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Přístup zaměřený na řešení jako jazyková hra

Solution-focused approach as a language game

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Declaration

I affirm that this dissertation thesis is entirely my original work. I have thoroughly identified and adequately acknowledged all sources of information and materials utilised in this study.

Furthermore, I confirm that I have not submitted this work as part of any other university studies or in pursuit of any other degree.

Prague, 2025

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Abstract

This dissertation explores the relationship between Solution-focused brief therapy (SFBT) and Wittgenstein's philosophy of language, particularly his concept of language games. The dissertation proposes that therapy is not merely a problem-solving exercise but a rule-governed linguistic practice.

Wittgenstein's later philosophy challenges the representational view of language—this work argues that therapeutic dialogue is not a neutral tool for describing reality but an active medium. This medium constructs meaning in social interaction. The dissertation examines how therapeutic dialogue, e.g. SFBT, reflects this dynamic co-construction of meaning.

This thesis critiques traditional problem-focused therapies—psychoanalysis and cognitive behavioural therapy—and argues that the conception of problems in therapy resides on flawed assumptions about language and meaning.

Instead of analysing problems as external entities, it views problems as social constructs originating in language games. This transition from representationalism leads to a new understanding of therapeutic success—the client's ability to engage with social norms and construct meaningful solutions defines it rather than problem diagnosis.

The dissertation proposes a Wittgensteinian account of SFBT that aligns therapeutic practice with language's pragmatic and dynamic nature—insight from Wittgenstein's later work on rule-following and language games. It concludes by showing how this perspective enhances the effectiveness of therapy—the role of language in shaping the therapist-client relationship and the client's ongoing engagement with their social surrounding is vital.

Keywords

Solution-focused brief therapy, Wittgenstein, language games, therapeutic practice, rule-following, social constructs, language and meaning, psychotherapy, problem-solving, therapeutic dialogue

Abstrakt

Tato disertační práce zkoumá vztah mezi krátkou terapií zaměřenou na řešení (SFBT) a Wittgensteinovou filozofií jazyka, zejména jeho konceptem jazykových her. Disertační práce přináší pohled, že terapie není pouze teoretickým procesem řešení problémů, ale lingvistickou praxí řízenou pravidly.

Wittgensteinova pozdější filozofie zpochybňuje reprezentativní pohled na jazyk – tato práce tvrdí, že terapeutický dialog není neutrálním nástrojem pro popis reality, ale aktivním médiem. Toto médium konstruuje význam v sociální interakci. Disertační práce zkoumá, jak terapeutický dialog kupř. SFBT, odráží tuto dynamickou konstrukci významu.

Tato práce kritizuje tradiční terapie zaměřené na problém – např. psychoanalýzu a kognitivně behaviorální terapii – a tvrdí, že pojetí problémů v tradičních terapeutických směrech spočívá na chybných předpokladech o jazyce a významu.

Místo toho, aby SFBT pojímala problémy jako vnější entity, nahlíží na problémy jako na sociální konstrukty vyvstávající z jazykových her. Tento přechod od reprezentativnosti vede k novému chápání úspěchu terapie – schopnost klienta zapojit se do tvorby sociálních norem a konstruovat smysluplná řešení jej definuje spíše než diagnostika problému.

Disertační práce navrhuje wittgensteinovský popis SFBT, který uvádí terapeutickou praxi do souladu s pragmatickou a dynamickou povahou jazyka – pohled z pozdější Wittgensteinovy tvorby o následování pravidel a jazykových hrách. Závěrem práce ukazuje, jak tato perspektiva zvyšuje efektivitu terapie – role jazyka při utváření vztahu terapeuta a klienta a neustálé zapojování klienta do jeho sociálního okolí je zásadní.

Klíčová slova

Krátká terapie zaměřená na řešení, Wittgenstein, jazykové hry, terapeutická praxe, následování pravidel, sociální konstrukty, jazyk a význam, psychoterapie, řešení problémů, terapeutický dialog

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1 Therapy and meaning

An earlier version of this chapter was published as “Unravelling Meaning in Therapeutic Conversations” (Zidek, 2023b). This chapter establishes the foundation for understanding therapy as a language-based practice. Therapy is not a process of problem-solving but a conceptual endeavour. This view implies that language does not play a neutral role in therapy. It mediates our experience and influences how we engage with the world and other beings.

This chapter explores underlying assumptions about language that exist in traditional therapeutic approaches. These assumptions belong to the representational view of language—words are seen as representations of inner or outer objects.

I draw from Wittgenstein’s ideas on language games and limitations of representational account of meaning. Therapy can benefit from moving beyond the conventional problem analysis. In problem-focused therapies, e.g. psychoanalysis, practitioners approach problems as standalone entities that one must analyse and understand. This view—grounded in the representational view of language—overlooks how language works in our everyday practice.

This chapter challenges the representational account that sees language as a neutral medium of depicting reality. I propose a different view that aligns with Wittgenstein’s later philosophy that emphasises language as a public rule-governed practice.

This chapter helps examine the philosophical assumptions embedded in therapeutic discourse. The examination uncovers how meaning is not fixed but dynamically co-constructed via dialogue.

1.1 Therapy and problem

In the following section of the dissertation, I delve into the practice of "problem talk," which characterises many therapeutic schools like Cognitive Behavioural Therapy and Psychoanalysis. These approaches prioritise understanding the client's problem as a prerequisite for resolution. While this may seem a pragmatic strategy, it emerges from specific philosophical commitments concerning the nature and understanding of problems.

The client's life is a machine that needs repair—this is an illustrative metaphor for the approach of problem-focused therapists. This view exhibits a mechanistic and reductionistic understanding of human challenges. However, these metaphors' validity and assumptions are open to philosophical scrutiny.

Drawing from Wittgenstein's concept of language games, I argue that a problem is not an objective fact but a construct derived from our language *use*. Illuminating these philosophical underpinnings paves the way towards a more nuanced understanding of therapeutic practice.

Several therapeutic schools promote different approaches to solving clients' *problems*. Many of them, e.g., Cognitive behavioural therapy and Psychoanalysis, view an analysis of the problem as a critical part of the approach (Beck, 1979a, 1979b; Ellis & Harper, 2008; Freud et al., 2006; Gabbard, 2014). In this chapter, I will refer to such an analysis as "problem talk" and categorise therapeutic approaches, including problem talk, as problem-focused approaches.

The problem talk consists of asking and answering questions about the nature, content, or origin of the client's problem. Therapists assume that to solve the client's issues, they must first

understand them. These therapists perceive the client's life as a machine. When the device ceases to operate, it is best to inspect it first so one can repair it.

Problem-focused therapists feel the urge to *understand* the broken part. They are concerned that the solution might treat the problem on a surface level without a proper understanding. They fear they are like a hasty technician who implements a quick fix, only to find later that the problem has resurfaced in other parts of the machine. Such concern motivates therapists to find the *root cause* of the problem. They inquire about the issue and are never satisfied with the first answer; therapists want to *go deeper*. Clients seem to them like icebergs that hide most of themselves *below the surface*.

It does not pose a profound philosophical insight to say that clients are not icebergs. Not many of us take such metaphors literally. However, I want to show that even as metaphors, these concepts lead us astray.

1.2 Therapy and representation

We must recognise the shared territory of *meaning* to bridge the seemingly disparate fields of philosophy of language and therapeutic practice. At their core, philosophy and therapy are preoccupied with human *understanding* and the mechanisms through which we generate it. The medium of this understanding is identical in both fields—our language.

Therefore, I explore the therapeutic phenomenon from the perspective of the philosophy of language, underlining the implicit philosophical commitments *made* by therapists in the therapeutic dialogue. By drawing upon Wittgenstein's work, both his early Tractarian phase and

his later Philosophical Investigations, the dissertation presents an analysis of the assumptions inherent in therapeutic language *use*.

My approach aims to uncover the often unarticulated presuppositions in therapeutic conversation, particularly around the notion of problems, which—I argue—is deeply rooted in a representational theory of meaning. This work fosters a more nuanced understanding of the therapeutic practice and the role language plays in it, illuminating how language games we participate in shape our conceptualisation of problems.

Therapy is not philosophy, and therapists do not need to become philosophers. Therapy is a practical discipline. However, therapists cannot avoid making assumptions when they talk to clients. When therapists ask about clients' youth, they assume that the problem connects to the client's childhood. This chapter aims to introduce these assumptions and question their validity.

The desire to engage in problem talk arises from an assumption that understanding a problem is necessary for its solution. There is an even more fundamental assumption that *prima facie* appears unproblematic. When therapists encourage clients to analyse the problem, they assume that there is *something* to be studied. They encourage clients to treat the problem like an object; the client must reveal the thing for careful inspection.

Unfortunately, a challenge arises: the problem is not an object; there is nothing to *show*. The therapists assume that what clients cannot physically demonstrate, they can represent via *language*. Because the *object* is absent, they accept its *representation* as an adequate substitute. For them, the therapeutic conversation is like a gallery visit, and they enthusiastically look at the *pictures*—supposedly, the paintings *represent* reality.

It is no coincidence that my words remind the reader of Wittgenstein's early work "Tractatus Logico-Philosophicus" (TLP). In the following section, I want to show that the problem talk is deeply rooted in a representational theory of meaning, such as the one proposed by early Wittgenstein and refuted by himself later.

1.3 Problems and pictures

Language is the primary therapeutic medium. Therapists cannot avoid certain assumptions about language—the view of language results in particular theories of problems and the therapeutic process. Representational account of meaning generates the traditional view of problems we encounter in Cognitive behavioural therapy and psychoanalysis. If the representational view of language is erroneous, then the conventional notion of problems is misleading. A misguided understanding of language fosters a therapeutic environment that obscures rather than illuminates the path to resolution. Therefore, examining philosophical underpinnings in therapeutic contexts is imperative to enhance the effectiveness of therapy.

"A state of affairs (a state of things) is a combination of objects (things)." (1999, p. 5), says the early Wittgenstein to illustrate that the world consists of objects that can be in certain combinations. These combinations form facts; the purpose of language is to describe these facts. Assumingly, language must be in a specific relation to the world: language must represent the world, and it can do it correctly or incorrectly.

Similarly, the problem talk is supposed to represent the *problem*. The therapists design interventions to help the client arrive at this correct *representation*. One of the fundamental assumptions of all problem-focused therapeutic approaches is that the descriptions provided by clients are equivalent *representations* of what is happening—inside or outside.

The world is in a state of affairs—described by the problem talk—and clients may easily alter this state of affairs if understood. The therapists inquire about the problem, and at the same time, they know that they cannot inspect the issue directly. They are in direct contact *only* with the linguistic descriptions. They assume that these descriptions mediate the contact with the problem. Therefore, they yearn for these descriptions; the more of them, the more vividly we *see* the problem.

“Objects contain the possibility of all situations” (Wittgenstein, 1999, p. 7), and the problem is a situation. An analysis of a problem is an analysis of a situation. The problem-focused therapist assumes we will uncover its constituents if we analyse the problem. These constituents that the problem talk should expose are the objects that Wittgenstein mentions. The problem talk aims to understand the combinations of objects and their relations to each other. “Objects are what is unalterable and subsistent; their configuration is what is changing and unstable” (Wittgenstein, 1999, p. 8). This proposition is what problem-focused therapists assume. It is the reason why therapists perceive problem talk as critical.

We must analyse our problem to arrive at these objects. As these objects are unalterable, they are not problematic per se. The configuration creates a problem; we can easily change the structure if we understand the objects. “The configuration of objects produces states of affairs” (Wittgenstein, 1999, p. 8), and the problem is a state of affairs. This belief explains the desire to find the root cause. The root cause is the configuration that produces the problem. Assumingly, if we see the configuration, we can stem the production of the problem.

Problem-focused therapists first want to understand which objects are in what configuration because they believe this is causing a state of affairs. If they focused only on the state of affairs,

they would not find the root cause. Therefore, they seek an understanding by asking about the causes of the problem. Their questions aim to analyse individual components of the client's life. This view resembles early Wittgenstein's approach to dividing the world into separate objects.

The configuration of the objects must be discovered and altered—this is why problem talk is essential for them. The problem talk is a vehicle to uncover all crucial constituents of the problem. This approach of analysing individual elements hinges on the assumption that these elements represent something. To believe such an analysis can be fruitful, one must see language as a picture representing reality. This view mirrors the notion of TLP.

Without the problem talk, we would never understand the objects. The goal of problem-focused therapy is to understand objects. Assumingly, when one understands objects, one understands their possibilities. As Wittgenstein says, “If I know an object, I also know all its possible occurrences in states of affairs” (1999, p. 6). Put bluntly, if I analyse what is wrong in my life well enough, I will understand the parts (objects). When I know the elements, I understand how they *function* together and can rearrange them to make them functional. Problem analysis emphasises the discovery of constituents and their relationships. This process should discover the most minor elements that the client can rearrange. This view adopts TLP's assumptions about understanding the world: one must understand the objects and configurations.

This view of language is static—it proposes that language is like an object in particular relation to the physical world. It assumes that propositions can become independent facts—entities with unique character. Suppose we adopt a dynamic view that suggests that language is always part of social activity. In that case, we must accept that the primary focal point is how language influences others and our ability to progress. For early Wittgenstein, the world consists of simple

objects (Wittgenstein, 1999, p. 7). He postulates that language functions as a descriptive apparatus that conveys information about the state of the world. The picture metaphor he uses throughout TLP is essential for his theory of language. Wittgenstein attempts to solve the critical question that haunts every philosopher of language: “What is meaning?” He uses the picture metaphor to resolve this.

The meaning of a word is the object that it represents. Words represent objects, the simples, and sentences represent states of affairs, also called complexes. Wittgenstein knows that the problem is the relationship between language and the world. Language is somehow different from the worldly objects it is supposed to describe. According to Wittgenstein, the relationship between the word and the object it represents is something that we cannot explicate. Using Wittgenstein’s picture metaphor, the language *shows* the world like a picture. When we communicate, we “picture facts to ourselves” (Wittgenstein, 1999, p. 9), and anything beyond that is beyond description. As Wittgenstein says, “There are, indeed, things that cannot be put into words. They make themselves manifest. They are what is mystical” (1999, p. 89). And the relationship between the world and the language is one of them.

The problem talk should elicit a perfect picture of the problem. “A picture is a fact” (Wittgenstein, 1999, p. 10); the problem talk aims to collect as many facts as possible. The therapists desire to get a sense of understanding of the problem, and for this, they need to *see* the picture.

The picture metaphor exemplifies well how Wittgenstein perceived language. Even though he was not particularly concerned about therapy, his theory of how language works and relates to the world is reflected in problem-focused therapeutic approaches today. This statement does not

propose that Wittgenstein's TLP has been a source for any problem-focused therapy. Such a claim would have to be supported by the work of a historian. I am trying to allude to the fact that problem-focused approaches arise from the same assumptions about language as the TLP. And since TLP has suffered from particular challenges, problem-focused therapies face the same.

Early Wittgenstein crafted an influential theory of language in his TLP. With his picture metaphor, he conveyed that perfect language would have one purpose: describing the world. He explained what such a language would consist of and its relation to the world. Wittgenstein strongly believed that his work solved the central question of the philosophy of language and was over. He perceived TLP as the final solution explaining what language is and what lies outside its boundaries. As the language has been, in theory, fully described, there was nothing else to append. And as he said in the TLP, “What we cannot speak about, we must pass over in silence.” (Wittgenstein, 1999, p. 89) He then discontinued his philosophical works and assumed he finished his work.

1.4 Problems of pictures

Exploration of the TLP is relevant to therapy, specifically to the therapeutic approaches that use language as a primary medium. Wittgenstein's picture theory yields implications for the therapeutic field. Many therapeutic approaches involve deeply examining the client's discourse—they presume it accurately represents the client's world. This presumption emerges from the representation account of meaning. Under this account, words derive meaning from representing worldly objects.

Wittgenstein wanted to provide a satisfactory account of language in his TLP. Moreover, he tried to find the limits of language. As he famously said, “The limits of my language mean the limits

of my world.” (1999, p. 68) Wittgenstein introduces the concept of “sense”. To him, “what a picture represents is its sense” (Wittgenstein, 1999, p. 12), which is essential for establishing a sentence's truth value. We must compare the picture with reality to know if it is true or false (Wittgenstein, 1999, p. 12). Wittgenstein used the concept of sense to distinguish between what can and what cannot be said. He elaborates already in the preface of TLP, “It will therefore only be in language that the limit can be drawn, and what lies on the other side of the limit will simply be nonsense.” (1999, p. 4)

This statement implies that propositions can be sensical and nonsensical. Sensical are the propositions that denote states of affairs in the world. These propositions consist of simple signs called names that mean objects they represent (Wittgenstein, 1999, p. 15). Such a distinction draws a rigorous line to what is sensical. Any proposition that would not consist of words representing objects would not represent any state of affairs. And since only propositions representing a state of affairs have sense, these propositions would have to be nonsensical. “A picture is a model of reality” (Wittgenstein, 1999, p. 9), and if a picture ought to have sense, then it must picture some possible state of affairs. Conversely, the picture must represent a possible state of affairs; otherwise, it is deemed nonsensical.

Such distinction yields nonsensical propositions that we use in ordinary language. Anything we say about metaphysics, ethics, or aesthetics when we do philosophy is beyond the limits of language from the TLP perspective. These propositions are “things that cannot be put into words” (Wittgenstein, 1999, p. 89); they can only be *shown*. To have a sensical proposition about ethics is impossible—the only correct method in philosophy would be to say nothing else than propositions of natural science (Wittgenstein, 1999, p. 89). Such an approach would transform

philosophy fundamentally as it would no longer have philosophical content but rather an empirical one. This position raises a question about the role of philosophy if we would impose such limits on it. Wittgenstein answers such a question by stating that philosophy is not a theory but an activity that should not create new propositions but rather elucidate non-philosophical ones (1999, p. 14). He sees philosophy as something that should clarify thoughts, critique language, and *show* that some propositions are nonsensical because they attempt to *represent* something *beyond* possible representation.

“All propositions are of equal value” (Wittgenstein, 1999, p. 86). Since Wittgenstein cannot express his theory in any other way than by using propositions, it implies that the propositions found in the TLP are also of equal value. Here, it becomes apparent that Wittgenstein is facing problems with his theory. As mentioned in the preface of TLP, he is attempting to draw the limits of the language via language. In other words, he is drawing the line *from within*. The reader of the TLP must naturally ask what kind of propositions Wittgenstein purports.

Wittgenstein draws the line rather strictly: anything that does not represent a state of affairs in the world is nonsensical—the reader must contemplate if the propositions found in the TLP are propositions about the world, i.e., propositions from natural science. The answer is obvious; the reader must conclude that the TLP consists of propositions that do not represent any state of affairs. This conclusion implies that what Wittgenstein asserts is nonsensical because the TLP has exceeded the limits of the language—limits that Wittgenstein delineated himself.

These limits generate an autoreferential paradox: a proposition that refutes itself. The readers confront two options: they can deny the TLP or accept it, but its acceptance results in its refutation. Wittgenstein aims to convince the reader of his thoughts like any other author.

However, if one acknowledges his early theory, one has to reject it on its grounds—as nonsense. If only sensical propositions are pictures of states of affairs, then TLP is nonsensical—it is not a picture of the state of affairs.

Wittgenstein is aware of this problem. He attempts to provide a solution in his final remarks. Here, Wittgenstein uses the metaphor of a ladder (Wittgenstein, 1999, p. 89). He anticipates that anyone who understands his early work will recognise this work as nonsensical. Wittgenstein advises the readers to use the TLP as steps on a ladder, to climb them up, and to throw the ladder away after they have *seen* the world rightly. He closes the whole TLP with “What we cannot speak about we must pass over in silence.” (Wittgenstein, 1999, p. 89)

1.5 Late Wittgenstein

When we compare the TLP to Wittgenstein’s late work of *Philosophical Investigations* (PI), we observe one of the most fascinating turns in philosophy. Wittgenstein’s TLP is dogmatic, and he is confident that the TLP ultimately solves the problems of philosophy. The TLP is supposed to answer philosophical issues as it finally shows what these problems are: all philosophical problems are problems resulting from an insufficient understanding of language.

Wittgenstein replaces the realm of logic—that was supposed to discover the essence of a perfect language—with a domain of grammar that investigates an ordinary language. Wittgenstein moves from precise definitions to “family resemblance” and “language games”.

His structural approach to philosophy, reflected in how he formulated his arguments in the TLP, is replaced with aphoristic use of ordinary sentences that do not aim to provide final answers but indications—an example of anti-dogmatism that leaves the conclusions up to the reader.

Wittgenstein's philosophical transition is significant to therapy because he criticises his former theory in TLP. This theory of meaning misleads therapists to approach therapy as a natural science. Therapists assume the therapeutic goal is discovering certain truths about the clients and fixing the broken parts. Wittgenstein's late philosophy indicates that philosophical problems result from an incorrect understanding of language and its misuse. Therapeutic issues have a similar *form* to philosophical ones. Therefore, therapeutic problems emerge from improper use of language. The goal of therapy is to help clients properly *use* their concepts.

1.6 From pictures to language games

Wittgenstein refutes his early view of language. In the PI, he starts questioning the basic tenet of the representational theory: words are *names* for objects. Such an idea provides a satisfactory explanation only for a limited part of language, mainly for nouns, and fails to explain the rest. We cannot omit such a massive portion of language to elucidate the meaning.

Therapists who aim to understand clients' problems accept language as an accurate, descriptive medium. When they ask questions, they assume the answers they receive represent extralinguistic situations. These answers form the basis of understanding the problem. However, this simplistic view of language misleads therapists to view problems as object-like entities.

Furthermore, the idea that words are names for objects encounters difficulties, even in the case of simple nouns. This intuitive way of thinking about meaning has roots in how we teach language to children. We show a ball to a child and pronounce "ball". It seems to us that this simple exercise is responsible for establishing the link between the sound of the word and the object it represents. In this way, we label the things: we institute the relation of *reference*. We call it an ostensive definition, but Wittgenstein corrects that it is rather ostensive teaching (1968, para. 6).

This is because, for a definition, one would already have to understand language to grasp its *meaning*.

The problem with ostensive teaching is that one can never deduce what the word refers to based on such an exercise. If I show a ball to a child and say “ball”, how can the child know what is supposed to be linked together? Does “ball” mean the shape, colour, or how I hold it?

Quine describes this problem of indeterminacy of meaning in his “gavagai” example (Quine, 1969). A translator’s task is to compile a foreign language dictionary by observing the natives in their environment. The translator attempts to accomplish this task by noting distinct sounds and possible words—linking them to the objects they refer to, their referents. One of the words she notes down is the word “gavagai”.

The translator notices this word speakers pronounce when they focus their eyesight on a rabbit. The translator must then decide if the term “gavagai” refers to rabbits in general, rabbits' legs, or some other property of rabbits. It is imaginable that the word “gavagai” *refers* to the fluffiness of rabbits, not to rabbits as animals. There is no way to decide: ostensive teaching is insufficient.

Ostensive teaching becomes intelligible when one is aware of other linguistic concepts. Only a *speaker* will understand the ostensive teaching of a new colour. If one shows someone an object and says, “This is violet”, she would understand what “violet” is if she is already aware of the concept of colours. The ostensive teaching itself provides little help; “an ostensive definition can be variously interpreted in *every* case.” (Wittgenstein, 1968, para. 28)

This philosophical exposition shows that therapeutic problems are not mere names for objects. Participants can understand their meaning only in the context of a particular linguistic practice.

Problem descriptions are not pictures of reality; they are activities per se. These linguistic activities intertwine with nonlinguistic ones. Therefore, therapists must examine the broader context of the client to see what role clients' concepts play in their lives.

The link between the word and the object, which is a fundamental idea of the TLP, is inspected closely by Wittgenstein. In the TLP, Wittgenstein sees words as signs for objects: words *signify* what they stand for. If that is the case, then the word has its *meaning* only if a worldly thing exists that the word represents. The term is supposed to be the *name* of the object. "Excalibur" is a proper name in the ordinary sense (Wittgenstein, 1968, para. 39).

Under this theory, the word "Excalibur" has meaning in our language only despite the existence of the object it denotes. However, what if the thing no longer exists? If the meaning of the word is the object, then when there is no object, there must not be any meaning. If the thing is lost, then the meaning should disappear. When Genghis Khan, the emperor of the Mongol Empire, died, did his name become unintelligible? How could we speak about him if the meaning got *lost*? This notion does not depict how language seems to function.

Wittgenstein is aware of the problematic relation of *reference*. He continues to challenge the symbolism he proposed in the TLP. If words operate as symbols for objects, they must provide no leeway for interpretation. Symbols must guide us so that we know what they symbolise. A symbol "X" must always point to the object "X". Otherwise, it would not function as a symbol. There must be some link between the symbol and the thing. This link must be something like a rule that guides the application of the symbol. The rule is there to provide guidance. The rule supplies criteria for proper application. If I adhere to the rule, my application is correct, and if I contradict the rule, then my application is incorrect.

This view implies that using words as symbols is a rule-governed practice—only particular word usage is *correct*. Words as symbols should function like a signpost. “Does the signpost leave no doubt open about the way I have to do?” (1968, para. 85) asks Wittgenstein. This investigation of the TLP’s symbolism led Wittgenstein to his famous “Private language argument” thought experiment. I will cover it briefly to the extent relevant to this chapter.

Therapists must not assume that the content of the therapeutic dialogue serves as signs of extralinguistic entities. When clients *describe* their emotions, they are not describing anything. The description needs an object, and here, there is none. Words are primarily not signs—the speaker community allows them to signify. This societal construction yields apparent symbolism. Thus, therapists must not omit the essence of this construction—meaning emerges from social interaction, and so do problems.

1.7 Private meaning

Wittgenstein contemplates if a private language is possible (1968, para. 258). Such a language would be one *only* the speaker could understand and would be used to talk about the speaker’s inner experience. The speaker might want to describe an internal sensation. For this purpose, the speaker would associate the sensation with the sign “S”. For every day the sensation occurs, the speaker would write the symbol “S” into a calendar (Wittgenstein, 1968, para. 258) to track when it happened. As the language is *private*, the speaker cannot use any ordinary *public* language to define the sign “S”. Intuitively, an ostensive definition appears to serve the purpose: learn what “S” signifies. When the speaker writes down the character, she can concentrate on the sensation simultaneously (Wittgenstein, 1968, para. 258). The connection between the sign and the object

emerges from this activity. The speaker associates the symbol “S” with the sensation; she forms the relation of *reference*.

However, using words (signs) is a rule-governed practice—one can misuse words. The possibility of incorrect word *use* is part of our everyday practice. Sometimes, it results from a slip of the tongue or a wrong *understanding*. To say that speakers can *use* words anyhow is nonsensical. And this is where the problem of private language arises.

Let me assume that I have established the relation between the sign “S” and the sensation. This *reference* relation represents the rule that must guide my further application of the character. I must apply the symbol “S” *only* to the sensation and not to anything else. I must use the sign “S” *correctly*. But when a sensation arises, how do I know that this is *the sensation* that the character “S” *represents*? How do I rule out the sensation from other sensations? Based on what criteria do I judge if I have applied the sign “S” correctly?

As the language is private, I must exclude the option of consulting others. I have no other choice than *introspection*. I shall *look* inside myself to decide. But then whatever *seems* correct to me would be right—there would be no possibility of error. And where there is no possibility of error, there is no possibility of correctness.

What follows is that a private language is impossible. A single person cannot establish and maintain language as a rule-governed practice as one could never assure herself if she speaks it.

The therapeutic dialogue does not represent a description of an inner world. When clients discuss their problems, they do not paint a picture of a private mental state. Clients use intelligible words; these words derive meaning from everyday use. Community norms govern this common use.

Therapists must examine the normal implications these concepts—emotion, problem—have. These implications comprise the meaning of the concepts. Therapeutic dialogue is not mystical. When using these concepts, therapists can remove the haze by focusing on what speakers imply in their everyday lives.

1.8 Rule-following paradox

Rules govern the ordinary use of language. Examining these rules helps therapists gain an understanding of conceptual meaning. Therapists should be aware that language is a rule-governed practice. Hence, it is crucial to analyse the concept of a rule itself.

Unsurprisingly, Wittgenstein pays special attention to the topic of rules in the PI. Explaining a rule appears vital in providing a satisfactory account of language. In the end, to describe language, one must define rules as necessary components.

Wittgenstein concerns himself with the very possibility of *grasping* a rule. He introduces an example of a teacher teaching her pupil to practice “adding +2” in a series of natural numbers (Wittgenstein, 1968, para. 185). Below, I will introduce my reading of this section.

As the pupil does not know mathematics, the teacher must first *show* before she can explain. She starts by teaching the pupil natural numbers up to one thousand. After that, she *demonstrates* the rule of “adding +2” by writing a series of 2, 4, 6, 8, and so on. The pupil *grasps* the rule and can continue herself.

The pupil continues as *expected* up to one thousand. But after one thousand, the pupil continues with 1004, 1008, and 1012. For Wittgenstein, this forms the essence of the rule-following paradox: “No course of action can be determined by a rule because every course of action can be

made out to accord with the rule.” (Wittgenstein, 1968, para. 201) We can perceive the problem as a general problem of induction. As a learner, I am exposed to a *limited* number of occurrences to *grasp* the rule. After I learn it, I should be able to continue *endlessly*. However, one can never induce only *one* abstract rule out of a *limited* number of exposures. We can subsume any further application under *some* rule, making it follow the rules.

Returning to Wittgenstein’s example, the pupil confronts a series of numbers that *show* the rule. The pupil’s task is to *grasp* the *correct* rule. She observes the teacher and then continues the series to demonstrate her understanding of the rule. She reflects on the rule “adding +2” by repeating what the teacher has shown. After some time, the pupil reaches a novel number that the teacher has not demonstrated. The pupil has to continue independently; the situation tests her *understanding*. The question is, “Did the pupil understand the rule as the teacher *meant*?”

When the pupil reaches one thousand, she continues with 1004, 1008, and 1012. It seems that the pupil has not *grasped* the rule *correctly*. Or it appears that the pupil has learned some *other* rule. It is imaginable that there might be two rules—one that *guides* her to continue with 1002, 1004, and 1006, and others that urge her to continue with 1004, 1008, and 1012. What the pupil must decide is what is *meant* by “+2”. The pupil can be indecisive about applying one of the two rules:

- Rule A: Add +2
- Rule B: Add +2 until 1000, then continue by adding +4

The pupil learns a rule from the teacher’s *demonstration*. Inevitably, this experience must be *finite*. The teacher can provide only a *limited* number of examples. However, it seems intuitive

that if one *grasps* a rule, one can apply it in the future to an *unlimited* number of cases, and then one can apply the rule *ad infinitum*.

If the pupil continues with rule B, the teacher's *natural* reaction would be to *correct* the pupil.

The teacher will then *show* the pupil how to continue *correctly*. She might continue the series by writing 1002, 1004, and 1006 to *demonstrate* the rule.

The pupil then continues *correctly* up to 2000, where she questions again what is meant by “+2”?

- Rule A: Add +2
- Rule B: Add +2 until 2000, then continue by adding +4

Such a dilemma does not have to arise only at every thousandth number. It can occur at *any* number. For example:

- Rule A: Add +2
- Rule B: Add +2 until X, then continue by adding +4

Here, an X can be any number. Thus, the pupil could question what is meant by “+2” at every *novel* application of the rule. Furthermore, there are not only *two* rules that arise for potential candidates. For example, we can express the competitive rule as follows:

- Rule B: Add +2 until X, then continue by adding +Y

X is the highest number I have experience with, and Y is any number. If Y can be *any* number, and every number forms a *new* rule, then there can be *unlimited* potential candidate rules at every novel application.

From the sceptical paradox, I can induce an unlimited number of rules based on a finite number of instances. When *applying* a rule, I can select from *endless* candidate rules that will put my future application in *accordance*. If I can interpret a rule in any way, it cannot guide me. Anything I do—can be considered a *correct* application of what was *meant* by the rule.

The paradox mentioned above devastates our concept of following a rule. Instead of confirming a general perception that a rule provides *guidance*, it shows that it gives nothing. And a rule that provides no guidance is not a rule at all.

To summarise, a learning experience must be *finite*, but a rule must guide me *infinitely*.

Nevertheless, a *limited* experience provides no aid to guide oneself *indefinitely*. What is *meant* by a rule can be *anything*.

The effects of the rule-following paradox are not only devastating but far-reaching. If we accept that rule is a mere illusion, then we must admit the same about *meaning*. When I *grasp* the meaning of the word “cat”, I *learn* a rule on how to apply it *correctly*. If there can be unlimited rules, then there can be limitless meanings. A meaning acts as a rule; if a rule cannot guide, then the concept of meaning vanishes into thin air.

Such consequences are devastating even for the therapeutic dialogue. If meaning functions as a rule, and there is nothing to bind speakers to any specific use, then clients mean anything and nothing when they speak—meaning would be a mere illusion, and so would therapy. However, we experience therapeutic dialogue to be meaningful.

Wittgenstein's rule-following paradox is intriguing. It immediately provokes the reader to contemplate possible solutions. In the PI, Wittgenstein anticipates this. Below, I want to illustrate two *intuitive* approaches to the paradox Wittgenstein mentions.

1.9 Rules and intuition

The rule-following paradox brings into question the whole concept of following a rule. How can we preserve our notion of rules and answer the sceptic? In this section, I want to present one approach that arises intuitively.

It seems that following a rule is quite a different experience. It might be the case that the guidance I seek can reside *inside* of myself. When I ought to follow a rule, I need intuition to proceed. Following a rule would then consist of leaning on my intuition. Intuition would tell the pupil how she is supposed to continue the series of adding "+2".

However, if I am to *know* something, then I must also have a possibility of not understanding it. How we perceive knowledge is that one can know or not know something, which might result in an error. To *misunderstand* something is not to understand it completely.

When I lean on *intuition* to guide me, how do I know what it *tells* me is correct? I have nowhere to look to verify. I can only rely on my intuition again to do so, and that seems quite erratic.

Whatever intuition tells me, I *follow*. And that only means that whatever seems right to me would have to be *correct*. But this is not how we conceive of *rightness*. If whatever seems correct would be correct, then we cannot talk about *correctness* at all. What seems right and what is right collapse into one.

The notion of rule-following includes the possibility of error. This fallibility possibility is why “to think one is obeying a rule is not to obey a rule.” (Wittgenstein, 1968, para. 202), and a private language is not possible because “it is not possible to obey a rule ‘privately’.” (Wittgenstein, 1968, para. 202)

Intuition fails to provide any aid when it comes to following a rule. If I follow intuition, I might do *anything*: anything might come to me as the *right* thing. Intuition cannot complete this task if something must support my decision to proceed correctly.

It is a common pitfall to rely on intuition in therapy. Presumably, therapy aims to fix something broken and hidden deep inside the client’s mind; thus, the client must employ introspection to evaluate success. However, therapy is a social phenomenon that aims to help clients find methods to cope with their lives. Clients apply these methods in the public domain, and the success of these methods is open to public scrutiny.

Therefore, the criteria for therapeutic success must be observable. Otherwise, there would be no possibility of knowing if therapy is successful. But this is possible. A client who no longer fears flying an aeroplane has succeeded in treatment. Not having a fear of flying is not evaluated via introspection but by taking the plane.

1.10 Rules and interpretation

In the TLP, Wittgenstein perceives language symbolically: words are symbols of objects. This symbolism remains a relevant topic for Wittgenstein throughout the PI. He conceives a signpost as a symbol that *shows* me where to go. The signpost symbolises a *rule*. Wittgenstein asks, “Does the signpost leave no doubt open about the way I have to go?” (1968, para. 85), forming the

paradox's essence. The signpost, a proposition, a word—if they represent a rule, agents must interpret them somehow. But not just in *any* way; agents must *correctly* interpret them.

If I want to interpret the rule *correctly*, what evidence is available to me that proves my interpretation is correct? If I continue the series of numbers in this way: 1004, 1008, 1012, what evidence do I have that proves that this was *meant* by “+2”? I can reflect on my previous exposure to the *rule*, but as mentioned above, I can induce an *unlimited* number of rules out of this exposure. If I apply the rule, what evidence do I have to know which one to use? If I want to speak about correctness, then there must be something that guarantees it.

The signpost shows me I should go right. Suddenly, another person does something *odd*—looks at the signpost and goes left—what is she thinking? I ask the stranger, “Can’t you see where the signpost is pointing to?” She looks at me and says, “By which part?” On a piece of paper, I note, “You should follow a signpost in the direction of the tip of its arrow,” and hand it to the stranger. She looks at me perplexed. “What is an arrow?” Such help would lead nowhere; I cannot explain everything.

If I am to be the one who applies the rule correctly, then there must be something—an object, a material fact—that guarantees my correctness. The fact should ensure the correct interpretation of the rule. When I *know* this fact, I am confident of the correct interpretation. This fact symbolises a rule: a rule of interpretation. This rule of understanding is the evidence; it *enforces the* proper application of the primary rule—but it would be a rule—does the new rule leave no doubt about its interpretation?

A rule, an explanation, a definition “as it were hung in the air unless supported by another one.” (Wittgenstein, 1968, para. 87) A worldly object fails to assist: it is a symbol that agents must interpret *correctly*. What is *meant* by a symbol cannot be validated by another symbol. It achieves only one thing: an infinite regress.

A child asks, “What is a cat?” the parent replies, “A four-legged mammal.” The child appears confused—same as the parent. This observation is evident: “Explanations come to an end somewhere.” (Wittgenstein, 1968, para. 1)

Symbols cannot fix the meaning of problems. Problems as linguistic concepts are open to interpretation; clients can explain them further, but these explanations do not cover the *meaning* to the full extent. If one does not understand the following descriptions, providing more does not help. Therefore, the meaning of problems is fluid—speakers cannot fix the meaning by referring to any objective symbol. The meaning is defined differently.

1.11 Sceptical solution of the rule-following paradox

In the previous two sections, I have demonstrated two intuitive ways to solve Wittgenstein’s rule-following paradox: intuition and material fact. None of them provided good support; they brought an absence of correctness or an infinite regress. This section has one aim: to give a satisfactory solution.

When solving sceptical paradoxes, we have two options—straight and sceptical solutions—they approach the problem fundamentally differently. A straight solution dissolves the paradox by rejecting one or more of its premises. A sceptical solution accepts the conclusion but argues that

such a conclusion does not undermine our everyday practices. Below, I read Kripke's sceptical solution (Kripke, 2000).

The sceptic concludes with devastating effects: rule-following is an illusion. This conclusion implies that "the entire idea of meaning vanishes into thin air." (Kripke, 2000, p. 22) Kripke does not search for facts proving what I *meant* by my previous use. Recall—all my previous applications follow a potentially *unlimited* number of rules. Kripke's solution is to conceive of meaning in a way that does not lead to a paradox.

I have already covered the two intuitive approaches—introspection and worldly objects—but none can answer the sceptic. Introspection: what seems right and what is right collapses into one; material objects provide no aid in interpretation as they require one likewise. It almost seems that there is no escape route. How can we avoid relying on radical objectivity—an unreachable world—or radical subjectivity of a private, solipsistic mind?

The sceptical solution is finding the middle option: society represents normatively charged intersubjectivity (Kolman, 2020, p. 47). This option avoids the consequences of private rules—they seem unintelligible—and explicit rules that need more rules. The middle option provides a new perspective: rules cannot operate as rules without some of them being *implicit*. Ultimately, rules are practically and socially based (Kolman, 2020, p. 47). This elucidation explains why Wittgenstein concludes that rule-following is a custom, an institution (Wittgenstein, 1968, para. 199).

We cannot address the sceptic by pointing to objective or subjective—if there would be something like that—evidence. We can evade the sceptic's alleged devastating effects by

pointing to *intersubjective* evidence. Returning to our pupil–teacher example, an undecided pupil cannot find proof in any external object or a mental state—but only in the teacher’s *reaction*. The evidence is the “fact” that they both understand each other sufficiently (Kolman, 2019, p. 8).

Therapy must not align its methods to a theoretical model because even a theoretical model is subject to interpretation. This interpretation consists of what speakers *do* with the theory rather than what they merely say about it. Therapy must align with its goal, which is well-functioning in society. A community's functioning cannot be described thoroughly; agents must show it. Therefore, therapeutic success is not a theoretical mission but primarily an activity outside the therapeutic setting. The place of the client’s interactions with the community is the ultimate location where professionals must evaluate therapeutic success. Therapists must examine therapeutic methods that lead to adherence to a psychological theory based on how they produce practical effects in the client’s life.

Therapeutic success is not subject to a mere client’s cognitive evaluation—clients must *experience* it. This experience is not something clients can fully describe in a therapeutic dialogue. Therefore, the therapeutic process is partially implicit.

1.12 Rules and knowledge

The previous section elucidated a solution to the rule-following paradox. Here, I want to emphasise specific epistemological implications of the sceptical solution. From an epistemological perspective, such a solution is not positive—one cannot eliminate the prospective discord of society’s members, but it is not negative either—knowledge is not only possible but real (Kolman, 2019, p. 9).

The pupil can know—that the decision to proceed is not a mere act of randomness—but she cannot understand without the teacher. It might seem that I imply something trivial. The teacher has the knowledge and is there to transfer it *in* interaction—quite the opposite, the teacher does not know; the knowledge is the *interaction*. Knowledge is not an ability to *grasp* something external—there is nothing agents can hold—but knowledge is not a mental state. Knowledge stems from social structures and equals an active participation in these institutions. Learning is the path to knowledge—but at the end of this path, there is no *destination*, only a *habit of continuous participation*. Knowledge is not an *object* or a *state* of being but an active *interaction* with others. Nobody *knows anything* because there is nothing absolutely independent to know except *knowledge* itself, which is not something to *be shared*—it is the very *activity of sharing* (Kolman, 2020, p. 52).

The role of the teacher and the pupil is *relative*. The teacher stipulates what to know (Kolman, 2019, p. 11). The pupil is dependent on the teacher’s decision about what is *correct*. However, the teacher cannot be sure about it. As nothing external can be *relied on*, she can only assure herself by *interacting* with relevant members of society. Again, this is not because other members *possess* the knowledge—the *interaction* is the knowledge, and to know something is to have a specific *habit* that manifests in *interactions*. There is nothing beyond these interactions to be *known*; only the exchanges themselves are to be understood.

Interaction is nothing stable; it is an activity subject to change. Thus, knowledge is in constant evolution—not because of continuous improvement but because it is something agents cannot fix *per se*. Every teacher must assume the role of a pupil sometimes; otherwise, she would gradually

stop being a teacher. To become a teacher is to have a particular role in interaction with others. It is not a final state but an activity.

We shattered the subject–object epistemological model: there is no object that the cognizant subject could grasp. Another subject replaces the object, introducing each other to the *institution* of knowledge, which social structures *guarantee*. Under the new subject–subject model, what is to be grasped by participants is other participants' *reactions*. These reactions represent the necessary *evidence* to warrant correctness; they allow participants to acquire new habits based on implicit rules.

