

***Solution-Focused Complimenting in a
Counselling Practice***

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Abstract

Solution Focused Therapy is a respectful, collaborative approach that focuses on clients building their solutions, creating change by focusing on their strengths and capabilities and opening to the possibilities in their lives. The orientation is generally present and future, looking for and strengthening things that are working to move towards the client's preferred future. Particular words and language are used to make useful changes. It is a hope-filled view of clients being resourceful and able to create their solutions in their changing lives.

In this study, I focused on the details of what occurs during Solution Focused complimenting sequences, complimenting being one of the strengthening techniques used. The study had three clients, each with three sessions of counselling. The clients and counsellor reflected after each of the sessions on their experiences of complimenting using a questionnaire or questions. All the sessions were transcribed, and the complimenting sequences identified, then additional more detailed notation was undertaken using additional coding techniques.

I used Qualitative Research methods for the study. The research data were the transcriptions, my observational analytical memos, reflections in my journal and counselling notes. Using Thematic Analysis techniques, I coded the data, then identified and named each of the themes. I identified several themes: 1) the therapeutic relationship, 2) long arms, long tails, 3) messiness, and, finally 4) hope arises?

These findings and discussion I hope are a useful contribution to practice-based research on Solution Focused counselling, particularly bringing to attention the value of Solution Focused complimenting.

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Chapter 1: Introduction

Context for this research

I have long been intrigued by the issue of self-regard, self-esteem, self-worth, self-confidence and the role compliments play in how we view ourselves. In my recent university studies, I had several experiences of being seen and complimented in a way that has shifted how I regard myself. The validation from someone I respected and hold in high regard, mattered and made a difference. I want to be more skilful in offering this level of complimenting and validation for my clients, and others. A sense of self-regard is perhaps a basis for other possibilities, from which may spring other possibilities for more authenticity, humanity and courageous connection.

The Solution Focused Therapeutic approach has three types of complimenting (see Literature Review, page 20), each offering a different approach and adding to the possibilities with clients. They are direct compliments, self-compliments and indirect compliments (De Shazer, Dolan, Korman, Trepper, McCollum, & Berg, 2007). There are many other techniques used in the Solution Focused approach (see Appendix 10), all are based on the fundamental premises that change is inevitable and we can influence our experience by changing our interpretations of a situation and our approach. Because the therapist takes a 'not-knowing' stance, the client is considered the expert in their life so the conversation involves constructing new meanings (De Jong, Bavelas & Korman, 2013). In the case of complimenting, this focuses on new meanings or views about oneself.

Solution Focused Therapy has been practiced since the early 1980s, with foundations in ideas of social constructionism (Burr, 2015). Social Constructionism spouses the notion that we are meaning-makers, influenced by society's meanings, and some meanings are more helpful than others. Importantly, we have some self-reflective ability to witness ourselves, so have the possibility of changing some of our interpretations (Burr, 2015).

Solution Focused Therapy has, since its inception, been studied and reviewed and the tools, techniques and skills have been critiqued and developed. In the early years, for example, complimenting was used at the end of a session as a part of formal feedback given to the client. A short break was taken in the session, then a

validating message was followed by a compliment and a suggestion from the therapist (Quick, 2008). The purpose of the compliment was to create a “yes mindset” (De Shazer, 1991). More recently, thinking about complimenting has changed. For some, complimenting is used as validation to be offered tentatively, frequently, and sincerely (Fiske, 2008, Hanton, 2011; Thomas, 2016); while others suggest compliments “are dispensable” as complimenting could presuppose the therapist is “knowing” rather than co-constructing and collaborating with the client (Shennan & Iveson, 2012). These different views offer a novel context for research about complimenting in Solution Focused Therapy.

Rationale for research

There has been research on many aspects of Solution Focused techniques, but little on the practice of complimenting in counselling sessions. So, I wondered, what is happening when compliments occur? Is it possible compliments contribute to a shift in perspective of self? This pondering opened up the focus of my study and enabled me to consider my research question: *How are Solution Focused compliments experienced by three clients and a counsellor in Solution Focused counselling sessions?*

In this study, I generated my own practice-based evidence of complimenting, explored what happens in the client and counsellor and looked at this in relation to the literature. In the process, I have improved my own counselling practice, and more than just my practice of complimenting.

Organisation of this research

The objective of this research is to study what occurs when Solution Focused compliments are used in counselling sessions. My intention is to explore where they come from, how compliments are given, and what happens in practice.

In Chapter Two I will review the relevant, peer-reviewed literature. To set the context of my study, firstly, I will examine the characteristics, philosophy, origins and the therapeutic stance of Solution Focused Therapy. Then I will review the literature concerning complimenting examining the origin, purpose, prevalence, types of

compliments and the desired outcome. I will also examine some literature that explores concerns about complimenting.

In Chapter Three, I will present my theoretical perspective and the reasons for my choice of methodology and methods. I will explain my Method and Research Design, with details of the selection of participants and data collection. I will outline ethical issues, rigour and trustworthiness that I considered. Finally, I will explicate my data analysis, including the coding and themes.

In Chapter Four I will present my Findings from the study of complimenting moments. Using Thematic Analysis, I will present four themes: 1) the therapeutic relationship, 2) “long arms, long tails”, 3) messiness and, finally 4) hope arises?

In the final chapter, Chapter Five, I will discuss the Findings in relation to the relevant literature. I will outline the strengths and limitations of the research, and reflect on the implications. I will complete this discussion with conclusions for other counsellors and for my on-going practice.

The Appendices contain background papers including the poster, information sheet, consent form, reflection questions, Research Rating Scale used and ethics approval. I have added further notations, confidentiality agreement, data analysis examples of data codes to themes, a table of results of the client Research Ratings Scales, and four tables of markers of presence and non-presence to support my Findings and Discussion.

Chapter 2: Literature Research

Introduction

In this chapter I will explore the current knowledge of compliments used in Solution Focused Therapy. Firstly, I will detail what is Solution Focused Therapy and what were the early influences on this therapy. Then I will examine Solution Focused compliments, and practice-based research, focusing on my research question studying how compliments are experienced by the client and counsellor in Solution Focused Therapy.

Solution-Focused Therapy

Solution Focused Therapy is a widely-used, evidence-based psychotherapeutic model. In the literature two abbreviations are used, SFT for Solution Focused Therapy and SFBT for Solution Focused Brief Therapy. When quoting the literature, I will use these abbreviations, however in my text I will use Solution Focused Therapy or Solution Focused approach. I use the terms therapist and counsellor interchangeably in the text as both are widely used in the literature.

Key characteristics and assumptions

The key characteristics of Solution Focused Therapy are:

- Solution Focused Therapy views the future as negotiable, not set. This idea provides “hope with the possibility of change as people can influence their future, whatever their past experiences, people are perceived as ‘the architects of their own destiny’ ” (De Shazer et al, 2007, p. 3).
- “The solution is not necessarily related to the problem” (De Shazer et al, 2007, p. 2). So, approaching change by looking for new solutions may be more helpful than studying the problem which it is assumed the client has already done to the best of their ability.

- The client will experience times when the problem is absent or less, and these exceptions provide clues, resources and possibilities that can inform future solutions (De Shazer et al, 2007, p. 3).
- “Small changes can lead to big shifts” (De Shazer et al, 2007, p. 2). People change when they shift their way of describing their worlds and their experiences, and these small changes gradually add up to bigger changes.
- Change is constant, internally and externally, and there are many ways to interpret situations. Some stories or interpretations are more helpful than others (Hoyt, 2013).
- “If it isn’t broken, don’t fix it” (De Shazer et al, 2007, p. 1) and the other side of issue “If it is not working, do something different” (De Shazer et al, 2007, p. 2).
- “There is no resistance” (De Shazer et al, 2007, p. 11). The client may be cautious, but they are wanting change for the better.

There are further details of Solution Focused assumptions and techniques in Appendix 10. These fundamentals have come out of the philosophical thinking that underpins this approach, so I turn now to explore the foundations that inform and guide the Solution Focused approach.

Philosophy

Solution Focused Therapy is based in the social constructionism school of thought. Social constructionism has explicit assumptions about knowledge, reality and pathology and is a radical change from more mainstream psychology (including psychodynamic, behavioural, humanistic approaches). In mainstream psychology, the helper/therapist is considered the expert in assessing or diagnosing the client to define a treatment. Problematic symptoms and behaviours are studied, classified and analysed and a diagnosis given, and cured (Burr, 2015; Gergen, 1985; Gergen & Kaye, 1992). This top-down, expert point of view is “in stark contrast” (Burr, 2015, p. 4) to social constructionist thought.

Social constructionism has grown over the last thirty years, influencing some social sciences and therapeutic thinking. Burr (2015) writes about social constructionism, where realism is questioned, suggesting that there is no one reality to be discovered; instead, as a society, we compose our version of reality through conversation. Language is a precondition for thought, and in conversation we make meanings. The meanings are culturally

and historically specific, as we construct different understandings of knowledge (Potter & Wetherall, 1987). So, individuals participate in constructing meanings of our lives from the beliefs, meanings, interpretations, stories available to us. Reality is constructed through our conversations and interrelationship with others. Anderson & Goolishian (1988, p. 1) defined humans as “meaning-generating beings” constantly interpreting the world around us, trying to make sense of it in a “dynamic social exchange” (p. 4). This gives rise to multiplicity of understandings that are created by stories, narratives and cultural meanings that are changing and shifting, examples include sexuality, position of women, cultural difference. (Burr, 2015; Gergen, 1985; Lax, 1992). Social constructionism also takes a critical, questioning stance towards all knowledge.

These concepts in social constructionism have influenced the social sciences, including some therapies. Solution Focused Therapy is one of these approaches; others include Narrative Therapy, Family Systems Therapy, Feminist, Lesbian and Gay Therapy (Jones-Smith, 2016). All these therapeutic approaches share an emphasis on client competency, holding that the client has made meanings from the events of their lives that in some way make sense and as such, they are the expert in their own life. This emphasis results in a collaborative approach between the client and therapist. I will confine myself to Solution Focused Therapy.

De Shazer used to say “SFBT has no theory base” (Ratner et al, 2012, p. 21), but it does have philosophical influences. The notion that we do not experience the world as it is, but always through the filters of our minds’ interpretations and memories, influences the Solution Focused approach. This underlying philosophy unfetters old stances and views of right/wrong or expert/non-expert ways of thinking/doing, opening up new, different interpretations, behaviours, possibilities and attitudes.

Another assumption that underlies the Solution Focused approach is that the client has studied the problem, and that further analysis of the problem is likely not going to assist creating the solution. In the Solution Focused approach, problems are not seen as rooted in an underlying pathology, but rather “just as things the client wants to do without” (Ratner et al, 2012, p. 21). Divergent, creative thinking is needed in response to the complexity of the client’s life to find a way forward. An assumption is that there will be occasions where the problem is absent or less, and in exploring and amplifying these times, even with small changes, it is possible to find a solution. The therapist is skilled at asking probing questions to assist the client to finding exceptions to the problem, then focussing on the future and expanding details of what would their life would look like when the problem is absent. The clients are seen as expert in their lives and trusted to know what is best for them.

A result of this constructionist stance, springs the non-expert therapeutic Solution Focused stance “based on the concept of resiliency, and the clients’ own previous solutions and exceptions to their own problems” (De Shazer et al, 2007 p. 13) i.e. the client has the capability to solve their own problems based on their previous experience. This view that the client is expert in their own lives and has capacity and strengths to create more of the life they want, even in difficult circumstances, informs all Solution Focused techniques, including complimenting. The assumption of client competency is paramount, and Solution Focused complimenting is designed to bring this competency to the client’s awareness. This approach is counter to many other approaches where diagnosing, labelling, defining and detailing mental health conditions are prevalent and it has drawn criticism of Solution Focused Therapy.

Origins and influences

Solution Focused Therapy evolved from the work of Steve de Shazer and Insoo Kim Berg and their colleagues in the 1980s in Milwaukee, USA. De Shazer and Berg were seeking a more effective way to be with their clients. They were influenced by many thinkers and researchers of the time, particularly the philosopher Ludwig Wittgenstein (1889-1951), George Kelly (1905-1967), and the Mental Research Institute (MRI) in Palo Alto.

Wittgenstein (1953) suggested the words we use trigger images or pictures in other people’s minds.

Communication gets confused when we do not speak clearly as we speak meaninglessly, are muddled or too succinct, or we make more meanings than are meant. He recommended we talk carefully and less impulsively.

Wittgenstein also suggested the idea of a “language game” where, in different contexts there are different rules and words take on different meanings (Ratner et al, 2012). Focusing on the importance of language became a foundation of Solution Focused Therapy, De Shazer (1991, p. 69) wrote: “Following Wittgenstein, we can only know what a word means by how the participant in the conversation uses it.”

Kelly was the first to apply social constructionism to psychotherapy. Kelly developed the Personal Construct Theory (Jones-Smith, 2016) proposing people make meanings to make sense out of what happens, and, we update our meanings, or constructs, as we go through life. Kelly suggests there are infinite ways to interpret what happens. The constructs include deeply held beliefs, and the therapist’s role is to explore alternatives with the client, so they create new constructs. The view that internal constructs can change is fundamental in Solution Focused Therapy.

De Shazer and the early developers of Solution Focused Therapy were influenced by MRI's research of client change and the suggestion that client change comes from "stopping or even reversing the usual approach, however logical or correct it appears to be" (Cade, 2007, p. 40). When the old story has run out, we are tired of it, it is time to find a new story to change the pattern of the client's life. The research team developed new methods, including practice-based observations of clients using one way mirrors and analysis of therapeutic conversation. De Shazer, Berg and many others studied client change, they wanted to find "what works."

Solution Focused therapeutic stance

The Solution Focused Therapy model can be summed up in one phrase: "the pragmatics of hope and respect" (Berg & Dolan, 2001, p. 1). This approach offers therapists practical knowledge of how to be hopeful and deeply respectful with clients in a way that works in supporting client-led change.

An effective therapeutic alliance is the foundation from which genuine conversation can emerge and co-construction of the client's future develop. The therapist's authenticity, congruence and skilfulness are part of the therapeutic alliance (DeJong & Berg, 2013; Fiske, 2008; Quick, 2012). The therapist joins with the client, listening for their best hopes and working with the client to notice what is already happening that contributes to a possible solution, and so potentially fosters change. Listening and working with clients to ascertain precisely what these best hopes are may require, what Solution Focused therapist, Bliss (2010), calls "extreme listening" (p. 111) to lean in and uncover the specific details. Together therapist and client define the direction and purpose of the conversation (Hanton, 2011).

Solution Focused Therapy suggests people make sense of their lives by making stories, so the therapist too is bound in and by their life experiences and cultural story. Consequently, the therapist is required to be self-examining and reflecting on their own beliefs to create more self-awareness and openness to others' experiences (Martin, 2015). Indeed, the therapist is required to "abandon preconceived values and notions about the client and the outcome of therapy" (Bliss, 2010, p. 111), to be open to hear the client. The therapeutic relationship includes both client and counsellor, each with their own stories, cultural background and meanings. Neither the therapist nor client is objective. Exploration and potentially change may occur in the space between the two, in the conversation in the intersubjective space (Murphy, 2015). The implication of this idea underscores the relationship being a collaboration (DeJong & Berg, 2013). Goolishian and Anderson (1992) succinctly described this:

Thus, the therapist does not dominate the client or subject with expert psychological knowledge so much as he or she is led by, and learns from, the expertise of the client. The therapist's task, therefore, is not to analyze but to attempt to understand, to understand from the constantly changing perspective of the client's life experience (p. 9).

The therapist works as a facilitator of the therapeutic conversation, collaborating with the client to find solutions (Walsh, 2010). Solution Focused Therapy is an exploration of the client's story, seeking to develop client strength through a more helpful narrative or interpretation (Jones-Smith, 2016).

Therapeutic relationship and Solution Focused approach

Every client/therapist relationship is unique (Cozolino, 2010). In any relationship, body language has an impact on the connection, and so perhaps is also involved in the delivery of the compliment. Tone, body, demeanour and relationship are all part of the therapeutic alliance (Geller, 2017). The body and energy matters, so raising an eyebrow, leaning forward or back, eye contact, all affects the message (Berg & Dolan, 2001).

The importance of the therapeutic relationship and attentive connection is fundamental to Solution Focused Therapy (Quick, 2012). The manner and attentive presence of a skilled practitioner is described by De Shazer et al (2007):

Watching a master therapist like Insoo Kim Berg ask the miracle question, it does look easy. But on closer examination, one realises that despite her relaxed demeanour, and soft, restful tone of voice, she is completely focused on the client, every second, fully absorbed and aware of every nuance, every word, careful not to miss any hint about what she is wanting from the session, attentive to any and every explicit or implicit reference to struggles, longings, dreams, goals, resources, strengths, relationships, and fragile hopes. (p. 38).

There have been many studies from various viewpoints of the therapeutic relationship, studying connection, attunement, misses, mis-attunement, and reconnecting. Research into neurobiology and psychology is revealing details of what occurs in neural pathways in relationships (Porges, 2001, 2009, 2011; Seigel 2006, 2007, 2010). Researchers are exploring the 'felt' relationship between the client and counsellor that is sometimes described as the 'intersubjective space' (Coutinho, Silva & Decety, 2014; Larsson, Falkenström, Andersson & Holmqvist,

2018; Falkenström & Larsson, 2017; Lipchik, Becker, Brasher, Derks, & Volkmann, 2005; Murphy, 2015; Stern, 2004; Stevanovic & Koski, 2018; Stolorow & Atwood, 1987).

Studies of relational presence (Geller, 2017) show how the polyvagal nerve calms down the client's nervous system, so more safety and connection is experienced between the client and therapist (Geller & Porges, 2014; Seigel, 2010). Geller & Porges (2014) studied many aspects of expressed therapeutic presence including voice tone, eye contact, patterns of breathing, changes in upper face muscles and tracking the client. These observations involved studying breaks in connection and reconnection the therapist as signs of the therapist attuning to the client's inner world. Therapeutic presence of the therapist was found to include focussed attention, being there and the ability to inhibit self-concerns and judgments (Geller, 2017). They also observed the therapist showing a cyclical process of letting go of internal concerns, ability to receive from the client, observing any internal concerns and then letting go again. This work puts into more specific language what De Shazer et al (2007) observed in Berg as she worked with clients.

Researching into connection and presence between therapists and clients, Geller (2017, p. 50) writes "The (ideal) experience is one of calm alertness. The breath is long and slow, body relaxed, open and alert, heart rate regulated, attention keenly focussed". She goes on to describe more physiological details of this state of being, "vocal prosody (pitch, rhythm, and timbre of the voice) is rich, the body open and face at ease, a general state of calmness is experienced" (Geller, 2017, p 52), all of which supports connection. When the therapist is settled, open and calm, research shows this settled-ness assists the client to feel heard and calm (Geller 2017; Geller & Porges, 2014).

Polyvagal Theory (Porges, 2001, 2009, 2011) proposes that the polyvagal nerve has a key part in our experience of safety and connection. The polyvagal nerve is involved with the physical expression of cues that are associated with safety or danger, communicated from upper face: soft eye contact, authentic voice, and easy body posture. The physiological markers are breathing, soft facial features and open posture, therapist's warmth and welcoming presence. Purposely entraining our body movements, breath and voice tone/speed with the client's, can increase a sense of unity, allowing attunement, connection, feeling of harmony and well-being (Geller, 2017; Geller & Porges 2014; Seigel, 2010). Colosimo & Pos (2015) report in a qualitative study illuminating a number of different aspects of expressed presence, making the distinction between four aspects of presence: be here, be now, be open, be with. They have identifying specific verbal and non-verbal markers of

presence and non-presence (Appendix 13) and suggest these markers can be used to define therapeutic presence; they are specific descriptions of the relationship.

De Jong & Berg (2013) suggest:

Although a practitioner's non-verbal communication is important, we have come to realise that what you as a practitioner choose to listen for and ask is more important in demonstrating to the client that you are respectfully listening. In solution building, as you work hard to listen for who and what are important for the client and quiet your own frame of reference as you select hints of possibility and ask for more details about them with not-knowing questions that incorporate the client's language, your non-verbal communication will naturally tend to match up with what you are saying to them in an integrated fashion (p 35).

During the learning process, De Jong & Berg (2013) concede paying attention to non-verbal behaviour may be useful, but over time paying full attention to the words spoken will result in attunement and congruence.

There is no consensus in the therapeutic world about how change occurs in clients, but McClintock, Anderson, Patterson & Wing (2018) confirm the importance of the client experiencing empathy, and understanding by the therapist early in the relationship, creating a working alliance.

Solution Focused therapists offer a hopeful, respectful collegial stance, where the therapist "leads from one step behind" (De Jong & Berg, 2013, p. 20). This means the clients are seen as the expert in their lives, resourceful, able to access strengths and confidence to make things better for themselves. Solution Focused Therapy is "based on the concept of resiliency, and on clients' own previous solutions and exceptions to their problems" (De Shazer et al, 2007, p. 13). Compliments can be used to draw the client's attention to their strengths and successes, as they move towards their preferred future.

Berg often taught: "A therapist should not leave footprints behind" (Steiner, 2009, p. 225). I understand this to mean not giving or imposing my opinion, constructs, beliefs or advice. I hope that clients are changed by the experience of counselling; changed, opened, more hopeful and richer so they are more able to create the life they want to live. I do not think it is possible to "leave no footprints" (Shennan & Iveson, 2012, p. 289). Social constructionism states we are always making meanings through conversation with each other, so, any conversation may result in some shifting of my understanding. A therapeutic conversation, perhaps more than

most, has the purpose of bringing about some change, conscious change. Change to let go of old hurts, distress, jealousy, panic, anger, anxiety or thinking that has become stuck, fixed and set in a less than useful pattern, gaining more confidence, hope, agency, ability to manage what is happening, more peace.

As therapists, we:

cannot not influence. Influence is inherent in all human interactions. We are bound to influence our clients, and they are bound to influence us. The only choice is between doing so without reflection, or even with attempted denial, and doing so deliberately and responsibly (Weakland, 1993, p143).

Hoyt and Combs (1996, p. 38) say it this way: “There is no neutral position in which therapists can stand”.

Given therapists do influence clients, it seems most helpful to adopt a non-expert, honouring, respectful, stance that consciously privileges the client’s knowing. From a non-expert stance, authentic conversation can emerge and co-construction of the client’s future develop. The therapist’s authenticity, congruence and skilfulness are part of the therapeutic alliance (Geller, 2017).

Some key characteristics of Solution Focused therapeutic connection of therapist with the client include feelings of being held, upheld and respected as the expert in their own life. It is a relationship of trust where emotions and struggles brought by the client are accepted by the therapist and an emphasis on change and hope is fostered. The therapist does not lead or direct where the session goes, but follows the client, while holding the context of hope and possibility of change. All therapists use this therapeutic connection to foster change (Quick, 2012). Lee (1997, p. 10) found that “being supported/validated was the most frequently mentioned helpful element” in Solution Focused Therapy. Quick (2008, pp. 84-5) states “For years, therapists have been taught the importance of empathy, genuineness, and unconditional positive regard, variables described by Rogers (1961).” However, a balance is needed and the clients may value various aspects of the therapeutic relationship:

In contrast to what most therapists learned in graduate school, the research indicates that the majority of clients do not experience empathy from the therapist as nurturing, warm-and-fuzzy focus on their feelings, but as a discerning and thoughtful appreciation of their situation (Miller, Hubble & Duncan, 1995, p 61)

Solution Focused Compliments

Origin and purpose of Solution Focused complimenting

Complimenting came about from De Shazer's observations (1991) and became one of the defining skills of Solution Focused Therapy. Berg and De Jong (2005, p 51) "While there are several ways to begin the Solution Focused process, complimenting is amongst the simplest, easiest, and most useful. It can quickly lead to noticeable transformations and can be amplified using other SF techniques."

In the beginning, Solution Focused compliments were used at the end of a session, after a short break in the session when the therapist would return to the client. Compliments were carefully crafted to create a "mindset of accepting something new" (Reiter, 2010, p. 143). Over time, complimenting has changed to occur throughout the session, and is used to increase clients' awareness of their strengths and resourcefulness to reinforce what is important to them and "to help clients grow more hopeful and confident" (De Jong & Berg, 2013, p. 38).

Compliments can be a platform from which the client can build further solutions, that is, once they know what they are doing that is already helpful and acknowledge that, then they build on it and take the next step. The compliment brings attention to "an action the client took in moving toward the goal, and thus, heightens further expectancy of change and hope of difference" (Reiter, 2010, p. 144).

We have a human propensity to self-criticism, so compliments are powerful and important as "the absence of compliments, criticism is often the default direction" (Thomas, 2013, p. 169). This view resonates with my experience where, in the absence of feedback or affirmation, my mind often fills in the blank with the negative interpretation. In order to turn that around, Kim and Franklin (2015) suggest that "at a minimum, a 3:1 ratio of positive to negative emotions experienced is necessary to help generate sustained positive changes and undo the impact of negative distress" (p. 34). They also propose that positive thinking and positive emotions spiral, open up more creative thinking, options and new solutions. I suggest that compliments are a part of this positive spiral.

Prevalence of Solution Focused complimenting in practice

Compliments are a core part of Solution Focused Therapy; twenty-two out of the forty-three controlled outcome studies of Solution Focused Therapy reviewed by Gingerich & Peterson (2013) identified compliments as one of the therapeutic techniques used. Thomas (2013, p. 101) states “complimenting has been a basic element in SF practice since early in its evolution.” There have been many studies of complimenting over the years (Berg & Miller, 1992; De Shazer 1979; De Shazer & Berg 1997; De Shazer et al, 2007; Thomas, 2016; Thomas & Nelson, 2007). Complimenting remains essential in defining the Solution Focused approach in some circles (Beyebach, 2000), and is widely practiced (Berg & De Jong, 2005; De Jong & Berg 2013; Ratner et al. 2012). Reiter (2010, p. 143) confirms this, suggesting that “SFBT therapists tend to give clients many compliments.”

Three types of Solution Focused complimenting

Solution focused compliments are different to social compliments. A social compliment often includes a positive judgment or some approval e.g. ‘You are a brilliant mother.’ Solution focused compliments are, however, specific ways of affirming and validating the client’s experience. They are evidence-based, plausible and relevant, given so the client can agree with the compliment. They are specific, real reflections from the client’s life of their own abilities and strengths. Complimenting can assist discovery, nourishing the client and encouraging them to find their confidence and hopefulness. Berg and De Jong (2005, p. 51) say that “complimenting is among the simplest, easiest and most useful way” leading to significant change. Fiske (2008) suggests:

it is important to be selective in the compliments we give, choosing those which are well grounded in what we know so far about the clients, which can be delivered with sincerity, and which are likely to be seen by the clients as plausibly related to their goals (p. 63).

Berg distinguishes three types of compliments – direct, indirect and self-compliments (Berg, 1994; Berg & DeJong, 2005; De Jong & Berg, 2013; De Shazer et al, 2007).

