Reflections on the Use of Brief Therapy --- the Solution Focused Model in Hong Kong's Context and Its Implications for Social Work Practice

by

William Chi-Keung Chu*
Frederick Ka-Ching Yeung
Larry Wui-Shing Ho

The Hong Kong Polytechnic University
Department of Applied Social Studies


Organized by

Hong Kong Social Workers Association
Abstract

The rise of brief therapy models recently in the North America is not incidental. Its development and spread is inseparable from the socio-economic context in North America. In the process of adopting the Western based helping technologies, local social work scholars have all along reminded practitioners to be careful and watchful in the process of transplanting theories and techniques from the West. The authors' team have practised the Solution Focused Model for four years. They found the approach had a goodness-of-fit with the Hong Kong Chinese culture and social work concern. However, there are still rooms for modification and improvements before its adaptation in the local context to be successful. There are also limitations and restrains to this model. This article makes seven reflections of the approach from four perspectives which are theoretical, philosophical, linguistics and from the concern of social work values and goals.
Introduction

The rise of brief therapy models in the North America is not accidental. The understanding of the spread is inseparable from the context of its development. Seeking help from helping professionals when one has troubles is a widely accepted norm there. The two world wars, especially the second world (Freedheim, 1993) war had given a boost to the development in psychiatry, academic and professional psychology, social work and other related helping professionals. It had provided rich soil for the growth and development of psychotherapy and other kinds of helping methods such as social work. Nowadays, consumers and insurance policy more and more incline to brief psychotherapeutic approaches for they are more affordable for the consumers and marketable from the standpoints of insurance companies. In face of huge demands and shrinking budget, all public welfare and mental health programs favour more cost effective treatment approaches. Private practitioners, if they are going up-markets, they have to give serious consideration for brief approaches though they may have distastes for these seemingly somewhat secondary substitute (Diet Coke for real Coke!) which have lesser academic and professional appeal for them (Dryden, 1992; Storr, 1963; Dryden & Feltham, 1993). With the introduction of the Managed Care, it seems clear that the grasp of more cost effective approaches for these private practitioners are basic kits to win in the game of the survival of the fittest.

Apart from these massive social forces, there have also been a sweeping of post-modern thoughts, coupled with the rising doubts and complaints about effectiveness of psychotherapy and abuses by helping professionals, together with rising awareness of the rights of consumers and a distrust of the prevalent disease model of human problems, the revision of dominant therapeutic approaches are speeded up. Re-examination of their philosophical
assumptions and meta-theoretical framework, with rising concerns of the ethical and moral issues of professional practices, as well as a rekindling of the issues of social justice and existential concern of helping have led to the development of what has been labelled as the third wave in psychotherapy -- the development of the narrative approaches. The shifting from an expert position of the therapist to that of an egalitarian, collaborative conversation partner, and consultation team to that of a reflecting team, treating therapy as therapeutic conversations and the elevation of the use of languages and narratives to a position of prime importance are part and partial of the development.

The development and evolution of Solution Focused Model, like other narrative approaches, are fostered under such background. One may go and compare the "Keys to Solutions in Brief Therapy" with the recent one "Words Were Originally Magic" and one may realize how much Solution Focused Therapy has changed¹.

Talking about brief therapy in our practice centre is one thing while talking it as one of the intervention methodologies being used by practitioners in social welfare services context may be another for the context is much different between the two situations. Our team have used the approach for four years both in direct practice as well as involved in its training. The social work profession in Hong Kong has all along been a keen consumer of the prevalent therapy models imported from North America. The motives for such importation worth our reflections. Local social work educators have all along reminded us to be careful and watchful

¹The change from a more strategic position to that of a more or less narrative one, from a less articulated ambivalent structuralist position to that of a post-structural position in its philosophical standpoint to the level of techniques, for example, previously, the construction of goals in therapy is important, hence criteria for constructing quality goals are listed clearly in the book "Family Preservation". In the book "Keys to Solutions in Brief Therapy", the importance of defining goals is also stressed, pp.93-94. But a look at the recent book, pp.273, it was stated that because it was unrealistic to expect clients to know at the beginning of therapy exactly where they want to go, if they did, they probably would not need therapy. Hence it was not necessary to contract with clients ....(b) for specific goals or (c) the measure the progress on specific goals. around him/her.
in the process of transplanting theories and techniques that are borrowed and may be operated on different presumptions from the West. Colonization or indigenization, cultural imperialism or adaptation are often reminded in our local scene.

