Interview

Ben Furman: SF Respects the Not Invented Here Syndrome

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Dr Ben Furman is a psychiatrist, inspirational speaker and author from Finland. He is renowned for his practical adaptations of the SF approach in different settings. In Kids' Skills, people involved in the upbringing of children learn how to encourage children to develop the skills they need to overcome their difficulties. Together with his colleague Tapani Ahola, he created the Twin Star and Reteaming models as practical applications of SF in organisations. The first offers very practical suggestions on how to improve the psychosocial environment of the work place. The latter presents concrete steps to motivate people to change.

One characteristic of Ben Furman's approach is the avoidance of blame storming. Talking about problems and what caused them quickly leads to accusations and excuses. These can be overcome by engaging in "solution talk": talking about what you want instead of the problem and what can be done to get there. Another constant in his work is his interactive perspective: "We work with teams even when we work with individuals."

You trained as a medical doctor and psychiatrist – how did you meet SFBT and what first gave you the idea that this could work?

I was interested in psychotherapy during my medical studies. I used to go to lectures on psychotherapy at the university and then found out about gestalt therapy and decided to participate in a weekend workshop. I went to several workshops and got excited about some newer therapies, to the extent that I actually went for a work study scholarship to

Esalen Institute in California. There I was exposed to quite a few encounter group varieties, but what impressed me the most was a book that I found in the library there called "How Real Is Real", and it was written by Paul Watzlawick. That led to an interest in the work of Milton Erickson and the rest is history. . . I got interested in what went on at MRI, in the work of Jay Haley, Cloe Madanes and so on. One day, while I was working at the university hospital, I got a phone call from a major Finnish child welfare organisation and they asked me if I wanted to join forces with Tapani Ahola, who was going to teach a course in brief therapy for people who work in mental health. I was delighted – I was a newbie but for me it was an opportunity to learn more. In those training programmes we had people coming from overseas twice a year to teach us and our students and we became familiar with what was going on in the field of Erickson inspired brief therapy. Bill O'Hanlon was one of the people who visited us and he exposed us to the concept of SF therapy. We liked the SF ideas very much, so much that they soon permeated our work.

We had recently discarded the two room system where a therapist interviews the clients in one room and the teachers and the other students observe sessions in another. For us, it felt more natural to invite clients to join us in the bigger room and be allowed to participate in our conversations. We had playfully called that approach "Glasnost" – a term that became popular because of the sprouting openness that was happening in Russia. When you work with a large group of people consisting of clients, their family members and friends, and almost always also professionals who have been working with the case for some time, it is important to find a respectful way of meeting all these people. The SF model provided a perfect solution. No-one was blamed, everybody could participate in conversations about a better future, about what had already happened that had been good, how people had been helpful etc. The approach simply fitted our context in an extraordinary way.

As someone trained in a medical model who moved to SF, how have you dealt with these very differing approaches in your work, where one is problem based and one goes straight for solutions?

Sometimes, the discrepancy between the SF approach and the medical model causes a lot of problems. A diagnosis is not just a description of a condition, it is often also an explanation of what is causing the problems. Even what is meant to be a so-called descriptive diagnosis is often contaminated with etiological assumptions, explicit or implicit. And we all know that the way we explain problems has a major impact on how we try to solve them. And what we often try to do in SF work is to shy away from explanations in order to become more creative in solving problems. In medicine, a doctor who treats problems symptomatically, who does not try to identify a disturbance that explains the problem, is considered a quack. The dilemma is truly difficult to solve and I have never been good at solving it. In recent years I have tried to become better at that. Therefore I have proposed that if we need to give people a diagnosis, let's do it but, every time we give clients a medical diagnosis that is meant to identify the nature of the disorder or the etiology of the condition, we should be mandated by law to also give the client another diagnosis, a goal diagnosis that helps to think about how the problem could be solved. The medical diagnosis comes from the expert who "knows" what the problem is and what is causing it. The goal diagnosis, I would like to think, cannot be made by an expert alone because every client is different regardless of their medical diagnosis. If indeed this idea would be taken seriously, then I would propose that the goal diagnosis is client driven and is based on a client driven negotiation aimed at searching for viable goals that would help the client cope with or overcome the medical condition that the experts claim the client has. Wouldn't it be nice if we could say: "OK, so according to the experts the patient has a personality disorder. Peace be with it. But what's the goal diagnosis? What does the client

need to learn or change in order for things to become better regardless of the (medical diagnosis goes here)?"

In working with Steve and Insoo, are there any anecdotes that stand out for you and that you have taken into your work?

