

Classic SF Paper

Introduction to ‘Emotions in Solution-Focused Therapy: A Re-examination’

Rayya Ghul

I have chosen this article because it clarifies the attitude towards emotions in solution focused (SF) therapy and provides guidance on how to utilise emotions as a resource in SF conversations. It is a response to two articles which suggest that emotions are a neglected part of SF therapy (Kiser, Piercy and Lipchick, 1993, Lipchick, 1999), but it neither agrees nor disagrees with this position. Instead Miller and de Shazer challenge the wisdom of treating emotions as entities, isolated and separated from the physical and contextual elements of the person in which they are identified.

As so often, they draw upon the work of Wittgenstein to elucidate their argument. I have heard many SF practitioners complain “why do we need to hear about Wittgenstein and his ideas about ‘language games’? Why can’t we just get on and do ‘what works’? Why complicate everything?” I would argue that if you genuinely want to understand ‘what works’ then it is particularly important to engage with this and similar articles. Why is that?

Miller and de Shazer’s primary concern is the practice of SF therapy (for which we can substitute our particular SF practice) and this article is not an academic argument about whether or not emotions are real, or whether SF, brief therapy neglects emotions although these issues are explored in the article. Rather, they are undertaking an exploration of how best to talk about emotions *for the purpose of SF practice*.

Taking the starting point as therapy as “an interchange of words” (de Shazer, 1994, p. 3), and language (which

includes non-verbal elements as well as the grammatical structures) as the rich context which imbues words with meaning (*ibid*), the choice of Wittgenstein to provide an analytic framework is a sensible one. Miller and de Shazer provide one of the clearest explanations of Wittgenstein's stance in the section 'Therapy as Language Games' in which we are introduced to the way in which language is inseparable from daily living and our experience of what we call 'reality'. Again, this is an *application* of philosophy to enable us to practise SF more skilfully, rather than a dry philosophical argument.

The next important part of the argument is to critique the notion of treating emotions as private, inner experiences and ignoring the contextual and performative aspects as if these were somehow separate entities. While this is not necessarily problematic in everyday language, Miller and de Shazer suggest this is a 'serious issue' for SF practitioners, because we hold an interactional, contextualised view of the person. In contrast, individual theories of the person (as separate from social, cultural and historical contexts), such as those produced by most traditional psychotherapies and psychology, require abstracted, reified notions (or 'second order constructs') to describe emotions. This reification of emotions then allows them to become a problem which needs to be solved and indeed many therapeutic practices aim to do just that. Miller and de Shazer conclude that such 'language games' are unnecessary and unhelpful to SF practice, which is 'about constructing solutions, not solving problems'.

Nonetheless, emotions are still part of people's described experience and Miller and de Shazer are not suggesting that they should not be discussed within SF conversations, as is often thought the case. Their critique of Kiser et al. is that their argument conflates the individual and interactional views of emotions and is therefore unhelpful to understanding what works in SF practice. Instead they provide a detailed analysis of Wittgenstein's idea of emotions as 'rule-following' which, they argue, is more conducive to the use of emotions as a resource for solution-building. This is

further expanded by showing how this can be done by changing the rule of ‘emotion-as-cause’ for behaviour, to ‘emotion-as-reason’ for behaviour. I encourage the reading and re-reading of this section because it provides a radical shift from a limiting to an emancipatory view of the relationship of emotion to behaviour. This freeing-up of the conversation space, they suggest, is part of the project of SF which is ‘building homes for solutions’.

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Rayya Ghul is a senior lecturer in the Allied Health Department at Canterbury Christ Church University.
rayya.ghul@canterbury.ac.uk

Emotions in Solution-Focused Therapy: A Re-examination.

Gale Miller and Steve de Shazer

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There has been a tendency among both philosophers and psychologists to abstract an entity—call it ‘anger’, ‘love’, ‘grief’, ‘anxiety’—and to try to study it. But there are angry people, upsetting scenes, sentimental episodes, grieving families and funerals, anxious parents pacing at midnight, and so on. There is a concrete world of contexts and activities. We reify and abstract from that concreteness at our peril.

(Harré, 1986, p. 4)

THIS article is concerned with emotions as an aspect of solution-focused therapy. While we believe that much of the discussion has relevance for other therapy approaches, we stress how solution-focused therapy is a distinctive approach to therapy relationships and change. The distinctiveness of solution-focused therapy involves both the practical strategies that solution-focused therapists use in interacting with clients, and the intellectual traditions that they draw upon in orienting to personal troubles and change in therapy. We emphasize both the practical and intellectual aspects of solution-focused therapy in developing our approach to emotions as integral to solution-focused therapy interactions.

EMOTIONS

This article is partly a response to Kiser, Piercy, and Lipchik's (1993) and Lipchik's (1999) recent writings about emotions as a neglected aspect of solution-focused therapy. They explain that solution-focused therapists neglect emotions by focusing on clients' cognitions and behaviors, which Kiser et al. (1993) and Lipchik (1999) discuss as sepa-

rate—nonemotional—aspects of clients' selves and concerns. According to Kiser et al. (1993, p. 234), solution-focused therapists do this by asking such questions as "When you are feeling happy together, what are you doing?" This question, they state, shifts clients' attention away from the emotional experience of being happy together and toward the non-emotional activities surrounding clients' experience of happiness together. In this way, Kiser and colleagues cast emotions and doing as separate and distinct. Emotions are not something that people do, although people may feel emotions and do activities at the same time.

While emotions, cognitions, and behaviors are separate aspects of clients' selves and lives, Kiser et al. (1993) and Lipchik (1999) state that clients orient toward "affective congruence" in their lives (Bowers, 1981). That is, feeling bad is associated with negative orientations to one's past, present, and future lives. Clients' bad feelings and negative orientations have practical implications for solution-focused therapy because the feelings and orientations may make it difficult for clients to answer solution-focused therapy questions designed to create solutions. Kiser et al. (1993) provide the following examples of the kinds of solution-focused therapy questions that clients who are feeling bad might have trouble answering: "How will we know when you don't need to come to therapy anymore?" and "If a miracle were to occur tonight and in the morning your problem is solved, what will be different?" (p. 235).

