

The value of using emotions in solution focused brief therapy

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Abstract

A commonly stated critique of Solution Focused Brief Therapy (SFBT) is a lack of attention to the client's emotional experience and the use of emotion as a mechanism for producing meaningful change. We review and define the current research regarding emotion, feeling, and affect and its value and relevance to the clinical application of SFBT. We also provide a brief history of the SFBT model and its documented emphasis on cognitive and behavioral change versus emotional change. In embodying the spirit of this approach for examining what works and doing more of it, we propose a next step of SFBT to more overtly attend to the emotional language of clients and to purposefully create emotional experiences with our clients. We demonstrate this by providing clinical examples for how SFBT practitioners can incorporate and build upon clients' emotional language to create emotionally-changing experiences to more broadly and effectively co-create long-lasting change.

KEYWORDS

change process, emotion, feminist critique, solution-focused therapy

INTRODUCTION

Solution Focused Brief Therapy (SFBT) was originally founded by Steve de Shazer, Insoo Kim Berg, and colleagues and was groundbreaking in its shift from focusing on problems to focusing on solutions. From its inception, SFBT was doing something new and something different. Since its origination, SFBT has altered and evolved; the axiom of *if it works, do more of it*, has guided SFBT practitioners to adapt and evolve the approach over the course of time.

One group, among many groups, that contributed to the evolution of the approach in significant ways was BRIEF in London, England. Chris Iveson, Evan George, and Harvey Ratner (the partners at BRIEF) worked tirelessly to promote the principle of Occam's razor (applying the simplest approach) to SFBT. BRIEF shifted the emphasis of the approach from a list of techniques to a focus on description; a focus that built directly on the work of the Milwaukee team. The evolutionary step, and others have added clarity and proficiency to how SFBT is done.

Despite significant and growing clarity and proficiency, as well as supporting research of the approach, there continues to be ongoing criticism and some skepticism about SFBT. Although proponents of the approach could never imagine being able to address all critiques, many can and should be addressed. One commonly stated concern with SFBT is the lack of attention shown to emotional expression and to the use of emotion as a mechanism for producing lasting change (Dermer et al., 1998). We feel that despite many important and significant refinements to the SFBT approach, and despite the fact that emotion has never been discredited within the approach, this is one criticism that could be attended to more completely in a next evolutionary step. This paper will attempt to demonstrate that SFBT therapists could and should take the next evolutionary step in the practice of SFBT by (1) more explicitly attending to emotion and infusing emotional language from clients into their questions and (2) more consistently co-creating emotional experiences, in the therapy room, that could lead to therapeutic change.

WHAT IS EMOTION, FEELING, AND AFFECT: OPERATIONAL DEFINITIONS

Emotion is a complicated component of the human experience. However, its difficulty to understand does not imply any lack of significance in its relevance to our processes of change, and emotion certainly should not be undervalued in comparison to cognitive and behavioral factors. It should be noted that in examining human emotion it is difficult to isolate the functions and processes of emotion from its inherent and complex conjunctions with cognition and behavior. The experience of emotion can be observed in the brain in a variety of interacting regions overlapping with and relying on other psychological processes rather than being detained in specific, localized areas (Linguist et al., 2012). Emotional processes do not occur entirely separate or distinct from other processes of human experience. This is further evidence for the need to better utilize emotion in the SFBT approach. This paper does not assert that it is singularly more important than cognitive or behavioral factors or preferable to those factors but that more acknowledgement is needed considering how difficult it is to ignore or extract emotion when examining psychological operations. Human experiences rely much more on emotion than might be inherently obvious. Emotion is far more than an arbitrary or distracting internal occurrence. It is initiated by fast-paced cognitive computations of information, often with causes outside of conscious awareness (Johnson-Laird & Oatley, 1989). That implies that emotion has the potential to translate a wealth of input resources and internal evaluations that might otherwise go unnoticed.

For these reasons, emotion should not be dismissed in its role in assisting in defining individual context and experience, and consequently, it has large implications for the work of therapy and seeking change in individual experiences, including in Solution Focused Brief Therapy.