Implicit rules result from a clash of two opposing forces: our desire for the possibility of correctness to make rule-following even meaningful and the unattainability of explicating rules entirely. We will never explicate all rules; there will always be implicit ones. These implicit rules—when internalised—result in an ability to *express* knowledge *via* meaningful propositions. Nonetheless, truthful propositions do not represent knowledge—they are mere reminders of implicit rules that are knowledge.

This observation implies that one must act according to social customs to become and remain knowledgeable. Direct access to the external world is not necessary—it is not even possible.

This dynamic and interactive epistemological view has implications for therapy. Therapists are not experts who bestow static information on clients. Clients gain therapeutic insight in an interaction. Furthermore, this insight is not a result of this interaction—a static output—it is the interaction itself. Therefore, therapeutic knowledge is primarily an activity—something clients do rather than say. These new habits represent novel methods of coping with life difficulties.

1.13 Problem talk and meaning

In the previous sections, I argued that problem-focused therapies emerge from certain assumptions about language and meaning. Problem-focused therapies assume representational relations between language and the world. I have inspected these assumptions and proven them to be wrong. Language is not a *picture* of the external world but an inherent part. In this section, I will focus more on the implications relevant to problem talk and therapy in general.

Problem talk encourages clients to describe the problem to provide a more detailed *picture* of what is *wrong*. Supposedly, problem talk should produce an understanding of the problem. I have demonstrated that language does not operate in such a manner. It is not a picture of reality—the problem talk is not a picture of the problem. What does the problem talk represent if it is not a picture?

I have read the sceptical solution to Wittgenstein's rule-following paradox. The epistemological implications are intriguing: society is the ultimate warrant of knowledge; there is nothing more to understand than its implicit rules. Language is not a picture that represents something qualitatively *distinct* from it. By nature, it cannot achieve anything like that—propositions must *correspond* to the external world. However, the cognizant subject must *interpret* this correspondence first—the agent cannot do this *privately* without society.

Society warrants knowledge, and knowledge is not an object nor a mental state—it is an active participation in an institution; it is a habit. Knowledge entails several different institutions, e.g., knowing what a problem is. However, if knowledge is not getting a grip on the external reality, then analysing a problem is not understanding the problems inside of it. The understanding of a problem we achieve through problem-talk is different: a mere knowledge of the problem-talk.

There is nothing *beyond* the problem talk itself, and it *represents* no problem. The problem talk is an institution, a habit—the problem talk is the problem.

This notion seems counterintuitive: Human problems are mere linguistic activities. But it seems counterintuitive only under the representational account of meaning. If one eliminates it—the idea that propositions are *pictures* of the world—then one can start to see clearly. Problem is a *linguistic* concept—it could never exist without language because it emerges from it. To have a problem is not to have something—one cannot dispose of it. To have a problem is a *social* practice: an institution others must introduce to me. I must form a habit to become part of this institution.

Having a problem is not a mental state: one could never know if what one has *is* a problem or only *seems to be* a problem. A problem is not subjective because its concept adheres to public social norms. One cannot have a problem in private because to have a problem is to acquire status in a social language game—one can do so only in interaction with others. It would not be possible for only *one* person to have a problem and to have it only *once*. To have a problem is a social custom: one needs others to establish it. It is impossible to have a problem others could not have; that would make the whole concept unintelligible.

My problems seem unique: only I can *feel* them. But these are not problems—to have a problem is to claim a specific role in a social language game. The position is idle, prepared for agents to claim it. To have a problem is like slipping into a dress: it is quite a unique experience, but the dress must have already been in place. Without it, there would be no experience or a dancer.

1.14 Conclusions

In this chapter, I have demonstrated that problem talk—an essential part of problem-focused therapeutic approaches—is based on a representational account of language and meaning. I have presented what such an account amounts to in the light of the early Wittgenstein’s *Tractatus Logico-Philosophicus*. I have highlighted the difficulties accompanying such an account of meaning: the *representative* relationship between the utterance and the world is illusory. Words are not names for objects; propositions are not denotations of states of affairs. Wittgenstein’s picture metaphor is a misleading way to perceive language. Therefore, problems are not names of extralinguistic entities we inspect in therapeutic discourse.

Later, I developed my line of argumentation by describing how the late Wittgenstein conceived language. I have focused on two fundamental topics that received particular attention in the late Wittgenstein’s *Philosophical Investigations*: private language and rule-following. The private language argument proves that language is a public institution by essence. There is no possibility of a language that would be private. Thus, when clients discuss their emotions, they are not describing mental states but using concepts in a publicly accessible practice.

The more general notion of rule-following faces Wittgenstein’s sceptical paradox: what evidence do I have to know that I am proceeding correctly? I have explored the two intuitive approaches to solving this paradox: intuition and external evidence. They both are ineffective in solving the paradox. The first shatters our idea of correctness, and the second engenders an infinite regress. Thus, participants cannot evaluate therapeutic success via introspection or refer to material facts. My reading of Kripke’s sceptical paradox illuminates where we find evidence of correctness. Societal structures are the sceptical answer to the sceptic. They manage to evade the uncertainty

of the *private* subjective mind or a need for endless reference to *external* objects. Therefore, only interaction with the community is a criterion of therapeutic success.

The conclusion regarding rules generates epistemological insight: knowledge does not consist of direct access to an external word or being in a mental state; it is a *social institution*. This social institution requires continuous *involvement* from its participants. From this point of view, knowledge is not negative—it is possible and genuine—but it is not positive either because it is relatively unstable and subject to the prospective discord of society's members. Social structures that support implicit rules *represent* knowledge; participants introduce each other to these institutions and form habits to continuously engage with them. Thus, therapeutic insight is not a static piece of information that therapists should transfer to clients. Clients must form novel habits they apply in real-life situations, representing therapy-generated knowledge. Therapeutic knowledge is dynamic and *interactional*.

Lastly, I have focused on the implications relevant to problem-focused therapeutic conversations. Problem talk is supposed to generate an understanding of the client's problems. Nonetheless, if this understanding consists of following implicit rules—in an active custom—then the most that problem talk can produce is understanding of itself. This counterintuitive perspective shows that the problem is not an external object or state of affairs, but it is the *participation* in the problem talk.

2 Solution-focused brief therapy

This chapter introduces Solution-focused brief therapy (SFBT)—an innovative psychotherapeutic approach. SFBT represents a radical shift from traditional therapeutic models, e.g. psychoanalysis, by emphasising future-focused and goal-oriented conversations over diagnosing clients' problems. This chapter's examination of SFBT's principles and methods shows how SFBT fosters change. This exposition illuminates the link between SFBT and Wittgenstein's notion of language games.

SFBT adopts a practical and atheoretical stance—the fundamental difference from traditional approaches, which rely on generating theoretical understanding without clarifying its practical consequences. Instead of diagnosing problems, SFBT focuses on identifying and amplifying existing constructive behaviours to encourage progress. This approach helps clients envision desired futures to accelerate change without wasting time theorising about problems' roots. This perspective is pragmatic because it views language as an instrument for change rather than a medium for truth discovery.

This chapter explores how conversational structure aligns with Wittgensteinian philosophy: meaning emerges from use in a particular context. We can understand how therapeutic meaning arises by co-construction inside a collaborative language game. This insight sets the stage for further exploration of inferentialism and the role of language in shaping therapeutic outcomes.

Solution-focused brief therapy is an internationally recognised approach to psychotherapy that was developed in the 1970s by Steve de Shazer and his wife, Insoo Kim Berg (de Shazer et al., 2007, para. 9.6). Steve de Shazer's favourite philosopher was Ludwig Wittgenstein (de Shazer et

al., 2007, para. 9.12), who has first coined the term “language game” in his posthumously published book *Philosophical Investigations*. This particular historical background arouses an interest: how would Wittgenstein view SFBT?

Unfortunately, Wittgenstein cannot answer this question as his death occurred in 1951 (Biletzki & Matar, 2020, Section 1. Biographical Sketch). It is possible to closely examine solution-focused brief therapy from Wittgenstein’s language game perspective and even build on the knowledge of contemporary philosophers like Brandom, Peregrin, and others. Wittgenstein’s work inspired these philosophers, and their theories advanced the concept of language games.

Robert B. Brandom developed his version of inferential semantics (Legg & Hookway, 2020, Section 5.2 Neopragmatism), which provides a particular perspective on linguistic meaning. This perspective will be beneficial for the goal of this project.

This project aims to provide a Wittgensteinian account of the SFBT. Such an aim does not necessarily imply the creation of a theory. My commitment remains to adhere to Wittgenstein’s method to the maximum extent possible. I aim to examine the meaning of concepts in their places of origin—the language games they come from. This examination leads to the illumination of the true essence of concepts. Moreover, it uncovers significant philosophical implications that lead to important consequences for practical therapeutic application.

SFBT is a future-focused, goal-directed approach to psychotherapy. Steve de Shazer, Insoo Kim Berg, and their colleagues at the Milwaukee Brief Family Therapy Center developed SFBT by observing numerous therapeutic conversations throughout the years (de Shazer et al., 2007, para. 10.4). During a discussion, the therapists influence the clients, so that they speak about their

desired future, rather than their problem. The creators based SFBT on a fundamental premise that therapy should focus on what is helpful and desired by clients to help them attain their goals (De Shazer, 1985, 1994). When de Shazer and Berg began conceptualising the approach, they framed it as an atheoretical approach that should answer a simple question: “What works in therapy?” (Lee, 2013, p. 1). However, this statement is controversial—SFBT involves several concepts. This project aims to investigate how atheoretical SFBT is.

SFBT creators hoped to avoid assumptions other professionals held in the different theoretical models. Instead of basing the therapeutic model on a theory about the human psyche, they took an inductive approach: they observed therapeutic conversations using a one-way mirror. They discussed what was beneficial to the client. The result of their efforts is a psychotherapeutic approach confirmed by numerous outcome studies as effective (Gingerich & Eisengart, 2000). This empirical fact is philosophically relevant: SFBT shows us something about the nature of our language. I hope to explain what SFBT shows about language in this project.

SFBT is an approach to building change in people’s lives, and it includes two fundamental beliefs that such a goal can be achievable. Clients are encouraged to describe their lives as if the therapy was already successful: their preferred future, and to discuss the skills and resources that they have already demonstrated: their instances of success (Iveson, Ratner, et al., 2012, para. 7.1). These two beliefs represent a fundamental change in basic assumption of the traditional therapeutic view: first, we must understand the problem to be able to solve it. I hope to explain why this understanding of a problem is unnecessary for therapeutic success, thus making the whole activity of problem analysis obsolete.

SFBT is a way to have a conversation—to enable the clients to talk themselves out of the problem (Miller, 1997, p. 214). SFBT is not a psychological theory that aims to explain what is happening inside the client's mind. SFBT is a pragmatic approach to language, conversation, and therapy. SFBT seeks to change the client's life in the shortest possible time. These philosophical commitments will be subject to my analysis in the following chapters.

In SFBT, therapists do not assume that an understanding of the problem is a necessary step on the path to improvement. Thus, SFBT is not concerned with diagnosis or what might be wrong with the client. Therapists facilitate clients' thinking about their strengths and desired goals. However, the therapist does not provide an expert opinion on either of these topics. Therefore, SFBT offers little room for the therapist's judgment. Abandoning the problem analysis that includes diagnosis of problems is counterintuitive—discussing problems is a natural step anytime we experience challenges.

When defining SFBT, practitioners sometimes face challenges, as it is almost easier to describe what SFBT is not than what it is (McKergow & Korman, 2009). The practical nature of SFBT makes it challenging to define clearly—it is an evolving practice rather than a fixed theory. As the nature of SFBT is experimental—if it works, do more of it; if it does not, then do something else—it is difficult to frame SFBT into standard practices that therapists can repeat in any context. I aim to explain SFBT, which remains committed to the Wittgensteinian approach to philosophy and illuminations. A theoretical approach is unsuited for SFBT because SFBT is a practical approach to therapeutic conversation that does not aim to explain anything about human psychology. However, an atheoretical attitude—avoiding defining SFBT—poses a significant

challenge for new practitioners to join. Thus, it complicates the evolution of the practice itself. Hopefully, my project will connect both extremes: a theoretical approach and an atheoretical one. SFBT therapists acknowledge that clients expect to be able to talk about their problems in therapy. Still, therapists do not specifically encourage them to do so and sometimes deliberately divert them from doing it (Berg & de Shazer, 1993). Acknowledging that not every conversation that includes future-oriented questions qualifies as SFBT is essential. The more important aspect is how the process appears: how much focus therapists dedicate to what. This distinctive mode of talking is also part of my investigation. I aim to discuss what we talk about and how it is possible to discuss identical states of affairs seemingly oppositely. It seems that when we talk about problems, we discuss different matters than when talking about solutions.

Many approaches to therapy expect the therapist to provide some advice at the end of the conversation. The absence of this feature is another significant difference between SFBT and other approaches. While some SFBT therapists suggest some tasks to the client at the end of the session, these tasks are rarely more than “noticing changes in the client’s life” (Iveson, Ratner, et al., 2012, para. 7.4). We never see in an SBFT conversation intense advising that would consist of providing details about what the client should do. The approach aims to intervene as little and briefly as possible. I hope to explain the motivation why therapists refrain from advising and what benefits this commitment produces for clients.

To understand what “brief” in SFBT’s name signifies, we have to realise that SFBT traces its roots to the Brief Therapy Center at the Mental Research Institute (MRI) in Palo Alto, California, which founders established in 1967, where therapists told clients at the beginning that clients will not receive more than ten sessions (Iveson, Ratner, et al., 2012, para. 7.7). This is another distinct

feature of SFBT—there is no assumption for the therapeutic process to be *deep* enough, and that the interaction with the therapist must last several months even years. I hope to illuminate what depth refers to in a therapeutic setting and to prove that SFBT includes depth—a different kind of.

In 1977, the founders established The Brief Family Therapy Center (BFTC) as “an MRI of the Midwest” (Nunnally et al., 1986, p. 77). They have synthesised the work of the MRI, the theories of the hypnotherapist Milton Erickson, and family therapy methods to create SFBT (Iveson, Ratner, et al., 2012, para. 7.7).

BFTC has not maintained the limit of ten sessions per client. However, they have reported that the clients had not stayed in the therapy for longer than 6 to 10 sessions (Iveson, Ratner, et al., 2012, para. 7.7). Professionals distinguish between a brief therapy defined by time constraints and a brief therapy as a way of solving problems (De Shazer et al., 1986, p. 207). Brief therapy as a way of solving problems does not have to limit the number of sessions explicitly, but it seeks the *shortest* route to solving clients’ issues—this is what makes it brief. SFBT is part of the brief family therapy tradition that maintains its specific methods and background.

The basic tenets of SFBT include the following:

- It bases itself on solution-building rather than problem-solving.
- The therapeutic focus should be on the client’s desired future rather than on past problems or present conflicts.
- Clients are encouraged to increase the frequency of current beneficial behaviours.

- No problem happens all the time. There are exceptions—that is, times when the problem could have occurred but did not—that clients and therapists can use to co-construct solutions.
- Therapists help clients find alternatives to current undesired patterns of behaviour, cognition, and interaction within the clients' repertoire or can be co-constructed by therapists and clients.
- Unlike skill-building and behavioural therapy interventions, the model assumes the client already has solution behaviours.
- Therapists acknowledge that small increments of change lead to large increments of change.

Clients' solutions are not necessarily directly related to any identified problem by the client or the therapist.

- The conversational skills required of the therapist to invite the client to build solutions differ from those needed to diagnose and treat the client's problems.

(Trepper et al., 2014, p. 2)

SFBT focuses on how clients change instead of diagnosing them with problems. For this reason, SFBT uses the language of change (Trepper et al., 2014, p. 2). This language concerns what has improved and how the client contributed to it—it emphasises small changes in the client's life. There is little to no interest in categorising problems and understanding their nature. The SFBT therapist supports the client by listening and phrasing questions incorporating the client's vocabulary (Trepper et al., 2014, p. 2). My project aims to uncover the relationship between language and change—how we use language to achieve specific outcomes in therapeutic

arrangements. I want to explain these particular outcomes and why the specific SFBT methods are appropriate.

2.1 Conclusion: SFBT

SFBT exemplifies a pragmatic approach that redefines therapeutic goals: clients should achieve practical, observable change instead of theoretical understanding. SFBT encourages clients to focus on solutions rather than problems—it shows that therapeutic success can arise from actively constructing desired outcomes through dialogue.

This view aligns with Wittgenstein's philosophy, as it shows that language does not uncover hidden truths but is an activity where we develop the meaning of our ideas. This chapter has laid the foundation for exploring the inferentialist perspective on language in therapy, which I will further examine in the following chapters.

3 The origins of SFBT

This chapter examines the philosophical and practical foundations of SFBT. I explore how its methods evolved from critical influences at the Mental Research Institute (MRI) and Milton Erickson's work. This exploration reveals why SFBT diverges from traditional therapeutic approaches. This foundation is vital for positioning SFBT within a Wittgensteinian framework of language games—we construct social realities rather than represent them.

The chapter begins by analysing how the MRI contributed to SFBT's focus on communication patterns and systems thinking. MRI's view of problems as social constructs rather than representations of static mental states introduces SFBT's unique approach to change-inducing language. SFBT reframes problems to generate small, actionable steps, and MRI's methods help shape SFBT's pragmatic approach to the therapeutic dialogue.

This chapter also explores Milton Erickson's influence on SFBT. He believed that clients possess the strengths necessary for change. Erickson's techniques—focusing on future-oriented dialogue and utilising clients' resources—inspired SFBT's solution-building approach. We can better understand SFBT's social view of problems by examining these origins. This chapter helps us trace the roots of the fundamental idea of SFBT: therapeutic problems emerge in language games. They are not objective entities.

This chapter illustrates how SFBT emerges as a distinct, language-centred therapeutic approach that allows further exploration of meaning and language in a therapeutic context.

The Mental Research Institute did influence the development of SFBT: Steve de Shazer has been trained at MRI (Lee, 2013, p. 2). Brief therapy, a practice that researchers examined at MRI,

bases itself on a systems perspective (Bateson, 1988), social constructivism (Berger & Luckmann, 1991; Neimeyer & Mahoney, 1995; H. Rosen & Kuehlwein, 1996), and the work of Milton Erickson, who was a strong proponent of the belief that clients do have the strengths and resources to make a successful change when entering therapy (Erickson & Haley, 2013a, 2013b).

The main difference is that the MRI approach has been mainly focused on disrupting the problem pattern, while SFBT is focused solely on the solution-building process. Such a distinction might appear arbitrary, but the opposite is true; the language De Shazer emphasises creates such a fundamental difference (De Shazer, 1994). Therapists perceive language as essential in the therapeutic process—therapists do not view language as a neutral vehicle for describing reality.

3.1 Milton Erickson

Milton Erickson was an American psychiatrist and hypnotherapist who died in 1980. Erickson has been an inspiration for multiple schools of therapy. The most famous examples include Ericksonian hypnotherapy and neuro-linguistic programming. Jay Haley described Erickson's techniques and methods in "Uncommon Therapy", and Sidney Rosen provides illustratory examples of Erickson's therapeutic cases in "Teaching Tales of Milton H. Erickson" (Haley, 1977; S. Rosen, 1991). We can see a link between Erickson's teachings and SFBT by examining De Shazer's citations of Erickson, where De Shazer emphasises the utilisation of whatever the patient presents and the focus on what the patient presently does and will do in the future rather than on analysis of the reasons why past events occurred (De Shazer, 1985, p. 78).

Such a preference demonstrated by Erickson is not coincidentally similar to the desired solution talk in SFBT. Using what clients present prompts the therapist to look for what can be used to the client's benefit rather than to look for what is missing. Erickson also used a technique called

"Crystal ball", which encouraged clients under hypnosis to hallucinate the successful overcoming of their problems, in such approach we see the inspiration for the Miracle question as they both ask the client to see the therapeutic goals as actualities already achieved (De Shazer, 1985, p. 81). The main difference is that Erickson intentionally puts clients into a trance; therefore, his approach is more directive than SFBT's.

Another essential aspect we see in SFBT is the different perceptions of change. In SFBT, therapists do not view matters as static but as changing continuously. When doing therapy, it is necessary to believe in evolution, i.e., that change is possible. Erickson would approach clients in a way that change is not only possible but inevitable. De Shazer linked this perception to Buddhist thought: change is continuous, and stability is illusory (De Shazer, 1985, p. 78). Therefore, we must not underestimate Erickson's influence on the development of SFBT. The characteristics we can observe in Erickson's work, such as utilising what the client brings into the conversation and focusing on the future rather than the past, are all fundamental aspects of SFBT.

3.2 Mental Research Institute

The Mental Research Institute was founded in 1959 by Don Jackson, and the MRI has become one of the leading sources of ideas in interactional and systemic studies, brief psychotherapy, and family therapy (Mental Research Institute, 2021). John Weakland, Paul Watzlawick, and Dick Fisch led the central team at MRI—they were interested in specific patterns in communication about problems; they wanted to understand how systems change or resist change (Iveson, Ratner, et al., 2012, para. 9.2). Such an interest illuminates the reasons why in SFBT there is such an emphasis on the interactional view, i.e. how would other people notice that the change is already

happening. The focus is on how clients interact with their surroundings—the focus is on the whole system.

One of the essential ideas of this group was the notion that problems are developed and maintained by perceiving and tackling specific life difficulties. These ways of combating the challenges originate from reason, logic, tradition, or common sense but have nonexistent or even adverse effects; therefore, therapists must focus on changing these approaches, however logical or correct they may appear (Nelson & Thomas, 2012, pp. 39–40).

Such a notion of a problem provides a more dynamic view—problems are not states but activities. Thus, we do not need to understand our mental conditions first to understand our problems. We must rather understand our interactions so we can alter them. This shift is a vital externalisation of previously private internal problems that were hardly accessible: problems are behavioural, and behaviours are public activities. Thus, they are alterable and describable.

Therapy does not need to explore a mysterious hidden realm; it can be an activity that explores the public domain and leaves everything open to view. This shift is possible when the therapist perceives the problem above—an interaction between agents.

The team under Erickson's influence did not attempt to understand the root cause of the problem. They assumed that understanding the problem is relevant only to the extent that it yields possibilities for future changes. Future changes are discussable without analysing a problem—the therapist can inquire about the desired future. Hence, they focused on what was happening now and how to influence the client so she could employ changes in the future (Iveson, Ratner, et al., 2012, para. 9.5).

The therapist did not put the client into a trance as they were not doing hypnotherapy. The primary source of the potential changes was the tasks, which the therapist defined at the end of the session. Therapists intended tasks to steer the client in the preferred direction. Interestingly, they would tell the clients to "go slow" and not introduce significant changes as it might be too risky, which has paradoxically led to clients implementing even more changes than expected (Weakland et al., 1974). Clients are more likely to succeed in the therapeutic process if they experience the ability to implement minor changes. These changes should not be difficult to introduce. When clients experience that change is possible, their confidence rises.

The MRI team invented "reframing", a technique which employs different descriptions of problematic behaviour to see it from another perspective (Watzlawick et al., 1974, p. 95). This technique aims to elicit reports of clients' problems that are more constructive than the original ones. Clients cannot change their problems instantly but can change their descriptions. Detailed descriptions are more useful for the client than others because they offer new possibilities or position the client differently.

The benefit of reframing is not that it would make the problem disappear—this is not possible—but that it offers a different interpretation of the situation that is more favourable to the client. When clients employ these new descriptions, they can formulate new conclusions that lead to further actions. This alteration is allowed because unique descriptions can function as new premises in reasoning, leading to new knowledge. In this way, reframing is the first step on the route to discovering further actions, and actions are a necessary condition for the client's improvement.

In one of the cases, a client had expressed a desire to become a salesman but was struggling with his stammer; therefore, the therapists encouraged the client to view the stammer as an advantage that would capture the attention of the potential clients (Watzlawick et al., 1974, pp. 94–95).

After that, he was specially instructed by the team to maintain a high level of stammering during his work and to expect that he would feel more and more at ease with his stammer, which will consequently make less probable spontaneous stammering (Watzlawick et al., 1974, pp. 94–95).

By observing such examples, they have discovered that directives can have the opposite effect as they attract people's disobedience.

The MRI team offered a maximum of 10 sessions to every client, while the clients could spare some sessions for the future if they did not feel the need to use them all; the team has reported excellent outcomes with such an approach (Weakland et al., 1974). Limiting the number of sessions makes the therapeutic intervention less probable to create client-therapist dependency. The shorter the supportive interactions, the less time the client has to adapt. Imposing the session limit encourages clients to advance towards their goals more rapidly.

We can track the origins of SFBT to the MRI, where John Weakland met with Steve de Shazer, who did some work for the MRI; Weakland has introduced de Shazer to another trainee, Insoo Kim Berg, who later became de Shazer's wife (Iveson, Ratner, et al., 2012, para. 10.1). Steve de Shazer was present at the MRI and became influenced by their therapeutic concepts. Hence, we observe similar patterns in the SFBT: interactional conception of a problem, emphasis on language, and focus on goals.

3.3 Constructing in SFBT

Steve de Shazer has expressed that a client is a different person after the Miracle Question than she has been before. Such a statement is a demonstration of de Shazer's constructivist stance, which presents a radical shift from objectivism (Iveson, Ratner, et al., 2012, para. 14.3). De Shazer believed that society constructs clients' experience of the world: clients experience of the world does not consist merely of sensory impressions other people influence it by interaction. When people interact with each other, they perform certain practices that have significance in their form of life. Performing these practices involves satisfying the expectations of others. To meet the expectations, one must first become aware of what these expectations are—this is discovered in the interactions by observing others' behaviour. One must observe which behaviour triggers approval and which one triggers correction.

Behaviour is always subject to future change—agents cannot fix it. Hence, it is only in continuous interaction that one can discover the expectations of others. I cannot learn the expectations of others towards myself indirectly—via studying some extra-social objects—I must interact with others. Thus, community members construct the individual experience socially because one needs to orient not merely in the physical surroundings but also in the behaviour of other agents, and behaviour is not a physical phenomenon but a social one.

Some external authority must always verify knowledge—one cannot verify her knowledge, as being right would collapse into a mere feeling that one is right (Wittgenstein, 1968). Hence, to know how I am to behave, I must first act somehow and observe the reactions of others—only they can assure me of following the norms. But their assurance is not permanent because my

future behaviour is never identical to the present one. Therefore, it is a continuous activity to understand how one ought to behave.

The same applies to knowledge of a problem: I realise that I have a problem only via interaction with others. Problems are not entities one accesses through senses; they result from interacting with others. De Shazer believed that the role of a therapeutic process is to support the client in improving their lives and that therapists do not achieve it via interactions that acknowledge that one has a problem.

In this sense, De Shazer viewed the problem as wholly decoupled from the solution: one does not need a crisis to improve. Moreover, one's improvement will be more straightforward if one does not have a problem but a mere desire to improve.

Therefore, de Shazer designed SFBT counterintuitively: the therapist would encourage the client to focus on the desired future rather than what is not working. Clients seek an understanding of the problem, but this understanding is not what it seems to be. The desire to understand the problem originates from an assumption that the problem is an independent entity that clients access via the problem analysis. Supposedly, when the client engages in the problem analysis—formulating hypothetical reasons for their problems—they are gaining an understanding of an objective, independent entity.

The clients perceive the problem as an object—similar to a chair—and the language is a mere medium to describe the thing. However, there is a difference between a problem and a chair: a problem depends on the perceiving subject's existence and acknowledgement. A chair does not need to be acknowledged to exist—it is always there. However, a problem cannot arise from a

mere state of affairs; it requires social interaction with the relevant agents. This social interaction is the process of constructing the problem, and the difference between a chair and a problem is in its social effect. The problem's purpose is to attract help and induce action. This characteristic does not apply to the description of physical objects—these descriptions are not requests.

Discussing a chair and a problem appear identical but are quite different activities. Discussing a physical object depends on collective agreement and empirical reality. Our descriptions must adhere to several norms. However, problem descriptions are formative—they construct the problem and express one's wish for change. Their primary goal is to inform others about one's subjective wishes.

The problem relies on clients' perceptions, which are the subject of inquiry. These problems arise merely during social interaction, aiming to express one's needs, unlike descriptions of physical objects, which facilitate collective agreement on empirical reality.

The nature of the generation process is relevant. A chair and a problem occupy the same position in our language—both nouns are subject to the same surface grammar. Thus, we tend to treat them identically. In therapy, we want to eradicate problems, but if we socially construct problems, we must approach this mission differently—we cannot treat therapeutic problems as physical objects.

When I want to destroy a physical object, I need to know what kind of object it is and where to locate it. Thus, I must first understand it before I can destroy it. The understanding helps me to utilise my force when I attack it. But if I apply the same method to a problem, I face a difficulty: I

am constructing the issue on my way of obtaining an understanding of it. This approach leads to an unpleasant situation—with the knowledge I get, I also receive problems like an unwanted gift.

3.4 Conclusion: The Origins of SFBT

SFBT's origins illustrate a shift in therapeutic focus from problem analysis to solution-building. The MRI has influenced this shift by its systemic approach and Milton Erickson's belief in clients' inherent strengths. The view that problems are social constructs and the emphasis on the client's desired future aligns with Wittgenstein's language games. Language is a practical activity that creates reality through shared practices. This chapter has established a foundational understanding of SFBT's unique, pragmatic approach. In the following chapters, I will explore how language constructs meaning and fosters change within the therapeutic setting.

4 Overview of SFBT

This chapter provides an overview of the core techniques and principles that define SFBT. These techniques show how language shapes therapeutic progress. The previous chapters discussed SFBT's origins and foundational concepts. In this chapter, I explore how SFBT applies these ideas practically to create change through specific conversational strategies.

SFBT operates on the premise that language is not merely a reflection but a tool—it constructs rather than mirrors realities. Language fosters the client's agency by envisioning possible solutions. SFBT moves away from problem-focused analysis toward solution building. This chapter examines how solution-focused therapists employ a structured language that avoids deficit-based narratives. Instead, they emphasise the client's strengths, future potential, and existing resources.

In this chapter, essential techniques in SFBT—future-oriented questioning, presuppositional language, and client-driven goal-setting—illustrate how SFBT facilitates client engagement and change. Therapists can assist clients in constructing their preferred futures without delving into past problems. This chapter lays the groundwork for understanding the unique methods that enable SFBT's effectiveness.

4.1 SFBT and language

In SFBT, there is a deliberate effort to keep conversations solution-focused: to explore what is already working rather than what is missing. The reason for this is the constructive nature of problem generation, which I briefly alluded to in the previous chapter.

Solution-focused therapists distinguish between more and less constructive ways to converse with clients. These ways are different, especially in the descriptions they elicit. Thus, language plays a vital role in SFBT. Therapists view it as a medium by which speakers construct meaning in conversations (de Shazer, 1991; De Shazer, 1994). The meaning is not to be viewed as something fixed and tangible but as a *property* of certain utterances, which can shift throughout time. Meaning is contingent on the context; one best understands it by examining how we use specific sentences (Wittgenstein, 1968). The therapist's task is to use the language of change to benefit the client. Such a language possesses particular characteristics that Lee et al. describe as following:

- A language that implies the person wants to change.
- A language that implies that the person is capable.
- A language that implies change has occurred or is occurring.
- A language that implies the changes are meaningful.
- A language that encourages the person to explore possibilities for change.
- A language that suggests that the person can be creative and playful about life.
- A language that conveys recognition of the person's evolution of their personal story.
- A language that does not encourage negative, blaming, or self-defeating descriptions.

(Lee et al., 2003)

Such a language is presuppositional, including certain presuppositions that aim to induce client hope (Walter & Peller, 1992). This hopefulness is not an emotional state but a probability of future progress. SFBT language conveys implicit content—it deploys illocutionary acts that entail

certain propositions. The therapists prompt clients to react to these propositions. By doing so, clients accept the presuppositions. These presuppositions describe the client as capable of change; hence, they are encouraging and constructive for the client.

Clients formulate opinions about themselves in language. Because language is primarily a communication tool, clients develop these opinions in conversations with other people. Clients' ideas about themselves function as premises in reasoning to contemplate future actions. Thus, these premises influence how clients *act* in the world. Therefore, SFBT recognises the power of a therapeutic dialogue and the potentially harmful effects of pathology-based and deficit-based perspectives in sustaining the problem and disempowering the client. SFBT deliberately adopts the language and symbols of "strengths and solutions" (Lee, 2013, p. 11).

Another critical aspect of the SFBT language is incorporating the client's words. When phrasing questions, the therapists should minimise introducing their own words and use the client's wording as much as possible (Lawley et al., 2018, p. 19). This act helps the therapist avoid unintentionally influencing the client. When descriptions arise in therapeutic conversations, they never cover the full spectrum of what is happening in the client's life—there always remains an unknown part. However, this part is unrecognised primarily to the therapist, not the client.

The client's descriptions imply something—other propositions or actions follow from them. There is a spectrum of what every sentence *can* suggest, but it is only a *selection* of these propositions in a *specific* context. Thus, only the one aware of the context can *know* what follows from these descriptions. This participant is the client and not the therapist. Therefore, the only way not to unintentionally influence the client is to follow the client's wording precisely. Below

is an example of a therapeutic conversation where the therapist (T) does not adhere to the client's (C) wording.

T: How could this session be helpful to you?

C: I need to start talking to my partner.

T: You would like to improve your relationship with your partner.

In this example, the therapist paraphrases what the client says by replacing "talking" with "improving the relationship." The fact that the client needs to start talking to her partner does not necessarily imply that she wants to improve the relationship. The client might need to speak to her partner merely because she wants to end the relationship respectfully.

The client only knows this herself. Introducing novel words produces different propositions, and these generate other implications. Clients might not desire the consequences that these implications create. The therapist's goal is to support the clients in achieving their wants. Thus, the therapist must refrain from introducing different words.

The therapist's role is auxiliary—therapists intervene if clients strive to progress. Therapists do not lead the client to a predefined goal. Clients define goals for themselves, and therapists respect these targets. Therapists do not introduce a theoretical model implying a definition of therapeutic success.

Solution-focused language is equivalent to building hope, as those with more hope can better connect their preferred future to the present (Froerer et al., 2018, p. 17). To have hope is to accept the possibility of options. Agents who are hopeful commit to the notion of progress. They implicitly demonstrate their belief that improving further is feasible.

The solution-focused conversation enables the clients to explore these options. By inquiring about clients' preferred future, the therapists elicit various opportunities that the client may implement. Acknowledging possibilities is the essence of hope: to be aware of prospective ways to move forward. Therefore, building hope is not an activity producing a metaphysical output. Building hope is a pragmatic linguistic practice that explores the options of clients who do not see them.

This practice results in propositions, and these propositions represent the options. Options are sentences that discuss what clients may implement to advance their situation. These sentences are instruments clients employ after they leave the therapeutic session. Clients test the utility of such tools in practice—in their lives. The following sessions evaluate these instruments' utility and explore future direction. Clients may continue using these instruments, abandon them, or develop new ones.

4.2 Accountability for solutions

SFBT therapists hold the client accountable for solutions rather than problems to enable change effectively (De Shazer, 1985). SFBT practitioners assume that clients progress more effectively by focusing on what works well than on what does not. The approach utilises the client's successes and avoids a negative circle that therapists may induce by blaming language (Lee et al., 2003). When clients blame themselves, they present themselves as incapable of coping with their problems—this presentation of themselves becomes part of their identity. This new description enriches the concept of one's self. However, this new description is not helpful for the client in progressing. The implications of such depictions are adverse—they suggest that clients cannot progress.

The proposition's utility—not verity—is critical in the SFBT practice. Clients are encouraged to formulate ideas that aid in manifesting desired benefits. This view of language suggests language is an instrument, not a reflection of reality. Therapeutic goals do not consist of truth-discovery endeavours but advancing clients' improvement.

Clients usually seek help because they cannot find solutions, so building them with the therapist requires discipline and effort (De Jong & Berg, 2013). The answer in SFBT is a goal that is self-determined and attained by the client (Lee et al., 2003). The therapist does not suggest a self-determined goal; however, participants define it in a therapeutic conversation. In this sense, the goal is not entirely self-determined. The clients must identify the goal because only this kind of goal can fit the clients' conceptual understanding of their context.

Such goals should have specific characteristics:

- personally meaningful and essential to the clients;
- small enough to be achieved;
- concrete, detailed, and behavioural so that indicators of success can be established and observed;
- positively stated so that the goal represents the presence rather than the absence of something;
- realistic and achievable within the context of the client's life, and perceived as involving hard work

(Berg & Miller, 1992)

These requirements for goal definition are critical. Therapists perceive goals as therapeutic instruments. These instruments must help manifest the desired therapeutic outcomes. A tool must adhere to strict quality standards to maximise the tool's practicality. Therefore, therapists expect clients to formulate goals that meet precise conditions.

4.3 Present and future orientation

Clients can change what is happening at the moment. However, they can conceptualise anything—they can discuss events that occurred in the past, are happening now, or might occur in the future. A problem-focused approach starts by analysing the past to gain an understanding that might be useful when creating solutions. However, what participants perceive as a mere analysis is not an analysis. This activity is fundamentally different.

When I analyse something, I come to an entity and separate it into parts. However, in problem-focused conversations, the problem is not an independent entity I can approach. I must first conceptualise the problem before analysing it—this is problematic. The participants must first conceive an object before an analysis becomes possible.

If I were to analyse something, then I must not be the one who generates it. Otherwise, this analysis is a mere *part* of the process of conceptualisation. Speakers may describe this act as an analysis, but it is not genuine if it fits into a more extensive production process. We must perceive this process holistically, not forgetting where it starts and ends. Only then does the true nature of the activity become evident.

This notion shows how participants of the therapeutic process must perceive it: problem analysis is more of a problem conceptualisation. Problem analysis is a process of generating a problem

and then analysing it to acquire an understanding. However, the insight then depends on how I conceptualise the problem—it is not an understanding of anything independent but merely an account of a result of my creation. Since this understanding is simply a part of the broader conceptualisation, I can derive similar knowledge by adhering to a more economical and gentle method.

An analysis hopes to yield knowledge, but if the analysed object is one that I simultaneously produce, then I cannot derive any knowledge. Knowledge cannot arise from experience with myself. An analysis that represents a step in a production process is not an analysis but merely a stage in production. What I hope to understand is then created by myself, and this is not how we employ the term *knowledge*.

I may not formulate a theory and then analyse it to validate it. Someone independent of myself must validate the hypothesis. Otherwise, mere thinking one knows and genuine knowing collapse into one.

Without minimising the importance of the client's problem, the SFBT therapist listens attentively to their descriptions and tries to shift to a "conversation of change" and to "stay at the surface of the problem" (de Shazer, 1991). This approach does not equal being superficial. The goal is not to go deep into the problem but to identify observable steps in the immediate reality (De Shazer, 1994). These steps have the form of propositions that point to actions.

Actions can practically alter what is happening in the client's life. They are the most essential knowledge—they solve the client's problem. The intention to avoid analysing the problem

eliminates the production of unnecessary theories about the clients—some with even negative implications for them.

The therapeutic goal is to generate valuable concepts pragmatically. An idea represents a tool. A tool is helpful if someone produces desired results by using it. Therapists must rigorously examine all the activities that lead to the production of such a tool. Activities that do not enhance concepts' usefulness are fruitless endeavours that participants should eliminate. This pragmatic view implies that even the therapeutic process must be goal-oriented: achieving a goal via the most economical means possible.

In SFBT, we assume that "the future exists in our anticipation of how it will be" (Cade & O'Hanlon, 1993, p. 109). Our expectations serve as a framework that guides us when we encounter the respective situations—if I expect that someone wants to murder me, I have a particular reaction when I see her. My expectations influence my perception of reality. And my choices and actions are influenced by my expectations.

The therapist's role in the SFBT is to increase the likelihood of clients reacting as they wish during challenging situations. A person with detailed expectations about specific affairs owns a better conceptual framework. Therefore, the therapist will encourage the client to describe a future where the problem does not exist—the more detailed and precise the vision of the end, the better. It is more probable that the clients will achieve their goals as they will easily derive concrete steps they can conduct. The purpose of the therapy is to define and elicit such details so the client obtains concrete steps as a result of the treatment (De Jong & Berg, 2013). These descriptions evoke hope because hope—in its essence—is the availability of options.

4.4 The client, as assessor

SFBT contains assumptions of social constructivism (Berger & Luckmann, 1991; Neimeyer & Mahoney, 1995; H. Rosen & Kuehlwein, 1996). These assumptions generate particular implications regarding the client's role: the client is the ultimate assessor who defines what therapy should help realise and how to do it.

Therapists do not perceive knowledge as a socially independent theory, and its validity does not equal correspondence to the external world. Knowledge inherently intertwines with the context where it comes from. Speakers derive its validity from its utility—an ability to serve a purpose.

The goal of therapy is to generate knowledge. Therefore, clients must test the therapeutic output outside of the therapeutic context to attain the *status* of knowledge. The client is the only agent that can do so. Thus, only the client can be in charge of the final verdict—whether the therapy is effective.

Therapists treat clients as experts who know what the solution is. External goals imposed on the client by an authority might not fit the client's needs. Furthermore, clients are willing to work harder if the goals are self-defined and personally meaningful (Lee, 2007). In contrast to most medical models of assessment, which view the practitioner as an expert possessing diagnostic knowledge and the client as an object of the evaluation, there is no place for examination in the SFBT. In this model, the assessment resides with the clients, and they constantly define their problems, goals, ways to achieve them, strengths and next steps (Lee, 2013). SFBT therapists are experts in facilitating such a conversation to keep the dialogue in the direction of the search for different and alternative realities (De Shazer, 1994). These realities are conceptual—constructed in interaction and formed by language. The client leaves the therapeutic session knowing more

about themselves, and this knowledge bases a new conceptual framework for the client—the client's perception changes.

The participants constantly discuss the usefulness of these changes throughout the therapeutic process. The output of the therapeutic sessions is not knowledge but a hypothesis to be validated. Therapists promote this view to motivate clients to learn about their context.

4.5 Collaborative relationship

The underlying assumption behind SFBT fundamentally changes the therapist's role. Therapists are no longer the experts clients expect to process input from them and suggest further steps. Instead, the therapist acts as an expert to facilitate change conversations, where no traditional hierarchy between the therapist and the client is maintained; the relationship is collaborative (Lee, 2013, p. 4). The therapist enters the conversation to facilitate goal-setting, listen and accept the perspective of the client, and look for strengths rather than for a problem. The therapist is not there to diagnose a problem but to enable the client to progress. The collaborative nature manifests through the therapist asking questions—she avoids suggestions and criticism of anything the client suggests.