We have found that the Solution Focused approach was rather well received by the practitioners in Hong Kong. It seemed to be users friendly, at least to the social workers. However, the approach is not perfect and indeed far from it. It has its limitations and restraints. After four years of involvement its uses as well as training, we also have our own reflections and critique of this approach. There are still rooms for modifications and improvement before its adaptation in the local context become successful ---- i.e. more helpful to the social work practitioners as an intervention tool.

**Reflections**

1. **The problems of using techniques without understanding the philosophies and world views behind this approach.**

This may not be a problem for those who do not want to learn and use this approach. Otherwise, it is very unlikely that one will be in good grasp of the approach without at least an understanding and partial acceptance of the philosophies and world views behind this approach.

One of the reasons why Solution Focused Therapy (SFT) seemed to be well received by the social work practitioner in Hong Kong is its appeal of seemingly easy to pick up. It has a step by step flow chart guiding practitioners to seek a solution path with client.( de Shazer, 1988). It stresses the importance of engaging clients in talking and seeking solutions instead on developing problem saturated conversations. Five types of questions are given detailed
descriptions\(^2\) so that one can ask in an appropriate way suited to the nature of clients. It has specified what needs to be done in the first session of interview and subsequent sessions.(Berg, 1991; de Shazer et al, 1986). Ways to find out, articulate and develop good quality goals are discussed. Ways to give compliments, messages and the designing of tasks assignments are also clearly laid down with plenty of examples for illustration. Ways to transform three types of working relationship, namely visitor, complainant and customer, are described. What needed to be done when relapse occurs and how to maintain the progress to continue. All these are illustrated with lots of case examples down to verbatim level and clear guidelines so that the practitioners have a clear view of what to say and how to say it. It also emphasizes on the importance of engaging clients by using languages carefully. It stresses that how clients use his/her language reflects his/her world views and it is important for the practitioners to be sensitive to pick up the idiosyncrasies and understand how clients see and understand things. SFT gives the impression that it is user (the practitioners) friendly. To learn to use it is mainly concerned with the grasping of techniques.

Our experience of training tell us that unless one has a good grasp of the principles and philosophy behind this approach, and is able to develop a certain fit between the practitioners and the approach, the sheer grasping of techniques does not help one to do good therapy with this approach. For the same reasons, it does not help also in the developing of a personalized eclectic practices.

Thus it is not problem talk that we want to avoid so much but to proceed the thinking and processing of data in a solution oriented manner, and hence to facilitate the direction of

\(^2\)The five types of questions designed to elicit (i) pre-session change; (ii) exception; (iii) miracles; (iv) previous coping and success; (v) scaling. For details, readers may refer to Insoo Kim Berg's book "Family Preservation"
conversation in this orientation. The idea that it is not necessary to have a detailed understanding and analysis of problems before one starts to find out the solutions runs counter to our deeply conditioned training in problem solving not only in professional training but also in our everyday lives. Before one proceed in engaging clients in solution talk, one's mentality in problems solving needs to be readjusted. It is difficult if not impossible to use this approach if one holds dearly to the expert stance of understanding and solving problems. This is not a technical thing. This is actually related to the world views of the practitioners not only as a helping professional but also as an ordinary person. Coupled with this stand, SFT holds it very important for the practitioner to be aware of and understand what clients says about his experience and his ways of construing his problems and hence solutions. Clients' perception is the starting point of joint project between him and the practitioner. If Treacher and Carpenter's criticism (Carpenter & Treacher, 1993) about family therapy is correct in that family therapy in the process of its development has led to the loss of human subjectivity, i.e. thrown water out together with the baby in their words, then SFT seems to offer the opportunities to bring back part of this human subjectivity by giving an equally important if not more important emphasis to clients' felt experience in the process of finding solutions.