In understanding the potential role of emotion in SFBT and therapeutic change, it is necessary to define emotion and its distinct components. Across the literature, there have been many theories and ways of describing and defining emotion-related processes with popular scholarly opinion shifting across decades. However, among that breadth of theory, there is substantial agreement on some understandings about emotion (Izard, 2010), and this paper condenses some of the mutual consensus into operational definitions for the purpose of revealing the utility of emotion in the SF approach. The literature seems to generally acknowledge three components: emotion, feelings, and affect. All three work in tandem in the emotional processing of triggering stimuli, appearing inseparable though distinct. In simplest terms, emotions are the reactions, feelings are sensations, and affect is the interpretation. The cause and effect ordering of the components are hard to pin down, but their functions are distinct. The functionality that each component contributes to the larger mechanism of emotional processing is also accompanied by utility. Together they comprise a deep and significant dimension of the human experience.

“Emotion” specifically refers to external expressions or “programs of action” (Damasio, 2011). It is a specific chain of behavior relevant to the initial stimulus that first triggered the larger emotional process. The observability of emotional processing from an outside perspective is housed within this particular component. When describing emotion, appraisal theorists posit that it is a response caused by an assessment of the environment in relation to the self (Moors et al., 2013). The most direct and obvious use for the emotional response is communication. Emotion is the more social aspect of the larger mechanism and is so effective in communication that it is generally universally recognizable across languages and cultures (Scherer et al., 2011). Emotion can give a glimpse of the workings of the other more internal components of the emotional processing. During the moment of a therapeutic conversation, this component of emotion is the client’s communication of the content of the dialogue and what internal processes might be initiating. It sounds obvious to state, but we know that emotion is *about* something because it is an “implicit appraisal” of present, situational context (Schwarz, 2011); it is directly linked to a perceivable object or occurrence. That means that emotional expressions during a therapeutic conversation are referencing such an object, likely one very relevant to the technique and intention of the Solution Focused conversation. As clients tend to have emotional reactions in SFBT sessions, we might already see signs of how relevant emotion is within the modality. Since it is also the most externally responsive of the components, emotion is also useful in predisposing an effective response to a stimulus as we might see in the emotion-prompted change in posture, heart rate, gut contraction, etc. (Damasio, 2011). These responses are very observable which means they are easy to notice and are able to be recalled or projected in descriptions of experiences such as the ones constructed in SFBT conversations.

While “emotion” is more explicit and social, “feelings” are internal and personal (Shouse, 2005). Feelings are the raw, uncontrollable sensations that can accompany incoming information, distinctly separate from the performance of emotion or the judgement of affect. “...feelings are not the same thing as affects. Putting it simply, when I feel angry, I feel the passage of anger” (Brennan, 2004, p. 18). Feelings can be referred to as a mental state that encompasses the sensations, a noticing of how your body is reacting to the initial emotional trigger (Mulligan & Scherer, 2012). In some ways, this component is the simplest within the larger emotional process; it does not require reaction nor interpretation. It is only the act of perceiving just as are seeing, hearing, and touching. Emotion is the observable reaction to an object, but it is through feelings that the emotional system

can sense the presence of that object. Feelings are frequently described as being housed within the limbic system, but several neurological areas are relevant even outside the limbic system including the prefrontal cortices (Damasio, 1998). Feelings also have neurological roots in the brainstem where they can inform a primordial sense of self (Denton et al., 2009), but part of its functioning is also influenced by the cerebral cortex where they are in contact with decision-making and future-focused utility (Damasio, 1998). In other words, it could be argued that feelings are very relevant in positioning oneself in realistic experiences and even hypothetical realities. That's important to consider when aiming to co-construct immersive, future-focused conversations.

The most difficult to grasp and to describe regarding the components of emotional processing is “affect”; that's possibly because it is the most abstract. It refers to a “nonconscious experience of intensity” (Shouse, 2005). Affect is the interpretation of incoming emotion-related data. It can be informed by both innate instinct as well as memories and previous experiences. Affect can signal a need for concern or initiate a sense of urgency in response to a particular stimulus (Tomkins, 1984). In some ways, it fuels the feelings we experience and colors the meanings of those sensations. Affect can inform ourselves of the degree of positivity or negativity related to an object and how triggering that object is to our emotional systems. It is through affect that we indulge in the neurological and physiological benefits of positive experiences as well as bear the consequences of emotional injury and negative experiences. It could prove beneficial to enhance therapeutic intervention in SFBT by using affective information to (1) intentionally induce positive affect, (2) avoid reinforcing negative affective experiences, and (3) even using the spectrum of affect to highlight contrast in a change-focused manner. It is important for clinicians to utilize the understanding of feelings, emotions, and affect into their work with clients to produce lasting change.