Direct compliments

Direct compliments are affirming, authentic statements about the client's strengths and ability, "sincere observations and interpretations" (Berg & De Jong, 2005, p. 51). Direct compliments might be 'I hear how you speak thoughtfully of your children and the care you are taking so they are each getting time with you.' As stated above, all compliments, and perhaps especially direct compliments, need to be sincere, data-based and plausible so the client can accept and agree, stated in the client's language (Fiske, 2008; Ratner et al, 2012) e.g. 'From all you have said about..., I hear how you are very resourceful.' The compliment may acknowledge the difficult situation the client is in, or obstacles overcome so far.

However, direct compliments may easily be ignored by the client (Berg & De Jong, 2005). Thomas (2013, p. 103) recommends "basing one's compliment on and limiting it to observable behaviours.". And direct compliments are "too easily dismissed and can be culturally inappropriate. Direct compliments can also be insensitive to feedback (except for rejection) and open the door to disagreement" (Thomas, 2013, p. 104). There are many differences between cultures, families and individuals in the ease of accepting and giving compliments or validation. Direct compliments particularly may run into these snags.

Indirect compliments

These compliments "are elicited from clients from the point of views of those familiar to clients." (Berg & De Jong 2005, p. 52). A particular style of questioning brings about indirect complimenting when the client is asked to consider what someone close to them would say or observe about them. If they do not have someone close, a loved animal can be the observer e.g. 'What do you think your spouse/best friend/pet would notice about how you did that?' This leaves the space open for the client to speak of this, as observed by the best friend. Corcoran (2012, p. 123-4) suggests "compliments are more powerful when the clients generate them for themselves and experience the sense of empowerment that comes from them. A more empowered view of oneself is more conducive to change than feeling bad about one's shortcomings." Expressions of surprise or wonder – 'wow', 'really', 'umm' are forms of indirect compliments (Fiske, 2008) as affirming, validating expressions. Berg's use of 'wow' has often been noted (Thomas, 2013), her particular expression of genuine admiration.

Self-complimenting

Self-compliments are client's affirming, validating statements about themselves. The therapist will pose "questions in such a way that the clients are placed in the position of describing their successes and hidden abilities, often for the first time" (Berg & De Jong, 2005, p. 52) also naming their strengths. An example is asking 'what is it about you that contributed to you deciding to move on?' 'How come you did that?' 'What did that take?' As noted above, self-compliments often come from therapist posed questions (Ratner et al, 2012), such as 'How do you manage to keep going with that happening?' By inquiring deeply into how the client has coped thus far, and "situating the compliments in the context of the difficult problems" (Fiske, 2008, p. 154) can make it easier for the clients to receive the compliment. And self-compliments may be spontaneous, affirmative expressions by the client.

Thomas (2013) suggests that self-compliments are:

created by encouraging clients' experiences and the meanings of those experiences. Asking questions that probe their change processes, progress towards goals and moments of pride allows reflection on events that can all too often be passed by without a second thought. This process allows therapists to assign significance, examining the impact of the moment on them as well as their impact on the moment (p. 107).

Desired outcome of complimenting

What if compliments were designed to awaken the client to even more of who they are? Hoyt (2013) writes of developing "good stories" about ourselves, and these "good stories" are ones that, "makes sense" [Hoyt quotes Abram (from 1996)]. Abram writes: "making sense can be understood literally, to awaken, or enliven the senses." A new story that "makes sense" to the client is one that:

stirs the senses from their slumber, one that opens the eyes and the ears to their real surroundings, tuning the tongue to the actual tastes in the air, smell to the real surrounding, tongue tastes the air. To make sense is to release the body from constraints imposed by outworn ways of speaking, and hence to renew and rejuvenate one's felt awareness of the world (Abram, 1996 in Hoyt, 2013, p. 22).

That is enough to get me out of bed in the morning, practicing my complimenting! Awaken the client out of slumbers of past experiences and beliefs, shaking them out of the old story into what is here and now with new understanding.

In Solution Focused Therapy therapists offer a hopeful, respectful stance, where clients are seen in the light of their strengths and hold confidence they can make things better for themselves. Compliments can be used to draw the client's attention to their strengths and successes, as they move towards their preferred future with more positive emotions (Kim & Franklin, 2015).

Quick (2008, p. 81) concludes her Solution Focused sessions with a three-step intervention of "validation, compliment and suggestion." She proposes that validation reflects back to the client the words and perhaps also the feelings and emotions expressed letting the client know that what they have said makes sense and is fully heard, so validating their experience. Validation of their experience can be in itself, helpful to "interrupt the invalidation that clients so often receive both from self and others" (Quick 2008, p 85). As O'Hanlon and Bertolino (2002, p 52) suggest, "we let people know their experiences are valid. They are not bad, weird, sick, or crazy for being who they are and experiencing what they may. And, other people have experienced the same or similar things." Validating the client requires sensitivity to their situation. Some clients are relieved to know their reactions are "normal" (Quick, 2008, p. 86) and, they are not alone in thinking and feeling as they do. For others, they are invested in their "uniqueness" (Quick, 2008, p. 86) and want to know it makes sense that their reaction is "different to the rest of (their) family" (Quick, 2008, p. 86). Validation can be very important to settle clients, knowing they are not going crazy. Whatever, the fine detail, the validating message is 'you make sense'.

Compliments are used in Solution Focused Therapy to validate what clients are doing well or to acknowledge the challenges they are facing. Giving compliments may support the client to change by validating and acknowledging the client, also showing the therapist is paying close attention and cares (Berg & Dolan, 2001). Indeed, whatever the client has done that has prevented the problem from getting worse, or much worse, is used by the therapist to compliment and perhaps encouraging experimentation so the client can figure out "how to do more" of whatever is working (De Shazer et al, 2007).

Kiser, Piercy, and Lipchik (1993) suggested positive emotions are integral in clients creating solutions. The role of physical feelings and emotions in the Solution Focused compliment may be a part of clients feeling more hopeful and optimistic with "upward spiral process that is set in motion as clients continue to experience

positive emotions” (Kim & Franklin, 2015, p. 32). Recent research by Gadeikis, Bos, Schweizer, Murphy, & Dunn (2017) studied how remembering positive memories changes emotional states which may be applicable in some types of indirect complimenting.

In summary, the process of complimenting is to validate, recognise and encourage the client. The desired outcome includes the client seeing their strengths or qualities and acknowledging actions taken towards achieving their goals in making things slightly better.

Social Constructionist Approach to Co-construction in Therapy

Importance of language in the therapeutic conversation

From a social constructionist perspective in a therapeutic conversation, there is an exploration of meanings and co-constructing of new meanings (McGee, Vento & Bavelas, 2005; Strong, 2006). We are meaning-makers who create stories of our lives and as we work with clients, there is a wordsmithing that occurs between the client and therapist (Strong, 2006). Some of these stories are more helpful than others. In the therapeutic conversations the meanings, assumptions and unconscious interpretations that have been taken-for-granted, are shaken loose, and new openings explored. From this new understanding, a different set of possibilities may emerge for the client (Hoyt, 2013). Shifting of the client’s problematic view point to a broader, more helpful story through the exchange of thoughtful, probing language is the purpose of solution-focused conversations.

Selfhood in social construction

We are social beings, our interactions with other people are part of what makes us human. Burr (2015) identifies that being human is “our ability to use symbols to represent things and events, especially our use of language. It is language that allows us to internalise social interaction, to represent it to ourselves and think about and reflect upon it” (Burr, 2015, p. 216). She goes on to suggest that our ability to reflect critically on our actions is possible, due to language and so there is some concept of self that is doing the reflecting. In different cultures, there are different understandings of self. In social constructionist terms, the social understanding and concepts about self, vary. But in most cultures, it seems there is some understanding about selfhood and other, this is me,

this is you, this is we. And each of us, is a different, individual expression. We are actively making our mental realities, how we interpret and make sense of the patterns of the past, present and future has a profound impact on our lives. Stories about ourselves may be limited or unhelpful (Hoyt, 2013). We each make those meanings and stories about ourselves, consciously or unconsciously.

In social construction, self-identity is regarded as a construct occurring from the meanings “culturally available to us, and which we draw upon in our communications with other people. A person’s identity is achieved by a subtle interweaving of many different threads” (Burr, 2015, p. 123). Burr (2015) describes many threads of identity including age, race, occupation, gender, education, intelligence and physique; “all these and many more are woven together to produce the fabric of a person’s identity” (Burr, 2015, p. 124).

Burr (2015) describes how we are in and amongst the interpretations and meanings that make up our identity, making them hard to recognise:

For each of us, then, a multitude of discourses is constantly at work constructing and producing our identity, which therefore originates not from inside the person but from the social realm, a realm where people swim in a sea of language and other signs, a sea that is invisible to us because it is the very medium of our existence as social beings. A further implication is that identity is never unitary or stable. It is more accurate to speak of a person having multiple identities which are in flux and shifting, constituted and reconstituted across the discursive terrain (Burr, 2015, p. 126).

Burr (2015) emphasises that we construct our identity from the stories around us. We experience the world through this lens of our adopted stories and meanings. Although the person is constituted by these meanings, they have some ability of self-reflection, and so are able to make some choice with other points of view. With this view of fluid, changing identity, I am curious about what may be happening when the counsellor offers the client a compliment, wondering if there anything to suggest when a compliment is given that the client’s identity shifts, changes or extends.

The effects of complimenting

When a Solution Focused compliment occurs, whether direct, indirect or self-compliment, it is acknowledging and validating the client. These compliments touch threads of previously held meanings about value, strengths or qualities in the client. The words of the compliments often result in a physical, felt experience in the body by

both client and counsellor, this can be described in many ways. Colosimo & Pos (2015) identified detailed verbal and non-verbal markers of therapeutic presence, relating to the observed changes in the counsellor. The counsellor may notice the client move, breathe, alter physically or change in voice tone, or verbal response (Geller, 2017), in this case, as they hear the compliment.

The words of the compliment can perhaps be seen as illuminating the meanings about self which are held in the client. If the compliment is congruent with a meaning in the client, then it may “land” or resonate in the client, as it is accepted, the client may be seen perhaps to physically relax, eye contact maintained, breath softens, facial changes such as a smile, and may well be followed with the client expanding this with self-complimenting or other words demonstrating they heard the compliment. Very detailed studies have been made by Ekman & Rosenburg (2012) of facial changes in different situations and emotions. If the compliment is not congruent, or is a new view about self-value to the client, then it may not be received which can be seen by the counsellor with perhaps eyes looking away, movement of the body, shoulders move, change of subject and the compliment is ignored or dismissed (Geller, 2017; Pomerantz, 1978; Thomas, 2013). Or the compliment may be met with curiosity, further questioning from the client, maybe a frown, or pause in breath, head on one side, narrowing of eyes and other facial changes. There are myriad possible responses to a compliment, due to the myriad of meanings held in the client.

Raising awareness of the meanings about ourselves, or beliefs threading in us, gives a chance for change. Burr (2015, p. 143) suggests, “the choices are available to a person in how they may take up or resist the positions on offer to them, and to this extent the person can be seen as a negotiator of their own identity”. By examining what occurs in us, we are perhaps helped to move to “less personally damaging” (Burr, 2015, p. 142) positions about our worth, validity, value - these key aspects of our identity and self-hood.

A direct compliment is given in the present moment, but may trigger a memory, an old meaning that the client has about themselves. It may open up a new meaning about who they are and their strengths and abilities. They may see themselves in a new light as the meanings the client holds about themselves changes or expands.

Indirect compliments refer to a relationship with someone near to the client, to see what qualities they have or would see in the client. This may involve rekindling memories of when the client was held in regard or appreciation by the other. This type of complimenting brings a third person into the therapeutic conversation, another relationship, which poses some interesting ideas and possibilities of memory and imagination. Memory

and recall is a complex area of study. Recently, Pascuzzi & Smorti (2017, p. 28) examined the “relationships between emotional regulation, autobiographical memories and life narrative”. They suggest the “retrieval of reappraised events has a positive effect on individual wellbeing and, in particular, the ability to regulate emotions in a virtuous circle” (Pascuzzi & Smorti (2017, p. 34). This research indicates the value of taking time to explore fine grain details in recalled positive moments and embody again the earlier experience, rekindling the experience of positive emotions. It is possible that indirect compliments may result in a profoundly hopeful, expanding effect.

Solution Focused complimenting aims to increase the client’s awareness of their strength and resourcefulness to “grow more hopeful and confident” (Berg & De Jong, 2013, p. 38). The stories we tell ourselves, for well or ill, contribute to our self-image. Compliments may play a part in developing new stories, as others see things we do not see about ourselves, validating and affirming strengths. Perhaps complimenting contributes to shifts of the meanings and constructions about self. “Affirming the client’s strengths and competencies and empowering them are the goals of solution based therapeutic approaches (Berg & De Jong, 2008; MacMartin 2008) – compliments are an action consistent with those goals” (Weatherall & Gibson, 2015, p. 166).

Hope in social construction

There is a large body of research on hope in the therapeutic field; hopelessness, explicit and implicit hope, unrealistic or unshared hope, false hope, foolish hope, informed hope, portfolio of multiple hopes, the role of hope in therapy, and if hope is a verb or noun, present or created. There are many aspects and different definitions of hope: Schrank, Stanghellini & Slade (2008) identified 49 different definitions of hope in the literature and 32 scales for assessing hope; there is no one view of hope. There has been a question to the helpfulness of hope as philosophers and teachers have proposed hope is the cause of human suffering as we reach for the unattainable. (Bernardo, Salanga, Khan & Yeung, 2016; Blundo, Bolton & Hall, 2014; Edwards & Jovanovski, 2016; Flaskas, 2007; Fredrickson, 2001; Fredrickson, 1998; Hoyt, 2013; Larsen, Edey & Lemay, 2007; Larsen & Stege, 2010a; Larsen & Stege, 2010b; Larsen, Stege, Edey, Ewasiw, 2014; Luthans & Jensen, 2002; O’Hanlon & Bertolino, 2002; Reiter, 2010; Snyder, 2002; Weingarten, 2010). Yet, hope is consistently seen in research as one of the things that makes the difference in creating change (Blundo et al, 2014; Fiske, 2008).

The many understandings of hope, makes the topic challenging to negotiate clearly. I find it helpful to think about hope on a scale from unhelpful hope to helpful hope. The unhelpful hope has a feel of desire, illusion, sticky, grasping, forever chasing and it has an empty quality, an irrational or unattainable optimism. At the other end of the scale is a different quality of experience - hope that is unattached to the outcome, open, creative, purposeful, enriching, energising and is connected to resilience, sense of choice and willingness. This hopefulness includes the ability to look forward to the day's challenges, whatever the physical or emotional circumstances. In this understanding of hope, the concept of a 'portfolio of hopes' so that if "one hope is dashed, others may remain" (Larsen & Stege, 2010b, p. 306) is useful, not just one hope.

Snyder (2000) defined hope as having two components, a will and a way. This hope makes the difference when the chips are down in difficult situations, some people rise to the occasion, finding something that has them strive to overcome challenges in remarkable ways. Admiral Stockdale, a prisoner of war for seven years in Vietnam, said the optimists repeatedly were disappointed and many died of broken hearts; while those willing to face the situation, and remain open to possibility, lived (Jarrett, 2013). This ability to be realistic, laced with a determined attitude knowing we can't change what happened, but we can change our attitude and actions, is an engaged hope. Recent work (Bernardo, 2010; Bernardo et al, 2016) also shows hopes may have a collective aspect, and hope maybe held in relationships, families or communities.

Solution Focused Therapy takes a fundamentally "*realistically hopeful*" stance (Fiske, 2008, p. 280) where an assumption is held that things will change, and the therapeutic conversation focuses on "evidence for strength, resource, and resiliency, and for withstanding, overcoming, coping, and doing one's best" (Fiske, 2008, p. 280). Whatever is happening now, will not last, and I can do something to influence the outcome. Blundo et al (2014, p. 58) state "hopefulness is reinforced by enhancing a sense of personal ability (agency)." I agree with Fiske (2008) that there needs to be some sense of realism, evidence-based strength and perhaps even the courage to act and that this is enhanced by a sense of hopefulness in line with Snyder's (2000) studies.

There are many ways to look at hope in therapeutic relationships. One idea is that the therapist holds and instils hope in the client, but this is not in alignment with the Solution Focused non-expert therapeutic stance. Another view that hope is always present, waiting to be found, is proposed by Fiske (2008). She writes "as a Solution Focused therapist, I assume that hope is available: my task is not somehow to *create* hope, but rather to "tap into" an existing, if hidden resource" (Fiske, 2008, p. 19). In this case, the therapist holds the possibility of hope

being present. This is what Berg speaks of with the therapist being the “tap on the shoulder” (Campbell, Elder, Gallagher, Simon, & Taylor, 1999, p. 46) for the client.

Studies suggest there is a co-construction of hope in the therapeutic experience between the client and therapist, hope is built in the recognition of strengths, qualities and possibilities (Blundo et al, 2014; Kim & Franklin, 2015; Larsen et al, 2007). Complimenting may contribute to some clients gaining more sense of their strength, resiliency, creativity, hence ability to act as they build more hopefulness. So, then the question becomes, what happens in the conversation with the client that enhances this nebulous, yet important, quality called hope that is integral to Solution Focused Therapy? Researchers (Blundo et al, 2014) have identified some of what assists the emergence of hope in Solution Focused Therapy, presenting a list of the most important Solution Focused skill sets to bring about more hopefulness, they state:

It is critical to acknowledge through constructive and collaborative questions that the clients are expert in their own lives. Understanding their own world context holds potentials for change in making things better. It is out of his or her own sense of possibilities that hope can emerge. The experience of one’s own strength and abilities is life-enhancing and leads to hopefulness. (Blundo et al, 2014, p 58).

Blundo et al (2014) do not mention Solution Focused complimenting in this process, but I suggest, this is one Solution Focused technique that directly addresses client recognition of their strengths and their own sense of possibility, confidence and courage.

In the therapeutic conversation, it is helpful to encourage consideration of many hopes, hopes that “go beyond the individual” (Harris & Larsen, 2008, p. 855), so the hope in relationships is increased, so all does not rest on one hoped for outcome. Conversation acknowledging the circumstances such as losses or pain, and then identifying multiple hopes opens up more possibilities (Larsen & Stege, 2010b). This co-construction of multiple meaningful hopes can be encouraged with Solution Focused complimenting in which there is some acknowledging of the client’s capacities, talents, meanings, purposes and abilities. In my experience, as my sense of my strengths grows, so does my capacity to hope for more in more areas of my life and I start to dare to dream of more. Complimenting and validation may play an important part in this spiral of expansion as previously suggested by Kim & Franklin (2015).

Concerns about Complimenting

Despite all the literature cited thus far in which researchers and practitioners highlight the beneficial use of compliments in Solution Focused Therapy, there is debate about the validity of using compliments. Some Solution Focused practitioners suggest compliments are fundamentally counter to the not-knowing stance taken by the therapist as compliments may be value judgments. This applies particularly to direct compliments, as the therapist becomes the expert, and the not -knowing stance is lost.

The original intent of the compliments (De Shazer, 1985) was to create a mindset so the client was more likely to comply with the task set by the therapist. However, the counter view of this is offered by Shennan and Iveson (2012) who suggest that having eliminated any task-setting by the therapist, “compliments were dispensable” (p. 289). They expand this view by noting that complimenting could be seen as taking a one-up position by the therapist, that the therapist somehow knows what is worthy of encouragement in the client, so in order to take a non-expert view, so summaries are used instead (Shennan & Iveson, 2012).

There could be another way of looking at compliments, especially if they are used throughout the session with the purpose of validating and encouraging the client. This approach, suggested by Thomas (2013, 2016), honours that therapists have views and there is value in offering them “kindly and tentatively” (Thomas, 2013, p. 102) while “extending curiosity and hedging as we remain tentative” (Thomas, 2016, p. 6). This way of complimenting can give space to compliments being received usefully and leading to growth of the client’s self-confidence and sense of agency. Thomas (2013) adds that there is a difference between “not knowing” and “know-nothing” and he suggests offering his opinion as a compliment, and then watching the client’s reaction so “the compliment, kindly and tentatively offered, is assigned meaning by the other, which should recursively inform my views and future actions” (Thomas, 2013, p. 102).

Thomas (2013, p. 108) writes of complimenting in supervision:

Complimenting is an art. Subtle differences can result in overstatement (insincere flattery) or understatement (unnoticed difference). The SF approach offers multiple means towards complimenting, but it is important to keep in mind that the supervision relationship can have significant influence on the results.

Yet another way of looking at compliments is offered by Paul Hanton, Associate Professor Judi Miller and Connie Elliot, all experienced practitioners, who report they use validation more than complimenting (panel discussion at Solution Focused Conference NZ March 2017). They suggest direct compliments that include a judgment e.g. 'That was good' or 'You were strong to do that' are easy for the client to dismiss; so, they use validation. This view is also promoted by practitioners at BRIEF, The Centre for Solution Focused Practice in London.

My discomfort about complimenting includes the manipulative aspect that may occur when praising 'this' in order to reduce 'that' behaviour or attitude. If it is praising what I like, or approve of, then this not necessarily about the client. As a therapist, I have lost my non-expert stance. The idea of using compliments to change behaviours to what I prefer is unsettling to me. So, to address this I am curious to notice what occurs in the flow and perhaps messiness of sessions. Perhaps listening deeply, hearing what matters to the client, and validating or complimenting the client is helpful, useful or more congruent for them, as may be reflecting this back to the client so they can notice their own behaviour. Perhaps it is not about introducing something new or different to that which the client has presented to me in the session.

In my attempts to grapple with this topic, I found it useful to imagine the opposite of what seems like common sense or the opposite of what seems to be commonly held in Solution Focused Therapy. In this case, if this is all a social construct, we could have a different construct, where pain and suffering are held in high worth and then compliments on the ability to suffer and stay in a painful place would be offered. In my childhood, in a religious setting, we lauded martyrs and held in high regard explorers and war heroes those who suffered great pain.

Any point of view can be approved of, commented on and so perpetuated, depending on whether the therapist chooses to ignore or emphasise and compliment the client. This puts into the therapist's hands responsibility for a deep personal questioning practice. A reflective practice will illuminate the dark side of unnoticed assumptions and blind-spots in my practice, such as those embarrassing, revealing moments when I have automatically said 'well done, or great' and then seen the client's face slightly crumple, and realised I possibly missed the client. In order to address this, I will study some non-verbal forms of data of therapeutic relationships as identified important by Colosimo & Pos (2015).

When the therapist comments on one aspect, he or she lets others go. The explicit bias and construction towards paying attention to the client's strengthening, hopeful behaviours and beliefs is a stance taken by a Solution

Focused therapist. This is seen in the video recordings of Berg at work. She lets slip by any self-denigration and problem talk bringing attention and time to the glimmers of something different, some hope of something different in the interaction that seems more useful to the client. We cannot escape from this shaping and influencing of each other using our approval, omission or disapproval and in Solution Focused therapy there is an assumption that it is therefore better to do it consciously, thoughtfully and transparently.

A compliment from anyone in authority or of influence can have a big impact. I believe it matters greatly how we use compliments and that we are sensitive to the dynamics. Tentativeness, as suggested by Thomas (2013), diminishes the possibility of this power imbalance.

Today there are different schools of thought in Solution Focused Therapy, with the changing emphasis from complimenting to validation, such as BRIEF in London. There may be also be cultural effects of how complimenting is received, for example e.g. UK, Japan/US (Katsuta, 2013). Thomas' (2016, 2013) approach of offering any compliment with tentativeness, wonder, curiosity and respect and learning from the client's response is most likely to be helpful.

Conclusion

The review of the research literature establishes the widespread use of Solution Focused compliments. However, many questions remain unanswered about what happens and how compliments work in practice. There have been recent qualitative studies on Solution Focused therapeutic techniques, but not on Solution Focused complimenting.

This study explored my intentional use of Solution Focused compliments in counselling sessions, guided by my research question: *How are Solution Focused compliments experienced by clients and a counsellor in counselling sessions?* I examined what the client said, and what were their perceptions of complimenting. I attempted to study aspects of how clients experience various Solution Focused compliments, and wondered if they were validating, or if hope or confidence increased, as De Jong & Berg (2013) suggest. In addition, I studied what happened for the counsellor during complimenting.

In the next chapter, I will describe my methodology and methods, including the study design including data collection and analysis. I will address issues of rigour, trustworthiness and ethical issues in my study.

Chapter 3: Methodology and Methods

Introduction

In this chapter I include my Theoretical Perspective as a researcher and counsellor. I explore the various Methodologies and describe my reasoning for my selection of the approach taken. I describe the Methods and Research Design I used, including the selection of participants and how I collected the research data. All of the study is underpinned by Ethical Considerations which are both from Canterbury University and from my professional body, the New Zealand Association of Counsellors. Part of all research design includes Rigour and Trustworthiness so I have outlined how I have taken these considerations into account. I have described my process to analyse the data using my transcriptions, coding, identifying themes and thematic analysis in the section on Data Analysis.

The methodology and methods used are designed to assist studying my research question: *How are Solution Focused compliments experienced by clients and a counsellor in counselling sessions?*

My Theoretical Perspective

Having lived for over fifty years, I come to this study with many ideas and life experiences that shape my perception. I have worked in the field of human development and transformational learning for twenty-eight years working with different cultures and in many countries. I have travelled extensively and lived in cities and in rural settings. I have studied various teachings and philosophies, including Gestalt, Hakomi, Cognitive Behavioural Therapy, Mindfulness, More to Life, Psychodynamic, and, Attachment Theory. Most recently I have become a student of the Solution Focused school of counselling.

Inevitably my view of the world is affected by my life experiences, consciously through my studies, and, also unconsciously through previously unnoticed events that have contributed to shaping my belief system and perception of the world. I came to this study willing to use this exploration to awaken to more understanding in myself, develop my skills as a researcher and hone my practical counselling skills of effective complimenting.

This study involved a significant, valuable inner journey with examining my belief system, meanings and some updating of my own stories.

As a counsellor, I am curious to develop my way of being authentic while offering compliments with “tentativeness” (Thomas, 2013, p. 73) and as elegantly, kindly, effectively and compassionately as possible so I am affirming and validating the client. This is most likely when I have “unconditional positive regard” (Jones-Smith, 2016, p. 266) for the client, as described by Carl Rogers (1957) as curious, wondering and not-knowing.

Immediately the tension is set of knowing and not knowing. I am exploring the terrain of standing in the unknown and meeting the unknown in the client, while bringing the insights from other practitioners and researchers to improve my therapy practice. I am using this study for the examination of my ideas, assumptions and unnoticed thinking to become more cognisant and skilful in Solution Focused complimenting. I am ready to be confronted with unknowing what I think I know, and finding, what I hope to be, a new knowing and richer understanding of myself as a therapist and human being and to be more useful to my clients. In the process my best hope is that some useful learning will be offered to other therapists.

My research assumption is that complimenting can be helpful; transformative even. I assume that when a compliment lands deeply in the heart of the client, transformation is possible, that the client will never be quite the same again after being deeply seen, known, validated and recognised by another. Compliments have this potential, hence why I am interested to practise and examine what makes them effective, or not. I assume this is possible. I assume it takes skill, connection and focus to learn to deliver compliments with the searing accuracy with which I have received compliments in my life, I assume that compliments of this profound nature are rare and may not happen in my study, but that it is possible to become more skilful and improve, and my intention is to explore with an open mind.