The three principles of the approach, i.e. If it works, do more ; if it does not work, do something different ; and if it ain't break, don't fix it, reflects the world views behind this approach. It is a pragmatic world. It is also a world where the expert has little say about what is the problem and what should be the solution. Whatever works for client is the best. The expert occupies a little or no say in this definition of what works. S/he better leaves it there if

where will be a large amount of examples and illustrations of how those questions can be used.
it has not come out yet. That is if client does not find this a problem, there seems little legitimacy for one as an expert to step in and works towards its resolutions. The acceptance of such principles will be more meaningful if it is grounded on the awareness of problems created by helping experts ranging from the golden age of psychoanalysis (Masson, 1984), then psychiatry and various approaches of psychotherapy (Dryden, 1992) in general and family therapy (Luepnitz, 1988) in particular. Research on consumer's experience (Howe, 1989), increasing exposure of the abuses of power by experts (Masson, 1990), problems created by system thinking (Luepnitz, 1988) the feminist therapist has a wonderful contribution here and the charge made by radical camps (Fook, 1993; Mullaly, 1993) of the obscurity of socio-political origins of personal and family problems by psychotherapy all can have a very meaningful contribution to the awareness of the problems created by us, from theoretical to the practical.

2. The misunderstanding of engagement and empowerment as skills only. It is not. It is an attitude and even a way of being.

Solution Focused Therapy’s stance on engagement is unclear. The book on Family Preservation gives a lot of emphasis on engagement while other books particularly those by Steve does not.

From our experience, while engagement skills, especially the emphasis on the understanding and matching with the use of languages of client by the practitioners, are not skills only. It will be a degradation to the process if it is perceived as a matter of skills. Though a lot of examples and illustrations as well as guidelines are given (Berg, 1991), the spirit behind is
much hermeneutical which hinged on humility of the practitioners in learning to understand clients’ subjective experiences and depends on whether one is in good grasp of the atheoretical stance, non-normative commitment and client determined orientation of the SFT.

Also empowerment does not mean only compliments and cheer leading. It is again not a skill, or at least not a skill only. Though the books has listed out how to give compliments and cheerleading. It has to come from the ability to appreciate those who seems to have nothing worth praising or appreciation from a secular point of view. This probably has to come from an exceptional power of understanding. Both engagement and empowerment are challenges for individual ability in accommodating differences and empathetic understanding (ability is not too accurate a word to use for it conveys still a sense of skills and techniques. Actually the user's human dimensions such as attributes, attitudes and inclinations have a lot to do with the ability to understand and to empower.) Only after one understands deeply and compassionately the predicament of another human beings without judging them and only one really appreciate the residue strength and hope in client's history of struggles can s/he gives honest, genuine and heart felt compliments. From our experience, the user's personal self, his/her attitudes and inclinations joins with the techniques and skills in a deeper and less noticeable level.

3Atheoretical stance is a social feature of the approach. It does not propose any framework to classify client's presenting problem, or attempt to explain or account for the problem. Such stance is supposed to free the practitioner from imposing any expert prejudices in understanding and hence prescribing the solution to the problems. Non-normative orientation helps the practitioner to be free from secular judgement of client's experience and behaviour. This is important in the process of engaging clients or pacing with them. The more the practitioner suspend his own values and judgement, the more s/he can be accommodating to client's experience and views. Both stance when combined together helps the practitioner to maximize his/her opening up of possibilities for emergence of client's solution. With emphasis given to client's dominance in defining goals as well as solutions, client's subjectivity is given a heavy emphasis in the collaborative process.
3. **Solution Focused Therapy** is used within a social work context. Its relevance and limitations or constraints have to be viewed and comprehended within such context.

We find that the type of services in relation to the nature of clients, the practitioners' fit with the approach, and the wider socio-cultural context have shaped the practice of SFT. Its limitations and constraints have to be understood as such.