ENHANCING A “CHANGE-FOCUSED” CONTEXT: INCORPORATING EMOTIONAL LANGUAGE

SFBT emphasizes the role of language in co-constructing reality (Berg & De Jong, 1996; McKergow & Korman, 2009; McKergow, 2016), and is a change-oriented/ difference-oriented approach. When clients present for therapy, they are inherently asking the therapist to help them to change or do something different. SFBT therapists help clients achieve change by developing conversations founded on the client's desired outcome and helping the client articulate how life would be different if their desired outcome was present in their life. There is ample evidence to show that focusing on desired outcomes with clients can lead to satisfactory therapeutic results (Kim et al., 2019).

Incorporating emotional language the client uses in their desired outcome description can make this reality more meaningful for clients. However, by merely emphasizing language, even emotional language, the importance of context in influencing the use and interpretation of language between client(s) and therapist is lost. In therapy, language is important, but the context of the therapeutic relationship impacts how clients respond to the techniques and interventions used to facilitate change (Lipchik, 2017). The incorporation of positive affect serves to produce positive feelings and emotion within the therapeutic context, something that helps lead to change (Garland et al, 2010). As SFBT therapists intentionally induce positive emotions and affect by focusing on the client's strengths and orienting the client to explore the possibilities of achieving a desired outcome, they begin working toward lasting change. In addition to feeling better in the moment, incorporating positive emotion “helps to build durable resources that can be drawn upon for future use” (Kim & Franklin, 2015a, 2015b p. 33).

This ability to develop lasting change by incorporating positive emotion is supported by the Broaden-and-Build Theory of Positive Emotions. This theory depicts a reaction chain that begins with the generation of emotion which then induces the flexibility, cognitive resources, and adaptive behavior beneficial in fulfilling desirable outcomes (Frederickson, 2001). The experience of positive emotion heightens resilience, a capacity for flexible adjustment even in the context of a constrained environment or threats posed by problems (Cohn et al., 2009), which produces more positive emotion, perpetuating an upward spiral toward enhanced skills and resources as well as greater likelihood of life satisfaction and emotional wellbeing (Fredrickson & Joiner, 2002).

SFBT has a great potential to increase positive emotion, and therefore create lasting change, by incorporating emotion in a purposeful way. Although many have proposed the inclusion of emotion and affect within SFBT (Kim & Franklin, 2015a, 2015b; Lipchik, et al., 2005; Reiter, 2010), solution focused clinicians have typically overlooked feelings, emotion, and affect in the co-construction of what works. This paper will review the evolution of SFBT, from its founding through the incorporation of modern science, to demonstrate how an infusion of feeling, emotion, and affect could have been attended to all along, but has consistently been underutilized within the approach, but how it is being used more and more to help clients to achieve lasting change, to achieve exactly what clients come to therapy to achieve.

THE LACK OF EMOTION IN THE FOUNDING OF SFBT

From its founding, in Milwaukee, WI, SFBT has focused on spoken language and has emphasized movement toward the client's desired outcomes. This "goal-oriented" approach has been critiqued and has not always been considered positive or adequate to be useful to clients (Dermer et al., 1998). Dermer et al. (1998) suggest that due to the action-orientation of SFBT, there is an over-emphasis on change and not enough emphasis on insight, connection, or emotional experiences. This vigilance to emphasize change tends to focus on cognition and/or overt behavior changes. Although some clients may operate from these perspectives, other clients may not find this approach helpful or consistent with their worldviews or perspectives, and therefore, may not be benefiting as much as they could if emotional insight and expression were incorporated into sessions in an overt way. Kiser et al. (1993) stated that focusing on the "doing" shows a value of traditional male roles and may overlook and underemphasize the traditional female roles/contributions. By focusing primarily on the behavioral language clients use, SFBT clinicians may be missing other, more emotional, avenues to change Dermer et al. (1998) state that,

"de Shazer (1985) recognized the importance of insight and emotion but chose to highlight behavior. Interventions, in solution-focused therapy, concentrate on aiding clients in changing behavior rather than specifically targeting cognitive and emotional domains. de Shazer believes therapists do not have to overtly address cognitions and affect because changes in behavior should affect how one thinks and feels."