Throughout my studies, I have been curious about self, emotions and connection, including the therapeutic relationship between counsellor and therapist. Alongside this I have a scientific background and training, so methodologies that have rigour and can encompass all these aspects appeal to me. I suspect this is why the microanalysis methodology is interesting to me, and also, I suspect that this is what drives my interest in observation of people’s physiology and posture along with curiosity about how neuroscience can explain what is happening at another level. Furthermore, I am curious about the process of academic research and while I was aware of some of the challenges ahead (Bager-Charleson & Kasap, 2017), I wanted to develop my counselling

skills and precise thinking.

Methodology

Qualitative research

This is a study of Solution Focused complimenting in counselling sessions and how clients experience what happens when one of three types of validation occur: a direct, indirect or self-compliment. This study involves some fundamental questions about how do I know if complimenting has an effect, or not? What tells me there was an effect, or not? It is a study of human experience, including the counsellor's experience.

This is the domain of qualitative research (Taylor, Bogdan & DeVault, 2016) where real-life experiences are explored by including different voices, including that of the researcher. This approach aims to enrich the understanding of a human interaction or experience. Qualitative analysis uses the language of interaction as the raw data, in this case the language in a counselling session. The qualitative approach allows rich descriptions of individual experiences. Mazzei (2008) challenges qualitative researchers to pay close attention:

I assert that in our zeal to 'capture voices' and make meaning, or to make sense, we often seek that voice which we can easily name, categorize, and respond to - the one that is tame and friendly. We seek the familiar voice that does not cause trouble and that is easily translatable. We seek a voice that maps onto our ways of knowing, understanding, and interpreting. A more productive practice, however, would be to seek the voice that escapes our easy classification and that does not make easy sense – the voice in the crack (Mazzei, 2008, p.48).

My approach will be to listen to this deeper thread in my data by studying tone, facial expression and verbal communication as I attempt to understand complimenting from several individual client experiences, "what they experienced and how they experienced it" (Creswell, 2013, p 76) and what I experience as the counsellor offering the compliments.

Qualitative researchers acknowledge there are multiple interpretations of reality which fits well with a social constructionist view point (Creswell, 2013). In qualitative research, the researcher includes the different

interpretations and understandings revealed in the study, including those of the researcher. For this research, I studied several individuals in counselling sessions and explored what happens when Solution Focused compliments are offered. I used my reflective writings to reveal my view and biases to the study, as a further source of data. There is an emergent quality in the research as I, the researcher, and the counsellor, gained more understanding during the course of the study.

There are many different methodologies in qualitative research, and the methodology used shapes the analysis of the data. West (2013) offers the advice of careful selection of methodology that may be an iterative process, and encourages use of a pragmatic approach “that gets the job done effectively and elegantly” (West 2013, p 66). I sought a methodology that opens me up to the murky edges in the data, the voice that whispers in the cracks to hear more subtly and nuances (Gendlin, 2009; Mazzei, 2008; West, 2011).

Methodology selection

I looked at other studies where an aspect of counselling practice was examined. A range of methodologies have been used including Phenomenology, Grounded Theory, Discourse Analysis such as Conversational Analysis and Thematic Analysis. I considered a number of options.

Phenomenology is the study of a phenomenon of interest (Creswell, 2013). In this case, I am studying complimenting. The researcher enquires into the experience of the phenomenon and what affected that experience (Moustakas, 1994) in a highly- structured manner. The method uses multiple in-depth interviews and other data such as music, art and poetry (Creswell, 2013). This method encompasses a broader scope than my study, so I decided it is not suitable.

Grounded Theory (Creswell, 2013) is used to examine the data and develop a theory such as Brewer’s (2016) study of the development of hope in therapeutic interventions. This seemed too large a project for my thesis; more suitable for a longer-term study (e.g. PhD thesis), so I decided not to use this approach.

There are various methods of Discourse Analysis, some have a micro-analytical approach, such as Conversational Analysis used by a number of researchers (Strong, 2007; Strong & Pyle, 2012; Strong & Pyle, 2009; ten Have, 2007; Voutilainen, Peräkylä, & Ruusuvuori, 2011), including some Solution Focused studies

examining of the development of meaning in conversation. Conversational Analysis studies the sequential building of meaning in conversation. To build an understanding of the exchange, many fine details of a conversation are recorded, including words, emotions and physical movements. The method enables study of conversations and how people build on, or negate, a previous statement creating “forward movement in their conversation” (Strong & Pyle, 2012, p. 103). This approach fits well with social constructionism and with the Solution Focused approach, as both are based on the notion that knowledge is shared and constructed in conversational exchange. It is also suitable to study a phenomenon in conversation, such as complimenting sequences.

Microanalysis is a version of Conversational Analysis methodology recently used in studies of Solution Focused therapeutic exchanges (Bavelas, 2012; De Jong et al, 2013; Froerer & Jordan, 2013; Jordan, Froerer & Bavelas, 2013; Kim & Franklin, 2015; Korman, Bavelas & De Jong, 2013; Weatherall & Gibson, 2015). These studies examined various aspects of Solution Focused practice including the Miracle Question, positive emotions and co-construction, but did not study complimenting sequences. Richter (2015) used Microanalysis in her Master’s Thesis to study the Solution Focused question “What’s Better?” and she reported finding this a useful, precise approach in increasing understanding of what occurred in the counselling sessions. So, I decided that using Microanalysis would be suitable for this study.

Several months into my research, however, after I had looked closely at the complimenting exchanges in my study using microanalysis I found some shortcomings to using this methodology, partially related to some limitations with the data quality due to my filming. In addition, I found themes in the data I wanted to explore further. I explored other research papers that used Thematic Analysis, a well-developed, rigorous methodology in qualitative analysis used in many studies of counselling (Braun & Clarke, 2006; Ciclitira, Starr, Payne, Clarke & Marzano, 2017; Smith & McDuff, 2017; West, 2013). There are various versions of Thematic Analysis, but a prevalent and meticulously described method was proposed by Braun and Clarke (2006) (see Appendix 11). It has become the most widely cited form of Thematic Analysis in qualitative research (Clarke & Braun, 2017) and was used by Mulqueen (2015) in her study of the summation message in Solution Focused counselling and supports my decision to use this approach.

Thematic Analysis is compatible with the constructionist approach as in this method of qualitative research, each voice is considered as the researcher is interested in hearing many threads of the stories, capturing multiple meanings from the lived experiences. The aim of Thematic Analysis is “to identify, and interpret, key, but not

necessarily all, features of the data, guided by the research question” (Clarke & Braun, 2017, p. 297). This method acknowledges there is no one objective truth, but many strands of knowledge are considered and valued and the “researcher subjectivity as a resource (rather than a problem to be managed)” Clarke & Braun, 2018, p. 1). This fits with the Solution Focused philosophy and approach and my commitment to reflexivity and research rigour. Bringing together Thematic Analysis with aspects of microanalysis are compatible approaches that bring depth to the study as both methods acknowledge that people construct meanings and these can be explored broadly and in fine detail. As Taylor et al (2016, p. 11) recommend: “There are guidelines to be followed, but never rules. The methods serve the researcher; never is the researcher a slave to procedure and technique.”

Using the Thematic Analysis method, I followed threads and explored complimenting in a broader context in addition to including the detail I had identified using Microanalysis. I was also guided by the following six-phase approach (reproduced from Braun & Clarke, 2006, p. 87):

1. **Familiarisation with the data** - reading, transcribing, immersing in the transcripts, videos, notes
2. **Generating initial codes** - identifying summary words/phrases, coding across entire data set, collating data into each code
3. **Searching for themes** – collating codes into potential themes, themes are patterns in the data
4. **Reviewing themes** – checking the themes identified are valid
5. **Defining and naming themes** – getting the themes more defined, refining the themes
6. **Writing up** – creating an analytical narrative referring to literature.

I agree with Braun and Clarke that although these phases are sequential with each building on the previous phases, “analysis is typically a recursive process, with movement back and forth between different phases” (Braun & Clarke, 2006, p. 86). There is an organic approach to coding, actively acknowledging the researcher’s perspective in the coding and themes which are seen as “key characters in the story we are telling about the data” (Clarke & Braun, 2018, p. 2), and so the “themes are active creations of the researcher” (Clarke & Braun, 2018, p. 2).

My approach to the analysis has been inductive, working with transcription data, coding and then drawing codes together. The process involved coding, re-coding, grouping the codes and reviewing, so the coding defined the content of each themes.

Method and Research Design

Participants and the research setting

The New Zealand Association of Counsellors' Code of Ethics (New Zealand Association of Counsellors [NZAC], 2016) guided my study concerning how to respect client autonomy. I considered offering current counselling clients the opportunity to be part of this research, however, this is potentially a complex dynamic, changing the counselling relationship. Clients might agree out of some sense of duty, or coercion. So, as a researcher, I decided this was tricky territory and working with new clients would be more ethical.

To ensure my invitation to be a part of the research was offered so the client was freely able to decide to participate or not, I designed a poster as an Invitation to Participate (Appendix 1). I put the poster on my door in the counselling centre and I asked my two fellow counsellors to do likewise. In addition, I gave the poster to the local social work service to put on their notice board. This Invitation invited a response by phone or email. Upon enquiry about the study, I gave them an Information Sheet (Appendix 2) and a Letter of Consent (Appendix 3). Once they read these documents, they contacted me again. If they were interested in being part of the research, we booked a session to meet. I took the first three willing clients, over twenty years old, who could work with me for up to three sessions.

When we met, I went through the Information and Letter of Consent verbally, clarifying and checking full understanding before they signed the Consent. At the start of each session, I checked again the client's willingness to give consent to being part of this research and to being videoed. I wanted to be sure they freely participated, or could withdraw. We talked about it being OK if they requested a session be deleted from the study at any time up to transcription and coding.

All sessions were held in the counselling centre in my counselling room or in a mutually agreed private room.

Data collection

My study was on how direct, indirect and self-compliments are received by the clients in a counselling session, using qualitative research methods of data collection. I used client rating scales, video recordings, reflection by

the client after the sessions, field notes and my reflective journal. I will expand on each of these aspects below.

Client's Research Rating Scales

My standard practice at the start of my counselling sessions, is to use an Outcome Rating Scale (Miller, Duncan, Brown, Sparks, & Claud, 2003) as a tool to assist the client's personal reflection. For this research project, I adapted the Outcome Rating Scale to create a Research Rating Scale (Appendix 5) which includes scales on self-confidence, hopefulness and agency (motivation for action) as I am wondering if complimenting will impact the client's experience of these aspects.

After transcribing the first client's work, I wondered if it might be useful to offer the clients the Research Rating Scale at the start and at the end of each session. This is not usual practice. Typically, I give clients a Session Rating Scale (Duncan, Miller, Sparks, Claud, Reynolds, Brown & Johnson, 2003) at the end of the session which gives clients an opportunity to reflect on the therapeutic relationship, relevance to the client's goals and topics, the method used and overall effectiveness of the session. For the research sessions, I deviated from this standard practice, and at the beginning and end of the remaining sessions in the study, I gave the clients a Research Rating Scale.

Video recordings

I made video recordings of the counselling sessions (see ethics section). I checked at the start of each session that the client was in agreement to have the session video-recorded. In one instance, the client's skin condition was such she requested to not to be videoed, but accepted audio recording. I turned the computer so it video recorded me, not the client. I often used two recordings (iPad and computer) to ensure I got good enough quality, especially after the computer did not always record.

Post session client reflection

Immediately the counselling session finished, we paused, then moved into an approximately fifteen-minute semi-structured reflection with the client. I gave the client a brief questionnaire (Appendix 4) about their experiences of complimenting in the session. The questionnaire included some scaling questions about moments when complimenting occurred. Often some conversation and discussion about the session ensued as well.

Field Notes

Field Notes are considered a very important part of good qualitative research (Bogdan & Biklen, 2007). To make these Field Notes as effective and useful as possible a structured approach with attention to the fine details of the session is recommended. I developed a sheet of post-session reflective questions (see Appendix 6) for myself as the researcher reviewing the session. I wrote the Field Notes immediately after the sessions, following the structured series of questions to prompt my thinking and keep focussing on complimenting and my experience of the session.

Reflective journal

After a session, I wrote in my reflective journal, writing or drawing about whatever caught my attention in the session. I value my reflective practice, it is a place I explore ideas, snags, upsets, conflicts and notions with the purpose of deepening my understanding of theory, making sense of the practice of counselling and growing my confidence in myself as a counsellor. The foundations of this exploration are “certain uncertainty, serious playfulness and unquestioning questions” (Bolton, 2001, p. 70). I am encouraged by Dallos & Stedmon (2009) to explore some of the messiness of clinical practice, and to linger in the “swampy lowlands” that Schön (1983, p. 42) identified as the place of riches. I have found gems in the practice of writing, scribbling or sketching by hand into some of the discomfort or unease at the edges of my understanding. For many years, I have enjoyed my journaling and this study has provided a new focus; in the process adding theoretical depth, as well as strengthening my skills and my compassionate courage as a practitioner.

I made extensive use of my reflective journal during all stages of the process. I included reflection from further reading about compliments as I immersed myself in the transcriptions, wondering what is a Solution Focused compliment? Writing and reflecting about trying to get it right, noticing fears of not seeing anything valuable and having nothing to say. I wrote about my concerns and hopes, the journey as a researcher and as a counsellor, encouraged by other scholars in my process of reflexive practice-based research (Bager-Charleson, 2014; Bolton, 2001; Jarvis, 2009). I was concerned I was not correctly identifying compliments - so considered in my journal what is compliment, affirmation, validation, and is there a difference? I drew diagrams and charts, scribbling, drawing, writing, using a free flow approach. The one deal I made was to use my journal daily, anything; just write something during the study.

As I studied the data, I became more able to observe myself with kinder eyes that were inquiring, wondering and discerning with an increasing ease of letting go of concerns about my research and increasingly prioritising being the counsellor with the client during sessions. The counsellor part of me settled in and I let go of any pressure to get in compliments, to ensure I covered at least one of each type in a session, and so on. I transcribed the compliment sections of the early sessions, examined these, then came back and did another counselling session or two, transcribed, reflected and do another.

This iterative process was critical in my study, I gradually let go of being a 'concerned, anxious researcher' and was more easily able to preference being the counsellor in the sessions, and researcher afterwards. As a researcher, I saw examples of solution-focused complimenting in my early transcripts, this allowed me as a counsellor, to relax, trusting compliments would come naturally during the counselling sessions and I, the researcher, would have sufficient data. Gradually I became a more confident counsellor in the sessions, and increasing confidence as a researcher.

The next stage of identifying codes and themes was wracked with a new angst as I learned about this new craft. I have been despairing and despondent at times as a researcher. This has not been a comfortable, tidy, brief or easy process, but it has been full of learning and resulted in an increasing self-confidence in my work. I found it helpful to recall my purpose for doing this extended exercise is to improve my ability to work as an effective, thoughtful counsellor.

Analytical Memos

Periodically during the process, I wrote my considerations, hunches or ideas in Analytical Memos (Taylor et al, 2016). These were often gathering threads of ideas from my journal and Field Notes, reviewing my progress and summarising my observations or experience. This tool was used throughout the study period, from initial development of a proposal to the end. These Analytical Memos recorded my developing understanding as ideas were challenged, strengthened or weakened with the emerging research data. I often shared these Analytical Memos with my research supervisor.

Research inputs to my method

During the whole study, I used many other research inputs into my work. I watched YouTube tutorials on

qualitative research from other university programmes. I used my notes from our tutorial class sessions in September and October 2017 plus reviewed notes from a Qualitative Research Methods paper I completed the previous year.

Cutting room floor

I used the “cutting room floor” concept (thank you to Lois Tonkin for this idea) to assist me clarify my thinking while not throwing ideas out, remembering that nothing is wasted. I used the cutting room floor as a place to keep deleted notes, and excerpts taken out of my work. I found this was reassuring, assisting my confidence in my method, knowing these ideas were captured and filed. I have a folder called Cutting Room Floor (CRF), and a CRF document for each chapter.

Ethical Considerations

This project is subject to approval by the University of Canterbury’s Human Ethics Committee. In addition, as a member of NZAC, I am required to abide by the NZAC Professional Ethical Practices for Research (NZAC, 2016). These NZAC (2016) practices are the “value of research, informed consent, confidentiality, conflict of interest, respect for diversity, institutional requirements, acknowledgment and reporting fairly and accurately”. I will consider each in turn:

Value of research

The research needs to be of benefit to counselling practice and to the individuals involved. This study will provide up to three counselling sessions to the clients, for no fee. I hope this will be of value to the clients. There is little published research using Thematic Analysis to explore Solution Focused compliments, and again, I hope this may have value to Solution Focused practitioners. I am confident this study will improve my own practice.

Informed consent

I have addressed this in part in the client invitation process in “Participants and the Research Setting” section.

My thinking about consent developed during the process of the study. Clients give consent and come to the sessions knowing it will be recorded and used in the study. However, they do not know what they will talk about, or, how the conversation will unfold in the session. It seems they give consent to something they do not know exactly what they are giving. In order to address this, at the start and end of each of the sessions, I'd ask if they are in agreement with me using the session for my study. Some clients wanted more clarification of how I'd be using the recordings and transcripts to ensure their anonymity was preserved.

Confidentiality

I live and work in a rural area and the confidentiality of clients is of preeminent concern. I am studying moments in time, so any identifying details will be changed to ensure anonymity. West (2013) reminds researchers that in these days of powerful web searches, it is hard to limit access to reports and documents, so thoughtful consideration and practice is needed to ensure what is shared on any report online.

Conflict of interest

If there was a conflict between my roles as counsellor and researcher, I ensured the “counselling relationship was given priority” (NZAC, 2016, p. 13). All participants were offered referral to see my research supervisor if they wished to talk about the study to someone else. I have fortnightly counselling supervision and have used these sessions to explore any conflicts of interest that occur.

The main issue that occurred were occasions in early sessions when I became aware of anxiety to get a compliment in, figuring out if I had used all/any of the different types of compliment in the session, not wanting to waste the session with no compliments occurring. These anxieties, although understandable, were distracting from attending to the client in the session. In these moments, I was out of the counsellor role and flipped into researcher. My commitment was to let the researcher go, return to counsellor by breathing and bringing my attention back to the client. What helped me was trusting the process, trusting myself and the reflection afterwards, knowing that there was nothing I needed to attend to now in the session, other than the client.

Over time, as I transcribed and studied my sessions, I saw I had many incidences of complimenting in each session, so the anxiety of not having sufficient data or not doing it right or well enough gradually settled. In the later research sessions, I was largely unaware of the need for compliments at all. My focus was with the client as

I knew I would use compliments in a session.

Client safety

As in all my counselling practice, if I became concerned for the safety or well-being of a client, or those around them, I would discuss this concern with my client to consider what further steps may be needed. This is in line with best practice requirements in the NZAC Code of Ethics (NZAC, 2016). Any decision to break the confidentiality would be discussed with the client first. I offered additional counselling sessions to the client, or a referral to a colleague if the client was vulnerable and requiring further counselling. This concern did not occur in any of the sessions used in this research.

Respect for diversity

I determined to write up the study in a culturally sensitive manner honouring difference. My counselling colleague is an Associate Member of Waka Oranga, a professional association of Māori trained in psychotherapy, and another colleague is linked genealogically to the Ngati Kahungunu and Tuhoe tribes. Both of these women offered to advise me on any potential culturally sensitive matters. Also I decided to take any general cultural concerns to my regular Bicultural Supervision Meetings, run by the local branch of NZAC.

Institutional requirements

In the Master's Counselling programme, I come under the guidance of the University of Canterbury's Human Ethics Committee (Appendix 7). As a counsellor in training, I am guided by the NZAC Code of Ethics (2016). I worked according to all these requirements.

Acknowledgment

I have acknowledged and given credit to all who have assisted my studies. This acknowledgment includes all the researchers who have gone before, publishing their findings which have informed my work.

Reporting fairly and accurately

I fully intend to report all my process, findings and conclusions with fairness and accuracy. I offered my

transcripts to the clients to check for accuracy. None of them wished to see it. I used triangulation to check my thinking with my supervisor, fellow students and my clinical supervisor (who has over thirty years' therapeutic experience)

Rigour and Trustworthiness

My findings are influenced by my life experience, in order to make these transparent, I explored my assumptions, expectations and biases. Asking "How do I know that?" was a guiding question (thank you Lois Tonkin) to assist me to examine my writings, analytical memos and journaling. I looked for any bias in transcriptions, findings and used a well-researched, transparent method of analysis to make apparent or minimise this impact. Researcher subjectivity is a valued part of Thematic Analysis (Clarke & Braun, 2018) and so is included in the findings and discussion.

Getting the transcriptions accurate provided a valid base for the research (Taylor et al, 2016). The transcriptions required many hours of careful listening, watching the videos many times over to catch all the words spoken and ensure I am wrote them accurately. I endeavoured to increase trustworthiness of my data by carefully transcribing the video content. I am aware this has my own researcher bias as I see things through my eyes. Markle, West and Rich (2011) identify transcriber bias and inaccuracy being inherent in the process. They suggest in Conversational Analysis, emotions, intonation, pauses, pitch and stresses are often inadequately represented in transcripts and even though transcribers attempt to capture this detail, inevitably some meaning will be lost. An additional inaccuracy was the variable quality of my recordings, so the client was not fully visible in sessions. For some sections of transcripts, I recorded the visible gestures, audible pauses and changes in intonation from the videos because I want to listen for the "multiplicity of voices slipping in and through the words that I failed to 'hear'." (Mazzei, 2008, p. 54).

In order to improve accuracy of my data, I had another transcriber do some transcription. She filled out a confidentiality agreement from the University of Canterbury's Human Ethics Committee website (Appendix 9). The transcriber reviewed and completed transcribing two of my nine sessions, giving another set of eyes on the transcripts. This second transcriber added rigour to the quality of the data that formed the basis to my work with the aim of increasing the value of the findings.

I used triangulation by sharing some of my data, codes and themes with peers in a discussion group, getting their insights. In addition, I shared my work repeatedly with my supervisors, inviting their experience and knowledge as recommended by Taylor et al (2016). I offered the clients an opportunity to check the video transcriptions to be sure of the accuracy of this data. All these inputs were added to my interpretations and I endeavoured to remain open and allow other notions, questions or ideas to influence my views, so the work is strengthened by more views than just mine.

The other aspect that affects the rigour and trustworthiness of this study is the counselling/research tension. This has been identified in a previous section.

The clients in the study agreed to be a part of a research project. The impact of this knowledge is unknown on the study. It is possible clients are wary in this research situation about what they reveal, careful in their language or topics they speak of than they would be under counselling conditions. Maybe they would have responded differently in this setting, knowing that we are in a research project on compliments.

Data Analysis

I used the Thematic Analysis qualitative research method for data analysis as described by Braun and Clarke (2006, 2013, 2014). In addition, I used a notation (Kogan, 1998) as shown in Appendix 8, in the transcription process used in Micro-analysis to illuminate the detail of what was occurring in the complimenting sequences.

Transcription process

I recorded three sessions with three clients, a total of nine sessions over four months, for some I have two recordings of the one session so can check both recordings where something is indistinct. I began the transcription process with an initial transcription of each session. In order to identify the speaker, I used T for therapist and C for client. This was an initial transcription, my intent was to use this to identify complimenting, then do full, very detailed transcriptions of these complimenting sections. I read over these initial transcripts many times, writing all over them, highlighting parts where there were direct, indirect and self-compliments. I added questions and comments in the margins. I focused on the transcripts of the sections around compliment

moments and the post-session review discussion of compliments.

I used pseudonyms for the clients and all people and places they discussed in all the transcripts; these pseudonyms have been used in all the coding, findings and discussion. This transcription process was iterative and progressive, transcribing, then reviewing literature, writing in my reflective journal, writing field notes and back to transcriptions and videos.

Then, I returned to my transcripts focussing on the sections of complimenting. At this point, I went back to the videos and did a fuller, much more detailed transcription of these sections. As human communication is more than words, I added a fine grain of detail of expressions using the transcription notation as described by Kogan (1998), see Appendix 8. This was time consuming, but this is where I found depth with increasing the richness of my data. As I watched the videos, I captured more of what happened in each flicker, adding missing words, some movements, pauses, intonation and speed changes. I used line numbering on the transcriptions, giving space for notations, marking up and later coding the printed copy.

When I had several sections of complimenting fully transcribed, I went back to the videos as I observed compliments arise in the context of the session. I decided it was important to transcribe the entire session recording in order to explore further these 'arisings' within and between sessions. I went back and transcribed every word of every recording. This was a very time consuming process, taking over ten hours for one hour of video recording.

The last two recordings I paid a skilled transcriber to transcribe the remaining sections I had not completed (as described above), which was a useful cross check on my transcription. My process of transcription has been iterative.

Coding

The transcripts were coded to identify each type of compliment and the responses. I began the transcriptions and coding as soon as I had completed the session. This method enabled me to make sense of the data as I went along, immersing myself in the data and gradually refining my understandings, as I continued to practice and study (Taylor et al, 2016).

The coding I used include coding according to compliment types, self, indirect and direct compliments. This

required considering what I consider a Solution Focused compliment in the flow of a session and defining each type of compliment. I experimented with many different codes, exploring and trying to make sense of the data. Taylor et al (2016) recommend researchers become to be very familiar with the data, recording hunches, themes and ideas as they occur.

I spent hours coding, recoding, exploring ideas with different codes, each brought me to focus on different aspects in the data. Some of the language codes were *sounds like, right, repeating the client's words, wow and ask again*. And some were questions: *is that right? what would she say? what would grow in you? how on earth are you coping? how did you do that?* Other codes were observed behaviour occurring during a complimenting sequence, such as: *laughter, ignoring, extending curiosity, knowing, not knowing, inquiry, hesitancy, paraphrasing, validation, expansion, reflecting back, encouragement, tentative, data-based feedback, not tentative, affirming, agreeing, questioning, clarifying, empathizing, extending, insight, normalizing, questioning, encourage, build on, paused, listens, avoid, summarised, checked, not reply, change subject, repeating*.

Codes identified physical movements as observed during a complimenting sequence such as, *smiling, pause, nodding, eye contact, scratching nose, looking away, looking up, leaning back, expansive hand movements, hand to face, crossing arms, hand gesturing, leaning forward, wiping tears, hand to back of neck, tissue to nose, shifting in chair and so on*.

I experimented with codes for patterns of client behaviour in response to a compliment: *client expands compliment, client goes on, client corrects compliment, response unrelated to compliment, client surprised, client thinking, agree, minimise*. I looked at codes of therapist actions: *listens, leans forward, asks, interrupts, back to compliment, arm movements, summarises, repeats, questions, refers*.

Some codes identified linkages to earlier or later sections in this or other sessions. A word said early in a session, may be picked up again later, appearing in a compliment. It was coded as a pre-cursor to a later compliment. And after a compliment, a later comment may occur, so the word became threaded through the whole session, or even over multiple sessions.