One of the problems created by the approach is that its operation is based on a consumer model which treats every client comes for therapy as a consumer and the practitioner is to cooperate with them and pace closely as much as possible. For clients who complained but not ready to take up responsibility to do something for themselves or for clients who just come for all possible reasons except for help, the approach has something to say about transforming such clients' orientation and attitudes. Hence they regard the metaphor resistance as unnecessary (de Shazer, 1984). The originators are not unaware that in many welfare settings, clients come for therapy not because they are wanting to but because they are referred to or mandated by the State. Hence they had also discussed the issue about handling visitors and complainants' type of worker client relationship and have proposed ways of transforming such kinds of relationship. It is here we have witnessed the greatest difficulties met by social work practitioners here.

This is because many of their clients may not have the consumer's expectations on professional help even though you treat them as one. The ways proposed are simple. One has to pace closely with client. For a complainant type relationship, practitioner has to be a good listener and does not expect client to have any concrete tasks. Compliments are to be given and if possible, observation tasks are to be assigned. AS for visitor type of relationship, one
has to be a good host to match with the relationship. The main aim is to let him/her to have the motivations to come for another interview. We discovered that there are much linguistic skills that can be used here but not articulated well in the texts provided by the originators. But the problem is not only a technical one. The structure and context of social work practice does not often allow the social workers to treat client in the same manner as their counterparts treating them in private practice across the continent in North America.

A school social worker who is requested by a school principal to intervene for a student who has been acting violently to other students and teachers, a outreaching social worker who has to take initiatives to locate the potential clients s/he intends to serve, a probation officer who has to supervise young offenders as according to the probation order in their workplace, home and his office or a family protective worker who has to implement the Care and Protection Order and supervise parents who are child abusers.

Situation no.1 demands the social worker working not only with client, but may be also the students being assaulted, the family and the teachers involved. Complications may arise if the case is known to police and education department. The practitioner needs to work alongside with police officer as well as educational psychologist or personnel from education department. S/he may have to negotiate with them for a pattern of co-operation. Moreover, s/he is demanded to have quick effects. Otherwise, the student may have to be suspended or even expelled. S/he has to liaise, co-ordinate, and lobby the understanding, support or co-operation that is needed before the student can stay on and let him/her has time to work with him/her and his/her other family members. The tendency of the approach to see only one member is simply not fit here and a number of people needed to be worked alongside. They may be practitioner's customers, visitors and complainants and they may be none.
Situation no.2 demands the practitioner to take initiative to identify the targets s/he wants to work with. A period of planning and incubation is necessary in which the practitioner comes to know them, talk and meet with them at places where they like to frequent, and if possible, invite them going back to centre for activities. It is not uncommon to hear outreaching social work practitioners saying that their work involve the use of charisma and authority, understanding of their particular target group -- their psychology as a marginal youth and group dynamics is very important before any fruitful work is possible. Entry point usually occurs when they have troubles and crises. SFT can only be used in situations where the potential clients have problems that they have to solve and the practitioners appear at the right time. With previous ground work being laid, they may engage with client.

Practitioners in situation no.3 and 4 are delegated with authority and power that if the supervisee fail to comply with the supervision requirement, they may proceed legal actions. Supervisee may be detained again as a result of breach of supervision order while parents may have their children taken away and not to speak of the risk that they may be prosecuted. One can imagine the kind of tension involved between the practitioner and the clients. The practitioner is no more only acting for the best interests of clients but more so representing the interests of the state and the public in supervising the clients.

The previous examples are just quoted to show two things. Therapy models originated from North America often operated on a different soil and context. SFT developed from Milwaukee Brief Therapy Centre. The originators are all along in private practices and training though the centre also received some public funds to run projects from time to time. SFT developed in the soil of North America. When they are adapted for our usage in social
work practices, it is quite natural that they may not fit very well with our soil because the context of practice is much different. Practitioners' concern is to understand and use them, in their own context, if necessary, adapt and modify until they become tamed to be part of their intervention repertoire.

Second, to be a good social work practitioner needed not be equated with a good therapist and vice versa. There are a lot of competencies that a social worker possessed but not necessarily by a therapist. Skills in working with different contexts is one and competencies related to a particular clientele of a particular piece of work in a particular service may be another. And at times, if therapy is found helpful, that is good, if not, practitioners need not to regret for good work needs not always be therapeutic interventions. Sometimes, as some critics may argue, therapy may hinders more than help. SFT is of no exception.

