defines their 'trouble' as a clear problem so that problem solving strategies can then be formulated by the team in cooperation with the client to disrupt the problem system (Miller).

Kiser notes the disciplinary 'nodal points' that seem to be connected with this phase: *compliments, Death of resistance, Future Focus and Presupposing change, and research on Change-Talk* (de Shazer, 1984; Kiser, 1995). All of these 'points' relate to the relationship and interaction between therapist, the therapeutic team, and the client. These relate to the developing excellence or good of practitioners as they engage in and are formed by their practice.

First of all, Kiser notes how *compliments* as a way of building the relationship between the team and clients worked to comply with the interventions formulated by the team. This occurred after a client had asked about who was behind the mirror in the therapy room and the team was introduced. After the introduction, the team felt obliged to say 'nice things' about the client (Kiser, 1995 p. 126). Thereafter compliments seem to have assumed an important role in building a positive/constructive/good relationship between the therapeutic team and the client. This was important for building the cooperative interaction between the therapist, team, and client to create change (Kiser).

The *Death of Resistance* was also a key step in establishing this cooperative interaction. 'Resistance' was reframed as an issue for the therapist and not the client. If the client did not comply with the tasks recommended by the therapist and the team, it was because the therapist had not yet found the right way to cooperate with the client in building change (Kiser, 1995, p. 128).

The emphasis on change naturally led to *research on change* talk in which the BFCT team sought to understand through observation and (video) review how particular questions, responses and suggestions might encourage the client to initiate change in their relational system. Through this research the team sought to find better ways to collaborate with clients through apt questions and language in their responses and suggestions to work with the client in bringing about desired change (Kiser 1995, p. 130).

This Phase of the evolution of practice is captured in two axioms:

- Axiom 3: Change is the purpose of the therapist and client's meeting.
- Axiom 4: Client change via therapy occurs through observable interactions in which the therapist finds ways to cooperate with the client (Korman et al., 2020 p. 21).

Axiom 3 gives a clear statement of the *practice good* of BFCT practice at this time – to create change in the life of the client. Miller amplifies this in terms of change strategies to disrupt 'troublesome behavior' (Miller, 2004, p. 45). *Axiom 4* indicates the means or the skills of practice whereby this good will be achieved – the cooperative interaction between therapist (and team) and client and captures the continuing development of the *practitioner good*.

Phase 3: Emergence of SFBT 1982-1989

In Phase Three of the evolution of de Shazer's through and practice we see the emergence of the SFA from systemic therapy. Systems still feature in the thinking and practice of the BFCT team, but the emphasis is now, as Miller notes, on the SFA (Miller, 2004). Kiser also begins his doctoral research at the end of this period but was a student at the center earlier in the 1980s (Kiser, 1995).

The evolution of practice at this point at BFTC is decisive for the SFA. Miller (2004) indicates that in this period we see therapist and client cooperating not just for system change, but for the client's solution. It is also characterized by the discovery that clients already have the basis for their own solutions in exceptions and changes they make arising from commitment and engagement in therapy (Korman et al., 2020). The focus of therapy now shifts decisively from the expertise of the therapist to that of the client in formulating their solution. In this phase the therapist is now more of a facilitator or an 'expert' in the process of the therapeutic conversation. There is no longer any discussion of 'problem definition' as the solution is now considered to be entirely independent of the troubles or problem (Miller).

The changes in this phase are characterized, in Kiser's research, by the following 'nodal points': *The First Session Formula Task*, *Pretreatment Change*, *The Miracle Question*, *A shift to the Interview Before the Break*, and *Briefer I and II* (Kiser, 1995, p. 71). These points mark the emergence of the Solution-Focus Approach as a distinctive practice in which the therapist works to support the client in developing her own solution rather than 'change' per se.

The *First Session Formula Task* was first used in 1982 and asks the client to notice and later describe to the therapist any change that they would like to 'continue to have happen' (de Shazer, 1985, p. 137). In this task we see the shift away from the problem that might be besetting the client to the changes in their life and behavior that they make and that they would like to continue. These would constitute exceptions to the problem and possibly strengths that could be the basis of a solution.