Lipchik (1999) further develops this approach in discussing how solution-focused therapists might develop a positive emotional climate in their interactions with clients. She explains that a positive emotional climate involves developing empathic and non-judgmental connections between clients and therapists, and that such connections are facilitated by therapy conversations about clients' emotions. Finally, Kiser et al. (1993) and Lipchik (1999) discuss how solution-focused therapists already ask some questions that are useful in creating a positive emotional climate, and suggest additional questions that solution-focused therapists

might ask. Ironically, most of these questions emphasize the linkages between clients' emotions, cognitions, and/or behaviours.

Kiser and colleagues have raised some important issues for solution-focused therapists to ponder. Indeed, this text might be read as an expression of our own wondering about these matters. Our approach to emotions in solution-focused therapy is both similar to, and different from that advocated by Kiser et al. (1993) and Lipchik (1999). The major areas of commonality involve the following assumptions or claims:

- Emotions are central to people's lives.
- Effective solution-focused therapy involves "fitting" the therapy process with clients' emotions.
- Skilled solution-focused therapists are already taking account of emotions in their interactions with clients, although they often do this in unacknowledged ways.

The major ways in which we differ from Kiser and colleagues are in how we conceptualize emotions as part of solution-focused therapy, how solution-focused therapy practices "fit" with clients' emotions, and when it is useful for solution-focused therapists to emphasize talk about emotions in their conversations with clients.

Readers may notice the ironic tone of some parts of this article. Even as we agree with some of Kiser and colleagues' statements, we discuss alternative understandings of the statements' meanings and significance for solution-focused therapists. We offer what those authors might consider to be "wrong" or "bad" reasons for our positions. We believe that these differences involve more than our differing orientations to emotions as an aspect of solution-focused therapy. They are expressions of alternative orientations to many of the most important assumptions and concerns of solution-focused therapy.

Our differences show how we are telling different versions of the solution-focused therapy rumor (Miller & de Shazer, 1998). Treated as a rumor, solution-focused therapy is a

story that may be told in a variety of ways. But we also believe that some versions of the rumor are more useful than others. For us, useful tellings of the solution-focused therapy rumor emphasize the most important aspect of every solution-focused therapist's job—to work with clients in constructing solutions. We worry that some other versions of the solution-focused therapy rumor needlessly complicate the solution-focused therapist's job, and risk making solution-focused therapy techniques and strategies less useful to clients.

CONTEXTS OF THIS TEXT

We draw upon two different—but related—perspectives in developing our approach to emotions in solution-focused therapy. The first perspective is derived from the sociology of knowledge, a field that is concerned with how different forms of knowledge are produced, disseminated, and used in society (Berger & Luckman, 1967). While sociologists of knowledge differ in their theoretical and methodological orientations, most assume that different forms of knowledge are related to different social circumstances. These circumstances range from social class, racial and gender factors, on the one hand, to people's practical interests in concrete situations on the other. We use the sociology-of-knowledge perspective to raise questions about the implications of therapists' definition and use of the concept of emotions. We argue that therapists have constructed a professional field of emotions that treats emotions as abstract entities about which some therapists are uniquely knowledgeable and perhaps even experts. Clients may display emotions, but only therapists understand what emotions "really" mean.

Our second purpose in writing this article is to offer an alternative approach to emotions as an aspect of therapy relationships, one that better fits with the assumptions of solution-focused therapy. Our approach to emotions and solution-focused therapy is built from Wittgenstein's (1958a, 1974) philosophy, which is distinctive because it treats language as a resource that people use (de Shazer, 1991;

Miller & de Shazer, 1998). Language is an activity that people do within social settings. How people use language and the social realities that they create by using it are inextricably linked to the concrete and practical circumstances of social context. By extension, then, we treat emotions as activities. Anger, love, hate, and grief are activities that we do, that others may observe us doing, and we may observe them doing. We also stress how emotions are aspects of concrete social contexts, and how their meanings vary across social contexts. Viewed from this standpoint, emotions are not a separate domain of social life or a distinctive field for therapist specialization and expertise.

The rest of this article focuses on four major themes. First, we review some basic aspects of Wittgenstein's approach to language use and emotions. Second, we discuss how therapists construct emotions as a distinctive and problematic therapist concern. Our third focus involves developing a new orientation to emotions as an aspect of solution-focused therapist-client interactions. For us, emotions are neither neglected nor a problem in solution-focused therapy. Finally, we suggest some alternative topics that we believe will lead to more useful conversations among solution-focused therapists.

THERAPY AS LANGUAGE GAMES

The words and the tone and glance that go with them seem indeed to carry within themselves every last nuance of the meaning they have. But only because we know them as part of a particular scene. But it would be possible to construct an entirely different scene around these words so as to show that the special spirit they have resides in the stow in which they come (Wittgenstein, 1967, #176).

It is virtually impossible to overstate the significance of the concepts of language games and forms of life in Wittgenstein's writings. Language games are the various organized ways in which we use language to get things done. Language

games include such straightforward and seemingly simple uses of language as asking directions and apologizing, as well as more formalized interactions made up of constellations of language practices. Examples of the latter types of language games include movies, political campaigns, weddings, and therapy. Each of these language games is a culturally recognized and somewhat standardized constellation of activities; they are socially organized processes for doing something. Thus, the concept of language games has practical implications. It focuses attention on the importance of language in our everyday lives and relationships.

It is also important to note that language games include more than spoken and written words. They involve a wide variety of meaningful activities, including aspects of personal demeanor and appearance, the decoration of social settings, and the spatial organization of settings. Anyone who has watched a movie with the sound turned off (and gotten the basic message of the movie), or who has flirted with another person from across a crowded and noisy room, knows the significance of nonverbal language in social interaction. And, as the above quote from Wittgenstein states, the meaning of words is enhanced by the speaker's tone of voice and gaze. Thus, the verbal and nonverbal and written and unwritten aspects of social settings and relationships are interrelated within language games.