4. Modifications on Techniques and Skills

In Hong Kong, we have heard from practitioners that they have found the questioning sometimes a bit difficult for the clients, especially the old and the child to understand easily. They have tried to break down the questions into simpler forms. Also we have experienced the gap in translation of the questions into Cantonese. The presupposition sometimes have gone out of such translation. When we invite clients for future looking questions, in English, we use the word " when " to replace " if " or "suppose" in order to bring out a little bit more about the certainly of a future happening. However, the local translation of " when " still carries a tentative connotation. The use of Miracle questions may not be suitable sometimes when some clients seem to lose their head when hearing such questions. A more concrete and future oriented hypothetical question may have to replace the original ones. The word "miracle" may
not be necessary to appear even in the questions. Also, it is not a dogma that problem talk is to be avoided entirely as far as possible. Rather, when client wants to talk about problem, it is better to follow and turn, inviting clients for a solution dialogue. But if client still wants to talk more about problem, the practitioner has to respect client's intention. Like other people, s/he may think that giving an account is playing his/her role properly in a helping situation. S/he may be trying her very best to help the practitioner to understand the situation before the latter can give him/her some professional advice and intervention. Thus the need to communicate a sense of respect and the need to engage overrides such dogma but the principles can remain unchanged.

One of the most common features observed from practitioners in the process of using SFT is the rush to apply different questioning techniques and proceed as quickly as possible according to the chart. Since it is a type of brief therapy and particularly solution-focused, it seems that the pace should be quick. This hasty practice, according to Lipchik (1994), is one of the most obvious clinical errors of all when trying to do brief therapy, i.e. they focus exclusively on the technique and neglect the actual flesh and blood client sitting in front of them. One of the most basic requirement of any therapy -- joining with the client, often is overlooked. Thus, though solution focused approach do not encourage ventilation of feelings as a therapeutic technique, but the practitioner must allow clients to tell their stories in their own way so they can join with them and demonstrate acceptance and understanding. To quote Lipchik once more:

"The effectiveness of this type of therapy actually depends on therapists' respecting and responding to the idiosyncrasies of clients and their situations. The process must be expeditious, but not rushed; methodologically consistent, but not standardized;
efficient, but never impersonal; sharply focused, but not oblivious to more hidden messages from clients. Brief therapy requires as much subtlety, patience and sensitivity as any as any other good therapy."

5. **Is there a problem of cultural fit for Solution Focused Approach in the local context?**

Leong (1986) summarized from literature review that American Chinese, under the influence of Chinese culture, the help seeking behaviour has the following characteristics:

(i) Chinese are more inclined to accept the authority of practitioner;
(ii) Chinese are more prone to be silent and do not speak much during session;
(iii) Chinese are less inclined to express their feelings, hence they usually give the impression that they are shy and timid.

Apart from that, Chinese tend to somatize their emotional problems, and incline to expect that therapy be conducted in a form of direct guidance. In another word, they expect to receive the authority and directive guidance from therapist and through action to solve their problems instead of in-depth and exploration of their emotions. They also expect therapeutic work be short term. Ho (1987) suggested that when working with Chinese, it was better to emphasize family responsibility with pragmatic, concrete and action oriented strategies to proceed the intervention. Indepth exploration of emotive issues should be avoided.

It seemed that SFT does not adopt a very obvious use of authority and the guidance is direct in the sense that the dialogue is steered towards the solution path and the messages as well as tasks given are direct and concrete. With the pragmatic spirit, the brevity in number of
sessions and the focus on concrete goals and tasks seemed to fit with the characteristics of the help seeking behaviour of the Chinese. May be these are some of the reasons accounting for the receptivity of clients to such approach from our experience and observation. However, we are not satisfied with such speculations for these observations are made from the standpoints of the practitioner, the subjective experience of clients in such process have not been studied with some breath and depth. The phenomenological world regarding the experience of therapy by a practitioner is quite different from that of their clients. (Lambert, 1992)

6. Critique from Psychotherapy Critics

Indeed the most severe critiques come from psychotherapists and psychotherapy researchers themselves. (Masson, 1984; 1989; Treacher, 1985; 1986; Carpenter, 1993; Dryden, 1993; Howe, 1989) Can SFT be free from these critiques or it just suffered the same weakness or shortcomings of all psychotherapy? Also, not all social work critics thought that social workers should go clinical. Criticism from radical social work, structural approach, and other social work educators such as Harry Specht have their points too. In Hong Kong, local critics also worried about the unreflective borrowing of western theories and intervention methods (Ngan, 1993) which may constitute some sort of cultural imperialism. Indeed indigenization and colonization are sometimes difficult to distinguish but there is always a fine line of difference.