I coded content and emotions of the session, the story if you will, of the sessions. The content of some of the client's stories shared with me was heart-breaking as I created a short paragraph of codes from each of these lives, including *murder, death, violence, joy, despair, abuse, connection, rage, illness, loneliness, war*,

depression, family dynamics, freaky, craziness, pain, agony, loss, garden, chef, grief, friends, turmoil, support, hospital, death, effigy, madness, neighbours, hope, grandchildren, girlfriends, calm, trees, hurtful, hopeful and so on. Even though this was not looking at the data through the complimenting lens, it was an important part of my process. I sat in wonder at the courage, strength and astounding, even astonishing-ness, of these human beings' experiences. I bow in deepest respect and humility to their lives, privileged to be given a glimpse. The importance and impact on the researcher of being close to these stories, has been examined by many authors, including in a collection edited by Clarke & Hoggart (2009).

Themes

I studied the transcripts and codes to identify themes in the data. I looked at the patterns of behaviour and words using mind-maps, diagrams and highlighters as I immersed myself in the data, referring to the transcripts, analytical memos, my journal entries and field notes.

This was a very challenging part of the analytical process. There is no one way to identify a theme from all the different codes, no shortcut, no easy answer. It required months of chewing over the data this way and that. There were some patterns and similar concepts as I worked to make sense of what I observed. I searched and grappled to find the most salient points amongst the over 80,000 words of data and many hand-written codes. My challenge was to make some sense of it all while still keeping the essence. I got lost many times in the details, unable to see any path through, any pattern in the apparently competing, diverse codes. Many times, I shook my head, wondering why I had embarked on this study and doubting my competence or ability.

Mazzei (2008) writes of the difficulties in listening to the edges of the data, the voice not easily heard. She offers an invitation to attention to the easily dismissed detail in the data, even though it is challenging, it adds the possibility of richer themes and understanding. She encourages researchers to listen for the "elusive voice with its promise of unspoken meanings" (p. 45). Saunders (2003, p. 185) reiterates this encouragement, stating the "researcher's and poet's responsibility, and talent, is not just to 'tell it like it is' but to add a deeper sounding." I hear the call to listen more deeply, which has been, at times, daunting. But, this invitation to keep with the mystery of the process, allowing the data to dance in my mind, to keep playing with it until it will yield an insight, a pattern or theme was encouraging. Trusting this insight would occur, even if I did not know how to do this yet, but knowing some part of my being would be able to do this deeper sounding. In this study, this has occurred when I have been walking on the beach mulling over my reading, or waking from dreams where, on

the edges of my sleeping mind, something is seen in a new way. West (2011) confirms this approach, writing of hunches, tacit knowing and felt sense in research that inform the work.

During this lengthy process, I added refinements to the transcriptions of complimenting sequences, listening to the recordings again, adding more details to the transcripts. I was looking at what parts were particularly Solution Focused compliments, and what was occurring during these sections. Eventually by using mind-maps and writing in my journal, some codes began to form together into clusters. Using flip chart paper and drawing mind-maps helped make links with the codes. Naming the themes was a very helpful step, and re-naming as I refined the themes helped crystallize my themes. I have included some of the data, coding and themes in Appendix 12. This process of naming themes was like pulling on a red thread midst the tangle of variously coloured threads in the codes and data (thank you Nicola Kim Finlayson for this image). I know each researcher, given the same tangle of data, will pull a different thread, but I trust the ones I have chosen have validity. This process of defining the red threads was an iterative process, and continued as I wrote up my Findings and Discussion. The themes I explored are:

- **Therapeutic relationship** including connection, safety, ease, eye contact.
- **Long arms, long tails** including how do compliments arise and where do they lead
- **Messiness** of the complimenting conversation, misses, uptake, exploration.
- **Hope arises?** outcome of complimenting may include more hope, determination, or...

Ideas for Presenting the Findings

I will present the findings under the themes identified with complimenting. I will give examples of the themes using excerpts from the transcripts, followed by a brief analysis. In addition, I will include some comments clients gave in the review and from my reflections.

Writing up, according to Clarke and Braun (2013, p. 121), is the phase that involves “weaving together the analytic narrative and data extracts, and contextualising the analysis in relation to existing literature.” Taylor et al (2016) have many recommendations on writing, including the importance of good editing. I will present my findings in a manner that is thoughtful, interesting, and, I hope, easy to follow.

And the topic... a study of how complimenting occurred in a real-life therapeutic conversation, this is a study of human beings, one attempting to compliment and so validate and recognise the other - what could be more fascinating?

Chapter 4: Findings

Introduction

In this chapter I will present my Findings, including the data on complimenting frequency and Research Rating Scale results from the sessions with the clients. I will present themes from my exploration and analysis of the transcripts as I followed my research question: *How are solution-focused compliments experienced by three clients and a counsellor in solution-focused counselling sessions?* I have referred to the literature to assist the reader to understand my interpretations.

As I discuss in the previous chapter, the themes that I have identified are the product of many hours of reading, marking, searching, and analyzing. After months of working with the transcripts, my notes and identification of possible threads, many ideas emerged. I am acutely aware that any theme is the product of my interaction with the data; my interpretation of what is there. As the researcher, I emphasize one part, diminish another. I selected some commonly occurring ideas or parts of the transcripts and also parts that piqued my interest as a researcher inquiring into the process of solution-focused complimenting. Knowing that an outlier, or dissenting piece of data can be very helpful in illuminating more nuance, I paid attention to patterns and oddities in the patterns. Also, I am aware of paying attention to the parts that are uncomfortable or perhaps I have a tendency to delete or ignore, as in these parts, gems maybe found (Etherington, 2017).

My initial exploration of what is a compliment took deep consideration. Defining a compliment in academic texts is one thing, but then being able to see it in the organic messiness of my counselling sessions was another. I wanted clarity and simplicity, clear cut compliments. But what I got was something quite different, especially as I explored each type of compliment. My research became very complex, and, for a while, I was lost in the details, possibilities and different aspects. I took a step back to see, underneath all these competing, sometimes conflicting possibilities, what themes were present. I spread it out, putting it all on the table so I might make more sense of the themes I had identified. I talked with my academic supervisor and with a therapist friend about what I was observing, getting other eyes on the themes.

As a researcher, I kept focusing back on complimenting and looking at what was happening for both the client and myself as the counsellor in the sessions. Clearly, it is hard to know what happened for the client as in the session, and even immediately afterwards, they are immersed in their emotional experience, not having an eye on the technical aspects of complimenting. I looked for the threads of the themes that I observed in the transcripts. I looked for the main themes, knowing more could be explored.

I have given my clients pseudonyms of Penny, Fiona and Hilda and I have changed any potentially identifying details. I use italics in two ways. In the examples given, italics are used to identify the compliment in the transcript. In the analysis, I usually name the compliment type and I have used italics to show the quotations from the examples. I have used the following abbreviations in my transcripts C for client and T for therapist, other notations are from Kogan (1998) as shown in Appendix 8.

Compliment Definition and Frequency

Compliment definition

I had the academic definition of Solution Focused complimenting and used this as the basis of my work.

According to the literature, a Solution Focused compliment is a discrete sentence where validation occurs, and it could be one of the three types (Berg & De Jong 2005):

- ***Direct compliments*** are affirming, authentic statements about the client's strengths and ability, "sincere observations and interpretations" (Berg & De Jong, 2005, p. 51).
- ***Indirect compliments*** "are elicited from clients from the point of views of those familiar to clients." (Berg & De Jong 2005, p. 52).
- ***Self-compliments*** are client's affirming, validating statements about themselves. The therapist will pose "questions in such a way that the clients are placed in the position of describing their successes and hidden abilities, often for the first time" (Berg & De Jong, 2005, p. 52)

However, what is this thing - the Solution Focused compliment - in practice? I worked through my transcripts, looking at what actually was happening in a counselling session, and what is the underlying intent in any

complimenting. The academic definitions were helpful and seemed clear-cut, but then I encountered the client's definitions or understandings of compliments. What I defined as a compliment was not necessarily the same as what the client sees as a compliment. In the feedback forms and discussion afterwards, when I mentioned a compliment I gave, the client often did not recognise that as a compliment. Hilda, for example said: *"I saw that as a conversation expanding my strengths"*, Penny: *"I thought you were validating me"*, and *"I was acknowledging myself"*. So, it was clear that what is technically identified in the Solution Focused literature as a compliment, may not be named or perceived that way by the client.

This difference in understanding or definition of compliment was interesting as my research question intended to explore how clients and counsellor experienced Solution Focused compliments. Consequently, in our brief post-session discussion and in the written feedback form, I discovered the clients and I had different understandings of complimenting. This situation reminded me that language can be understood in different ways, especially here where a word in common parlance has been taken and used with a particular meaning in a therapeutic context.

My intent in the preparation and setting up of the sessions with the clients and going through the written information was to gain their informed agreement to take part in the study (Appendix 2). I did not educate the clients on the various nuances and differences of Solution Focused complimenting. They read the descriptions of the research which included explanation of types of Solution Focused complimenting, and brought to it their day to day understanding of complimenting. That understanding preceded the new Solution Focused compliment definitions I gave in the research overview. When we talked about complimenting in the session review, the clients understood compliments to be the direct compliments. This resulted in a limited conversation about the clients' experiences of complimenting. To obtain more understanding of the client experience of all Solution Focused compliments, a more in depth interview would have been needed.

Complimenting frequency

In the analytical phase of the study I looked at each incident of complimenting, examining all direct, indirect and self-compliments, and looked to see if there was any pattern in which different types of compliments occurred. I found that compliments often occur in clumps or collections. One compliment is given, then further complimenting occurs in the deepening and exploring process, which could be any type of compliment. I did not find any pattern in the different compliments, so decided to continue inquiring into all the incidents of

complimenting. This whole data set of all moments of Solution Focused complimenting formed the basis of my coding work and with identifying themes.

I defined complimenting incidences as a line of text in the transcript for simplicity and clarity, as sometimes the complimenting occurred over several pages of transcript. Between the three clients studied, there were 90 complimenting incidences. With Fiona, I identified 15 incidences of complimenting in the sessions, with Penny there were 38 and with Hilda 36 compliments.

Table of the average number of compliments per session

<i>Client</i>	<i>Direct Compliments</i>	<i>Self-Compliments</i>	<i>Indirect Compliments</i>
Fiona	4.5	2.5	0.5
Penny	3.7	6.7	2.3
Hilda	4.7	5.3	2.0

Fiona was my first client and I had all my sessions with her before I saw Penny or Hilda. My ability to incorporate complimenting may have developed and grown over the time of the study, as suggested in my written reflections. I wrote that *“I relaxed more as I reviewed the videos and transcribed the interviews”*, so I thought I become easier, *“less anxious and forced as a counsellor-researcher.”* I wrote about *“being less concerned about getting in enough compliments to complete the study”*. It is possible that with Fiona, as I was new to this process of researcher-counsellor, learning about the tension inherent in switching into these roles. Early on my journal reflects some concern about *“ensuring I’d get some complimenting in the sessions so I’d not have wasted Fiona’s time and my time”*.

Growing Confidence

Reviewing my written reflective journey as a researcher and counsellor, shows clearly growing confidence in my abilities. I have worked with individual clients and groups for many years so I have a practical knowledge and experience. In this study, I have gained further skills as a counsellor and begun to master some aspects of Solution Focused complimenting. Now, if asked by a client, I am much more likely to be able to say why I am doing what I am doing and to be able to explicate in academic theory. I have become surer in my academic

foundations and more competent in my counselling practice.

Introducing the Themes

In my Methodology and Methods Chapter, I described how I coded the transcripts, then identified themes. In Appendix 12 I have given some examples of the data, my coding and the themes that I have identified.

The themes I will explore are:

- **Therapeutic relationship** including connection, safety, ease, eye contact, mis-attunement.
- **Long arms, long tails** including how do compliments arise and where do they lead? What is the solution-focused compliment in practice? This concerns plausible compliments coming from details of the client's own story.
- **Messiness** of the complimenting conversation, misses, uptake, exploration, knowing and not knowing, trusting the process of complimenting with a not-knowing stance and curiosity.
- **Hope arises?** outcome of Solution Focused complimenting may include more hopefulness, determination, or unexpected effects.

Theme 1: Therapeutic Relationship

One of the themes is the connection between complimenting and the therapeutic relationship. In this first theme, I explore what occurs during complimenting when the relationship is connected and what happens when I am not so connected. In order to explore this theme, I have drawn from some of the literature on attunement (Geller, 2017) and presence and non-presence (Colosimo & Pos, 2015) shown in Appendix 13.

Moments of complimenting with presence

I will present three examples of complimenting clients when I was present and attuned; the first two are with Penny, and the third with Hilda. In my transcriptions, I used T for therapist and C for client, other notations are from Kogan (1998) as shown in Appendix 8.

Example with Penny, asking her “How on earth are you coping?”

Penny is speaking about some of the current challenges in her life. The indirect compliments are in italics:

T: right {softly}

C: And, um

T: *Wow, it's, it's very tough, isn't it?* {measured, slow tone, frowning slightly}.

C: yea

T: It is like one thing after another {moving her hands, hand to cheekbone}.

C: = And this time of year

T: = ye {shaking head}

C: = And um to try to find some money for a lawyer

T: = ye {nodding}

C: = And everybody is going on holiday

T: {nodding, frowning, eye contact, soft gaze} *So, how on earth are you coping Penny?* Yea

C: I don't know {squeaky high voice, rising intonation, throat constricted}

T: yea

C: {rubbing eyes with back of hands, wiping tears away} Things are falling apart

T: = Ye, they are falling apart, yea {nodding}

C: = a little bit (.) um (.) I notice I'm postponing things

T: yea right

C: = that are important {wiping eyes}.

T: right

C: Because it's enough to get up, get dressed and out the door.

T: Yep...there are some tissues there if you need a tissue {pointing to the box}

C: Thank you. I need a good cry {grabbing tissue, crying, laughing} 'cos I don't do it at home {wiping face and eyes, both hands with tissue}

T: yea yea = It's a good place to have a good cry, {smiling nodding}

C: yea {dabbing her eyes}

T: yea

C: And I, umm, I find I umm (.) I can't really talk about it. You know, I try to say “Oh you know, I am one of those people that's got surgical mesh (.5) and ACC have {crying, smiling and moving her left hand to wipe her nose} declined me.” And people just (.) don't want to hear (.)

T: {nodding}

C: It's either too intimate {left hand heart level away from body} or too, you know, when, when you tell people you've got cancer they all go, "Oh you know you poor thing." But you can't say that you know that you know that your vagina has turned into mush because its (.)

T: (.) * been injured with the with the surgical mesh* {soft tone}

C: yea ACC said "Ah there is no proof that that's what has caused the injury."

T: {concerned look} Oh!

This conversation occurred within the first five minutes of the first session with Penny. The indirect compliments in this passage "*Wow, it's, it's very tough, isn't it?*" and then "*So how on earth are you coping Penny?*" are offered with curiosity and wondering. The repeating back or "echoing" (De Jong & Berg, 2013, p. 27.) of Penny's words assisting in her to feel heard. Penny goes on to further share her experience of being on the edge of not coping.

Using the Colosimo and Pos (2015) definition of therapeutic presence to indicate the relationship, the connection between the therapist and client is shown in this passage. Some of the verbal markers showing therapeutic relationship include using "concrete, specific, or internal language when responding to the client's expressed words/gestures" (Colosimo & Pos, 2015, p 107) e.g. "*T: = Ye, they are falling apart, yea {nodding}*" where I am repeating Penny's words. The tone of voice matches Penny and shows a general openness towards the client "acceptance and interest in the client" (Colosimo & Pos, 2015, p. 107) and I "respond to open edge of client's experience" (p. 107).

A non-verbal marker of presence, fitting the marker of communication of "therapist spontaneously responds to client's need, such as by handing them tissue when they are looking for one" (Colosimo & Pos, 2015, p.108) is my action spontaneously responding to Penny's needs with offering tissues e.g. "*T: Yep...there are some tissues there if you need a tissue {pointing to the box}*" showing attention to Penny, pre-empting her need for tissues.

The content shared is very intimate, and becomes more so in subsequent sections. Penny shared some previously unshared details of her life which have occurred as a consequence of surgical mesh surgery. The connection and attunement between Penny and I is clearly shown using the verbal and non-verbal markers of presence (Colosimo & Pos, 2015) during this complimenting sequence, and this presence may be part of what allows Penny to continue to trust me further.

Example: Penny “pretty proud and pleased”

C: {eye contact} My kids are doing, um regardless {left hand gesturing} my son, he is doing it hard. But you know he is, um, you know he’s 31 {hesitant}

T: right

C: but all, he will (.) he will sort it out. And you know I will always be there to support him but.

T: umm

C: He lives in another country.

T: yea {nodding, eye contact}

C: It’s not like I can turn up and cook him a meal.

T: [yes]

C: Or turn up and say come on you two you have to actually sort things out. {Gesturing with hands, nodding, and animated voice}. They have to do it not me. *I am pretty sensible like that.*

T: yep {eye contact, soft face, nodding}

T: And actually, *it seems you are pretty proud of him* {hand on heart, smiling}, seeing

C: [*Oh Lam*] {animated, sitting up straighter, eyes up, smiling, dabbing eye with tissue}

T: *Look at you*, immediately ((both laughing, eye contact))

C: And my daughter too {dabbing tears in eyes}

T: Yea? {eye contact}

C: She’s amazing. {nodding}

T: Where is she?

C: She works in the city. You know she works as a, um, manager {smiling} and she’s clever.

T: Right {nodding}

C: And she’s gorgeous. You know. They’ve grown up both of them, both my children {looking down, smiling, right arm across chest, left hand to cheek} *I’m proud of* {hand to back of neck}

T: {nodding} *you’ve done a great job*

C: {nodding, smiling, eye contact} yeah

T: *with them {hands gesturing} all of that*

C: *Yea, I was a single mum for a long time {nodding} you know I’m really pleased with, you know*

T: {nodding, eye contact, animated}

C: They are really, they are good financially, they’re good, they do volunteer work, they are good grounded kids, you know

T: contributing members of society

C: very

T: wow

C: Yeah. with um...well I thought that, they made good choices, but you know obviously {pensive, trailing off, wiping her left eye with left hand}

T: There have been some ups and downs in it all, but fundamentally

C: Yeah, yeah and so, I don’t worry too much about them. I worry about my dad (.5)

T: yep, of course

C: About what’s coming.

In the example above, there are many of the moments of connection with verbal markers of presence when I respond to the “open edge” (Colosimo & Pos, 2015, p107) of Penny’s experience. This is seen in the fluidity of conversation where I “respond to the client’s question, correction or direction” (Colosimo & Pos, 2015, p107) regarding Penny’s pride in her parenting bringing up two children who are doing well. There are few words spoken, but the connection and attunement is seen in the emotional responses and opening to small suggestions, and tears roll. In the recording my tone conveys “acceptance and interest” (Colosimo and Pos, 2015, p. 107) and “softness, care, interest” (p. 107), as my tone is soft, easy, open, meeting Penny’s emotion and flowing with it to open to more of Penny’s felt experience in her story.

Examples of connection and relationship show presence with non-verbal markers, such as my movement and posture, and Penny’s body posture which are easy and comfortable, my eye gaze is “steadily and softly orientated” (Colosimo & Pos, 2015, p. 108) to Penny, and there is “genuine shared laughter” (p. 108). The movement between the two of us is synchronised. These non-verbal markers of presence, indicate rapport and attunement (Colosimo & Pos, 2015, p. 108) with the client.

In addition, the language used of repeating back some of Penny’s words, “grounded” (De Jong & Berg, 2013, p. 54) the compliment as common understanding was created between us. Paula says “*pretty sensible*” then I select and build on this self-compliment, using her word “*pretty*”, but this time, I suggest, “*it seems you are pretty proud of him* {hand on heart, smiling}”. Penny replied: “[*Oh I am*] {animated, sitting up straighter, eyes up, smiling, dabbing eye with tissue}”, confirming the compliment. Then I grounded the compliment, verbally and non-verbally: “*Look at you, immediately* ((both laughing, eye contact))” and the compliment continues to build. I was tuned in to Penny, listening, using her word, selectively building more complimenting and grounding the compliment.

Example: Hilda “more settled and a shift in my energy”

In this example, Hilda makes several self-compliments. The video recording is largely focused on myself, occasionally glimpsing Hilda, at her request. Consequently, I have little data on Hilda’s body positions: I have her tone and a few movements when she leans forward and is on the screen. In this section, Hilda is speaking of her recent retirement, and consequent changes in her life:

C: yes. And so, all of a sudden, this diminished life that I have

T: [mmm]

C: You know, like at home I had () I went out. Oh, yea *I broke a tooth, I broke a filling* when I was there, and you know I had to have that attended to, but other than that I haven't been out this week. That's the only thing, coming out today, and going out

T: right

C: But that's OK and *I'm (.) more settled* with that ((voice easier tone, fluid hand movement)). Like this is a huge thing to be home trying to get stuck in

T: = hmmm

C: = to this job of cleaning up which

T: [mmm]

C: is ghastly (!)

T: mmm mmm

C: but it has to be done. And I do (.) *there is (!) the settling with it*, like there's, you know

T: say more about that, (.) the settling {smiling, leaning forward, moving in chair, eye contact, head on one side}

C: yea well I just (.) a a a (.) um it has to be done (.5) and *I feel more able to >deal with it<*. It's to {leaning forward, grabbing the piece of paper}

T: [yea yes]

C: *do with this agency* ((looking at the paper))

T: [yea]

C: it's to do with

T: [yes]

C: *a sense of agency* ((reading words)) *um um, >ability<*. *Yea, so I, I just recognise that*

T: [mmmm]

C: that (.5) *there's a shift in my energy*. {C hand to head then down. Easier, softer tone in voice, leaning back. T nodding, eye contact, soft face}. *Yep, and I know I'm applying it to outside much, much more.*

T: mmm mmm mmm. () And when you that {looking softly at client}

C: [yea] yea

T: that, and you have got a purpose, cos, what you're were talking

C: [yes]

T: about before was having a purpose

C: [yes]

T: and helping with the children, and {circular hand movements in front}

C: [yep]

T: and getting it, was sort of helpful in alleviating

C: = yea

T: some of the snapping (.) black dog {lots hand movements down to right towards the floor}

C: Absolutely!

T: and this ti {hand movements in front to left}

C: Yes, I immersed myself in something else other than what was ()

T: Yes

C: and then *I did it for long enough to get out of the rut*

T: yep

C: and then being able to stay out, yes, yes.

Hilda has been struggling with several years of dark thoughts, depressive moods and despair, and in this section, she notices a change in her mood with things happening in her life. Looking at the passage to examine examples of verbal and non-verbal markers of presence from Colosimo and Pos (2015) shows many instances of presence (Appendix 12).

Some examples of verbal markers of presence are Hilda speaks of being “*more settled*,” then, a few moments later, comes back again with “*there is (!) the settling with it.*” I pick up on the repeated word, “*settled*” and ask her “*say more about that, (.) the settling*”. My words show that I have heard her, open to hear more about “*settling*” and tune into her words. Using Colosimo and Pos’ (2015) Potential Verbal Markers of Presence, this is an example of being “here” where the “therapist uses concrete, specific, or internal language when responding to client’s expressed words/gestures” (p. 107) as I used Hilda’s word “*settled*” and repeated demonstrating my presence and attention. Some other verbal markers of my presence are minimal encouragers, such as “*mmm*” and “*Yes*”, then adding detail from earlier in the session (e.g. the metaphor of the black dog for depression). This also fits Colosimo and Pos (2015) definition of being “here” as I “recall details about the client from previous session” (p. 107). The verbal content conveys interest and acceptance and listening to her and being “here” with her. I have a “vocal tone or content that convey acceptance and interest” (Colosimo & Pos, 2015, p. 107), rising inflection as I engage with her, exploring more of what is happening for her, “respond to the open edge of client’s experience” (p. 107).

The non-verbal markers of presence include movement, tone and energy of the conversation. The physical movement show my engagement with Hilda. Additional non-verbal markers include soft eye contact, easy body movements that also speak of me tuning in to Hilda. As this occurs, Hilda’s recognition of her own growing ability as she says, “*I feel more able to >deal with it<*” and “*a sense of agency ((reading words)) *um um, >ability<. Yea, so I, I just recognise that*”. I match her energy in the expression and follow her lead on emphasising and bring more energy in to my voice as seen in the underlining in the text. This passage of self-complimenting could be seen as exploring strengths, but at its essence, she is recognising something that is changing and growing that is helpful. Using Colosimo and Pos’ (2015) Table of Non-Verbal Markers of Presence, the mode of being “here” is seen by “body posture is calm/comfortable/stable” (p. 108) and “now” by*

“micro-attunement of body (e.g. nodding/head tilting synched with client’s tempo/meaning)” (p. 108), I see my body posture changes as I engage with Hilda {*smiling, leaning forward, moving in chair, eye contact, head on one side*}. In addition, the marker of being open, with “eye gaze steadily and softly orientated towards the client” (p. 108) is seen in the transcript.

Moment of complimenting with non-presence

I see moments in the videos and transcripts I was not fully present to Fiona, out of attunement during complimenting (using Markers from Colosimo & Pos, 2015). Below is an example of this:

Example: Fiona “let it slide”

Fiona is speaking about a difficult relationship with her sister. In this section, I am not present with Fiona. I offer a direct compliment, the response is “umm, then and yet and finally umm and a long pause:

C: And you are not honouring that so now I have to tell you again (?) to not call me. It feels really ugly {furrowed brow, slight shake of head, eye contact}. But then I guess that is my issue. Too bad, it feels ugly, get over, set your boundaries (.5) and that is where I need to go {smiling, eye contact}.

T: So just a couple of things in that {hand movements, leaning forward, eye contact, then looking down}. *Seems to me you showed great wisdom in the middle of the conversation, of just allowing the past to be past. You said, “let it slide”.*

C: [Umm]

T: *There was something, you know, no point, is how I am seeing it, is that right? There was no point in that moment to pick over the past?* {hand moving to chin, leaning forward, eye contact, nodding}

C: [And yet] {nodding, eye contact}

T: *You have done that a few times, and allowing it to slide by was helpful in that moment. Is that right?*

C: Umm (2) Yeah. I don’t know, I could have pointed out to her when I was complaining of being alone, she didn’t call me because she had just hooked up with a new lover and she disappeared out of my life, for which I was grateful {eye contact, then lifting one hand up as if pushing something/one away}

T: Yeah

C: Because, I was alone. But it was not her at all that I needed at all.

T: Right

C: I was really grateful that she

T: Had some other interest and

C: walked off into the sunset {still holding her hand up, firm tone}

T: Yes {moving hands, eye contact}

C: She came back about a year later when she started breaking up with her boyfriend, {hand softening and scratching nose} and so, you know, it just sort of, I am not even going to go there {hands together at waist level pushing away to the side}

T: Umm {nodding, eye contact, pencil in one hand pointing down and across} So *that is where I see the wisdom in that moment*

C: Yeah {eye contact, nodding, scratching nose and looking away}

T: In you {nodding}

C: But *the problem is also with my sister is that I often feel like I have to let things slide* {looking away down to left, nodding, slow emphatic speech}

T: Right {nodding}

C: because there is no point in trying to talk about it, because it will not be acknowledged {slow, emphatic speech}

T: Um hum {nodding}

C: It's like, she has got her own version of how things have gone {eye contact} and how things are, and what's right and what's not OK.