Related to language games are forms of life, which consist of the ways of living that we construct by "playing" various language games. Forms of life include the social roles and relationships that we create and participate in by asking another person directions to a destination, or when we ask a therapist for help in dealing with our problems. Further, the relationship between language games and forms of life is reflexive because each influences the other. We construct social contexts by using language in particular ways. But we also use our understandings of social context to make sense of what is going on around us, to react to these activities, and to anticipate what may happen in the future. As Wittgenstein (1967) states: "only in the stream of thought and life do words have meaning" (p. 173).

We find Wittgenstein's concepts of language games and forms of life to be extremely useful in comparing and contrasting therapy approaches, and in describing how solution-focused therapy works. Different therapy approaches are different language games involving different forms of life for both therapists and clients. Each therapy language game involves a somewhat different vocabulary and grammar for talking about clients' lives and troubles, and how change happens. The vocabularies and grammars are related to the practical concerns associated with different therapy language games, and the alternative possibilities that may be imagined within them. Different therapy language games and forms of life provide therapists and clients with different possibilities for being clients and therapists, and with different possibilities for constructing change in therapy. This is why radical change in therapy involves inventing new language games within which therapists and clients may construct new forms of life.

Further, different therapy language games provide therapists and clients with distinctive opportunities for constructing and experiencing emotions. Emotions are aspects of language games and forms of life. They are not separate from our use of language to get things done. This Wittgensteinian insight is especially useful in understanding how different approaches to therapist-client interactions are associated with different kinds of emotions. Therapists get the kinds of emotions that their questions invite, even if the therapists do not like what they see and hear from their clients. We suspect that while many readers agree with this statement, they are also asking, "So what?" "Isn't that obvious?" This is why it is important to say something about our reasons for taking this position. The reasons distinguish our approach to emotions from approaches that emphasize how emotions are separate, mysterious, private, and non-social aspects of therapy relationships.

EMOTIONS AS PRIVATE EXPERIENCE

The essential thing about private experience is really not that each person possesses his own exemplar, but that nobody knows whether other people also have this or something else. The assumption would thus be possible though unverifiable—that one section of mankind had one sensation of red, another section another (Wittgenstein, 1958a, #272).

We begin with a variation on an “experiment” done by Wittgenstein (1958a). Suppose that Steve experienced a private—inner—sensation, one that he had never experienced before and for which he had no name. So, Steve wrote down the letter “S” on a piece of paper to remind himself of the sensation. When the sensation happened again, he wrote another “S” on the piece of paper. The sensation recurred many times and Steve continued marking “S’s” until he had filled a small notebook. We might describe the notebook as a ledger documenting the existence of Steve’s private, inner “S” experience. Now, let’s suppose that Steve decides to show you his ledger, explaining that he wants to share his “S” experience with you. You carefully look at the string of “S’s” that goes on for page after page. You want to make sense of them in order to imagine what “S” must feel like and to share Steve’s experience with him.

But this is a private and fully internal sensation, one that only Steve has had and which is not marked by any external signs other than “S.” How can you make sense of it? All you know is that Steve calls it “S.” How can you imagine what “S” feels like, since it is internal? How would you know when Steve is feeling an “S” sensation in your presence, since this experience has no outward manifestations? How would you know if you had an “S” experience of your own? Is it possible that you have already had an “S” experience, but mistook it for something else? Might you have a private, inner experience that you think is the same as Steve’s “S” sensation, but it really isn’t?

These are the kinds of questions that you might reasonably ask about Steve’s “S” experience and ledger. Of course, if you actually asked these questions of Steve, then you would

have to deal with the dilemma of making sense of Steve's answers. For example, what intellectual or experiential bases would you have for understanding his answers? And, besides, all of these questions might remind Steve that he really has no firm basis for declaring that all of the sensations that he has designated as "S's" are the same. Might some of them be more appropriately named "R" and others "T"? Like you, Steve has no external or independent sources for verifying his impressions and memory of the sensations, or for changing his designation of them as all "S's." Given these difficulties, it would be reasonable for you and Steve to declare that, despite your best efforts, you cannot share Steve's "S" experience with him and that he can never be fully certain that all of the sensations were "really" S's.

The point of this example is to indicate some of the many difficulties that therapists face when they treat emotions as private, inner experiences. If clients' emotional experiences are truly private and fully internal, then therapists could not understand or empathize with them. There would be no basis for imagining, intuiting, or otherwise "sharing" what clients feel, nor would therapists and clients have any basis for assessing the authenticity and/or appropriateness of clients' emotions. There would be no point in even raising this issue in therapy sessions since therapists' questions about clients' emotions would invite answers that would confuse both the therapist and client.

To paraphrase Wittgenstein (1958a), in order for us to talk about "inner processes", we need outward criteria that can be referenced by and shared with others. Fortunately, outward criteria of emotions abound in therapy and other social settings where people regularly talk about their own and others' emotional experiences as if these experiences were private and internal. For example, Lipchik (1999) refers to some of these outward criteria in the following statement:

I believe that language extends beyond pure verbalization to a more general process of communication that includes silence, body language, facial expressions, blushing, tears.

Given that definition it is hard to imagine this process to exclude emotions and feelings (p. 159).

We agree with this statement but for the “wrong” reasons, some of which will be discussed later. For now, it is sufficient to say that we interpret this statement as a rationale for treating emotions as aspects of language games and social contexts. “Silence, body language, facial expressions, blushing, tears” etc., tell us no more about others’ private, inner experiences than do Steve’s “S’s”, but they are useful outward criteria for attributing emotions to ourselves and others. We literally “see” emotions in these and related actions. Indeed, we sometimes convey this image of emotions in our language use, such as when we say, “You look sad today”, “I can see that you are angry”, and “It is obvious from your behavior that you love each other very much”. Thus, we might say that therapists gain “access” to so-called inner processes by noticing and interpreting others’—and sometimes their own—“emotion behaviours.” Emotions are displayed as well as felt within language games. Too often, therapists treat these related—but different—aspects of emotions as the same. We believe that this practice leads to unnecessary confusion in the field.