This emphasis from de Shazer has been perpetuated throughout the evolution of SFBT. *The Solution Focused Brief Therapy Association's Treatment Manual for Working with Individuals* (Bavelas et al., 2013) continues this emphasis on doing, rather than feeling. The words *emotion* or *emotions* are only used seven times throughout the treatment manual and only once is it in the main text of the manual; four times *emotion(s)* is used in footnotes and twice *emotions* is used in the appendices.

The SFBTA's Treatment Manual (Bavelas et al., 2013) identifies the three main ingredients of SFBT being (1) conversations centered on the client's concerns, (2) a therapeutic process that co-constructs new meanings with the clients, and (3) utilizing questions to co-construct preferred futures and past successes. None of these ingredients inherently excludes the use of emotional language or experience; however, the focus of the approach, in the treatment manual, immediately shifts to SFBT goals and goal settings. This focus on goals overemphasizes doing and behavior and excludes emotion and emotional expression as viable mechanisms for change. The manual states that,

“Useful goals in SFBT are: (1) salient and personally meaningful, (2) state positively what the clients **will be doing** instead of what they won't be doing, (3) **stated in behavioral terms** and as the first small step, (4) goals as within client's control, (5) goals as something new and different, and (6) goal as **a behavior that the client can practice regularly** (Lee, Sebold, & Uken, 2003; Lee, Uken, & Sebold, 2007; emphasis added)”.

Overlooking and under-emphasizing emotion and emotional experiences is limiting the positive impact SFBT could have with a broader spectrum of clients. By utilizing the emotional language that is commonly used by clients into SFBT sessions, it is possible that we could engage more people in meaningful conversations that are consistent with their typical views of change.

TRANSCRIPT EXAMPLE FROM SFBTA TREATMENT MANUAL

As an example of how feeling, emotion, and affect language could be encouraged and integrated into improving SFBT sessions, we have included an excerpt of a session that is part of the SFBTA Treatment manual (Bavelas et al., 2013, pp.14–15). This example is included in the treatment manual as an example of effective SFBT therapy. We have offered suggestions and options of ways that feeling, emotion, and affect language could have been used to stay consistent with the language used by the clients, but could also be used to develop a richer description of the client's experience. As mentioned previously, it is anticipated that including this type of language may make change more likely, and at the very least it may make the details of the conversation more meaningful to the client. In the transcript, words in bold are feeling, emotion, affective words. Words in boxes in traditional font are potential alternative questions that could have been asked to incorporate emotion into the session more significantly. Words in boxes that are also italicized and underlined are commentary from the authors of this paper. Please note that this is one continuous conversation between the therapist and the clients. The authors of this paper have made insertions (included in boxes) that could have altered the conversation at multiple points. If all the boxes were removed the conversation would appear as it originally occurred.

Excerpt from Session

Berg: (Finishing the miracle question with ...) So when you wake up tomorrow morning, what will be the first small clue to you... “whoa, something is different”.

Dad: You mean everything's gone: the kids...everything?

Mom: No, no.

Berg: The problem is gone.

Dad: It never happened?

Mom: The problem happened but it's all better.

Berg: It's all handled now.

Mom: To tell you the truth, I probably don't know how...we're waiting. I mean, we're waiting on that day. We're waiting on that day when there is just nobody.

Berg: Nobody. No social service in your life.

Mom: Yeah.

Berg: How would you, when you sort of come out of sleep in the morning, and you look around and see, what will let you know... "wow, today is different, a different day today, something is different, something happened."

Dad: The gut feeling. The inside feeling. The monkey off the back so to speak.

Berg: What would be different about **the gut feeling** you are having on a morning after the miracle?

Berg: What would **that inside feeling** be?

Berg: Where **inside** your body would you be **feeling** this **gut feeling**?

These added questions further investigate the sensation or feeling the client identified. As mentioned in the literature review, this added emphasis on feelings would help position the clients in the reality of the hypothetical situation they are being asked to imagine. The third question helps to orient the client to the physical sensation within them and may help begin to create an experiential situation that attunes the client to their emotion and affect.

Berg: O.K.

Dad: When I had a drug problem..., I guess **it's a lot of the time the same feeling**. When I had a drug problem I always was searching, and just always something, **I never felt good about it**. You know.