Pretreatment Change

First presented in 1987 constitutes more of the same as the client is asked to focus on the positive changes that had occurred after the client had made the appointment but before seeing the therapist. The client's action in making the appointment was a decisive act towards a solution and, as such, it likely triggered other positive changes that could contribute to the solution desired by the client. Again, this question is designed to draw the client's attention to exceptions and changes that could form the basis of the solution.

The Miracle Question

'If you woke up one morning and a miracle had happened, what would tell you that your problem is solved?' (Kiser, 1995, p. 135), which originated in the mid 1980s is often regarded as the defining feature of the SFA. In this question a radical emphasis is placed on the solution as the client is asked to envision a future in which the solution has occurred. This entails a complete shift away from any consideration of the problem and requires the client to give their attention entirely to the description of their solution.

A Shift to the Interview Before the Break.

In the earlier ecosystemic phase of therapy at BFTC the intervention task that was presented to the clients after the traditional break was considered to be the main business of the therapeutic interview. However, with the shift away from therapist expertise is framing a strategy to disrupt the system Kiser (1995) notes that the client's own responses, as expert in their own solution, assume far greater importance as the center of therapeutic interaction. Greater attention is now placed on language that the client has used that indicate strengths and exceptions that might provide a basis for forming a solution. In the ecosystemic approach the formulation of the intervention to be delivered to the client after the break would involve a great deal of cleverness on the part of the therapist and team (Miller, 2004). However, in this phase, it is the client's cleverness that is central as 'clues' from the client's responses in the interview are now used to frame the intervention, rather than the recommendations of the therapist.

As de Shazer saw therapeutic practice in the new approach becoming an interactive process of developing solutions with the client, he attempted to map the process and even attempted to develop computer programs that could (help to) facilitate the process. This led to the development of *Briefer I and II* with a team from Marquette University (Kiser,

1995). While the process of constructing solutions seems to have some simple, and repeatable, common features, the way these were repeated in each individual interaction was so specific to that conversation that, Kiser suggests, it proved impossible to develop a program that could cope with the range of unpredictable and idiosyncratic diversity! However, what this does indicate is that the emphasis was now being placed on the interactive process to co-create solutions that both problems and therapist expertise in problem solving had been left far behind. The result of this is that the *practitioner good* now embraces both therapist and client. The good or excellence of the client is in framing their own solutions from their resources and within their context. The excellence of the therapist is in enabling the client through this process. This constitutes such a complex excellence that it is unsurprising that it proved too challenging for a computer program!

Only one axiom is presented for this stage:

- Axiom 5: Brief therapy is about developing solutions with clients Korman et al., 2020, p. 21.).

Axiom 5 indicates the refinement of the *practice good* of the SFA as it emerged. The purpose of Solution-Focused practice is developing good solutions with clients. This axiom also suggests a refinement of practitioner excellence as the cooperative interaction between the therapist and the client is enhanced through the use of more refined skills.

Phase 4: Late de Shazer 1989-2005

The final Phase that Korman and his co-authors identify is the fourth phase titled the 'Late de Shazer' period from 1989-2005, the year of de Shazer's death. Both Miller and Kiser conclude their research projects early in this period. Wittgenstein's language philosophy dominated de Shazer's thought at this time. Kiser (1995) suggests that this turn comes because of the failure of Briefer I and II leading de Shazer to use Wittgenstein's philosophy of language to gain a better understanding of the solution framing interaction between therapist and client. This contributed to de Shazer viewing Solution-Focused Brief Therapy through a Wittgensteinian lens as 'interactive constructionism' (de Shazer, 1991, p. 48). He construes therapy as a language game in which therapists and clients engage in creative misunderstandings to frame change and solutions. While de Shazer was enthusiastic about Wittgenstein it is not clear how many of his colleagues at BFCT understood the philosopher or shared de Shazer's passion (Kiser).

