# "SF practice as an application of discursive psychology – discursive psychology as a theoretical backdrop of SF practice"

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## Abstract

*This article attempts to show some of the parallels between Solution Focused practice and the theory of discursive psychology. It suggests that SF practice might be a possible application of discursive psychology and that discursive psychology may be seen as a philosophical backdrop for SF practice. Some of the parallels mentioned are as follows:*

*Both Rom Harré and Steve de Shazer (de Shazer & Dolan, 2007) use ideas from the philosophy of Ludwig Wittgenstein as the underpinnings of their work. Both discursive psychology and SF practice "do something different". They both concentrate on interactions and see people as agents in their own lives rather than concentrating on explaining what happens inside a person. Both find it more fruitful to look at observable behaviour than finding out about causes of human behaviour and experience (de Shazer & Berg, 1992). Both approaches are radical post-structural approaches with a Wittgensteinian heritage. They assume the primacy of language or interactions with their ever changing meanings-in-use rather than the importance of assumed underlying structures or interpretations (de Shazer & Berg, 1992; McLaughlin, 2009). They both are keen to avoid the traps into which everyday (traditional) language about human psychology can lead. One example is assuming that a diagnosis is an illness with a root cause that something someone has or is as expressed in the sentences: "I have a depression, I am depressed" (de Shazer & Berg, 1992; de Shazer, 1997; Harré & Tissaw, 2005). Neither assumes a "mind behind the mind", unconscious cognitive processes, again mostly in congruence with Wittgenstein's "Private*

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*Language Argument" (Harré, 1999, p. 45; de Shazer & Dolan, 2007, pp. 133–141) without falling into a behaviourist trap of denying the existence of mental processes or proposing their general inaccessibility.*

## Rationale

Solution Focused work in organisations is a highly pragmatic endeavour – SF practitioners help organisations and people change in the desired directions with a simple (but not easy) process. The SF process was developed by Steve de Shazer and Insoo Kim Berg and many others at the Brief Therapy Center in Milwaukee from the late 1970s to the end of the 1990s (Cade, 2007) and adapted for application in organisations by many members of the SOLWorld community. The fact that the SF process looks simple clouds the fact that it is not a "simplistic" approach and the SF community has long eschewed a clarification. Most SF practitioners and teachers mainly state what SF practice is and not what it can do without. McKergow and Korman rightly pointed out in 2009: *"To date, we as SFBT practitioners haven't talked much about the assumptions we do not use and what we don't do. We have focused our descriptions on what we do and the techniques we use and the assumptions we have about people in therapy. This has resulted in many other professionals viewing us as naïve and superficial because when solution focused techniques are extracted from the whole framework of solution focused theory and practice and put within the framework of traditional psychological thinking the ideas and techniques become absurd, naïve and even plain stupid."* (McKergow & Korman, 2009, p. 34).

Discursive psychology has taken a different route. In the works of Rom Harré, one of the main representatives of this approach, you can find a clear criticism of the framework and the methods of traditional psychological thinking. While he concedes the contributions of scientific research to understanding human psychology, he also states that *"a satisfactory, coherent and uncontentious understanding of human*

*thinking, acting, feeling and perceiving continues to elude the practitioners of 'scientific psychology' and the inadequacy of what has been achieved is evident in the comparatively rare occurrences in which the 'findings' of academic scientific research are put to use by psychiatrists, educationalists and other practical people."* (Harré & Tissaw, 2005, VII)

While discursive psychology has not yet led to many applications, SF practice has not yet focused much on publicly acknowledging a theoretical foundation (and I apologise for the generalisation: obviously there are exceptions on both sides: de Shazer & Dolan, 2007 and Harré & Stearns, Eds., 1995). Perhaps this article can show a sufficient number of parallels to suggest that SF practice might be the practical application that discursive psychology is looking for and that discursive psychology is a suitable theoretical framework for SF practice.

