# Solution-Focused Therapy and Subject-Scientific Research into the Personal Conduct of Everyday Living

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## Abstract

*Subject-scientific and solution-focused approaches share several critical concerns with regard to mainstream psychological concepts and therapeutic practices. Also, the alternatives presented have certain obvious similarities, such as 1) respecting subjective experience and everyday practices, 2) accentuating cooperation and 3) articulating possibilities. The articulation of the societal mediatedness of human experience and action has not, however, been an important theme in solution-focused therapy (even though the political dimension of carrying out therapy in a different way has been discussed). Whereas it is justifiable to leave the societal mediation unarticulated in conversations with some clients, it is clear from a subject-scientific perspective that it is necessary for a therapist to seek to comprehend the societal both in her own action and experiences as well as in those of the client. In this article I describe a way of getting a subject-scientific hold of the societal in the everyday living of clients through typical solution-focused practices. I begin by outlining a subject-scientific approach to personality and psychological research. Subject-scientific research is articulated in a way that accentuates the concept of fabric of grounds as a central figure in the architecture of research into subjective experience (see Suorsa, 2011a; Suorsa, Rantanen, Mäenpää & Soini, 2013). This articulation is then conjoined – as a guiding principle – with a description of solution-focused practice. Finally, I will indicate ways of utilizing the knowledge that is being created in solution-focused subject-scientific case study research.*

## Introduction

The connection between subject-scientific research and therapeutic practice has been a central theme in German-Scandinavian critical psychology from early on. Psychoanalysis as the first subject science has been the main partner in critical-psychological projects of

critique and development (see e.g., Holzkamp, 1984; Niemeyer, 1981). There have, however, also been treatises that discuss family and systemic therapies with relation to subject-scientific concepts (e.g., Dreier, 1980; Friele, 2008). In this article I describe from a subject-scientific point of view the practice of solution-focused therapy, which is seen as a further development of systemic family therapy (e.g., Furman & Ahola, 2014; Macdonald, 2011; de Shazer, 1991; Slutzki, 1992). My main focus is on articulating typical solution-focused practices as part of subject-scientific research into the personal conduct of everyday living.

Solution-focused therapy is a new approach in the field of psychosocial helping. It has, for instance, according to Macdonald (2011, 77–87) similarities with various approaches in psychotherapy, such as psychodynamic therapy (e.g., sensitivity to the client's words), client-centred therapy (e.g. confidence in client's own resources), behaviour therapy (e.g., use of goals), systems theory (e.g., the idea that personal change also affects others) and brief therapies (e.g., a non-expert stance on the part of the therapist). Slutzki (1992) notes that, apart from these well-known predecessors, the political movements of the fifties and sixties that inspired social psychiatry and anti-psychiatric movements in the field of mental health work were also important prerequisites for the development of systemic – and thus of solution-focused approaches – to therapy. Slutzki sees, for example, Furman's and Ahola's book on solution-focused therapy (Furman & Ahola, 1992) as a great representative of the new development in the field of mental health work that is characterized

> by a demystifying attitude of respectful collaboration in the therapeutic endeavor, by a stance toward expert knowledge on the part of the therapist that bars oppression and enhances authorship on the part of the patients, by a context-based view of problems and predicaments that increase people's own alternative options and responsibility. (Slutzki, 1992, ix)

It is, of course, an empirically open question whether and how individual therapists in different institutional settings actually realize these ideals (see e.g., Hollanders & McLeod, 1999). Nevertheless, it is worthwhile noting that both subject-scientific and solution-focused approaches can be seen as part of the same, or a similar, historical movement in western societies (see also Markard, 2009).

Solution-focused therapy is often regarded as a postmodern therapy that is philosophically based in social constructionism (see e.g., De Jong & Berg, 2008). In this respect, it is clear that subject-scientific and solution-focused approaches entail conflicting ideas that deserve a thorough discussion. This discussion can be seen as already having been started by Cavkaytar (2000), who discusses the similarities and differences between the subject-scientific approach and social constructionism. An interesting treatise in this sense is also Friele's discussion with regard to systemic therapies (Friele, 2008). A worthwhile idea in this regard is to see both subject-scientific and solution-focused approach as approaches that recognise that an individual's existence is delineated through the possible futures and their tensions inherent in each present situation (see Suorsa, 2015, 2014, 2011b). In the subject-scientific approach, this recognition is obvious as an individual's existence is seen as mediated through societally produced possibilities for action and experience. In solution-focused practice the foreseeable futures of the client also play a significant role (see the section entitled *Solution-focused practice and subject-scientific research*). My

suggestion: the discussion about the philosophy and theory of solution-focused therapy is not finished. In the present article my aim is, however, not to go further into this discussion. Instead, I seek to initiate a dialogue between the subject-scientific and solution-focused approaches on a practical level.