Berg: What would be different about **the feeling you had on this morning** that would let you know something is really different here?

This question still focuses on the feeling, but asks the client to evaluate the difference between this feeling and other times he has felt something similar.

Berg: What would let you know that this was a morning where **feeling good was an okay thing to be feeling**?

This question asks the client to evaluate the affect that would accompany the good feeling. He is asked to evaluate the feeling and comment on the impact the feeling would have on his overall experience.

Berg: Where do you think you would be **feeling this good feeling** that would let you know that **it was an okay thing to be feeling**?

This question maintains the affect the client mentioned, but also orients the client to a somatic experience that could help create emotional change through ongoing attention to this in-the-moment experience.

Berg: (Connecting to client words and meanings, ignoring the "complaint statements" and choosing one part of the client's message that is connected with what they want to feel differently) So, after this miracle tonight, when the miracle happens, the problems are all solved, **what would be different in your gut feeling?**

Dad: **Maybe I'd feel a little lighter, a little easier to move...** not having to, ah, answer for my every movement.

Berg: Would **feeling this light, easier feeling** be a good thing for you?

Clarification of the feeling of lighter.

Berg: Where do you think **this lighter, easier feeling** would show up for you? **Where would you feel it in your body?**

Clarifying or adding detail about the raw sensation of the feeling.

Berg: What difference would **feeling this lighter, easier feeling** make for you?

Since this question focuses on the interpretation and difference of the feeling, it is helping the client articulate the affect that would be present.

Berg: Would you be pleased **to feel lighter? To feel like you could move more easily?**

“Would you be pleased?” is an additional way to highlight the affect the client would be experiencing. However, the second question that incorporates the outward expression of the feeling (“move more easily”) helps the client focus on the emotional, or external expression of the feeling.

Mom: Uh huh. Being able to make decisions as husband and wife. As parents of kids. Without having to wonder, “did we make the right decision or are we going to be judged on that decision?”.

Although a perfectly acceptable question, and obviously one that is consistent with SFBT, there is a shift to cognitive process (i.e., “making decisions”, “not having to wonder”) and the conversation about feelings has diminished. This is common, despite the fact that the foundation of the client’s language is related to feelings and emotion.

Berg: Oh.

Mom: I mean, **this is what we feel is best**, but when we have to answer our decision to somebody else ...

Berg: How do you know **this is a feeling** that is worth following through on?

Clarification of feeling.

Berg: What tells you that you are the kind of person that should trust their feelings? *Affective question: asks the client to interpret the meaning of their feelings.*

Berg: If you were able to trust this feeling, AND convince others that they didn’t need to follow up on you, what difference would that make to you? *This question simultaneously addresses emotion by asking the client to describe the impact on behavior that would convince others, and orients them to affect by asking them to comment on the interpretation of the feeling.*

Berg: What might be a sign to these other people that would let them know that they should also trust your feelings about what is best for you and your family? *This question asks the client to describe the emotion, or external expression of her feelings.*

Dad: Yeah, I mean “try it this way,” or “try it that way,” well, I mean, it’s natural to learn a lot of those things on your own, I mean... I mean, you fail and you get back up and you try it another way.

Berg: What would it feel like on this day if you were able to be allowed to try again, even if you fail the first time?

Clarification of feelings.

Berg: If you were allowed to fail and get back up without anyone judging you, what difference would that make to **the light, easier feeling you mentioned before?**

Affective question that asks the client to evaluate the change in feeling associated with a new situation.

Berg: So you would like to make the decision just the two of you, you were saying, “hmm, this makes sense, let’s do it this way” **without worrying:** “is someone going to look over our shoulder or not.”

You can see the shift here back to decision making. The emotional language focuses on the absence of emotion (“without worrying”), but could be enhanced by highlighting and building on the positive emotion that would be present if worrying had disappeared.

Mom & Dad: Right.

Mom: And whether we agree or whether we disagree. To have somebody, have somebody taking sides, you know, what is his point, what is my point, and then trying to explain to us, well...

Dad: (Referring to social services) It was always having a mediator, I mean,...

Mom: Yeah, there’s always somebody to mediate.

Berg: So the mediator will be gone. Will be out of your life.

Mom & Dad: Right.