Let’s look a little more carefully at what we “see” when we notice emotions in others’ behavior. A useful place to start is with the emotional significance of tears. What do others’ tears tell us about their private, inner experiences? Are tears evidence of sadness? We often say this at funerals, but what about tears at weddings or by the winners of Olympic gold medals? Is it reasonable to conclude that the groom who cries at his wedding or the gold medal winner who tears up at hearing her national anthem played are experiencing sadness? And, then, there is the matter of shedding tears while chopping strong onions. These tearful scenes point to a more general point. While we often treat tears as outward criteria in attributing inner emotions to others, there is more involved in the process than just observing tears. We also need to know about the social context of the tears: what is going on that makes them meaningful?

This point is, of course, not news to many readers. Most people “know” that tears, blushes, and other such outward criteria stand for different emotions in different social contexts. This knowledge is so basic to our usual orientations to everyday life that we take it for granted, and often we do not even notice how we use social context to assign emotions to ourselves and to others. Unfortunately, therapists sometimes forget how they do this when they write about emotions as part of general therapy processes. This is, we believe, an especially serious issue for solution-focused therapists who work within a language game that treats problems and solutions as activities and forms of life, but who draw upon writings that treat emotions as separate and distinct realities.

SECOND-ORDER CONSTRUCTS

Second-order constructs are abstractions that we build from widely used—or commonsense—cultural categories (Schutz, 1953). In casting commonsense constructs as abstract entities, we remove them from the social contexts in which the concepts are ordinarily used by ordinary people. Schutz notes that second-order constructs are pervasive in disciplines concerned with producing explanatory, theoretical, and others kinds of formal knowledge. Thus, second-order constructs are not a problem in and of themselves. They are useful—even necessary—in some language games. Just as solution-focused therapy conversations require topics for therapists and clients to talk about, so researchers and theorists need concepts to study, explain, and theorize about. But practices that are useful in language games concerned with explaining and theorizing may become counterproductive when they are imported into language games involving quite different activities and goals.

Central to therapists’ use of emotions as a second-order construct is their differentiation of emotions from other aspects of self, social relationships, and therapy. Usually, this involves distinguishing emotions from the cognitive and behavioral domains; the latter categories refer to persons’ rational processes and observable actions, respectively. This otherwise straightforward differentiation is the first step in

casting emotions as a distinctive domain of therapist interest, one that is defined by its non-rationality and our inability to observe it directly. Emotion-oriented therapy promises to take therapists inside themselves and their clients, as well as to provide them with new mysteries that cannot be imagined—much less talked about—by therapists who content themselves with matters of the exterior. Therapists achieve these ends in at least three major ways.

First, therapists construct emotions as a distinct and separate domain in their research on “expressed emotions”. These are overt expressions of otherwise hidden feelings held by others. The feelings may be indirectly “revealed” through surveys, interviews, or the observation of others’ gestures, facial expressions, and related behaviors (Friedmann & Goldstein, 1993; Magana, Goldstein, Karno, et al., 1986; Vaughn & Leff, 1976). Based on these indirect indicators, researchers develop correlations and generalizations about how emotions are related to clients’ beliefs and behaviors, as well as how therapists might better address clients’ emotional needs. Thus, the initial abstraction of emotions as separate and distinct is associated with the development of other abstract concepts, such as emotional needs.

The second way that therapists create emotions as second-order constructs is by theorizing about them. We interpret the therapy literature as made up of four major theories of emotions. They are the romantic, evolutionary, developmental, and systemic theories. Of course, each of these theories may be combined with one another and with other perspectives to construct diverse orientations to emotions. The romantic approach involves treating emotions as mysterious personal feelings that are only partly understandable or controllable by clients, therapists, and other experts (Grunebaum, 1997; Hobson, 1985; Willi, 1997). Emotions are, in other words, facts of life that reasonable people recognize, accept, and deal with as best they can. Romantically oriented therapists display their expertise by noting and working with these mysterious and somewhat autonomous facts of their clients’ lives.

The evolutionary theory of emotions stresses how human

emotions are grounded in the genetic and behavioral evolution of species (Allman, 1994). This theory may be expressed in a variety of ways, ranging from formal neurological approaches (Gray, 1979; Panksepp, 1996; Roberts, 1992) to simple declarations that there are primary, universal human emotions based on evolutionary processes (Johnson & Greenberg, 1994). Despite their several differences the romantic and evolutionary approaches are similar in defining emotions as facts of life that are somewhat beyond the rational control of the individuals who experience and the therapists who treat them.

Developmental theory defines emotions as an aspect of the life course of individuals and families (Carter & McGoldrick, 1989; Clausen, 1986; Mader, 1996; Shapiro, 1994, 1996). Persons acquire emotions as they mature, and different stages of an individual's and family's life cycle may involve different emotional experiences and problems. Related to the developmental approach is systems theory, which treats emotions as aspects of persons' personality and social systems (Izard & Buechler, 1980; Miller, 1994; Scheff, 1997). Higgins (1996), for example, analyzes how individuals' differing emotional responses to the same events are related to their differing self-regulatory systems; McGoldrick and Carter (1989), Peck and Moncherian (1989), and Brown (1989) show how the systems and developmental approaches to emotions may be combined.

The third way that therapists construct emotions as a distinct and separate professional field is by developing practice specialties that are emotions-focused (Greenberg & Johnson, 1988; Greenberg, Rice, & Elliott, 1993). For these therapists, treating clients' problems as emotional issues calls for distinctive therapist knowledge and skills. For example, emotion-focused therapists treat their clients' problems as difficulties in the emotional attachments between family members, a need to release tension through catharsis, or as ineffective responses to past traumas (Bockus, 1980; Donley, 1993; Johnson & Williams-Keeler, 1998; Pierce, Nichols, & DuBrin, 1983; Pistole, 1994).