## Causal vs. agentive

In his article "The Rediscovery of the Human Mind: The Discursive Approach", Harré describes a historical dichotomy in the human sciences: in one view, human life is seen as explainable by looking at mechanisms whose interplay "causes" human behaviour and experience; in the other, human behaviour and experience is seen as the result of a collective activity, where individuals collaborate, want and do things according to local rules and norms. *"The contrast between the causal picture and the agentive picture shows up very clearly in the differing roles assigned to persons in each paradigm. In the causal picture the concept of a 'person' is secondary if it is invoked at all. Human beings are conceived as hierarchically organized clusters of cognitive mechanisms of most of the workings of which people are unaware. In some versions of mainstream psychology these mechanisms are presumed to be material and in others mental. In the agentive picture the concept of "person" is fundamental. People are taken to be active*

*beings using all sorts of tools, including their own brains, for carrying on their life projects according to local norms and standards*" (Harré, 1999, p. 43).

SF practice, too, does not look for "root causes" in a helping conversation. The "medical model" is criticised for confounding scientific "puzzles" in which a cause of an illness (e.g. a bacterial infection) must be identified in order to cure the patient and complex human problems for which no clear cause and effect pattern can be ascertained (De Jong & Berg, 1998, pp. 5–12). SF assumes that the solution for the client is not linearly connected to the problem and therefore, very little time is spent talking about why the problem occurred. SF is a "*model of therapy that spends very little or even no time on the origins or nature of the problem, the client pathology, or analysis of dysfunctional interactions.*" (de Shazer & Dolan, 2007, p. 2) Clients are also seen as resourceful agents in the creation of their own desired future: *"People are not seen as locked into a set of behaviours based on a history, a social stratum, or a psychological diagnosis (...) people are the architects of their own destiny."* (de Shazer & Dolan, 2007, p. 3).

For both SF and discursive psychology "root causes" for human behaviour and experiences are social constructions. We learn to talk about "why someone does something", in interactions with our primary caretakers (Hutto, 2007). Furthermore, stating why someone did something often happens in conversations which serve to explain one's own behaviour to someone: giving reasons serves a relationship purpose and enables us to see someone else's behaviour as normal (Hutto, 2007, p. 7). In SF coaching and therapy the knowledge that "root causes" which are assumed by clients (e.g. "I cannot go to sleep without having intercourse with my husband. I must be a nymphomaniac. This must have been caused by a trauma in my past that I no longer remember. I know I need to uncover and get rid of this root cause") can be reframed more helpfully by the client as insomnia ("I have trouble sleeping – I need to figure out strategies of falling asleep") as described by de Shazer & Berg (1992).

## No Hidden Inner Processes nor "Mind behind the Mind"

Since Descartes' separation of the world into "res cogitans" and "res extensa", for many psychological and philosophical traditions, private experiences like thoughts and emotions are seen as something that happens "inside" a human being, hidden and inaccessible to others. Often the thought or the emotion is viewed as causative for the behaviour of a person. Many approaches in coaching (e.g. Newfield Network's "ontological coaching" or the US based Coach-U approach and many more) assume that it makes sense or is necessary to make this hidden, inner experience of the client accessible to the coach so that he or she can understand and influence the inner experience, so that in turn, the client can start behaving in a way that is more conducive to what he or she wants.

In SF practice, the coach or therapist does not focus on conversations that serve to understand what is felt or thought. He or she rather concentrates on eliciting descriptions of observable differences in the behaviour of the client when he or she has moved in the desired direction. Rather than asking "How do you feel about this?" an SF coach or therapist asks: "On a scale of 0-10, where 10 is your problem is solved and 0 is the opposite, where are you now?", "What tells you that you are already at X?", "How will you notice that you are at an X+1?". When the client gives answers like "I will feel better", the SF therapist will insist on eliciting observable differences, things that the client can actually do differently. *"Scales thus are used to develop and describe the outward parts of a change in feelings"* (de Shazer & Dolan, 2007, p. 145). As McKergow and Korman (2009) say: *"We do not act as if people are controlled from inside or from outside"*. When people find ways to improve their life, they will feel better about it: life and emotions do not need to or even cannot sensibly be treated separately. Both SF and discursive psychology transcend the Cartesian divide.