Berg: (Connecting again to client words/meanings; accepting and building) O.K. All right. All right. So suppose, suppose all these mediators are out of your life, including me. What would be different between the two of you? (Silence)

Dad: (Sighs).

Mom: Everything. Like I said, being able to look at each other as husband and wife and know that if we have, if we agree on something, that that is our decision, and that’s the way it’s going to be. If we disagree on something, it’s a decision that, I mean, that’s something we have to work out between us, and we don’t have to worry what that third person’s opinion is going to be, and I don’t have to have a third person saying, “Yes, well, I agree, the way Keith decided it was right.” **Which makes me feel even more belittled.**

Berg: If you were able to look at each other as husband and wife, and know that you were making the right decisions, without any interference from others, **what would you feel instead of belittled?**

Feeling question.

Berg: What would the mediator notice about you that would tell them **you are feeling** _____ **instead of belittle?** What difference do you think it would make for them to see you **feeling so** _____?

The first question here is an emotional question that focuses on outward expression. The second question is an affective question that allows the client to express an interpretation of the emotion.

Berg: All right. So, you two will make decisions regarding your family. What to do about the kids, what to do about the money, going to do whatever, right?

Mom: Right.

Berg: Suppose you were able to do that without second guessing. What would be different between the two of you, **maybe the way you feel, maybe the way you interact,**...that will let you know, “Wow! This is different! We are making our own decisions.”

The bolded words ask the client to express a feeling and then the accompanying emotion through behavior.

Berg: Suppose you were able to do that without second guessing. What would be different between the two of you...that will let you know, “Wow! This is different! We are making our own decisions.”

Mom: **A lot of tension gone** I think. ...

AN EVOLUTION OF SFBT

Since the development of SFBT by de Shazer and Berg the model has continued to develop and change. Users of this approach have continued the tradition of “watching for what works, and doing more of it”. This has been applicable with individual clients, but this has also been applicable to the teaching and training of the approach. Chris Iveson, Evan George, and Harvey Ratner are some of the most known evolvers of the approach. Their evolution of the SF approach is known by many as the BRIEF approach. This version of SFBT is a minimalist approach to the model, with focus being predominantly on establishing the client’s best hopes for the session and then spending a bulk of the time getting a detailed description about the presence of the client’s best hopes. This evolutionary step, although seen by many (including the authors of this paper) as a step forward, does not have an overt focus on, or a consideration of, emotional or affective language as an important component or pathway to lasting change. George et al. (2017) published an updated treatment manual that does incorporate a little focus on emotion/affect. See an excerpt from the manual with a list of possible questions to be asked during the preferred future portion of a SFBT session.

Once the preferred future is clarified, both in the first session and later ones, much of the work is centred on instance questions that follow up on what the client is doing that helps them:

- § Tell me about the times **when you are calm**.
- § Tell me about the times when you are **less anxious**.
- § Tell me about the times that you cope **despite feeling anxious**.
- § I guess that there are times that you resist the urge - how do you do that?
- § What about times when you refuse to allow your habit to control you and your life?
- § When was the last time that you said ‘no’ to depression?
- § What does that tell you about yourself?

One can note that emotional language is not discouraged within the BRIEF approach, but it is not considered in an overt way as a useful component in change-focused/preferred-future language. We suggest that additional evolutionary steps are needed.

SCIENCE MEETS CLINICAL WORK: THE EVOLUTION CONTINUES

Many models and approaches have focused on emotion as a mechanism of change (Johnson, 2004; Satir, 1967), and some like Emotionally-Focused Therapy, developed by Susan Johnson are considered evidenced-based approaches (Johnson, 2004). In addition, approaches like the

Gottman Couples Approach, utilizes the science of emotion to formulate the theory behind the model, which influences the psychoeducation provided to couples (Gottman & Gottman, 2018). This education and therapeutic focus significantly impacts the positive outcomes of these approaches. Knowing that hope is foundational to SFBT and knowing that many clients mention positive outcomes being related to having an increase in hope and an increase in positive emotions, should influence how we conceptualize and use emotional language within SFBT sessions. Recent empirical studies have shown and supported the next evolutionary step of SFBT by demonstrating the connection between SFBT and the development of positive emotion.