T: Yeah

C: and there is no point in trying to negotiate about it. Or trying to show my perspective

T: Um hum

C: because my perspective is wrong. And interestingly, some of the things she says about me, and “You are always right. You never admit when you are wrong.” She says a whole lot of things to me, about me that is what I think of her {smiling, eye contact, easy fluid movement}.

In this example, initially Fiona tries to correct me several times, but I do not listen nor take her cues “*and yet*”, then later “*Umm*” and a two second pause, followed by “*I don't know*” and the third was when Fiona scratches her nose and looks away. All these are markers showing lack of connection or presence in the context of the conversation as indicated by Colosimo and Pos (2015) “therapist rigidly insists on agenda in the face of client objections”, “therapist ignores client hints or suggested meanings” and “therapist misses important client narrative, does not express having perceived important content, misses client poignancy” (p. 109), all indicating I am closed to the client. I am still going on my ‘knowing’ or having a point I want her to see, accept or take on board about her wisdom. I am not flexing with her conversation, nor listening to her interjections, there is a sense of me justifying or perhaps holding on to my initial observational direct compliment. The words are almost plausible, but the felt sense of it is a moment of tussle between myself and the client. I am continuing to ‘try to’ compliment, that ‘trying’ is the key, it has a forced feeling inside me, I am not with Fiona’s experience at that moment. Geller (2017) describes the internal barriers and distractions that take us away from therapeutic presence, including self-doubt, distractions, discomfort with uncertainty and attachment to our internal plan; this was exactly where I went, focussed on my plan, not staying with Fiona’s experience. Likely “*wisdom*” was

really missing the mark in her experience of her *“letting it slide”* with her sister given the complex history between them.

However, all was not lost in this exploration, it seems there was sufficient connection that after a significant pause, Fiona continued and shared of further issues about the ongoing situation with her sister. At this point, I backed off, listened again, recovery in the connection occurred and as a result more is revealed about the *“painful”* relationship with her sister where Fiona says she has *“to let things slide”* and *“there is no point in trying to talk about it as it will not be acknowledged.”* This led to much further exploration in the session.

In conclusion, I found the therapeutic alliance during complimenting is observable and quantifiable through Colosimo and Pos’ (2015) markers of presence and non-presence. Compliments involve listening carefully bringing in the client’s own words, showing attunement and therapeutic presence to allow the compliment to be further expanded. The use of Kogan’s Notations (1998, p. 232) with Colosimo and Pos’ (2015) markers of presence has added depth and understanding to what occurred during these sequences. The markers give specific language to identify when the therapist is present to the client, holding the *“client being the expert”* (De Jong et al, 2013), and when the therapist was not present and taking an expert/’knowing’ stance. From these examples, the compliments given were accepted by the clients during segments when the therapist was present and attuned, and when not present, the compliments missed the mark of the client’s experience.

In all relationships, we move in and out of connectedness. Fortunately, once I notice my non-presence from my physical sensations, language or client responses, I can return to being present with the client. Studies identify the therapeutic value of noticing the rupture or disconnection, and returning to connection. (Falkenström & Larsson, 2017; Geller & Porges, 2014; Larsson et al, 2018). Geller (2017) describes this process as *“pause, notice, return”* (p. 122), which gives me a generous way of looking at it, allowing for self-acceptance and course correction. I have found giving careful attention to the verbal and non-verbal markers of presence, have proved immensely useful in my ongoing counselling practice with clients because when I am present, I have a greater likelihood of giving useful, plausible compliments.

Theme 2: ‘Long arms, Long tails’

Compliments emerge within the context of the conversation; they come out of threads of previous conversation, sometimes way back in a previous session or earlier in the same session. Something occurs and a compliment emerges between the two participants in this conversation and it may come back again, further expanding, and growing. One way I visualised this is as though the compliment develops a life of its own, weaving in and out of the conversation, coming in, touching, deepening, then growing further again. I imagine it like some light spirited, slightly mischievous, benign creature, with a long tail and long arms moving through the session. There is a pre-amble, when it first shows itself, a faint touch of the finger or arm perhaps, a compliment and then there may be further expansion of the compliment as it is explored, returned to, opened, and felt more deeply; this part I am calling the ‘long tail’.

As I have worked with this theme, I see how deeply I am rooted in the Solution Focused stance of the client being the expert in their life. It is appreciative of the client. I formulate complimenting questions which are founded in this assumption, the questions have “embedded presuppositions” (McGee et al, 2005, p. 379) about the clients’ capability, ability and expertness. During sessions, I see many opportunities to ask complimenting questions. Fiske (2008) sums it up this way “Solution Focused therapeutic conversation is riddled with compliments – some explicit and direct, but most of them implicit in our questions” (p. 61). This attitude is so embedded in the Solution Focused approach that “positive perceptions of the client slip out” (Fiske, 2008, p. 61), including myriad ways in body language, tone of voice and facial expressions.

I suggest noticing the details of a client’s story, recalling them to give back to the client as compliments is an art form that takes practice. It requires paying close attention and retaining details from the client’s story, so that later on, when an opportunity arises for a compliment, I know the specificity that makes the compliment plausible to the client. I perceive this as ‘long arms’ where the compliment came from, and ‘long tails’ where it leads.

‘Long arms’

Compliments come out of the details that have occurred earlier in the conversation, this is the ‘long arm’. A comment made, or name mentioned may be important later with the client. I suggest plausible direct and indirect compliments come from information shared by the client earlier in the exchange, retained by the

therapist and threaded back later. This is clearly said by Anderson and Goolishian (1988):

What is said does not simply arise out of the blue. The therapist, like everyone in conversational exchange, is always looking for intended meaning and creatively synthesising information, understanding, and meaning. In doing this, the therapist take cues and uses clues from clients (p. 377).

When I am fully present to the client, I am not planning what to say, nor thinking what may come next, nor searching for the right thing to say, but I am engaged in the moment. This is the result of years of training in focused attention, I listen deeply to the client's words as indicated by one of Colosimo and Pos' (2015) verbal markers of presence: "therapist recalls detail about client from previous session" (p. 107). I am aware of my feelings, also called interoception (Geller, 2017, p. 98), while noticing shifts and changes in the client and being attentive to the conversation. When I am in this state of connection with the client, I remember details of the client's story and weave them back as complimenting questions. De Shazer and his colleagues describe this state of alertness in the following manner:

If I were to be "thinking" i.e., talking to myself about what to do next, then I would be unable to hear what the client was saying. I would be much too busy listening to myself and thus unable to respond in useful ways" (De Shazer et al, 2007, pp. 115-6).

Complimenting is a result of a culmination, not only of what has occurred in the intersubjective space between myself and my client, but also as an outcome of years of practice of mindful and focussed attention and training. The 'long arms' are representative of previously shared details, that I recall and enable me to give a plausible, relevant, and effective compliment to the client.

Example Fiona: "she would see people who hold me in their attention"

The following is an example of an indirect compliment that wends through three discrete sections of work within one session with Fiona. Fiona discussed her relationship with her friend Sally, and reflected on the different quality of relationship she has with Sally compared to the quality of relationship she has with her family member. The first mention is when Fiona speaks of her long-term friend Sally, a little later the next mention she speaks of how helpful Sally has been to her, and then later still, I inquire, using an indirect compliment, about Fiona's relationship with herself, as seen by Sally:

First instance: C: I mean, Sally is a long-term friend. She does not live on my property {smiling, eye contact}

T: Yes {nodding}

C: She is not a primary relationship as I only see her once a week or fortnight

Second instance: C: Yup. And Sally has helped me be even more aware of what is OK and what is not {reflective tone}

T: Yup

Third instance: T: So, you are valuing these new friendships, and the new way of being. *And my sense is you are strengthened over the years with your friendship with Sally, and you have grown more insightful about what you would want for a relationship and what it could look like*

C: Umm hum {corners of mouth smile, eyes smile, twinkle}

T: *And you have got much more of a felt sense of that?*

C: Yep

T: *And what do you think, if Sally could see you in these relationships, what would she say?*

C: In my new relationships? {eyes soften focus}

T: *Yep, what would she observe?*

C: I think she'd say that's great. Yes. she'd like that {leaning in, smiling and inward, slightly dreamy look}

T: *Yeah. What would she see particularly that she would be liking?*

C: {speaking very slowly, deliberately} I think that she would see people who hold me in their, () you know, their attention when they are relating in the same way I hold attention for them.

T: Um

C: And Sally has helped me notice when I am with my family, the place where my family just stops noticing me {soft, reflective voice}

T: Right

C: Stops being aware of me and thinking of me

T: Umm. *And what would she say to you about that with your family? What would be her encouragement for you to do more of?*

C: With my family?

T: yes

C: To set boundaries, even if they get upset, and comment and make out I am wrong, a pain in the arse, that I am difficult, but go "I am not interested. Fuck off!"

In this example, I heard the earlier references to Sally, then later, I recalled that and I said "*And my sense is you are strengthened over the years with your friendship with Sally*" and from that moment, the complimenting grew, developed and expanded. I followed it as I saw Fiona leaning into this exploration, saw her eyes soften and corners of her mouth turn up, she seemed to be feeling her sense of what she had learned from Sally. Her voice became soft and reflective, as though she was touching something deep inside herself. Something was opening in this sequence. I did not know where it was going, delicacy and care was required. I listened to Fiona's responses, following her as we explored this sensed thread that was seeded with indirect complimenting.

I was aware of some of the movements and changes in tone at the time, then I noticed more when watching the video recording of the session. Fiona spoke of Sally, the conversation changed, then Fiona acknowledged Sally's assistance in helping her see her family through new perspective, and finally I re-introduced Sally with an indirect compliment, not in a planned way, but noting the client's connection and story, and bringing it back. This was an example of noticing the connection Fiona had with Sally, then later remembering it and threading it back in the form of an indirect compliment.

'Long tails'

Compliments may begin in one place, then reappear later, sometimes much later in the same session or in a subsequent session.

Example Penny with her friend Valerie, in a following session

In the first session, the client Penny speaks about Valerie, who was her friend who has recently died. In the following session, we speak again of Valerie. In both segments, I ask questions that lead to indirect complimenting.

First session:

C: With her it was {arm across torso, left hand pointing, eye contact} it was quite a level that, yea, it was great, what a gift.

T: {nodding} yea

C: To have known her, even for that short time {smiling}

T: What a gift to have known somebody, for, even that short time (.) And you were the one (.) you were there with her when she, when she died {C nodding}

C: Ummm {nodding} Umm that was special

T: Very special

C: And unexpected (.) My first words to her after she left were "Tooor, why did you pick me? It's so hard" {laughing, both laughing with eye contact}

T: Did you say that?

C: I did {laughing} I said, so this is so hard.

T: What is your sense of her reply if she could have had one?

C: {looking up to left, wiping her right eye with left hand, smiling} She would have laughed

T: She would have laughed?

C: Yes, she would have laughed and said, "Too bad." {laughing, eye contact}

T: Would she?

C: {laughing} She would!

T: She would have laughed and said too bad it's you! {both smiling}

T: *What did she see in you do you think?*

C: (I have no idea.)

T: *that made all that possible?*

C: *I have no idea. She told me once that she thought I was really kind. And she wrote, there was, umm a card*

T: Yea

C: that she for left me =

T: Uha {nodding}

C: **that said that*, that *she thought I was kind*. {wiping tears, left hand to cheek, right arm across her torso}*

T: kind {smiling}

C: Yea {rubbing her eye}

T: *What else do you think (.) she saw?*

C: *Well I dunno. A bit the same (.) that there was no (.5) mucking around when talking about all sorts of things.*

She told me some secrets of her life you know that nobody else knew even her family {looking up to left, hand by mouth}. Umm

T: Yea

C: It was honest.

T: Yea {nodding}

C: **I think that comes back down to* umm () to my need for integrity*

T: Yes, you value that very, very highly (raising right hand, palm up)

C: I DO. It's something, that I really, it's a word I use () not lightly

T: Yea

In the second session: *Penny: She would, wouldn't she?*

C: Because I don't want to shut myself down. Because that then isn't you is it. It isn't me, and I struggle. That has been a struggle in my life really. Rather than, 'cos often something hurts me real bad, then I say, that's it.

And it's a sorry way to do it, you actually have to deal with yourself {laughter}

T: *And isn't that what your dear friend Valerie would have said?*

C: Absolutely

T: *She'd have laughed and said, "Hey come on Penny"*

C: *"Stop you don't need to take it like that."*

T: *She would, wouldn't she?*

{Mutual laughter}

C: *She would, she would have.*

In this example, Penny speaks of "*you actually have to deal with yourself*" at which point, in order to deepen its impact and bring it closer in to Penny, rather than continuing with the objective "you", I offer an indirect compliment inquiring from the point of view of Penny's friend, Valerie, "*What did she see in you do you think?*" and then "*What else do you think (.) she saw?*" that led to Penny identifying kindness and integrity. In the following session, Penny was speaking of how she needed to change. I recalled her earlier connection with

Valerie and so asked, indirectly, “*And isn’t that what your dear friend Valerie would have said?*” This resulted in Penny remembering her friend’s encouragements, Penny reminds herself using words Valerie might have used to her: “*Stop you don’t need to take it like that*”. In this case, the compliment occurred in a previous session, and I brought it back in much later, so using Valerie and Penny’s friendship to thread in another compliment.

In conclusion, the ‘long arms and long tails’ of complimenting refers to the origin of plausible indirect compliments. The compliments come from details of the client’s story. Anderson and Goolishian (1988) confirm the importance of thoughtful listening and careful attention:

Questions are the tools of the therapist in a therapeutic conversation, and they are to be guided and informed by the views of the clients so that the conversation is geared toward the maximum production of new information, understanding, meaning, and interpretation. This requires that the therapist take everything seriously, have a good memory, and find a way to pick up on small pieces of conversation later in that interview or in other interviews. This is all part of developing new connectedness (p. 378)

The therapist’s attentiveness to the client’s story, including the people or animals that are important to them, can be useful data later on. These details may accumulate over one or more sessions, the therapist then can thread them back as indirect compliments. De Jong and Berg (2013) describe this as “listen, select, build” (p. 56).

Theme 3: Messiness

Complimenting in the sessions was not neat and tidy, going according to some text book example. Sometimes I got hooked into a position, so I was no longer tentative and ‘not-knowing’, resulting in forced compliments, rather than solution-focused compliments, as described with Fiona in the therapeutic relationship section above (page 66). Another form of messiness was when my complimenting questions or statements were unclear due to incomplete inquiry or confusing inquiry with double questions. Fumbling or stumbling for words half spoken, adjustments as the words are spoken and imprecise questioning has been observed in the other therapeutic conversations (Fiske, 2008; Strong & Pyle, 2009; Strong & Pyle, 2012). Messiness also was identified when the compliment was missed, ignored or dismissed in the flow of the session. And finally, messiness occurred when

the answer to an indirect compliment question was I don't know.

Curiosity and space

Example: Penny "I don't know"

"I don't know" is often the initial response to an indirect compliment. Sometimes, taking time to pause and ask again is enough for the client to consider an answer. In this example, I asked Penny a question in our first session about what her partner sees in her "Say more about him and what he sees in you?" At the time, she says "I don't know" and changes the conversation. This, in part, may have been due to my confusing double invitation of "Say more about him, what does he see in you?" That was messy on my part, probably due to some nervousness or uncertainty. However, in the second session, Penny returned back to the question of what he may see in her, introducing the topic herself as she has been mulling it over in the time between our sessions. In session two, Penny says:

C: And we can talk about our relationship. Because I can't think what he saw in me. (.) I still have that.

T: Yeah? {rising intonation}

C: Because it's been such a hard three years {eye contact then looking down}

T: So that will be something you want to take forward and...

C: [umm, umm]

T: and talk about with him? * Maybe him and you and you and him, * you know {voice trailing off}

C: {nodding}

C: Yes, I think I need to hear what he is thinking too. (.5) *The loss of* our intimacy has been quite hard, and I

T: [yes]

C: And I, umm, just talking to you about it, and I went home and said to him, "I went to a counsellor today". (.)

And he went "Oh, and but are you alright?" he went. *And I said * "Yes, but it was valuable." But I did say after he got over it, "but this conversation isn't over yet, we need to sit down."

T: Umm

C: So, it's been very helpful {nodding, smiling, eye contact}

I did not pick up the compliment again by asking again what her partner sees in her; instead, I listened to the open edge of what Penny was saying of how hard it has been and that she is wanting to talk more with him. The indirect compliment had resulted in Penny thinking during the week more about her relationship and deciding how she wanted to make time to talk over the summer. The question from the compliment had been with her all week, she thought about it, and she came back with new insight. Strong and Pyle (2009)'s study of therapeutic dialogue, acknowledge that "novel or unexpected questions often require considerable effort to understand" (p.

377). Likely, the complimenting question I asked, was not a question Penny has thought about much, so she needed time to make sense of the question. Taking a Solution Focused approach, I heard the question had been helpful to her and she had a next step, so I respected her insight and knowledge of what she wanted next. The indirect compliment, although messy, had prompted her reflection and decision to talk with her partner. It was not as I expected, nor was it a text book compliment example, but it opened an insight for Penny.

In the messiness of this conversation, I was reminded of three important Solution Focused principles. Firstly, how much of the process of change occurs outside the counselling sessions (Hanton, 2011). Secondly, we do not know what the effect of our complimenting will be, and thirdly, the value of listening and following the client, rather than being rigid in my technique.

Example: Hilda “What does she see in you?”

In this case, my indirect complimenting question was clear, but the answer led us to a complexity of relationship I had not expected and the complimenting became messy. However, I remained curious, listening, asking about what Hilda’s friend sees in her. Hilda had mentioned this friend several times as being important in her life. The conversation weaves and turns, then comes back to this indirect complimenting question of what her friend sees in her. I have taken three short excerpts of the complimenting conversation in one session where the in-between parts are extensive story section:

First part:

T: Tell me about your friendship. *What does she see in you would you say?*

C: See in me?

T: Yeah.

C: Umm

Then later:

T: (OT) *What does she see in you?*

C: (OT) Umm, I call her a sister.

T: Ah, yes

C: I call her, you know she is the nearest thing I have ever had to a sister.

And finally:

T: Right. *So, what do you think she see in you now, at this part of your journey?*

C: Um, well what she often says when we were going up the mountain yesterday {looking away}

T: Yes

C: So, when I do something, she becomes, gets into being my teacher and says no, she says No! Well you mustn’t, and um I was talking about, you know, how to handle my situation with Albert, and, um {voice trails

off}.

I am open to the conversation's turns and changes and remain curious, coming back to the friendship that has lasted forty years, wondering what this friend sees in Hilda. There is no text book answer here. Hilda does not easily respond to the query, but talks more about how she sees her friend. The messiness is revealed in Hilda's response about her friend being "*a sister*" and then later "*a teacher*" telling her what to do. Not once could Hilda say what her friend might see in her; it is too tangled up. There is a complexity in this friendship over the years, and it is not easy for Hilda to imagine or say what her friend sees in her. At this point, I stop asking, let go of complimenting. There is a fumbling negotiation of meaning between myself and Hilda, that moved "delicately or turbulently" (Strong & Pyle, 2012, p. 113) and, in this case, it involved letting go of complimenting.

The dialogue is interspersed with Hilda's "*umm*". "Umm" has been suggested by Strong and Pyle (2009) to be important, "we have actually come to appreciate the 'ahs' and 'umms' as contributions to the unfolding dialogue, seeing them less as products of unclear thinking and more tied to the delicate negotiations forward" (p. 346). The "*umms*" seem to be part of Hilda finding shared common ground as we explore together, time to consider, sometimes signalling a change of tack in the conversation and are an important part of the messiness. There is a "sputtering" (Strong & Pyle, 2012, p. 108) and uneasy awkwardness in this exchange that Strong and Pyle (2012) call the "rocky soil of clinical practice where client problems can be protracted and serious in nature" (p. 113) that called for flexibility, compassion and understanding.

With a Solution Focused stance about 'not-knowing' and remaining curious (Hanton, 2011) and tentative, I am led by Hilda into exploration of what it means to her to have this friend as a sister and teacher or guide. The attempted complimenting took us into another area, not as I expected. In this instance, I was flexible and fluid enough to allow this change and be with Hilda, rather than any insistence I stay with the compliment.

Co-construction

Example: Fiona "boundary setting muscle"

This example comes towards the end of a session. Fiona has been talking about changes that are happening for her and what she is creating instead of the old patterns, especially in relationships with her sisters.

C: I want to talk about it. You know, I am struggling with it and I feel like we need to come to another clear agreement.

T: Could you do that?

C: I could. I think I will have to.

T: *And what would grow in you as a result?* (.5)

C: *Guess that muscle*

T: Yes, *that muscle that would be called what?* {head slightly to one side, inquiring tone}

C: {laughter, both together} *Boundary setting muscle*

{further laughter and then a quiet spell of more than 5 seconds}

Researchers using microanalysis techniques have studied co-construction (Bavelas, 2012; De Jong et al, 2013; Froerer & Jordan, 2013; Korman et al, 2013), showing how dialogue threads together, and each speaker collaborates, adding to create a new view between them. The studies reveal co-construction is unpredictable as each participates in adding meaning and understanding until a shared new ground is revealed. In this case, this was the notion of a “*boundary setting muscle*”. The questions I asked presupposed something was growing, this embedded presupposition (De Jong & Berg, 2013) revealed my Solution Focused stance of the client’s ability and capability.

I remained wondering and curious, allowing Fiona to take her time, going deeper into an answer that surprised us both. As the counsellor, I am holding the assumption of something happening in her, and I am simply open to find what that is, in her words. Anderson and Goolishian (1988) encouraged that “the therapist takes seriously what he or she is told, no matter how astonishing, trivial, or peculiar” (p. 378) as this conversation was in some ways, peculiar and surprising. The indirect complimenting question “*And what would grow in you as a result?*” was followed by a playful inquiry “*that muscle that would be called what?*” This phrase “*boundary setting muscle*” was a novel idea, bringing together much of the session into a single phrase with vivid imagery. In this instance, the dialogue fits with Strong and Pyle’s (2009) finding that “clients are seen as active constructors and negotiators of meanings useful to them” (p. 348). It is an example of staying with the compliment, taking Fiona’s comment “*Guess that muscle*” seriously, and so leading to something new. The imagery came out of the playful exchange resulted in something new to both of us. It was surprising and in-the-moment, and had us both stop and reflect on what had occurred. I remained curious, taking another step, using the client’s language to explore further.

‘Not-knowing’ and ‘knowing’ stance

Many researchers comment on the importance of a ‘not-knowing’ stance when giving compliments (De Jong & Berg, 2013; Ratner et al, 2012; Thomas, 2016). I was noticed times when I was ‘not-knowing’ and others when I was ‘knowing’ and will present both to show the effect of each stance.

Example: Knowing stance with Fiona “well done”

Direct compliments are somewhat problematic as they tend to be ‘knowing’. In any direct compliment that includes “well done” or encouraging/celebrating a particular action, I am not in the solution-focused therapeutic stance of ‘not knowing’. I am taking a ‘knowing’ stance, judging some action as preferable; right in some way.

In a section about a conversation with a visitor that was a difficult topic to address, I said to Fiona: *“Well done having that conversation.”* I feel myself cringing as I see this. Who am I to know what is well done, or, not well done? The judgment of my client, even when it is with kind eyes, and intended as encouragement, seemed, even at the time off the mark and I recall I felt squirmy and awkward. My body was giving me a sure sign that I was not at ease nor internally aligned. I attempted to recover myself by offering specific data, so said to Fiona: *“Well done having that tricky conversation”*. I am more specific about acknowledging the challenge that addressing the conversation presented. I go on to suggest it was: *“not easy to bring that up”*. At this point, my tone is more inquiring, so potentially was easier to hear. I do not know how this was for Fiona. However, this incident was a key learning moment for me in the study seeing how if I get nervous, or out of kilter in some way I may say things that are stock social answers, and potentially not so helpful for the client. The addition of specificity and data resulted in me feeling easier and genuinely back noticing the client, with her story and experience.

Example: ‘Not knowing’ stance with Hilda “so how did you manage?”

In this example I kept an open, wondering stance as Hilda describes her visit to her son and his family:

First time:

T: *How did you find the wherewithal, in yourself, to keep coming forward like that?*

C: There is a little boy there and he is delightful

T: right

C: And Alice, Alice, the wife was really ill and

T: yes

C: Um, you have just got to pick it up. Because, she is coping with so much.

Second time:

T: *So how did you manage to stand in the face of that? 'Cos that's a, that's tough, to stand with that.*

C: Yes, I've only been here 2h, oh my God!

T: Yeah. *So, how do you?*

C: I walk on eggshells around him. His wife does too. And I think it just gives him more power. But I don't know what else to do, really.

T: Right, right {nodding}

C: Yeah, so often I try to understand. um

T: um hum

C: You know, that, what do you mean by that? Or, or you know? Er, bu, you know, I, I. I just, you know that I, that was a big journey {breathless, fast speech}

T: Um hum (OT)

C: for me to go and be there anyway. And so, I. And sleep is so tricky for me. I just knew the last thing I needed was. (.5) I was in self-preservation mode. Don't get hooked into this. (.)

T: Yeah

C: Somehow, you have got to get some sleep tonight. Just um, just let this go, as much as you can, let this go.

T: {nodding} (OT) yea, yea, yea

C: So, a part of me says that is what I am going to do. But I dk how I much actually practice it. What I think I do

T: um hum

C: is just obsessively think about it {looking away}

T: Right

C: rather than sending that, sending that love and then leave it {eye contact}

T: Right

C: So, so I have this plan and this strategy, {animated voice, arm movements}

T: Umm

C: but I do get caught up

T: Yup

C: in thinking about it. Just as much as I am talking about it now, is what goes on in my head. I just think about it

T: Umm

C: The disappointment is huge.

T: Of course

C: And the pain is huge. Yep. But I am a mother and in terms of, and, and it is, I think it is my role here to be supportive and to know that it is a journey.

T: Yep

C: And also at 32 there was a fair amount of me that didn't want my parents in my life and knowing too much about what I was doing

T: {both laughing} Right

The first indirect complimenting question “*How did you find the wherewithal, in yourself, to keep coming forward like that?*” resulted in an extensive conversation about the difficult situation exploring how Hilda managed in the face of considerable difficulties. I remained open, curious, wondering and questioning. I was in admiration as to how she coped, especially knowing how difficult coping has been for her at home and under less stressful circumstances. I was genuinely curious how this extreme scenario at her son’s house seemed to have called forth Hilda’s strength, creativity and ability to manage. It was a remarkable change. I wanted to understand, and in the process, hoped something would be brought to light to help Hilda in the future.