Before moving on, we should point out how important outward criteria of emotions are for these writers. Indeed, concern for outward criteria pervades the therapy literature on emotions as a distinct and separate domain of social life and of therapist concern. No matter how therapy writers deal with the concept of emotions, behavior remains central to their research, theories, and intervention practices. As Wittgenstein teaches us, this is no accident. It is a necessary implication of the writers' construction of emotions as internal, personal feelings that are only indirectly observable by others. Hence, the major indicators that researchers, theorists, and therapists have for discerning and sharing others' feelings are interviews, bodily gestures, and other behavioral cues. This is true whether the writers wish to develop "rational" understandings of their clients' emotions or to "empathize" with their clients' feelings.

While cautioning against turning emotions into second-order constructs, we also recognize the impulse of therapists and others to talk about emotions in overly general ways. The uniform appearance of words like "hope" and "depression" encourages therapists to assume that the words refer to an entity about which therapists can generalize. Therapists treat uniform-appearing words as if the words carry halos of meaning that the words retain regardless of context or application (Wittgenstein, 1958a). For example, therapists assume that words that refer to presumably inner, private experiences operate in the same way as words that refer to publicly observable objects. This assumption makes it possible for therapists to treat the words "schizophrenia" and "house" as working in the same way. Both words seem to refer to objects that can be classified, analyzed, and made into areas of specialized professional expertise. This is a major reason why we stress the importance of linking meaning with social context. The meanings that therapists, clients, and other people assign to emotion displays are always related to ongoing activities and concerns of people. At the very least, the meaning of emotion displays change when their social contexts change.

INTEGRATING EMOTIONS?

While we share Kiser et al.'s (1993) and Lipchik's (1999) interest in emotions as an aspect of solution-focused therapy, we disagree with their approach to this issue. We are especially concerned about these writers' attempts to blend two different language games that we believe do not "fit" with one another. On the one hand, they draw upon a therapy literature that treats emotions as a second-order construct. They use this literature to define emotions as separate and distinct aspects of clients' selves and lives, and as a neglected domain requiring explicit attention from solution-focused therapists. They also describe how emotions are sources of clients' actions:

That is, emotions are intuitive appraisals that initiate action tendencies in individuals. Emotions provide impulses to act in certain ways, while corresponding cognitive processes determine whether or not impulses will be acted upon. (Kiser et al., 1993, p. 235)

This statement may be paraphrased as saying that emotions are engines that, if left unguided by cognition, will drive clients in any number of uncontrolled directions. Sometimes an emotions engine propels clients in desirable directions and other times in undesirable directions. Solution-focused therapists need to take account of clients' emotions in therapy sessions in order to understand the engines that are propelling clients' feelings and actions, and to help clients improve their emotion-guidance skills. Empathic joining with clients on emotions issues is a way for solution-focused therapists to initiate this process by temporarily guiding clients' emotion engines for them, at least until clients can do it for themselves.

While Kiser and colleagues clearly orient to emotions as separate and distinct aspects of therapy in some parts of their writings, they do not sustain this orientation throughout. Most notably, when they turn to making suggestions about how solution-focused therapists might "integrate" emotions

into therapy sessions, these writers stress the connections between doing and feeling. Emotions are no longer treated as separate and distinct therapist concerns. Consider the following individual, couple and family questions that Kiser et al., (1993) offer as useful strategies for addressing clients' emotional needs in solution-focused therapy sessions:

- “What do you suggest you do when you are feeling this way?”
- “What can your partner do that will help you be more loving towards her/him?”
- “What are you likely to be doing together the next time you all find yourselves laughing?” (p. 240).

These questions are quite consistent with the solution-focused therapy language game, as we understand it. Solution-focused therapy involves therapists asking questions that are useful to clients in identifying—that is, constructing—resources that clients might use to improve their lives. Change in solution-focused therapy involves doing something, including doing more of whatever is already useful to clients. We interpret the above questions as directly addressing this basic concern of solution-focused therapy. These questions involve no shift in the way that the solution-focused therapy language game is already “played” by solution-focused therapists and clients.

Indeed, solution-focused therapists sometimes go farther than this: prefacing their questions about what clients are doing or might do to change their lives by explicitly acknowledging clients' expressions of emotional frustration and pain. We interpret these prefatory remarks as strategies for empathetically connecting with clients to construct a positive emotional—but still solution-focused—climate in therapy. The following excerpt from a solution-focused therapy session is an example of how solution-focused therapists do this. Prior to this exchange with her therapist (Th), the client (C) first reports a positive change in her life, but then turns to describing her feelings of frustration and

powerlessness in dealing with her problems.

Th: So, [pause] how do you manage to keep going, [pause] when you're feeling so badly, much of the time, how do you manage to keep going?

C: I force myself to keep going.

Th: Uh huh, so where do you get the strength to do that?

C: I always make up [pause] some reason [pause] why I have to get up and go to work.

Th: Uh huh, for instance?

C: I have to keep my job.

Th: And, uh, [pause] okay. And, uh, [pause] how long has it been this way, how long have you had this problem? [Client chronicles her problem.]

Th: Uh huh, uh huh, I see. Okay, so, its been a difficult year.

C: Yes.

Th: But [pause] in the last two weeks, you've had four days that were at six, seven, or eight. [pause] That's better than it was [pause] before.

This exchange shows how solution-focused therapists respect their clients by listening to clients' problem-focused stories and by sympathizing with clients' frustrations. But solution-focused therapists combine these activities with questions about the actual or possible solutions in clients' lives, including questions about the activities that clients do to make their lives better.

These observations form the context of our skepticism about treating clients' emotions as a separate and distinct aspect of solution-focused therapy. Even if it were possible to simultaneously "play" the solution-focused therapy and emotions as second-order constructs language games, we do not see how this would be useful to solution-focused clients and therapists. What practical purpose would it serve? Equally important, we believe that attempts at blending these different language games risk undermining solution-focused therapists' interest in helping clients to develop more opti-

mistic and self-confident expectations about their lives. The latter emphasis in solution-focused therapy runs counter to much of the therapy literature on emotions, which stresses clients' "bad" feelings. Emotions are treated as part of clients' problems, and sometimes as the problem to be solved. Solution-focused therapy is about constructing solutions, not solving problems. Thus, the solution-focused therapy language game is a distinctive strategy for constructing change in therapy, which requires that solution-focused therapists adopt a different orientation to emotions from other therapists.