The therapist is a collaborator and a consultant who is present to help clients achieve their goals. Clients do most of the talking, and what they say is viewed as a cornerstone of resolving their complaints (Trepper et al., 2014, p. 4). There is no desire to propose standard solutions to common problems because there are no such problems. Every situation is unique because it emerges from the client's perception of her life.

Thus, SFBT therapists will use more indirect methods of influence to support the client through solution-focused questioning and responding. Therapists perceive the clients as the experts, and the therapist takes the stance of "not knowing" and "leading from one step behind" (Trepper et al., 2014, p. 4). This "not knowing" stance is essential to facilitate the therapeutic process because it allows the client to express any perspective without being confronted with an expert opinion.

4.6 Focus on strengths

Milton Erickson was an expert in finding and utilising the clients' strengths to solve their problems. He firmly believed that everyone has something that can be used to their benefit, even in the most desperate cases (Haley, 1977). By this belief, Erickson has expressed that strength is not an objective characteristic of an individual but rather a mere concept that speakers utilise in a conversation. If Erickson had been ontologically committed to an objective entity of strength, he could never argue that every client has strength—this would make it unintelligible. For strength to exist, there would have to be a possibility of its absence—this is not what Erickson believed. Erickson believed that strength is not a fixed, objective entity that clients lack and, therefore, need therapy. He thought that strength is primarily a linguistic concept that anyone can utilise to *do* something—a very pragmatic perspective on language.

When we describe someone as having strengths, we do not represent some linguistically independent characteristic of the person but rather *encourage* the person.

The speakers must acknowledge this encouragement and believe it is valid. However, since the validity of such encouragement is not dependent on correspondence to some external characteristic, the only thing that is needed is the client's acceptance of it. In such a way, therapists do not discover the strength but co-construct it with the client.

The therapist suggests strength and hopes that the client will accept it. When this happens, participants succeed at generating a strength—not ontologically, but conceptually. This conceptual generation is all the client needs to start doing something differently. Erickson's *use* of strength shows that he believed that the clients do not discover reality but create it via therapeutic conversation. The therapeutic process was not a mere quest to describe the external facts but to create them because reality includes the client's perception.

Labelling someone as having strengths is not an act of pointing to an independent, objective feature of a person—this is an encouraging act. Pragmatically, we are expressing a particular attitude towards this person: I expect you to utilise something. When I say that you have a specific strength, I foster a belief of yours—I want you to act in a certain way. What misleads us is the similarity of form of these two language games: talking about strengths and describing a tree.

When I describe a tree and when I describe a person, I say that I see that such and such is the case. The concept of a leaf and a strength occupy the same position in our propositions. Compare "The tree has many leaves" and "The person has many strengths." However, these concepts are fundamentally different: strength is not independent. There is no strength without a speaker.

Erickson's views fit into the postmodernist, social constructionist perspectives that emphasise the role of language in shaping our perception of reality. His views suggest a dramatic shift from a positivist, objective view of reality towards a more interpretive, subjective one.

Influenced by Erickson's work, SFBT therapists follow his principles to find anything clients can utilise, e.g. clients' beliefs, past successes, motivations, skills, knowledge, social networks, and

personalities (De Shazer, 1985; O'Hanlon & Wilk, 1987). SFBT therapists, therefore, never teach clients something that might *prima facie* appear as the "best solution" according to some theoretical model because they believe that when clients keep doing more of something that they already *know* how to do, then they solve their problems more easily and quickly (Lee, 2013, p. 6). Such a therapeutic stance shows an epistemological commitment: knowledge is not merely theoretical.

SFBT therapists acknowledge the practice dimension of *knowledge*—knowledge is entwined with context-dependent life practices and should not be abstracted and decontextualised. Therefore, therapists cannot impose theoretical models on their clients. They must adapt to clients' conceptual framework and gently influence it in a desired direction.

Speakers cannot extrapolate knowledge in general from the context it spawns from—knowledge is a practical tool *per se*. Knowledge validity is tested not by its correspondence to an extralinguistic entity but by its practicality. Therefore, the therapist does not need to strive for correspondence but for usefulness—this practicality can be verified only by the client. Thus, one cannot verify the validity of a therapeutic conversation via a theoretical endeavour; the client must deploy the knowledge to test if it is functional. Knowledge is a tool—its only validity criterion is its usability, not adherence to theory.

In SFBT, clients are encouraged to discuss their strengths rather than weaknesses and deficiencies. The focus is on describing accomplishments when clients are in situations where they have to address life difficulties. The goal is to notice, expand and use such successes even more (Berg & Kelly, 2000; De Shazer, 1985). Such an approach is not a naïve belief about the client's strengths nor simplistic positive thinking; it is a therapeutic choice that clinical

observations support; these observations prove that clients make progress faster when they focus on what they can do and what they have accomplished (De Jong & Berg, 2013). This empirical validation of SFBT shows that therapy results in creating helpful narratives rather than discovering existent truths about the client.

Therapists must perceive therapy as a vehicle to transport clients to their desired destination. Therapists must not assess therapeutic methods based on their correspondence to empirical facts. A therapeutic narrative that appears exaggerated but proves beneficial for the client must be acknowledged. Therapy is not a scientific investigation of the empirical realm. Therapy is a social phenomenon—a practical affair—that allows clients to advance through life difficulties. The empirical domain does not confine therapy—therapy does not answer to science until it produces the desired results.

4.7 No therapy without a problem

One of the significant characteristics of SFBT is that there should be no intervention if there is no problem. As de Shazer et al. state, "If there is no problem, there should be no therapy" (de Shazer et al., 2007, para. 10.9). De Shazer's view symbolises the Wittgensteinian view of language. Problems are not extralinguistic entities that the therapist can introduce to the client. Problems are notions that acquire meaning only in a particular language game. Since therapists play the language game of psychotherapy, they rely on the client's acknowledgement of what they want to change. If clients do not want to change something, they do not meet the essential condition of this language game.

De Shazer's view emphasises the social aspect of meaning construction. He does not suggest that only client-acknowledged problems are genuine problems—he does not propose that someone who has alcoholism does not have a problem if he rejects it.

Imagine someone offering to play a game of chess to a stranger. This stranger does not acknowledge the existence of the king. This lack of acknowledgement does not prohibit the king's existence—the chess community warrants its existence, and the stranger cannot threaten this. However, a productive chess game is impossible until both players accept the ordinary rules. De Shazer suggests that problems might be independent of clients' acknowledgement. However, these problems are out of the scope of effective therapy.

It is preferred to focus on what the client wants to focus on. The therapist does not desire to investigate problems that are not considered relevant from the client's perspective. SFBT tends to be somewhat supportive as the therapist encourages the client whenever the client starts solving the problem (de Shazer et al., 2007, para. 10.11). The therapist is not responsible for identifying improvement ideas but for noticing functional patterns and behaviours. Therefore, clients primarily introduce these patterns and behaviours.

As problems are not independent entities, it is impossible to discover them merely—speakers generate them in social interactions. For this reason, the SFBT therapist will not intend to uncover them—the therapist will create them. Problems are the results of complex social interactions—including therapeutic interactions. An exchange is a necessary condition for problem generation. Therapists should avoid such interactions because they can facilitate clients' advancement by focusing on generating solutions.

As therapy is a particular language game, participants influence each other when performing it. Therapy is not an activity with a centralised authority of the therapist. The therapist must remain flexible to align with the client's context.

4.8 If it works, do more of it.

Clients seek therapy because they desire help. If they could solve their issues alone, they would not need to pursue any professional. However, for SFBT therapists, this still does not mean that the initiative to improve has to come from the therapist. The approach suggests an assumption that the client can make progress. The therapist is more of a partner in a conversation. If participants identify something helpful, the therapist will ask more questions to elicit details about what has been done on the client's side to make this possible. SFBT practitioners intentionally assume that behind every success, there must have been a change in behaviour or perception; behind every change, there must have been action. Therefore, the therapist's role is to investigate the measures clients implement.

4.9 If it does not work, do something else.

If something is not working, the SFBT suggests trying something different (de Shazer et al., 2007, para. 10.13). It is essential to realise that if the client is not progressing, the therapist should not insist on continuing in that direction.

For example, if an experiment to "go to bed earlier" is agreed upon during the conversation, the client does not complete it. The therapist will not insist on finishing this experiment. The therapist should discuss what the client learned with the client and continue the discussion to discover other ways to progress.

The goal of the therapy is not a predefined fixed state; it is instead an epistemological one: learn about one's hopes and how to realise them. This goal implies that even an uncompleted task represents a success—the therapist and the client have learned that it is not the appropriate direction. Clients can generate such knowledge only during their interaction with their surroundings.

Knowledge is not a mere accumulation of theoretical content but a practical activity. Knowledge is experimental by nature—the client must do something to learn. Clients must embed the self-knowledge the therapist aims to support in their unique context. Therefore, clients can finally engender knowledge via interaction, not a theoretical debate.

4.10 Small change

SFBT fully utilises the principle that "A journey of a thousand miles begins with one step" (Lao, 1999, Chapter 100). There are many intuitive reasons why to do so. Firstly, small steps are more doable and manageable than significant changes. Secondly, small steps provide progress indicators by motivating the client early. Small early successes offer the necessary feedback that encourages the client to do more (Lee, 2013, p. 5).

As a systems perspective influences SFBT, another essential assumption is that elements in a system are interconnected (Bateson, 1988). Even a tiny change in the system can fundamentally impact the system as a whole. These changes can disturb the system's equilibrium and significantly steer the person in another direction. Therapists perceive clients as elements in a complex system. Observers cannot analyse complex systems thoroughly because the systems consist of a high amount of interconnected parts. Therefore, the client is encouraged to experiment with different methods to validate assumptions about the system.

SFBT professionals believe that continuous ineffective attempts to solve problems, in the same way, are the causes of problems (Watzlawick et al., 1974). Therapists perceive problems as a result of deploying ineffective methods. Problems are dynamic and interactional, and clients must attempt novel approaches to solve them.

The interventions from the therapist should be minimal and personally meaningful (Lee, 2013). Therapists must adopt their interventions based on the client's context—they must attentively listen to the client to understand what they can do.

SFBT prefers to construct the solution by accomplishing small, manageable steps (de Shazer et al., 2007, para. 10.15). This principle usually manifests in the concluding part of the conversation. The therapist aims to close the session with a couple of steps the client will attempt. Smaller measures are more accessible to accomplish than bigger ones. After achieving these small steps, the probability of advancement increases because the client has already completed something.

4.11 The solution is not directly related to the problem.

A paradigm shift that SFBT provides is the assumption that the problem is not directly related to the solution. From a systems perspective, there is no assumption of a one-to-one relationship between a problem and a solution (Bateson, 1988). As system components are interconnected in a complex way and are subject to constant change, the analysis of a problem appears futile.

Therefore, it is almost impossible to ascertain why problems are occurring in a complex system, and even if agents acquire such an understanding, the constant change inside of the system might make the result of such an analysis outdated relatively soon.

There are different parallel pathways to solutions, and we should be concerned with finding the solution rather than analysing the problem (De Shazer, 1985). Without minimising the importance of a person's history and experience, SFBT perceives that focusing on the present is far more important than analysing the reasons why some events occurred in the past.

SFBT differentiates itself substantially from other approaches, starting with eliciting details about a state when the problem is resolved (de Shazer et al., 2007, para. 10.17). Such differences in the therapeutic approach lead to almost no time for analysing the client's problems or dysfunctions.

Problems and solutions are not independent entities but linguistic concepts stemming from our language games. We perceive a link between them: a problem connects to its solution. I have a problem when I am hungry; the solution is eating food.

These states are somehow related to each other, but this relationship becomes a problem–solution relation only if we conceptualise it in such a way. We create such a link in language games—no ontological link exists. The causality we observe does not necessitate us to interpret it in such a way. Speakers construct the problem–solution relationship in their language games.

The language game of analysing a problem involves talking about root causes, symptoms, and causes. The goal of this language game is not to eradicate a problem but to understand it.

However, a therapeutic problem is a different kind of a problem—it has not merely an empirical dimension but also a social one. Therapeutic issues—clients introduce them in therapeutic conversations, including interactions with others.

Participants do not directly observe such problems; they must acknowledge them first in a conversation. This conversation is the language game I am suggesting. Therefore, playing the

language game of analysing problems is necessary for therapeutic problem generation. This dilemma poses a seeming tension: to understand problems, we must talk about them, but such talk can also generate the problems themselves.

Fortunately, the solution to this is simple: the solution-focused language game. This language game solves the question: How can we solve our problems if we do not understand what our problems are? This apparent dilemma emerges from the illusory perception of an ontological link between a problem and a solution. However, this link is a linguistic one, not an ontological one.

Not having a sufficient amount of food does not constitute a problem. When speakers discuss it as a problem, they generate it. Speakers can describe an identical state of affairs in a fundamentally different language game—a language game of *hope*. "I hope to have more food," is what I can say. In this language game, I can still gain an understanding that aids me in identifying the following steps, but without the necessity to generate problems as part of the process.

4.12 Exceptions to problem

One of the basic premises of a systems perspective is that every system is in constant change (Bateson, 1988). If we accept this premise, we must accept that every problem has an exception. Finding these exceptions is the main focus of SFBT (De Shazer, 1994). For example, when a family is experiencing specific conflicts, there are still times when the family does not have them. By focusing on these times, we can identify the behaviours that are causing these exceptions to occur.

Such a view represents a belief that the clients have strengths and can engage in behaviour outside of the problem pattern (De Jong & Berg, 2013). These exceptions might go unnoticed, and therapists perceive them as the client's potential strengths and resources. By focusing the conversation more on these exceptions, we can identify clues for solutions (De Shazer, 1988). The therapist's role is to identify these exceptions in the conversation, no matter how infrequent these instances might be, and elicit more details about them (Lee et al., 2003).

Even when clients focus on the problem and cannot see a solution, the SFBT practitioner directs their attention towards the exception. The general belief is that people always manifest exceptions to their problems, which clients can utilise to make progress (de Shazer et al., 2007, para. 10.21). The therapist will ask questions about when the problem is not happening or is happening with less intensity.

Two concepts are distinct in the SFBT practice: change and exceptions. SFBT therapists commit to a particular philosophical stance when they practice SFBT accordingly. The view that everything is constantly changing proposes a dynamic view of reality. Clients who enter therapy perceive their situation as inertia—progress is impossible. When the therapist takes the stance that change is not only possible but omnipresent, they invite the client to shift the perspective that their situation is hopeless. The therapist's goal is that the client accepts this assumption, which is an enabler of progress.

The concept of exception is a concrete manifestation of a belief that progress is possible. The notion of exception to a problem implies that the problem is not a consistent solid state but something subject to constant change. Moreover, clients can benefit from this notion of continuous change.

These stances do not represent an ontological commitment to the nature of reality. Conversely, they are manifestations of linguistic pragmatism—language is a tool speakers employ.

Therapeutic conversation is not a scientific quest to identify empirical truths about the world. It is a social activity to support people who need help. Therefore, therapists must align their philosophical perspectives about therapy to serve this purpose. Therapists must commit to the view that there are exceptions to a problem, not because this is the state of the world but because this is a more accommodative stance to achieve therapeutic goals.

A therapeutic language game is not a scientific language game—this game facilitates the generation of helpful statements instead of truthful ones. This view suggests that therapy primarily focuses on helping clients progress rather than uncovering empirical facts.

Therapists must not act as an authority to discover what is valid during the conversation because the validity depends primarily on usefulness within a given context. Therefore, the commitment to exceptions is proper not because it corresponds to reality but because it has proven to be fit for purpose in a therapeutic context. This pragmatic view contrasts with traditional psychiatric assessments where the psychiatrist describes the objective medical state of the patient.

4.13 Questions

SFBT therapists use questions as a primary tool for communication with the client (de Shazer et al., 2007, para. 10.35). The employment of questions is standard in every therapeutic conversation. However, in SFBT, the questions play a prominent role—the therapists perceive their position as indirect.

Therapists emphasise describing the future this much because they believe that problems are solved best by focusing on what is already working and the desired state when the issue disappears (de Shazer et al., 2007, para. 10.38). Therapists use questions to elicit these future-oriented descriptions.

The critical role of questions in the SFBT demonstrates that therapists do not perceive language as a static representation of reality. If language were a representation of reality, it would not be plausible to use questions to solve problems primarily. The most questions could do—under these assumptions—would be to elicit information that the client already knows about the state of affairs.

The benefit of such an activity would be questionable because the client would be merely *reporting* information. Presumably, the therapist could use such reports to derive a solution. But then the solution would also have to correspond to reality. This requirement is odd because its correspondence would relate to the future—something barely considered a *reality*.

However, clients in the SFBT still gain new *knowledge*. This acquisition would not be possible under the assumption that language represents reality because therapy lacks an empirical dimension—it does not consist of participants validating their hypotheses in the empirical realm. With the representational model, participants could not learn anything in a therapeutic arrangement.

In SFBT, therapists perceive language as an activity—a language game. Questions represent legitimate moves in the game—their purpose is not merely to elicit static predefined information but to progress in a process with prospective implications for the extralinguistic realm. Such a

pragmatic view emphasises the practical consequence of the therapeutic process—therapists perceive therapy as an instrument that must yield beneficial effects. Therapy is not a mere theoretical exercise which results in a formulated theory—one about the client's childhood, the problem's roots, causes or symptoms.

4.14 Conclusion: overview of SFBT

In this chapter, I have explored the basic tenets of the solution-focused approach. SFBT model proposes a fundamental paradigm shift: therapists no longer view their clients as incompetent or dysfunctional. Therapists view clients as having resources to create new solutions. This notion requires an entirely different perspective of the therapist's role. Clients should not view therapists as people who assess and advise on the next steps. The therapist is a partner in the conversation whose mission is to facilitate a beneficial discussion that includes a continuous discovery of the desired therapeutic outcome.

SFBT employs unique strategies to emphasize clients' strengths, potential, and change capacity. These techniques reflect SFBT's commitment to a constructive, solution-oriented approach that empowers clients to take control of their narratives. Clients enjoy the freedom to conceptualise their identities and experiences without the scrutiny of an expert assessment.

SFBT treats language as an active tool for shaping reality and redefines therapy. Therapy is a process of meaning generation rather than mere problem analysis. This overview has laid the foundation for further exploration of how language in therapy facilitates personal transformation.

5 Solution-focused therapeutic methods

An earlier version of this chapter was published as “Solution-focused therapeutic methods” (Zidek, 2023a). This chapter presents an exploration of the specific SFBT methods. I illustrate how SFBT’s unique, language-driven techniques foster change by emphasising strengths, resilience, and clients’ existing resources. Previous chapters have established SFBT’s philosophical underpinnings—its alignment with Wittgensteinian views on meaning. Here, I introduce the practical application of these principles within therapeutic sessions.

The techniques I describe in this chapter—the Miracle Question, scaling, exception-seeking, and coping questions—are tools. They enable therapists to guide clients toward achievable goals. These methods form a language game where clients envision their preferred future rather than dissecting past problems. SFBT therapists help clients identify successful behaviour patterns and cultivate a forward-looking perspective.

This examination of SFBT methods shows how each technique represents a language-centred and pragmatic approach. Thus, this chapter bridges the conceptual framework and the practical strategies therapists leverage.

5.1 Introduction

SFBT is an internationally recognised approach to psychotherapy; it was developed by Steve de Shazer and Insoo Kim Berg in the 1980s (de Shazer et al., 2007, para. 9.6). SFBT is a particular approach to psychotherapy with several distinct features. The most apparent one is its focus on building solutions rather than eradicating problems, and clients are not encouraged to analyse the hypothetical causes of their problems. Instead, therapists prompt clients to explore solutions.

These solutions manifest in vivid descriptions of future states where the problem is nonexistent. To enable such conversation, the therapist must deploy *constructive* listening (Iveson, Ratner, et al., 2012). Constructive listening consists of listening for subtle clues provided by the client that can serve as building blocks of potential progress—it is conceptually different from active listening. The difference between the two is significant: constructive listening is selective, as it filters particular parts of the client's expressions. The therapist must listen attentively and carefully select what she reacts to—this distinguishes constructive listening from mere active listening, during which the therapist merely reflects on anything the client has shared.

The philosophy of SFBT is counterintuitive—clients eliminate their problems not by analysing them but by understanding what already works in their lives and how they would notice if progress has started to manifest. When clients focus on what works in their lives, they identify valuable patterns of behaviour to improve their current state. By focusing on observable signs that can serve as criteria for further progress, they attain a detailed view of the desired outcome of the therapeutic session.

Both of these elements are mandatory conditions of an effective therapeutic process. However, not all therapeutic approaches insist on identifying helpful behaviours and signs of progress as SFBT does. The disadvantage of ignoring these two aspects is subtle: clients who analyze their problems do not achieve more than a theoretical understanding of a past situation that is impossible to alter. When desired therapy outcomes are unknown, both parties cannot be sure they aim in the right direction.

SFBT emphasizes the *usefulness* of the therapeutic conversation. This emphasis manifests through direct inquiries: therapists ask the clients what a valuable result of the therapeutic session

would be (de Shazer et al., 2007). In a certain sense, SFBT is the art of having a helpful conversation—not more, not less. SFBT's aim is not to penetrate the hidden depths of the client to discover eternal truths about human psychology. It sets a seemingly modest goal: generate a helpful conversation. However, this is not an indicator of modesty but of pragmatism.

SFBT emphasizes the practical consequences of concepts—including therapy. The stress of utility in SFBT is an expression of a commitment: the validity of therapeutic methods is proven merely by the *outcomes* they produce for clients. Such a statement sounds trivial—therapy must have benefits—an obligation that presumably every therapeutic school accepts. While this is correct, it is this atheoretical aspect that distinguishes SFBT. Therapists assume very little about the clients' nature—they bring no model clients must embrace to progress. Therapists approach the therapeutic process experimentally: let us attempt this and examine what will happen.

Therapists come to every client as an unknown territory—they start from the beginning to *learn* what could mainly work for the client. Therapists do not expect clients to adopt a theoretical model; clients serve as the model themselves. Therapists study the clients. These methods signify that knowledge is not a static reflection of reality—that can serve as a foundation for further deductions. Knowledge is a dynamic infinite social activity that must be continuously validated—not according to its correspondence with extralinguistic entities but to its *utility*.

SFBT inherited this atheoretical epistemological attitude from Wittgenstein, who suggested that philosophers best examine meaning in the context from which it emerges. The context is subject to constant change. Hence, *knowing* a sentence's meaning is temporary and open to prospective disputes.

The role of the therapist alters from a leader whose responsibility is to design interventions for the client to a partner who remains curious to learn more about the client—particularly about what the client is already doing and how she would notice that she has resolved the problem.

The SFBT is a language game consisting of explicit and implicit norms. These norms entail assumptions about the therapeutic process, the role of the participants, and more. Adopting these norms is what establishes the SFBT. It is possible to apply specific methods in isolation.

However, such an application does not constitute SFBT.

SFBT's essence does not lie in its popularized methods—a method itself does not make a session solution-focused—but in following complex *norms* throughout the therapeutic relationship.

From these norms, we can derive the central tenets of SFBT:

- Build solutions rather than solve problems
- The focus must be on the desired future rather than on past problems or current conflicts
- Clients should increase the frequency of current beneficial behaviours
- No problem happens all the time—identify exceptions when the problem is not occurring or is happening at a lesser intensity.
- Therapists help clients co-construct alternatives to their behaviours
- Therapists assume that solutions already exist in the client's repertoire
- Small changes lead to more significant changes
- The conversational skills needed for SFBT differ from those required to diagnose problems.

(Trepper et al., 2014, p. 2)

5.2 Solution-focused methods

Solution-focused methods are specific ways to engage the client in a conversation of change—a discussion about prospective options. These conversations focus on exploring opportunities for progress, not analyzing presumably static pictures of past events. SFBT sessions direct the client towards building solutions rather than studying the problem. Collaboratively, the client and the therapist co-construct the desirable future that does not contain the problematic situation (Lee, 2013, p. 5). This co-construction is linguistic—the therapist and the client create a new concept *using* language. The meaning of this concept—the client's preferred future—can hardly be derived from its *representation*. A hypothetical future state of affairs is not a state of affairs in its genuine sense. Under the representational account of meaning, propositions derive meaning from what they *represent* (Biro & Kotatko, 2013; Russell, 2010; Whitehead et al., 1997). But in such a case, what the sentences have to represent has not yet manifested—the object of representation does not exist during the utterance. Therefore, the propositions could not have *meaning* until the future arises. The situation would have paradoxical consequences: all propositions would be meaningless during the discussion about the future. But this is not the case—a debate about a future state is intelligible.

Hence, the concept of a preferred future does not derive its meaning from its representation but from its use—it has meaning because there is a normative *use* of this concept. Regardless of the content of the preferred future, to use the concept is to *do* something afterwards. The role of the concept is to suggest some actions—ideally, some that are *useful* to achieve certain benefits. Concepts are not necessary conditions for activities—we act ordinarily without preconceived notions of what we should do. Nevertheless, for therapeutic clients, this ordinary mode yields

undesired results. Their actions—spawned from mere spontaneity or unreflected concepts—generate problems. Therefore, clients must develop novel concepts—ideas about what is possible—to derive new actions that enable more learning.

The practitioner listens attentively to the client and asks questions. Therapists use solution-oriented questions, exception questions, outcome questions, scaling questions, and relationship questions to assist the client in defining the preferred reality (Lee, 2013, p. 5). The client's reality combines their conceptual framework and their direct experience. During therapy, clients enhance the conceptual framework. Therefore, when clients finish the therapeutic session, they experience a different reality.

These questions fully utilize the potential and resources of the clients (Berg & Kelly, 2000; De Jong & Berg, 2013; de Shazer et al., 2007). Clients' potential lies primarily in the conceptual dimension—what they can linguistically craft about their lives. Questions effectively achieve such a task as they open the conversational space for clients to self-assess themselves and their situations.

Therapists do not introduce a theoretical model regarding the client or therapy's appropriate goal. This absence of a theory forces therapists to adjust to the client. Hence, SFBT sessions tend to be more collegial than hierarchical and cooperative rather than adversarial, even though SFBT therapists lead one step from behind (Trepper et al., 2014, p. 4).

Therapists generally assume that most people have the strength to make the necessary progress and that everyone has already solved multiple problems. Therapists hold a specific view of problems: they are not novel issues but manifestations of already encountered problems. This

view suggests that clients are facing something they are familiar with. Therefore, solving a problem requires not designing a new tactic—a challenging endeavour—but identifying an old one from an existing repertoire. This stance challenges the typical view that one must generate a novel idea to solve a problem; it poses that problems and solutions are ordinary phenomena that every client knows. Problems reoccur, and so can solutions.

Clients can repeatedly deploy these solutions without inventing anything new. In the case of not succeeding at identifying a previous method, therapists assume that every issue has exceptions that clients can analyze. These exceptions are what clients say about problems when they do not occur or occur at a lesser intensity. Such descriptions allow the therapist to prompt clients to infer what they do to realize these exceptions. Therapists encourage clients to describe functional behaviours and deploy them when appropriate.

To no surprise, SFBT therapists use questions as their primary form of communication with the client; they rarely directly challenge or confront the client (Trepper et al., 2014, p. 5). Therapists do not perceive language as a mirror of reality but as a tool. Clients should develop and deploy such a tool. Therefore, the therapists do not examine if the reports are *accurate*. Instead, they ensure the content is valuable. Valuable descriptions encourage clients to do something differently. However, therapists realize that concepts are helpful only when clients deploy them in practice. Therefore, therapists do not challenge clients in the majority of cases.

The client's replies provide content that serves as material to build helpful concepts. Therapists remain open: various ideas can be beneficial in practice. Therefore, therapists do not hinder clients during their expressions. Therapy is not a truth discovery endeavour but a quest to generate valuable concepts. Therapy is a language game—this game is meaningful by itself.

There is no hidden reality clients should discover during this activity. Thus, SFBT therapists do not interpret the client's responses.

When clients progress, the SFBT therapist focuses their attention on the conversation by giving compliments (Trepper et al., 2014, p. 5). Therapists achieve this by directly expressing the praise or posing a question inviting the clients to compliment themselves, such as "What do you think about such an achievement?" These praises encourage clients to formulate ideas about themselves: clients present themselves as resourceful. Such ideas comprise clients' identities—they develop who they are. Such identity statements enable the clients to generate novel ideas. The strong one can do more than the weak one. However, being strong is not a state of being but an identity statement.

To summarise, some of the primary constituents of SFBT are:

- A cooperative therapeutic alliance with the client;
- Creating a solution instead of analyzing a problem;
- The setting of measurable changeable goals;
- Focus on the future through future-oriented questions and discussions;
- Scaling the ongoing attainment of the goals to get the client's evaluation of the progress;
- Focusing on the exceptions to the problem;

(Trepper et al., 2014, p. 4)

5.3 Pre-session change

Early in the therapeutic process, the therapist helps the clients to notice changes in their lives.

Here lies the assumption that the client initiates change, not the therapist, and that change is an

ongoing process that clients can exploit. The therapist asks, "What changes have you noticed that have happened or started to happen since you called to make the appointment for this session?" (de Shazer et al., 2007, para. 10.45; Trepper et al., 2014, p. 5). Such a question indicates that change is always happening or that no problem happens constantly. SFBT therapist, therefore, takes the chance to inquire about a possibility of change already happening. There are several types of answers one might receive from a client.

Here is an example of asking for a pre-session change in a therapeutic setting:

T: What has improved since you decided to come here?

C: Well, I started thinking I might improve my life.

T: You started thinking that you might improve things; how did you manage to do that?

C: I talked to my partner and realized I could at least try.

T: What else did you do to start thinking you might improve things?

C: I started doing sports again and saw my sister more frequently.

The client might say that nothing has changed; in this case, there is not much to inquire about, and the therapist will usually continue with another question, asking, e.g. "How can I be helpful today?" (Trepper et al., 2014, p. 5). In some instances, the client will say that some things have improved. This answer signals to the therapist that there is a potential to elicit details about what has happened and, more importantly, what has been done by the client to achieve that.

Possibly, clients might say that things have gotten even worse since they made the appointment.

In this case, the therapist will elude the problem analysis by avoiding questions such as "What is

the problem?" or "Why did that happen?" A skilful way to prevent such a talk is to ask the client how she managed the situation. Here, another assumption is apparent: the client managed to come to the session, so she must have done something to achieve this. No matter how much the situation has worsened, the client has done something to continue.

Ideally, the client answers that something has improved; in such a case, the "solution-talk" starts, and the therapist elicits as much detail as possible to identify behaviour that has proven helpful to the client (Trepper et al., 2014, p. 6).

Language is not a representation of reality but a tool. If language represented reality, then the inquiry about the pre-session change could have merely an *informational* purpose—the clients would tell the therapist something they already know. If this was the case, the method could not be helpful in isolation. The technique could merely serve as a platform for another one—it could simply play a supportive role. However, this is not the case. Clients generate novel ideas about what has changed and how they contributed to it (Iveson, Ratner, et al., 2012). These pre-session change discussions can initiate the solution-focused talk (de Shazer et al., 2007).

This *use* of language in SFBT shows that language plays a different role: an *instrument* to induce action. Therapists engage clients in such a discussion to convince them about a philosophical attitude—change is constant. When they succeed, they stimulate clients to *perceive* the motions of their lives. Clients who accept these assumptions are inclined to conclude they are already generating valuable outcomes. Importantly, clients do not engage in empirical observations when therapists entice them to see that change is continuous. These conclusions are not observational reports, and they need no practical examination. These conclusions result from linguistic activities—the solution-focused language game—that aim to *motivate* clients. These conclusions

are mere instruments that help clients do something else—they shape how clients perceive and engage with reality.

Therefore, pre-session change reports are not genuine reports. These descriptions function as premises in argumentation. Therapists entice such reasoning to encourage clients to conclude that they are resourceful and initiators of change.

Therapists inquire about a pre-session change. Hence, they do not tie change to the therapeutic process; change happens independently. They avoid suggesting that change is possible merely when therapy occurs—a limiting conviction to prevent in a therapeutic process. Therapists inspire clients to believe that change is a natural, ordinary phenomenon. Therefore, clients who accept these notions of change are less likely to become dependent on therapists and the process.

Therapists support clients' autonomy and agency in managing their issues.

The pre-session change method implies that problems are not static, unchanging entities; it suggests that they are dynamic and fluid, constantly evolving with life circumstances. Such a notion eliminates hopelessness—nothing is hopeless because everything is subject to constant evolution.

The pre-session change concept is a therapist's stance that the client initiates change as an ongoing process before and outside the therapeutic process. This concept reflects a pragmatic and dynamic view of problems as it emphasizes the client's agency and the active role of language in shaping our understanding and experience of reality.

5.4 Solutions as goals

In SFBT, therapists expect clients to frame specific and achievable goals. Clients communicate these goals as solutions rather than an absence of a problem (de Shazer et al., 2007, para. 10.49). Therapists assume no direct relation between the problem and the solution—they do not assume a linguistic link. Therapists accept that clients can talk about any state of affairs in a solution-focused way.

Clients can create solutions without a detailed understanding of the problem. The client is encouraged to frame the goals as straightforwardly as possible, providing many details in their descriptions. Importantly, therapists ask the clients to affirm their goals, i.e., describing what they desire rather than what they want to avoid (Trepper et al., 2014, p. 6).

If a client defines her desire as eliminating the problem, it generates an issue: the desire remains unclear. Imagine a situation where a taxi driver asks the client, "Where would you like to go?" and the client answers ", I do not want to go to the city centre." It is evident where the client does not want to go in this case. Unfortunately, the driver remains confused because he does not know the destination—the participants cannot identify the destination via the elimination method. This illustration elicits a smile due to its simplistic nature. However, when discussing desires, we regularly define them in the form mentioned above. While this does not evoke a sense of astonishment, it should. The problems this form generates are of substantially greater significance.

Therefore, therapists evoke descriptions of the *desired* state. Often, clients assume that *eliminating* a problem is the desired state. Nonetheless, therapists do not accept such descriptions as final.

Here is an example of negotiation of a therapeutic goal:

T: What are your hopes for our work together?

C: I have huge problems in my private life, so I hope to get rid of these problems.

T: What would you like to have instead of these problems?

C: I want to eliminate these problems, so I hope we can discuss them here.

T: How would you know this talking here was useful?

C: If my life would be better!

T: How would you know your life was better than before?

C: If I had a calm and stable relationship with my partner, I would already know that my life has improved.

T: You want a calm and stable relationship with your partner. How could today's conversation help achieve that?

C: I want to know what the problem is between the two of us.

T: If you knew that, what difference would it make?

C: I could then think about what to change.

T: So, you would like to know what to change?

C: Yes.

T: How would you notice at the end of today's conversation that you know it?

C: If I had at least three ideas to try out.

T: So, you would like to have at least three ideas to know what to change to have a calm and stable relationship with your partner. Would that be what you came for today?

C: Yes.

Therapists prefer formulating goals over analyzing problems—this provides several benefits. Defined goals offer a clear direction for action and change, suggesting what clients could do. Problem analysis results in theory about the nature, cause, and symptoms of the problem, but such output does not indicate any action. Therefore, focusing on specific achievable goals is more *valuable* than fixating on abstract theoretical explanations.

Therapists encourage formulating goals, suggesting a proactive attitude to problem-solving rather than a reactive one, which consists of post hoc analysis. Therapists foster clients' agency by implying that clients' roles do not consist of waiting for problems to occur but of pursuing self-defined goals.

The concept of goals does not ignore any aspect of reality—it does not *restrict* what clients can discuss. Primarily, it suggests a different mode of talking. This way, we can capture anything the problem analysis can mainly capture because capturing reality with language is an illusion. We do not grasp what happened to us, but we conceptualize it. Grasping something implies a fit between what I learn and the tools I use. However, this assumes a similarity of *form*. This similarity is absent—language is ontologically different from extralinguistic objects.

Conceptualization is more flexible as it suggests that speakers generate ideas when stimulated. Speakers do not hold the stimulus via their language—the language is an entity *sui generis*.

Language is not a reflection of the stimulating objects. Speakers are unrestricted from conceptualizing because there are no criteria of correspondence they ought to satisfy.

The flexibility of conceptualization suggests to clients that problems are not genuine entities they must adequately describe. Problems are mere concepts—filters that clients apply to perceive reality. This stance proposes a dynamic and adaptable view of problems.

Goal formulation encourages clients to view their life as a proactive, expansive endeavour: formulate and pursue goals. Living is not a passive, reactive state disturbed by problems—a view that clients rarely hold.

Speakers derive the *meaning* of a goal from its *use* in a language game where it occurs—they do not derive it from its *representation*. In a rule-governed practice, only publicly accessible entities can play a role. The *referent* of a goal could be either a future state or a mental image—both cannot play a role in a rule-governed practice. When clients define their goals, they do not *describe* them in the proper sense of the word. A description needs an object. A goal description is not a description of a mental image nor a future state—it is an expression of a commitment. Goals are not *ontological* entities that clients discover; goals are socially constructed concepts therapists *use* in therapy.

The concept of a goal entails implicit commitments. Examine: "I have a goal to go to Prague." This statement involves various propositions: I will attempt to go to Prague; Getting to Prague is possible. Clients who define their goals accept the *possibility* of success and *commit* to striving for it—this is not trivial.

Clients can *successfully* analyze their problems—they can engender eloquent theories about their problems and happen to be disbelieving in any chance of progress. Therapy's goal is to aid clients in progress. Therefore, goal definition—acceptance of possibility and commitment to the effort—represents significant therapeutic success.

Goals are not names of static abstract entities but context-dependent tools that function within the therapeutic process. Goals aim to facilitate clients' movement towards *experimenting* with novel ways to cope with reality.

5.5 Miracle questions

The most famous method originating from the SFBT is the Miracle question. Some clients have difficulties framing their therapeutic goal as they immerse themselves in the problem-talk. The Miracle question is a helpful tool to overcome such problems, and at the same time, it serves as a virtual rehearsal to experience the desired outcome (Trepper et al., 2014, p. 6).

The Miracle question allows the client to separate themselves from the problem-saturated present or past and define a problem-free future. The main focus is identifying small, concrete, observable steps that can make a difference in the client's life (De Shazer, 1985). It is a remarkable move in the conversation—it incorporates miraculous aspects to achieve its purpose. Berg and Dolan state that the miracle question can have the following form:

I am going to ask you a rather strange question [pause]. The strange question is this:
[pause] After we talk, you will go back to your work (home, school), and you will do whatever you need to do the rest of today, such as taking care of the children, cooking dinner, watching TV, bathing the children, and so on. It will become time to go to bed.

Everybody in your household is quiet, and you are sleeping in peace. A miracle happens in the middle of the night, and the problem that prompted you to talk to me today is solved! But because this happens while you are sleeping, you have no way of knowing that there was an overnight miracle that solved the problem [pause]. So, when you wake up tomorrow morning, what might be the small change that will make you say to yourself, "Wow, something must have happened—the problem is gone!" (Berg & Dolan, 2001, p. 7)

The miracle question is not the only SFBT method to elicit vivid descriptions—there is the Dream question (Greene et al., 1998) or the Nightmare question (Reuss, 1997), which both serve different purposes. What clients express as the answer to the Miracle question can usually be taken as the goals of the therapy (Trepper et al., 2014, p. 8). Therapists can use the Miracle question in individual, couple, family, or group sessions because the Miracle question has a universal form, which allows application in many contexts.

A miracle appearing in a therapeutic session is a surprising characteristic. Therapy is a phenomenon whose effectiveness is under *empirical* examination; thus, discussing miracles *seems* inappropriate. Counterintuitively, the miracle question does not prompt clients to discuss abnormalities. The miracle question is a conversational instrument—its effects lie in the implicit entailments. Clients are not encouraged to describe extraordinary affairs. Therapists suggest important implications for the client's situation.

A miracle is a concept that originates in a language game discussing empirical phenomena. Speakers deploy this concept when something unexplainable occurs. Speakers acknowledge that something has happened and lack an explanation for it. "She had been severely ill and suddenly

jumped out of bed. A miracle!" a reporter might say. The speaker reports about an empirical state—the sick girl, her jumping, and the *miracle*.

Even though the miracle appears in the position of an object in the ordinary sentence, it is not an extralinguistic entity. Thus, the miracle is not part of the described empirical state. The miracle linguistically occupies the position of a cause, but it is not a just cause. The miracle is the complete opposite of a cause—an admission of inability to find any reason or explanation. The reporter asserts, "I admit this is the case but have no explanation." These are the practical effects a miracle brings—into the social and linguistic realm—no one demands an explanation.

Hence, when therapists ask clients to describe a miracle, they do not encourage them to provide an account of abnormal phenomena. Instead, therapists provoke clients to depict something without explanation. Such a depiction is what a miracle is—an unexplainable state.

Therapists use the miracle to do something: eliminate the need for explanations. Such a need spawns from the problem concept. I have a problem—it genuinely exists. Thus, its eradication requires explanation. However, the problem is not an ontological entity but an idea itself—its eradication does not need a reason. Speakers cannot eradicate an idea through discussion. Thus, the only eradication method is abandonment.

Miracle question invites clients to abandon the problem and derive a concept—informing them about actions they can implement. A miracle question is a linguistic tool that elegantly prompts the client to escape the entanglements of the problem concept.

5.6 Scaling progress

The scaling question is another critical method in the SFBT. This type of question helps the client evaluate their progress (Trepper et al., 2014, p. 9). Scaling questions ask the client to rank their current situation on a scale of 1 to 10 (De Jong & Berg, 2013). Usually, 10 represents the best, and 1 or 0 the worst times. Scaling questions provide a simple tool for clients to rank themselves and their progress against the goal of the therapy. Therapists can use scaling questions for different purposes—one type can scale the client's progress, whereas another focuses on confidence in improvement. Below, you can find both types:

- On a 1-to-10 scale, with one being the worst problem and ten as the most desirable outcome, where would you put yourself on the scale?
- On a 1-to-10 scale, with one being you don't believe you can do anything to change the situation and ten being determined to change the problem, how would you put yourself on the scale? What would your wife say using the same scale?

(Lee, 2013, p. 6)

Scaling questions are instrumental as they put a frame around the session and also the client's progress. The therapist will ask the client to assess their state when they have made the appointment, their current state and the hypothetical state after the miracle has happened on a scale from 0 to 10 or 1 to 10 (de Shazer et al., 2007, para. 10.57). The scaling question is a platform for the following part of a session. The scaling question itself does not provide any value. It would be naïve to expect that asking the client, "Where are you right now?" and not using the answer anyhow would bring any benefit.

The scaling question aims to open up a solution-focused space so we can keep going in the direction fundamental to the SFBT. A client might feel that the day after the miracle is a 10. The therapist will then continue with a question such as "And where would you put yourself right now?" the client might say, "Just a three." This answer is not a problem for SFBT therapists. They continue by asking, "And what makes it a three and not lower?" to elicit details about what is working rather than what is not.