The other aim of this article is to outline an argument in relation to the long tradition of conducting case study research while doing psychotherapy and counselling (see e.g., McLeod & Elliot, 2011). William Stiles (2007) has articulated the interest in such case study research as follows:

> In addition to their potential for healing, psychotherapy and counselling offer extraordinary opportunities to observe human experience and behaviour. I suggest practitioners have expertise in and daily access to the phenomena that theories of counselling and psychotherapy seek to explain. Practitioners' clinical experience can be accumulated and shared through *theory-building case study research*. (Stiles, 2007, 122)

At the moment, there are several ways of conceptualizing theory building case study research in psychotherapy and counselling. There is also an ongoing dialogue between different kinds of approaches (see e.g., Fishman, 2009). It goes without saying that the concepts and methods that are being used in theory building case study research define the knowledge that is being created. They also define the limits of using this knowledge. Thus, if the concepts guide the psychotherapy researcher toward private psychical phenomena, other researchers, e.g., a sociologist will hardly find an empirically illustrated connection to contemporary societal phenomena there. Instead, the connection has to be established speculatively. Besides the phenomena that theories of counselling and psychotherapy have traditionally attempted to understand/explain, there is also a wider usage for the accumulating knowledge created in theory building case study research. One example is societal-structural mental health work that seeks to develop the structures and practices of societies through utilizing the knowledge of mental challenges and successes that people have in contemporary societies (see e.g., Helén, Hämäläinen & Metteri, 2011).

# Defining personality

Researching the personal conduct of everyday living refers to specific theoretical approach to personality (see Dreier, 2011; Holzkamp, 1996; Leontjew, 1982). Here, I will follow Dreier in seeing *participation*, *translocality* and *historicity* (Dreier, 2008) as central moments of personality that should not be overlooked when talking about personality with regard to therapy, counselling or education. Participation can be defined as the *located and positioned adopting of a personal stance* toward the way things are happening in a given scene of everyday-living (for example, settling for given options or taking active measures to change the way things are happening in a given scene of everyday living). Translocality can be defined as *moving in and between different scenes of everyday living*, for example from home to university. Historicity is defined, on the one hand, *as a personal life trajectory* in the sense that the composition of scenes in one's life change historically, for example when a student graduates from a university and starts working as a teacher at the local school. On the other hand, historicity is defined as *historical changes in the skills one has to acquire to qualify as a competent member of a community*, for example, at university.

# On the subject-scientific approach

The groundedness of human action and experience is a central claim in the subject-scientific approach (e.g. Holzkamp, 1987). This does not, however, mean that a subject would always be aware of her grounds for action. Rather, it means that, in principle, it is always possible to reconstruct the groundedness of a given action and experience (Maiers, 1994). Holzkamp (1987) reminds that this does not mean that the action and experiences would be rational according to some external measures. The grounds for action are, however, in principle understandable because they are always, though perhaps in an obscure or foggy way, connected to common, societally produced meaning structures (Holzkamp, 1987).

With regard to personality, it comes natural to study a person's *participation* by articulating the groundedness of the personal stance. It is possible to use the *fabrics of grounds* to articulate the groundedness of personal stances that the subject adopts in different scenes of her everyday living. In brief, the fabric of grounds (FOG) is a theoretical claim on the relationship between the premises (i.e. societally produced meaning structures as the subject experiences them) and subjective grounds for action (Holzkamp, 1987; Markard, 1993). This theoretical claim seeks to conceptualize the subjective functionality of a given action and experience (Markard, 1993, 41; see also Holzkamp, 1983, 551; Holzkamp, 1987, 33–34). In a further analysis with relation to sociological theories, FOG also illuminates the way that the subject participates in maintaining and/or changing her life conditions.

It is possible to give a simple description of the subject-scientific research by using the concepts of *scenes of everyday living* and *fabrics of grounds* (Suorsa, 2011a). In the first phase of the research, the researcher is to attend descriptively to the participant's scene of everyday living. The descriptive attending means acquiring an understanding of the participant's immediate view of her situation: in which scenes things happen; what other scenes of her everyday life are importantly connected to the present situation; who have played a part in the scenes; in which institutional/societal settings occurrences take place (see Holzkamp, 1996, 47–48, 88–89).