I remained in a ‘not-knowing’ stance, my questions had an embedded assumption that she is capable and that she can draw again on this when she knows more about her resourcefulness. Her response surprised me, at first speaking of her grandson and daughter in law, then she speaks of “*walking on eggshells*” around her son, her “*self-preservation*” of getting sleep and not getting hooked into her son’s behaviour, even though the “*pain is huge*” to remain “*supportive*” of the family. Although the compliment did not result in her naming her strengths, as Hilda spoke about this difficult experience, she talked of her purpose for being there both taking care of herself and her sleep, letting go of being able to influence her son’s behaviour even though this was disappointing and painful. This was not the direction I had thought the compliment may have taken, but following Hilda’s thread, being with her and remaining curious and affirming, opened up to her bigger vision and purpose. Strong and Pyle (2012) found that a conversation “can take some delicate and awkward conversational turns before finding shared footing in a discussion” (p. 108). This conversation required my sensitive flexibility to stay with Hilda so we developed “an interweave of therapist and client discourse” (Strong & Pyle, 2012, p. 110). Again, messy, not text book in the neatness of Hilda’s responses, but I followed her, taking the opportunities carefully to expand her sense of capability.

In conclusion, this theme of messiness shows the halting, sometimes fumbling, half-spoken words, interspersed with umms and pauses, awkwardness of imprecise questions and adjustments of my complimenting therapeutic conversation. It is clear that the messiness is a valuable, important part of meaning making as both negotiate new understanding. This requires artistry, skill, ‘not knowing’ and “considerable discursive flexibility and resourcefulness by therapists” (Strong & Pyle, 2009, p. 332). A therapist’s skill is delicacy and sensitivity to modify and adjust as they are speaking to meet the client, while keeping on track with the bigger purpose of the counselling session enabling the client to move forward.

Theme 4: Hope Arises?

This theme could be expanded into a whole study in itself. One of the fundamentals of the Solution Focused approach is the attitude of hopefulness in the ability of client to make changes. In the study, I observed hope in two ways. The first was feedback from the clients in the Pre- and Post-Session Research Rating Scale results of stated change in hopefulness. The second, perhaps more difficult to be certain about, was the observed body posture and energy changes that may indicate more hopefulness.

Pre- and Post- Session Research Rating Scales

I used a Research Rating Scale (adapted from Miller et al, 2003, presented in Appendix 5). I used this scale at the start of the sessions, and accidentally after session one with Fiona, then seeing the value of it, decided to use this scale in the future at the start and end of future sessions for Penny and Hilda. The table in Appendix 13 shows the full results.

The results show the clients each moved up the ratings in all cases by the end of the session, confirming that whatever happened in the counselling sessions, including the complimenting, movement occurred. The scales that I suggest are most likely connected to complimenting are confidence, sense of agency and hopefulness. In all the sessions, there was upward movement along these scales. I have no data to make a direct correlation of the scale results with the complimenting that occurred in the session as other Solution Focused techniques were also used in the sessions. Looking at Penny and Hilda's summary results of the self-confidence, sense of agency and hopefulness only:

	<i>Session 1</i>		<i>Session 2</i>		<i>Session 3</i>	
	<i>start</i>	<i>end</i>	<i>start</i>	<i>end</i>	<i>start</i>	<i>end</i>
Penny	5.3	19.8	16.2	25.1	12.7	21.5
Hilda	7.8	12.3	13.5	16.9	15.3	16.4

There is an increase in the ratings in each session. It is not possible in this study to link these to complimenting, but something appears to be happening in the sessions. It could be other Solution Focused techniques, being heard and listened to, or something else in their lives.

Body posture, physiological and energy changes

I observed the client's body position and noted examples of shifts and changes in their body when a compliment was offered. There were many instances where I observed a shifting, straightening of the back, shoulders back and so on. This example is one series of compliments with Penny and her teacher where there was marked physical change.

Example: Penny and her Teacher

C: Back in my childhood and (1) the, kindness I was shown by teachers. *I had one teacher who told me that I should use my brain. You have got a lovely brain. And you are so intelligent. He said, you, you will go on and do wonderful things* {smiling, looking down, talks slowly and thoughtfully}. And I think, I haven't really, {smiling, laughing to the side, eye contact} but if I met that man again now, [my ten year old self]

T: [What would you say to him?] {smiling, steady eye contact}

C: {head tilts forward, hand to back of neck, eye contact} Well I haven't done all those things you thought I would. But then I don't know what he thought I was going to go on to do. {wriggling}

T: And would you really say that? {steady eye contact, slight frown}

C: No, I prob

T: What would you say to him actually, really?

C: {hand around her throat and neck, nodding} I, I um (.5) I had a really high IQ and I, I, um, I ah, I had a really good science and maths brain, but then I left school and I went to study art.

T: Um hum {writing, then head up and eye contact}

C: I had a shock in my teens, that I never, (.5) from a teacher (.) that treated me really badly. {eye contact, hand tapping on lower throat, upper sternum} That crushed me. It did that um, like, I lost my self-worth completely. He made me stand up in class {hand movements from one to another place} when I came to my high school from my primary school here.

T: Yea {clear voice, eye contact}

C: And he said, "I have been looking forward to meet you. They tell me that you think that you are intelligent and we'll see about that." In a class of new kids that I didn't know. (.) And I spent the rest of my school years supressing any intelligence. I hid it completely. You know, I didn't want to stand out.

T: [Yes]

C: I'd like to meet that man again and phew! {eyes wide open, body adjusted slightly to be more upright, throwing her arm up in the air in a dismissive gesture}

T: {eye contact, energetic voice tone} Cos, what's true about you? 'Cos what true about you, actually?

C: (.5) {nodding, smiling} *The truth of me is that I am still an intelligent person and I am still a good person.*

T: (Yea)

C: *And I am still, I am still a hard worker. I am still all those things* {nodding, smiling, upright body}

In the following section, using the memory of the teacher, Mr Firth, gives Penny an indirect compliment about having a "lovely brain" and that she should use her brain, even though other teacher did not support this view,

Penny comes back to self-complimenting knowing she is “intelligent”, a good person, and a hard worker. As she does this her voice tone is firm and energetic, confident and her body upright, shoulders back as she makes eye contact.

Later in the same session, Penny refers again to her teacher, Mr Firth:

C: Teacher, the five-year old teacher, when I was five. {smiling, eye contact, strong voice}

T: What was his name? {head on one side, eye contact}

C: Mr Firth, Mr Firth. A wonderful man. {looking up and to the left, expansive hand movements} And I talk about him a lot now in my life because he set me on this wonderful path of learning. He and his (.)

T: [Yes::] {eyes down, smiling as writing}

C: He taught me so much, {looking up, moving her arm, smiling} that it is a real pity that I let that man damage me later {emphatic hand movement where fingers and thumb together moving up and down}

T: Yea

C: But *I wasn't strong*. I wasn't (.)

T: (Yeah, but)

C: Umm

T: It's like those two teachers, with their different approaches, {hands out front held with palms up, eye contact} whatever their personal reasons were

C: Umm {movement of the head, nodding and shaking, eye contact, pensive sound}

T: The uplift Mr Firth gave you {lifting one hand up}

C: Umm

T: and the (.) sort of slap in a way {other hand to torso}

C: Umm {nodding with eye contact}

T: that the other one was.

C: umm umm {lips pursed tightly}

T: And how many years you spent believing the slap.

C: Yep, yep {nodding, smiling}

T: But actually, now you are remembering the {expansive hand movement}

C: {smiling, body relaxing, softening, eye contact, head still} I think back and the gift that man.. Yea, yeah. So, you know, {hands clasped, moving in front of the torso, smiling, energised voice} now, right I have had that health warning.

T: Yep

C: Right now, {eye contact, firm voice tone, straight body, head centred} I am (.) wanting the rest of my life to be lived (.) like that man was sure = {animated, clear, upright body posture}

T: [Like he said]

C: = Not like that guy {left hand flicking off to the side}

T: Yep, yep

The deep belief Mr Firth had in the little five-year old girl has stayed with Penny, despite setbacks and other experiences with other teachers. His seeing her, validating and complimenting her over 55 years ago, still affects Penny. Now in her sixties, she recalls this validation and acceptance and wants to live the rest of her life

inspired by and according to the self-belief instilled in her by Mr Firth. This validation of her essence as a young child appears to inspire Penny as she thinks of her life now.

Mr Firth's influence through the years is still felt by Penny. Penny becomes almost dreamy as she recalls how he saw her loveliness, at a time when her mother was busy with the other children and no one else saw or treasured her. This memory does not result in words of a direct compliment, but more a warmth and self-appreciation of being seen as *"just as lovely as ever"*. I started to ask "What's" going towards asking a question that might lead to a self-compliment, but Penny carries on, recalling and appreciating the gift Mr Firth was to her life. Her body softens and head straightens, upright posture and she becomes energised and animated as she talks of the effect Mr Firth had on her.

In this example, the touches of the indirect compliment come through over and over as Mr Firth's kindness and Penny's memory of his validation and complimenting is recalled. In this thread, there are many types of complimenting, but at the heart of it, Mr Firth is a means of expression for deep complimenting of Penny's essence then and now. Penny's body posture and energy changes as she recalls the validation she received years ago. Remaining attentive and tuned in to the client's experience (De Shazer et al, 2007; Geller, 2017) resulted in Penny remembering and resolving to live more in alignment with the girl she had been. Geller (2017) writes "Emotions are expressed as bodily shifts, so reading our clients' bodily signals is key to knowing their current feeling state" (p. 78) and that there are many parts to communication, including a verbal narrative, bodily changes, speech quality, breathing patterns, body posture and eye and facial expressions that are all part of connection.

There is extensive discussion in the Solution Focused literature (Gingerich et al, 2012; Kiser et al, 1993; Lipchik et al, 2005) concerning the role of emotions in client change, however, the movement towards positive emotions and the importance of hope threads through the Solution Focused approach. How hope and hopefulness occurs may be explained in the "broaden-and-build theory" (Freidrickson, 1998, 2001) with an upward spiral of emotions and thoughts occurring as clients expand positive emotional experiences (Blundo et al, 2014) and as in the process, hope "is generated as a cognitive process, as well as a "felt" or emotional experience" (Blundo et al, 2014, p. 58), however, it is not clear in the Solution Focused literature exactly how hopefulness is expressed physiologically and perhaps it varies between individuals (Geller, 2017). I cannot be sure if this was hope rising, or if Penny would call it hopefulness, but there was a significant change in her physical demeanour during the exchange.

In conclusion, the Solution Focused approach is fundamentally hopeful as it is assumed that clients are expert in their lives, things are always changing and people are changing (Appendix 10). With this therapeutic stance, the counsellor's role is to look for and illuminate the hopeful, affirming aspects of the client's story, coming back to the strengths, capabilities and possibilities on offer. McGee et al (2005) write vividly of this responsibility of thoughtful constructive questioning:

Therapists who have cultivated an appreciation of the efficacy of questions understand that to question is to wield a powerful linguistic blade. It is necessary to ensure that the blade is used to reveal strength and beauty rather than to carve away these same qualities (p. 382).

I consider it a privilege to be invited by clients to hear their stories, and assist making new meanings and find more hope, out of a deep reverence and respect for their capacity to live with all that has happened. I conclude that taking great care and maintaining a hopeful approach in how I ask my questions, matters.

Conclusion

My Findings, using detailed notations and Thematic Analysis, have been surprising. I found my research counselling sessions were rich with many implicit and explicit instances of complimenting. This Finding fits with much of the literature concerning Solution Focused Therapy where numerous incidences of complimenting occur. (Fiske, 2008).

The themes I identified in the data made sense and gained more shape as I worked with them, developing a richer, brighter form that has added to my understanding of what occurred during complimenting. My use of Thematic Analysis was deepened and made more precise with the addition of non-verbal annotations in the transcripts of the sessions. My data became multidimensional with verbal and non-verbal information. Analysis and making sense of the themes using other studies of therapeutic relationship and of microanalysis of communication has resulted in a finely nuanced exploration of complimenting.

My fascination with human connection is reflected in the study of therapeutic relationship in relation to complimenting. I found that the counsellor's presence and attunement to the client contributes to the compliment and this can be quantified with verbal and non-verbal markers.

Plausible compliments come from the fine details of the clients' stories. This requires the counsellor to pay close attention throughout the sessions, develop a good memory to be able to recall those details and thread them back as compliments.

Complimenting is sometimes messy in counselling sessions. The complimenting conversation does not necessarily flow easily or neatly and there may be fumbles, stumbles, half uttered words or double questions. The client may ignore the compliment, change the subject or be puzzled and need more time to respond. The complimenting conversation is a gradual movement of the counsellor and client to create shared common understanding and may take surprising turns. The counsellor's skill is to remain sensitive to the client and compliment.

Solution Focused Therapy is fundamentally hopeful. During complimenting, there are often observable changes in the language and physical appearance of the client. The same changes are often associated with a more positive, hopeful approach.

In the following chapter I will take the themes and discuss/ explore them from the perspective of where compliments come from, the client's response and response in the counsellor to complimenting in order to offer some useful discussion.

Chapter 5: Discussion

Introduction

This research project aims to study how Solution Focused compliments are experienced in counselling sessions by the clients and counsellor. In this chapter, I will discuss my Findings in relation to what the literature suggests happens when a therapist offers a client a compliment.

I will explore what this study suggests about where compliments originate: in the Solution Focused approach, in the counsellor's intention to use compliments, listening, an effect of taking a 'not-knowing' stance, and in counsellor attunement and presence referring to the literature.

Through an analysis of my observation of client responses, I explore some of what occurs when the counsellor offers the client a compliment from several aspects: the language of complimenting, clients' physical changes, the effect of rekindling positive memories, complimenting and hopefulness, and finally, compliments needing time. I will refer to the literature to explore what happens. Again, this exploration is viewed alongside what the literature has suggested happens when a counsellor offers the client a compliment.

Through a focus on my own responses as counsellor, I explore what occurs physically in the counsellor; considering my observations of my sliding over compliments or awkwardness, and my increased self-regard and competency from this study of the practice of complimenting.

Finally, in this chapter, I consider the strengths and limitations of this research. I discuss some implications of its findings for professional counselling practice and consider future directions for this research.

Where and How Compliments Originate

Solution Focused approach itself

The Solution Focused approach has embedded philosophical assumptions about the importance of focussing on client's strengths and resources to support client change, consequently, complimenting is integral and threaded

into the very fabric of the approach. Complimenting is both explicit in the three types of complimenting, but also is implicit in the approach.

The Solution Focused approach assumes the client has the skill, resources and strength to create their future (De Shazer et al 2007) and the counsellor looks for occasions to amplify signs of these skills to enable them to move towards their preferred future. Implicit complimenting is seen in the counsellor's demeanour (Berg & Dolan, 2001) and "positive perceptions of the client 'slip out'" (Fiske, 2008, p. 61) throughout the sessions. In this study, the implicit complimenting was demonstrated in the body language of the counsellor, mirroring the client and focusing attentively on the client during delivery of the compliments.

This implicit underlying philosophy is embodied in an affirming approach and the reported frequent use of complimenting being one of the Solution Focused tools used to emphasise strengths, empowerment and solution building. Studies of master Solution Focused therapists demonstrated a consistent focus on strengths and resources, agency, confidence and building on the clients' actions towards their preferred futures (Jordan et al, 2013, p. 51). This research project confirmed the observation of numerous compliments being offered in Solution Focused sessions.

Listening for compliments

In the previous chapter, I presented examples of compliments having 'long arms, long tails' (Findings, pp. 69-74). The compliments did not "come out of the blue" (Anderson & Goolishian, 1988, p. 377); they came from within the clients' stories, in the fine grain of their lives. Listening for these details throughout the sessions, including from one session to the next, is important because it is through this careful listening that the specifics are available to the counsellor, to bring these details back as compliments. This detail makes the compliments themselves more plausible, as Fiske (2008) recommends. This research demonstrates how details, shared by the client, are taken by the counsellor as clues and cues which can be used to compliment the client. Complimenting in this way requires particular Solution Focused listening and attentive memory by the counsellor, plus sensitivity to the client in the session.

This careful listening with a Solution Focused and solution building intent, means listening to understand what really matters to the client, Hanton (2011) called this "relentless listening" (p. 22). In this study, the intention was to give direct and indirect compliments, and to encourage self-complimenting in the sessions. As a

consequence of this intentional stance, the listening was tuned in to select material for complimenting, and to listen for moments when complimenting can occur in the dialogue. Being intentional about complimenting shifts the focus in a session, resulting in an attentiveness that leads to amplifying and broadening the compliments with details the client's strengths, skills and resources. The compliment becomes relevant, data-based and specific.

Berg is reported to have encouraged practitioners to "listen to the client with solution-building ears. This means they are able to hear the client's story without filtering it through their own frame of reference" (De Jong & Berg, 2013, p. 21). This is a skill that requires practice and more practice especially with some clients' stories and their sensitivities. My clients are my teachers to attend carefully so I can more fully understand their uniqueness and assist them to take their next step, so "listening for and noticing hints of possibility are key aspects of what it means to be a solution-focused practitioner" (De Jong & Berg, 2013, p. 22).

Shennan and Iveson (2012) stated that "compliments do not sit well with respect for the client's own self-knowledge" (p. 289) and as compliments were originally part of creating a 'yes' mindset, then "compliments (are) dispensable" (p. 289). This study does not support that view as it shows specifically how compliments are constructed from within the client's own stories and words by extending and building on the client's self-knowledge. Consequently, compliments are, in my view, far from dispensable.

This study confirms previous findings of the importance of listening and expands this to show how the counsellor draws the details into compliment building. This study has shown how details in the compliments come from within what matters to the client in the dynamics of counselling sessions by listening attentively to hear "who and what are important to the client. As clients describe the assistance they need, they talk about those people, relationships and events that are significant to them" (De Jong & Berg, 2013, p. 22) and it is from these details and hints that counsellors form complimenting questions. The Findings show examples of these 'long arms and long tails' of compliments (Findings, pp. 69-74).

Complimenting from 'not-knowing'

The Solution Focus therapeutic stance of 'not-knowing' maintains that understanding is interpretative and there is no privileged standpoint (Anderson & Goolishian, 1992). Hoyt & Comb (1996) remarked "there's no neutral position in which a therapist can stand" (p. 38).

This study confirmed the importance of maintaining a curious, wondering and tentative stance to practicing 'not-knowing', especially when part of the counsellor may think he/she knows. The benefits of a 'not-knowing' stance are clear in the literature. 'Not-knowing' brings tentativeness, space for more questioning and exploring exactly what is meant, from which co-construction of new meanings and possibilities of ways forward can develop. My question was 'Yes, but how?' How does this happen, especially in the thick of a Solution Focused counselling session?

This study illuminated the critical importance of the 'not-knowing' stance in the application of complimenting by exploring both sides of this stance, 'knowing' and 'not-knowing'. An example of a 'knowing' direct compliment being given to Fiona was presented in the Findings chapter (Findings, p. 79). When the counsellor adopts a 'knowing' stance, sensitivity to the client and co-construction was lost. The counsellor's agenda takes over and it is no longer focused on the client's emerging understanding, instead telling or advising the client from a 'knowing', expert stance. Bliss (2010) speaks fiercely of the need for Solution Focused counsellors to hold true to the belief in the client being the expert in their life:

If therapists do not get straight in their minds that people know what is in their own best interest, they will be unable to practice extreme listening. If such doubts surface, therapists need to lie down in a darkened room until their afflictions pass. If they do not pass, they need to resign from solution-focused work (Bliss, 2010, p.112).

This study confirmed that tentativeness and curiosity (Thomas, 2013) assist the counsellor in this endeavour of 'not knowing'. An example was presented with Hilda (Findings pp. 79-81) where the counsellor followed the client moving together to understand how the client had managed an awkward situation with her son. In practice, counsellor humility, awareness of self, curiosity and wondering are vitally important. This speaks to me that cultivating an insatiable curiosity for more understanding of the client and bringing to light and change that is happening is essential. The counsellor's ability to maintain a 'not-knowing' stance, or more memorably cultivating insatiable curiosity seems essential to enable extreme, relentless listening to the client and congruent, effective complimenting.

Counsellor attunement and presence

Researchers have attempted to understand aspects of the therapeutic relationship; it has been described in many ways and continues to be somewhat mysterious, and yet, is widely recognised as an important, perhaps “essential ingredient” (Quick, 2012, p. 31), of successful therapy. Shennan and Iveson (2012) hold an opposing view which focuses on the therapist relationship which is to “keep out of (the) way” (p. 295) of the client so “more quickly they will be able to get on with whatever they choose to do” (p. 295). My view from this research is that there is a natural tension between these two views and the therapist does indeed need to get “out of (the) way” (Shennan & Iveson, 2012, p. 295) in the sense of not directing or dictating, advising the client, and yet at the same time, the relationship still matters.

This study has focused on one aspect of the therapeutic alliance, the counsellor’s presence or non-presence during complimenting. The state of mindful presence, where the counsellor is open and still, available for meaningful engagement with the client, undistracted by the counsellor’s own thoughts, is described by other Solution Focused researchers (Bliss, 2010; De Shazer et al, 2007; Fiske, 2008) and others in the field (Coutinho et al, 2014; Geller, 2017; Siegel, 2010). Berg, often considered a master practitioner in Solution Focused Therapy, has been described as “completely focused on the client, every second, fully absorbed and aware of every nuance, every word, careful not to miss any hint about what she is wanting from the session” (De Shazer et al, 2007, p. 38).

Siegel suggests that in these moments of attunement, our internal state changes and there is a “sense of ‘feeling felt’ that emerges in close relationships” (Siegel, 2010, p. 27) that is implicitly validating. When the counsellor is tuned into the client they are implicitly complimenting and acknowledging, and more likely to notice potential complimenting moments and explicitly compliment the client.

This study builds on the research into presence and attunement by demonstrating the specifics of what occurs during Solution Focused complimenting. Examples in the Findings chapter demonstrate that therapeutic presence was found to give the counsellor greater awareness and connection to the client. In this alert, relaxed attuned state, the counsellor recalled things the client said previously, and could draw on these details to deepen the exchange occurring between. This attentive state allowed the earlier details shared, to manifest in ‘long tails’ of complimenting (e.g. Findings pp. 72-74).

Some Solution Focused researchers hardly mention the therapist/client relationship, maybe offer a short paragraph amongst lists of techniques and skills (Trepper et al, 2012, p.23; Shennon & Iveson, 2012). They mention listening, ‘not-knowing’ and the therapist leading from one step behind, however, not the ‘how to’ of this stance. Ratner et al (2012) suggest that:

The therapist’s job is to build questions from the client’s answers, most often incorporating their last words into a new question, which will lead the client to further self-discovery. In this sense, the client’s relationship with himself is more important than his relationship with the therapist. (Ratner et al (2012, p. 26).

This study offers a different viewpoint, more in line with Quick (2012) and Fiske (2008), showing the importance of the therapist’s attunement and connection to the client in the counselling session. It shows the detail of what happens during the connection between the counsellor and client using verbal and non-verbal markers to analyse the Solution Focused complimenting sequences, and I suggest this could be extended to all interventions in the session. The detailed analysis in this study demonstrated the importance of the therapeutic alliance.

Response to the Compliment by the Client

Language of complimenting

The Solution Focused approach aims to co-create a way forward for the client (Berg & De Jong, 2005; De Jong & Berg, 2013) and compliments are useful in encouraging change; however, they require skilful delivery to be plausible (Fiske, 2008), with details from the client’s life make it real. Anything less than a plausible compliment may seem phoney or insincere and can be easily ignored, dismissed, or even be interpreted with prickly hostility by the client.

This study has presented an example of co-construction of a compliment between the counsellor and client (e.g. Findings, pp. 77-78) of Fiona and “*boundary setting muscle*”. Counsellor curiosity facilitated the exploration and co-creation of a new idea that had resonance for the client as she paused, her posture and tone changed. Listening with “solution focused ears” (De Jong & Berg, 2013, p. 21) and selectively using the client’s words

about “*that muscle*” to inquire further was an example of “listen, select and build... to capture the collaborative, conversational process of solution building” (De Jong & Berg, 2013, p. 56).

The counsellor is listening for, and then repeating back, or inquiring further about key words used by the client “to capture their experiences and the meaning they attribute to these experiences” (De Jong & Berg, 2013, p.27). De Jong and Berg (2013) suggest key words that are repetitions, “emotionally charged” or “idiosyncratic use of words should raise your curiosity” (p. 27); they are clues to listen closely, inquire further, and they may become the building blocks of compliments. In one case, in the conversation about boundaries the use of Fiona’s word “*muscle*” was unusual, so the counsellor inquired further, resulting in a new image and idea emerging. In another case Hilda used “*settling*” (Findings, pp. 63-66) repeatedly, similarly Penny’s use of “*kindness*” (Findings, pp. 72-74), so these words were repeated back by the counsellor in the formation of a compliment.

This study supports the well-established importance of listening to the client’s words and the specific technique of repeating, echoing and inquiring about key client words. However, this study takes this another step. It shows, in practice, how counsellors select these key words, and then use the client’s words in a particular way, artfully modifying and shaping them into compliments. These client words are used by the therapist as clues woven in to invitations for the client to reflect further and self-assess. This study supports previous research in noting the therapist importance of remaining curious to explore the client’s meanings to find ways of going along together (Wittgenstein, 1953), and creating shared understanding and common ground, sometimes using these to create a compliment.

This research also builds on previous work of the microanalysis of Solution Focused conversations and shows the sometimes messiness of complimenting sequences in a counselling session. Clients may not reply as ‘expected’. Complimenting, in practice, may become complex. In this study, the sputterings, missteps, half spoken words, pauses, difficulties, double questions all called for “extreme listening” which Bliss (2010) describes as:

Extreme listening is characterised by listening like a demon, as though one’s therapeutic life depends on coming to a joint understanding about what the client wants. It means listening twice as much as talking, with ears begetting the largest elephant. It means checking out every bit of data with the client. It means going for the detail of what the client means. It means asking lots of questions and listening to each answer. It involves developing an obsessive, demented need to understand exactly what it is the

client means when he or she says “happy” or “relaxed” or “worry” or any other of the thousands of possible words he or she might use. Extreme listening means never assuming one understands (Bliss, 2010, p. 113-4).

This is listening with “solution focused ears” (Berg & De Jong, 2013, p. 21) to find the way forward. A compliment may reveal complexity in a relationship needing time and weaving of dialogue to move back to complimenting. One particular exchange with Hilda (Findings, pp. 76-77) highlighted the intricacy of human relationships and the importance of leaning in to the conversation, trusting that the client had the strengths and inner resources to solve her challenges. The unshakable belief in client competency can be a rudder in the ‘turbulence’ of the session; remembering the client has got this far, today, somehow, some strength got her/him through so far is noteworthy (Bliss, 2010; Fiske, 2008; Kim & Franklin, 2015). In this study, it was demonstrated that it is fundamental for the counsellor to hold onto the belief in the client’s ability, and this supports the literature. I have shown what this belief in the client’s abilities looks like in practice, even when the client may shy away or is uncertain.