The scaling questions are later used in the following sessions to measure progress (de Shazer et al., 2007, para. 10.70). This demonstrates how therapists view the client's progress in the SFBT. Participants' roles are particular: the client is the expert, and the therapist is not to judge or assess the client. If clients believe they have made substantial progress, the therapist does not challenge such a belief. The therapist is more of a partner in the process than a leader.

More importantly, the relationship between the client and the therapist develops throughout the therapeutic process—it is not a separate phase. This equal relationship encourages the client to continue identifying prospective ways to progress. The methods that the therapist uses are then mere manifestations of this partnering.

When scaling the current state, there are not many questions a therapist might employ—the scaling questions provide a frame. One of the possible answers to a scaling question is that the current state is 10 out of 10. In this case, the therapeutic process finishes, and the therapist might end the session with the client by asking questions such as "So what else would you like to talk about?" or "What have you learned now that you have achieved this?"

Another possible answer might be that the client says she is in a lower position than the number representing the day after the miracle. This answer is the most frequent one—it happens during the main body of the therapeutic process. In this situation, there are two possible directions for the session.

One approach is to inquire about the client's *resources*. The prospective question is, "And what makes it a (the number) and not lower?" probing the client to explain what is already there—what is already working so it's not the lowest possible mark. The therapist will then continue eliciting more detail about the client's resources by asking what the client has done to make it happen. The purpose of such questions is to permanently identify specific behaviours that the client exhibits to achieve these results. Identifying these behaviours helps the client solidify them and raises the probability of repeating or using them.

Another direction is to ask what the clients would notice in their lives if they moved just one notch higher on the scale. When the clients say they are on a 3, the therapist might ask, "And what would you notice if you were at a 4?" Such a question aims to help the client identify minor signs representing progress.

This method illustrates the general assumption in SFBT: therapists expect clients to verbalize observable signs of improvement. This requirement avoids considering therapeutic progress as an internal psychological phenomenon. Clients should relate progress to the public realm.

If participants do not know how they would notice progress, they cannot realize it has occurred. Such an assumption is an example of the strong influence of Wittgenstein, who stated, "An inner

process stands in need of outward criteria" (1968, para. 580). We can trace this assumption throughout the whole SFBT approach.

Therapists constantly demand to specify outward criteria when clients refer to *internal* mental states. When the clients assess progress, they need measures to do so. A feeling cannot serve this purpose.

Imagine the client coming into the session and saying, "Today, I feel the same as last time." In such a case, what serves as criteria for comparison? Presumably, a feeling is a criterion.

Nevertheless, this brings problematic consequences. Introspection cannot provide publicly accessible criteria. The terms we employ—progress and emotion—originate in our language. The words are learnable and comprehensible. Therefore, the speaker community must link them to public criteria of use. Thus, introspection does not define their appropriate use.

The last type of answer is that the clients say they are at the lowest possible notch—possibly a one or a zero, depending on the scale therapists employed. In this case, a coping question becomes convenient.

When clients report that things are at their worst, the SFBT therapists continue in the solution-focused direction. Seemingly impossible in such a scenario, the coping question provides an option. The coping query appears: "And how are you coping with it?" The clients start supplying details about what they are doing and how they deal with the situation despite the severe problem.

Sometimes, clients answer that they are not dealing with it anyhow—things are worsening. Even in such a case, the SFBT therapists continue the session in the solution-focused direction. This task seems impossible.

Still, another version of the coping question becomes handy, "And what are you doing so that things do not get worse even faster?" another way of using the coping question. Even if the client says, "I am not doing anything", the therapists keep inquiring "So how come you have managed to come to the session?" All the questions mentioned above are context-dependent—they do not pose a process that every therapist follows every time.

Therapists employ linguistic scales in SFBT. These scales are different from physical ones—even conceptually. Scales originate from a social practice of measurement. This activity measures the empirical characteristics of reality—length, weight, speed, and more—the act of measuring results in sizes that participants display in *units*. These units are abstract—one meter or one kilogram—but the measuring community links them to concrete empirical objects. These tangible physical objects have a significant role in this practice: they are the standards of the units. For example, the community links the one-meter unit to the standard meter in Paris. In case of a dispute, this standard serves as an object of comparison—the community compares things to the standard to measure their size. Thus, measuring is *comparing* in its essence.

The therapeutic scales lack any standard—no empirical object exists to play this role. Therefore, a comparison is impossible. However, the absence of a standard does not generate problems for the peculiar therapeutic scale. The purpose of a therapeutic scale is not to measure empirical phenomena—the scale does not measure at all.

The therapeutic scale utilizes what original scales entail and uses these entailments to benefit the client. Society predicates scales on the existence of standards. Even if these standards vanish, the community continues to assume that there is *something* that the unit relates to. This hypothesis is foundational to the concept of a scale.

When agents measure something, they assume that there is an object to be measured. A scale has no upper limit; thus, a scale conceptually entails the possibility of things that rank higher or lower. For instance, if an agent decides to measure the weight of an apple, the agent assumes that the apple exists and that there might be objects heavier than the apple.

The measurement indicates presence and potential. Therapists use this concept to imply presence and potential. When therapists ask clients to measure their progress, they are not keen to compare clients' experiences to a standard. Therapists suggest presence and possibility: there is something, and there can be more. Thus, clients who respond to the scaling request accept that there are valuable resources and that progress is possible. This acceptance represents a therapeutic success.

5.7 Exception questions

The SFBT therapist spends most of the time listening attentively and waiting for solutions, exceptions, and goals—clients express them. When this happens, therapists inquire about them to elicit more detail (Trepper et al., 2014, p. 10). Such inquiry requires a skill set different from those in other problem-focused therapeutic models.

Exception questions inquire about times when the problem is absent, less intense, or dealt with in a way acceptable to the client (De Shazer, 1985). The therapist assumes that change is happening in the problem pattern and that there must be times when the problem is *at its best*. Exception

questions aim to discover these moments and elicit further details that clients can utilize. Such questions challenge clients' usual rigid frame that their problems are persistent and permanent.

Examples of exception questions include:

- When was the last time that you didn't have this problem?
- When was the last time you expected that you'd have the problem, but it did not happen?
- When was the last time that you thought you would lose your temper, but you didn't?
- What was different about these times?

(Lee, 2013, p. 6)

An exception to the problem is an integral part of the SFBT. What distinguishes the SFBT from other problem-focused therapies is that the SFBT therapist will listen attentively for the signs of previous solutions, exceptions, and goals instead of focusing on what is causing or maintaining the problem (de Shazer et al., 2007, para. 10.95). For example, the client might mention that her relationship with her husband is getting worse and worse: they cannot talk to each other like they used to before. An intuitive way forward is to inquire about what is wrong or not working—something an SFBT therapist does not do.

Instead, the SFBT therapist will listen with a *constructive* ear and identify parts of the session that might lead to a solution-focused talk. "And you said that you used to talk to each other before. When was the last time this has happened?" is a potential reaction from the therapist. To

be precise, such a question is no longer an exception—it does not inquire about an exception to the problem.

These adjustments result from the recent development of SFBT (McKergow, 2020). To make the session even more solution-focused, the therapist will inquire about instances of the preferred future already happening rather than an exception to the problem. Thus, such a question does not explore exceptions but *instances, which* allows the client to focus on the desired outcome without encouraging problem analysis.

When asked in such a way, the client is encouraged to think about the last time things were working. The therapist will then elicit more details about those times, asking potentially about every detail, inquiring how the client achieved it, and every possible action the client took to generate such a state of affairs. Therapists assume that clients create solutions by identifying what already works rather than discussing what is missing and what they are doing wrong. The clients can identify multiple valuable elements in the above example when things work fine. This information serves the client, opening possibilities and new ideas about what the client might attempt to change.

Here is an example of a conversation where an inquiry about instances occurs:

C: I need to be more confident when I deal with him!

T: When was the last time you were confident dealing with him?

C: That was a long time ago.

T: And how did you manage to do so?

C: I gave it some preparation. I wrote down what I wanted to say and then expressed it without justifying myself.

T: What else did you do?

C: I met him at a neutral place.

T: What place was that?

C: A restaurant he did not know.

T: So you wrote down what you wanted to say and met him at a place he did not know.

C: Yes.

T: How could that be useful to you?

Speakers base the notion of exception on *expectations*—they employ this concept when they expect something to occur but it does not. Exceptions are dependent because they rely on other phenomena—an exception is an exception to something. Speakers expect a phenomenon to occur—as a rule—but it does not happen. This phenomenon is distinctive: it is a time-evolving *process*.

The problem occupies a similar sentence position as an object's name. Compare "I have a bike" to "I have a problem." Specific nouns can assume the role of names, even when they do not signify anything. If we are unaware of this aspect, we become curious about the named object. This linguistic feature misleads us into an exploration of something nonexistent.

It is an exaggeration to say that speakers assume a problem is a physical object. Nevertheless, speakers talk about problems similarly—having, acquiring, and disposing of them. Such a notion of problem misleads clients to assume that problems are static and persistent—not a helpful view.

Therapists implicitly contest this by employing exceptions. When they ask about exceptions to the issues, they pose a different view: problems are dynamic and fluid. The notion of an exception is incompatible with the static view of a problem—there cannot be an exception to an object. A stone cannot have an exception when it exists. However, collecting stones does not happen continually. This dynamic view opens possibilities to explore when certain phenomena cease to occur.

5.8 Coping questions

The coping question is a solution-focused method. When clients report that things are challenging, the therapists ask, "How are you coping with that?" (Trepper et al., 2014, p. 12); by this, they manage to keep the conversation focused on strengths. Coping questions help clients identify when they are dealing with the problem and understand which actions help to achieve that (Lee, 2013, p. 6). Coping questions reframe clients' reality when they assume they have no control over their problems (Berg & Steiner, 2003). Examples of coping questions include:

- How have you kept going despite all the difficulties you've encountered?
- How are you able to get up despite being so depressed? A newly developed question is the "lemon question" that embraces personal pride and dignity in assisting clients to look for individual strengths in coping with a difficult situation: Suppose you came to see, with new clarity, that _____ [a normalized statement of the problematic life predicament in

which the clients find themselves], what would you be most proud of as your response to that situation?

(Lee, 2013, p. 6)

The assumption is that the clients must have *done* something to achieve that they have advanced to the therapeutic session. The coping question manifests in multiple forms. In general, the therapists ask about what the client is doing and how the client is managing or coping with the difficult situation. If the client replies negatively, the coping question appears in another form, such as "What are you doing to stop things from getting even worse?"

A coping question is a handy tool—a necessary part of the solution-focused repertoire—especially when clients report that things are at their worst. The purpose of coping questions is to maintain the session's direction toward solutions and resume talking about what is already working rather than what is not.

There is a subtle difference between using the word "coping" and "managing" in the therapist's inquiry. The therapists ask the client, "How are you managing that?" primarily if the clients are not at their worst, whereas the coping question is available anytime the clients are struggling with something. The managing version aims to elicit descriptions of what the clients are doing to achieve something or keep it as it is. The coping version is directed more towards exploring strengths when it seems the clients are experiencing a deterioration of their situation.

The coping question is an instrument to promote clients' agency. When clients are defeated—and see themselves as having no power—the coping question encourages them to abandon this view. Therapists ask coping questions to inspire clients to conceive themselves as always doing

something. This view suggests that clients are permanently active—they cope with their difficulties on every occasion.

5.9 Relationship questions

Relationship questions ask the client to imagine how their significant others react to them if they achieve their goals or progress (De Jong & Berg, 2013; De Shazer, 1994). These questions build on the assumption that problems are relational phenomena, i.e., people are not isolated individuals but individuals in a complex network of other individuals. Such questions do not necessarily merely put context to the problem definition but add context to the desired goals and minor signs of progress. Furthermore, they help enrich the descriptions as they elicit different signs to look for as indicators of progress in real life. Examples of relationship questions include:

- Who would be the first to notice changes in you?
- What would your friends notice that is different about you if you are more comfortable with the new college environment?
- How would your mother rate your motivation to do something different and helpful on a 1-to-10 scale?

(Lee, 2013, p. 6)

Relationship questions commonly link a chain of interactions (Iveson, Ratner, et al., 2012).

During these inquiries, the therapist encourages the client to explore how others would react to specific events and what other reactions this would trigger in the client and other individuals.

Problems are primarily linguistic instruments we employ to yield effects in concrete contexts. Concepts emerge from language, which is essentially a *social* activity—requiring multiple participants to institute it.

Users understand a tool only if they *know* what effects it produces. Linguistic concepts induce social effects—they influence other participants of the language game. Participants must examine the impact on other speakers to understand a concept. Thus, therapists ask relationship questions to facilitate understanding of concepts—reactions of different speakers are an inherent part of a concept.

Therapists view problems as phenomena that do not occur in a client's private space. Problems arise in the inter-subjective realm—between the participants of complex social activities. Thus, problems are not mysterious entities to withdraw via *introspection* but via *interaction* with other agents. Solutions are concepts that involve such new interactions. Therapists invite clients to conceptualize the latest exchanges to engender novel behaviours.

The relational view of problems reflects the social nature of understanding—speakers co-construct knowledge in social interactions. Language actively shapes our experiences of these exchanges.

5.10 Tasks and experiments

SFBT regularly uses tasks to help clients notice *solutions* in their everyday lives (de Shazer & Molnar, 1984; Molnar & de Shazer, 1987). Such assignments have the following form:

- If clients can identify exceptional behaviours to the problem, then clients are asked to "do more of what works." (Lee, 2013, p. 7)

- For clients who focus on the perceived stability of their problematic pattern and fail to identify any exceptions, an observation task is given: "Between now and the next time we meet, we (I) want you to observe so that you can tell us (me) next time, what happens in your (life, marriage, family, or relationship) that you want to continue to have happened" (Molnar & de Shazer, 1987)
- Do something different ("Between now and next time we meet, do something different and tell me what happened") and the prediction task, which asks the client to predict their behaviour by tossing a coin ("If it is "heads", do what you normally do; if it is "tails", pretend that the miracle day has happened") (Lee, 2013, p. 7)

Tasks build on something the client is already doing, e.g., the exceptions to the problem (Trepper et al., 2014, p. 12). SFBT therapists assume that clients are more likely to do something they are already familiar with. A client can design a homework assignment, increasing the probability of successful completion.

Recent developments in the SFBT reveal an essential change in crafting tasks: clients are no longer encouraged to construct tasks but to experiment (McKergow, 2020). The crucial difference between the two is that a task is an activity to achieve the desired outcome. In contrast, an experiment is an activity clients design to *learn* something.

Therapists encourage clients to formulate experiments to implicitly communicate something entailed in the ordinary *use* of the concept: confirm or refute a hypothesis to generate knowledge. Thus, clients approach the activity not expecting to achieve the desired outcome but to *learn*.

Learning is the experiment's outcome, and clients produce it by executing it. This experimental approach promotes a flexible notion of therapy: the goal is not to generate an effect but to learn through observation of the experiment's results. The purpose of a task is to spawn a specific impact, whereas an experiment creates knowledge by its sole fulfilment.

Therapists support clients in generating knowledge because they create knowledge even when they fail to produce the desired outcome—clients learn from it. Hence, participants do not define therapeutic success as having expected results but as learning facilitation. Therapy can succeed even if the clients do not produce the desired effect because they acquired new knowledge. This view of therapeutic success enables clients to avoid disappointment.

The therapeutic goal is to facilitate the acquisition of new perspectives—participants value the learning process over achieving a specific result. Therefore, experiments are more appropriate instruments.

5.11 Second session and more

When the therapy progresses into the following sessions, the therapists open a session by inquiring about what has improved. Typically, the therapist will ask about what has been better. Many clients report that some things have improved (Trepper et al., 2014, p. 13).

After the first session, the focus is to facilitate clients to notice changes between the sessions (Lee, 2013, p. 7). A typical question is the "What's better?" question. Therapists can ask this question in the following way: "So what is better, even a little bit, since the last time we met?" (Trepper et al., 2014). Noticing that something has changed is an essential step for the client.

Another critical task for the therapist is to help the client understand how their actions relate to their achieved goals. The therapist asks questions such as "How were you able to do that?" or "What have you done to achieve that?" (Lee, 2013, p. 7).

It is not uncommon that clients do not do the tasks they have agreed with the therapist or they do not report any significant progress. Therapists do not perceive such a situation as good or bad, but they take it as feedback to continue co-constructing the solution with the client (Lee, 2013, p. 8). The responses are not judged or analysed for other purposes—they are just feedback (De Shazer, 1985). The key for the therapist is to stay persistent and patient (Lee, 2013, p. 7). People need to experiment to find what is helpful to them.

When clients do not report any change, the reason might be that the tasks or goals are irrelevant; otherwise, they would motivate them to do something. Therapists should continue providing options to clients and help them try something different; they should not view clients as resistant but instead look for ways to cooperate (Lee, 2013, p. 7).

The therapists need to refrain from suggesting a solution. They focus on providing therapeutic dialogue in which the clients find what works for them in their unique life context. Therapists can achieve this by asking questions like "How are you doing?" However, this would not lead to solution-focused talk. Therefore, the usual way to start is by asking "What's better?" to specifically inquire about the improvement rather than about how it is going in general (de Shazer et al., 2007, para. 13.80). Such a question invites the client to describe everything that she thinks has improved but does not open the conversation space too much so that the client might start explaining the problem.

The types of answers a therapist might receive are similar to the ones already mentioned. To summarise, if the client shares improvements, the therapists aim to identify the behaviour that has caused these improvements.

Suppose the client does not report any progress. In that case, the therapists continue the session or use a coping question to elicit details about something already working in the client's life.

The last option is for the client to share that things are worsening. In this case, the last option is a different form of the coping question, such as "What are you doing so that things are not getting worse even faster?".

Therapists use scaling questions in the following session by asking where the client has been on the scale, with ten representing the day after the miracle (de Shazer et al., 2007, para. 13.81).

When the client answers, the therapist can ask what was different when the number was higher and elicit more detail.

The therapist's role in the following sessions remains linguistic: elicit conceptualization of improvement and change to advance the therapeutic process. The solution-focused language game continues even if clients do not report any progress. Therapists view the following sessions as an evolution of this language game. The goal of the language game is not to arrive at a definitive truth about reality but to explore different helpful perspectives to promote change.

This view provides a dynamic and flexible framework: the effectiveness of the therapeutic process does not depend on fixed, objective criteria but on the evolving context of the therapeutic language game.

5.12 Conclusions and potential implications for practice

SFBT is one of the most popular and widely used therapy models in the world—it emphasises clients' strengths, resiliency, previous solutions, and exceptions to problems. Therapists deploy SFBT for various issues (de Shazer et al., 2007, para. 10.149). Examples include family therapy (McCollum & Trepper, 2001), couple therapy (Weiner-Davis, 1992), treatment of sexual abuse (Dolan, 1991), substance abuse (Berg & Miller, 1992; Shazer & Isebaert, 2004), and also as a treatment for schizophrenia (Eakes et al., 1997). The solution-focused approach proved its versatility—practitioners apply it in other non-therapeutic settings. These include self-help books (Dolan, 2000), intervention in social services (Pichot & Dolan, 2013), education (Rhodes & Ajmal, 2004), business organisation (Cauffman, 2001), personal coaching (Iveson, George, et al., 2012), team coaching (Burgstaller & Iveson, 2019), and organisational development (Jackson & McKergow, 2007; McKergow & Bailey, 2014).

Professionals listed SFBT in the Office of Juvenile Justice and Delinquent Prevention Model Program Guide and SAMHSA's National Registry of Evidence-based Programs and Practices (Lee, 2013, p. 10). Also, the book "Solution-focused Brief Therapy: A Handbook of evidence-based practice" confirms SFBT's validity (Franklin et al., 2011). These are all critical milestones for SFBT—its history is not as rich as other well-established approaches like cognitive behavioural therapy.

5.13 Conclusion: solution-focused therapeutic methods

In this chapter, I have explored the main solution-focused methods and their philosophical implications. The purpose of these methods is similar: support the client in the solution-focused discussion. This particular discussion mode focuses on the aspects of the client's life that are

working, the client's strengths, and identifying exceptions to the problem. The therapist's role is to recognise signs of these aspects in the session and gently steer the attention toward a discussion about them.

Moreover, SFBT therapists hold a fundamental philosophical stance: language is a tool therapist must use for clients' benefit. Therapists who use solution-focused methods demonstrate that their validity is primarily helpful. Therapeutic techniques may not aim to introduce clients to a psychological model that *explains* clients' problems, causes, and symptoms. Additionally, therapeutic methods are not scientific instruments—they do not discover empirical facts about the clients. Conversely, therapy aims to support clients in advancing through life difficulties. Even methods incorporating magical elements—the opposite of scientific—offer this support. Therapeutic methods must align with this purpose. Therefore, therapists must assess methods based on their capability to yield desired therapeutic benefits. This view emphasises methods' utility over adherence to a psychological theory.

Therapists must acknowledge the uniqueness of every client's case. Therapeutic methods' abilities to produce desired outcomes depend on the output they yield in a therapeutic setting and how clients *employ* these novel ideas. Clients apply new concepts outside the therapeutic arrangement, verifying if ideas are helpful. Therefore, participants must remain vigilant—therapeutic methods require feedback outside the therapeutic context.

The solution-focused therapeutic methods demonstrate how SFBT empowers clients to pursue achievable goals. The Miracle and scaling questions highlight SFBT's emphasis on a forward-looking process. This approach transforms client narratives through structured dialogue. SFBT treats language as a medium for change—therapeutic progress does not rely on uncovering

hidden truths but on constructing actionable ideas. This chapter has provided an overview of practical methods—the groundwork for a deeper examination of how language shapes therapeutic meaning in the following chapters.

6 The Miracle Question

In this chapter, I will explore the Miracle Question—the most prominent and transformative technique in SFBT. This method invites clients to envision a future where they have resolved their problems. It helps clients articulate their desires and observable changes. Therapists help clients transition from problem-analysing patterns by reframing problems to possible preferred futures.

The origins of the Miracle question link to Insoo Kim Berg. Her clients expressed hopelessness, suggesting that only a miracle could solve their problems. These expressions inspired Berg to develop the Miracle question. This chapter will detail the historical context, structure, and practical applications. I will highlight its significance in guiding therapeutic conversations toward solution-building.

The miracle question reframes the problem as something a miracle can resolve. This technique encourages clients to abandon rigid beliefs about their circumstances and opens possibilities. The Miracle question aligns with a Wittgensteinian view on language: we construct meaning via social interactions rather than by representing extralinguistic entities.

I will examine the Miracle Question's linguistic features and intended outcomes. This examination illustrates how it catalyses client-driven goal-setting and solution-oriented thinking. This exploration will underscore the pragmatic nature of SFBT, promoting agency and empowering clients to envision their preferred futures.

6.1 History of the Miracle Question

The Miracle question originated from a reaction to a client who said that maybe only a miracle would help, so Insoo Kim Berg reacted and posed the first miracle question (De Jong & Berg, 2013, p. 77). The Miracle question, in general, invites the client to imagine that the problem has disappeared by introducing a miracle into the conversation, therefore bringing into play an abnormal aspect to help the client enter the solution space. We can trace the origins of the Miracle question to Milton Erickson's "Crystal ball" technique (Strong & Pyle, 2021, p. 3), which invited the clients to imagine a reality such as if the desired outcomes of the therapy have already manifested.

The origin of the Miracle question hints at the pragmatic approach to language Insoo Kim Berg demonstrated. The fact that she was willing to encourage the client to accept the existence of a miracle shows that she merely wanted to progress in the conversation—to continue constructing valuable concepts. If Insoo Kim Berg held a representational account of language, she would imply that the probability of the client's success is low by accepting the need for a miracle—something extraordinary to happen. This acceptance would contradict a therapist's goal; hence, she would have had to reject it.

However, Insoo Kim Berg has embraced it. She has seen the miracle merely as a linguistic move—a way to express that we might not understand why something has happened. A miracle did not represent a state of the world that is abnormal; it did not represent any state of the world. The miracle acceptance was an expression of abandoning the need for understanding.

The essence of a miracle is not in its reference to abnormal states of the world—it is the speaker's abandonment to seek for reasons. When a speaker says something is a miracle, it is not a mere

description of the state of affairs. It is primarily an expression of a lack of understanding. This desire to understand is a leading motive in various human endeavours, e.g. science. However, it becomes an impediment in therapy.

Therapy is an activity that aims to support clients in challenging situations. Therapy seeks to do whatever is possible to help the client advance. Its goal is not to discover universally valid truths about the client. Therapy does not possess an apparatus to uncover such facts—it lacks scientific methods. The most it can do is formulate assumptions about the client: I have a horrible marriage. These assumptions are not empirical hypotheses—they are not something an experimenter should prove using scientific methods.

These claims are merely disputable notions that construct the social reality around the client. Other agents' expectations that stem from these notions create this social reality. A client that has a horrible marriage does not have any empirical object with a certain quality. She has a mere concept. This concept influences her and the other involved agents' behaviour.

The propositions in therapy have a judgemental aspect—they emerge from personal values. Science aims to postulate universally applicable truths. Subjective judgements are not universally applicable; they are different from scientific propositions. What someone prefers in a personal relationship cannot generate universal knowledge. It is a discovery of individual preferences. Therapy and science are different—they have other goals. Therapy uncovers personal hopes, and it aims to facilitate their achievement.

Therapy discusses personal preferences—these preferences do not constitute empirical phenomena. We cannot describe them using empirical vocabulary. "Steve is sitting" is an

empirical statement, but "Steve prefers sitting" no longer is. The latter statement belongs to a different language game: a language game of expressing hope. These hopes are not external entities that can become subject to scientific scrutiny. These hopes are ways to influence others. We cannot examine these hopes as we could explore the length of a chair. We can merely express these hopes. When clients say them, therapists can facilitate the concretisation of these hopes—they can ask questions to help clients specify their hopes.

This feature implies that the therapist's role is a facilitator's; she should help clients express what they want and support their advancement towards these desires. The therapist's role is not to assume the role of an expert because there is no expertise. The content of a therapy is not a subject of empirical examination. Empirical examination bases knowledge, which enables expertise. Clients' hopes are ways to progress in life. Humans enjoy autonomy to express various desires—what one should desire falls under one's privilege to discover. One must live in a society to realise this—it is not a matter of empirical science.

The miracle question creates a specific and elaborate vision of life without the problem (M. Stith et al., 2021, p. 3). Apart from goal setting, there are three main reasons to ask the miracle question (de Shazer et al., 2007). The first is to create an imaginary experience of the already-solved problem. The second reason is to prepare the client for exceptions to the problem, and the third is to build a progressive story where the clients see themselves becoming better and not worse (M. Stith et al., 2021). The miracle described is not just a wish but a negotiated reality for which the client and the therapist must strive (Nau & Shilts, 2000, p. 135). The solution-focused conversation is not fantasising. The therapist must strive for the elicitation of realistic goals.

The miracle question is not about figuring out what would be a "dream come true" for the client but rather about figuring out what the effects of the miracle would be on ordinary life, effects that are tangible and observable (de Shazer et al., 2007, p. 40). The vital aspect of using the Miracle question is not about accepting grand answers such as "I would win a lottery" (M. Stith et al., 2021, p. 5) but rather about eliciting details about the outcomes of such a lottery win. If a client answers the miracle question by stating that she will win a lottery, the therapist should continue by eliciting more details. The following questions describe what would change in everyday life, how other people would notice, and how the client would interact with those people (M. Stith et al., 2021, p. 6).

This emphasis on observable mundane aspects of everyday life shows the pragmatic nature of SFBT. Regardless of what clients share as their hopes, the locus of the conversation is the effects on the daily behaviours of clients and people around them. This focus proves that the miracle question is not prompting clients to describe abnormal states of the world but rather a linguistic tool that allows clients to construct practical concepts to advance further.

An unhappy client might express that a miracle would be winning the lottery. The therapist will inquire about the impact of such a lottery win: How would your day be different? During this conversation, the critical insight emerges from the desired changes to everyday life, not from the fact that a lottery win might allow them.

After the client elaborates on the simple changes, opportunities arise. They are opportunities to manifest the desired changes via other routes than winning a lottery. This insight is valuable because it tells clients how to become happy without a miracle. This approach is counterintuitive, but the miracle question is the opposite of what one could assume—it is about realising

miraculous benefits without depending on a miracle. The miracle questions ask about a miracle, but its goal is to inquire about the effects. When these effects are apparent, the therapist and the client explore practical ways to realise them—they forget about the miracle.

The Miracle question has different wordings, but all share similar traits. One wording comes from de Shazer: "Suppose that one night, while you were asleep, there was a miracle, and this problem was solved. How would you know? What would be different? How will your husband know without you saying a word about it?" (1988, p. 5)

De Jong and Berg mention another slightly more complicated way to phrase the miracle question:

Now, I want to ask you a strange question. Suppose that while you are sleeping tonight and the entire house is quiet, a miracle happens. The miracle is that the problem which brought you here is solved. However, because you are sleeping, you don't know that the miracle has happened. So, when you wake up tomorrow morning, what will be different that will tell you a miracle has happened and the problem which brought you here is solved? (De Jong & Berg, 2013, pp. 77–78).

We see that De Jong and Berg prefer more lengthy wording, including disclosing that the question will be strange initially. Another difference is that De Jong and Berg introduce more words that might not fit the client's context, for example, the word house or the description that the house is quiet. De Shazer sticks with a relatively simple way of asking the question. The benefit is obvious: every detail the therapist introduces that does not fit the client's already used vocabulary can become subject to objection—it can steer the conversation in a different direction by attracting attention—the therapist does not desire this. On the other hand, the simpler the

wording, the shorter the question tends to be; this can create an unnecessary effect of surprising the client and confusing her. The apparent benefit of the lengthy version is that it gives time for the client to prepare for what is about to come, which will be unusual.

There are two essential elements of any miracle question: the miraculous and the mundane. These two parts play distinct roles but integrate well despite their seemingly opposite nature. The miraculous part functions as an objection and limitations exterminator—its purpose is to combat the client's potential objections to why improvement is impossible. The mundane part encourages clients to specify observable signs—they form connections with the world.

6.2 Structure of the miracle question

The first constituent of the miracle question is the miracle itself. Here, the therapist introduces a miracle into the conversation. This step is counterintuitive because a successful therapy must base itself on realistic expectations. A miracle would deem the whole therapeutic process to fail—we would expect some unnatural force to save clients. More importantly, we would expect something out of the clients' control, but this is not the case in SFBT.

The notion of a miracle derives its meaning from the language game where it belongs. Talking about miracles is not describing a state of affairs. Imagine someone pointing at a car driving on a road. To describe this state of affairs, one should say, "The car is driving on the road". What if this person says, "The car is driving on the road. This is a miracle." What constitutes the difference between these two situations? The miracle must be an object under the representationalist account of meaning. But we know we can utter these two distinct assertions in identical states of affairs. What does one mean by saying something is a miracle if one can describe the empirical state with mere empirical vocabulary?

We can describe any miraculous state of affairs using empirical vocabulary—we can omit the miracle part of the sentence. The meaning of a miracle does not derive itself from reference to an external object. If that were the case, the two claims mentioned above would refer to distinguishable empirical states. But this is not our standard practice—we can decompose any miraculous description into an empirical part and a miracle one. The critical element is what we exclude when we omit the miraculous part: if I can describe any miraculous situation by mere empirical vocabulary without claiming it is a miracle, what do I miss? Our ordinary practice shows that I do not miss the description of any object.

However, this does not imply that the miracle is meaningless. We use a miracle in our ordinary practice—it affects other speakers. Here is where we must search for the understanding of its meaning: the *effects*, not the reference, can illuminate the essence of the miracle. When I assert, "It's a miracle that the car is driving," I am implying that there is a car driving on the road, but I do more than that. I am also expressing that this fact is beyond my understanding—it is surprising and unexpected. By doing so, I am not reporting on a distinct empirical quality—I am expressing a discrepancy between what is happening and what I expected to be possible.

This insight is vital in therapeutic conversations. When clients seek therapy, they believe they have a problem. If they would not, they would not seek any help. This conviction is an initial trigger to seek assistance. However, this conviction entails clients not seeing the possibility of progress. One seeks help when one believes she cannot make progress independently. This belief sets firm limitations on what clients can conceptualise—a client who does not believe in progress cannot imagine how the progress would manifest. This belief does not pose a problem in problem-focused approaches: they encourage clients to develop their notions of their problems.

However, the ultimate therapeutic goal is to progress, not to understand problems. This understanding of one's problems serves as a challenge to any suggestion of progress. The therapist's task is to resolve this conflict that arises when we talk about problems while desiring to advance further. The miracle question elegantly achieves this purpose—it asks the client to conceptualise progress that is beyond understanding. This approach appears counterintuitive as one should encourage clients to conceptualise progress that they comprehend. However, when clients have problems, they believe that progress is impossible. Thus, asking them to conceptualise what is possible can only lead to problem affirmations.

The Miracle question helps the client talk about something constructive. The clients get used to life with the problem, and even imagining a solution poses a difficult task. Some clients might have stopped believing that change is possible. Therefore, introducing a miracle provides the necessary premise for the client to accept a life without a problem. This loss of hope results from problem solidification—when clients conceptualise their issues, they enrich the reasons why they have them.

To describe a problem is not a proper description—the problem is an extralinguistic object. This speech act expresses a conviction that I do not prefer something while not knowing how to alter it. The more I describe this belief, the more difficult it becomes to conceive that progress might be possible.

What matters is what happens after the therapist asks the miracle question—the miracle question does not manifest anything itself. The miracle question facilitates the conversation about the solution. This solution derives itself from the expressed hopes. Clients illustrate how they would like their life to be, which informs their actions.

Another constituent of the miracle question is not knowing about the miracle. This element is a critical part of the question: the therapist asks the client to describe a day after a miracle without knowing that the miracle has happened. Framing the question in such a way creates pressure on the client to focus on observable and verifiable details that she would spot that would tell her that the miracle has happened. From this point of view, the Miracle question is about everyday routine life—it is not about miracles. Instead, therapists expect a detailed description of signs telling the client that something in her life has changed or improved. We should view the Miracle question more as a platform: a basis for something more important to be built on. The therapist and the client engage in a conversation about what life would look like after the miracle.

The therapist asks how the client would realise the miracle has happened. The purpose is to inquire about signs that would serve as evidence that the miracle has happened. What might naturally happen is that the client answers by referring to some internal mental states, emotions, beliefs, or abstract values. In this case, the therapist can ask, "How would other people notice?" which is an elegant way to shift the client from the inner private experience to something specific and verifiable.

The reason why such a question achieves this purpose is evident: other people do not have access to internal mental states, so they cannot serve as signs of a miracle for them. Another potential way to shift the client towards publicly accessible signs is to ask how they would notice that they have such a mental state: what would serve as a sign that would prove that they are in such a mental state? Clients then must continue describing something public.

6.3 Therapist's mindset

De Shazer et al. further elaborate on what is important when asking the miracle question; in the section "The Therapist's Mindset", they state that it makes a difference if the therapist assumes that the client can create meaningful description when asked the miracle question (2007, para. 10.22). These assumptions must manifest in the conversation. Asking the miracle question demands faith in the client's capacity: therapists must ask the question to communicate such faith (de Shazer et al., 2007, para. 10.22).

"An inner process stands in need of outward criteria." (Wittgenstein, 1968, para. 580) This presumably inner process of mindset is not an inner process. The *meaning* of mindset cannot derive from a reference to a private object. Its meaning depends on public manifestations: the therapists must demonstrate in conversations that they have such a mindset. This demonstration is an activity, and it results in obtaining the mindset. The mindset is not an inner process or a mental state but a status in a social practice. Agents ascribe these statuses to alter expectations towards each other. Agents expect an agent who has a certain mindset to exhibit certain behaviours.

6.4 Benefits of the miracle question

One of the benefits of asking the miracle question is to help clients identify goals. The importance of goals is substantial: without them, we would never know if the therapy has been successful and that the time of its end has come. The client answers the question by describing the state of the world if a miracle would happen; we consider this reply in SFBT as something that the client desires.

Another benefit of the miracle question is that it prepares the client to look for exceptions (de Shazer et al., 2007, para. 12.37). When the client describes their everyday life, it allows them to identify what is already happening. This exception identification is a conceptual connection formation: we discuss the client's desires, which helps us explore connections to what is already happening. For example, a client who wants to improve her relationship with her partner may say she would notice this if they spent more time hiking. When she conceptualises the hope, she may explore when this hope manifested last time. The therapist will elicit more details by asking how she managed to do that—encouraging the client's agency over the problem.

When clients enter therapy, they describe a story of their life where things naturally regress; therefore, introducing the Miracle question can turn matters around as the conversation revolves around improvement and progress (de Shazer et al., 2007, para. 12.40).

The difference between these two types of conversation is dramatic: the former is about the problem, and the latter is about the solution. The notion of a problem suggests that there is something the client is unable to solve. This notion encourages clients to view themselves as lacking control, options, and potential for improvement. The better the problem description, the more convinced clients become that they have it. The problem descriptions function as *reasons*—they support the conclusion that one has a problem. The problem of having a problem is that no one wants to have it—clients want to eliminate problems from their lives.

The therapist's goal is to facilitate progress while avoiding constructing problems. These ostensibly conflicting goals create a challenge: the therapist should discuss the client's life to allow understanding of necessary actions. This process is complicated because one naturally inquires about the problem to derive actions. Talking about hopes, preferred futures, and

resources is an elegant way to unlock progress while avoiding convincing clients that they have issues. In a sense, the SFBT approach facilitates progress while avoiding problem conceptualisation. The SFBT path suggests the most direct route to progress—avoiding unnecessary detours.

6.5 Answers to the Miracle question

The client's answers and the following dialogue are essential. After asking the Miracle question, the therapist's role is to clarify further and amplify the details of the client's answers (de Shazer et al., 2007, para. 12.46). Different types of questions can achieve this. In SFBT, we usually ask questions about "What would the client notice?" to inquire about the signs of the miracle (de Shazer et al., 2007, para. 12.51). The general purpose is to elicit more details—to develop further clients' concepts about what they wish to achieve. Most questions inquire about what the client would notice, how others would react, and what would be different. The questions focus on observable phenomena: behaviours, interactions, and situation alterations. This focus on noticeable aspects of reality demonstrates SFBT's instrumentalist view of language: clients must develop practical tools. The concepts that clients develop become more effective when acquiring more detail. Furthermore, they become more valuable when easily deployed in practice.

If clients leave the therapeutic session that they would like to improve their partner relationship, this is a conceptualisation of their hopes. However, clients cannot quickly deploy such a concept in practice. If one perceives this concept as a tool, it is a tool that lacks specific application. The client may use it in many different contexts: when encountering their partner, making partner-relevant decisions, or doing anything else. Unfortunately, such concepts cannot guide them further. This concept quickly becomes worthless.

The therapist's goal is to develop practical tools—concepts. These concepts increase their adequacy when clients know what *follows* from them. In the previously mentioned example, the client is unclear about what to do. If the therapist encourages this client to elaborate further on her notion of her hope, she may discover she will improve her life if they start going for dinner with her partner more often. This specification develops the concept into a more helpful version.

When we approach therapy from this angle, we see that therapy is not an empirical science—its goal is not to uncover truths about clients' reality. Therapy is a conceptual exercise where therapists deconstruct clients' notions about their lives and themselves. This deconstruction is a process of analysing various concepts. This aspect is what therapy shares with philosophy. The ultimate goal differs, but conceptual enlightenment is vital for both disciplines.

6.5.1 Not knowing

One of the frequent answers to the miracle question is "I don't know". In this case, it signals the therapist to remain silent (de Shazer et al., 2007, para. 12.54). Silence is also a tool the therapist utilises to achieve something in the conversation. When quiet, the client has time to think and develop her answer. It is essential to realise that the therapist should avoid any communication, not just verbal one; the client can interpret any sound or nodding that it is the therapist's turn again (de Shazer et al., 2007, para. 12.56). If no communication happens on the therapist's side, the client assumes that it is still her turn and will probably develop her answer even if she started by saying that she does not know.

Such methods demonstrate SFBT's epistemological attitude: knowledge is not a passive state of being in certain relations to extralinguistic objects. If this were the case, expecting clients' answers to materialise throughout the conversation would be meaningless. A client who does not

know would need additional input to realise it. This epistemological view is intuitive: to learn more, I must intake more. This view is the reason why clients frequently seek advice when encountering difficulties.

However, SFBT's epistemological stance differs: knowledge is a matter of interactional construction. A client may realise novel insight merely by the therapist asking her suitable questions. The agents construct knowledge that the client deploys later. The knowledge is not a passive state but an activity that commences but does not conclude in therapy.

6.5.2 The negative answer

Clients frequently answer the miracle question by describing what they will not be doing, feeling, or thinking (de Shazer et al., 2007, para. 12.59). These responses pose a significant challenge for the therapist—SFBT emphasises detailed descriptions of desired states—we cannot describe the desired state by defining what is not wanted. The negative answer limits what is not part of the desired state but still leaves too much space for guessing what the desired state is. This approach stems from SFBT's instrumentalist philosophy: agents construct *useful* concepts throughout the therapeutic process. A notion of what one does not want is less *valuable* than the one that specifies what one wishes. Concepts as tools must function properly—when clients use them, they must achieve their purpose. The purpose of the concepts that emerge from the therapeutic dialogue is to guide clients' actions. An idea about what one does not want provides vague guidance when clients encounter everyday difficulties.

When therapists receive a negative answer, they can react in multiple ways. One of them is to ask, "What else will be different?" to let the clients continue with more details and see if they turn from the negative form to a positive one (de Shazer et al., 2007, para. 12.59). This shift can

naturally happen; if it does, the therapist does not need to intervene with the client's negative description. But, in some cases, the client might continue describing the day after the miracle with more negative descriptions of what will not be the case. Then, the therapist can intervene with the "What would you be doing instead?" type of question (de Shazer et al., 2007, para. 12.59).

Such a question can appear in many forms, and therapists should always phrase it as a response to what the client says to fit naturally into the conversation. Therefore, if the client mentions what she will not be doing, then the therapist will ask, "What would you be doing instead?" similarly, if the client describes what she will not be thinking, then the therapist can ask, "What would you be thinking instead?" Such a way of inquiry gently invites the client to share more specific and positive details.

Another possible way to intervene with the client's negative descriptions is to inquire about what the client would be doing differently due to not having such a trait (de Shazer et al., 2007, para. 12.61). The question then does not ask what would be happening instead of the mentioned negative characteristic but instead asks what this absence of the characteristic would enable the client to do. "So when you are not anxious, what would you be doing differently?" might be a possible way to ask such a question.

All these questions are concrete linguistic acts that therapists use to achieve their goal: help clients construct practical concepts. What is useful demonstrates SFBT's pragmatism: ideas are valuable merely if they produce desired consequences. Thus, therapists do not evaluate clients' ideas on progressing a priori—they let clients test these ideas to discover how well they serve them in practice.