Koorankot et al. (2019) investigated the affective experience of clients when asked solution focused questions versus problem-focused questions. They noted that clients reported less stress and experienced significantly more positive affect when asked solution focused questions. There was an increase in parasympathetic activation for SF clients, which supports the theoretical claims of the model and the self-reports from SF clients. In addition, Koorankot et al., (Under Review) have investigated skin conductance (an indicator of positive emotion) with clients being asked solution focused questions. These studies are beginning to make the link between the SFBT process and the affective experience of clients. Clients who experience SF questions are experiencing more positive affect and are therefore, experiencing faster processing speeds and less depression. Intentionally integrating language based on emotion and increasing experiential emotional experiences will likely increase the positive outcomes associated with SFBT.

A PROPOSED NEXT STEP IN THE EVOLUTION: UTILIZING WHAT HAS BEEN THERE ALL ALONG TO HEIGHTEN POSITIVE AFFECT IN DETAILED DESCRIPTIONS OF CHANGE

SFBT techniques and interventions are language-focused and *how* the SFBT practitioner uses and attends to language, particularly emotional language, becomes an important next step in the evolution of SFBT to enhance the development of a therapeutic context that is conducive to change. For example, a client is more likely to be hopeful, motivated, and open to new possibilities in the context of a safe, accepting, affirming relationship. We cannot cultivate this by sharply shifting from the painful emotional language of our clients to language centered on possibility, behavior, and positive change (Kiser et al., 1993; Lipchik, 2017). In other words, clients can best access their resources when they feel understood and respected. While the founders and past evolvers of SFBT offer examples for how to acknowledge “problem-talk” in session, acknowledgement is quickly followed by a shift in language to what the client wants to experience or do differently (George et al., 2017). This leaves the client at risk for feeling dismissed, misunderstood, or judged - experiences that are more likely to promote negative affect and close the door to conversations of possibility. Furthermore, emotion is best changed by emotion - and by directly attuning to and incorporating the emotional language of our clients we offer them a powerful, positive emotional experience of feeling seen, heard, and understood by a caring other (Greenberg, 2004; Greenberg & Yazar, 2010). Piercy et al. (2000) capture this best in stating, “not all negative emotions should be talked away in therapy,” and “feeling talk can sometimes be the best solution talk” (p. 26).

SFBT is an approach that focuses predominantly on building detailed descriptions of change, and the therapist's role is to help clients expand the details of their descriptions (Iveson & McKergow, 2016; McKergow, 2016). These details are traditionally specific, concrete, and noticeable to the client (McKergow, 2016). De Shazer has referred to this description building process

as “staying on the surface,” basing questions on what the client does within and in response to their surroundings (Iveson & McKergow, 2016, p. 9). The purpose in building these detailed descriptions is to create an immersive experience through language in which the client begins to experience themselves and their world differently. This nourishes hope and expectancy for change and offers minute specifics that may suggest themselves as actions for change (McKergow, 2016; Reiter, 2010). However, the inner emotional world consisting of the client’s feelings, emotions, and affect is often neglected by “staying on the surface,” and the bias towards behavioral action versus emotion dismisses the large body of research evidencing that feelings, emotions, and affect integrate as a powerful meaning system, orienting us in our experience and alerting us to situations that are significant to our goals, needs, and values. It is through attending to and expanding upon language encompassing both emotion and cognition that we make sense of our experience, construct new meanings, and evolve our ongoing narrative of self and others (Greenberg, 2004; Greenberg & Yazar, 2010).

Emotion-Focused Therapy techniques and interventions, evidenced for their effectiveness in engaging with and heightening a client’s emotional experience, can be used and applied in a language-focused way within the framework of the SFBT model to increase positive affect and propensity for change (Johnson, 2004, 2019). For example, targeted reflection and repetition of the client’s emotions and feelings within the description building process invites them into their affect and begins to offer language for their experience. Pairing slow, steady reflection and repetition with the imagery developed by the client in these detailed descriptions heightens emotion and increases the immersive quality of the description (Johnson, 2004, 2019). Through this process, future or past descriptions of change become the embodied, present experience for the client. This new embodied emotional experience can be further heightened and reinforced by drawing attention to and highlighting the client’s change in nonverbals or feelings - another form of emotional language - during the description building process. Evocative questions such as, “I noticed your voice softened and a small smile came to your face as you described holding him, what’s happening for you right now as you describe this?” Lastly, combining these evocative questions with evocative responding crystallizes this new emotional experience and assists them in integrating this into their evolving narrative (Johnson, 2004, 2019).