The complimenting conversation may be ‘turbulent’, messy or take surprising turns (e.g. Findings, pp. 72-74) yet an indirect compliment may still help the client move forward. In the example with Penny concerning an indirect compliment from her recently deceased friend Valerie, holding firm to the client’s abilities in the conversation opened more resilience and strength in the client, as Kim and Franklin (2015) suggest may occur. In the end the client had more sense of her strength and ability to keep going, and perhaps, more hope too. The study promotes ways in which compliments can assist clients to gain self-competence.

One of the complimenting skills seen in this study was to “ground” (De Jong & Berg, 2013, p. 54) compliments with shared understanding. Grounding is an example of collaborative dialogue with three steps, a compliment being offered, acknowledged as being understood by the listener and then that understanding recognised (De Jong & Berg, 2013). Grounding occurs with both non-verbal and verbal cues. The verbal cues include echoing the client’s words, using an affirmative ‘umm/yes’ or expanding/building on the compliment. There were many examples of grounding in the Findings, such as with Penny (Findings, pp. 62-63) where a shared understanding emerges through the dance of the dialogue that sometimes seems more like a shuffle or trip as the client and therapist find their way together. And even when it is messy, or perhaps because it is messy and tentative, compliments are still found to be effective as clients’ views of themselves change, at least sometimes. This

finding puts compliments as a key Solution Focused technique in developing self-confidence, agency and self-competency contributing to the likelihood of clients moving towards their goals.

Importantly, this study shows that when compliments are ‘messy’, the counsellor is required to be adaptable, flexible, curious, trust the Solution Focused framework and listen deeply to find a way forward. The skill of the counsellor is as a master of conversational adaptability: listening, selecting the client’s key words then asking the next useful question, all the while, listening to “build mutual understandings or common ground” (De Jong & Berg, 2013, p.54). This is a lifetime’s craft. This study confirms the challenge of the Solution Focused approach, which does not have stock answers, but is an intricate dance of counsellor and client exchange. Bliss (2010) sums it up “a really good extreme listener, again is like a good extreme sports person, practices and practices and practices and sometimes gets a headache” (p. 114).

Physical changes in the client

Making-meaning of what occurs in a client, counsellor, and in the intersubjective space between them is complex. Beyond a simple description of the client/counsellor experience, researchers have drawn on verbal and non-verbal indicators of the relationship. Communication is multidimensional and intricate as “people use language and other ways of communicating (e.g. gestures, tones of voice) to interpret each other as they talk. This gets more complicated given the different interpretive histories they bring to their dialogues” (Strong, 2006, p. 253). Martin (2015) states “there are many possible nonverbal indicators of how people organise and model their word” (p. 154), including voice cadence, speed, tone, body posture changing, narrowing the eyes, looking up and many more movements (Martin, 2015). Others (Ekmand & Rosenberg, 2012) explored the nuance of facial communication through a detailed study of facial expressions in therapy. The complexity of the therapeutic relationship has been described by Colosimo & Pos (2015) in terms of physical, emotional, and verbal responses in counselling sessions (See Appendix 12). Counsellors observe their client’s body movements, listen to voice changes, other sounds, changes in the breath, and notice what they feel when with the client (Murphy, 2015).

I studied clients’ physical movements when compliments were given (e.g. Findings, pp. 60-61). Some of the observable changes in the client include eyes ‘softening’, changed eye movement, breath changing to deepen or take a breath in or pause slightly, body shifting position, feet moving or toes wiggling, voice tone changing, and speed of speech changing or pausing. These physical changes give information about what might be happening

for the client. We do not know, as counsellors, what these changes mean or indicate, although we often assume we know, and sometimes have a hunch from years of experience “tracking” clients’ expressions (Martin, 2015). De Jong & Berg (2013) suggest that listening and paying deep attention to non-verbal behaviour is important as we learn, and that over time, paying full attention to the words results in congruence and attunement.

This study demonstrated the value of using detailed notation (Kogan, 1988, p. 22) and markers of presence and non-presence (Colosimo & Pos, 2015) to illuminate details of what occurred complimenting sequences. The study showed how I interpret these fine movements and changes in tone and so on. It is a learnt skill to notice and track these changes, resulting from years of training. These observations can be useful, if the counsellor brings curiosity, asking the client what they are noticing at that moment.

Complimenting rekindling memories and hope

In this study, indirect compliments from people the clients know well were important opportunities to deepen the clients’ recognition of strengths or qualities, some that they may have forgotten or not known previously. The relationship between the client and a friend (e.g. Findings, pp. 72-74; Penny and Valerie), can provide a useful perspective from someone trusted who has seen other aspects of the client. This study confirms that indirect complimenting may be thought-provoking and strengthening for clients as they recall times that are meaningful to them where they are loved, seen, valued, validated and recognised. There were many instances in this study where this occurred, including being seen from the perspective of people who have died (e.g. Findings, pp. 83-86) such as Penny and her teacher. These moments when the client was treasured, valued, appreciated or loved are part of their history, and may form part of the construction of identity (Burr, 2015). So perhaps in complimenting, the client is ‘re-booting’; updating old beliefs by becoming aware of more intelligence, kindness, goodness or strength as discovered through the complimenting.

Looking to other researchers’ work on memory gives a possible explanation of what is occurring. The emotional effect of experientially remembering positive events has been studied by Gadeikis et al (2017) using heart rate variability, subjective happiness and sadness ratings. Clients can “up-regulate positive emotion experience during positive emotion memory recall” (Gadeikis et al, 2017, p. 69). The researchers propose “mindfulness, behavioural activation, imagery, and positive psychology savouring interventions are likely to be of benefit to clients by enhancing positive mood” (Gadeikis et al, 2017, p. 68). This study suggests that it would be worthwhile to add Solution Focused complimenting to the list of interventions that have an up-regulating effect.

Other studies on positive memory recall and meaning-making (Cox & Adams, 2014; Pascuzzi & Smorti, 2017) have examined meaning-making from retelling the story and constructing positive interpretations, creating “a positive effect on individual wellbeing and, in particular, the ability to regulate emotions in a virtuous circle” (Pascuzzi & Smorti, 2017, p. 34). They found that “story-telling enables an individual to provide meaning to life’s events and, therefore to re-organise the emotions experienced by increasing individual well-being” (Pascuzzi & Smorti, 2017, p. 34). In my study, it was found that indirect compliments may also encourage the client to re-experience a memory, rekindle a previous positive experience, strengthen their awareness of a past validation, and bring this into the present. Thus, the emotional experience involved in complimenting appeared to be uplifting, as seen in verbal and non-verbal, physiological changes using markers identified by Colorismo and Pos (2015). And the outcome was a new story created from a memory of someone, of how that person may have regarded or currently regards the client, creating a new positive emotional experience.

Kim and Franklin’s (2015) discussion of the role of positive emotions in fostering hope, courage, trust and change in Solution Focused Therapy is useful to consider with respect to the findings of my study. They state:

Solution building also elicits commitment from the client to enact the solutions that are identified and uses compliments and reflections about the client’s competent behaviours to reinforce the client’s resiliency to sustain his or her commitment and persistence toward the accomplishment of the goal (Kim & Franklin, 2015, p.35).

They suggest the use of compliments broadens, amplifies or grows positive emotions, including joy, pride to increase openness, and commitment to change. This study shows that validation and complimenting may make a difference, even many years later. Recalling a teacher’s complimenting when the client was at a formative age, gave Paula, the client, strength and encouragement, sixty years later, to make some changes (Findings, pp. 83-86). This is a very ‘long arm and a long tail’ of complimenting, brought alive in the session through indirect compliments by revisiting this memory which inspired the client with more hope and resolution. This complimenting process aimed to shift clients’ views of self to one that is enriched, more fluid and allows for a broader range of options so the client can take a “less personally damaging” (Burr, 2015, p. 142) position about self-worth, validity, value - these key aspects of identity and self-hood. This study suggests Solution Focused complimenting can contribute to the expansion of a favourable view of self.

This study has shown in detail the particulars of what happens in a Solution Focused counselling session of

revisiting memories in order to use as validating and complimenting moments. It shows how the techniques of complimenting can tap into earlier positive experiences and broadening and deepening them, building a complimenting sequence.

Complimenting and hopefulness

Complimenting is one of the Solution Focused techniques that potentially offer the client a turn towards hopefulness, as has been proposed by many other researchers (Blundo et al, 2014; Fiske, 2008; Kim & Franklin, 2015; Larsen & Stege, 2010a; Larsen & Stege, 2010b; Reiter, 2010). According to Fiske (2008) compliments are a part of clients “tap(ping) into hope” (p. 16).

This study confirms that client reported hopefulness does increase in Solution Focused sessions. Questions that led to Hilda, the client, self-complimenting resulted in the client reporting “*a sense of agency*”, “*a shift in my energy*” and “*hope rising*” (Findings, pp. 63-66). Compliments were often followed by a shift in the clients’ manner, becoming more upright, laughing and voice tone changes associated with a greater sense of hopefulness (Findings, pp. 83-86). The Research Rating Scales also showed increased hopefulness in the sessions (Appendix 13). It is likely, but not proven, that complimenting was a part in expanding clients’ hopefulness, sense of agency and ability to act and know things could change.

Compliments taking time

One Solution Focused premise is that most of the clients’ lives are outside of the counselling room, so it is often in this time that changes occur (De Jong & Berg, 2012; Hanton, 2011). Consistent with this earlier research, this study confirms that finding showing how compliments may take time to sink in, and extends this research, showing how compliments may last a lifetime, even 60 years later a compliment may still be part of the client’s current experience.

Compliments given in a session may appear to be ignored as with Penny (Findings, pp. 75-76) or brushed aside; however, it might not be so. The client may return to a future session having pondered on the complimenting questions. This can be understood as an ‘in-between session change’, a well-recognised part of Solution Focused therapy. Trusting the Solution Focused process, and expecting things to have improved, then asking, ‘what’s better?’ when the next session begins, gives room for the client to explore what has happened and the

counsellor can amplify the change (Ratner et al, 2012). In this current study example the client (Penny) had been reflecting all week on the complimenting question, coming back with new insight and decisions about her relationship. This bringing wonderings that were raised in previous sessions is a good example of compliments needing time. In subsequent sessions, we were able to amplify, by exploring more details, broadening, detailing and so expanding the compliment, how she wanted things to change. This is an example confirming Kim and Franklin's (2015) suggestion that compliments may be a part of the path for increasing movement towards the client's goals.

Compliments can take time. It is unknown what the client will find valuable or thought-provoking in the session. But the counsellor can hold true to the hope that something valuable will happen, and actively inquiring about 'what's better?' at the start of sessions may bring more valuable complimenting possibilities.

Response to Complimenting by/in the Counsellor

Physical responses in counsellor

In addition to close observation of the client, I have found it very helpful to stay aware of my body as I give the compliment and observe their response: do I feel easy, open, soft or uncomfortable, uneasy, squirmy, or tight and constricted? Then, inquiry can be made about what happened. An example of this was with Fiona when I felt squirmy when I'd said "*well done*" (Findings, p. 79). At the time, the squirm gave me a clue to adjust by reconnecting with myself and her. This highlighted a moment of mis-attunement. There were many instances during complimenting where I was aware of my physical experience. One time was with a client (Penny) when she softened, leaned in and I followed; we were tuned in and I was tracking her and our body movements in synch, mirroring as I complimented her and explored more depth to the compliment (Findings, pp. 62-63). My physical response suggests that we were attuned to one another (Geller, 2017; Larssen et al, 2018).

This area of therapist self-awareness is not emphasised in the Solution Focused approach, so much so I have a gap in my Solution Focused references on the topic. Other therapeutic approaches, such as Hakomi (Murphy, 2015), put more emphasis on therapist physical self-awareness. Contrary to this Solution Focused literature-gap, my study shows tremendous value for the therapist as a part of making real and embodying the phrase 'not-

knowing' stance. The 'knowing' stance is felt physically in the therapist's body, just as the 'not-knowing' stance is also felt. My findings lead me to conclude that the use of the therapist's physical experience may alert and guide them to make adjustments to return to a 'not-knowing' Solution Focused stance, and to suggest that a more detailed exploration of this aspect of Solution Focussed counsellors' experience is warranted in future research.

Sliding over awkward moments

Microanalysis of counselling shows sessions to be composed of questions, sutterings, half words, umms, silences, adjustments mid speech, pauses and much more (De Jong et al, 2013; Jordan et al, 2013; Strong & Pyle, 2012). There are moments of interruptions, speaking over each other, non-response, withholding or sliding over and changing the subject as the counsellor and client work their way forward together. This study confirmed these previous observations of halting aspects of dialogue between the counsellor and client, and has specifically shown such faltering speech to be found during complimenting sequences. This faltering speech appears to be how counsellors are tentative in complimenting, and a part of effectiveness for clients. This observation of faltering complimenting is a valuable contribution to Solution Focused literature.

One method for exploring awkward moments is the use of reflective practice. The value of reflexivity in research is articulated by Jarvis (2009) writing of her experience bringing to the surface underlying misgivings and assumptions she had during an interview; only when written could she check the accuracy of her interpretations and see things differently. This study builds on this research by reflecting what occurred in the counsellor when the counsellor missed opportunities to offer a compliment. A written reflective practice offers rich veins to look at sessions, giving space for an unspoken voice that was at play in the session, illuminating a hesitation, deafness, inability to hear or muteness to speak of some matters. Reflective writing practice is recommended by Bolton (2001) as diving into the "certain uncertainty that is at the heart of reflective practice" (p. 200).

This study confirmed the importance of taking the invitation seriously to reflect on what is uncomfortable, uneasy or distressing in a counselling session. The practice of reflective writing is not easy, but it is valuable, to become aware of parts that I ignored, avoided or I am not wanting to hear. An example was with a client speaking of murder, torture, killings, unpredictability and terror of her war time childhood; I became largely silent listening to her experience, not wanting to diminish or negate her story, what I said at the time was

“umm”. This was very noticeable on reviewing the video recordings of the session. On reflection, I could have acknowledged the story, including saying what I was feeling, and asking a complimenting question, such as ‘How have you managed from all that?’

Including this example of my muteness reveals part of myself I’d rather keep hidden or ignore (Mazzei, 2008). There are moments such as awkwardness, a patronising tone, boredom, dismissiveness of self that I want to pretend are not there. Giving a voice to these uncomfortable edges is important. It is a courageous stand for authenticity as a therapist, rarely discussed in Solution Focused literature, however extensively mentioned in other modalities (e.g. Geller, 2017; Murphy, 2015). As I notice my desire to delete, I join Etherington (2017) in wondering how many times I have ignored a voice in the sessions or in research because it is not something I want to feel or see in myself or in the other. It is vitally important as we work with clients’ uncomfortable edges, that we work with our own discomfort.

Counsellor kinder self-regard and increased competency

As well as addressing the research question, this study has encouraged me to examine my Solution Focused counselling practice with much closer attention than previously. As a result, I have grasped more deeply some of the nuances of the Solution Focused approach. I am informed by my previous training however, I have more trust in the Solution Focused techniques, use the approach more often and I have more focus on precise use of language. This study has increased my theoretical grasp of the practical application of Solution Focused Therapy, and my expertise in using the approach in my work with clients.

In the course of the study, I have become more able to observe myself with kinder eyes that are inquiring, wondering and discerning about compliments, and curious about what subdues the spirit in a conversation and what fosters new growth, courage, and is opening.

My increased self-confidence as a competent counsellor has been a very important result of this study. Being encouraged to examine my practice with minute attention and a critical eye, has been valuable because I have come to see proof of my competence and effectiveness. During the whole length of the study, I have been both critical and more compassionate towards myself in my counselling practice. This has not been easy, but it is a very worthwhile result.

Thomas (2013) notes that “the absence of compliments, criticism is often the default direction” (p. 169). And even when compliments are offered, they may be dismissed or discounted. I suggest that inside such moments of self-criticism or self-depreciation are hidden deep threads of stories, and I agree with Mazzei (2008) that it may be possible to hear between the lines. In this case, old unspoken voices may include such words as ‘I can’t’, ‘I’m not good enough’, so on. These ways of dismissing compliments reveal old whispered messaging that can be changed to find a richer narrative about who I am, now. Seeing these moments of self-criticism, dismissal or hostile prickliness through Burr’s (2015) ideas of self-identity and social construction, opens the possibility of change. I have studied my response to compliments I have received, and have found this immensely useful to explore more threads of my self-doubts, self-criticism, bring them into the light, enabling me to crack open and find more self-belief, acceptance and assurance in myself as a counsellor.

I was offered a direct compliment recently. I dismissed it, then felt embarrassed at how quickly and how automatically I diminish or push away validation or acknowledgment. However, I have found complimenting can be the lever that opens the box to my old meanings, assumptions and interpretations, and these old stories can be shaken loose in my reflective writing, processing, or in supervision where I can reveal old patterns of “explicit and implicit struggles” (De Shazer et al, 2007, p. 38), and find a new perspective. I have found that all that occurs can be welcomed and used as part of the deepening the process of claiming myself, finding self-compassion and owning my competence. I found being reflective assists me to remain open to the edges of my awareness and to hear between the words, to hear what is in the cracks.

Falkenström & Larsson (2017) offer a balance to this view with research showing “a sense of self-doubt about one’s effectiveness as a therapist rather predicted better alliance quality – presumably because this factor reflected an attitude of greater humility and sensitivity in the therapist” (p.172). I find this reassuring given my tendencies to self-doubt. Bager-Charleson and Kasap (2017) studied some of the complexities of the research process, noting the usual experience of student researchers of reporting distress and:

some stages involved excitement, growth, harmony and enrichment, but other stages are felt surprisingly unsettling as our own prior understanding expanded. Being in a no-man’s land between old and new understandings triggered a sense of loss of theory and challenged temporarily our sense of selves (p.190).

Stanley (2015) writes of the research experience including times of “confidence crushing anxiety and burnout.”

(p. 143). This hits the nail on the head for my experience of finding my way with the disorientation that is part of learning. This study has included deep personal work to find my confidence as a researcher and counsellor. Gradually, more clarity, kindness and surety is emerging in me, it has been like walking through the fire to know my own strength and ability, to find my own story. This is eloquently said by the 12th century Sufi poet and mystic, Rumi (Barks, 1995, p. 41):

Unfold Your Own Myth

by Rumi (translated by Barks, 1995)

But don't be satisfied with stories, how things
have gone with others. Unfold
your own myth, without complicated explanation,
so everyone will understand the passage,
We have opened you.

Start walking toward Shams. Your legs will get heavy
and tired. Then comes a moment
of feeling the wings you've grown,
lifting.

Summary of this Research

- Although there are many statements of the importance of therapeutic relationship, I have been able to provide specific evidence of how this plays out in a counselling session.
- Few researchers have articulated the importance of seeing complimenting in a broader sphere, not just as a discrete technique, but also in the context of a counselling session. My study closely analyses what comes before the compliment, and demonstrates in finely grained detail what therapists can use to build into their practice to create an effective complimenting sequence.
- Effective Solution Focused complimenting often comes from within the client's own words, story and knowing, so is congruent with the therapist's 'not-knowing' therapeutic stance. Complimenting

expands and broadens this knowing.

- Counselling involves a complicated dialogue. I have been able to show how making a detailed analysis facilitates seeing the messiness in play. And, perhaps more importantly, to note is that the client seems to benefit from complimentary sequences even when - or perhaps because - there is messiness.
- Extreme, relentless listening and a good memory and recall of the details of clients' talk contribute to the therapist building plausible complimenting.
- The tools of therapist self-examination and reflection, especially about discomfort, are important to practice the 'not-knowing' stance more of the time. It is a life's journey of practicing.

Counsellor Assumptions

It has become clear to me how much I interpret and assume from my observations of the client's voice, body and language; the many meanings I make in the moment. I understand this to be part of the meaning-making we do as humans. However, slowing it all down, becoming more mindful and curious, and asking myself "how do I know this?" has become a regular mantra for my own practice with clients.

I have explored some aspects of hope and my assumption is, in line with Fiske (2008) and others, that hope exists, and my role is to encourage the client to take steps, sometimes small steps, towards their preferred future. In order to that, the Solution Focused therapist asks "questions that focus on evidence of strength, resource and resilience for withstanding, overcoming, coping, doing one's best" (Fiske, 2008, p. 280), and for this, complimenting is a valuable skill.

Implications for Professional Counselling Practice

This is a study about the use of complimenting in Solution Focused practice. There are many different ways of complimenting, each one may have any number of effects on the client. I have looked at some implicit and explicit compliments, but further research is needed. It is clear that there is no single formalised way of delivery with Solution Focused complimenting. Rather, it is a skill, co-creating and adjusting to the many shifts in conversation that present themselves in the intersubjective space between client and counsellor. Solution

Focused complimenting is not tidy or neat, but a co-construction. Refining the art of complimenting includes tuning in to the client, tracking their body language as well as listening to their words. It's about precise language and tracking my body and the client's body while staying open and deeply attentive to the nuances as we move along together, never assuming that I understand. Listening as though my therapeutic life depends on it (Bliss, 2010).

As a result of conducting this research, I am able to make a number of recommendations for counsellors to consider:

I recommend Solution Focused counsellors consider using Solution Focused compliments often, sincerely and generously, even if they do not see an immediate response, because compliments offer clients an opportunity to become aware of changes to less damaging positions and more helpful discourses about self-identity. Alongside this, the Solution Focused stance of 'not-knowing' is a practice that needs cultivating and developing over a lifetime, along with an insatiable curiosity to be informed by the client.

I recommend practicing use of indirect compliments especially as the counsellor never knows what complimenting touches and what will happen next. Counsellors can keep leaning in, relating, engaging, connecting with curiosity from a 'not-knowing' tentative stance, and being with what happens as we offer and receive compliments of all types. Bringing in the character of someone loved and respected into the session from a treasured memory or experience, seems often to be particularly helpful.

I recommend a commitment to extreme listening to hear nuances and hints in the client's words, listening with a fervour and commitment to understand their world. Knowing the client is the expert in their life, but being willing to enter into the unknown with them as compliments are explored in a tentative, shuffling or stumbling dialogue.

I recommend a practice for on-going learning about complimenting. I propose counsellors periodically record and notate what happens in a session in order to discover whether or not they are 'not-knowing' and tentative, responding to client expressions as they hope during complimenting, or, if at times are adopting a 'knowing' approach and ignoring the client's expressions. A confronting, challenging and useful practice.

Another practice I recommend is regular use of a reflective journal to write with an inquiring voice, noticing avoidances, tightenings and questions as a way to study and learn more of oneself in counselling practice.

Specifically using moments when compliments are received or given can provide a rich vein of learning. Reflexivity and supervision offer the opportunity to become more aware and familiar with the uncomfortable edges and grow more confidence in therapeutic practice.

Strengths and Limitations of Research

The strengths of this research include my developing skill in Solution Focused complimenting and my ability to offer an experience to each of the clients that they evaluated as useful, helpful and beneficial. “Something” worked to the clients’ satisfaction over the series of sessions as seen in the clients’ Research Rating Scales over time.

A further strength is that in carefully exploring my own practice of Solution Focused complimenting in such detail I have not only developed my own skills but articulated what I have learned in a way that other counsellors can learn from this study. I hope I have significantly contributed to Solution Focused literature which, in turn, has the capacity to inform other counsellors’ work in useful ways.

The research method took me on a journey into some of the minutia of the moments of complimenting. The particular insights observed are ones that resonated with me as a researcher. A strength in the study is that this has been enriched by more voices being included in the research process as I have included other views on my work by welcoming feedback and questions from my supervisors, peers and another experienced therapist. This triangulation, with more than just my perspective, has given greater trustworthiness in the findings. My interest in the outlying data will have also strengthened the robustness of the research.

My relative newness to Solution Focused counselling means the sessions were conducted within my scope of skill, not as a Master Solution Focused counselling practitioner with many years of experience. There may be a bias in the data given complimenting was the focus of my study, the counselling sessions studied may have been unusual in the number of compliments given. I brought my life experience to the sessions. I hope and trust this is not a limitation, more of a unique expression of Solution Focused complimenting methods.

The limitations include the very nature of this small study. The research sample was small and from a particular demographic of over 50-year-old females, from diverse cultural roots, living in rural New Zealand. In order to

increase the depth and validity of the research, more clients from different client populations and environments would need to be seen and studied. The effect of different cultural perspectives would be valuable to consider.

Another limitation was that the clients studied were there voluntarily and they were motivated to make changes in their lives. All the participants in the study had had some experience of professional supervision, counselling, personal reflection, or attending personal development courses in the past. This is not necessarily the situation with most clients who may have complex reasons for attending counselling and limited previous experience of turning inward. These were clients perhaps with more awareness of their internal process than generally encountered in counselling clients. The clients may have been overly rosy in their assessments of the counselling, wanting to please or assist my research.

A limitation is the difficulty in untangling what was the actual effect of complimenting. I used many techniques in a session, so it is difficult to pinpoint the effect of complimenting alone. Future study could have more detailed unpacking and reflection of both client and counsellor experiences, to hone into the moments of complimenting.

A further limitation is the researcher bias, inherent in the qualitative research method. This bias operates at every stage of the research process. There are individual human factors involved with the counsellor-researcher dynamic in this particular counselling series. There is a depth and complexity of human relationships that we get some insight into what is occurring in this study. Qualitative research aims to give rich description of “people’s own written or spoken words and observable behaviour” (Taylor et al, 2016, p. 7) and this study offers a finely grained analysis of what occurs in complimenting during counselling sessions

Future Directions

There are more questions to consider with Solution Focused complimenting. I wonder if there is there a “NZ thing” going on with complimenting? Is the cultural “tall poppy syndrome” a factor in direct and self-complimenting being more uneasy than indirect? Or is it not so much cultural, but more a deeply individual issue, across all cultures? This would be a fascinating next step to explore.

Compliments are processed in the nervous system, I am curious to keep learning about how that process happens, what is occurring in neural networks. What happens when compliments land on various meanings and old stories we each hold about ourselves? What are some of the finer physical and verbal expressions of response to compliments that can be useful to the counsellor? How can I be more sensitive and effective at delivering compliments? I consider this study will continue, likely for the rest of my life.

Conclusions

This practice-based study has revealed some interesting issues with Solution Focused complimenting. It has highlighted the importance of the therapeutic alliance to ensure complimenting is credible and plausible.

Maintaining a respectful, ‘not-knowing’ stance and trust in the process, however messy the twists and turns of conversation become, is helpful when complimenting. In whatever manner the compliment is received, there are gems to be discovered, likely for the client and/or counsellor as compliments can reveal concepts about self. Examining what happened in the moment of complimenting with curiosity, kindness and wondering, gives the possibility to shift or begin to change old beliefs through exploration and co-construction of a new idea or notion of self.

This study has demonstrated that plausible compliments are to be found in the detail of a client’s life. Paying attention to the details can then be brought back later in the session/series of sessions, hence offering credible specific reflections for indirect and direct complimenting. Any self-complimenting by the client can be expanded with more curiosity and breath to deepen the client’s knowledge of themselves. The role of compliments in increasing hopefulness is uncertain, but it seems probable that complimenting contributes to more upward spiralling of positive emotions and hence, more hope.