The introduction of SFT in Hong Kong seemed well received in the past several years. It seems fair to say that practitioners find it user friendly. However, whether clients find it user-friendly is still not rigorously substantiated. From our experience, it seems clients also accept such ways of working. Their relatively relaxed attitudes and behaviour in front of the one way
mirror and the consultation team seem to give us the impression that they are well adjusted to this way of working. However, Howe's studies (1989) and Carpenter et. al.'s thoughtful comments (1993) have invited us to face the issue more rigorously. Howe (1989) in a study found that a clear majority of the families found the whole approach very alienating. They found the technology very unsettling and disliked the fact that their therapists was apparently being controlled by an unknown but all seeing team situated in an adjacent room. The technical equipment, the treatment method and the style of the therapist were experienced as potential barrier.

A sheer expression of satisfaction about the process from client is not enough to convince that it is desirable. More in-depth study into clients' feelings about the technical set up, the one-way mirror, the video-camera, the consultation team and the ways the practitioners practised according to this approach is very necessary. Birch (1990) stated that to be asked to consent is different from being given a choice as to whether you want it or not. Clients rarely seemed rarely given information about the range of therapeutic approaches available and asked for their preferences. That reminds us client needs to be given choices not in a lip services manner. To be able to make choice one has to be well informed. Despite practical difficulties may exist (there may be only a very limited choices offered concerning intervention approaches from practitioners), we think that it is a good idea to try it out as far as possible.

Carpenter (1993) argued that there are a number of historical factors which shaped the development of many of the major schools of family therapy so that they became predominantly scientific and anti-humanist. Kuehl et al (1990) have commented that family therapy, in common with mainstream psychotherapy research, has studiously ignored the
experiences of users. Almost everything which gets to be written and discussed reflects therapists' experiences not users' experiences.

Against such background of criticism to review SFT, SFT seems to have a lot less user unfriendly concepts and techniques. Its non-pathological approach and insistence on not treating clients problems as pathology, with the emphasis on an atheoretical, non-normative and client-determined stance to understand client's experience, client's subjectivity are given a much larger space and occupies a more important position than other mainstream approaches in family therapy. Its emphasis on collaboration with client and empowerment also diminish the power and status of an expert and elevate more the clients' position and stand. However, there are still very few studies pertaining to SFT or other brief therapies in finding out the subjective experience of clients in the process. So far, it seemed only outcome study of something like consumer satisfaction have been undertaken (personal dialogue with Steve) in which the consumers were asked several questions about their conditions after the process several months later. Indeed a more rigorous and serious studies needs to go into this process.

Family therapy has all along been user-unfriendly (Carpenter et.al. 1993). He said that family therapy has been historically dominated by many user-unfriendly concepts and techniques. Families have been construed as the "problem" and it is highly significant that the metaphors developed to describe therapy have mostly stressed conflict and confrontation rather than co-operation and caring.

Masson attacked family therapy by accusing that a large number of culturally sanctioned assumptions are brought into play as if they were brand new insights. These assumptions are rarely more than the prejudices of the time (Masson, 1988). Carpenter commented that system
ideas invited therapist to adopt an ahistorical approach to families through stressing what systems shared in common rather than being prepared to analyze how different types of systems developed historically. Lilienfeld argued that it legislated subjectivity of clients out of existence and mechanized human beings (Lilienfeld, 1978). SFT, especially the recent version, has actually abandoned the use of system as a concept in understanding clients’ problems.