In the second phase of the research, the researcher is to attend constructively to the participant's scene of everyday life. The general aim of constructive attending is to specify the descriptions of the descriptive phase with regard to subject-scientific basic concepts (Holzkamp, 1996; Suorsa, 2011a). In the most general form, this happens by articulating situations as scenes of everyday living. The first aim is to concretize the action time and action space in the present scene ("as a teacher, it is impossible to concentrate on an individual pupil's problem in a *class,* and during the break there is hardly *time* to start a conversation"). The next step is to study the scenes of everyday living with regard to groundedness in the participant's descriptions: a teacher might, for example, describe her pupil's "attention deficit" or ponder what grounds the pupil might have for not being able to concentrate in the class. Furthermore, the analysis can continue by studying the subjective functionality of the revealed groundedness (or lack of its recognition) from the point of view of the participant's possibilities for action ("I can send the pupil with attention deficit to a school psychologist, and concentrate on doing my work as a teacher").

The analysis also seeks to grasp the societal mediatedness of the given action and experience ("teaching is both temporally and with regard to substance very demanding

work; in the class situation disruptive behaviour only irritates you and one is tempted to explain the matter away; thus, there is a need for specialists who can take care of an individual pupil's problems"). In a favourable case, this articulation of groundedness allows the participant to take a more conscious stance on the way things are happening at the given scene, and furthermore, enables an articulation of an alternative fabric of grounds (see Holzkamp, 1996, 46–49).

It is now possible to describe the proceeding of subject-scientific research as follows:

1) articulating the situation (that is the starting point of the research) as a scene of everyday living

2) articulating the fabric of grounds that belongs to the given scene

3) articulating an alternative fabric of grounds that belongs to action striving to overcome the problem/reach the goal.

To conceptualize the problematic situation (items 1–2) can be helpful as such. Theoretical understanding does not, however, necessarily solve the problem in everyday life. This is why it also belongs to subject-scientific research to construct an alternative fabric of grounds, and to try this FOG out in the everyday world (e.g. Markard, 2009, 286–287; Markard, 2000). Since this trying out may also bring about results of action that were unforeseeable, there is also a feedback phase where the experiences of renewed action are studied (e.g. Markard, 2009, 286–287).

There are a number of other important features in subject-scientific research, such as the centrality of seeing participants as co-researchers (instead of seeing them as objects). A further central tenet is the historical-structural generalization, suggesting that the reconstructed FOGs can be seen as an individual variation of a general way of relating to societally produced meaning structures; thus, the analyses concerning FOGs are potentially relevant everywhere that people live within the same or similar societally produced meaning structures (e.g. Markard, 1993; Suorsa, 2011a). For the purposes of the present article, it is not necessary to discuss these in detail. Instead, in the following I approach the solution-focused practice, keeping in mind, most importantly, the concepts of personality and fabric of grounds.

# Solution-focused practice and subject-scientific research

The solution-focused approach can be described briefly as a future-oriented, cooperative and non-pathologizing way of doing therapy that focuses on developing solutions building on the client's individual and social recourses. The approach was developed by Steve de Shazer and his co-workers in the 1980's and 1990's, and has been further developed by several others, for example by Furman and Ahola in Finland (for a recent historical account, see e.g., Visser, 2013). In what follows I list some important steps in solution-focused practice, and exemplify how they can be seen as part of subject-scientific research into scenes of person's everyday living.

The everyday has been of major importance for the developers of the solution-focused approach. For example, de Shazer has stressed that the solution has to fit into the client's everyday life, otherwise it will most likely be of no use (e.g., de Shazer, Dolan et al., 2007; see also Dreier, 2011). The importance of everyday is also manifested in the solution-focused attempts of *concretizing the problem* with which the client comes to

therapy (de Shazer, Berg et al., 1986). The concretizing proceeds from abstract concepts such as depression, self-esteem or AD/HD to the actual actions of the subject in her everyday life: *What the subject does or does not do when the problem occurs? When, where and with whom the problem occurs? When does it not occur or occurs less? What would the everyday look like if the problem were no longer there?* It is possible to see solution-focused therapy as a research into a person's everyday living with solution-focused concepts: Giving descriptions of how phenomena that are highlighted in theoretical concepts (such as exceptions, benefits, supporters etc.; see e.g., Furman & Ahola, 1992; Visser, 2013) are realized in the life of an individual human being (see the notion of basic concepts and theories in Holzkamp, 1983).