We believe that Kiser and colleagues give inadequate attention to constructing "solution-focused emotions" in therapy. Like most therapists, these writers persist in treating emotions as problems to be managed, not resources to be used. We believe that Wittgenstein offers special insight into developing a solution-focused orientation to emotions in therapy. Specifically, he provides therapists with a rationale for treating emotions as rule-following.

EMOTIONS AS RULE-FOLLOWING

It is not possible that there should be only one occasion on which someone obeyed a rule. It is not possible that there should have been only one occasion on which a report was made, an order given or understood; and so on—To obey a rule, to make a report, to give an order, to play a game of chess, are customs (uses, institutions). To understand a sentence means to understand a language. To understand a language means to be master of a technique. (Wittgenstein, 1958^a, #199).

The idea that emotions might be rule-following is counterintuitive for most of us. We usually think about rules as law-like directives that tell us what to do or not to do in particular situations. Thus, we often contrast rules—defined as rational and behavior-oriented—with emotions, which we treat as non-rational feelings. The logic of this position goes something like this. While it is possible to hold people

accountable to rational behavioral rules, it is unrealistic to try to control people's feelings. Feelings just happen; they are natural. We might learn to manage our emotions better, but it is absurd to tell people when they can feel sadness, love, frustration, or optimism.

But there is a sense in which we do "tell" people how to feel in situations. At least, we "tell" people what outward criteria of emotions (or emotion displays) are appropriate for different social settings. Consider, for example, the differing outward criteria of emotions that we associate with funerals and holiday festivities. These examples provide us with a beginning for thinking about emotions as rule-following. The rules at issue are not as formalised as official laws, although we do teach them to others, and we sometimes write about them in etiquette books. While it is unlikely that a person will be sent to prison for treating a funeral as a party, or vice versa, people who "violate" the "emotion rules" of social settings risk negative sanctions from others. Indeed, the sanctions may be justified on Wittgensteinian grounds, since displays of party emotions are not part of the language games and forms of life that we currently call funerals and grieving. But who knows what future funerals and grieving will look like.

The above examples of emotions as rule-following illustrate the close connection between emotion displays and language games. The examples also point to how emotion displays, language games, and other rule-following activities may be viewed as customary practices or, simply, as social customs (Bloor, 1997; Wittgenstein, 1958a). We recognize when other people are participating in a funeral and are grieving because they are doing the customary activities associated with funerals and grieving. It should be added that the funeral participants might also be having distinctive private experiences, but we can never share those experiences, except as they are indicated to us through others' emotion displays. And, of course, we sympathize with others' grief by doing our own customary activities—that is, by doing sympathy displays. It is through these activities that

we share our own grief with others and they share their grief with us.

This brings us to another counterintuitive aspect of Wittgenstein's philosophy. He states that rules exist only in our following of them. This approach to rules is strange because we usually describe rules as existing independent from our behavior and even as causing our behavior. We stop at red lights, for example, because there is a rule that tells us to stop at red lights and to go at green lights. Indeed, there are people who are paid to catch and punish people who go at red lights. Of course, drivers who refuse to go when the light is green risk a different form of punishment from other drivers. This is probably how many readers have interpreted our portrayal of emotions as rule-following. They assume that we are saying that there are clear-cut "emotion rules" that require us to be sad or happy at particular times and in particular ways. If this were the case, then therapists who worry about their clients' "inappropriate affect" would have to be considered "emotions police."

Wittgenstein's approach, however, stresses that while our behavior is always rule-following, which rules we follow and how we follow them are potentially open questions. Under some circumstances, it is all right for a person to ignore a red light or to act sad at a party. We sometimes justify these actions by saying that we are following a more important rule, such as getting an injured person to the hospital and respecting the memory of a loved one. There is also great variation in how people follow rules, be they rules about traffic, sadness, or happiness. This is a simple matter of observation. Again, we see the importance of social context for understanding the meaning of emotions and other rule-following activities. We also follow rules differently in different situations. For example, happiness is a different kind of rule-following activity when it is your own—as opposed to another person's—wedding.

These Wittgensteinian insights teach us that while the emotions that clients display in therapy are genuinely felt by clients, the emotions are not inevitable, nor are they

unchangeable. Ultimately, changing the “emotion rules” that we follow involves changing our behavior. The old rules disappear when we do this. They have no existence outside of our following them. History is strewn with the “carcasses” of rules that have “died” because people stopped paying attention to them. This is not to say that change is easily done. Imagine, for example, the practical difficulties involved in trying to change the meaning of red traffic lights from “stop” to “go”, and changing green lights from “go” to “stop”. But, still, change does happen, including changes in how people display emotions to each other.

When clients talk about emotions as problems, they are following the rules of problem-focused language games. Shifting to a solution-focused language game will provide clients with new “emotion rules” to follow, and new forms of life for experiencing emotions. Optimism, self-confidence, and related emotion displays are examples of solution-focused language game emotions. This language game is designed to encourage such emotion displays, and to treat the displays as therapy resources. Pointing out and complimenting clients on their strengths and achievements is one solution-focused therapy custom—or strategy—for constructing emotions as therapy resources. Questions about exceptions to clients’ problems, how clients made their successes happen, and how clients’ lives will be different after their miracles happen, are also emotion-constructing customs in solution-focused therapy.

CHANGING THE RULES

It often happens that we only become aware of the important facts, if we suppress the question “why?”; and then in the course of our investigations these facts lead us to an answer (Wittgenstein, (1958^a, #471).

Compare the following statements: “I feel happy” and “She feels happy”. At first glance, these statements seem to be virtually the same, but this first impression is deceiving. The sentence “She feels happy” is a shorthand way of saying

something like, “I think she feels happy” or “She appears to feel happy”. Similar elaborations do not need to be made about the statement “I feel happy”. Saying “I think that I feel happy” or “I appear to feel happy” is likely to be taken by others as a joke, or perhaps as a sign of personal confusion. It is a strange statement to make in most social settings.