Steve (1991) once quote Gerald Erickson's (1988) critique points to one result of the substitution of psyche by system, individual by family:

"The traps laid by systemic family analysis are springing up everywhere and they permit no easy escape. The currently hegemonic circular-systemic paradigm, marked as it is by three powerful and negative ideas of our time - anti-humanism, anti-subjectivism and anti-historicism - has inevitably led to forms of analysis whereby families are taken as closed systems, where relations among members are given primacy, a division of the relations into manifest/latent functions taken as a given and wherein only the therapist is privileged to interpret latent functions. None of the major human problems of our era can be adequately addressed by, or treated within, a systemic paradigm. Whether child abuse, the situations of formerly hospitalized individuals, gender inequality, problems of spousal violence, or social inequality. Such problems, either cannot be perceived within a systemic view ... or if attention is called to them, must necessarily disappear into a set of interlocking and circular relations, the sum of which are said to serve a purpose of coherence and fit, of being homeostatic and helpful, of being required by the family, of being wanted and desired.
"
In the process of evolution of SFT, the systemic paradigm is replaced by an interactional constructivistic paradigm. There is nothing like a system there. System as a concept and metaphor creates its problems and one of which is to take system as something objectively exist out there, forgetting it is only a metaphor helping the practitioner to make more sense when confronted with family phenomenon. Therapy, as understand from the post structural position, and within a constructivist view, (therapy) is understood as a language games in which realities and meanings arises from consensual linguistic processes.

Family therapy seems to be subject to fad and fashion much more than other forms of therapy. From examining family therapy research, the popularity of a model has nothing to do with its proven efficacy (Carpenter, 1993). (Are we the same in Hong Kong?) Gurman, Kniskern and Pinsof (1986) have demonstrated that there is an almost inverse relationship between the approach's popularity and its demonstrated efficacy. David Pilgrim (1992) attempted to argue that in different ways, psychotherapy is condemned to psychological reductionism and political ignorance. He asserted that psychotherapist if not been personally captivated by aggressive individualism, they have become collectively preoccupied with professional survival and advancement. In this process, both intellectual integrity and social justice have been subverted, scorned or marginalized within their discourse. Critics (Mullaly, 1993; Fook, 1993) from structural social work regarded that in the process of treating client's problem on an interpersonal level, connection to larger socio-political issues are obscured or avoided. They inevitably individualise and psychologize problems that have a structural origin in the society. Family therapy seems a little bit more progressive but the problem is similar. They replace the psyche with the family and individual by family. Minuchin (1991) revealed that his more serious objection to constructivist therapy is its tendency to concentrate
overmuch on the idiosyncratic story of individual family and ignore the social context that may actually dictate much of the "plot" of their lives -- the institutions and socio-economic conditions that determine what they do and how they live. Families of poverty have been stripped of much of the power to write their own stories. In his words, their narratives of hopelessness, helplessness and dependency have been co-written, if not dictated, by social institutions.

We think the comments here had strike the Achilles heel of SFT despite it is going post-modern, taking a post-structural position and have its philosophy settled clearly on a social or interactional theory of knowledge such as developed by Wittgenstein (Bloor, 1983) or what Steve had labelled as a " more radical interactional constructivism is needed when the methodological boundary is drawn around the therapeutic situation."

The avoidance of handling the power issue within the therapeutic system and the avoidance of the addressing the larger social context of problems made solution focused approach vulnerable to two criticism. Although co-evolvement, co-creation or co-construction are the words they like to use in finding goals and solutions with client, and though spirit of collaboration are stressed, matching with clients' languages and pacing as well as engagement are given emphasis, there is one thing they cannot avoid but have not been addressed to explicitly. Goldner (1991) said:

" We mustn't forget that wherever we work we're part of a complex social structure in which we're granted more power, authority, credibility than our clients."
The narrative approaches e.g. Tom Andersen, Harlene Anderson and the feminist therapist reluctance to claim authority and power in a therapeutic situation as an reaction against abuse of power in the name of normative hierarchy is understood but denial of the fact that we are actually conferred by the society and may be even expected by our clients that we are vested with more authority and power and hence more responsibility in helping them to work out things will lead us run the risk of self-deception. Subjectivity is retained within the SFT, client is encouraged to participate. It is said that the practitioner is the expert in the search of solution path while client is the expert in his subjective world of experience. The former has to rely on the latter to guide him and teach him/her what makes sense for him/her as guidance in the search while the latter rely on the former for facilitating the emergence of a solution path through a number of attempts inviting clients to discover possibilities. It sounds perfect but disregarding the power differentials is introducing another form of manipulation. It may be even worse this time for client is matched and paced closely. The lead is more subtle and not exposed to awareness and scrutiny. The prejudice, misunderstanding and projections of the practitioner can enter as freely as possible since in the process of linguistic games, the practitioner matches and therefore leads very well.