Korman and his co-authors present one final sixth axiom for this stage:

- Axiom 6: Therapy is a visible interactional, dialogic process negotiating the meanings of the client's language (Korman et al., 2020, p. 21).

Axiom 6 does not suggest any change in the *practice good* of the SFA which remains that of developing solutions. It does, though, suggest a refinement of the *practitioner good*. Therapy is now conceived as a language game in which change is negotiated through the co-construction of solutions.

The Internal Goods of the SFA

I have engaged in a rather technical exploration of the narrative of the evolution of brief therapy and solution-focused brief therapy at BFCT with the aim of discovering the internal goods of the solution-focus approach as a practice. Relating Korman and colleagues' axioms (2020) to the narrative of the emergence of the SFA we see that Axioms 1, 2, 4, and 6 relate to the development of the disciplines of practice at BFCT and *practitioner goods* or excellences while Axioms 3 and 5, relate to the *practice goods* that are developed by practice skills. The third axiom relates to the purpose of what Miller (2004) calls ecosystemic therapy in instigating change in the client's system. The sixth axiom does not replace this but rather builds on it in the Solution-Focused stage of BFCT evolution by (re)defining change in terms of developing collaborative solutions with the client. I particularly favor the way that Miller frames the *practice good*, in a way that captures the ethos of the late de Shazer. The *practice good* of the SFA is 'constructing progressive stories' (Miller, p. 74). What is perhaps unique in the SFA is that this *practice good* entails that clients be regarded as co-practitioners with the therapists and so also share in the *practitioner good*.

The Role of Institutions in Solution-focused Ethical Practice

As I have already indicated MacIntyre argues that institutions are critical for developing and sustaining practice through external goods or ‘excellences of effectiveness’ (Knight, 1998; MacIntyre, 1985). This means that they begin to assume the following functions: defining the heart of the practice in terms of its internal goods and supporting disciplines, initiating others into the practice through education in its traditions and disciplines, sustaining the integrity of the practice and promoting the practice (Bielskis & Mardosas, 2014; Darr, 2020; Knight, 2008).

Kiser (1995), notes the critical role played by the Brief Family Therapy Center in the development of the SFA. The ‘Founders’ (Kiser, p. 22) found themselves constricted in the environment of Family Services in Milwaukee and so established an independent practice in which they would be free to experiment to discover what therapeutic approaches would serve their clients best. The independence and isolation (and even ostracism) of the BFTC, being outside of received structures of regulation and accountability, allowed the BFTC team and their collaborators to work cooperatively and creatively to develop a new therapeutic approach. Kiser argues that many ideas similar to those that found expression, first in ecosystem therapy and later in solution-focused therapy were already in circulation within the therapeutic world but it was only in the dynamic setting of the BFCT that they could be ‘re-discovered’ and incorporated into a coherent practice. In this regard, BFCT as an institution was critical for the development of Solution-Focused Therapy (Kiser & Piercy, 2001).

Once the SFA had achieved some coherence and identity as a practice, the Milwaukee center then became the hub for its promotion (Kiser, 1995). This occurred through education offered in Milwaukee itself, key members of the team presenting at conferences, especially de Shazer and Berg, and through de Shazer’s writings (1985, 1988, 1991, 1994). Interestingly, while de Shazer was keen to promote the practice, he was reluctant to define it (Miller & de Shazer, 1998). At the same time the BFTC team believed that it was possible to specify the elements that would define a solution-focused therapy session (de Shazer et al., 1986). This ambiguity both allowed for the formation of a general understanding of the SFA but also allowed for its further development as a practice. From a Wittgensteinian point of view de Shazer would have been quite pleased with this as it means that the SFA will always be understood in terms of ‘family resemblance’ rather than a definition of its ‘essence’ (Wittgenstein, 1967, p. 33).

Current Institutions Sustaining and Extending SF Practice

Once BFTC had completed its pioneering work in developing the SFA as a distinguishable practice, other institutions, both (local) centers of practice and wider associations, began to emerge that facilitated the further development and spread of the practice around the world. Two of these are particularly worthy of mentioning: BRIEF in London, a center for therapy and education, and the European Brief Therapy Association, the first international association promoting the approach.