6.5.3 Feeling and thinking

Clients might also begin by describing how they would feel and think differently. *Prima facie*, this might seem unproblematic. However, reflecting on Wittgenstein's remark about the external criteria for every inner process, one starts to see fundamental issues with such an answer. When clients say they would be feeling or thinking somehow differently, the main problem is that it poses a significant challenge for the client to assess if such is the case. The purpose of SFBT is to help clients describe fruitfully their desired state to increase the probability that they will notice that the desired state is already happening. After seeing this, they can focus on these aspects even more and actively pursue incremental improvements.

Behavioural descriptions proved to be the most valuable descriptions for clients to achieve progress (de Shazer et al., 2007, para. 12.70). Here, the clients should leave the therapy with some new information about what they will be doing if things start to improve. Unfortunately, descriptions of feelings and thoughts do not serve such a purpose, as one might never be able to decide if such and such is the case. Imagine that a client expresses that she will be feeling more positive. After she leaves the therapy, some changes might start to happen; the question for the client then is, "Do I feel more positive?" such a question is difficult to answer. One might utilise introspection to judge.

Put bluntly, one might search inside herself to see. But where is one looking, and what is one looking for? That somehow remains a mystery. Ultimately, the client faces a dilemma, "Am I feeling positive, or are my feelings just misleading me?" One can solve such a dilemma just by trusting one's feelings. In such a case, we cannot speak of judgment at all. Such a judgment

would be analogous to looking up a table of the train's departure in one's mind to check if one has remembered the time of departure correctly (Wittgenstein, 1968, para. 265).

An elegant way to invite the client to the behavioural descriptions is to ask how others would notice. People do not live in solitary; it is essential to acknowledge that no change is happening until other people detect it (de Shazer et al., 2007, para. 12.77). Questions that inquire about how different people would notice help us to enhance the client's descriptions even more by bringing in the social aspects of the client's everyday life. Another substantial benefit of these questions is that they leave no room for the thinking and feeling types of answers, as other people cannot access these ostensibly private phenomena.

Therefore, therapists do not desire clients to answer the question "How would others notice?" by saying they would notice the feeling or the thought. While clients can assume that there are some feelings and ideas in play, the interaction between people is by nature a public institution, and therefore, what truly matters is how those assumed feelings and thoughts manifest so others can notice them. Hence, a practical way to elicit more details from the client is to ask about the interaction between the parties. To inquire about how the client notices that the partner is seeing how the partner is behaving differently and how the client is reacting to such a change (de Shazer et al., 2007, para. 12.102).

These therapeutic methods exemplify SFBT's Wittgensteinian view of language. Feelings and thoughts are not internal mental states but primarily linguistic concepts. These concepts do not derive their meaning from reference to extralinguistic entities. They derive meaning from their *use*, making them *meaningful* in social interactions. The fundamental issue with referring to

feelings in therapeutic dialogue is not that feelings are essentially mysterious private entities we cannot access.

The challenge is that using feelings as criteria generates a contradiction. Feelings are not private objects. Feelings are complex social practices where agents express certain attitudes to coordinate expectations towards each other. When I say I am happy, others form expectations towards me. They may expect me to behave in a certain way. However, I do not have to act in a specific way. The expression of a feeling allows agents a degree of autonomy in selecting how they wish to behave.

This social practice has privacy as a feature: only I can express my feelings. However, this does not necessitate viewing feelings as names for private entities. Privacy is not a characteristic of the entity but of the game. Only I can *know* if I am happy—not because I have privileged access to some mental phenomena, but because I have the authority to decide how I want to move in this language game.

The mental phenomena do not play a role in this game—I do not inspect a private object to decide if I am happy. I know the *effects* of claiming that I am happy, and I have the authority to materialise these effects. This authority does not arise from access to private mental phenomena but from our form of life. Our life consists of having control over our actions—expressing one's mood is an action—we may execute freedom in influencing other community members.

I do not need any access to private mental phenomena to move my body—I move it when it occurs to me that this is an appropriate action. Similarly, I do not need access to mental

phenomena to express my emotions. I verbalise my feelings when I desire to produce specific effects on others.

We strive to understand how the clients' hopes relate to their other concepts. We achieve this understanding by eliciting details about their hopes: we ask questions about them. Therapists facilitate knowledge of clients' hopes by inquiring about the details—the hopes' criteria. These criteria are the signs in SFBT conversations: What would be some signs of the miracle? I will be happy—an expression of a feeling cannot serve this purpose. Such an expression is an action to affect others—I may perform this action anytime. Thus, it does not provide any criteria. What can do so are the *effects* that I wish to materialise. The feeling cannot be the criterion, but the difference that it makes can. Thus, SFBT therapists ask, "What would be different if you were happy?"

6.5.4 Unrealistic answers

In rare cases, the client can answer the Miracle question with an unrealistic answer. Such an answer might be "I would win a lottery" or something that requires others to change, such as "My wife would return." There are two main ways to handle such an answer in these scenarios. The therapist might decide to clarify and directly address what the client has said (de Shazer et al., 2007, para. 12.108). This response poses a more direct way of communicating to the client that such an expectation appears unrealistic. Thus, when the client mentions his wife's return, the therapist might reply, "Sure, let's suppose this miracle only hits your house." (de Shazer et al., 2007, para. 12.108) Such a statement aims to bring the client to the conversation about his area of control, as it is generally not helpful to describe changes that others should pursue in therapy for

obvious reasons: one cannot control that. The probability that others will change due to the client's therapy is negligible.

Another possible way of handling unrealistic answers is not addressing them. When the client mentions winning the lottery, the therapist will not directly comment on this statement and will continue with another question. The key to the follow-up question is to inquire about the outcomes this would bring. The therapist might react by saying, "Let's assume you did win a lottery; what would then be different in your life?" (de Shazer et al., 2007, para. 12.109) Next is a typical SFBT conversation, as I already described: a discussion about what the client would do differently, how others would notice it, and how she would react to it.

In general, SBFT therapists encourage clients to formulate their hopes not as events but as outcomes. Events are observable and public alterations to the states of affairs. This approach seems counterintuitive because therapists encourage clients to deconstruct their hopes into publicly visible signs of their manifestation. In line with this reasoning, one can view the transition from hope into an event as an adequate linguistic deconstruction. If a client expresses that a lottery win would be a noticeable sign of a miracle happening, this expression provides observable criteria for hope.

We can identify the criteria for an appropriate sign of a miracle by examining the SFBT methods. There must be a vital difference that renders the lottery win an inadequate sign of the manifestation of hope. The hope should manifest inside the client's area of control—it should not depend on other agents altering their behaviour or events that clients cannot influence.

The boundary of this area of control concept is vague: therapists must judge individual cases based on context and common sense. The distinction between "going for a walk more often" and "winning an Olympic gold medal" is evident: one can execute the former immediately, whereas the latter depends on many variables, and there is no guarantee of success.

One could argue that even the former example depends on variables, e.g. the client being in good health. However, the pivotal difference is that the former allows for fast *feedback*. Therapy is not a linear process—its nature is *iterative*. When designed solutions do not work, agents continue in the therapeutic method by evaluating these concepts, adjusting them, and creating new ones. Thus, therapists do not want clients to depend on events outside their control.

6.6 Conclusion: The Miracle question

The Miracle Question is a powerful tool within SFBT. It enables clients to envision a reality free from their current issues. It guides clients to focus on what could be possible, a shift in perspective that aligns with SFBT's principles.

The Miracle Question exemplifies Wittgenstein's view of language as a social activity that shapes meaning. Clients engage in a language game that facilitates understanding their potential and fosters agency. This chapter has highlighted the Miracle Question's transformative potential to set the groundwork for further examination of how different aspects of SFBT facilitate therapeutic change.

7 Scaling questions

The Scaling question follows the Miracle question as a powerful tool in SFBT. It facilitates incremental progress and self-assessment. Its nature helps clients split the preferred future into achievable progress levels. After envisioning the preferred future, the scaling questions give the structure to help clients assess where they currently stand and generate small steps to move forward.

The flexibility of scaling questions allows therapists to adapt them to a wide range of contexts. They can address almost any aspect of clients' lives. Clients leverage scaling questions to identify resources—behaviours supporting further progress—and signs of improvement. The scales serve as conversational bridges that help therapists and clients develop an understanding of their strengths and the path ahead.

In this chapter, I will examine how scaling questions function within SFBT, exploring their structure, flexibility, and impact on the therapeutic process. I will analyse various forms and applications of scaling to highlight the role of language in guiding actionable insights. This exploration reinforces the importance of a solution-focused approach in therapy.

7.1 Scaling: a linguistic tool

After we have expanded sufficiently the descriptions of the desired state by using the Miracle question, we might move on to using the scaling question (de Shazer et al., 2007, para. 13.4). The benefit of the scaling question is that it provides a safe frame and breaks the overwhelming significant change into small bits (Fiske, 2018, p. 6). Scaling questions are part of the partialising language (Fiske, 2018, p. 9), i.e., they divide significant goals into small steps to appear more

manageable and executable. For example, an SFBT therapist can ask, "Where would you like to be next week?" (Reddy et al., 2018, p. 11). By doing so, therapists probe clients to set an achievable goal for the next week that does not appear as large as the therapy's final goal.

Scaling questions can appear in multiple forms and serve as a tool for self-assessment of almost any part of a client's life (Ronald H. Rooney & Rebecca G. Mirick, 2018). Therapists can introduce the scaling question simply by asking the client, "On a scale from zero to ten, where zero would be the time when you decided to seek help and ten would be the day after the miracle, where would you put yourself today?" (de Shazer et al., 2007, para. 13.5) One can notice a scale and a definition of the scale's lowest and highest notch.

Another consideration revolves around the range of the scale. One may frame the scale from 1 to 10. This framing is possible but does not make a substantial difference. It is pertinent to note that the client is the focal point of the process. With some clients who have experienced trauma, e.g. suicide attempts, therapists can adjust the scale. The therapist might use a scale from -10 to 1 (Fiske, 2018, p. 4). Therapists should make such adjustments as a reaction to the client.

The concrete numbers on the scale are arbitrary. The scale itself does not serve the purpose of a genuine scale, as one might become misled to think. With the SFBT scale, there is no one to decide if the scale application is appropriate or if the units of the scale are correct. We do not have any external reference to which we might point to resolve any potential dispute. The scale asks the client to provide a subjective assessment—to take a guess. Hence, the scale serves no better purpose than as a bridge in the conversation that enables us to cross an imaginary river and get to a new area where something appealing exists.

There is no strong reason to define the scale from zero to ten. In the same way, one might introduce a scale from seven to eleven that would serve an identical purpose. The difference would be that it would appear unusual. We are using numbers that are common to the client community. The scale is a linguistic tool that probes clients to approach their goals incrementally—to define intermediate steps. The incremental nature of a scale is essential because it guides the client's goal formulation. The lowest and highest points of the scale serve no purpose. Hence, therapists use standard numbers.

At least two possible moments might represent zero, the lowest notch on the scale. One possible moment would be when matters were at their worst—we do not prefer this moment. Identifying such a moment at the bottom of the scale generates challenges. The client might identify when matters were at their worst as a moment that happened a long time ago (de Shazer et al., 2007, para. 13.6). With such a long timeframe, it becomes increasingly difficult to talk about what clients have done since it happened. Therefore, we prefer linking the bottom of the scale to the moment when the client decided to seek help—this moment provides a more relevant time to discuss.

The last part of the scaling question process is identifying what represents the scale's highest notch. This top of the scale is the day after the miracle, as the client described it, and we assume this is the desired state. The miracle question asks clients to define a state when their problems disappear. Their answer represents what they wish to achieve due to the therapy. This desire is a perfect candidate for the highest notch of the scaling question. Scaling questions facilitate progress. Client wishes are the end goal of the treatment. Hence, the scaling questions connect the client's current state to the therapy's target.

7.2 A tool to identify resources

We should perceive the scaling question as a platform that enables conversation to evolve—the benefit is what the scaling question allows to unfold. After we form this platform—when we establish the scale, including a score representing the current situation—we have two ways to proceed.

One of the ways to do this is to use the scale as a tool to identify resources. Resources are anything functional that clients can utilise for further progress. A simple way to steer the conversation in this direction is to ask, "So what is it that tells you that you are at a three and not zero?" if the client has scaled the current situation as three (de Shazer et al., 2007, para. 13.14).

People appear in challenging situations—when they struggle to address the circumstances—we might incorrectly assume that they are unaware of the problem, but this does not have to be the case. For example, refugees and displaced people are very aware of their surroundings and their issues (Langer, 2018, p. 12). However, they might not be aware of the resources they have to solve these problems. In this case, the scaling questions prove to be helpful to identify resources in the client (Langer, 2018).

The scaling question does not inquire about the problem as it might *prima facie* appear. The client may start answering by describing the problem when things were at zero. In such a case, the therapist might interrupt the client by prompting her to explain what makes the situation a three and not lower.

For example, survivors of war and international conflict have faced the scaling questions to assess how well they are handling their difficulties and what they know about themselves that

makes it this number and not lower; after that, therapists asked them about the signs of getting one notch higher up the scale (Langer, 2018, p. 9).

This question is solution-focused rather than a problem analysis because therapists invite the client to share what is already working—making the client assess the current state as three and not lower. Clients then describe what is working. After that, the therapist might continue asking about what the client has done to achieve this. Such a question aims to identify the specific behaviour that has led to such a change so that the client becomes aware of what she has already been doing that she can utilise further.

In some cases, the client answers that things are currently at zero. To ask, "And what makes it a zero and not lower?" would be nonsensical. In such a case, the coping question becomes handy, "How are you coping with that?" which might be the right question to elicit details about how the client managed to deal with the situation (de Shazer et al., 2007, para. 13.43).

Furthermore, if the client answers by saying that she has not managed at all, the therapist might remain curious and ask again by slightly rephrasing the coping question and asking, "So how come you have made it to the session?" demonstrating to the client that she must have done something to proceed in life.

Analogously, once we identify aspects of the client's life that have improved, we must remember that this is not where the conversation ends. The therapist aims to identify behaviours that have led to the improvement. Thus, she will ask the client, "How did you make that happen?" to help elicit these behavioural details (de Shazer et al., 2007, para. 13.22).

The resources therapists explore with clients are not past situations—they are concepts. A resource is any notion of the client being capable of coping with a difficulty. Therapists should not perceive the exploration of resources as empirical research—the goal of this therapeutic method is not to discover if the client is resourceful but to conclude it.

This method is not delusive—its goal is not to deceive clients into thinking they have done something they have not. This method manifests a philosophical stance towards human beings: everyone is resourceful. This method aims to prompt the client to form a more resourceful identity.

This identity is clients' concepts about themselves—what they say, assume, and think about themselves. We form this identity in interactions because the identity is a tool that we use with others. Our identity is multifaceted—one of its uses is to coordinate expectations.

When I say, "I am a shy person," I am not performing an observational report—there is no object of observation. I am merely affecting others' expectations towards me—I want them to speak slowly and not ask many questions. I employ my identity to achieve specific outcomes in the community.

This identity must have a certain degree of solidity—I cannot be shy and bold. Not because there would be something inside me that cannot change quickly, but because I create norms when I affect others' expectations. These norms establish themselves via repetition—what happens once is not a norm. Therefore, the notion of a shy person functions if one deploys it regularly.

This regularity solidifies the identity—it appears I am reporting on something rather than constructing a concept. This conviction is not problematic until my identity stops serving me.

When I may benefit from altering my identity, I must realise its genuine nature. Identity is an idea, not an object. As an idea, it is alterable.

When the idea hinders my progress, I should amend or abandon it. I can do so merely via the activity that produces and maintains the identity—interacting with others. Such an interaction is the therapist's inquiry about my resources—using the scaling question. During this activity, I may formulate and evolve my identity to better serve the purpose of progressing through current challenges.

7.3 A tool to identify progress

The second way to utilise the scale is to identify incremental progress. The progress becomes incremental when interim states are evident. The therapist and the client have already identified what would be considered the end state by leveraging the Miracle question.

The added value of this scale's application is that it frames the possible realities into smaller incremental stepping stones that facilitate the progress towards the bigger goal—the miracle.

"How would you know that you have gotten one step higher?" (de Shazer et al., 2007, para. 13.32) is a question that probes the client to describe not the miracle but something that would be somewhere in between: better than the current state but still not the full-fledged miracle.

Therapists might feel the urge to ask, "What do you need to do to move higher up the scale?" this question appears identical to the one mentioned above. We should prefer the former phrasing over the latter because the latter presupposes that the client should do something to move up the scale (de Shazer et al., 2007, para. 13.33). Such a presupposition might or might not be accurate. Therefore, we prefer to ask how the client would know, as such a question is a neutral and gentler

way of inquiry. This question allows the possibility of progressing by mere noticing—therapists do not impose the necessity of an action. Such preference is an example of SFBT's deliberate employment of language. In SFBT, every linguistic detail matters.

Scaling questions are used after the miracle question to help the client analyse the route towards the preferred future. The object of analysis is the client's hope—we are not analysing any ontological entity. There is no route or preferred future independent of the ideas that the therapeutic process generates. Using the scale to divide the preferred future into smaller steps enriches the client's ideas. We are making client's concepts more useful by enhancing their details.

Scales do not have to appear after the miracle question. Scales can function in every part of the therapeutic process (Paul Hanton, 2011, Chapter 5). For example, we can use a scale to inquire about how the client feels at the end of the session and then ask about what would need to happen after the session so that the number improves (Belous & Smith, 2018, p. 12). Scales help us identify practical ways to improve in an agreed direction.

7.4 Conclusion: scaling questions

Scaling questions are a versatile and essential tool in SFBT. They enable clients to assess their progress and recognise their resources. These questions split significant goals into smaller, achievable steps.

Scaling questions align with SFBT's language-centred, solution-focused approach. They do not merely measure progress—they empower clients by fostering an understanding of their strengths and potential. Scaling questions reinforce the therapeutic aim of cultivating agency and helping

clients construct a meaningful path forward. The role of language in guiding change and building resilience is central.

8 Therapy and inferentialism

In the study of therapeutic discourse, inferentialism offers a unique lens. It helps us understand how we construct and utilise meaning in the therapeutic process. Inferentialism—a pragmatic view of language from Robert Brandom—suggests that meaning arises from a proposition's role in inferences rather than how it represents or describes external reality. This shift is valuable for therapists because it helps them understand how therapy functions. When seeing language as a network of inferential vehicles rather than a picture of an inner realm, therapists realise that what clients mean in therapy is much more practical. This practical emphasis helps therapists create actionable and dynamic dialogue instead of the static and descriptive one we see in more traditional methods.

This idea about meaning suggests that therapeutic dialogue is relational—it cannot capture absolute truths about the client's state of mind. Instead, therapy can only express desires one can understand in a particular context.

This chapter applies inferentialism to SFBT, reframing therapeutic discourse as a language game where meaning emerges from the relationships of concepts instead of representations of inner states. Therapy is a practical, action-oriented exercise that evolves according to the client's goals, not merely cataloguing mental problems.

In this chapter, I explain how aspects of inferentialism—holism and normativity—affect therapeutic discourse. I argue that an inferentialist approach to therapeutic language—emphasising use, relational networks, and normative practices—provides a more practical view

for therapists. Inferentialism clarifies how we generate meaning and aligns with the pragmatic aims of SFBT, highlighting therapy as an active, dialogical process for change construction.

8.1 Introduction to inferentialism

Inferentialism is an approach to explaining meaning—it assumes a fundamental role in the activity or practice of inferences. In an expansive sense, inferentialism may be characterised as pragmatism, as it addresses the question "What is x?" by inspecting how speakers use x and what consequences it has (González de Prado Salas et al., 2021, p. 2). One would be particularly interested in its inferential relation when using x: what is and is not inferable from x?

This view of language is essential to understanding therapeutic discourse because it allows us to focus on the practical consequences of what clients say during therapy. Focusing on practical consequences facilitates faster and more effective realisation of what clients want and how to obtain it. Such a view eliminates the mysterious character of traditional therapeutic approaches, e.g. psychoanalysis, because the meaning of our propositions manifests in the public sphere.

Psychoanalysis suggests that our problems are hidden in our unconscious (Freud et al., 2006). We must uncover these problems to eliminate them. This view hinges on the representational account of meaning. The meaning of clients' problems derives from the existence of entities in the unconscious mind. However, therapy is a standard language game, and rules bind it. These rules cannot relate to anything private.

Psychoanalysis aims to represent inner experiences but cannot achieve this goal because language cannot capture anything hidden from the public. Therapy is a language game, and as such, it consists of observable actions and consequences.

An inferentialist account of meaning is relevant to therapeutic discourse. Meaning is understood primarily by inspecting its inferential network—what we may infer from a proposition. What clients *mean* in therapy is not what they *represent* but what they *imply*. This pragmatic view encourages therapists to view therapeutic discourse as a set of *deeds* that generate consequences—therapy is not about representing the world. The therapy serves as a vehicle to increase understanding of these consequences. Therapy is not an exercise to describe the world; it is an activity of expressing concepts and clarifying their respective commitments.

Any inferentialism is committed to a certain kind of holism, as opposed to atomism, which often goes hand in hand with representationalism (Brandom, 2000, p. 29). Inferentialism understands the conceptual content of any word or sentence as its inferential relations. Hence, to understand a concept, one must also understand others—how they function together.

This holism encourages therapists in SFBT to explore the relationships between clients' ideas. Therefore, therapists ask, "What difference would this make?" to uncover this network of relationships. This approach contrasts with psychoanalysis, where therapists focus on associations and interpretations of ostensible problem expressions. Instead of exploring how clients' ideas relate to each other, they seek more details about the problem. This approach leads to profound theories about one's problems. However, a pragmatic view of language suggests no profound theory is necessary. Clients need practical insight into what they should do instead of reasoning about the causes of their problems.

In this way, one cannot simply understand a word or a sentence by pure analysis of isolated elements. One must first understand a package of concepts to see how they are interrelated, more

specifically, what can stand as a reason for something and what reasons it requires to be supported.

This holistic view suggests that therapists must focus on how clients' ideas relate to each other rather than on what they denote. What clients mean in therapy is discovered through intentional exploration of the relations between the expressed ideas. Therapists should avoid imagining what clients' utterances represent—they should focus on clarifying how these utterances relate to each other.

The meaning of words is not dependent on empirical observation but rather on potential inferences in which they are involved. Under this account of meaning, therapists should not perceive the therapeutic content as primarily connected to empirical states—they should perceive it as a network of inferences. Therapists should explore this network to understand what clients mean. Language is not a descriptive but rather an inferential vehicle.

Therapists do not need to inspect clients' lives when they express their problems. A problem is not empirical; therapists must inspect it to derive improvement actions. A problem is a linguistic tool. Therapists should inspect this concept and its relation to other concepts. The meaning of a problem depends on its relation to other concepts. The problem is not an extralinguistic entity. Therapy is not an inquiry into one's mind nor an empirical discovery. Therapy is a conceptual exploration—its goal is to examine the relations of clients' ideas to facilitate clients' progress.

Inferentialist theories are holistic (Rockmore, 2002, p. 2) in the following way: to understand the language, we do not need first to understand its constituents. Therapists do not need to analyse

clients' statements—an understanding derives from examining how these statements relate to each other, not by division into sub-sentential elements.

Lastly, inferentialist theories are anti-representationalist (Rockmore, 2002, p. 2); they base their explanation of meaning on inferences rather than on the representation of extralinguistic objects. Thus, therapy as a particular linguistic endeavour does not primarily represent the client's world but is a network of linguistic entities. These linguistic entities have inferential relations between themselves. Furthermore, norms that define the appropriateness of their assertability and subsequent actions bound these entities. Hence, therapeutic discourse functions as a network that eventually results in actions. These actions are normatively constrained—there are social practices that follow specific assertions. Therapists must not encapsulate clients into a pseudo-empirical investigation. They should explore how clients' ideas support their progress and facilitate conceptual amendments.

The fundamental insight of inferentialism is that the speaker's utterance is meaningful to the extent that it is part of normative discursive practice (Turbanti, 2017, p. 2). Without these normative discursive practices, no utterance can bear propositional content. The meaning acquisition is a result of a socio-normative process. The speaker community and their notions of what is appropriate generate meaningful linguistic practices. Hence, utterances depend on their role in the communal practice.

This insight suggests an interactional view of the therapeutic discourse. What clients share in therapy has a function in their community. Therapists should facilitate clients' understanding of their statements' practical implications because this primarily generates the meaning of these

statements. The role of the therapeutic discourse is not to represent the world but to explore the network of pragmatic implications of clients' concepts.

We should understand the meanings of linguistic expressions in terms of playing a distinctive role in reasoning (Brandom, 2000, p. 1). Any proposition must be able to be a reason for something—this property allows propositional content. Reasoning is a process of employing propositions to support others—conclusions. This process is normative—there are rules of proper reasoning. The speaker community maintains and perpetuates these norms by collective practices and agreement. Hence, reasoning is primarily a social practice, with individual reasoning being its derivative. One cannot eliminate the possibility of improper reasoning in private. Reasoning must be demonstrated in interaction to allow its evaluation. Thus, therapists should elicit argument formulation to inspect how clients' statements support conclusions and how these conclusions support clients' goals. This view suggests that therapy is also concerned with the argumentative aspect of clients' statements. Therapists should help clients improve their arguments—clients should leave therapy with arguments that align with their goals.

Subsentential expressions such as singular terms or predicates cannot play an inferential role of being a premise or a conclusion (Brandom, 2000, p. 1). As such, they acquire meaning by contributing to inferences in propositions where they occur. Inferentialists seek first to understand the sentences so that they can understand the subsentential constituents later (Brandom, 2000, p. 13). These subsentential constituents become meaningful by amending what follows from the entire sentence they occupy. Their meaning does not derive from being the name of an object. Clients who ostensibly describe past events are not picturing the world but

formulating propositions. These propositions imply other ones. The crucial goal of therapy is to explore these implications to evaluate how supportive they are to the client.

Inferentialist semantics are essentially holist (Brandom, 2000, p. 15). This notion of meaning directs the attention to the entire language system first. Brandom follows Quine in arguing that sentences are not denotational (Harrelson, 2014, p. 5), i.e., sentences do not refer to any object or state of affairs. Sentences or sequences of sentences such as articles and books do not have to represent any state of affairs; they only mean something when a reader approaches them, but no single interpretation of a text might serve as its denotator. No method of interpretation would be superior (Harrelson, 2014, p. 8). Clients who describe their childhood primarily formulate a view of themselves that impacts how they think and act. Therapists must monitor this impact as it influences how clients will progress in therapy. The accuracy of their descriptions is secondary.

The meaning of their statements does not derive from a past situation but from its role in the language game they operate. This language game—forming one's identity—has a distinct role in our social practices. When speakers say, "I am a person who stands to his words," they are not describing an object but posing an idea that influences other speakers' expectations towards themselves. This statement is meaningful because it has significance in language and outside of it. Its significance is its role in reasoning—a premise or a conclusion. When they assert it, others may ask them to justify it by providing reasons for it. Those childhood descriptions can serve this purpose. Therapists must consider how different propositions support clients' conclusions and how these conclusions support clients' progress. Therapy is not about representing the world but about forming valuable ideas.

An inferentialist way of learning is opposite to an ostensive one. Ostensive learning involves learning a word by establishing an association between a word and an object. Assuming we derive meaning primarily from such a link between the word and a sound, there would be no difference between a human saying "This is a dog" and a cat's hissing when it sees a dog (Peregrin, 2014, p. 30). Our utterance and the cat's hissing would be identical. However, they are not, as one has meaning and the other does not.

Representations, objects, and ostensive teaching play a role in our language games. "This is a dog" is connected to dogs themselves or at least to the situation where dogs appear. Nevertheless, it is necessary to accept that viewing a language purely in this way, i.e., that it is a system of signs representing an object of the external world, is flawed. To perceive language in this way, one would commit to what Quine described as the "Museum myth", a myth of thinking that we glue signs to external objects (Peregrin, 2014, p. 43).

Ostensive teaching functions merely when there is a language foundation. If one would like to explain what "two" means, one could bring a pair of two nuts into sight and say, "This is two." How, then, can one decide what the word "two" signifies (Wittgenstein, 1968, para. 28)? Is it the number, the shape, the colour, or the pair of objects themselves? The necessary condition of the meaning of a word is having a role in the language system—reference is a secondary function. Therapists should inspect the implications of clients' statements in therapeutic dialogue because they generate meaning. These implications define the meaning of clients' ideas, and what they represent is secondary.

Inferentialists assert that to understand a concept, one must understand many concepts (Brandom, 2000, p. 15). Therefore, we must understand concepts in packages—this does not mean they have

to come in one big one (Brandom, 2000, p. 16). To understand a concept, we must understand others that might serve as premises and conclusions for the concepts we are trying to understand. On the other hand, to understand the concept of a cat, one does not need to understand all the concepts in language, not even all the concepts of animals. Still, to understand the concept of a cat, one must understand the concept of an animal. Therapists who aim to facilitate clients' conceptual clarification do not need to explore every idea clients have about themselves. However, they must explore at least some critical ideas, e.g. the relation between clients' hopes and their lives, identity, relationships, and behaviours.

To say that such and such is the case is to be able to do something (Brandom, 2000, p. 16) and know how to do it. Once speakers express it, propositional content becomes available to anyone using linguistic practices. Hence, once speakers explicate ideas, anyone can use them as premises to infer conclusions, and anyone can ask for their premises to ask for justification. This independence of propositions is a critical aspect of problem construction. Speakers who explicate that they have a problem no longer control how other speakers use these concepts—they may use these propositions to infer further ones. If a speaker says, "I have a problematic relationship with my partner", other speakers may continue constructing ideas where this statement functions as a premise. This process is problematic because when a community constructs an idea about anyone, it creates a set of expectations.

These expectations may hinder the client's advancement. When the community conceptualises the client as a person with a problem, they approach her differently. They expect the client to behave in a certain way. However, the problem resolution consists of altering certain behaviours. The client may be unable to implement these changes if the community believes the client cannot do

so. A person who explicates that he has problems with his partner is open to further inferences. Other speakers may infer that this person cannot maintain a healthy relationship—they construct an identity. This identity materialises negative consequences: speakers start avoiding relationships with the person because they expect failure.

Responding differently to instances of red does not yet mean being aware of them as red (Brandom, 2000, p. 17). An animal or a machine might be responding to certain kinds of stimuli, yet to be aware of red, one has to grasp the concept of red and to understand the concept of red, one has to master its use in the language game: to know how to use it correctly and what consequences does it have. To assert that something is red means knowing one cannot assert that it is blue.

Teaching a pigeon to peck one button rather than another under certain sensory stimuli does not amount to conceptual understanding. However, one might fall under the false impression that teaching a parrot to emit certain sounds in a similar situation qualifies as conceptual understanding (Brandom, 2000, p. 17). This idea is false; as with the parrot, we have gotten to the vocal—not to the verbal. To know language is to understand how to assert and infer. By asserting that such and such is the case, one commits oneself to such a claim, but more importantly, one becomes committed to specific other claims.

By asserting that it is raining, one becomes also committed to "there is water on the streets." Thus, we can always talk about these implicit commitments. In an explicit claim, something remains implicit, namely, its inferential consequences (Brandom, 2000, p. 18). By saying that something is a dog, one is also implicitly committed to "This is an animal", but those consequences remain implicit. It is only by mastering these practices that one can become

conceptually aware. Navigating this complex environment of implicit rules is necessary to play a language game appropriately. Thus, connecting certain utterances with relevant situations is insufficient to establish language competence (Kaluziński, 2020, p. 5).

These inferential consequences are critical for therapy. Therapy is a conceptual exploration—participants construct practical concepts to progress through life's difficulties. However, participants cannot follow the intuitive path: explore concepts by visualising the objects they represent. The genuine conceptual exploration resides in understanding inferential consequences.

When a client says she yearns for a happy marriage, it is insufficient to imagine two happy people holding hands. Even though this picture comes to mind naturally, this process does not add value. This process does not inform about anything. After she imagines this, she is not closer. This idea is a derivative of Sellar's museum myth—the idea that we benefit from labelling objects in the world. Even though we sometimes label objects, this is useless alone. What purpose would it serve to label the objects around us if that were the primary use of the language? Such a language would be actionless, static, and obsolete.

This idea is especially valid for therapy because the therapeutic goal is to aid clients in challenging situations. Such a process must focus on generating actions or perspective changes to improve clients' lives. Therapy is not a painting lecture—its goal is not to represent the world.

Ultimately, what is the problem with saying that "rabbit" stands for an object in the extralinguistic world? The difficulty with such an explanation is that if we assume that our linguistic practices are complex social activities and the central activity we play is a game of

giving and asking for reasons (Brandom, 2001), then it is not enough for a word to stand for an object as such a word could not play any role in a language game.

In Sellars's terms, it is not enough that a word is governed just by rules concerning its language *entry* transitions. Hence, for a word to be meaningful, it must play a particular role in the game of giving and asking for reasons. A sentence must assume a role in the logical space: to stand as a reason for some claims (Peregrin, 2001, p. 172). A sentence cannot belong to a language if it cannot stand as a justification for other claims and if it would not entail others.

Therefore, the meaning of the sentence "This is a rabbit" does not consist merely of being an appropriate reaction to situations where a rabbit occurs, but also that it entails other sentences like "this is a mammal" or "this is not a dog." Such fact distinguishes meaningful utterances from simple reactions—a man's sentence "this is a rabbit" from a dog's barking when it sees a rabbit (Peregrin, 2001, p. 172). This distinction makes utterance from a simple reaction to a profound statement about rabbits. When a dog barks at a rabbit, speakers cannot infer anything from it—such a reaction does not entail anything else.

This focus on inferences in meaning generation implies that we can understand therapeutic discourse only in relations. Therapeutic discourse has a propositional content—this content is not an absolute representation of extralinguistic entities. Its meaning resides in the relations it has to other propositions. Therefore, therapists should encourage clients to explore how their ideas relate to others to understand their meaning. This view emphasises the need for therapists to encourage clients to explore their ideas in a typical dialogue. The crucial aspect is the breadth of the conversation—it is concerned with exploring different concepts rather than painting a detailed scene of a problem.

Holism seems counterintuitive—to construct sentences, we should first understand the parts from which we construct them. However, such a view appears logical under the assumption of representationalism, i.e., that meaning derives from the representational relation between the word and the object. If we abandon this assumption, we see language in its origin. We must ask, "How did we learn the meaning of this word? From what sort of examples? In what language games?" (Wittgenstein, 1968, p. 36) No word is learned without a sentence—to show a child a ball and say "ball" is a sentence. Furthermore, every sentence emerges in a context.

The importance of the context for meaning clarification becomes evident in one-word sentences. The exclamation "Ball!" is a sentence whose meaning determines the context in which speakers utter it. If we are playing a ball game, this sentence means, "Give me a ball." However, if we participate in a quiz show, this sentence means "Ball is the correct answer."

The meaning of therapeutic propositions depends on the context: the clients' lives. Therapists are not familiar with this context—only clients know it. This lack of awareness limits therapists' understanding of the client's statements. The resolution is not familiarising oneself with the context but depending on clients to fully understand what they mean. To do so, therapists must inquire about other concepts and how these concepts manifest in concrete situations. The meaning still depends on how clients deploy these concepts—it remains implicit. However, this is the nature of the therapeutic process—it is an exploratory and iterative activity. The key is utilising clients' awareness of their situations to enable them to progress.

The example with the word "Slab" introduced by Wittgenstein (1968, p. 3) should not count as a language game as it is a vocal but not yet a verbal practice (Brandom, 2000, p. 14). Wittgenstein introduces a primitive vocal practice, where builders communicate orders to each other by calling

the name of a building stone. In such practice, utterances cannot stand as premises for conclusions and cannot be conclusions of other premises. Hence, they are not propositionally contentful, and such a game does not exemplify language. To be propositionally contentful is to be able to play fundamental inferential roles of both being a premise and a conclusion in inferences (Brandom, 2000, p. 12); for an utterance to become meaningful, it must play a particular role in a complex system of language.

Clients' statements acquire meaning by motivating actions and justifying them. This characteristic of therapeutic statements—the ability to stand as reasons and conclusions—turns therapeutic discourse into argumentative practice. Therapists encourage clients to infer conclusions from their statements. These conclusions function as premises for further arguments. The primary therapeutic goal is not to construct arguments *ad infinitum* but to construct them until clients resolve their challenges.

From an inferentialist viewpoint, being a rational agent does not necessarily have to imply that one has some particular mind–world relation. It is instead a matter of being able to do certain activities: to talk and think about the world to participate in certain inferential practices (González de Prado Salas et al., 2021, p. 2). Having a problem is not being in relation to any object—it is not having anything. Having a problem is to assume a role in a language game of solving problems. This possibility hinges on our ability to create concepts, but this ability must not become the impediment—we must construct ideas that become valuable tools. Therapy must not be a process of endless problem construction and destruction primarily because the only way to destroy an idea is to abandon it.

8.2 Meaning

The difference between a sound and a word is that the latter has *meaning*. It appears that meaning must be a separate entity tied to the sound to make it a word. Such an idea might sound familiar to anyone who has read Wittgenstein's *Philosophical Investigations*. Here, Wittgenstein mentions Augustine's description of language: "Every word has a meaning. This meaning correlates with the word. It is the object for which the word stands." (1968, Part 1).

An intuitive way to explain meaning is to use introspection: looking into oneself to search for the word's meaning. Words seem to have meanings because we understand them, and this understanding is a particular experience. It seems that we take the word as a sign of something. However, such a notion of meaning is not explanatory and soon faces problems. The problem is that a conception of meaning as a private, subjective matter until it manifests in behaviour cannot be the foundation of the essentially intersubjective institution of meaning (Peregrin, 2014, p. 44).

How individual speakers conceive the word's meaning plays no role in meaning generation. It might play some role in other disciplines, such as the psychology of communication. However, language is a public matter: anyone can access it, and anyone can learn it. Hence, the meaning of words and sentences cannot be hidden from the public. Otherwise, it would be impossible to learn it. We need public practices alongside private associations that link the word and the concept publicly accessible (Peregrin, 2014, p. 44). Without publicising the link, the language would remain private, and such a language cannot exist (Wittgenstein, 1968).

Moreover, once the practices that establish meanings are made public, the private associations become redundant. From the viewpoint of the institution of the language, they become the idle wheel whose presence or absence makes no difference. They become the famous beetle in the

box (Wittgenstein, 1968). Ultimately, it does not matter if the beetle exists—it is not part of the language game.

In the therapeutic realm, the beetle manifests peculiarly: something in the mind that the therapist should discover and remove. We have programs in our minds that cause our suffering, and we must eliminate these programs (Röhr, 2016). Here, the simplistic notion of language that representationalism presents entices us to seek objects where there are none. We assume that problems must have a referent. Because we cannot find such a referent in the physical world, we conclude that this referent must be hiding in the psychological realm—in the depth of the mind.

There are many different approaches to solving the riddle of what meaning is. One of the first questions to be solved is whether we should treat meaning as an entity in a particular relation to sound. Philosophers have seen such a question as indisputable and ignored it. In such a view, the word is a symbol that stands for, represents, or expresses an object from the world.

However, with such a view, many questions arise, such as, "How is this link established?" "What does this link consist of?" but more importantly ", How can those private links establish a language that is essentially public?" Very soon, we will encounter challenges if we want to defend such a stance, not to mention that many words are challenging to link to some objects. Wittgenstein mentions that someone like Augustine probably thinks about nouns when explaining language in this way (1968, Part 1).

This view of language is the source of the representationalist therapeutic desire—therapists feel the urge to probe clients to *depict* their problems. The client's problem derives its meaning from the object it represents. Hence, therapists must encourage detailed descriptions of these objects to

understand the problem—as if therapy were a laboratory where we use a microscope to inspect an object of investigation closely.

From a representationalist perspective, we explain the sentence's meaning by the conditions under which it is true (Farnsworth, 2018, p. 17). Hence, to understand a sentence, we must look to the outside world to see in which situation a sentence might be true—this situation informs us of the sentence's meaning. The representationalist notion of meaning claims that words and sentences represent. Therefore, it is necessary to inspect what they represent to understand them. Sentences stand for parts of the world, for specific configurations of the world that correspond to those sentences.

A representationalist stance towards language manifests in the interest of descriptions of the problem. Unfortunately, a problem is not an object or its composite. Describing a situation does not amount to describing a problem—a speaker must express that this is the problem. However, the situation itself does not exhaust the problem's content. The presumable problem description is merely a quasi-description—it shares a linguistic form, but its essence is fundamentally different.

Inferentialism offers a different perspective: a sentence's meaning is explained instead by its role in its inferential relations to other sentences in the language (Farnsworth, 2018, p. 18). Hence, we do not inspect the external truth conditions to understand a sentence's meaning—we learn its application in the language game. We grasp their use when we understand what propositions those sentences can support as their reasons and what reasons they require to become justified conclusions. Asserting a sentence establishes specific commitments on the part of the asserting subject (Farnsworth, 2018, p. 18). Those commitments are consequences of the speech acts that materialise in the linguistic and non-linguistic world.

The inferentialist account of meaning places different demands on therapists—they must explore the relations of clients' statements between themselves instead of encouraging descriptions of the problem to understand meaning. Moreover, the goal of this process is to facilitate clients' understanding. Clients explore the meaning with therapists—they discover the meaning of their concepts during the therapeutic process.

This notion of meaning construction is counterintuitive to representationalism. If language's role was to represent reality, then the clients could be merely transferring information about the reality they have experienced. They could not achieve a better understanding during the therapeutic discourse because understanding would be subject to direct access to reality. Under this view, therapy would be a neutral vehicle that could not generate insight.

The motivation to discuss views opposing inferentialism is not just to criticise but to demonstrate challenges that make general acceptance of these accounts difficult. The therapeutic approaches that motivate clients to describe their problems suffer from identical obstacles. Unfortunately, therapeutic practice does not reflect these obstacles sufficiently. Inferentialism provides a fruitful alternative lens through which to view therapy. Inferentialism is sometimes considered a counterintuitive doctrine (Peregrin, 2014, Chapter 1.1), so it is important to remember these challenges to understand the motivation to search for different routes.

What is misleading therapists is the assumption that words must represent something if they have meaning. Instead, they do not have to link to anything; it is a particular property they possess (Peregrin, 2014, p. 2). In this way, things start to be less mysterious. One might still object that the property is no less illuminating than the original concept of a link, but to have property is something very ordinary—we speak of things having height or width. Therapists no longer need

to view therapeutic discourse as a medium that represents clients' problematic reality. Therapists must view therapy as a set of linguistic acts which have significance in our community. Hence, therapists should refocus and explore this significance primarily before the representation.