Freeman and Lobovits (1994) thought that one of the central problems of social constructionism is ethical relativism. Ethical relativism goes hand in hand with the denial of objective reality. The theorizing confines primarily itself to epistemology and does not question whether there is an independently existing ontology (Von Glasserfeld, 1991). Freedman and Lobovits went on:

"It is the experiential reality of persons that can be constructed or deconstructed in the therapeutic conversation. Human understanding of the world may be mediated through social constructs, but that does not mean there is no world out there. The
social constructionist notion that our reality is constituted through language often does not deal directly with issues such as the objective reality of a persons’ descriptions and the power imbalances in society, in the family and in the therapeutic relationship."

This is not only the problem of social constructionism. It is the problems of all narrative approaches grounded on constructionism. Criticism from radical social work and the structural approach are not entirely ungrounded. If the epistemology does not address to personal predicament in connection with socio-political context, continue to ignore the power differentials between practitioners and clients (and portend they are equal), maintain a disinterested attitudes to issues of social justice, repression and exploitation, domination and subjugation pertaining to their client’s situations, then whatever type of therapy suffers serious deficiency.

Therapy is a moral endeavour. As long as the practitioner has the power to participate in the construction of a person's experiential reality, then there should be a commensurate social responsibility and accountability for the directions that can be made regarding the person's meanings and narratives.

7. **Future development and foresight -- implications for social work practice**

SFT's development is becoming more and more a narrative approach with philosophy grounded in postmodernism. Whether we should follow or not appears less relevant than the bringing back of the "social" into clinical practice and training in the Hong Kong scene. There are several aspects that the SFT can seek similar voices within social work practices. They are as follows:
(i) the empowerment oriented work with clients, this includes sensitivity to clients' strength and potential, (what social work calls enabling);

(ii) the emphasis on collaboration and co-operation with client with great sensitivity to client's idiosyncrasies --be it world views, pace and readiness, (what social work calls engagement);

(iii) the abdication of expert's role in understanding client's subjective experiences and meanings, (what social work address as the importance of individuality);

(iv) the emphasis on engaging and understanding client's experience as a basis of working, (what social work calls as empathic understanding)

However, social work has more to offer. Social work has a tradition of bringing the "social" in its practice. The appreciation of social context of problems exists all along in the tradition. Traditional casework emphasizes "person-in-situation" (Mailick, 1977). Of course, radical and structural social work approach are dissatisfied with such limited interpretation of the "social" by the traditional casework. Such person-in-situation configuration often refers to a person's immediate social environment, or social milieu, without the awareness of the social structure extending to political, ideological and economic factors that are contributing to problems. Indeed, solution focused approach needs not only to have more serious reflection into his Achilles Heel but also should rediscover what social work can offer and make the connections. Let us not forget the fact that solution focused therapy or whatever kinds of therapeutic approaches are used within a social work concern and welfare context at this particular time and space in Hong Kong. It does not exist discretely, independent of its organization and political context and so does the use of therapies within social work arena. Social work practice is still largely a state-sponsored, agency based, organizationally tethered
activity (Howe, 1991). Within such context, therapies are employed to serve social work purposes, wherever and whenever relevant. Modification, adaptation, re-interpretation, re-inventing and discarding are just natural and inevitable. The experience of the frontline practitioners may hold the solutions more than those who teach and train in the academia.
Reference:


Gurman, Kniskern, & Pinsof, (1986). Research on Marital and Family Therapy, In S.Garfield and A.Bergin (Eds.) Handbook of Psychotherapy and Behaviour Change (3rd edition)