BRIEF (<https://www.brief.org.uk/>) first began as private consultancy, The Brief Therapy Practice that adopted and developed its own ‘minimalist’ Solution-Focused practice on the basis of de Shazer’s work, and then held annual conferences from 1989, often with de Shazer and Berg as featured speakers. BRIEF’s activities helped further spread the approach through the UK and other parts of Europe. It is interesting that BRIEF and similar centers (<http://www.iasti.org/>) follow the model set by BFTC in continuing to develop the solution-focused practice, provide education in the practice, and promote the practice through presentation and publication.

The European Brief Therapy Association (<https://www.ebta.eu/>) was formed in 1993 by a group of European practitioners, including Evan George from BRIEF, in partnership with de Shazer and Berg who were present at its inaugural conference in 1994 (Isebaert, 2011). The EBTA continues to be at the forefront of developing and enhancing the theory or ‘definition’ (Sunderman et al., 2020) and ethical engagement (EBTA 2021) of the SFA. Some of the wider applications of solution-focused practice were first mooted at EBTA Conferences (Sunderman et al.).

Nine years later, in 2002 de Shazer and Berg took the initiative in forming the Solution Focused Brief Therapy Association (SFBTA) in the United States. In its early years the SFBTA largely hosted conferences but after the death of Insoo Kim Berg in 2007, the SFBTA took over the archives of the BFTC and now seeks to promote rigorous research into the effectiveness and further development of the SFA (<https://www.sfbta.org/>).

These and other institutions have had considerable success in establishing the Solution-Focus approach around the world, with centers and organizations on all continents (except for Antarctica!) The approach has also been extended beyond psychotherapy with applications in education (Franklin & Streeter, 2004), coaching (Jackson & McKergow, 2007), management (Lueger & Korn, 2006), organizational development (Polgar & Hankovszky, 2014), leadership (Brooker et al., 2019), conflict resolution (Bannick, 2010), community development (Walsh, 2010), and even radical political engagement (Shennan & Gardener, 2018; Shennan, 2020).

By and large it does seem that the SFA has been very well served by its institutions. They have continued to enhance and extend the SFA into many areas with considerable human benefit, both individual and social. Thanks to these institutional efforts the profile of solution-focused practice has been raised and many practitioners have been inducted into it. Significantly, institutions connected to the SFA seem to have largely avoided the pitfalls that MacIntyre associates with institutions namely inflexible regulation that strangles the practice, and an emphasis on external or extrinsic goods of status, profit, and dominance that effectively sacrifice the internal goods of the practice (MacIntyre, 1985).

The SFA and the Demonstration of MacIntyre's Key virtues

The Development of Virtue at BFTC

I have described the internal goods of the Solution-Focus Approach through a detailed study of its formative narrative at BFTC and reviewed the development of external goods by noting the role of some key institutions related to the SFA. However, identification of the specific virtues that relate to the skills required to facilitate the solution construction process that is the heart of the practice will require further empirical research. But, as I have stated above, MacIntyre (1985) identified general virtues of *justice*, *courage*, and *honesty* that he argues are required if we are to engage in any practice. These are virtues we need to form appropriate and productive relationships with others involved in the practice and with the wider community in which the practice is situated. How were these virtues developed over time and demonstrated in the team in BFTC?

Firstly, de Shazer and his colleagues were certainly *just* in recognizing the inheritance that they had received from MRI and Erickson. de Shazer acknowledges this debt in his books (de Shazer, 1985, 1988, 1991, 1994) and John Weakland, the director of MRI provides the Prefaces for a number of his works (Weakland, 1985, 1988, 1991). In his interviews with the founders of BFTC, Kiser encountered a similar spirit among the team as participants acknowledged the different roles each had played (Kiser, 1995). Lastly, there was a very clear commitment to be just with clients in seeking their preferred outcomes (Miller, 2004).