Thanks to the late Wittgenstein's work (1968), we have observed a rise in the popularity of theories identifying a crucial property as the use. In such a view, the unique property that makes sound into a word is that speakers use it in a particular way. What appears to us as a meaning is a reification of the use of sound (Peregrin, 2014, p. 2). This lens helps examine the meaning of the problem talk in therapy.

Under the representational account, problem talk derives meaning from the object it represents. This conviction leads to mysteriousness—problem talk represents objects hidden deeply in the human psyche. Use theories provide a different perspective: the problem talk derives meaning from its use.

Imagine a prototypical community of hunters and gatherers. When a wolf pack approaches their dwelling, they utter "wolf". Undoubtedly, the term "wolf" relates to the presence of wolves in the vicinity. However, the more critical aspect of using this term is that we must protect ourselves! This use, which the community embeds in its form of life, plays a vital role in meaning construction. The mere reference to wolves would be insufficient if that speech act would not significantly affect the community.

This example complements the "Myth of the Museum". If language was a tool to represent the world, one should question the motivation to represent it. What would be the motivation to refer to wolves in the case of the hunters and gatherers? The motivation is obvious: to protect the lives

of their community. However, this shows that the primary meaning is to warn the speakers—its use. The apparent reference is a mere derivative of this complex social practice. The hunters and gatherers primarily *produce consequences* that aid in achieving outcomes. Without these consequences, the isolated reference would serve no purpose. One would have to view human life as a museum visit—that its goal is to look at objects and name them. This view would be impractical—hunters and gatherers use terms to align their interactions, not to name objects.

At a certain point, the hunters and gatherers might develop a new term: problem. When someone utters it, other speakers know that they must react. Speakers may use this term whenever they need assistance from others. Subsequently, speakers may realise there are wolves in the vicinity. Sometimes, they may realise that the original speaker does not know what he is requesting. Under the representational view, speakers must conclude that he is referring to some other kind of problem—this problem does not represent wolves, bears, or fire. This desire to find the referent of the problem leads us to the assumption that there is another realm. We may call this realm a psychological one.

However, the pragmatic view shows that asserting that there is a problem is primarily an ask for help. This *abstract* term may imply intralinguistic consequences rather than immediate empirical effects. When the complexity of social interaction increases, speakers may encounter difficulties explaining what they demand. The pragmatic view suggests that abstractness is a matter of linguistic complexity, not a different kind of referent.

We see that a problem does not need a referent and that a problem that one struggles to explain its practical consequences is not a psychological mystery but an undesired product of the complexity

of our social practices. One can solve this problem of a different kind only in its place of origin: in language. The therapeutic process is a medium for solving these peculiar problems.

Even though Wittgenstein compares words to tools like a hammer (1968), we should not conclude that to make a sound into a word, we merely need to use it. What is different about words is that they have roles conferred on them by specific rules (Peregrin, 2014, p. 2). A hammer itself does not have to be bound by rules to become a hammer. However, starting to use a sound does not make it a word, mainly if used privately (Wittgenstein, 1968). When discussing concepts, we discuss their role in reasoning (Brandom, 2000, p. 11). Inferentialism offers an interesting viewpoint as it centres its explanation around public rules and roles—not around private mental links that we cannot examine.

Therefore, therapists looking beyond use must approach meaning from a use theory angle. When talking to a client describing a problem, they should contemplate their use of this concept and the normative aspect. They should consider what social expectations form this concept: what society expects consequently and what clients expect from society.

For example, a client who wishes to have a harmonious relationship enters therapy. The therapist should ask the client how she would notice the relationship is harmonious—this inquiry inspects the client's use of the concept. Moreover, the therapist should inquire about other people's reactions and expectations: How would others react? These questions encourage the clients to consider not merely the use but also the *norms* that govern this use.

Rules are essential to constitute meaning (Peregrin, 2014, p. 3). The fundamental rules are the inferential ones. The term "inferentialism" itself has been coined by Robert Brandom as a name

for his theory of language (2000, 2001), in contrast to the traditional representationalism discussed earlier. Brandom privileges inference over reference (Harrelson, 2014, p. 5). He is not proposing to abandon reference altogether but claims that to be truly meaningful must mean having an inferential role in our language games. To say what someone means is, to some extent, to indicate what is inferable from such a claim or what the claim is inferred from (Harrelson, 2014, p. 5). Hence, when explaining what certain propositions mean, we do not provide substitutable propositions that would equal the original one, but we play a language game; we make certain moves in it to explain more what speakers expect to be explained.

During the therapeutic discourse, we cannot share the *meaning* of what we say. We cannot say what the meaning is like we could do when calculating a mathematical formula. Three plus two equals five. However, we cannot substitute clients' problems and desires for anything else. We can merely explore their inferential role by examining what clients imply when they say something. From this perspective, we cannot express the meaning but observe it in its practice. Therapy is not about depth but breadth—representationalism spawns the illusion of depth. Everything is open to view in therapy; we only need to remind ourselves to see it.

A large number of inferential rules determine the meaning of a sentence or a word, particular inferential rules often depend on a large number of collateral premises, and inferences are understood broadly to accommodate not only intralinguistic inferences but also language entry transitions (from situations to sentences), and language exit transitions (from sentences to actions) (Sellars et al., 2007, p. 64). By understanding a sentence, we also have to understand what can stand as a reason for such a sentence and what other sentences this one can support. While making those inferences such as "This is an apple" to "This is edible", we are assuming

numerous implicit premises such as "apple is edible" but also "this is not an object that looks like an apple but is not an apple." Understanding concepts also entails understanding criteria one should apply to specific situations in which to enter the language; otherwise, language would be disconnected from the world and become an arbitrary phenomenon.

The presence of collateral premises and extralinguistic transitions suggests a need for practical application of the therapeutic insights. Concepts do not rigidly imply specific conclusions or actions—they offer a wide range. Nonetheless, a mere conceptual exploration—therapeutic discourse—cannot limit the scope of their implications because more ideas result in more possibilities. The effect of conceptual exploration would be quite the opposite. The only way to realise which actions concepts imply is to act on them. Hence, the meaning discovery process does not end in the therapeutic setting—it continues after the therapeutic conversation when clients apply their insights. This view poses a requirement on therapists: learning in therapy can be successful only when clients apply their concepts and reflect on these applications.

From an inferentialist point of view, to understand a concept means to master its use, more specifically, to master its inferential use, i.e., to know when one is applying such a concept what one becomes committed and entitled to (Brandom, 2000, p. 11). For example, when someone says, "This is a cat", one authorises the use of such a proposition as a premise for other conclusions. By doing that, one becomes committed to defending her propositions, i.e., offering other propositions supporting the conclusion that something is a cat. That can be done simply by saying, "It has four legs and chases mice." One also becomes entitled to use such a proposition as a premise for further conclusions. Hence, by saying that something is a cat, one can infer that "It cannot talk."

This inferential dimension is critical for therapeutic discourse. Clients' statements impact their other concepts. The therapist's role is to examine this impact with the client: the implications of their statements. These implications become the subject of inspection—the therapist and the client explore them and resolve prospective conflicts.

A client with an identity as a good father—thinks and acts as a good father—may state that he does not want to spend time with his children. This proclamation indicates a conflict between his idea of himself and the implication of this statement. This conflict may lead to confusion when the client acts in life. Therapists should encourage conflict resolution by probing the client to reevaluate and align these statements. This alignment helps the client to utilise these concepts later.

8.3 Normative pragmatics and therapy

Inferentialism dedicates particular attention to normativity. This normativity helps to understand how we construct meaning in the therapeutic setting, particularly in SFBT. This meaning-construction is essential for realising the nature of therapy. Therapy goes beyond representation, as inferential rules govern its practice. Responses and stances of others shape these inferential rules—it is an active practice. Practices confer propositional and conceptual meaning, including implicit rules concerning how it is correct to use expressions, under what circumstances it is appropriate to perform speech acts and the consequences of such acts (Brandom, 2001, p. xiii). It is what stances others take towards our performances that constitute inferential rules that confer meaning on sentences and secondarily on words.

These implicit norms are a necessary part of the language system—they link the explicit to the practical. The implicit norms govern the language–world transitions. This space shows the

language limit. One can experience it when verbally explaining the meaning of the command "Stand up!".

One may try several routes describing what one should do, but they all encounter an identical challenge: the agents must know what to do because of these alternative descriptions. One finds the explanation "Straighten your legs, and stop sitting" helpful if she already *knows* the meaning. This knowledge consists of implicit awareness of appropriate behaviour when facing these commands. This aspect does not imply that such an explanation is useless but that these explanations are contingent on each other and ultimately depend on implicit rules to be meaningful.

When discussing clients' hopes, therapists may discover their meaning by encouraging exploration of their relation to other ideas. However, the holistic understanding of clients' hopes remains partially implicit; clients must apply the concepts to discover their meaning. Clients must *use* the hopes to realise what they are entirely. The hopes are like riding a bike—one can discuss them but will learn about them only when riding.

This notion of meaning implies that therapists should encourage clients to do something and reflect on it. Without this practical deployment, they cannot understand themselves. Therapy becomes a platform, but its fruits emerge outside the theoretical construction.

Brandom builds on the late Wittgenstein's concept of language games (1968). However, on top of Wittgenstein's concept, he adds that the language game of "giving and asking for reasons" is the central point of all our language games (Peregrin, 2014, p. 6). Late Wittgenstein promoted

pluralism by saying that there are multiple language games; some games might have been invented or abandoned throughout time.

Brandom thinks the language game of giving and asking for reasons is essential because propositions are in inferential relations. Therefore, each proposition must play some role in the game of giving and asking for reasons, i.e., to be a premise and a conclusion (Peregrin, 2014, p. 7). Every proposition can be a reason for another proposition, and every proposition can be a conclusion that some reasons support—other propositions. Our language must provide for sentences that entail other sentences (Peregrin, 2014, p. 7).

Therapists who acknowledge the essentiality of the language game of giving and asking for reasons start to see that the fundamental way to develop any language game is to encourage implications generation. This encouragement, via questions such as "What difference would this make?", probes clients to explore the inferential network of their statements.

To ask for a reason for some claim, we must be able to challenge it. The simplest way to challenge a claim is to express something incompatible with the claim. When someone asserts, "This is a dog," the easiest way to challenge such a claim is to assert that this is a cat—the challenger implicitly asks the speaker to provide reasons for her claim. Language structures itself by entailment and incompatibility relations (Peregrin, 2014, p. 7); hence, speakers must navigate this network to master language.

Based on these considerations, inferentialists allege that giving and asking for reasons forms the core of our linguistic practices (Beran et al., 2018, p. 272). Every proposition must be in relation

to others to be meaningful—we can ask others to support their claims with other claims, and we can challenge them by asserting incompatible ones.

Therapists must seek these incompatibilities in clients' acknowledgements and challenge them to aid clients in their resolution. Clients' ideas should be aligned into compatibility to allow clients to utilise them without facing confusion. Therapists may facilitate this incompatibility resolution in several ways. The most straightforward is to repeat the incompatible statement to clients precisely as they phrased them. A client who says, "I want to be closer to my wife," and later says, "I want to stop seeing my wife", is stating an incompatible statement. The therapist may facilitate the resolution by restating the first statement when the client says the second one.

For Brandom, we can deconstruct the structure into certain normative statuses that people acquire when communicating, e.g., statuses of commitments and entitlements (Peregrin, 2014, p. 7). By asserting, "This is a dog," speakers commit themselves to defending this proposition by providing reasons for it, and they entitle others to assert their proposition and direct further challenges to them. Being entitled to others becomes impossible when they commit themselves to specific claims. For example, when stating that something is a dog, they become entitled to state that it is also an animal, but they cannot be entitled to say "it is a human."

Clients share their ideas naturally in therapeutic discourse; they may acquire incompatible commitments and entitlements. Awareness of these commitments and entitlements is necessary for understanding meaning—speakers must orient themselves in this network of incompatibilities. Hence, therapists may merely repeat what the client said to hint at potential incompatibility in their ideas.

Brandom believes that living in a human society consists of navigating a complex network of normative statuses that reach many dimensions (Peregrin, 2014, p. 9). We continuously evaluate other speakers' statuses and our statuses when making decisions. The rules that govern this social practice are vast and largely implicit. To explicate all rules, we would need more rules to interpret them, which leads to an infinite regress already described by Wittgenstein (1968). Furthermore, our linguistic activities intertwine with non-linguistic ones—a large part of our normative behaviour does not relate to language—we cannot demarcate which norms are linguistic and which are not.

This network of normative statuses is relevant for therapy. Clients are aware of the normative statuses of members of their community: they know who these members are and what the community expects from them. This complex network influences prospective ways to progress through life's difficulties. Therapists should encourage the exploration of these normative statuses by asking questions about expectations and potential reactions of other community members to help clients understand how to advance.

A client may say she wants to go to a steakhouse more often. When the therapist asks her, "What would your partner say about that?" the client considers that her partner has recently expressed a desire to become a vegetarian. As the client is aware of this normative status and its meaning—its implications—she may consider a potential clash of expectations following such normative status. This consideration aids the client to conceptualise prospective ways of responding to such a situation. This concept makes the client prepared.

Brandom's approach to inferentialism distinguishes him from other *prima facie* similar approaches to meaning because he bases his theory on inferential rules rather than inferences

(Peregrin, 2014, p. 8). Brandom's inferentialism emphasises that what speakers perceive as an appropriate proposition and a correct inference from any proposition is far more critical than individual inferences. It does not matter how individual speakers mentally infer, nor do individual inferences—they cannot establish meaning themselves. What establishes meaning are the normative attitudes of others: they exemplify regularity and construct inferential rules.

Therefore, therapists must encourage clients to explore more than mere inferences—they must explore with the client what is an appropriate inference or following action in the speaker's community. The normative stances, which establish meaning, are critical, not the inference clients make in therapy. Therapists may elicit the exploration of the normative stances in the following way: what would others say about this action? By asking this question, the therapists encourage the clients to consider the propriety of their actions, not merely what the implied actions might be. This way, the clients contemplate the meaning in the context of their community, which goes beyond individual inferences.

Conceptual norms establish themselves by assessing the propriety of claims and inferences in the social-linguistic practice of giving and asking for reasons (Brandom, 2000, p. 26). In these practices, the language users treat others according to their behaviour: speakers punish them if they break a rule. Such a punishment can appear in many forms: being corrected explicitly or losing one's *status* of being taken seriously. These social-linguistic practices then institute a realm of culture that rests on—but goes beyond reliable differential responsive dispositions (Brandom, 2000, p. 26).

Clients became proficient in language use via this socio-normative training—they know the potential reactions. Therapy serves as a platform where clients may reflect on these possible

reactions. Clients who express they want freedom should contemplate how other agents would perceive such a matter and how they would react to it.

We cannot say that pigeons emitting sounds exemplify culture when facing perceptual stimuli. It is a differential response—but such a response does not form any conceptual content nor a normative stance towards others. Once the concept has established itself, we can acknowledge the emerging culture. Such distinction forms the qualitative boundary between having a history and having nature (Brandom, 2000, p. 27). We can talk about the Roman Empire as having a history, but we cannot speak about biological entities having it. Biological entities are relatively natural as they cannot produce conceptual content.

This distinction produces the possibility of having problems. Problems are part of our culture—byproducts of our conceptual activities. Our complex social practices generate various possibilities—one may become confused. The therapeutic process navigates these confusions to help clients align their concepts with their goals. An animal cannot have a problem. An animal can have a quasi-problem that resembles a human problem but lacks the significant dimension of subjective confusion.

A dog that does not have food has a quasi-problem because it lacks the first-person confusion that arises from idea evaluation. The dog's life remains unchanged—it responds to its immediate situation. A human who does not have food because of low income and interpersonal relationships faces a different kind of situation. This situation shares similarities with the one of a dog but is not identical. The human must navigate a complex network of concepts, norms, and expectations that generate another layer of distress. This layer turns a state of affairs into a human-kind problem.

Cultural products and activities become explicit by the normative vocabulary that is not reducible to the vocabulary of natural sciences (Brandom, 2000, p. 33). It is possible to describe any human course of action in the vocabulary of natural sciences. However, an important part is lost. If we were to describe a lecture at a university by statements such as "a human is emitting sounds and other humans are making movements with their hands", then we get a description of the situation, but not one that fully captures the richness of our human world.

Problems are cultural products—they arise from the normative dimension. This dimension—what ought to be—generates possibilities that agents may and must consider when they live in a society. These possibilities produce the necessary confusion distinguishing the dog's quasi-problem from the human-like problem. If there is nothing to consider—no ideas to navigate—an agent has no problem as she only *faces a situation*.

The meaning-constitutive rules are implicit, though it does not mean they would be inexplicable. To explicate something means to put it into a form to serve as and require reasons: to be a premise and conclusion in inferences (Brandom, 2000, p. 11). We can explicate only part of our rules (Wittgenstein, 1968). We can orientate in a complex set of implicit rules because it is a social-practical activity that institutes them (Brandom, 2001, p. xiii), i.e., how others approach us when we execute certain speech acts.

For example, if others do or do not correct us when we utter certain propositions inferred from certain premises, it provides necessary feedback to learn implicit rules. Explicating matters means conceptualising them and putting them into the form of a concept (Brandom, 2000, p. 16). When we discuss problems, we explicate the relations between concepts. These explicit matters become available for further reasoning—they function as premises and conclusions. Therapists

should take an instrumentalist approach to explication—they should view novel ideas as tools. Therapists should bear in mind that anyone can use these tools. Their usage is subject to inspection—it must serve the client's purpose. Therapists should not develop these concepts if clients introduce concepts that do not support them in achieving their goals. They should not explicate their relations to other ideas because clients may use these novel propositions in further reasoning. These conclusions that emerge may further undermine clients' goals.

Imagine a client who wishes to improve her intimate relationship but says she is a horrible partner. Suppose the therapist encourages the client to explicate the reasons for this claim. In that case, the client will generate novel propositions that can serve as premises, e.g., "I never listen to my partner." This proposition can be a premise to conclude that "I should live alone." This conclusion does not support the client's goal.

Therapists should avoid such solidification of problems and the corresponding identity. They should inquire about what the clients wish to facilitate goal achievement. This future-oriented inquiry is an elegant way to resolve clients' conflicting ideas and help clients generate valuable concepts that help them achieve their therapeutic goals. Hence, therapists must be aware of therapeutic goals and continuously evaluate how therapeutically generated ideas contribute to achieving these goals.

From an inferentialist point of view, logic is a tool to explicate concepts. Logic is not a study of formal inference—it is a study of inferential roles of vocabulary that plays a distinctive expressive role (Brandom, 2000, p. 30). Logical vocabulary explicitly codifies inferences that are implicitly present in the nonlogical vocabulary. It helps us say something—not to prove something about the conceptual contents of logical vocabulary (Brandom, 2000, p. 30). By

explicating logical vocabulary, speakers make explicit the implicit relations between the concepts.

If a speaker explicates, "If something is a car, then it is a thing," then she has made explicit the relation between cars and things. By that, others understand their conceptual content better.

However, speakers do not need the logical vocabulary to grasp their meaning—to understand them. Logical vocabulary helps them attain more clarity about themselves and emphasise their relation—to explicate means to conceptualise. Analogously, to understand that touching a hot pan will hurt, they do not need to be aware of that explicitly. It is sufficient to have implicit "know-how". Nevertheless, once they can explicate such a "know-how" into "know-that", they attain conceptual knowledge and can use it further.

The critical aspect is that explication brings ideas to our awareness. We emphasise something that has hidden itself. Therapists must ask themselves what is beneficial for clients to emphasise. Therapists make such decisions during the conversation. These decisions are subtle but make a huge difference. Therapists guide clients to focus on valuable ideas. These are ideas that help clients advance through difficult situations.

Logic is not a canon of proper or standard reasoning; it can help us explicate the inferential commitments that govern the use of all vocabulary and, hence, articulate the contents of all our concepts (Brandom, 2000, p. 30). By that, logic enables us to criticise and transform what it explicates. This explication allows us to inspect the relation between ideas in the therapeutic discourse. When clients express they want to improve their lives, the therapists may ask for criteria for these improvements. The clients explicate these conditions using "if" and "then"

logical vocabulary, which helps express relations between clients' ideas. This activity enables the client to reflect on these relations.

By asserting that Leo is a lion, we also implicitly assert that Leo is a mammal (Brandom, 2000, p. 19). However, we do not need a unique vocabulary to understand that. In an inferentialist sense, if we master the use of those two assertions that "something is a lion" and "something is a mammal", then we have mastered its inferential consequences.

To master inferential consequences, we do not necessarily need to be able to explicate them. However, logic provides us with tools: its logical vocabulary of conditionals *enables* such explication. If the language is rich enough to include conditionals and quantificational operators, speakers can say that if anything is a lion, it is a mammal (Brandom, 2000, p. 20). Logic enables us to make such relations between concepts explicit—through logical vocabulary. It helps us to make explicit implicit inferential commitments (Rockmore, 2002, p. 3).

These implicit inferential commitments are the subject of examination in therapeutic conversation. When we explore the inferential consequences of clients' statements, we encourage clients to use logical vocabulary to explicate these relations. These relations define the meaning of clients' concepts. Therapists often phrase their questions with the beginning "Assume that..." These questions prompt the clients to use conditional vocabulary to explicate the inferential relations between specific ideas. A client may reply, "If I am a good partner, then I also spend more time at home on the weekends."

Such inferential consequences are not self-evident—clients must define them. When they do so, they explicate inferential relations between concepts via logical vocabulary. This explication helps clients to create a coherent set of ideas they can deploy outside the therapeutic setting.

In this sense, the status of logical laws is similar to the laws of nature (Peregrin, 2020a, p. 7). Logic does not uncover a hidden reality behind our daily life—but brings the system into it. It is unnecessary to think that logic or natural laws are fundamental things that have always been in place; they are more concepts that are creations of the human mind that help us achieve specific goals.

Explicating these logical relations during therapy is not a discovery process but a generative one: we link ideas with logical connectors to increase clarity. These relations do not represent something that has been out there but something we construct to help us understand.

By performing speech acts, we attain and maintain a social status that hinges on the attitudes of people who attribute and acknowledge such statuses (Brandom, 2001, p. xiv). Operating with these social statuses makes us human. We become committed and entitled to further speech acts based on our previous utterances (Brandom, 2001, p. xiv). By inspecting humans' attitudes, we illuminate how those implicit norms confer meaning on speech acts. The attention, somehow counterintuitively, shifts from focusing on words to focusing on other people's behaviours. If we were learning chess by watching others play, we would not get far by looking closely at the individual chess piece in isolation. The players' attitudes inform us of the right move in the game. Only in this way can one distinguish a regular mistake from a correct move (Wittgenstein, 1968).

This extralinguistic dimension plays a critical role in clients' progress. No matter what clients define in therapy, the ultimate judge of the validity of these ideas in society. A client might say she would be a better parent if she spent more time with her children. Nonetheless, only the community decides whether the client has become a better parent. Therefore, therapists must encourage clients to consider the community's opinion, gather it, and reflect on it in therapy.

The significance of speech acts consists in the difference those speech acts make to the deontic statuses of commitments and entitlements (Brandom, 2001, p. xiv). By asserting certain propositions, we become committed and entitled. These ever-changing statuses are *tracked* by every single participator of language, forming a complex activity of scorekeeping (Brandom, 2001, p. xiv).

Clients must navigate this network of deontic statuses to advance through their difficulties. Specific entitlements and commitments hinder clients' improvement. When clients persistently commit to not being capable of something, other speakers expect them to behave in a certain way. These expectations hinder clients' change towards their preferred future.

Clients who commit themselves to not being reasonable parents form expectations: other speakers may expect them not to fulfil their parental duties and alter their behaviours. These expectations hinder clients' progress as other speakers no longer provide cooperation opportunities. For example, speakers may stop inviting the parent to family gatherings if they believe the client is not a good parent.

If we move from pragmatics to semantics, we must explain what kind of structure those social practices have to qualify as discursive practice. The specific property of discursive practice is that

it can bear propositional content. What makes something a proposition is its ability to function as a premise for some conclusions and a conclusion for some premises (Brandom, 2001, p. xiv).

Hence, a sentence that would not be inferable from anything and we could infer nothing from it would not be a sentence—it would not have propositional content. A sentence must be able to enter the logical space of reasoning to imply something (Peregrin, 2014, p. 56).

Therapy is an example of a logical space where we comply with these discursive rules. We primarily construct concepts by linking propositions into the structure of premises and conclusions. The discursive aspect emerges from these relations, not from a representational characteristic—this characteristic is secondary and unnecessary for meaning generation.

One is not a full-fledged member of the linguistic community until one can conceive oneself as an agent subject to rules (Sellars et al., 2007, p. 93). By understanding that, one starts to perceive that there are certain ought-to-be that we must respect. A living language is a system of elements that play many different roles, and no single type of role makes sense exempt from the others (Sellars et al., 2007, p. 93). Language is a complex network of relations where every proposition plays a specific role that we cannot examine in isolation by focusing on a single proposition.

This contextual view emphasises the need for therapists to encourage clients to explore their therapeutic goals in relation to specific ideas and beyond that. Clients must examine the community's expectations towards themselves. They should validate their assumptions in practice and reflect on the community's reactions.

8.4 Normative inferentialism in therapy

Normative inferentialism is different from another doctrine that is sometimes confused with it: causal inferentialism. Both doctrines similarly propose that meaning is an inferential role (Peregrin, 2014, p. 9). This similarity means that what establishes meaning is how certain concepts relate to each other in inferences. However, the main difference is how these doctrines suggest what is relevant for determining these roles.

Causal inferentialism considers the individual inferences taken by speakers fundamental, while normative inferentialism concentrates on inferential rules (Peregrin, 2014, p. 9). What is essential for normative inferentialism is not the individual inferences but how other speakers perceive those inferences: if they consider them correct or incorrect. In causal inferentialism, we perceive individual inferences as consequences of certain dispositions in the brain and subsequent inferences as consequences of the previous ones (Peregrin, 2014, p. 9).

In normative inferentialism, each inference is not necessarily a causal consequence of a disposition in the brain nor the preceding inference—it is a voluntary act. The inferences are not causally necessary to happen; they are just *proper* ways to infer. Furthermore, it is possible to conduct an *improper* inference: to *break* the inferential rule. Such an act will lead to being corrected by other speakers. Normative inferentialism perceives what is proper to infer as a consequence of other speakers' *normative stances*, which form a complex interlocking web. Every individual speaker has to navigate this web by reacting to the responses of other speakers to identify the proprieties of each proposition. What we mean by inference is what is correct to infer: an inferential rule (Peregrin, 2014, p. 13).

Hence, therapists do not need to view clients' inferences as necessary consequences of their dispositions. Inferences are not links in a causal chain—they are alterable products of social normative interaction. Clients' statements derive meaning from the normative expectations surrounding them, not from the individual inferences during the therapy. Therefore, therapists should encourage clients to explore what their surrounding community expects from them—it is insufficient to approach therapy as a mere verbal exercise. Therapy is a language game, but there are many participants in this game. Clients discover and realise their therapeutic goals only via interaction with other participants.

These implicit rules emerge from the normative attitudes of society and develop ought-to-be thinking (Peregrin, 2014, p. 10). Consequently, each of the speakers can distinguish between proper and improper inference. However, this ought-to-be thinking cannot be established in private, as thinking one is following it and following it would collapse into one. Therefore, feedback from other speakers is crucial.

Therefore, therapists should encourage clients to validate their ideas when interacting with other community members. These interactions are the ultimate assessment of clients' ideas because implicit rules materialise as affirmative or dismissive reactions. These implicit rules define the meaning of clients' ideas.

Rules are social and institutional. We cannot perceive them as abstract mental entities. Rules cannot exist elsewhere than in the public social space (Wittgenstein, 1968). These rules are not a causal consequence of an individual's brain—they result from a punishment structure for improper actions and rewards for proper ones. These rules materialise in the normative attitudes of people (Peregrin, 2014, p. 15). Those normative attitudes create a reality where something is

the case, and something should be the case. At any moment, someone can diverge from what should be the case and then receive feedback from society.

Therapy primarily concerns itself with what clients *should do*. Clients do not concern themselves with what they could do—they know the possibilities in an empirical world. In this sense, therapy is not a natural science. Therapy focuses on navigating the normative realm—helping clients understand *proper* actions to realise *appropriate* goals.

Perceptions of rules as social institutions open possibilities for error as one's dispositions do not necessarily have to comply with what the society considers acceptable. Another necessary consequence is that such rules can merely govern what is publicly accessible (Peregrin, 2014, p. 10). Publicly endorsed rules can govern only public activities, such as speaking or acting in a certain way. They cannot govern any private state or activity.

This public aspect of rules implies that clients' therapeutic goals are primarily public phenomena. Clients express them in language and learn about their possibilities from the community. As such, these concepts pertain to the public domain. When clients utilise these concepts, they should realise that their employment must comply with the rules of their community. Achievement of these goals is not a matter of private state.

8.5 Conclusion: The role of inferentialism in therapeutic practice

Inferentialism offers a robust framework for therapeutic language because it shifts the focus from representational descriptions to the pragmatic, relational, and normative dimensions of dialogue. By viewing therapy as a language game grounded in social norms, therapists move beyond exploring mysterious inner states—illusionary entities. Instead, they facilitate constructive, goal-

directed change for clients. This inferentialist lens aligns with SFBT, emphasising the practical implications of clients' statements within a structured, outcome-oriented dialogue. Embracing inferentialism enriches the therapeutic process, transforming it into a dynamic exploration of clients' paths toward fulfilling their potential and achieving meaningful progress.

9 Therapy: an inferentialist account

This chapter builds on the foundation established in the previous chapter. It offers a detailed inferentialist account of therapeutic language. I address how an inferentialist perspective reshapes key therapeutic concepts, such as “mind” and “problem”, moving beyond traditional representational approaches. Through this lens, clients’ propositions are not labels for inner states but elements within a network of inferences that imply practical consequences and actions.

Inferentialism challenges the assumption that therapeutic terms represent an inner psychological reality. I argue that these terms gain significance through their inferential roles in clients’ narratives and interactions with their surroundings. Understanding terms like “mind” or “problem” comes from exploring how these terms function in clients’ practical reasoning rather than introspective analysis.

The chapter begins by illustrating how inferentialism applies to anomalous and empirical terms. I argue that concepts central to therapy are practical not due to their referential accuracy but because they simplify complex social reasoning. This view sheds light on how we can eliminate the mystery of these abstract terms that arise in traditional therapeutic approaches.

In this exploration, I compare inferentialist and representationalist views to show the latter's limitations. By interpreting therapeutic dialogue through the inferentialist model, one can realise that the therapeutic aim is not to reveal hidden psychological truths but to guide clients towards productive inferences—resulting in effective change. This shift demonstrates how inferentialism contributes to practical outcomes in therapy, aligning with SFBT’s goal-oriented approach and offering a novel way to conceptualise therapeutic progress.

9.1 Minds and apples

Imagine a tribe that follows a simple rule: if a person has eaten of the chief's food, he is a *tû-tû*, and if a person is a *tû-tû*, he shall subject herself to a ceremony of purification (Alf Ross, 1957, p. 815). Here, the word *tû-tû* refers to status, not a physical object. The author of this example, Alf Ross, argues that words like *tû-tû* are indeed anomalous, as they do not stand for any objects (Alf Ross, 1957). Ross assumes that for a word to be meaningful, there must be some extralinguistic reality. The only function of such a word, claims Ross, is that it forges the links between the fact that someone has eaten the chef's food and needs to be purified (Peregrin, 2014, p. 21).

Therefore, according to Ross, words like *tû-tû* are nonsensical (Brozek, 2016, p. 15).

This representational view of meaning suggests that every word must represent an entity. This intuitive but simplistic notion of language misleads psychologists into thinking that discussing someone's mind is an exploration of a hidden realm of the psyche. Freud generates this mysterious haze by failing to recognise that words like "mind" are not proper names (Freud et al., 2006). Psychoanalysis is not a penetration of one's psyche.

Ross is trying to distinguish between anomalous words like *tû-tû* and ordinary words such as "apple" that represent an extralinguistic object. However, even words that denote extralinguistic objects work similarly (Peregrin, 2014, p. 22). They also have conditions of application, and they have consequences. For example, if something is a fruit that looks like an apple, it is an apple. Moreover, if it is an apple, one can eat it.

This insight makes us realise that even proper names derive their meaning from the practical consequences they generate. Suddenly, minds and apples have more common than we thought. They both have appropriate use conditions and affect the community members' behaviours.

Let us imagine the multiple consequences and conditions for applying the word apple. For example, an apple might be a green object and an object hanging on a tree. The consequences of being an apple are also vast. One can eat an object, such as an apple, and keep it, sell it to others, or even dispose of it. If we did not have such anomalous words, we could act directly without using the word. In the case of *tû-tû*, if one ate the chef's food, she would be purified. It seems that there is no need to have *tû-tû* in our vocabulary and that it is indeed anomalous.

However, if we consider that there are three conditions for applying *tû-tû* and three consequences, then the word *tû-tû* that stands in between simplifies the number of links as we have three conditions and three consequences. By eliminating the word *tû-tû*, we would create a scheme consisting of nine links, as every condition would connect to all consequences. This insight shows that by getting ostensibly anomalous words, we would not simplify our reality but make it more complex. Concepts like *tû-tû* lead to a better economy of reasoning (Peregrin, 2014, p. 23). More importantly, the line between normal and anomalous words remains unclear.

Hence, words with no apparent referents, like "mind", simplify our social interaction by allowing us to affect others economically. The mind does not need a referent and is not more bizarre than the word "apple". The primary function of both words is the effect they produce in interactions.

Ross is proposing that words like an apple have something more than *tû-tû*. As he claims, it is not enough for a word to have conditions and consequences of application. He proposes that to be meaningful, a word must signify an object (Alf Ross, 1957). Without it, there is no reference, hence no meaning. However, Ross shows us how ordinary words of our language function: there does not have to be a referent for words to be meaningful (Peregrin, 2014, p. 23).

The mere fact that the word "mind" is understandable and generates social consequences proves this non-referential thesis. We do not need to seek its referent to understand it. Our understanding demonstrates itself by a proper course of behaviour, not by immediate access to an extralinguistic object.

An inferentialist claims that language is not a set of signs animated by external referents—words become meaningful by being entangled in the network of inferential relationships (Peregrin, 2014, p. 24). We can create words without objects that correspond to them. The only requirement is that they fit into the language by being able to play a *role* in inferences. To play a role in inferences means to play a role in giving and asking for reasons (Brandom, 2001).

Hence, the description of one's mind—common in psychoanalysis discourse—is a pseudo-description. Participants can best understand the meaning of their statements not by introspection but by inspecting the *inferential role*. This insight reveals to us the detrimental confusion caused by the reliance on introspection. Introspection is a source of befuddlement, not knowledge, when one seeks the latter.

Some words do include a *connection* to the external world. It would be difficult to imagine that the word "cat" is not connected to the animal we call "cat". However, the view that reference is independent and prior to inference is ill-conceived (Peregrin, 2014, p. 24). The referent sometimes plays a crucial role—one must look at an apple to learn "This is an apple." But how would that be different with words like *tû-tû*? When learning *tû-tû*, one also must face situations in which it is appropriate to claim "This is *tû-tû*." Hence, the potential referent might be the proper situation—but such a situation is not a referent. What helps us to learn is the normative

attitudes of others: they inform us when it is appropriate to assert such a sentence. Without these attitudes, we would not be able to learn *anything*.

Therapists should encourage clients to explore the social context when clients use words like "mind". This context helps clients to understand the meaning, not introspection. One learns the meaning of "mind" in mundane interactions—one does not need to perform an obscure leap into the psychological realm. The psychological realm is socially constructed and hinges on public criteria. The context of the word's application shows its meaning. The one who is curious about the mind must be curious about others.

The attitudes towards our propositions establish norms. Propositions of meaningful language must stand to each other in certain relations. These are relations of inferability, to be a reason for something, and incompatibility, to be a reason against something (Koreň et al., 2021, p. 3).

Language defines itself by these relations that govern sentential content. Subsentential constituents, such as words, secondarily contribute to the inferential roles of propositions.

Thus, the most appropriate way to explore meaning is not to seek referents but accompanying propositions that preserve specific relations to each other. This inferential view suggests therapists should encourage clients to express inferable or incompatible claims rather than provide detailed descriptions of problematic situations. This approach results in a better understanding of clients' ideas.

In some situations, the representationalist theory is appealing—looking at an apple and asserting, "This is an apple." Nonetheless, we may consider these propositions as transitions from an

extralinguistic world to a linguistic one. Sellars discusses three kinds of transitions (Peregrin, 2001, p. 154).

1. Language entry transitions: The speaker responds to objects in perceptual situations and certain states in himself with appropriate linguistic activity.
2. Intra-linguistic moves: The speaker's linguistic, conceptual episodes tend to occur in valid inference patterns (theoretical and practical), not patterns that violate logical principles.
3. Language Exit Transitions: The speaker responds to such linguistic, conceptual episodes as "I will now raise my hand" with an upward hand motion.

(Peregrin, 2014, p. 25)

Sellars classifies into this tripartite of semantic rule uniformities: language entry transitions as being the transitions between the world and language; language-to-language transitions, which are the inferences; and language exit transitions, which are the transitions between the language and the world, such as intentional actions (Beran et al., 2018, p. 419). This tripartite represents the primary classification of transitions between the conceptual and the nonconceptual realms.

The meaning of propositions depends on extralinguistic aspects. We cannot capture these aspects in language—speakers capture them via implicit norms. These implicit norms define the propriety of specific assertions. Hence, therapists must remember that therapeutic discourse hinges on implicit norms that decide the proper application of clients' ideas. Therapists must encourage clients to apply their ideas to understand their meaning entirely.

Language entry transitions include observational reports, and language exit transitions consist of intentional actions (Turbanti, 2017, p. 73). Observational reports such as "this is green" function

as entry points into our language, and raising our hand after saying "I will now raise my hand" are appropriate actions after specific assertions.

The critical insight is that we cannot explain the meaning of "I will now raise my hand" using language. One may try to do so but will ultimately fail by merely relocating the problem. This difficulty emerges because one would need to use other propositions to explain it—these propositions would suffer from the same problem.

This linguistic limitation implies that clients can understand the meaning of some of their ideas when they deploy them. Hence, therapists should not view therapy as an isolated activity but more as a single element in a complex system of social interactions. This perspective suggests that clients solve their problems not inside therapy but outside of it.

The uniformities are the linguistic expression of our three essential cognitive capacities for sense perception, making inferences, and intentional action (O'Shea, 2007, p. 78). Furthermore, what constitutes the meaning of a word is its role in all three kinds of uniformities of behaviour. A speaker who understands the concept of friendliness must comprehend all three uniformities: recognising a friendly smile, inferring further propositions, and doing something friendly. Hence, therapists who want to support clients in a holistic understanding of their ideas must encourage them to explore their perception of concepts, their implications, and prospective actions.

Sellars further distinguishes between ought-to-be and ought-to-do rules. Ought-to-dos are specific rules of action that some intentional agent should follow (O'Shea, 2007, p. 79). To be an intentional action consists of recognising that some circumstance has arisen and having a concept

of what is appropriate to conduct. For example, when a partner returns from work, one should greet her.

Ought-to-be are rules of criticism specifying how something ought to be (O'Shea, 2007, p. 79).

They tell us that some affairs should be in a particular state, e.g., that dinner is an everyday activity in the evening. There is a connection between ought-to-be and ought-to-do rules: rules of criticism imply rules of action (O'Shea, 2007, p. 79). When things should be in a specific state, dinner should happen every evening. Such a rule implies that when circumstances arise, it is evening, and one should take the necessary actions to bring matters into the *expected* state.

Therapists explore these expected states with clients when asking the Miracle question. They encourage clients to specify what ought to be. These descriptions help clients derive what they ought to do. It is an intuitive approach to ask one what they will do when they have a problem. However, clients may find it challenging to immediately derive actions without understanding the desired state. Hence, therapists should first elicit this understanding because it guides the definition of prospective action.

It is then possible to say that the inferential role of an empirical word like "dog" consists of both material rules of inference and some inferential rules—linking types of situations to sentences or sentences to types of action (Peregrin, 2014, p. 32). However, Sellars describes language entry and exit transitions (Sellars et al., 2007, p. 64). He intentionally does not use the term "inference" as he preserves it for the language-to-language transitions. Sellars argues that we should not use the term inference for the language entry transitions, which give observation words their observational status (Sellars et al., 2007, p. 83). The inferences connect the theoretical and conceptual language, and entry and exit transitions delimit them.

Using "inference" for language entry and exit transitions would mean interpreting it rather extensively. When we observe situations, there is no propositional content; there is just observation of the situation. Therefore, it is challenging to claim that we are "inferring" from the perceptual data of a dog to an assertion that "this is a dog." Applying the term in such a way would stretch the notion of inference beyond recognition (Koreň et al., 2021, p. 424). When obeying a rule, one has to recognise the circumstance to which the rule applies. If there were a semantic rule by the adoption of which a descriptive term acquires meaning, it would presumably have the form "red objects are to be responded to by the noise red" (Sellars, 1953, p. 25). However, to apply such a rule, one must know how to recognise a situation in which such a rule fits. Explicating such a rule would not help, as it would lead to an infinite regress. We encounter this regress when we want to explicate the rules of the language (Wittgenstein, 1968).

The challenge with applying inference rather broadly—to Sellars's entry and exit transition—is that this empirical data we perceive does not have the conceptual content. In a sense, one can infer "this is coloured" from "this is red", but one cannot infer "this is red" from looking at a red object because it is not a concept. Only the intralinguistic moves can we capture when we are doing a theory of semantics (Wolf & Sellars, 2006, p. 269).

This limit applies to therapeutic conversation—we can merely experience the intralinguistic transitions during therapy. However, the meaning hinges on the extralinguistic application. Hence, therapists should encourage clients to apply their ideas outside of therapy.

We face difficulty because two elements interact for language entry and exit transitions: the language and the world parts. Moreover, when we want to describe the latter, we have no choice but to describe it in the former. We can ostensibly train someone to say, "This is red" when we

show them a red object—but if we want to put it into a theory, we would not have any other option than to say, "A red object is a red object." As Wittgenstein has described, "The limit of language manifests itself in the impossibility of describing the fact that corresponds to (is the translation of) a sentence without simply repeating the sentence." (Wolf & Sellars, 2006, p. 269) This limit means that if semantics deal with language, we cannot expect it to elucidate the meaning of all words, as some depend on their relation to the external world. The task of delimitating the word dog—what a dog is—should not be expected of a semanticist but instead of a biologist (Wolf & Sellars, 2006, p. 270).

Clients cannot solve their problems in therapy because they must validate their solutions in practice. This element shows that therapy and problem resolution are not conceptual and theoretical endeavours but practical activities. These activities connect to the therapeutic discourse but must happen outside of it.