Using problem-talk: emotional experiences of change

In SFBT, therapy focuses primarily on the client’s preferred outcome and their strengths and resources (Berg & Jong, 1996; McKergow & Korman, 2009). This focus on change, resources, and problem-free talk distinguishes SFBT from many therapeutic models that promote exploring and expanding upon the issues that bring clients to therapy. This is done purposefully and intentionally to increase clients’ sense of competency wherein the SFBT practitioner prioritizes meeting and seeing the client, *not the problem* (George et al., 2017). The therapist may listen to and acknowledge client language regarding the problem but does not incorporate or engage in problem-related discussions or exploration, as one of the primary tenets of the SFBT model is that knowing or understanding the problem is not a necessary requirement for the client to experience change (George et al., 2017; McKergow, 2016). However, many clients present to therapy with a strong need to share their difficulties and painful experiences. While a traditional SFBT therapist may only listen to and acknowledge these accounts, these problem-saturated descriptions offer a unique and valuable opportunity to leverage change within the emotional experience of the client.

Negative emotions and affect are embedded in clients' problem-saturated stories and often do not provide useful information or adaptive direction for change. Examples of such negative emotions can include fear, shame, hopelessness, loneliness, and despair (Greenberg, 2004; Greenberg & Yazar, 2010). In SFBT, therapists are implicitly asking their clients to make an emotional journey or transformation from a negative emotional state to a positive emotional state, and this is done primarily through a shift in language and content (Kiser et al., 1993). However, as mentioned above, SFBT therapists traditionally focus on the latter half of the journey in emotional experience – initially, directing their questions towards increasing hope and an expectancy for change, and in later stages, by reinforcing the clients' experiences of self-efficacy, agency, and competency (George et al., 2017; Reiter, 2010). In solely focusing on one half of the emotional journey, SFBT therapists lose a valuable opportunity to leverage the client's incredible skill and resilience in making an internal, emotional shift from a negative, maladaptive affect to a positive affect.

Leveraging the client's change in emotion and affect requires incorporating both positive and negative emotional language. One might argue that the use of negative emotions and problem-talk is a departure from the SFBT model. However, SFBT is a change-focused model, and the intent and purpose in incorporating these is to highlight and intensify change (McKergow, 2016). The negative emotions and problem-saturated language clients initially bring to therapy can be heightened and expanded upon as a point of contrast to the client's exceptions to the problem and the instances of the preferred future that are already happening. In addition, heightening and intensifying negative feelings, emotions, and affect can also help in uncovering client skills and resources. For example, clients are most likely to talk about the problem in the first therapy session (George et al., 2017). In the initial meeting, a client may share how depressed they have been. They may describe that getting out of bed in the morning is like climbing Mount Everest. Instead of only listening to or acknowledging this, the SFBT therapist can use this problem description and the negative emotion underlying it to facilitate change and increase client competency. To illustrate this, the therapist may respond by “wow, that sounds so difficult. You are so depressed. Everything is so hard...so hard that even getting out of bed is like climbing Mount Everest! And yet despite how hard even the smallest things are for you right now, you were not only able to get out of bed but make it all the way here, sitting here with me; an incredible feat. How did you manage to do that?” The use of client emotional language and imagery, slow pacing and repetition, targeted compliments, and emphasis on the exception to the problem begin to build a transformative emotional experience for the client. This offers a mirror for the client to both witness and experience their best version of self, a self that is competent and capable *even in the face of* perceived insurmountable difficulties. Instead of being ignored or dismissed, the problems and the feelings, emotions, and affect associated with them, become opportunities for clients to notice change, to access their innate strengths and resources, and to experience themselves as powerful and capable.

CONCLUSION

Solution focused brief therapy has been repeatedly critiqued due to the lack of focus on emotion and affect within sessions (Dermer et al., 1998; Kiser et al., 1993). Despite evolutionary changes in the model, this emotional attention has not received much more focus over time; we believe this should change with the next evolutionary step. We also believe that by including emotion-focused language into sessions, SFBT therapists could be more helpful to a wider group of clients

and still stay consistent with the framework upon which SFBT is built. Attending to emotion can enhance the therapeutic experience for more and more clients.

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