Secondly, the team at BFTC was certainly *courageous* in initiating a very risky enterprise at high cost and risk to themselves (De Jong, 2019; Kiser 1995; Lipchik, 2014). Their initiatives went against received orthodoxy and attracted both opposition and rejection in local therapeutic and academic circles (Kiser, 1995; Visser, 2013). The therapeutic experiments conducted by the team were also very adventurous. The team went out on a limb in all manner of ways!

Thirdly the team had a great deal of *honesty* with each other, especially in the initial stages of their work together, as they held rigorous discussions around the way that each was doing therapy and the strengths and weakness of their practice and theory (Kiser, 1995; Miller, 2004). As the SFA developed there was also a growing commitment to be honest with clients as co-constructors of solutions and to desist from any ambiguous techniques to gain a therapeutic result that possibly characterized practice in the earlier stages of the approach (especially in the framing of end of session messages). On one occasion de Shazer insisted that it was never appropriate or necessary to lie to clients (Cade, 1985).

The founders of the SFA did demonstrate the virtues of justice, courage, and honesty within their context. This seemed to set the scene for subsequent developments as the Approach spread.

Virtues and Codes

As SFA practitioners began to extend the approach, they established organizations as vehicles for to ensure the external goods of their practice. These organizations have developed Codes of Practice that seek to articulate, preserve and communicate the core values and standards of the approach based on the legacy of the narratives I have considered. Three Solution-Focused associations have produced such codes practice: the United Kingdom Association for Solution Focus Practice (UKASFP, 2012), the Association for Solution Focus in Organizations (ASFIO, 2016), and the European Brief Therapy Association (EBTA, 2021). We are sometimes tempted to think of codes of practice as rules formulated to counter misconduct as it arises and then imposed from above to prevent further misbehavior. However, they can also be expressions of best practice and capture those standards and values that practitioners most cherish (Joyce & Rankin, 2010; Sellman, 2011). These codes represent the virtuous behavior we expect of ourselves and of each other.

Indeed, the virtues justice, honesty, and courage are all expressed to some degree or another in the Codes of Practice of all three of the above organizations. Justice is expressed in three ways: What is owed to the Founders, to colleagues, and, above all to the client. Both the ASFIO and EBTA codes make explicit reference to acknowledging the contribution of the Founders of the approach:

All Members of the ASFIO acknowledge the open source ethos of SF, stemming from the pioneering work of Steve de Shazer, Insoo Kim Berg and their colleagues at the Brief Family Therapy Center (ASFIO, 2016).

IV. The SFBT Practitioner respects the work of their Teachers and appreciates the heritage of the Founders of SFBT. Moreover, they respect their colleagues working with SFBT as much as those working with other approaches or in different professions. The SFBT Practitioner acknowledges the fact that their expertise and skills are merely a continuation of the achievements of their Teachers and predecessors. Therefore, they make sure it is known that they acquired their knowledge and skills as a result of training (EBTA, 2021, p. 3).

Acknowledgement of what is owed to colleagues is captured in these statements:

...make clear their respect for colleagues with whom they have a working relationship, and they will listen to and become aware of approaches adopted by colleagues (UKASFP, 2012, p. 7).

Acknowledge and credit the work of others (ASFIO, 2016).

What is owed to the client is foremost. Practitioners are to give greatest respect to the client's expertise:

Respect their clients' expertise: clients know what they want (ASFIO, 2016).

III. The SFBT Practitioner recognises the Client as an expert with regard to Client's life, abilities, needs (EBTA, 2021, p. 3).

The confidentiality practitioners owe to the client:

Any helping relationship will be developed within an environment of trust, so that a client is able to trust a practitioner with sensitive personal information. Such a relationship acknowledges that the client may expect confidentiality, with a restriction on the sharing of information which the client has identified as private and personal, unless there are safeguarding issues. The personal autonomy of the client is respected when the practitioner ensures a commitment to being explicit about the parameters of this confidentiality (UKASFP, 2012, p. 2).