The speakers' normative attitudes do not govern what is inferable and incompatible with each other and what kind of situations guarantee proper assertions. These nonlinguistic norms govern the language entry transitions that connect to the perceptual and the language exit transitions, which lead to actions and decisions (Koreň et al., 2021, p. 3).

For example, speakers may correct another speaker who says, "This is an elephant; therefore, it is a fish", but they may do the same when the speaker says, "This is an elephant" while looking at a fish. Lastly, the speaker may correct the speaker when he says, "I want to buy fish," and he grabs a chicken breast in a grocery store. Therefore, we should recognise non-inferential circumstances, including the appropriateness of claims "This is red" when observing a red object (language–entry transitions) and including the undertaking of specific actions after expressing claims that

can serve as practical reasons for those actions (language–exit transitions) (Beran et al., 2018, p. 24). Such situations serve as a tie between the language and the world, and normative rules of society govern them.

Sellars argues that two words have the same meaning if they have roughly the same linguistic function (Reider, 2017, p. 4). These can be words from different languages. What is important is the role that they play in the language. We must look at words as having multidimensional use, as we can examine the use of the word in the language–entry transitions, language–exit transitions, and language–language transitions (Reider, 2017, p. 4). The language–entry transitions are what speakers utter when facing perception stimuli, and the language–exit transitions are their actions and behaviour after they express statements of intention. Lastly, language–language transitions are the inferences that they make inside the language.

This functional perspective suggests that therapists should view clients' ideas not as the final therapeutic product but as a means to an end. Clients generate ideas in therapy, which play a role in their decision-making. Therapists should encourage the exploration of this role. Clients understand the role of the idea when they see how it affects their reasoning—it is irrelevant what this idea represents.

A word like "apple", which refers to an object, may do its job only if such a word participates in a complicated world-language-norm nexus (Koons, 2019, p. 30). Such a network of rules will involve language–entry and language–exit transitions involving an apple's physical object. Moreover, while those relations are necessary for the word to do its job, there is no single relation that we might isolate as the referring relation (Koons, 2019, p. 30).

Clients who describe their problems in therapy cannot refer to a single situation. The meaning of their ideas results from a myriad of relations. Therapy helps clients explore the variety of these relations, not try to identify one primary one.

Any therapeutic idea must have a relationship of inferability and incompatibility with other propositions. Furthermore, it must have proprieties of language—entry and language—exit transitions (Beran et al., 2018, p. 28). These limits of the therapeutic discussion show that therapists may only encourage clients to apply their concepts but cannot discuss them. Only clients can deploy their ideas.

When photons strike a person's retina, she believes an orange pencil is in front of her (Koons, 2019, p. 67). Such occasions take one from a situation that is not a position in a language game to one that is a position in a language game. Some inferences take one from one position inside the language game to another; such moves might include the move from "This is a pencil" to "This is a thing." Finally, the language—exit transitions take one from a situation that is a position in the language game to one that again is not, e.g., when one expresses the intention "I want to stand up" and then stands up. The critical aspect of therapy is that these language transitions do not happen in therapy. However, these transitions are essential for problem resolution. This aspect poses a challenge: how can therapists facilitate problem resolution when it occurs outside therapy?

Therapists must encourage clients to conceptualise how they may apply their ideas as much as possible. Ultimately, therapists should encourage clients to implement actions in between the therapeutic sessions. When the next session starts, therapists should encourage reflection on the actions and their results. This process ensures that therapy connects to what happens outside of it.

Imagine a human that can make only language–entry transitions (Koons, 2019, p. 198). Such a human would be a reliable differential reporter: she would respond by uttering "apple" when seeing an apple. However, what would it take to say that such a human is a rational player of the language game? When one asks such a person any question, one does not get an answer. She would not be able to answer as she would not *know* anything. She could not say what it means to be an apple and what other things it entails. She could not say that an apple is edible or includes nutrients.

Such a reporter would describe the problem situation with all its details, but she would not be able to infer the consequences of such a problem. We would say that this person does not have a problem because she does not comprehend its significance. This person would be more of an empirical reporter than someone discussing problems. This view shows that having a problem is a matter of conceptual understanding rather than empirical reporting.

To say that such a human is rational would be to say, analogously, that a thermostat is rational as it also responds to certain stimuli. If an agent is to be in the space of reasons, to count as a knower, one must make language–language moves, i.e., to be capable of inferring (Koons, 2019, p. 199). The inferences are central to meaning—being able to react to stimuli is insufficient to establish meaning and operate in the space of reason. These inferences also establish conceptual content—something creatures that make just language–entry moves cannot grasp. Therefore, it is practical mastery of language–entry and language–exit transitions that form a conceptual competence exhibited by sapient creatures (Beran et al., 2018, p. 24).

Imagine a child that can express "that is red" when seeing a red object and, after that, infer "that is coloured" Sellars claims that this is not yet enough for the child to master the concept of red

(Turbanti, 2017, p. 89). Sellars distinguishes between pattern-governed and rule-obeying behaviour. Such an example might easily fall into the first category—we can train a child to react in such a way to red objects and then continue with such an inference. Hence, to conform to a pattern does not imply obeying an explicit rule (Turbanti, 2017, p. 89). For Sellars to obey a rule, one must be able to explicate such a rule. By that, one can distinguish mere following a pattern from genuine rule obeying. Hence, for the child to master the concept of red, the child must be able to explicate, "If that is red, then it is also coloured." Furthermore, to do that, the child must be able to speak in a "metalanguage", a language that expresses matters about a language.

Therapists who wish to elicit conceptual understanding should encourage reflection on clients' behaviours. This activity ensures clients transition from mere pattern-following into a diligent concept application. Therapists may do this by asking clients about functional behaviour they have deployed to solve challenges. This method turns mere behaviours into universal ideas that clients may use.

In a rule-governed system, the utterance "this is red" is no mere conditioned response to the environment; it is a function of the environment and the perceiver's conceptual set (Wolf & Sellars, 2006, p. 142). Clients' reports of their problems are not mere responses to what is happening in their lives. Their responses constitute their conceptual framework. This conceptual framework is not a necessary consequence of an empirical state. Our conceptual activities—discussions—generate these frameworks. Hence, therapists should view clients' reports not as neutral vehicles that describe the world but as results of creative activities that clients can alter in the therapeutic dialogue.

What makes something "red" is constituted by the uniformities that characterise the linguistic behaviour of the speakers (O'Shea, 2007, p. 61). A child learning the word "red" must come to an understanding via social normative training. She must reliably respond to red objects by uttering "this is red", and she must be able to make certain inferences like "this is coloured" and not make others like "this is green," and also reliably respond to her utterance "I will now lift the red one," by lifting the red object (O'Shea, 2007, p. 61). Conforming to these three types of uniformities is a mandatory requirement for mastering the concept.

This systemic view implies that clients achieve therapeutic goals when they do something and incorporate therapeutic goals into their conceptual frameworks. This conceptual element emphasises the importance of therapeutic reflection—clients must realise how their desired outcomes relate to other concepts. This realisation is necessary for clients to advance in therapy.

For Sellars, concepts involve laws and are inconceivable without them (Corti, 2018, p. 144).

Without laws, there is no correction and, therefore, no objectivity. Conceptual meaning is exhausted by material and formal inference rules (Corti, 2018, p. 144), constituting what we can infer from a concept following the logical and extra-logical inference rules. It is also the language entry and exit transitions that include language use. However, for Sellars, only intra-language inferences contribute to the conceptual meaning (Corti, 2018, p. 145). Sellars admits that rules govern speakers' dispositions to utter "red" in the presence of red objects. However, those are not the same rules governing material or formal inference (Corti, 2018, p. 146).

The difference between these two types of rules is that the extralinguistic rules depend on speakers mastering their practical application. Their mastery is subject to grasping nonconceptual activities. These activities hinge on an implicit understanding of the propriety of actions and

observational reports. This propriety may be the subject of explication but ultimately depends on the implicit grasping of these rules. Hence, therapists rely on clients' implicit understanding of their therapeutic goals. Therapists cannot discuss the full extent of the meaning of these goals.

We cannot explicate these rules, as such an explication would lead nowhere. Sellars' notion of meaning is in danger of linguistic idealism (Corti, 2018, p. 222), the view according to which, in language, we never connect to the world. If we are to define meaning merely by its intra-linguistic inferential rules, the question remains if language is then wholly arbitrary. This conclusion does not seem plausible as episodes of seeing red have to somehow connect to the word "red". The solution to such a problem is to see meaning as constituted by its rules of application in extralinguistic matters. We must note that we cannot explicate all rules (Wittgenstein, 1968).

This view emphasises the practical dimension of language—language is a tool that cannot have any significance without practical use. Therapists must not view clients' problems as mental objects that therapists eliminate in the therapeutic discourse. Such a theoretical view would render problems as entities without a specific use. Therapy is a platform that supports practical consequences that embed themselves in the complex social activities of clients' communities. This systemic view suggests that therapy is not the origin of resolution but only a supportive element that accelerates clients' progress.

Appropriate relations of inferability, incompatibility, and proprieties of language—entry and language—exit transitions must structure language for sentences to have semantic meaning (Beran et al., 2018, p. 28). The rules that govern these structures have an extralinguistic impact as they define what can stand as a reason for something and what specific actions are appropriate to

conduct after making assertions. In general, inferential relations determine the inferential potential of declarative sentences (Beran et al., 2018, p. 28).

This potential is the sum of what a proposition follows from and what follows from it.

Propositional contents are specific contributions to the inferential potentials of sentences in which they systematically occur, and this propositional content has an inferential role in the sentence (Beran et al., 2018, p. 28). Hence, each sentence—if it is meaningful—has propositional content. Such content plays a specific role in the complex nexus of inferability and incompatibility, which is called the inferential role. What speakers can infer and what the proposition is inferable from is the inferential potential of each sentence.

This inferential potential is the subject of therapeutic inquiry. Therapists explore clients' therapeutic goals as concepts with inferential potential. This inferential potential is a range of possible inferences. However, clients realise the specific meaning of their therapeutic goals when they explore particular inferences. Therefore, therapists must encourage clients to select specific inferences from the inferential potential to help them make their ideas concrete.

Think about the concept of a prime number. We naturally think of it in terms of its necessary and sufficient application conditions. However, Frege considers it an inference license (Corti, 2018, p. 144). Hence, to say that a number is a prime number means to issue an inference license that entitles the speaker to infer in a certain way, e.g., when one is to divide another number by it, the number will not change.

We should approach therapeutic problems as inference licenses—entitlements to inquire about clients' desires. When clients acknowledge problems, therapists do not need to inquire about

them. This approach assumes that we must familiarise ourselves with a problem as an entity. When we treat problems as an inferential license, we view the notion of a problem as a mere bridge to other ideas. Problems are inferential connections that suggest clients want to change something. This desire to change is what therapists must explore. They should not trap themselves in the idea that the problem is the final subject of therapeutic inquiry. Problems direct our conversation towards more critical ideas we must explore.

9.2 Material inference

The general assumption of inferentialism is that inferential rules govern logical vocabulary and the rest of the language (Peregrin, 2014, p. 25). Hence, it is not only words such as "and, if, then" that are governed by inferential rules, but also words such as "apple" or "table", but more importantly, every other word that we use. This view requires broadening the concept of inference by including extra-logical inferential rules. The material inference is not strictly logical or confined to purely formal or rational linkages (Reider, 2017, p. 126). We might say that material inferential rules govern whatever occurs as a correct inference. We call these rules "material inferential rules," the material part means that the presence of non-logical vocabulary is essential to them (Brandom, 2008, p. 106).

The kind of inference that determines the conceptual contents of its premises and conclusions might be called "material inferences" (Brandom, 2000, p. 49); such a view was already proposed by Sellars (Sellars, 1953). When saying, "A cat is also a mammal," the contents of these concepts determine if such an inference is correct. Applying these concepts in such a way is part of mastering them.

However, we often identify inferential with logical articulation (Brandom, 2000, p. 49). We would consider such an inference mentioned above as a derivative category. Material inferences are the kind whose correctness essentially involves the conceptual contents of their premises and conclusions rather than their form (Whiting, 2006, p. 18). Without inspecting the content of the concept, we cannot assess the correctness of the inference, as these inferences rarely have a valid form from a formal logical perspective.

Therapists inquire about ideas to facilitate clients' understanding of their conceptual framework. Therapists encourage clients to make proper inferences. However, the material inferential view indicates that the speakers' community defines a proper inference. A proper inference does not depend merely on correctly using logical rules. "I am a good father because I spend time with my children" is valid when the community accepts the definition of a good father. Hence, clients' ideas need more than adherence to formal logic—they need validation from the community.

This view proposes that therapists encourage clients to reflect on the ordinary use of concepts to learn about their meaning. This reflection helps clients understand potential reactions from the community that may guide clients' decisions.

Conceptual contents are inferential roles, and the inferences that matter for such contents must be, in some sense, materially correct and not just formally valid (Brandom, 2000, p. 56). Hence, we perceive these inferences as correct, such as "If something is a dog, then it is also a mammal." These inferences establish the meaning of a dog and a mammal. It is insufficient to consider inferences such as "If A is true, and B is true, then the conjunction A and B is also true." Material rules of inferability and incompatibility govern the language (Koreň et al., 2021, p. 3). These rules establish proprieties of valid inferences. Such rules originate in the game of giving and

asking for reasons. They set up material inferences such as "It rains" to "streets are wet," but also material incompatibilities such as "streets are wet" to "streets are dry" (Beran et al., 2018, p. 57).

Therapeutic discourse must facilitate meaningful understanding by encouraging clients to explore these material inferential rules. Therapists do this by inquiring about proper inferences and incompatibilities. If clients express they wish to improve their marriage, therapists should inquire about the implications of this improvement. This way helps clients understand the propositional content of their ideas.

To view an inference, "x is a dog, then x is an animal," as governed by inferential rule, we must reject the idea that such an inference is valid only because we see it as containing an implicit premise such as "every dog is an animal" (Peregrin, 2014, p. 26). The implicit premise partially explicates the inferential rule that defines the conceptual content.

Furthermore, explicating every such premise would undoubtedly lead to an infinite regress. Moreover, if we would view every inference as in need of having implicit premises to be valid, then we would also have to view logical inferences such as "If A is true and B is true, then A and B is true" to be valid only with an implicit premise "If two premises are true, then their conjunction is true", and we could then continue further with identifying more of them ad infinitum.

This view suggests that rules of material inference define the conceptual content, which speakers cannot fully explicate. This limitation implies that we cannot understand concepts by verbalising their content—an implicit part remains. Hence, we must grasp the implicit part by learning the

concept's application. Therapists rely on observing how clients use their ideas and should encourage them to apply novel concepts to understand their meaning.

According to Sellars, extra-logical rules are not abridged versions of logical ones. Moreover, they are more fundamental than the logical ones (Peregrin, 2014, p. 26). Following its inferential rule, we do not need any logical vocabulary to use the concept of a dog. It is imaginable that one would follow an implicit rule, "if x is a dog, then it is an animal", without possessing logical vocabulary. Such a fact would, of course, make it impossible to explicate this rule. However, this is not an obstacle to following such a rule: not all rules have to be explicit; moreover, it is impossible.

Therapists should encourage clients to make inferences to embed novel ideas into their conceptual framework. However, they do not need to promote the use of logical vocabulary. The relations of inferability present themselves when clients share their ideas. When clients say that becoming a better partner would make them happier, they do not need to use logical vocabulary. The relation between being a better partner and happiness is implicit. Therapists should encourage the exploration of more happiness conditions by probing the client with appropriate questions. They must realise that these conditions are in logical relations. The therapist's goal is to make clients aware of these relations because they define the conceptual content of the client's ideas.

One could imagine primitive tribe members asserting, "This is a dog" when seeing a dog, and then they would infer: "It is an animal." When inferring in such a way, no other speaker would object. However, when they say, "It is a cat," other members correct the behaviour by shaking their heads and saying, "It is a dog." By being *trained* this way, speakers will become *aware of*

an implicit rule: if something is a dog, it is an animal, but it cannot be a cat. Again, the tribe would not need to be able to explicate such a rule via logical vocabulary as they could *follow* such a rule implicitly. The normative stances of other speakers would endorse such a rule without having the possibility to explicate it. Thus, material inferential rules are indispensable; they do not owe their authority to formal inferential rules (Sellars et al., 2007, p. 8).

This material inferentialism demonstrates itself in SFBT when therapists inquire about the last time they experienced the therapeutic goal. If clients express they want to be happy, therapists ask when the most recent moment was when they were happy. This way, they encourage clients to explore the relationship between happiness and other ideas. These inferability relations *show* the conceptual content of clients' concepts.

Conditionals let one say something, where one could only do something before (Brandom, 2008, p. 98). It is the material inferences where one was inferring from "This is a copper" to "That conducts electricity." Before having conditionals as part of the logical vocabulary, one could only infer by following an implicit rule that one gets to understand by other speaker's normative stances towards those inferences, i.e., if the speakers treat such inferences as good or bad.

After having conditionals, one can explicate such an implicit rule and directly accept or reject such an inference in words. The expressive role of conditionals is to codify inferences, specify inferential practices, and explicate them in the sense of making something implicit explicit in them (Brandom, 2008, p. 99). It is these rules that we are implicitly following that we can analyse. Conditional vocabulary lets us put these rules into declarative sentences that can serve as conclusions and premises in our language afterwards (Brandom, 2008, p. 189).

The logical vocabulary enables therapists to explicate conceptual content by discussing the relations. Therapists can do so by asking specific questions about clients' statements. When clients say they were happy when they went to nature, therapists may ask, "If you go to nature, are you happy?" This inquiry explicates the relationship between happiness and going to nature. Clients gain the chance to reflect on this relationship.

To master the material inferences is to master a concept. When aware of such rules, one must treat certain inferences as good and some as bad. Part of taking an inference as materially good is knowing something about which possible additional collateral premises or auxiliary hypotheses would confirm such an inference (DeVries, 2009, p. 56).

If an animal is a rabbit, it eats carrots—unless it is sick or dead. A lit match will set the fuel into the fire—unless there is no oxygen. This view does not suggest that one must master some definite discriminations to use concepts. It is just when one cannot make any practical assessment of the counterfactual robustness of material inferences when one cannot count as having mastered them (DeVries, 2009, p. 57).

Learning a concept consists of accumulating more awareness of these collateral premises. Therapeutic discourse helps clients understand their goals by letting them discover these collateral premises. Clients may enter therapy without any knowledge of what guarantees their therapeutic goals. When they discuss the goals with therapists, they explore the collateral premises to increase their understanding.

Conceptual contents contain implicit material inferential relations (Brandom, 2000, p. 60). When there is a dispute about the goodness of inference, it is possible to say what the dispute is about

and offer reasons. Logical vocabulary, such as conditional or negation, allows us to explicate relations between specific claims. Hence, for something to be a logical vocabulary, it must be explained in terms of its semantically expressive role (Brandom, 2000, p. 60). Taking such an expressivist view means viewing logic as having a role in explicating inferential roles between conceptual contents of non-logical vocabulary. The possibility of explicating rules via logical vocabulary gives us a significant advantage in that we can inspect those implicit rules by making them explicit. This way is helpful for therapists and their clients—it enables them to discuss those rules and potentially change them.

When clients say they want to improve their relationship with their partner, the therapists may ask, "What difference would this make to your partner?" This question probes clients to conceptualise the link between better relationship and their partners' behaviour. This ideation clarifies expectations towards their partner and aligns the clients' behaviours. Clients may use logical vocabulary to make these relations explicit: if one improves her relationship, her partner will spend more time with her.

Moreover, rules that govern inferences, such as "Lightning now, then thunder soon", are considered inferential rules (Peregrin, 2014, p. 26). For Brandom, inferences such as "The streets will be wet" and "I shall open my umbrella" drawn from "It is raining" are all valid inferences (Bransen, 2002, p. 10). However, such material inferences would not seem valid for a formalist logician as they have the form of "A, then B." A possible option for formal logic is to view such inferences as having a missing premise that we can explicate.

The inference "streets will be wet" from "it is raining" would be perceived as having a premise: "If it is raining, then the streets will be wet." However, with such a view, we would always have

to have all the tools to explicate such premises before making an appropriate inference.

Nonetheless, as in the above example, we can infer without even being aware of such a missing premise. Instead of a missing premise, we might follow an *implicit* rule that other speakers endorse. Later, logic can enable us to explicate such a rule, but we do not have to know it to follow it, as the community can train us to do so.

Clients' ideas link themselves via these implicit rules. No matter if these rules clients explicate, clients' concepts relate to each other. The therapist may encourage clients to reflect on these relations by explicating them. When clients say that they want to become more independent but later in the therapeutic conversation share that they wish to acquire more responsibilities, therapists may ask them about the relationship between these two goals. This inquiry helps clients to clarify how these two ideas relate to each other. Such investigations may facilitate the client's revelation of the incompatibility of these two ideas.

A possible criticism of rules of this kind is that such a rule might not always be correct, i.e., that inferential rule must be valid under any conditions. The above example is a *ceteris paribus* rule (Peregrin, 2014, p. 27), which applies if no other conditions change. If we insist that inferential rules must be indefeasible, then a question arises: Are there any rules like that in natural language?

If we hear someone in a car cursing at someone, shouting, "You drive like a pig!" would that also imply that the person is committed to "he drives like a mammal"? The variety of language use, its plurality, and, more importantly, the variety of our lives in which language is essentially rooted shows us that valid rules under all circumstances are scarce. Defeasible inferences involve

empirical vocabulary (Turbanti, 2017, p. 156), and almost every discursive practice involves empirical vocabulary.

This defeasibility aspect suggests that therapists should encourage clients to reflect on the conditions under which their inferences are valid. Material inferences depend on these conditions—they are not self-sustaining. This characteristic implies that when clients say they want to become more confident, therapists should inquire about the conditions of their confidence. These conditions serve as reasons for the conclusion that they are confident. Therapists may do so by asking about the last time clients have demonstrated confidence. This inquiry elicits conditions while connecting these conditions to clients' experiences.

These inferential rules do not just govern logical judgments, such as "Aristotle is a man, every man is mortal; therefore Aristotle is mortal." Rules that govern judgments, such as "The light is on, so the circuit involved is closed", are also inferential (Reider, 2017, p. 85). These rules show themselves during therapeutic conversations.

The conditions therapists elicit using solution-focused questions invite clients to use logical vocabulary to explicate inferential rules between non-logical vocabulary. Logic is a tool that helps us to express relations. Moreover, material inferences are valid not because of their logical form but because of their contents (Bransen, 2002, p. 10). Therapists help clients discover this content by asking them, "How would you notice this is happening?" This inquiry probes clients to explore the content of their ideas.

The normative attitudes of other speakers endorse such inferential rules. Sellars describes learning the language as trainers conditioning the trainees (Koreň et al., 2021, p. 209). On such a

learning occasion, the trainers are the ones who know the ought-to-do and condition the trainees to act in a way that conforms to the ought-to-be (Koreň et al., 2021, p. 209). The ought-to-be is the appropriate situation, e.g., something is inferred correctly, such as "Max is a dog; therefore, Max is a mammal," and the ought-to-do is the speech act the speakers should conduct. By conditioning the trainees, the knowledge of the ought-to-be transfers from the trainers.

This interactional aspect manifests in therapeutic conversation—therapists encourage clients to follow novel inferential rules and abandon old ones. The therapeutic practice has a restructuring attribute—it aims to modify clients' inferential habits. Therapists achieve this goal by emphasising specific inferences and ignoring others. When clients say they have done something well, therapists ask, "What does that say about you?" This question encourages clients to make new inferences: "I have done this well; therefore, I am capable." This inference becomes a pioneer in the new inferential habit. This habit is helpful for the clients to advance through their difficulties.

One of the advocates for the priority of material inference is Brandom. He asks us to consider an inference of the following sort:

The match has been struck.

Therefore, the match will light.

(Brandom, 2000, p. 88).

The conceptual content of these ideas defines the correctness of this inference. However, the inferential rules generate this conceptual content. Speakers must establish these inferential rules by making particular inferences. When therapists encourage clients to make novel inferences,

they redefine the conceptual content of specific ideas. These ideas might be critical for their success in overcoming life's difficulties: clients who redefine who they are will see the world differently.

A distinct feature of material inferences is that they appear nonmonotonic (Koons, 2019, p. 145). They are valid under a specific set of premises and can be defeated. If we were to add a premise, "The match is wet," then the inference would be defeated as the conclusion would not follow. In contrast, formally valid inferences are monotonic, i.e., if we add extra premises, then it would not happen to change the truth value of the conclusion. If P entails R, then P and Q also entail R.

These dependencies provide possibilities for therapists to seek the collateral premises. When clients express they wish to improve their lives, therapists may encourage them to explore the premises that warrant this conclusion. This process helps clients identify the conditions defining their notions of progress. The result is an inference: I am spending more time in nature; therefore, I am living a better life.

There is a strong tendency among philosophers to regard material inferences like the one above as possessing suppressed premises (Koons, 2019, p. 145). The added premise then contradicts such suppressed premises, explaining the inference's defeat. If we would then explicate the suppressed premises, Brandom's inference, as mentioned earlier, would appear in this form:

The match has been struck.

(If a dry, well-made match is struck, it will light.)

(The match is dry and well-made.)

Therefore, the match will light.

Such a formalist approach views all valid inferences as deductively valid. The question is whether we should view theoretical inferences as nonmonotonic and material as monotonic and deductively valid.

The problem with the latter route is that we do not know how to express all the premises for such inferences. The difficulty lies not just with the fact that we would need an infinite list of the conditions—though that is true—it is that the membership of such a list would be indefinite, i.e., we do not know how to specify in advance what belongs on the list (Brandom, 2000, p. 88). The formalists claim that there must be a premise that links the other premise to the conclusion, e.g. "If a dry, well-made match is struck, then it will light."

If we consider an inference such as:

Fido is a dog.

Therefore, Fido is a mammal.

The formalist would then argue that what is missing is the major premise, "If Fido is a dog, then Fido is a mammal," to explain our psychological ability to transition from premise to conclusion and the normative goodness of such a transition. However, such a formalist account does not explain the possibility and goodness of such a transition, making such an explanation impossible (Koons, 2019, p. 146). To illustrate this, we might consider the example mentioned above enriched by the major premise that links the premise to the conclusion:

A: Fido is a dog

B: If Fido is a dog, then Fido is a mammal

C: Therefore, Fido is a mammal

However, one might argue that nothing now links premises A and B together. Hence, one might insist on adding another premise: "If A and B are true, then C is true." However, we would not get very far as nothing links the new premises to the other premises of A and B. This problem would continue *ad infinitum*.

Adding the major premise does not explain how one would be psychologically able to infer, as it creates an infinite regress. One who is not able to infer that Fido is a mammal from knowing that Fido is a dog does not need just lessons of logic but probably does not understand what "dog" and "mammal" mean at all (Koons, 2019, p. 148). Unless such a person presupposes another premise that would make such an inference invalid, that can be a premise such as "Fido is a special character from a sci-fi movie that can also breathe underwater." Material inferences are massively nonmonotonic (Brandom, 2015, p. 271).

This material inferential view suggests that the conceptual content—the inferential potential of propositions—manifests as proper inferences. The speakers of the community endorse inferential rules that define this conceptual content. When therapists ask clients solution-focused questions, e.g. "What would you notice if you were happy?" they do not merely facilitate formal inferences but the *definition* of clients' happiness. This definition does not equal the term—the definition process uncovers the meaning by showing proper inferences.

Material inferences are defeasible, and one cannot secure them by explicitly denying their possible defeasors in the premises. The class of defeasors is, in general, open-ended (Brandom, 2015, p. 272). Thus, such a task is not achievable. Furthermore, one might consider using the

ceteris paribus clause. However, the expressive role of such a task is to acknowledge the claim's nonmonotonicity (Brandom, 2015, p. 272). Such a clause acknowledges the defeasibility, but it does not remove it.

This defeasibility aspect indicates that concepts are not static entities. The conceptual definition is instead an everlasting process that intertwines with extralinguistic activities. The validity of therapeutic output depends on the following moment of refutation. However, this element does not imply that therapy cannot succeed—it cannot succeed at defining ideas of absolute validity. Since such ideas do not exist, this characteristic of our concepts suggests that therapy is part of a broader exploration. The therapeutic goal is to facilitate clients' progress without relying on discovering eternal truths about reality or clients' nature—these truths do not exist.

This view contradicts Freud's notion of therapeutic goals, which suggests that clients ultimately solve their problems when they understand their past trauma hidden in unconsciousness. There is no final eradication—only concept generation. These concepts do not convey truths but represent valuable tools. Their usefulness depends on ever-changing circumstances.

Material inferences constitute linguistic meaning (Brandom, 2001, p. 99; Kaluziński, 2020, p. 4). To grasp the meaning equals being able to distinguish between correct and incorrect material inferences or language-to-language transitions. Material inferential rules are content-dependent (Bernstein, 2004, p. 12); they rely on how speakers use them. Thus, we cannot derive them from formal rules, which are content-free. We cannot interpret the material inferential rules in terms of formal logical rules—the material inferential rules are the primary rules that enable the game of giving and asking for reasons. Material inferential rules that govern inferences that appear to be

formally invalid, such as inferring from "this is A" to "this is B", are irreducible (O'Shea, 2007, p. 203).

This view implies that therapists should not focus merely on the formal validity of clients' inferences but see the inferences as meaning-constituting acts. Imagine a client who says he would be a better father if he spent more time with his children. A therapist focusing primarily on formal inferences sees the above inference as valid, assuming that "Good fathers spend much time with their children." This formalistic view does not encourage therapists to inquire further about the conceptual content of these ideas because it sees the validity of the inference as a mere connection between the propositions.

When therapists see inferences as a medium to uncover the conceptual content, they use solution-focused questions. They use questions such as "How would you notice you are being a better father?" to define the conceptual content of clients' ideas. This inquiry prompts clients to provide reasons that function as premises in the inference. The more reasons clients provide, the more they define the concept. The conceptual content shows itself in the inferences—it is not something that connects to the utterance but the role of the utterance.

As language is a social activity, other speakers' attitudes towards what is and is not an appropriate way of speaking bind us. What motivates us is that we want to avoid the correction by the community (Pośłajko & Grabarczyk, 2018, p. 15). Humans are social creatures—their well-being depends on how well they participate in the community.

These normative attitudes play a critical role in the therapeutic process. Clients cannot experience them directly during therapy, but they can consider them. This consideration may not be accurate,

but it is a valuable step towards having a helpful idea about what strategies clients might deploy. Therapists facilitate this reflection by asking questions such as "How would your partner react?" these questions encourage clients to consider other people's normative attitudes towards their prospective actions.

9.3 Empirical vocabulary

The roles in the inferences define the meaning of words—this applies to all words, even those that are empirical. Nevertheless, would it be possible to say that words are entirely definable by their inferential role? It seems almost indisputable that empirical words refer to or stand for something in the external world.

Empirical words must connect to the world. It would be difficult to argue that the word "dog" does not relate to the object we usually refer to as a dog. What becomes the focal point is the nature of such a link between the word and the object. We can identify specific situations where certain words appear and then link them to the particular properties of such situations or even objects that appear in them.

The concepts for which inferential notions of content appear least appropriate are those associated with observable properties, such as colours (Brandom, 2000, p. 47). When observing an object, we can report its properties. In such a case, it seems that there is no apparent inference. We do not build such a proposition on any premise, and the only thing that can stand as a reason for such an assertion is the observable property of the object.

However, the critical aspect is that we must inferentially articulate even such non-inferential reports; without this inferential articulation, we would not be able to tell the difference between

non-inferential reporters and machines that we have programmed to respond differentially to certain kinds of stimuli (Brandom, 2000, p. 47).

What is the crucial difference between a human saying, "This is red", and a dog that we have trained to bark when it sees red things? In both cases, a general classification happens, i.e., a human classifies this as a red object and responds. The dog does the same: classifies and responds. However, there is more than that when it comes to humans.

We tend to say that with humans, there is an *understanding* that the dog does not *get*. However, this will not get us very far. There is a distinction: the non-inferential reporter understands the *concept* of red (Brandom, 2000, p. 48). Hence, the difference is conceptual awareness, i.e., when a dog barks at a cat, it is not aware of the *concept* of a cat. The dog certainly classifies the object as a cat and reacts to it. However, it does not understand the *conceptual content*.

This insight into empirical vocabulary emphasises the inferential nature of the therapeutic process. Clients who ostensibly describe problems by reporting on specific situations are not primarily picturing facts but formulating ideas with inferential consequences. Clients' statements are not mere differential reactions but notions that have significance. This significance is how these concepts affect other ideas clients believe. That is the reason why dogs do not need therapy.

The dog cannot infer that the cat is a mammal and *probably* likes to chase mice. The dog can observe the cat chasing mice but is unaware of the concept of chasing mice. This differentiation might appear arbitrary but has significant consequences. Here lies the difference between "know-how" and "know-that" (Peregrin, 2011). The dog can have the "know-how", e.g., how to chase the cat effectively, but the dog cannot have the "know-that", e.g., the dog cannot know that when

the cat is escaping, its stress hormone rises. Even non-inferentially elicited utterances, i.e., observational reports, must have inferential consequences if they are not to be cognitively idle (Brandom, 2008, p. 106).

This necessity dissolves the confusing false dichotomy: is problem description a matter of stating empirical facts or a subjective attitude towards neutral states of affairs? Problem descriptions are none of these two—it is a matter of constructing ideas to achieve something *useful*. This construction is an iterative process of testing the usefulness of these ideas—they are tools that we must deploy to see how we can improve them.

Having conceptual content is to have an inferential role in the game of making claims and giving and asking for reasons (Brandom, 2000, p. 48). It is when one can provide reasons for claims and infer other claims from them when one has mastered the concept. A simple differential response to stimuli is not enough to be thought of as understanding the concept.

One could assume that a parrot emitting "That is red" is conceptually aware—but to be conceptually aware means to master the claim's *inferences*. Hence, when a parrot emits "That is red", it does not treat it as incompatible with "That is green", and it does not understand that such a claim entails "That is coloured" (Brandom, 2000, p. 48). Thus, the parrot's response is neither conceptual nor cognitive, as it does not understand its practical proprieties of *inference* and *justification*. Humans' utterance exists in a rich spectrum of other utterances; every sentence is part of a network of other sentences (Peregrin, 2014, p. 30). It is not before a sentence becomes part of this network that we can say it is *meaningful*—that it has propositional conceptual content. Without being part of this network, there is no difference between "this is a dog" and a cat hissing when it sees a dog.

We must view therapy as an inferential practice that aims to clarify the conceptual content. The view that problems are descriptions of reality is simplistic. Problems are not names of specific kinds of situations nor subjective attitudes towards reality. They are primarily ideas that therapists aim to develop by asking proper questions.

What makes something a meaningful assertion rather than just a sound is that it is a move in the language game (Peregrin, 2014, p. 30). If a cat hisses at a dog, it is not a move in any language game. Nothing follows from such a hiss, and nothing is antecedent to the hiss. This complex network is essential to our ability to play language games, mainly the game of giving and asking for reasons (Brandom, 2001). As the game of giving and asking for reasons consists of asking for justification of specific claims and inferring certain claims from them, the sentences in a language must be in *relation* to each other. These are relationships of inferability and incompatibility (Peregrin, 2014, p. 30).

The exploration of these relationships is therapy's primary focus because this exploration clarifies the role of these novel ideas. Assuming that problems are descriptions would obscure the therapeutic process. Therapy would be an atelier full of photographers documenting the world—one would have to ask, "What now?" after they have photographed everything. Therapy must not be a halfway process.

The simplest way of asking for reasons is by challenging someone's assertion by asserting something incompatible with the claim. When someone says this is a cat, the simplest way to challenge a claim and prompt the speaker to provide reasons for her claim is to say, "This is a dog." In such a situation, we have two assertions that are incompatible with each other; the speakers are facing discord.

To settle such a dispute, speakers must provide satisfactory reasons for their claims. One can say that the animal in question is barking, while the other person might reject that. When that happens, the principle remains the same—one speaker challenges another to explain why she thinks this sound is the sound of barking. How convincing the argumentation must be is another question—it is essential to acknowledge that certain propositions are incompatible.

These incompatibility relationships are critical for the therapeutic process. Clients benefit from having a cohesive set of ideas they can deploy in challenging situations. Incompatible propositions must not be in such a set of ideas—they decrease the overall cohesion. Therefore, therapists must encourage clients to resolve these incompatibility issues. They may do so by inquiring about these conflicts: "How can you focus more on your career while also deprioritising it?". However, therapists may only repeat these claims and observe clients' reactions. Both ways prompt clients to reflect and decide. This process helps them resolve the issues, increasing their concepts' utility.

Inferences in which empirical words participate must underpin their content-fullness (Peregrin, 2014, p. 31). If we imagined a word that would have the sole function of being uttered in the presence of an object, it would not be a meaningful word—it would not fit into the complex nexus of relations of our language. If we could not use it in inferences, then it would not have any meaning or be a concept. If the word "dog" could not be used in inferring "This is an animal", then it would be a *different* word than the one we know. It would not be part of the language game without relation to other words.

This inferential view suggests that therapists must view problem reports not as mere pictures of the world—they must view these statements primarily as nodes in an inferential network.

Therapists should encourage clients to explore this network to understand the meaning of these statements. This idea indicates that the therapeutic focus must relocate from the world–language dimension to the intralinguistic one.

Presumably, the problem must tie itself to the world. Nonetheless, only sentences are proper moves in the language game; therefore, sentences must mediate any contact between the world and the language (Peregrin, 2014, p. 31). This holism implies that a problem is not a name and does not connect to any state of affairs. Problem is a word that plays a particular role in different propositions. We must inspect specific propositions in their context to understand them.

In language–world interaction, what speakers treat as correct utterances in certain situations establishes the rules we should *follow*. Hence, the tie between the language and the world has a normative character (Peregrin, 2014, p. 31). The inferential rules define a proper inference, capture the empirical vocabulary, and establish the proper linguistic entry points.

It follows from such an inferential demarcation that to master any concept, one must master many (Brandom, 2000, p. 49). To know what is red, one must know what a colour is and know that it cannot be yellow when something is green. To master a concept, one must master at least some of its inferential relations to other concepts. Furthermore, to apply one concept non-inferentially, one must be able to apply others inferentially (Brandom, 2000, p. 49).

When clients report that *something* is a problem, they are inferring. The empirical reports function as premises in these inferences. Intuitively, we see these premises as the immediate mediators of knowledge—the pictures of reality. However, the inferential consequences of these reports give us the understanding, not their representation. This notion suggests that therapists

should use questions such as "What difference does it make that your partner has done this?" to explore the inferential consequences. These consequences are more important than the empirical details of such a situation.

Sellars noted that certain concepts initially introduced as theoretical might later acquire reporting roles and become observational concepts (Turbanti, 2017, p. 21). One might imagine introducing the concept "this is x" mainly as an inferential move from another sentence that claims "this is a." Later, "this is x" can become governed by language entry transition rules that apply to "this is x." Hence, asserting "this is x" directly in certain situations without inferring it inside the language would be possible.

This acquisition of language-entry norms alters the perspective of the concept. When we start using the concept of a problem as a direct observational report, we tend to see it as a name. A concept initially meant "I need help" seems like an object. As we cannot locate this object outside of the speaker, we draw an unsubstantiated conclusion that the object hides in the psychological realm.

These inferentialist notions imply that therapists must know the counterfactual robustness of even the most primitive assertions. Without this awareness, one could not distinguish utterances from sounds that parrots make in the presence of objects. Insofar as the parrot's repeatable response does not function in practical proprieties of inference and justification, and so of the making of further judgments, it is not a conceptual matter at all (Brandom, 2001, p. 89). Therefore, therapists must encourage clients to explore how their ideas fit into the broader conceptual network. When clients say, "I want to focus on myself," therapists should examine if this claim is incompatible with other claims, such as "I want to start studying at the university." Therapists

may do so by asking, "What difference would this make to you?" This question prompts the client to express the implications of this claim.

Even a proposition "this is red" becomes a proposition not because speakers utter it in the presence of red things but mainly because it plays a role in reasoning. The presence of the red object serves as additional criteria that define the proposition's appropriateness. This condition suggests that when asserting "this is red", one must be able to make correct moves in the language game (Beran et al., 2018, p. 421).

Clients who assert "this is a problem" must be able to infer the consequences of this claim. Thus, asserting that something is a problem is primarily a matter of understanding its implications, not its representation. This inferential view reveals us from the temptation to inquire about the details of the problem. Under the inferential account, therapists should inquire about the implications. They may ask solution-focused questions to do so because understanding the implications does not require any problem-related details.

Therapists ask, "What would you like to have instead?" to direct the conversation towards building a constructive dialogue. This question asks the client to express implications without locking the conversation in problem-specific details.

Any language must have three kinds of transitions to be playable: language–entry, intra-language, and language–exit transitions. In this sense, observational vocabulary is a condition for a language game to have language–entry transitions (Turbanti, 2017, p. 157). Hence, empirical vocabulary is essential to language—without it, the language would not connect to the world.

However, not every proposition is empirical—it is the characteristic of some propositions that they can serve as language–entry transitions.

The rules that govern empirical vocabulary do not force us to utter "This is a dog" when seeing a dog. Such rules merely endorse what is a proper and improper reaction in certain situations (Peregrin, 2014, p. 49). When seeing a dog, it is proper to say, "This is a dog", and improper to say "This is a cat." These rules delimit the space of propriety—one does not need to behave in a specific way but must stay in the delimited space. We find ourselves outside of this space when other speakers correct us.

This normative flexibility suggests no single way to describe a problem empirically. Clients may use any proposition out of the appropriate set. This flexibility reduces the importance of problem descriptions and emphasises the need to understand inferential consequences. Therapists should inquire about the impact on other clients' ideas. This way, clients can integrate their ideas to create valuable conceptual instruments.

9.4 Inferential potential and inferential significance

We distinguish between inferential *potential* and *significance*. The inferential potential is the place of the sentence within the structure of language (Peregrin, 2014, p. 50). The inferential potential determines what is inferable from the sentence and from what sentences it is inferable. Only sentences have inferential potential, not just mere words. In general, the inferential relations determine the inferential potential of declarative sentences (Beran et al., 2018, p. 28). The inferential potential and the inferential significance of sentences fit the standard distinction between the sentence meaning and the content of an utterance (Drobňák, 2020, p. 2). The

meaning of a sentence or its inferential potential is the sum of all potential meanings that we might assign to a sentence in any context.

The inferential potential differs from an inferential significance as it is context-invariant (Peregrin, 2014, p. 51). Inferential rules govern sentences—these rules endorse what is appropriate and inappropriate inference from each of them—but the inferential potential remains the same under any circumstances. Moreover, these inferential relations of inferability and incompatibility are normative (Koreň et al., 2021, p. 3). It is the other speakers' attitudes towards what is correct and incorrect to do that establish such rules. A sentence's inferential potential includes its introduction and elimination rules (Drobňák, 2021, p. 5).