Both SF and discursive psychology use Wittgenstein's private language argument (Wittgenstein, 1953, pp. 243–315) as a basis for their argument against assuming

hidden powerful entities inside a human being (Harré, 1998, pp. 39–42) or finding it meaningful to talk about them (de Shazer & Dolan, 2007, pp. 133–151). Language and discourse are primary – not what is assumed "behind" it. *"(…) discursive psychology rejects the basic cognitivist position that first a pre-fabricated reality is perceived, then processed and finally put into words (Edwards, 1997). In its place discursive psychologists put forth that people, as language-users, first produce talk and texts that then bring forth mental states such as thinking and other discursive categories as part of performing their everyday social practices (…)."* (McLaughlin, 2009, p. 52). Both approaches are non-cognitivist based on the philosophy of Ludwig Wittgenstein.

The traditional way of understanding how a sentence like "I am sad" comes about is approximately this:

1. A feeling occurs inside a person
2. The person identifies the feeling by comparison: "Is it feeling A or feeling B"?
3. The person translates the feeling into natural language: "I am sad".

Wittgenstein pokes some interesting holes into this model of understanding how expressions like "I am sad" come about. A central point in the argument is that it is impossible to know whether feeling A is really feeling A and not something else. Wittgenstein uses the example of a person who records the recurrence of a certain sensation in a diary (Wittgenstein, 1953, p. 258) – this person can never know whether he or she remembered correctly. There is "no criterion of correctness" (Wittgenstein, 1953, p. 258). Therefore, it does not make sense to say "I know that it was feeling A and not feeling B" and private experiences are not things that can be "known".

If it is not the case that we identify an inner experience and then name it, how else can we explain that sentences like "I am sad" come about and that we feel we understand something when we hear them? How do we learn the language of feelings

if we cannot point to a visible "thing" and name it? Wittgenstein has a simple solution. If you say: "I am sad" you are not "describing" the feeling like you describe "a dog" – the statement is more an avowal than a description. Let's say you have a young child who cries when her favourite aunt leaves the room. The crying is the primitive, natural expression of the feeling. Now, to comfort the child, her father might say: "Don't be sad, auntie is coming back in an hour". After many more uses of the word "sad" in such situations, the child will have learned to substitute her crying by saying: "I am really sad that you are leaving." So when we say things like "I am feeling the same way I felt yesterday", what we are referring to are the "parallel patterns in the language games in which our feelings are expressed" (Harré, 1998, p. 41) and not a comparison of today's with yesterday's feeling or your feeling or mine.

If you do not assume that an inner experience is a "thing" which can be observed but rather see the expression of an inner experience as an avowal and not a description, it is not necessary to act as if there were two minds in one person: one who feels and one who observes and communicates the feeling. We have one reason less to assume a "mind behind the mind" or to view an emotion as something that unconsciously "drives" our behaviour.

## Remembering as story-telling vs. causality of past events

Another parallel that can be found in SF practice and discursive psychology is their understanding of the significance of past experiences for present human behaviour and experience. Harré states that *"(. . .) from a psychological point of view one's effective past is not what happened to one, but which fragment of autobiography is salient at some particular juncture in one's life."* (Harré, 1998, p. 146). Remembering is seen not primarily as an information retrieval process but as an active reconstruction (story telling) and essentially social. Using similar arguments to those above, Harré points out that you also do not have to revert to an inner mechanism to explain the phenomenon of "remembering" (Harré, 2005, pp. 217–227).

In many psychotherapeutic practices and also in many coaching approaches the influence of one's personal past is seen as determining the present experience to a great extent. Ben Furman and Tapani Ahola criticise this in their book titled "It is never too late to have a happy childhood." (Furman & Ahola, 1999) They stress that many people with problematic childhoods grew up to be happy and productive adults and that there is no linear cause – effect relationship between past or childhood events and the degree of happiness as an adult. In situations where the client has problems coming to terms with past events, they recommend focusing on the strengths and resources that enabled the client to survive rather than recounting the traumatic events over and over again. Therapist and client thereby co-construct a narrative in which the client can see him- or herself as a resourceful person.