Respect for clients' confidentiality:

The SFBT Practitioner respects the Client's right to privacy and does not disclose any information that was passed to them (EBTA, 2021, p. 4).

Practitioners accept and respect client's diversity:

It is understood that the practitioner will work at all times to promote and sustain actions which recognize diversity and show a total commitment to equality of opportunity. This applies to both a pro-active approach to welcoming diversity and an on-going awareness, including a reflective approach, to ensure effective practice to avoid discrimination (UKASFP, 2012, p. 3).

Set, communicate and observe clear, appropriate and culturally sensitive boundaries governing their own behavior (ASFIO, 2016).

The SFBT Practitioner bases their relation with the Client on the premise of respect for Client's beliefs, autonomy, safety and needs (EBTA, 2021, p. 3).

Courage is expressed in two ways. The desire to extend the boundaries of practice for the sake of the client and in willingness to confront wrongdoing within the practice. Solution-Focused practitioners need to be willing to engage in the innovation of our practice for the sake of their clients:

An effective practitioner will, by the application of principles of the Solution Focused Approach, look to enhance work in their own scope of practice. It is recognized that, at times, application may be restricted by the demands of a particular situation. Adapting to real working environments is part of an effective application of the Solution Focused Approach (UKASFP, 2012, p. 7).

The SFBT Practitioner is able to strike a balance between being loyal to the core philosophy of SFBT and searching for novel and useful methods of work (EBTA, 2021, p. 3).

It is also expected that practitioners will be willing to engage with colleagues who have lapsed into malpractice:

The Chair will act on behalf of the committee to implement an appropriate response to any formal complaint. This may be: ... Complaint by a member of the Association about another member of the Association (UKASFP, 2012, p. 8).

Whenever encountering unethical behaviour on the side of their colleagues or other professionals, the SFBT Practitioner strives to understand their motivations and rationales and attempts to help them find a better solution to the current situation. Should these attempts fail or seem to be fruitless, the Practitioner appeals to the Advisory Task Group (EBTA, 2021, p. 5).

Finally, *honesty* is expressed in truthful towards the client and in the practitioner's self-awareness of their own limits. To this end it is essential our communication with the client and others be truthful:

... the practitioner will have an awareness based on the development of an open, honest and effective communication with the client (UKASFP, 2012, p. 3).

Make clear agreements with their clients and honor these agreements (ASFIO, 2016).

The SFBT Practitioner voices their opinions and concerns about the Client and their mutual relation accordingly to the Practitioner's subjective understanding of the truth and with regard to Client's expectations and reservations. The Practitioner aims to reconcile this principle with legal regulations and the requirements of the institution they are employed with. In all formal documents they present an accurate and positive description of the Client, focusing on Client's achievements and abilities (EBTA, 2021, p. 3).

Practitioners, will also seek to be honest with ourselves concerning their limitations:

...practitioners will be aware of the scope and limitations of their training and experience and be prepared to be explicit about this if the need arises, (e.g. if assigned to a situation/task outside their level of competence)... (UKASFP, 2012, p. 3).

Act within the limits of their skill and knowledge and refer clients to another professional if appropriate (ASFIO, 2016).

The Practitioner acknowledges the fact their abilities are limited, as well as considers other possible personal limitations and impediments to the helping process. They discuss them with the Client and offer their help in finding other professional help if it promises to be more beneficial to the Client.

Whenever health problems, personal beliefs or other personal circumstances might halt or impede the helping process, the Practitioner is willing to discontinue working with the Client (EBTA, 2021, p. 4).

This review of the Codes of Practices indicates that practitioners who have sought to continue and develop the legacy of the Founders by adopting and developing their therapeutic practice are also continuing their moral legacy expressed in the Codes of Practice to which they have contributed and now subscribe. These Codes set out the signs and markers of the kind of virtuous behavior to which we all as practitioners aspire building on the legacy of the founders.

Conclusion

A Map of Ethical Engagement in Solution-focused Practice?