I guess all of us who have been exposed to the teachings of Insoo and Steve have some stories from these encounters. One story that comes to mind is when Insoo was teaching in Finland years ago, I sat together with my colleague Tapani Ahola in the audience. Insoo was explaining that some two thirds of their clients responded positively, in the first session, to the question: "have you noticed that there has been some positive change between the time you called to make the appointment and now that you came to see us?" Tapani, who sat next to me, whispered to me: "Ask her why they don't ask that question as soon as the people call them." I said to him: "Ask yourself!" Well at that time he was shy about speaking English so he ushered me to pose the question. I did. "My colleague here next to me would want to know why don't you ask that question when they call you by saying something like 'have you noticed that between the time you made the decision to call us and now that you actually did, that there has been some positive development?" Insoo looked at me, rolled her eyes and said: "Tell your colleague who is sitting next to you not to ask such questions. We already find it difficult to make ends meet because our therapies are so short." We got the message and asked no more such questions.

You have developed various processes, like "Reteaming" using SF, that provide a structured approach. Can you explain a little of why you have chosen to use specific structures?

Yes, I call it packaging. The SF approach is a philosophy and we have been keen on finding ways of spreading this philosophy, in making it available to a wider community, to schools,

to preschools, to workplaces, to hospitals, to institutions, to management, to child rearing practices, to education, to sports, you name it. In order to do that, we needed to find ways of packaging the ideas into practical tools that people could adopt without having to submit to SF therapy and its underlying constructivistic philosophy. We have actually created just one such tool, Reteaming, which was intended for working communities. It is a relatively simple, and very safe, step by step procedure, based totally on SF principles, which offers a set of instructions for coaches, managers, consultants and other people working with teams and individuals that helps people identify goals, become aware of resources, pay attention to progress already made etc. Reteaming is simply SF work turned into a workbook. We found that our Reteaming package worked well. It had a good flow, so to say, and indeed, we could teach it to people in a matter of a couple of days – by having people try out the process on themselves. The proof was in the pudding, so to say. And once such a process was developed, it was more than natural to use it as a point of departure for creating something similar for children, and one can say, that Kids' Skills , another package or step by step procedure developed at our institute in Helsinki, is simply Reteaming modified to fit children. It has the same steps, the same community involvement that is characteristic of Reteaming, only presented in a way that speaks to children and their parents.

You work with children and adults using SF. Do they respond differently and are there ways you need to adapt SF for each group?

I think that one of the secrets of SF work is that it is an approach that is very respectful of the principle of NIH. Probably the most NIH-respectful approach in the world. Aha, there might be some who read this who don't know the acronym. It is an important acronym. It is The Explanation why good ideas and suggestions don't work. It stands for "Not Invented Here", for the principle that wonderful solutions and ideas are often discarded by people for the simple reason that they were not the

ones who came up with the ideas. I often joke in my lectures by asking people if they know how to suggest an idea to one's boss in an SF way. After a short silence I provide the answer myself: you go to your boss and say to her that you have been thinking about the idea she proposed a couple of weeks ago and that you (or we) have come to the conclusion that it is an excellent idea. The boss will wonder what idea you are talking about, what it might be that she has said. When her curiosity is up, you present your own idea as if it was an idea that she had presented some time ago. You'll find that even if your boss may not quite remember proposing the idea, she will find the idea highly interesting!

I think we don't quite understand how big a role NIH plays in problem solving – and this is particularly true with children and teenagers. They don't want to buy our solutions – they want to come up with their own solutions and this is where the SF approach does a really good job. I believe that people are better at solving their own problems than they think they are. The reason why they feel stuck is because they have lost their creativity. And I believe that there is a key to opening the door to that chapter of the brain, to unleash human creativity, and that key is called appreciation. We all tend to become creative when we feel respected in the sense that the people we talk with truly appreciate our thoughts, our strategies of coping, and our ideas of what to do about the problem.

You do lots of work with teams. What, in your view does one have to be most aware of when working with teams?

I like to think that we work with teams even when we work with individuals. This is the reason we decided to hold on to the word Reteaming even when we coach individuals. Change does not happen inside your skin. It is social process. My work partner Tapani is a social psychologist. For him, change is a community thing. Have you stopped drinking when you have stopped drinking or when the people who

know you believe that you have stopped drinking? Has a child changed his behaviour when he has learned to behave better or does change also require that his teachers at school are convinced that he has changed? To call a change a change we probably have to take the environment into account because whatever happens to an individual, it doesn't mean much if the environment does not acknowledge that change. In fact, if the environment fails to acknowledge the change, there is a high risk that the critical environmental response jeopardises the progress made. We see change as a "systemic" process, meaning that in order for anything to change, the environment needs to be involved in a way that helps the others to join the bandwagon of change, helps them feel that they are seen as part of the solution rather than part of the problem. This is the reason why we emphasise the role of significant others in therapy, in Reteaming and in Kids' Skills. Other people are treated as supporters and helpers and once change is on its way, even just a bit, the environment is acknowledged for its contribution. If everyone is on board, no one needs to experience the awful feeling of NIH.

We would like to know about your work in organisations. What are some of the interesting cases you have had?