Concretizing the problem is the first step in solution-focused therapy. It should be noticed, however, that this step is not necessarily temporally the first one: it is also possible to start the session by discussing the client's strengths and goals (see e.g., de Shazer, Dolan et al., 2007). When researching subject-scientifically client's personal conduct of everyday living, it is possible to use this phase of the intervention in order to articulate the fabric of grounds belonging to the problematic situation. Getting a detailed description of the problem might include step-by-step -descriptions of what actually happens (for example, a 14 year-old boy is violent at school, in a situation where there are teachers and peers present; a teacher says this, peer A says that; the incident has these and those consequences etc.). The discussion can then be approached – by an academic and/or practitioner-researcher – through the subject-scientific idea of organizing the data that suggests that the researcher should be attentive to if the things that are talked about have to do with institutional arrangements, social relations, subjective theories etc. (see Markard, 2000). Based on this descriptive attending to the scene of everyday living, it is possible to reconstruct a preliminary fabric of grounds ("When someone irritates me, I have to show that I won't be pushed around").

Closely related to the description of the problem is the *description of the everyday when the problem is no longer there,* that is, imagining what there will be instead of the problem (de Shazer, Berg et al., 1986; see also de Shazer, 1991). There are several solution-focused ways to construct the desired future in the conversations with the client. The main idea in this constructing is that the future is a country that belongs to no-one (see Furman & Ahola, 1995), and that it is reasonable to use the therapy session to articulate the positive – and utopian – views of what might be. There is also an interesting point of resemblance here with the critical-psychological concept of *utopia.* Markard (2005, 158) argues that, for an emancipatory science, utopia serves above all as a perspective that makes the constraints of the present visible. Also, in solution-focused therapy the person's utopian view of her life helps us to grasp the present, as the therapeutic conversation seeks to articulate the possible in the actual situation (see also Markard, 2005, 154-155). It is also possible to see this in connection with subject-scientific concepts of interpretive and grasping moments of thinking that help the (practitioner- and co-)researcher to reflect on how and to what extent the situation at hand is seen as a manifestation of an unchangeable state of affairs (Holzkamp, 1983). A further interesting connection is a Heideggerian idea, according to which the possible is more real than that which is already there (as actual), since the present receives its meaning as part of the possible world(s) inherent in the present (Heidegger, 1927/2006; Suorsa, 2011b; Suorsa, 2014). An example from a solution-focused therapy would be a 35 year-old man who, because of his demanding job, hardly has any time for his son (who is acting violently at school), even though the man

actually thinks that the boy, as the most important thing in his life, is actually his reason for working so hard. Articulating the man's utopian view of his future ("my son would feel comfortable at school; I would not spend such long days at work but would be able to spend more time at home") would thus bring the conflictual nature of the present situation to the fore.

After the therapist and the client get an idea of what the desired future would look like for the client, it is possible to start planning actions that would bring the client closer to the desired state[1]. There are also several ways of doing this in solution-focused therapy, such as using the scale questions, re-searching for exceptions to problem and re-searching successful ways of acting in the past. From the point of view of subject-scientific research, a concrete goal allows us to construct an alternative fabric of grounds ("in the situation where I get angry, I try to calm myself by thinking of the most patient person I know, because I don't want to end up being violent on Youtube and being judged as crazy by my peers. Besides, I don't want to risk getting expelled from school").

In Furman's and Ahola's model of motivating the client to create the solution, they use the concept of *researching the benefits* (see Furman, 2004; Furman & Ahola, 2007) that suggests that the client should be led to articulate the benefits that follow for herself and for her important others when she reaches her goal ("I won't get expelled; my parents will have less worries"). In subject-scientific terms, researching the benefits is directly connected to constructing an alternative fabric of grounds through re-accentuating premises and articulating values and alternative subjective grounds for action.

In Furman's and Ahola's model, there is also the concept of *supporters* that suggests that the client should be led to name the important others whom she sees as possible supporters in reaching the goal ("I would like to have my grandmother as my supporter, because she is the most patient person I know. I would like her to call me weekly and ask if I have learned to calm down in annoying situations"). In a similar vein to researching the benefits for the others, the concept of supporters also allows us a view on the constitutive role of the others in the client's agency *(Handlungsfähigkeit)*: who are important in changing one's life – and also: life conditions – and how? In this sense we can, with Nissen (2012), articulate solution-focused therapy as re-forming the collective.