Yvonne Dolan comes to similar conclusions in her work with people who were sexually abused as children. (Dolan, 1991). Rather than assuming that recounting details of the abuse is meaningful in and of itself, Dolan focuses on how this information is useful for the conversation with the client. Her starting question is: *"Please tell me everything that you feel I need to know in order for you to know that I understand"* (Dolan, 1991, p. 26). Telling the story about what happened is useful for the client in order to feel understood by the therapist and helps to build a common project between therapist and client. Many of her ensuing questions are around noticeable signs of healing like this one: *"What will be the first (smallest) sign that things are getting better, that this (the sexual abuse) is having less of an impact on your current life?"* or *"What will you be doing differently when this (sexual abuse trauma) is less of a current problem in your life?"* (Dolan, 1991, p. 37)

## Descriptive vs. Causal Classifications

In his book "Cognitive Science: A Philosophical Introduction", Rom Harré argues against confounding psychological research

and research in the natural sciences. In both, researchers use something they call "instrument" to measure effects. However, "measuring" the self-confidence or the extraversion of a person with the "instrument" of a questionnaire is not the same as measuring the temperature with a thermometer. (Harré 2002, pp. 171–172) The mercury in a thermometer will always rise to a certain height (let us say near the 30 degree marker) when the molecules around the thermometer move at a certain velocity. This is very unlike the questionnaire designed to measure "self-confidence". Nevertheless, the "measured self-confidence" is often used as a reason for human behaviour, for example in sentences like: "You should not let others treat you like this – you have to work on your self-confidence!" Instead of working on getting other people to treat him or her nicely, the person who was given the advice will then start working on developing more "self-confidence", the lack of which was constructed as the "root-cause" of the problem. He or she might even attempt to find out where the lack of self-confidence originated and might consult a coach or therapist to help achieve that. The therapist or coach knows some of the "usual suspects" and might look at family history or utilise a questionnaire to determine the personality type (e.g. Myers Briggs, DISC etc.). Of course, this is not to say that our experiences do not shape our expectations – it might well be meaningful to understand that a previously successful behaviour is no longer suitable in changed circumstances. What is not so helpful here is to think in terms of cause and effect.

To use "lack of self-confidence" as a reason or cause of problematic behaviour is like using the fact that a tiger belongs to the family of cats as a reason for the fact that it cleans itself and purrs when it is happy (Harré, 2002). Use the same reasoning as above when trying to treat a tiger who has forgotten how to clean himself: the advice you should give him is to work on his "catness". The questionnaires of scientific (or, in some cases of commercial organisational psychology, pseudo-scientific) psychology do not measure a previously unknown quantity or effect – they are invitations to a conversation, instead. They are taxonomies and not the discovery of a causal

mechanism (Harré, 2002). As Jerry McLaughlin puts it: *". . . discursive psychology re-envisions standard cognitive psychology topics such as cognition, memory, and even emotions as discursive categories that people have available for use in constructing the versions-of-events that they put forth (. . .). Here people's discourse is considered primary because instead of looking past it to entities such as cognitions, Egos, DSM disorders, etc. thought to lie somewhere beyond, beneath, or behind it, discursive psychology focuses directly on the discourse itself."* (McLaughlin, 2009, p. 53)

SF practice avoids the trap of going for abstractions "behind" human experience completely and stays with the discourse and language, the descriptions of the client. SF practitioners are very aware of the indexicality of language, that *"(. . .) a word or phrase's meaning is entirely context dependent (. . .)"* (McLaughlin, 2009, p. 53) – and this is one of the most surprising facts for learners of SF practice from other fields. Sometimes clients of SF practitioners will phrase their request for change in sentences like, "After this coaching, I want to have more self-confidence". A good SF practitioner will not assume that they know what the client means by that but will ask, "How will you notice that you have more self-confidence?" and go for observable behaviour (de Shazer, 1997).

## Conclusion

For SF practitioners, organisational development, coaching, therapy, consulting and training in organisations is about developing interactions that help one or more people in the organisation to move where they want to move to: *"A discursive practice that draws us forward"* (Harré, 2007) rather than uncovering presumed "root causes" of behaviour and experience. Steve de Shazer, Insoo Kim Berg and the others at the Brief Family Therapy Center in Milwaukee focused on determining which kind of interactions between therapist and client are helpful for the client. They found that focusing on what the client wants to achieve – how the interactions with

others will be different when this is achieved, what are the small observable signs of an improvement, which steps they can take to move forward. etc. is most useful to help people experience themselves as resourceful individuals who have choice and agency. I hope this article has shown some of the parallels between a discursive view of human experience and behaviour and SF practice and has convinced the reader that further research into this matter may be beneficial.

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