I have a recent experience that might be worth telling. I was invited to work with the outpatient mental health workers of a city in Finland. We agreed that I would work with all of them, some 60 people, on two occasions, each one full day, half a year apart. When I met them the first time I learned that they were keen on developing their cooperation and that many projects in that direction had already been launched or at least thought about. I helped them to clarify goals, to set priorities and to continue to refine their development ideas. Most of the day the people worked in smaller groups. I honestly don't think that I did that much. Had I not been there, they would probably have used the day doing something similar anyway. Just to make sure that they would

carry out some of the good ideas that they came up with during the day I asked them, at the end of the day, to decide in small groups what they would do in practice before the next meeting to advance their goals, and to write their plans – something simple and manageable – onto a sheet of paper and to give it to me before we parted. I promised to collect their "promises" and to bring them with me next time we met. Nothing out of the ordinary actually. Next time we met I had forgotten to bring the "promises" and they appeared to have forgotten all about them too. Instead they told me about quite a few positive developments and were quite hyped about an application that they had made to the city council, an application to win a special prize that had been announced for units or departments within the county that had excelled in one way or the other in developing their work for the benefit of their clients. I congratulated them on this and asked them what they thought about their chances of winning the prize. They said that their chances were not slim but that the prize involved a considerable sum of money and many other units were also applying. I said jokingly that it might well happen that the jury that decides who gets the prize finds out that I have worked with them and decides to call me to find out if I would recommend the prize to them. I would recommend the prize to be given to them, for sure, but then they would ask me what my grounds were for my recommendation. "It would be embarrassing for me to recommend you and then not be able to say anything specific about what you have actually done to deserve it. Could you please help me? What shall I say if they ask me for the specifics?" Even if everyone knew that I was kidding and the jury would never call me, a good part of the day was spent on helping me to answer the jury's imaginary question. At the end of the day the person who had been assigned the task of writing the application came over to me and said: "This was very useful. I have got a lot of new material to put into the application and it's not too late to add it into the form." They won the prize and used the money to travel and visit some other mental health units known for working effectively

and collaboratively with psychiatric clients and their families.

We know that you did a television show in Finland – what was that about and what impact did it have?

I was working with TV for seven years on and off. I was acting in the role of the host, interviewing guests. Each evening there was a topic that was at least tangentially connected to psychiatry. We did so many programmes during those years that it is hard to think of a topic that was not covered at least once. Mental illness, psychoanalysis, school mediation, eating disturbances, fatal diseases, suicide, Asperger's syndrome... you name it. The programme was SF in the sense that the people that I interviewed were people who were coping well with their predicament or had overcome the condition and were involved in helping others. I also often had other professionals in the studio offering their knowledge and wisdom about the subject matter. I wanted to demonstrate that TV can be used constructively to disseminate knowledge and to instill hope. I think the programme was good and still today, several years after it was discontinued, people come to me and say that they liked the programme and would like it to continue. But TV programmes have their 'arch' and seven years for a TV programme to prevail is a long time. It's hard to say what effects it had but I have the feeling that it contributed to the slow development of making people feel more comfortable about talking more openly about psychological problems and other issues that tend to be difficult to talk about. More recently I have started to work with the radio. I am doing a two hour night-time call-in programme every second week talking with callers in my SF manner. I have only done two programmes at the time of writing this but I have enjoyed the work and the initial feedback has been good. What I like about the concept is that the live programme is recorded and people can hear it on the internet the next day. My initial feeling is that an SF conversational style – because of its undramatic nature – fits radio much better than TV.

What is the approach to SF in Finland? Is it a model that is welcomed and how easy or hard is it to spread the approach?

Oh, don't get me started! This is long journey that has lasted over 20 years. Our country has a strong psychoanalytic lobby and trying to get SF therapy accepted has truly felt like fighting against windmills. The whole edifice of psychotherapy in Finland is based on psychoanalytic ideas and when the government officials make decisions – whatever decisions concerning psychotherapy – they consult with an expert panel which, surprise surprise, is and has always been populated by analysts who like to argue that SF therapy is not a form of psychotherapy at all because it does not have a solid theoretical frame (as if psychoanalysis is a solid theoretical frame!) and because it does not adhere to any diagnostic classification system. In addition, they are always happy to point out that the trainers of SF therapy do not have formal qualifications. Mind my words "formal qualifications". There would be lots to tell about this endless struggle but suffice to say, that last summer, finally, Tapani and myself were awarded the formal designation teacher of psychotherapy. Up until now the expert panel has always turned down our applications but this time, after sitting on our applications for a year and a half, they finally agreed to granting us official teacher status – very much thanks to the recommendations of Yvonne Dolan from the US and Harry Korman from Sweden. So if finally, SF therapy is becoming recognised in our country, it's actually very much thanks to the international network that all of us working in this field have created through good cooperation and mutual support.

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