I would like to end my discussion on the solution-focused practice with the concept of *neighbouring skills*, as it brings us back to the concepts of translocality and historicity (see the section entitled *Defining personality*). Neighbouring skill is a variation of the concept of utilization that has been important in all forms of therapy inspired by the work of Milton Erickson (1901–1980). Thus, the neighbouring skill is closely related, for example, to McNeilly's (e.g., 2000) point that it is at the heart of solution-focused approach to connect the resources from a successful scene of everyday living to a problematic situation; the definition of the problem would thus be: "I have not yet learned to use my skills in this area." Furman and Ahola talk about neighbouring skills meaning skills and abilities of the client that are not directly related to the problem, but might be relevant in

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[1] From the research perspective it would be worthwhile studying e.g., in which ways thus formulated goals have a restrictive and generalizing character (see Markard, 2009). It is also important to note that the idea is not to nail down a goal. Rather, each articulated goal and each planned and realized step toward this goal are to be seen as possible points of starting to reformulate the goal.

constructing a solution. For example the 14-year-old boy in our example might have had tennis as his hobby until he was 12. He had however, to give up this hobby because of the financial difficulties in the family. Let us imagine that he actually learned to be quite a skilful player. After discovering this, a solution-focused therapist would also be interested in how the boy actually became that skilled in tennis. The therapist might discover that the boy had played at least three times a week, and had also played badminton once a week in order to enhance his mobility on the tennis court. The therapist might also find out that the boy used to spend hours per week watching tennis on the television and talking about the game with his coach and thereby learning many valuable things with regard to technique and tactics. In short, the therapist would discover that, in certain scenes of his life trajectory, the boy has had experiences of engaging and learning to do something, devoting a lot of time to getting better at something. These experiences can then be utilized in building up a solution, for example in learning to calm down in a critical situation. In subject-scientific terms, neighbouring skills can be captured by talking about translocal and historical participation in scenes of everyday living.

# Discussion

The ideas presented above can be summarized as follows: Typical solution-focused interventions that turn our attention to *1) actual everyday activities/experiences in a person's life trajectory, 2) important others*, and *3) utopian future* help us to produce detailed descriptions that we can capture as fabrics of grounds belonging 1) to a problematic situation that was a starting point of the therapy, and 2) to action that seeks to overcome the problem/build up the solution. Thus, it is possible to produce in each therapeutic conversation (at least) two FOG's as a research finding. With regard to case study research into the personal conduct of everyday living, it is thus possible to create knowledge 1) about different kinds of scenes of everyday living from the standpoint of the subject, as well as 2) about the interconnections of these scenes through articulating subjects' translocal and historical participation therein.

When compared to personality research in general, there are of course important differences to what can be achieved in such case study research in solution-focused therapy. The understanding that can be obtained in solution-focused therapy – or other forms of solution-focused practice – seems very limited if one is interested in producing an overall description of person's life trajectory and "constraints and compulsions" that underlie the groundedness of an individual's action and experience (see e.g., Dreier, 2011; McAdams & West, 1997; Osterkamp & Schraube, 2013). To gain an understanding of life situations in which people have got stuck (instead of being sick), and of the actual ways of moving forward can, however, be of value, for example in structural-societal mental health work where knowledge of the persons' life difficulties can be utilized in developing societal practices (see Helén & al., 2011). In this sense, it is important that the understandings are articulated in a way that enables seeing person's subjective experiences in their connection to societally produced meaning structures. Articulating these experiences as fabrics of grounds, that is, as theoretical claims on the relation between subjective grounds for action and societally produced meaning structures enables further inquiries that seek sociologically to grasp the nature of the meaning structures indicated in these FOG's (see Suorsa et al., 2013). Further, these preliminary FOG's serve as a starting point for a more thorough subject-scientific research (see Markard, 2010; Suorsa, 2011a).

Training solution-focused practitioners in different fields (see e.g., Wheeler, 2014) to articulate and report fabrics of grounds inherent in their clients' action and experience would also enable an expanding knowledge of the prevalence of certain types of FOG's that belong, for example, to violent incidents in schools. This would add another aspect to e.g., Cooper's and McLeod's (2007) prospects on the open library of process maps for potential users of therapy that gathers different kinds of ways of moving on in difficult life situations. This kind of public library of FOG's would also be one way of challenging the widespread "kontrollwissenschaftliche" psychologization of Western lives (see Leiser, 2006; Madsen, 2014) by promoting an alternative psychological way of conceptualizing human condition as grounded participation in common projects.

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