The differences between these statements involve the issues of private experience versus public—thus sharable—experience. To say “I feel happy” is an exclamation of a private experience. We can neither confirm nor disconfirm when another person feels happy. “I am happy” is the case because “I” proclaim it to be so. But, interestingly, “I” cannot simply proclaim that “You are happy”. The grammar of the statement “You are happy” is different, and it directs us to look for outward criteria that we may use to assess the claim that “You feel happy”. For example, we might treat smiles and laughter as signs of happiness. As Wittgenstein (1967) points out:

Psychological verbs [are] characterized by the fact that the third person of the present is to be verified by observation, the first person not.

*Sentences in the third person of the present: information.
In the first person present: expression (#472).*

We believe that this distinction is especially important for therapists to keep in mind. Therapists who are inattentive to such grammatical differences inadvertently create unnecessary muddles for themselves and for their clients. When talking about their clients’ lives and emotions, inattentive therapists also miss opportunities to change the rules that their clients follow. Two related ways in which therapists create muddles and miss opportunities for change is by focusing on questions about “why,” and by treating emotions as causes of undesired behaviors. The question “why” is a favorite among clients, therapists, and other puzzled people. “Why” is a curious question. It asks for an explanation but doesn’t tell us what sort of explanation will do. Is the appropriate explanation a cause, a rationale, or what? Perhaps the most predictable part of

answers to “why” is that the answers contain or imply the word “because”. Sometimes “just because” is enough of an answer, but this is not usually the case. What a pity. Settling for “just because” would make many client and therapist problems easier to manage. “Just because” is a good reason for moving past the problem-focused language games and into solution-focused language games.

Since Freud’s day, causal explanations are the preferred answers to “why” questions in the behavioral sciences and among therapists (Bouveresse, 1995). We are told that causal explanations are better because they are “scientific”. The clearest and most straightforward causal explanations are declarative sentences that assert: “If A happens, then B always follows, assuming that all other conditions remain unchanged”. This is the typical form of causal explanation in therapy sessions. The explanation proclaims that B happens because A happened first, even if we did not see A happen or if we cannot see A happen. The explanation turns causes into powerful forces in people’s lives. We “see” the influence of causes even when we can’t see the causes themselves. The effects “prove” the existence of the causes. This is a simple matter of following the rule of causation.

Let’s consider a different example of causal explanation, one that is frequently made in therapy sessions. Suppose Gale goes to Steve for therapy. Gale says that his family, friends, and co-workers have told him to seek therapy because he yells at other people too often and without good reasons. They have also told Gale that if he does not change his yelling behavior, he will lose his job, friends, and family. Gale tells Steve that he believes that he yells at other people because he feels angry. Thus, Gale begins the therapy sessions with a provisional answer to the “why” question. But what sort of answer is it? Does the “because” relate to a cause? A reason? Does the anger cause the yelling? Is the yelling a symptom of the anger? What came before the yelling? What happened after it? If we had a description of what came before and after, how would the anger add to our understanding of the situations in which Gale yells? Or does

the anger serve to hide these contexts, to remove Gale, his family, friends, and co-workers from the picture, to focus our attention on the anger rather than on Gale or on the yelling interaction?

Gale's causal explanation is similar to that of some therapists when they write and talk about emotions. That is, Gale treats yelling—a behavior—as a result of anger, an emotion that we can see and hear only in Gale's yelling. The yelling proves to Gale that his anger exists even if he can't directly observe it. Anger, then, is an engine that drives Gale to act in undesirable and undesired ways. Removed from context, Gale can only see himself and the difficulty caused by his yelling. Without a context, Gale's yelling is problematic but he has a ready excuse: his anger. He creates himself as a victim of his anger. Now, of course, the next step is to search for the “cause” of the anger itself, thus further diverting our attention from the interactional context in which the yelling happened. Both Gale and others in his world are off the hook; no one is responsible; whatever happened, the anger is responsible. It is as if they are saying, The devil made Gale do it. This is how “anger management groups” develop.

Let's take a closer look at Gale's statement, “I yell because I am angry.” The statement is both a causal explanation and a hypothesis that we can test. As Wittgenstein (1958b) explains:

The hypothesis is well-founded if one had had a number of experiences which, roughly speaking, agree in showing that your action is the regular sequel of certain conditions which we then call causes of the action (p. 15).

The issue here is whether a prediction can be made with any confidence that yelling will regularly result from Gale's feeling angry. Thus, treating anger as a cause of yelling raises a variety of cause-oriented questions that may not have anything to do with helping Gale to do something else in place of yelling. Asking the questions is part of following the rules of causal explanation.

Now, let's consider a different situation. Suppose that we treated Gale's statement as a reason, not as a cause. A reason is characterized by persons' recognizing and accepting it as a reasonable statement to make in this context. This seemingly small change in the context of Gale's statement is significant because the grammar of reasonable explanation is different from that of causal explanation. Wittgenstein (1958b) states that for a statement to be reasonable

no number of agreeing experiences is necessary, and the statement of your reason is not a hypothesis. The difference between the grammars of "reason" and "cause" is quite similar to that between the grammars of "motive" and "cause." Of the cause one can say that one can't know it but can only conjecture it. On the other hand one often says: "Surely I must know why I did it" talking of the motive" (p. 15).

Treating anger as a reason for Gale's yelling has at least two advantages for solution-focused therapists and clients. First, it allows for the possibilities that Gale and others might give different reasons for his yelling, that he might yell for different reasons in different contexts, and that Gale might even change his mind about his reason for yelling. These are the sorts of issues that solution-focused therapists frequently explore with their clients. Reasons are also "because" answers to "why" questions, but the answers allow for much more flexibility in therapist-client interactions. Reasons are not as stable and enduring as causes. Reasons make sense of the present and the past; they do not predict the future. It is reasonable, then, that when our life circumstances change, we would develop new reasons that make sense of what is happening and has happened to us. Reasons and causes are different rule-following activities.