The study concludes, for now. But it will continue in my own life as I notice what I say to my clients and how they respond, and what happens next. I will continue to study and refine my Solution Focused approach as valuable skills, woven in with my other training, remembering that “it is crucial to solution-building that you listen carefully and explore each client’s choice of words” (De Jong & Berg, 2013, pp. 27-8). Listening, asking questions and listening again to form the next question; listening with Solution Focused ears, listening knowing my therapeutic life depends on it, as I practice extreme, relentless listening.

My work as a counsellor is a privileged journey, walking alongside others as they come to my door, often in need, distress, pain or challenge in their lives. I believe, in order to be helpful to them, it behoves me to continue my own personal learning and deepening of my ability to be with distress, pain or challenges so that I can be more fully with them. So, I offer a favourite poem by Kunitz (2002) to finish, written when he was 70 years old:

The Layers

by Stanley Kunitz

I have walked through many lives,
some of them my own,
and I am not who I was,
though some principle of being
abides, from which I struggle
not to stray.

When I look behind,
as I am compelled to look
before I can gather strength
to proceed on my journey,
I see the milestones dwindling
toward the horizon
and the slow fires trailing
from the abandoned camp-sites,
over which scavenger angels
wheel on heavy wings.

Oh, I have made myself a tribe
out of my true affections,
and my tribe is scattered!

How shall the heart be reconciled
to its feast of losses?

In a rising wind
the manic dust of my friends,

those who fell along the way,

bitterly stings my face.

Yet I turn, I turn

exulting somewhat,

with my will intact to go,

and every stone on the road

precious to me.

In my darkest night,

when the moon was covered

and I roamed through wreckage,

a nimbus-clouded voice

directed me:

“Live in the layers,

not in the litter.”

Though I lack the art

to decipher it,

no doubt the next chapter

in my book of transformations

is already written.

I am not done with my changes.

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Appendices

Appendix 1 - Poster to Participate in the Study

Volunteers Needed for a University Research Study

*to examine the relationship between
validation, self-confidence and hopefulness
in my counselling practice.*

To participate:

- be over 20 years of age
- attend up to three one hour counselling sessions
- review after each session (approximately 20 mins)

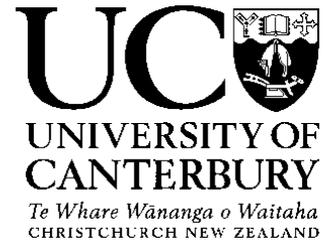
*Your participation will be valuable for our research and could lead to
improving client care and therapeutic outcomes. We hope this experience will
be of personal value to you.*

For more information, contact:

Clare Vivian-Neal
Phone number
Email

This research is conducted under the direction of Dr Lois Tonkin, Department of Health Sciences, University of Canterbury. This project has received ethical approval from the University of Canterbury Educational Research Human Ethics Committee.

Appendix 2 - Information Sheet for Clients



Clare Vivian-Neal

School of Health Sciences

Phone number

Validation Experienced through Solution-Focused Counselling

Information Sheet for Participants

My name is Clare Vivian-Neal. I am a Student Counsellor, and a student of the Master of Counselling programme at the University of Canterbury. I am undertaking a research project. I am curious to explore Solution-Focused Counselling techniques of complimenting.

Solution-Focused Counselling distinguishes 3 different types of complimenting: direct compliments, indirect and self-compliments. Examples of each are:

Direct compliment: "You are looking bright and lively today."

Indirect compliment: "What would your best friend notice about you today?"

Self-compliment: "You just said you are feeling bright and lively today, how so?"

I invite you to participate in my study. If you agree, you will be asked to do the following:

- Complete a short questionnaire looking at how things are going for you.
- Take part in a series of 1 hour (approximately) counselling sessions (maximum of 3), approximately once a week the time will be determined by us.
- Take part in a reflective review of each session (approximately 20 minutes each time).
- Total time for the study participation will be approximately 4 hours.

Participation in this study is voluntary. If you do participate, you have the right to withdraw from the study at any time up until data analysis begins. If you withdraw, I will delete all information relating to you and I will honour any remaining free counselling sessions.

I will ensure the confidentiality of all data gathered for this study is maintained. Your anonymity will be preserved in all presentations and publications of the findings.

The counselling sessions will be video recorded, as is usual in my practice. In this case, parts of the recording will be used for research purposes. The video recordings will be viewed, excerpts transcribed

and analysed by me. It may be necessary for my university research supervisor, Dr Lois Tonkin, to review some sections of the video recordings for research purposes. All of the data, including the video recordings, will be securely stored in password protected facilities on the university server and any notes in locked storage for a maximum of 5 years following the study. All data will then be destroyed.

The results of this research may be used to provide others in helping professions with strategies to work effectively with Solution-Focused Counselling. My hope is this will lead to more rewarding life outcomes for others in New Zealand. The results will be submitted to my primary and secondary supervisors, published in my Master's thesis in the University of Canterbury and may also be reported nationally at conferences and in journals. Participants will receive a short summary report at the end of the study if they wish.

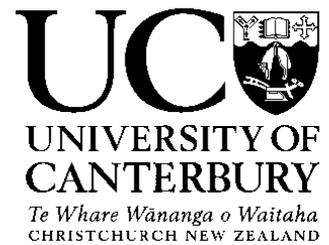
If you have any questions about the study at any stage please contact me (details above). This project has received ethical approval from the University of Canterbury Educational Research Human Ethics Committee. If you have any concerns or complaints about the study you may contact Dr Lois Tonkin my primary supervisor (lois.tonkin@canterbury.ac.nz), or the Chair of the University of Canterbury Educational Research Human Ethics Committee, University of Canterbury, Private Bag 4800, Christchurch (human-ethics@canterbury.ac.nz).

If you agree to participate in this study please complete the attached consent form and return it to me, in person or by mail. I am looking forward to working with you and thank you for considering participating in this research.

Clare Vivian-Neal
Researcher

Appendix 3 - Consent Form for Clients

Clare Vivian-Neal
School of Health Sciences
Phone number



Validation Experienced through Solution-Focused Counselling

Consent Form for Participants

I have been given a full explanation of this project and have been given an opportunity to ask questions.

I understand what will be required of me if I agree to take part in this project.

I understand that my participation is voluntary and that I may withdraw at any stage without penalty. So, if I do withdraw from the research, I understand all the data will be deleted and that I will have access to any remaining counselling sessions.

I understand that any videos taken of me, information or opinions I provide will be kept confidential to the researcher and her university research supervisors, and that any published or reported results will not identify me.

I understand that all data collected for this study will be kept in locked and secure facilities on the University server and will be destroyed within 5 years.

I understand that I can receive a summary report on the findings of the study. I have provided my email details below for that.

I understand that if I require further information, I can contact the researcher, Clare Vivian-Neal.

If I have any concerns or complaints in the first instance I can contact Dr Lois Tonkin, the researcher's primary supervisor (lois.tonkin@canterbury.ac.nz), or the Chair of the University of Canterbury Educational Research Human Ethics Committee, University of Canterbury, Private Bag 4800, Christchurch (human-ethics@canterbury.ac.nz).

By signing below, I agree to participate in this research project.

Name: _____ Date: _____

Signature: _____

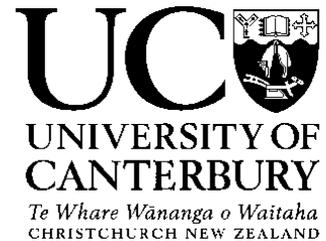
Email address: _____

Please return this completed consent form, in person, to Clare Vivian-Neal, or mail to Clare Vivian-Neal, (Researcher), School of Health Sciences, College of Education, Health and Human Development, University of Canterbury, Dovedale Avenue, Christchurch, 8140.

Appendix 4 - Client Reflection Form

8th August 2017

Clare Vivian-Neal
School of Health Sciences
Phone number



Validation Experienced through Solution-Focused Counselling

Post Session Reflective Review

Firstly, thank you for participating in this session and for doing the final rating scales. Solution-focused counselling distinguishes 3 different types of complimenting. Examples of each compliment are:

Direct compliment: “You are looking bright and lively today.”

Indirect compliment: “What would your best friend notice about you today?”

Self-compliment: “You just said you are feeling bright and lively today, how so?”

I have below some questions. Please answer as fully as you are able. Thank you.

What aspect of the session most contributed to more self-confidence? Sense of agency? Hopefulness?

Are you aware of receiving any affirmations, validations or compliments in the session?

What were these moments?

What did you notice was arising in you at those moments, your physical feelings, emotions, movement in your body, thoughts?

Do any of these moments particularly stand out to you? If so, what stands out?

What did that mean to you?

On a scale of 1-10, how important/helpful was this moment to you today?

Did you notice..... (researcher names a compliment that has not been commented on, that may have been unnoticed)?

What happened in you? What did you notice was arising in you at that moment, your physical feelings, emotions, movement in your body, thoughts?

What did that mean to you?

On a scale of 1-10, how important/helpful was this moment to you today?

Anything else that you think it'd be helpful for me to ask you about today?

If you have any questions about the study at any stage please contact me.

This project has received ethical approval from the University of Canterbury Educational Research Human Ethics Committee. If you have any concerns or complaints about the study you may contact Dr Lois Tonkin my primary supervisor (lois.tonkin@canterbury.ac.nz), or the Chair of the University of Canterbury Educational Research Human Ethics Committee, University of Canterbury, Private Bag 4800, Christchurch (human-ethics@canterbury.ac.nz).

Clare Vivian-Neal, Researcher

Appendix 5 - Research Rating Scale

Adapted from the original Outcome Rating Scale by Miller et al (2003), approved by HEC for the study:

Research Rating Scales

Name or initial	Time:	Date
-----------------	-------	------

Help us understand how you have been feeling by rating how well you have been doing in the following areas of your life, where marks to the left represent low levels and marks to the right indicate high levels.

=====

Individually (Personal well-being)

Interpersonally (Family, close relationships)

Socially (Work, friendships)

Self-Confidence

Sense of agency (Ability to take action)

Hopefulness

Overall (General sense of well-being)

Appendix 6 - Post Session Counsellor Reflective Questions

21st May 2017

What are some of the ways you offered direct or indirect compliments?

How did you facilitate client self-compliments in the session?

What are some of the ways you provided/engaged with complimenting in the session?

How did you feel/think as you offered/facilitated these compliments?

What did you observe in yourself as you observed the client's response?

Were there times you tried to offer a compliment and the client didn't/did accept it? If so, how did that feel?

If the compliment was accepted, do you believe this compliment increased self-confidence, agency or hope or something else in the client?

What happened to your own sense of self-confidence, agency or hope or something else?

Do you have a sense of the client's level of self-confidence, agency, hope or something else in the session?

Appendix 7 - Ethics Approval



HUMAN ETHICS COMMITTEE

Secretary, Rebecca Robinson Telephone: +64 03 369 4588, Extn 94588 Email: human-ethics@canterbury.ac.nz

Ref: HEC 2017/76 29 August 2017

Marianne Clare Vivian-Neal Health Sciences UNIVERSITY OF CANTERBURY

Dear Marianne

The Human Ethics Committee advises that your research proposal “Exploring "Complimenting" in Solution-Focused Brief Therapy in Clients and Counsellor” has been considered and approved.

Please note that this approval is subject to the incorporation of the amendments you have provided in your email of 21st August 2017.

Best wishes for your project. Yours sincerely

pp.

Associate Professor Jane Maidment

Chair University of Canterbury Human Ethics Committee

A handwritten signature in black ink that reads 'R. Robinson'.

University of Canterbury Private Bag 4800, Christchurch 8140, New Zealand. www.canterbury.ac.nz

_____ FES

Appendix 8 - Transcription Notations

Notation used from Kogan (1998, p. 232):

- (.) a pause which is noticeable but too short to measure
- (.5) a pause timed in tenths of a second
- = there is no discernible pause between the end of a speaker's utterance and the start of the next
- : one or more colons indicate an extension of the preceding vowel sound
- under underlining indicated words uttered with emphasis
- CAP words in capitals are uttered louder than surrounding talk
- (hhh) exhalation of breath; number of h's indicates length
- (hhh) inhalation of breath; number of h's indicates length
- () indicates a back-channel comment or sound from previous speaker that does not interrupt the present turn
- [overlap of talk
- (()) double parentheses indicate clarificatory information, e.g. ((laughter))
- ? indicates rising inflection
- ! indicates animated tone
- . indicates a stopping fall in tone
- ** talk between ** is quieter than surrounding talk
- >< talk between >< is spoken more quickly than surrounding talk
- { } non-verbals, choreographic elements

Appendix 9 - Transcription Confidentiality Agreement



TRANSCRIPTION CONFIDENTIALITY AGREEMENT

Thank you for your participation in the research project **Solution Focused Complimenting by Clare Vivian-Neal**. Protecting the confidentiality of the research participants is essential and you are therefore asked to sign the following confidentiality agreement.

I, Chris Guerin, agree to maintain full confidentiality in regards to any and all verbal information and audio recordings received from the research team for the above project. Furthermore, I agree:

1. To hold in strictest confidence the identification of any individual and the content of any discussion that may be revealed during transcription
2. To not make copies of any audio files or computerised files of the transcribed focus groups, unless specifically approved to do so by the Research Team leader Clare Vivian-Neal.
3. To store all audio files and materials in a password protected computer or safe, secure location as long as they are in my possession.
4. To return all materials to Clare Vivian-Neal in a complete and timely manner at the completion of transcription
5. To delete all electronic files containing study-related documents or audio files from my computer hard drive and any back-up devices on completion of transcription.

I am aware that I can be held legally responsible for any breach of this confidentiality agreement, and for any harm incurred by individuals if I disclose identifiable information contained in the audio files and/or files to which I will have access.

Name (printed) Chris Guerin
Signature [Handwritten Signature]
Date 20.5.18

Appendix 10 - Solution Focused Assumptions and Tools

“Central Philosophy” (from Fiske, 2008, p. 286):

- if it ain't broke, don't fix it
- if it is working, do more of it and
- if it is not working, do something different”

Assumptions (adapted from Fiske, 2008, p. 285-6):

- the client is expert in their life, they are resourceful, skilled and able to solve their problem.
- people are always changing.
- situations are changing, change is constant and small changes, can lead to bigger changes.
- clients have strengths that can be utilised in building solutions.
- clients have good reasons for what they do, say and feel.
- developing a clear picture of a better future helps clients set goals
- go slow

Some additional fundamentals are:

- a problem does not exist all the time, sometimes it is absent and the solution, may have nothing to do with the problem
- people make meanings as they interact with other people and there are many ways to interpret every event that happens
- everybody has a preferred future
- hope exists
- the client is the expert in their life and the therapist holds a hopeful, non-expert stance

Solution Focused Therapy Tools (adapted from Fiske, 2008, pp. 287-293):

- Best hopes
- What's better?
- What do you want instead?
- Coping questions, managing something better
- Miracle Question
- Scaling questions
- Exception finding
- Compliments
- Explore in detail – in all cases, fine details

Appendix 11 - Data Analysis: Data to Codes to Themes

West (2013) recommends including some examples of bits of data analysis. I looked at the data in many different ways before settling on the Four Themes used in this study.

Theme	Code	Data
Therapeutic Relationship	Connection	H: {looking, smiling} “something in me has changed” P: Some of the practices have really helped To P: so how on earth are you coping with all that? {tone of voice, head one side, gentleness}
	Attunement	To P: I think that was incredibly courageous actually {soft voice, eye contact}
	Tentative “Forced”	To H: I’m wondering... To F: I see your courage and wisdom {tone insistent, repeated}
Long tails, Long arms	Friends	F: So we are all friends, happy to see each other (waving hands) enjoying catching up.
	Family dynamic	F: Painful, painful. She sees me being difficult and painful, really hurt F: Too much
	Connection back	P: I was a single Mum for a long time. I am really pleased with, you know, how I do that. To P: I can see you have really tried, really thought deeply about how you can be with this tricky, intelligent, beautiful daughter of yours in a way she can..
Messiness	Not clear response	H: Tricky and trying To F: Not easy to bring that up... to have that tricky conversation Response: I don’t know or I have no idea or apparently ignore the question
	Clear response	P: I’m intelligent P: I’m pretty sensible and I’m a hard worker H: I do have the ability to manage this without Freddy. H: I am not really coping
	Went in another direction	
	Unexpected threads	H: she’s like my sister... then later H: becomes my teacher
Hope arises?	Change and healing	H: but there is movement H: I feel like I am half broken, but definitely not completely broken H: Generally, the black dog is not, umm, biting my heels, on a daily basis like it was
	Comfort or encouraged	H: I have... where there is some comfort in it F: My boundaries are getting better all over the place H: What I know is that it will change. In terms of hope, I do have this essence of hope. And this, umm, living experience that, umm, it does change
	New idea	P: I just realised that I will figure out a technique to deal with that. I will.

Appendix 12 - Four Tables of Presence and Non-Presence

Potential Verbal Markers of Presence

Reproduced from Colosimo & Pos, 2015, p107:

Mode	Verbal markers	What the marker indicates/communicates
Here	<p>Therapist uses concrete, specific, or internal language when responding to client's expressed words/gestures</p> <p>Therapist calls the client's attention back to place/body by putting own or client's embodied expressions into words (e.g. "I can see in your eyes...")</p> <p>Therapist responds to open space in client narrative with attuned minimal encouragers</p> <p>Therapist recalls detail about client from previous session</p> <p>Response indicates therapist returns to here (e.g. "Can you say that again? I missed that")</p>	<p>Perception of something concretely observable</p> <p>Grounded-ness</p> <p>Communicates "I am here"</p> <p>Post hoc marker of "here"- "I was there and heard you"</p> <p>Keenness in staying here</p>
Now	<p>Therapist explores client's immediate experience (e.g., "What is happening right now?")</p> <p>Minimal encouragers used responsively over time; e.g., matching pauses, silences or poignancy</p> <p>Rate of responses are timely/smooth in relation to client (not delayed/choppy)</p>	<p>Linkage to immediate now</p> <p>Catching what happens as it happens</p> <p>Linkage to tempo/rhythm of experience</p>
Open	<p>Therapists' vocal tone or verbal content convey acceptance and interest in client</p> <p>Therapist responds to open edge of client's experience</p> <p>Therapist responds openly to client's question, correction, or direction</p>	<p>Readiness to experience the client</p> <p>Being open to the possibilities</p> <p>Flexibility with what is happening</p>
Communion	<p>Vocal tone expresses softness, care, interest</p> <p>Therapist uses client's words/metaphors, or client's internal frame of reference ("I")</p> <p>Therapist uses pronouns "we," "us" in attuned ways</p> <p>Therapist checks understanding of the client with the client</p>	<p>Immersion and safety</p> <p>Willingness to speak from client's frame; low ego-involvement</p> <p>Interpersonal connection</p> <p>Wish to share understanding, to be "on the same page"</p>

Potential Non-Verbal Markers of Presence

Reproduced from Colosimo & Pos, 2015, p108:

Mode	Non-Verbal markers	What the marker indicates/communicates
Here	<p>Consistent orientation to the client in space with soft eye contact</p> <p>Responsive and attuned nodding to client content or pauses (not automatic)</p> <p>Body posture is calm/comfortable/stable.</p> <p>Body and face show energy/vitality and engagement</p> <p>Therapist gestures to their own embodied engagement or clients' embodied expressions</p> <p>Prompt return of gaze or body movement to core position after lapse in "here-ness"</p>	<p>Locating the client</p> <p>Staying where the client is</p> <p>Groundedness</p> <p>Readiness to be here</p> <p>Feeling concretely connected to what is happening here</p> <p>Committed to be here</p>
Now	<p>Micro-attunement of body (e.g., nodding/head tilting synched with client's tempo/meaning)</p> <p>Synchrony of client and therapist body movements (e.g., changing posture simultaneously)</p> <p>Punctuating/matching rhythm of their own or client's narrative with nonverbal gestures</p>	<p>Tracking the client over time</p> <p>Therapist attuned to client's experience of time</p> <p>Linkage to present moment</p>
Open	<p>Posture is open and comfortable; ready and willing orientation towards the client</p> <p>Eye gaze is steadily and softly oriented towards the client</p> <p>Therapist turns ear if necessary to the client to better receive the client's narrative</p> <p>Therapist's face is softly open with un-furrowed brow and relaxed countenance</p>	<p>Readiness to perceive and receive the client</p> <p>Fully attending to client</p> <p>Interest and full attention</p> <p>Stance of acceptance and openness</p>
Communion	<p>Facial expression responds to client in a manner that communicates shared process</p> <p>Genuine shared laughing/smiling</p> <p>Therapist easily moves body closer to the client in a responsive way when needed, or responds non-verbally to a client's wish for distance</p> <p>Therapist spontaneously responds to client's need, such as by handing them tissue when they are looking for one</p>	<p>Linked to client's experience</p> <p>Shared intersubjective moment</p> <p>Flexibly responding to interpersonal matrix; selflessness</p> <p>Spontaneous gesture of togetherness or compassion</p>

Potential Verbal Markers of Non-Presence

Reproduced from Colosimo & Pos, 2015, p109:

Mode	Verbal marker	What the marker indicates/communicates
Not-Here	<p>Therapist intellectualizes or overly conceptualizes about client content; language ignores client's concrete experience</p> <p>Therapist interrupts the client's expression and changes client topic</p> <p>Therapist misses important client narrative, does not express having perceived important content; misses client poignancy</p> <p>Vocal tone lacks expressiveness (bored, mechanical, flat)</p>	<p>Attached to ideas, overlooking concrete experience; preference for abstract thinking over direct experience</p> <p>Communicates "I want to be somewhere else"</p> <p>Communicates "I'm not really here to notice what is important to you"</p> <p>Therapist is unable, too tired, or unwilling to be in room with client</p>
Not - Now	<p>Therapist verbal tempo is mismatched to client's tempo (e.g., too slow, fast, choppy)</p> <p>Minimal encouragers are untimely, infrequent, "robotic," automatic</p>	<p>Not noticing or engaged in client's tempo and rhythm of processing</p> <p>Unlinked to client process in time</p>
Closed	<p>Therapist audibly yawns</p> <p>Therapist makes non-sequitur comment</p> <p>Therapist rigidly insists on agenda in the face of client objections</p> <p>Therapist judges client</p> <p>Therapist ignores client hints or suggested meanings</p> <p>Therapist ignores client questions, suggestions or complaints</p> <p>Therapist does not verbalize a segment of client's process, such as client emotion</p>	<p>Disinterest, boredom</p> <p>Distraction, low receptivity</p> <p>Not open to or ready to deal with objections</p> <p>Non-acceptance</p> <p>Unwilling to "go there"</p> <p>Unwilling to respond</p> <p>Unprepared to perceive</p>
Separate	<p>Therapist response not in line with client's experience; distant from client</p> <p>Therapist tone is contentious, undermining, judgmental</p> <p>Therapist imposes own metaphors and style of communication</p> <p>Therapist asks questions apparently for own sake, not attending to the shared task of facilitating client's process</p>	<p>Being "way in left field;" disconnected</p> <p>Aversion to client; ego-involvement; low collaboration</p> <p>Failure to notice/share client's vantage point</p> <p>Self-focus, not working "shoulder-to-shoulder" with client</p>

Potential Non-Verbal Markers of Non-Presence

Reproduced from Colosimo & Pos, 2015, p110:

Mode	Verbal marker	What the marker indicates/communicates
Not-Here	<p>Eye gaze frequently shifts away from client</p> <p>Body posture unsettled, shifting, rigid, frozen (fear), or impatient (e.g., finger/foot tapping)</p> <p>Body posture is slouched, head drooping</p> <p>“Absent” facial expression, closing or rubbing tired eyes, expressionless/non-responsiveness relative to client liveliness</p>	<p>Leaving the client; distracted</p> <p>Discomfort or unwilling to be in room with client</p> <p>Tired or bored</p> <p>Being “somewhere else”</p>
Not - Now	<p>Therapist demonstrates little micro-attunement in face/head; facial responsiveness and/or head nodding is not linked to client’s the pauses or tempo/rhythm of client’s communication; too slow or fast, choppy</p>	<p>Low connection to events, across time</p>
Closed	<p>Therapist face appears annoyed, disinterested, judgmental</p> <p>Body posture appears closed, rigid</p> <p>Lack of responsiveness in face or head relative to client’s poignant expressiveness</p>	<p>Low involvement, engagement</p> <p>Fear, not ready/willing to receive what is occurring</p> <p>Not willing to go there</p>
Separate	<p>Breaking facial or visual contact with client by looking away frequently</p> <p>Therapist remains nonverbally unresponsive in face or body to client’s attempt to engage (e.g., not laughing or smiling at client’s jokes)</p> <p>Therapist sits far away from client, with body leaned away or turned away</p> <p>Therapist remains impassive or unresponsive to client’s need in session for support</p>	<p>Leaving the encounter</p> <p>Low engagement, immersion in the encounter</p> <p>Separation; “self” vs. “client”</p> <p>Reluctance to be with-and-for client</p>

Appendix 13 - Rating Scale Results

Table of Rating Scale Results

The Rating Scale was used at start and end of the sessions, then as each line of the scale is 10cm, it is measured and the results recorded.

Fiona	<i>Session 1 start</i>	<i>Session 1 End</i>	<i>Session 2 start</i>	<i>Session 2 end</i>	<i>Session 3 start</i>	<i>Session 3 end</i>
Individually	8.8	8.5	7.5		8.5	
Interpersonally	7.2	6.2	6.5		8.4	
Socially	7.2	8.3	8		8.7	
Self Confidence	8.5	8.7	8.3		8.9	
Sense of agency	8.1	8.5	8.2		9	
Hopefulness	8.5	9.1	8.4		8.8	
Overall	8.8	9.1	8.2		8.9	
Sum	57.1	58.4	55.1	0	61.2	0

Penny	<i>Session 1 start</i>	<i>Session 1 end</i>	<i>Session 2 start</i>	<i>Session 2 end</i>	<i>Session 3 start</i>	<i>Session 3 end</i>
Individually	2.9	6.9	5.2	6.8	4.7	6.1
Interpersonally	5.8	5.8	6	5.8	4.1	5.8
Socially	3.1	3	3.6	5.9	3.6	4.7
Self Confidence	1.6	6	4.7	7.9	4.1	6.5
Sense of agency	2.8	6.1	5.9	8.5	4	7.4
Hopefulness	0.9	7.1	5.6	8.7	4.6	7.6
Overall	4.4	6.7	5.9	7.4	4.6	7.7
Sum	21.5	41.6	36.9	51	29.7	45.8

Hilda	<i>Session 1 start</i>	<i>Session 1 end</i>	<i>Session 2 start</i>	<i>Session 2 end</i>	<i>Session 3 start</i>	<i>Session 3 end</i>
Individually	2.7	4.1	4.3	4.1	4.9	5
Interpersonally	1.4	3.6	3	4.6	4.2	4.5
Socially	7.7	6.1	3	3.2	4.8	4.9
Self Confidence	2.2	4.8	3	5.8	5.1	5.2
Sense of agency	3.1	3.7	5.5	5.5	5	5.2
Hopefulness	2.5	3.8	5	5.6	5.2	6
Overall	3.8	5	4.2	5.2	5.5	4.7
Sum	23.4	31.1	28	34	34.7	35.5