I began this article with Trish Walsh's two questions: "What maps do professionals have for guiding action in moral decision-making? How do these maps relate to the process of solution-focused helping?" (Walsh, 2010, p. 27). I believe that I have shown that Alasdair MacIntyre's concept of a practice with internal and external goods which provides the context for the development and exercise of virtues and virtuous action provides the 'cartography' for such a map – one which has been adopted by a number of professions including therapeutic professions (Fitzmaurice, 2010; Higgins, 2010; Sagut, 2015; Sellman, 2011; Sinnicks, 2019.). In exploring the evolution of the SFA at BFTC I believe I have identified the main traditions, insights, skills and internal and external goods of the practice.

I have presented the narrative or traditions of this practice from its formative period during which its key internal goods: The expertise of the client, the helping stance of the practitioner, its interactive process of co-construction and the centrality of client goals or outcomes at the Brief Family Therapy Center. Further, I have explored the dynamic role played by the BFTC and other key institutions (such as BRIEF and the ETBA) in developing the practice's external goods in sustaining and further developing the SFA so that it has a wide range of applications, beyond the therapeutic context in which it first emerged. Lastly, I have shown how MacIntyre's key virtues of *justice*, *courage* and *honesty* were demonstrated in the evolving practice at the BFTC and continue to be affirmed in the Codes of Practice developed by organizations supporting the SFA as part of current practice. In doing this I believe that I have also demonstrated the viability and applicability of MacIntyre's practice-based approach to virtue ethics for Solution-Focused practice. We have a sketch of the terrain. We now need to fill in details in terms of specific virtues developed within the context of the practice of the SFA. This will be the subject of a subsequent article.

Further Research

This article, then, is only a beginning as my explorations and arguments here suggest a far wider research agenda. The first place to begin is with my own practice. I could conduct a self-study of my work. I could conduct a self-study of my work in using a solution-focus approach in professional development with middle level university administrators (Willis & Jennings, 2015, 2020) to explore what virtues might have motivated and been demonstrated in my practice and whether this facilitated the development of virtues in the participants in the development programme. This self-study research will feed into the second and third areas.

The second will be some empirical studies to give a more generalized view of the virtues that enable practitioners in their work. This might be gained in three ways (a) an extensive review of case studies to see what practitioner virtues or qualities they display, (b) a review of interviews on social media to see what qualities and virtues practitioners themselves may indicate or display as being important for solution-focused practice, and (c) a Delphi study among solution-focus practitioners to establish the human qualities or virtues that they believe to be critical to their work.

Thirdly, the role of solution-focused conversations in the character formation of clients could be explored (Waring, 2016). What personal qualities or virtues are enhanced or emerge in clients because of the solution-focused interaction? Is the solution-focused conversation a form of 'phronesis'?

A fourth area for study is the role played by institutions and organizations in the solution-focused world in maintaining and enhancing the internal good and virtues of practice across such a wide range of applications and the role that conferences as learning venues (Zuber-Skerritt, 2017) might play in this and the impact of the key policy documents, such as explanations of solution-focus practice and codes of practice as expressions rather than prescriptions of virtues in the conduct of the SFA.

Fifth, and last, what is the wider context and impact of virtues developed in Solution-Focused practice? MacIntyre argues that practice-oriented virtues become part of a person's character when they are demonstrated in other areas of the practitioner's life and community. Miller (2004) suggests that Solution-focus might have its home in more

affirmative movements in post-modernism that see the demise of 'meta-narratives' as the basis for greater 'bottom up' human agency. I am left wondering if the Solution Focused Collective (<https://solfocollective.net/>) (in which I am a participant) and the recent article on 'disagreement' that I co-authored (Stark et al., 2021) might not be expressions of such a wider impact.

All of these studies rest upon the viability of the 'map' I have introduced. The immediate task is to establish its validity by identifying some specific virtues that promote the internal goods of the practice. I intend to do this in a subsequent article in which I explore the claim that the solution-focus approach is a 'value free' approach (Ratner et al., 2012, p. 84) and therefore has no map of moral engagement, and perhaps does not need one.

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