For example, if Gale's assertion that he yells because he is angry is treated as a reason, it is relevant to talk about Gale's friend who put a sign on her refrigerator that said, "I yell because I care!" The sign was meant for the woman's son who was the usual target of her yelling. This experience

from Gale's own life raises the possibility that behavior that is called yelling is associated with a variety of "emotion reasons," and not all of the "emotion reasons" are problems. It also raises the possibility that Gale does not always yell because he is angry. Maybe, sometimes, he yells because he cares? Maybe, he cares too much? For what other reasons might Gale yell? Could those reasons point to strengths and other resources that he might use to do something other than yelling?

These questions anticipate the second advantage of treating emotions as reasons in solution-focused therapy. This therapist response can be very useful in changing the rules followed in therapist-client conversations. Let's return to the "Gale yells because he is angry" scenario and assume that Steve treats this statement as a reason, not a cause. Clearly, treating the statement as a reason eliminates a range of questions that would need to be asked if anger were a cause. There is no hypothesis to test, nor are there any predictions to be made. Instead, Steve might respond by saying something like the following:

- "Okay, that certainly is a possibility. So, tell me about the times when you are angry but you don't yell at other people, or you don't yell so much," or
- "Okay, that certainly is a possibility. What do other people do differently when you don't yell so much?" or
- "Okay, that certainly is a possibility. Suppose you went home tonight, and while you were sleeping a miracle happened, and your problems went away, just like that..... What would be the first thing that you would notice tomorrow morning, when you wake up, that would make you say, 'Gee, I think my miracle happened.'"

All of these responses are ways in which Steve might accept Gale's "I yell because I am angry" statement as a reason, and ways of shifting the conversation toward the social contexts of Gale's yelling. The issue is not whether Gale lacks anger

management skills, but how Gale already manages anger in his life. Talking about the times when Gale feels anger but does not yell as much—or at all—is a strategy for identifying resources that Gale and Steve might use to create the changes that Gale desires. Talking about this issue involves following new conversational and emotion rules.

Treating clients’ “emotions-as-causes” statements as reasons is also a way for solution-focused therapists to acknowledge and respect their clients’ private experiences. It is a way for therapists to join with clients on issues that therapists can never fully understand nor share with their clients. Aren’t Gale’s angry feelings similar to Steve’s “S” experiences? Perhaps it would be useful for therapists to treat frequently used and uniform-appearing words as “S’s?” Instead of hearing their clients say, “I am sad, depressed, angry, confused, or hopeless,” therapists might mishear the clients as saying, “I feel S.” Since few therapists are experts on treating problem “S” feelings, this mishearing might remind them to treat clients’ emotion proclamations as reasons, not causes.

TOWARD A NEW CONVERSATION

The ‘sense’ of a word can itself be called an institution because it is created by the users of the word. It only exists in and through that collective use . . . There is no closer description of the sense of the word ‘add’ than belongs to the step-by-step practice of its users (Bloor, 1997, pp. 69–70).

Too often, therapists succumb to the temptation to treat uniform-appearing words as always having the same meanings, and then quickly move to making generalisations that are counterproductive muddles. They forget that the practical meaning of a word “belongs to the step-by-step practices of its users” (Bloor, 1997, p. 70). Wittgenstein might say that these muddles are part of the legacy left by Freud. While Wittgenstein (1966) considered himself to be somewhat a disciple of Freud, he also thought that Freud created some abominable messes.

One mess was Freud's confusion of causes with reasons and vice versa (Bouveresse, 1995). We have seen how this mess remains a part of contemporary therapy, even in non-Freudian therapy. A related mess is the tendency of some therapists to treat the verb "to feel" as a synonym of the verb "to be". Treated in this way, the following statements are interchangeable: "He feels angry" and "He is angry", "She feels anxious" and "She is anxious", and "I feel depressed" and "I am depressed". Once this shift is made, the sentence is no longer about feeling or even about how people display feelings, but rather it is about categorizing people. This is a necessary step in diagnosing, a therapist practice that turns on the verb form "to be." Imagine diagnosing someone as doing anger, anxiety, or depression.

The seductions of language are not limited to this verb form; they also include all attempts to separate words from their social contexts. For example, many commentators treat solution-focused therapy as a set of abstract rules and concerns that operate separately from the practical circumstances of doing therapy. They treat solution-focused therapy as a theory. This is how we understand the issue of emotions in solution-focused therapy. Writers construct emotions as a problem by removing solution-focused therapy practices from their usual social contexts where they make sense. This is a very effective way of creating confusion. But we are not stuck with this confusion: there is another path.

The alternative involves a new conversation about what goes on in solution-focused therapy sessions. The conversation would be about describing—not explaining—the solution-focused therapy process. It would also take account of how meaning and context are interrelated in therapy interactions. While the issue of emotions in solution-focused therapy might be raised, the conversation would not be focused on this issue. Rather, our preferred conversational topic would be how to build a "positive solutions climate" in solution-focused therapy sessions. It might involve several of the following questions:

- What might solution-focused therapists do to create

“solutions-friendly environments” in therapy?

- What might solution-focused therapists do to make it easier for their clients to suggest and discuss practical alternatives to their currently troubled lives?
- What might solution-focused therapists do to develop social contexts in which talking about solutions is a sensible activity for clients?
- What do clients do that helps solution-focused therapists do their part in developing “positive-solutions climates”?
- How might solution-focused therapists pay better attention to the ways in which their clients help them to develop “solutions-friendly environments”?

We believe that such questions refocus therapists’ attention away from talking about solution-focused therapy as problem solving, and toward talking about solution-focused therapy as a process of constructing homes for solutions (Miller & de Shazer, 1998). Building homes for solutions is what the solution-focused therapy language game is designed to do.

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Gale Miller Professor of Sociology, Department of Social and Cultural Science, Marquette University, PO Box 1881, Milwaukee WI 53201-1881; e-mail: bulgaria@execpc.com.

Steve De Shazer Senior Research Associate, Brief Family Therapy Center, Milwaukee WI.

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