The sentence "The policeman has stopped the car" has in its inferential potential "The policeman was driving the car," and the sentence "The policeman was standing by the road," however, it belongs to a different set of collateral premises (Drobňák, 2020, p. 6). The inferential potential of a sentence encompasses all the possibilities. In a particular context, just some of the possibilities will appear appropriate. However, no situation would allow a speaker to infer "this is red" from "this is green" as it is not part of its inferential potential.

On the other hand, inferential significance is context-dependent. Let us assume a sentence A and a context C. The inferential potential of A will remain the same, but context C cannot influence it anyhow. However, the inferential significance of A within the context of C is the value of the inferential potential of A for C (Peregrin, 2014, p. 51). In a particular context, not every inference will count as appropriate. Not all collateral premises related to a specific sentence are relevant in all conversations (Drobňák, 2020, p. 7). When someone utters a sentence, it is always in a particular context of a situation: this context influences the content of the utterance. The

inferential significance of a sentence is a matter of the inferential consequences of a sentence in a particular context (Peregrin, 2014, p. 66).

For example, "The man was lying" has a context-invariant inferential potential, which tells us what we can infer from such a sentence and what is inferable. There are many inferences that one might make. One might infer "he was not speaking a truth," or "he was saying something," or "he was dishonest." However, the inferential significance is the value that depends on the context.

Thus, if we assume a context—police interrogated the man after being captured at a crime scene—such a sentence has a different inferential significance than if the context would be—that the person was playing a "lying game" at a dinner party. If the context is the former, one might infer "he might be the perpetrator." On the other hand, if we assume the latter context, one might infer "he is very convincing," but one might not infer "he is dishonest," as lying might be the task of the game. The content of an utterance—its inferential significance—is just a subset of a sentence meaning—its inferential potential (Kaluziński, 2020, p. 7).

Inferential significance represents the subset of the inferential potential, which includes sentences implicitly or explicitly being taken for granted in a particular conversation (Drobňák, 2020, p. 8). For example, if we describe how we have spent our holiday in the mountains and say, "We love skis," we can infer "We love winter sports." We take the implicit proposition, "Skiing is a winter sport", for granted.

In a completely different context, describing a business plan, we could say the same sentence, "We love skis," and then infer "We will invest in the winter resort." In such a context, it is the sentence "Skis are an investment opportunity" that we implicitly take for granted.

Another example, the sentence "Fido is an animal" can be inferred from "Fido is a dog" if we take two collateral premises into account, such as "Fido barks" and "Fido is a carnivore" (Kaluziński, 2020, p. 7). However, such an inference does not always have to be valid. In a different context, where Fido is not a living organism but a toy, one cannot infer that Fido is a genuine animal. One must consider the inferential significance when inferring in a particular situation.

The essence of therapeutic conversation is an exploration of inferential significance. Clients share propositions in the therapeutic dialogue; however, these propositions may assume different conceptual content. This conceptual content depends on the collateral premises and is the subset of inferential potential.

Therapists must ask questions to explore these premises and discover the specific inferences clients may make. Clients may say that they want to become happier. Nevertheless, this statement may imply many different actions. Therapists may utilise solution-focused questions to explore the inferential significance: "How would you notice you are happier than before?" This inquiry prompts clients to make specific inferences. These inferences determine the inferential significance of the clients' statements. Clients must determine the inferential significance to integrate their ideas into their conceptual apparatus.

9.5 Inferential roles

We may consider every expression as having a kind of inferential role (Peregrin, 2014, p. 52).

The words' contributions to the inferential potential of the sentence constitute their inferential roles. A subsentential item plays a role if its participation in the sentence influences its inferential potential. However, defining each item's inferential role is not a simple task. Inferentialism is, by

default, holistic as it claims that it is only a sentence we may count as a proper move in the language game. Therefore, our primary focus is on sentences. Roles are decomposition products, and there is no unique way of decomposition (Peregrin, 2014, p. 52).

This holistic view suggests that we cannot understand problems as isolated concepts. Therefore, therapists do not need a theoretical notion of a problem. They need to examine sentences in specific contexts—these examples show the meaning.

The sum of inferential roles of each word that appears in a sentence amounts to the inferential potential. This view represents nothing more than a principle of compositionality. However, for a language atomist, such a principle explains how individual words can create meaningful sentences when combined.

The language atomist believes it is first necessary to understand words before one can create sentences. Inferentialists oppose such a view as they are holists by default. For an inferentialist, a compositionality principle is a tool for individuating semantic contributions of parts to semantic values of wholes (Peregrin, 2014, p. 52).

This notion implies that to understand problems, we must understand several sentences in which this word appears. The word "problem" is not meaningful per se—it seems to have distinct meanings because we observe how it impacts the sentences' inferential potential. Nonetheless, this does not allow us to distil its meaning. We may experience the meaning merely by examining whole sentences.

As every sentence is just a nod inside the complex network of language, we cannot specifically say what is the inferential role of each word. In the sentence "I am a human," we can leave out

the "a" and end up with "I am human." Such a modification would change the inferential potential of such a sentence; however, it is difficult to specify precisely the impact of the word's inferential role not participating in the sentence.

A sentence's inferential potential is merely what it is inferable from and what we can infer from it. If this is our sole way of defining a sentence's meaning, it will not support us well regarding words. One cannot even hypothesise what is inferable from a word—nothing is inferable from it.

This view suggests that problems are not abstract entities. We may inspect how the word "problem" impacts the inferential potential of sentences. However, we are inspecting the conceptual content of a sentence—not a word—when doing this exercise. This limitation means that we cannot succeed at defining the sole meaning of "problem" because there is no such matter.

We must keep in mind that any explication of individual meanings in the form of genuine objects is, at heart, an idealisation, not only because it does away with vagueness and fuzziness but also because it captures as objects something not object-like (Peregrin, 2014, p. 53). It is an illusion that we perceive language as a complex constituted by independent particles that we must combine to create meaningful content.

The meaning of a word hinges on the inferential role that a linguistic item acquires in the social game of giving and asking for reasons (Koreň et al., 2021, p. 100). The normative attitudes establish proper usage of the items and grant a specific role to them. The meaning of an item is its role—an item does not acquire meaning before it acquires its role.

This game of giving and asking for reasons assumes the form of a therapeutic dialogue. During this activity, clients will define the meaning of their ideas. The meaning is not pre-determined but something fluid that changes throughout time.

9.6 Conclusion: an inferentialist account of therapy

An inferentialist account of therapeutic language offers a novel and actionable perspective. This account challenges traditional representational models by locating meaning in their relational and normative discourse structures. This positioning eliminates the mystery of psychological entities one should discover to progress. Such a view demonstrates that therapy is a standard language game like any other.

This realisation enables therapists to guide clients in exploring the practical implications of their concepts and aligning their understanding with actionable social norms. Inferentialism supports a goal-oriented, dynamic therapy that transcends static descriptions of inner states by focusing on inferential roles and normativity.

Language is not a mirror of the mind but a tool to foster meaningful change within the observable social context.

10 Rules of our language games

Building on the inferentialist perspective from the previous chapters, this chapter explores the foundational role of implicit rules within therapeutic interactions. While Chapter 9 emphasised how inferential meaning shapes therapeutic discourse, this chapter focuses on the types and structures of rules that govern our language, especially the implicit rules that underlie our social practices.

Language is not just a means of expression but a system regulated by implicit norms—we cannot fully articulate them, but they shape how we interact. Understanding these implicit rules offers valuable insights into therapeutic change because it shows us that therapy cannot rely on explicit language. This dependence is present in psychoanalysis, where language is the primary vehicle of problem resolution. Ostensibly, explicating a problem resolves it.

If we accept the normative nature of our language, we see that our practices depend on implicit rules. These rules are pivotal in therapy because they affect how we use language and derive actions from our ideas.

This chapter addresses a critical challenge within inferentialism: the paradox of following implicit rules. Language rules are often unspoken, and yet individuals navigate these rules. I argue that therapy helps clients become aware of these implicit rules because it asks how other community members react to particular actions. This process supports clients in aligning their behaviours with social norms, helping them understand how to navigate the expectations of others.

By examining implicit rules, I further develop an inferentialist account of how language functions in therapeutic contexts. Therapy is not about changing inner states but helping clients evolve their social participation. This shift highlights the practical aspect of therapy as a means of reflecting on the rules of our language games to facilitate desired changes. This view suggests that therapeutic insight must embed itself in the client's social environment.

10.1 Implicit rules

We see language as a system that rules govern. We start learning these rules when we hear the language, and we continue this learning in a formalised way when we begin official education. Rules seem essential to language.

Speakers who live in a society have identities—ideas of who they are. We intuitively see identity as something inherent. Our descriptions of these identities seem like translations—we convey what is intrinsic using language.

Identity intertwines with language—we explain who we are, learn who we are, reflect on ourselves, and think about ourselves in language. Furthermore, identity and language demonstrate consistency and systematicity. Regardless of the cause of this systematicity, we may say that language and identities are systemic—we may discuss individual rules that comprise the whole.

The fundamental challenge with explaining language as a rule-governed practice is that most of the rules of language are implicit. Nevertheless, how can there be an implicit rule? Pioneers of twentieth-century analytic philosophy, like Rudolf Carnap, tended to say that language bases itself on conventions (Peregrin, 2010, p. 7). Unfortunately, such an explanation does not help us. Naturally, we must ask what a convention is. It seems that convention, in the end, is a kind of

rule. It does not matter how different it is from a rule—if it is more specific or more generic than a rule. What is essential is whether it is a linguistic object or not, i.e., if it is an explicit or implicit rule.

When we ask ourselves such a question, we face the same challenge. If the convention is an explicit agreement, then it would presuppose language. Hence, to have a language, we need explicit agreement to form it—to have a language, we would need language.

Moreover, to have an identity, we would need to be able to conceive who we may be. However, this conception of identity would be possible only if we already have an explicit idea about ourselves. This insistence on rule explicitness generates a vicious circle.

Words and concepts come to have the meaning they do in virtue of how we *use* them, or rather how we *ought to use* them, following the broader package of implicit rules or social "ought-to-be" norms that thus practically serve to maintain a given community's various patterns of linguistic behaviour (Reider, 2017, p. 23). What makes our language games' rules peculiar is that most of them are *implicit*. The reason for this is not that we would be unable to explicate them but that explicating them is not an accomplishable task.

For every rule that we explicate, we need another explication of the rule that governs the explicated rule. For example, if we were to explicate rules that govern the usage of the sentence "I like to play football," we may start by looking at the inferential relations that such a sentence has with other sentences. Such a sentence is incompatible with its negation "I do not like to play football" or with "I do not like any sports," what is inferable from it are sentences such as "I like to play a game" or "I like to play team sports."

However, if we codified the findings into a rule, we could document them, but we soon faced a problem: by creating this rule, we also created a new sentence. We cannot avoid this problem, as explication creates new sentences. When we have this new sentence, we could attempt to explicate a rule that governs this new sentence. We might naively try; however, if we continue to do the same every time we finish the task, we will soon discover the challenge: we find ourselves in an infinite regress.

During therapeutic dialogue, we discuss who the clients are—how they act, what they want, and how they feel. The ordinary discourse proves that personal identities exist. We regularly talk about who someone is. When we discuss this, we align expectations toward these people—we expect different behaviour from a friendly person than a hostile one. However, speakers cannot learn about their identity from mere interaction with explicit rules—there will always be rules that one must *apply*. The *guidance* that speakers need to apply such rules is the focal point. It seems to us that this guidance must have an inner source.

We cannot explicate all rules of language as we would need language to do so, and such explication would always create a new demand for explication. To have an explicit rule means to have something to interpret; therefore, to follow such a rule, we need some rule for the interpretation, which leads us into an infinite regress (Peregrin, 2014, p. 68). Such an infinite regress poses a significant challenge. Our habits or customs are implicit rules we must learn (Padilla Gálvez, 2016, p. 73). However, how can we learn an implicit rule? Furthermore, can we consider something a rule if we cannot explicate it?

This challenge with rule explication implies that no matter how well we discuss who the clients are and who they want to become, they cannot know how to apply these insights merely based on the therapeutic content.

The rule stands there like a signpost, but does the signpost leave no doubt open about the way I have to go (Wittgenstein, 1968, para. 85)? If we would imagine taking a stranger from a different culture and place her in front of a signpost, a one that usually *tells* us to go right, would this stranger follow it to the right? If that stranger came from a culture where they followed the same sign by going in the opposite direction, could we then say that they misinterpreted it?

Furthermore, what justification do we have to judge that one way is *correct*? If one wanted to justify such behaviour, one would sooner or later come to a point where the chain of justifications would end. After that, one could say, "This is what I do." When I follow a rule, I follow it blindly (Wittgenstein, 1968, p. 85).

The absence of justifications ostensibly makes the therapeutic output useless—clients do not *know* how to apply the learning. Therapists may facilitate the generation of new ideas: clients have novel ways to conceive who they are and what they want to do. Nevertheless, they can merely do anything without justification for how they should apply these ideas.

If we want to make sense of language as a rule-governed activity, the critical problem is to make sense of the concept of implicit rule (Peregrin, 2014, p. 68). We, humans, behave in many ways that seem to be governed by rules, e.g., when we see each other, we say "Hello", or we shake hands in certain situations, and we do not come to follow such rules by primarily accessing them in an explicit form. However, a difficulty arises: how is it possible to follow the rules if they are

not explicit, i.e., how can we comprehend them and think about them if they seem not to have a linguistic form which we could rationally *grasp*?

Let us imagine a person following such a social rule; what conditions must she fulfil for us to say that she is following a rule? At first, there must be a large enough group of people. In this group of people, we have our subject: Claire. She must know that a rule exists and applies in certain situations. Moreover, Claire prefers to conform to obey the rule as she believes that a sufficiently large enough part of the group conforms to the rule, and she also believes that a large enough part of the group expects Claire to conform to the rule and may even sanction her if she does not conform to it. However, such an explanation of a social rule makes sense only if the rule is articulated, such as "One drives on the right side of the road," and if what is in question is if the rule thus articulated is in force (Peregrin, 2014, p. 69).

The implicitness makes our task difficult when talking about rules. One can quickly grasp the above explanation when assuming an explicit rule exists. However, if we follow an implicit rule, we must ask ourselves, "How can we follow something that we have not articulated?" as something implicit seems challenging to comprehend. How should we think about it when it has no linguistic form? Should we think about it in pictures or other sensory stimuli? Furthermore, could that even be considered rational when *grasped* in such a way?

This absence of explicitness leads us to the intuition: identity is an internal entity we understand by directly accessing it. What seemingly guides us when we act is intrinsic, and language helps us communicate what has always been present inside the psychological realm.

If the rule is not a linguistic item, then what is it? The trouble is that whatever we take as a materialisation of the rule, we will not eliminate the Wittgensteinian problem (Peregrin, 2014, p. 70). Even if we do not explicate the rule in a language, it must appear in some form. This form would have the general appearance of a symbol, and for this symbol to provide us with some guidance, we would have to *interpret* it concretely. Thus, expecting that we might connect such a symbol directly with a particular way of behaviour appears somewhat naïve as such an idea presupposes that we interpret the symbol correctly. Either we need the rule to follow a rule, which leads us into an infinite regress, or we need the ability to do *correct* things without following a rule (Peregrin, 2014, p. 70).

The rule-following paradox ostensibly renders therapeutic content meaningless. We expect novel ideas emerging from therapeutic discourse to guide clients' daily lives. However, if these ideas need more ideas to guide their application, then therapy will never end. On the other hand, if we have an innate ability to perform the *correct* action, then novel ideas cannot guide us.

We can solve this problem by viewing rules as regularities. However, such an explanation is unsatisfactory. It is difficult to accept that there is no difference between following rules of etiquette and a ball bouncing off the ground. Brandom already describes this challenge; we want to avoid both poles of regularism, i.e., perceiving a rule as a mere regularity, and regulism, i.e., that a rule to be a rule must be explicit (Brandom, 2001).

We believe that therapeutic discourse helps clients' betterment. Conceptually, the therapeutic discourse must influence clients in a specific direction they would not see without therapy. This influence must not need endless propositions, but we cannot see it as a mere regularity.

Our human rules appear different because of the complexity they exhibit. Ultimately, if we deconstruct any rule, we end up with mere regularities of behaviour. However, that would be too drastic because we would abandon the normative part. To say that something ought to be is not a mere regularity. To follow a rule means to exemplify it in one's behaviour and exemplify a critical attitude towards others. Thus, playing a game does not consist of merely doing something on one's own but also expecting others to do so and exhibiting such expectations (Peregrin, 2020b). Such normative aspects of rules make them more than regularities of behaviour. Rules can be accepted, endorsed, or participated in (Peregrin, 2014, p. 70).

The therapeutic discourse modifies clients' identities by enhancing what they think of themselves. The guidance they receive does not emerge from mere propositions or the inner voice but from participation in a complex social practice. This social practice consists of following specific rules regarding one's identity and being critical towards others. In practice, clients who want to become more confident must adopt specific rule-following practices and endorse them in the community.

If we perceive rules in this way, we might better understand human phenomena intimately tied to the concept of rules, such as human language, meaning, and rationality. We tend to think of ourselves differently than other creatures because we enjoy a certain sense of rationality and freedom. Those concepts are fundamentally based on the normative nature of our actions, i.e., that we can perceive what ought to be in certain situations. "To say that man is a rational animal is to say that man is a creature not of habits, but of rules" (Sellars, 1950, p. 311). If one were learning a game by watching others play, how would she distinguish between a correct move and a regular mistake (Wittgenstein, 1968)?

The answer lies in the fact mentioned above that playing a game also involves exhibiting corrective behaviour towards others, especially when they do not conform to the rules. Hence, to qualify as engaging in practices that implicitly acknowledge the applicability of norms, one would have to exhibit behaviour that counts as treating their conduct or of others as correct or incorrect (Brandom, 2001, p. 33).

This communal view of rules suggests that clients cannot succeed at their transformation by merely focusing on the therapeutic content or their introspection—both methods fail to provide the necessary guidance. Instead, clients must join other speakers in endorsing and implementing rules in their lives.

10.2 Norms

It is not trivial to say what a norm is and how it differs from a rule. We might say that the norm is a kind of rule, but we might also say that the rule is a kind of norm. It all depends on how we want to approach our philosophical debate. There is no consensus on which interpretation is the correct one. However, let us adopt the former, implying that a rule is a more general concept than a norm (Bicchieri, 2005).

Let us first look at the definition of a social norm as informal and uncoded. The necessary and sufficient conditions for a norm to exist are as follows:

Let R be a behavioural *rule* for situations of type S . We say that R is a social norm in a population P if there exists a sufficiently large subset of the population such that, for each individual i from the subset:

- (i) Knows that a rule R exists and applies to situations of type S ;

- (ii) Prefers to conform to *R* in situations of type *S* on the condition that:
- (iii) believes that a sufficiently large subset of *P* conforms to *R* in situations of type *S*;
- (iv) believes that a sufficiently large subset of *P* expects *i* to conform to *R* in situations of type *S*.

(Bicchieri, 2005, p. 11)

Let us imagine a client who, because of a therapeutic process, wishes to become a more responsible parent. This client would commit herself to adhering to the norms of responsible parenting under specific conditions:

- There are situations where responsible parenting manifests.
- There is a community that demonstrates this behaviour.
- This community encourages these behavioural manifestations.

Such a definition provides a sound basis for our debate. Unfortunately, it does not sufficiently elucidate the concept of a rule itself as it presupposes that the client understands what "knows that a rule *R* exists" means. Under this account, the client would already know the conceptual content of responsible parenting. The critical question is the source of understanding of a rule, which this theory ignores.

The concept of the rule is fundamental for such a definition. Rules prescribe a particular course of action for specific situations or similar situations, and once one adopts a behavioural rule, one follows it without any conscious and systemic reassessment (Bicchieri, 2005, p. 4). However, we must inspect how the process of understanding a rule functions. Context triggers default rules that we store in memory, guiding our behaviours (Bicchieri, 2005, p. 5).

The critical aspect is the guidance these rules provide. The notion mentioned above of rule pictures rules as entities in our memory. This view provides a static and object-like idea about rules. Under this account, rules would need to guide us similarly to a signpost—rules would be static objects that influence us.

Let us imagine an example where a mother named Martha tells her son, Philip: "Philip, never climb up trees if you are wearing your dress uniform." By her utterance, Martha articulated a rule, and if she succeeded in addressing her son correctly and some other conditions were satisfied, she established a specific rule through her speech act. (Beran et al., 2018, p. 358).

A mother has imposed a rule on her son. She specified the rule in a general form and communicated it to the son. If the mother has communicated it clearly and the son has understood that such a requirement restricts his behaviour in a certain way, then she has established a rule. Furthermore, when that happens, the new rule modifies the relationship between the mother and the son, i.e., the mother now expects the son to behave in a particular way.

Therapists and clients generate insight during the therapeutic process. We may view this insight as a set of rules—clients express what they want to be different and how they will implement it. This insight implies actions—it generates normative expectations. The difference between the above-mentioned example and the therapeutic setup is insignificant: clients negotiate the rules with the therapists. However, these rules ought to *guide* them.

At one time, we refer to an explicated linguistic item, as a rule, i.e., the verbal instruction from the mother, and at another time, we refer to social phenomena, i.e., the change of behaviour and

expectations on both sides. Such fuzziness is worth investigating as these two matters are different.

When discussing the former type, we mean rules as linguistic items we verbally or textually articulate. An example of such rules is codified laws. Such articulation allows us to inspect and assess their clarity, coherency, and even efficiency if we contrast them with their goals.

We can use the term "L-rule", where the "L" indicates that we are speaking about linguistic items, and we can also identify these L-rules as meanings of sentences that are suited for the articulation of general regulations of behaviour, and we can call such them rule sentences (Beran et al., 2018, p. 360).

Therapeutic insight assumes the form of an L-rule: One should do this to achieve that. This insight guides clients during their lives. Clients derive this insight from the discussion of their therapeutic goals. This insight aims to realise these goals.

These rule sentences must provide proper action guidance. Such sentences' literal meaning must specify what behaviour one should exhibit or avoid. Sentences of this type may appear in imperative mood, e.g. "Do not shout" or "Do avoid running on a wet surface." However, not all sentences in an imperative mood provide proper action guidance. Sentences such as "Do whatever you want" and "Eat the cake if you like it" are examples of sentences that do not sufficiently guide the addressee's actions (Beran et al., 2018, p. 360). Proper rule sentences must impose a general limitation on the behaviour.

Therapists must examine the clients' insight to ensure it provides sufficient guidance. Clients may define what they should do vaguely. Therapists must remain critical towards this potential

vagueness. They may use questions such as "How would be the first steps to do that?" when they are doubtful about the specificity of clients' ideas.

In practice, utterances of various grammatical forms may establish rules (Beran et al., 2018, p. 360). We can use sentences in the future tense, such as "You will not shout here," but we can also use present tense ", You do not shout here," or we might even pose a rule by a question, "Would you be able not to shout here?"

During the therapeutic discourse, therapists must observe if clients create new expectations of themselves—in any grammatical form. Clients may pose a wish, "If I only was a better parent". This wish may serve as a foundation for further inquiry to establish L-rule to guide clients' actions. "What would others notice if you were a better parent?" is a question eliciting observable details of the exemplary client's wish. These observable signs aid therapists and clients in deriving L-rules that guide further actions.

When we say that someone has breached the rules of good manners or showed respect for the rules of fair play, we talk about rules as specific social facts that could be called "F-rules" (Beran et al., 2018, p. 361). These F-rules shape our social environment into complex systems and often materialise through utterances, as we have seen in the case of Martha and Philip. However, this is not the necessary and only way to establish them.

These F-rules are clients' patterns of behaviour. They represent what clients demonstrate as a proper and improper way of acting, speaking or thinking. Some of these F-rules may generate undesired outcomes in clients' lives. Clients may conform to destructive F-rules because they are accustomed to participation in particular social interactions.

We can establish F-rules by employing non-linguistic behaviour, such as gestures and physical manipulations, or by exhibiting behaviour that we present as a pattern to follow (Beran et al., 2018, p. 361). In some instances, such as smoking at a gas station, the people around might physically restrain the person from continuing if they perceive an immediate danger in the considered action. Such an interaction episode allows for establishing a rule without explicating it in words.

This possibility to implicitly establish F-rules introduces a challenge to the therapeutic process. Clients may not be aware of these F-rules, and therapists must explore and discover them during the therapeutic discourse. Therapists should ask questions about interactions with other speakers to elicit details that inform clients about prospective behavioural adjustments.

Many different F-rules constitute the social reality. Different kinds of relations shape social reality, such as the example mentioned above, which can be called a regulative relationship (Beran et al., 2018, p. 361). In the example, a mother desires to regulate her son's behaviour and tells him that she expects a particular behaviour from him. The success does not consist of that she successfully affected her son's behaviour as that can be assessed only in the long run, but in the fact that she has managed to put regulative pressure on her son, which is to discourage him from climbing trees while wearing a uniform (Beran et al., 2018, p. 361). The next time he wants to climb a tree wearing his uniform, he will be aware that this is not what his mother wants and that there is a possibility of punishment if he decides to ignore it.

This regulative pressure emerges in therapy when clients agree with therapists to change their behaviours. These changes result from the novel perspectives therapeutic conversation generates. When clients exit the therapeutic session, they carry these regulative expectations.

Two social subjects establish a regulative relationship when one has successfully manifested its effort to regulate the other one's behaviour, i.e., making him abstain from a certain kind of action or act in a certain way in each situation (Beran et al., 2018, p. 361). In such a regulative relationship, we might call the person who prescribes the course of action *the prescriber* and the one who is expected to obey the rule *the doer*; if the prescriber is efficiently sanctioning the breaching of the rules, then we can generally say that the relationship tends to be robust (Beran et al., 2018, p. 362).

The clients assume the role of the doer and the prescriber in the solution-focused therapy. Therapists facilitate identifying novel L-rules but impose regulative pressure on clients. They do so by asking accountability questions, e.g. How will one ensure to make this happen? This dynamic makes the solution-focused therapeutic process unique. Clients define what they want and how they want to achieve it—they have autonomy. Furthermore, clients are not alone—therapists accompany them to hold them accountable and facilitate their thinking process.

We can express the same L-rules by using different rule sentences that differ in their vocabulary or form. The rule sentences, whose communicatively successful articulation in ordinary circumstances would lead to establishing the same F-rule, might be called *functionally equivalent* (Beran et al., 2018, p. 362). If one is the prescriber and her son is the doer, then if she communicates to him, "You must restrain yourself from smoking," or "You must not smoke," she is using different rule sentences that are functionally equivalent as both of them lead to the same kind of regulative pressure on her son.

This functional equivalence suggests therapists do not need to cling to a specific form of regulative expressions. Clients may achieve an identical outcome using various grammatical

forms—they can regulate their actions using imperative, descriptive or questioning forms. A client may say, "I must arrive at home before noon", "I am arriving at home before noon, when I am an ideal parent", or "Shouldn't I be arriving before noon if I am an ideal parent?" All these sentences place regulative pressure on the client. Therapists should focus more on the clarity than the form—clients benefit from the therapeutic content when it is rich and vivid.

We can say that different functionally equivalent sentences are just variations of the same L-rule, and thus, we can understand them as prescriptive versions of propositions (Beran et al., 2018, p. 362). It is not the formulation of the rule sentence but the propositional content that establishes the rule. We must express L-rules using a particular rule sentence. A specific L-rule is operative in each context if at least two social subjects bind themselves by it, i.e., there is an F-rule, which establishes the regulative relationship. Any F-rule can be or cannot be applicable, depending on whether the corresponding circumstances arise.

The goal of therapy is not mere production of L-rules but an establishment of F-rules. This establishment depends on identifying proper situations where one should apply these L-rules. Hence, therapists focus on *sign identification* in SFBT, asking clients, "How would you notice it?" to specify the criteria. These criteria guide clients in their application of the L-rules.

In a complex society, various social subjects act as prescribers and doers and thus get bound by regulative relationships. Hence, asking what one needs to qualify as a doer or prescriber is crucial. A fundamental feature of someone who occupies such a position is the ability to function as an agent; however, ascribing the status of an agent to someone is not a trivial task as the status can be dependent on circumstances, and agents can ascribe it to a certain degree (Beran et al., 2018, p. 364). For example, adolescents who are sixteen years old are rational agents in a

circumstance where they want to buy a bottle of water, but we do not consider them to be agents if they want to buy a bottle of alcohol.

In SFBT, the clients are ultimate prescribers—they may impose regulative expectations on themselves. However, clients must share these expectations with other community members to establish regulative relationships—one cannot establish such a relationship alone.

The prescriber's role does not necessarily have to be occupied by a person. States and the different social institutions within states assume the role of prescribers (Beran et al., 2018, p. 364). In these cases, the subject that prescribes the rule is a social institution that regulates a relationship between a doer who is not a particular person but rather every person who satisfies specific criteria. Such criteria differ in multiple ways; specifically, they can be criteria for citizenship, company employment, or museum attendance. Thus, an institution can assume the role of the prescriber, and an individual can assume the role of the doer.

Clients must introduce other community members into the prescriber's role to ensure someone else evaluates if they conform to the new rules. This inability to effectively restrict oneself suggests therapists should encourage clients to discuss their regulative expectations with other agents. This discussion helps inform them what they should expect from the client.

The term "norm" can designate social F-rules that regulate societal activities (Beran et al., 2018, p. 364). Such societies are complex systems where multiple roles intertwine with each other. Distinguishing the roles of each other becomes an uneasy task. Hence, we might view the normative system as one complex F-rule (Beran et al., 2018, p. 364).

The clients' therapeutic ideas to improve their lives are prospective adjustments to this complex F-rule. Clients need to implement these modifications—the success of such implementation hinges on the acceptance of other community members. Therefore, clients must know how other members' behaviours should change and try to communicate these changes. Therapists should support clients by asking them interactional questions: How would others react? These interactional questions help clients understand the complex changes they need to realise.

Let us assume that someone decides to create a game for sheer amusement. Such a person, we might call him the author of the game, will then create rules for the players. Rule sentences will convey rules that define each of the L-rules. In this way, the author creates a normative space that is not yet part of the social reality but is ready to become. The normative space is idle if no players are playing the game.

All these L-rules that materialise are valid just for the newly created game as they are not part of the regular social reality. However, when players play such a game, these rules become valid, and they start regulating their behaviours. Hence, rules become applicable and followable just when there are players. When players begin to play, a network of F-rules, a part of social reality, is temporarily established (Beran et al., 2018, p. 365).

This social necessity implies that clients with defined ideas about changing their lives are only at the beginning of their route to improvement. Clients must operationalise these L-rules to embed them into the complex socio-normative space. This view contrasts with the psychoanalytical one, which suggests that clients improve their well-being by processing unconscious trauma (Freud et al., 2006). Therapists must acknowledge that clients operate in a network of complex F-rules that cause them difficulties. The mere imagination of anything does not impact these F-rules.

Players assume the role of prescribers and doers as they all become the ones who should follow the rules and the ones who expect others to follow them. These normative spaces become idle when we have no players across our social reality, e.g., companies or sports clubs. The ability to express rules in language enables us to create these L-rules that do not materialise into F-rules until someone voluntarily wishes to conform to them.

The primary role of therapy is to facilitate the generation of novel L-rules and support clients in their implementation. This view acknowledges that clients' successful advancement manifests only when F-rules change is critical. This functional aspect suggests therapy cannot help if clients do not implement the generated insights. This view does not imply that therapy aims merely to change behaviours. Clients progress even when they adopt novel opinions that help them see challenging situations differently. However, adopting novel views is not an internal process—this adoption manifests in conversations and the social attitudes of other speakers towards clients. This intersubjective element suggests that even adopting novel views is subject to operationalisation.

We can distinguish between two types of such rule-governed systems. One kind of such a system guides our behaviour within an independently existing social space, and the other establishes a specific potential social space (Beran et al., 2018, p. 366). An example of the former type might be laws that govern public demonstrations, as those rules regulate a certain kind of event within an already existing normative social space. Without such laws, the participants would still be able to participate. The only difference would be that they would not be as regulated as if there were such rules, i.e., the demonstration itself is not dependent on the rules that govern it, even though such rules play an essential role for other reasons.

The latter type of system that establishes a potential social space is a game such as chess or football. With these games, players enter and participate in the normative social space. Without these rules, they would not be able to play the game as those rules constitute such a game. The former rules are regulative, whereas the latter is constitutive (Beran et al., 2018, p. 366).

Regulative rules impose certain restrictions on a social reality independent of them; they regulate behaviour that other social norms already regulate. On the other hand, constitutive rules create new ways of behaviour that were non-existent before. They form a new space that would not be possible to enter without these rules.

The therapeutic process produces regulative rules—they intend to change clients' behaviours independent of these rules. Moreover, clients may already be following some regulative rules. Hence, therapists should help clients evaluate potential conflicts between current and future rules. They may ask questions about differences: What would be different?

We intentionally create constitutive rules, and the rule-creating activity precedes the rule-following activity (Beran et al., 2018, p. 366). A person or group typically creates explicit rules to constitute a new set of realities. However, in the case of regulative rules, they are not designed before players follow them. Such rules have grown from social practice, and they are not a product of a considerate, rational process but rather an emergent outcome of complex interactions between individuals over a longer time. Moreover, such emergent regulative rules do not have to be explicit.

This absence of explicitness implies that clients may be following rules that they do not know. The therapeutic process must help clients become aware of such rules. Making these rules explicit is a necessary step for further reflection.

Even though we can establish F-rules by explicit articulation via sentence rules, there are other means of establishing them. Regulative relationships are commonly established by a concurrence of corrective reactions of different kinds (Beran et al., 2018, p. 367). In everyday life, a person becomes a subject of negative and positive reactions. The adverse reactions can range from implicit ones, such as non-verbal communication, to explicit ones, such as being told that one is not behaving according to good manners. Positive reactions include expressions of sympathy or approvals of different kinds.

Therapy is primarily a linguistic exercise—its output forms itself in language. Therefore, clients must utilise this linguistic output to influence several corrective actions. They should talk to the community members to explain their desires. These desires inform the members about necessary adjustments to their corrective behaviours.

We can view languages from two perspectives, one as a potential normative space and the other as an actual normative space (Beran et al., 2018, p. 367). When talking about natural languages, the latter option seems more plausible, whereas, in the case of programming languages, it appears that the former fits. In our natural languages, we cannot distinguish between the activities that would set up the rules and those that would merely follow them. Both are somehow intertwined, and drawing a sharp boundary is impossible without a certain degree of intellectual violence. On the other hand, a programming language usually proceeds through a particular phase of design before we can deploy it onto a machine; thus, we can easily spot when the rules are completed and fixed.

Therapy is part of the actual normative space. However, its role is particular: therapy aims to modify the normative space. This goal positions therapy as a reflection medium: therapists use it to derive conclusions about the normative space.

We have discussed how F-rules can differ by their means of origination—it becomes evident that we can categorise them into explicit and implicit ones. The example mentioned above, in which Martha directs her son Philip, is an example of an explicit F-rule. However, many F-rules are implicit and it is difficult to explicate them. The only way to spot such rules is to watch the participants of such a game during their behaviour and notice their corrective attitudes towards each other. We can identify what course of action agents allow and forbid.

In the case of Martha and Philip, Martha could establish such an F-rule not by formulating an L-rule but simply by punishing her son when he climbs a tree in a uniform. Such punishment may be implicit: not speaking to him anytime he exhibits such behaviour or expressing her frustration in words without explicating such a rule. At a certain point, Martha might decide to explicate such an F-rule; when that happens, the F-rule is no longer implicit. However, such an event does not impact the F-rule's existence as it has been effective before its explication.

This implicitness of F-rules indicates that therapists should ask clients broadly: How would others react? These questions do not limit the scope of the answer to explicit opinions—they prompt clients to consider the implicit attitudes of other speakers. These implicit attitudes are subject to therapeutic reflection—therapists encourage their explication so clients can consider different attitudes in their community.

Another essential characteristic of explicit F-rules is that social institutions usually establish them. Rules such as laws are an excellent example of how a parliament or other political body is responsible for creating such rules. The parliament assumes the role of the prescriber and the impacted people the role of the doer. On the other hand, when we consider implicit F-rules, every participant in the social game must follow the implicit rule but simultaneously require others to follow it and correct their behaviour. With implicit F-rules, the participant is the prescriber and the doer simultaneously.

Implicit rules are rooted in habitual practices and stereotypes that have become perceived as patterns to follow, and so deviant behaviour tends to invoke corrective reactions (Beran et al., 2018, p. 369). This communal tendency to correct deviations is a double-edged sword—agents may correct dysfunctional and beneficial behaviours merely because they do not adhere to habitual practices. The therapist must encourage the identification of these unsupportive habitual practices and promote their adjustment.

One of the reasons why explicating implicit F-rules is an uneasy task is that to understand them, one must master them, and their mastery appears to be a matter of specific know-how rather than theoretical knowledge. For example, playing the piano is a rule-governed practice, but not all the rules are explicit; it is primarily the implicit rules that guide one's motion that distinguishes a competent pianist from an incompetent one. Therefore, clients cannot rely solely on linguistic content. They must apply the new insight—this requires them to have implicit knowledge of how to use it. Therapists may serve clients by encouraging them to explicate more of the application criteria. They may ask questions about the signs of successful application: "What would tell you

that you have done this well?" However, clients will always depend on implicit knowledge to some extent.

We cannot study implicit F-rules in isolation. They are complex interlocking patterns of behaviours of individuals in society. Removing one of the rules would affect the whole system— isolating one rule from another is difficult. Rules must manifest in behaviour because when one enters society, one has no other option besides observing how others react. Therefore, rules must be made public by nature; otherwise, one can never learn them.

It is the attitudes of other people that one observes when one wants to understand what the implicit rules are. Once these normative attitudes resonate throughout the community, something akin to rudimentary rules appears: specific ways of behaviour come to be taken as correct or appropriate within the community (Koreň et al., 2021, p. 94).

The public nature of rules implies that therapeutic insight must manifest via specific externalities. The notion that therapy can generate insight hidden in the psychological realm overlooks this aspect. Insight is not a private phenomenon but a matter of exhibiting behaviour. This view aligns with Wittgenstein's need for outward criteria for an inner process.

Probably the most crucial invention enabled by the existence of rules was language. Once we were able to follow implicit rules, we were also able to establish primitive language and start its development. What followed such an event was an enormous progression of our communication, reasoning, and rationality in general. Many institutions that we enjoy today would be unimaginable without language. Moreover, many rules would not be imaginable without language, as language allows us to explicate our own implicit rules. Once such a possibility

arose, we could inspect those rules and start amending and discussing them. Such a possibility has accelerated our social development as we no longer need to be prisoners of our habits.

Unfortunately, this normative language system engendered the possibility of getting entangled in confusing thoughts. Therapy is an antidote to this negative side effect—it aims to show the fly the way out of the fly bottle.

This view of our evolution is beneficial because nothing is hidden from the view, as the late Wittgenstein would phrase it (Wittgenstein, 1968). We can observe everything that we discuss here. There is little doubt that we live in a system of such frameworks and institutions. Most things we do in our lives are not merely physically or biologically characterisable pieces of behaviour but actions that can be executed only within their normative context (Koreň et al., 2021, p. 94).

These frameworks are subject to therapeutic inquiry as therapists explore clients' wishes and their impact. We cannot view therapeutic problems as descriptive reports but as complex actions that we can interpret only within the clients' conceptual frame.

When we mature as humans, we adopt more social norms. One must learn to respect not only the limits of one's world posed by nature but also the limits posed by other people and the wider society, namely the ought-to-be's (Koreň et al., 2021, p. 94). These norms inform clients about proper behaviour. However, they generate immense complexity—clients face various decisions. Therapy guides clients through these complex networks so they can achieve their goals.

10.3 Conclusion: rules of our language games

The implicit rules of our language games define how we interact and, thus, achieve change within the therapeutic context. Therapy facilitates reflection of these implicit rules—this aspect empowers clients to navigate the complex social normative network. This reflection is valuable as it helps clients understand the expectations of other community members. Therapists help clients develop actionable insights that support their goals by facilitating an understanding of these norms. These insights generate opportunities for clients—they have options they may consider.

Therapy is a transformative process in which clients do not primarily learn about their mental realm but modify social rules to align their desires with social participation.

11 Language games

In the previous chapter, I examined how implicit rules govern language practices in the therapeutic context. This exploration highlights that language in therapy is not a neutral tool but a structured activity that enables clients to explore and reshape their ideas and actions. This chapter builds on this foundation by delving into the concept of language games introduced by Wittgenstein. I aim to further contextualise therapy in social practices governed by specific rules, roles, and expectations.

Viewing therapy as a language game sheds light on how we co-construct problems and solutions within a shared framework of linguistic meaning—therapy is not merely about reflecting mental states. I explore how therapeutic discourse is a structured interaction where meaning and progress are negotiated within standard rules.

This chapter shows how understanding therapy as a language game provides clients with a more transparent framework for addressing their challenges. Problems are not static objects to uncover—they are dynamic, practical constructs shaped by language rules within the therapeutic process. This chapter emphasizes that therapeutic discourse is an active process of giving and asking for reasons, where both clients and therapists define what counts as a problem and progress.

11.1 Introduction

The previous chapter focused on the concept of a rule. Rules are essential for language: language is a social rule-governed practice. For this reason, Wittgenstein dedicated a decent amount of attention to rules in his *Philosophical Investigations* (1968).

The idea that the meaning of a word or a sentence is a mental object is implausible—such private objects by nature would not support how language works—language is a public affair. A differential response cannot establish the meaning of a word: when you see a dog, you should say, "This is a dog." This notion would not help us distinguish our speech acts from the sounds that animals emit when seeing a dog. It would not bring any light to the structure of our language—propositions are in a particular relation to each other. Multiple rules must govern our language. It is critical to redirect the attention from the concept of a rule to the idea of complex rules interlocking, namely our language games.

Therapy is a language game with specific rules, roles, and goals. Participants must follow these rules to participate in this language game. This chapter aims to view therapy from the language game perspective.

11.2 Primitive language game

For our purpose, let us explore the concept of a language game by returning to its origins.

Wittgenstein describes a rudimentary language game as follows:

Let us imagine a language for which the description given by Augustine is right. The language is meant to communicate between a builder A and an assistant B. A is building with building stones: there are blocks, pillars, slabs and beams. B has to pass the stones and that in the order in which A needs them. For this purpose, they use a language consisting of the words 'block', 'pillar', 'slab', 'beam'. A calls them out; B brings the stone which he has learnt to bring at such-and-such a call. Conceive this as a complete primitive language. (1968, para. 2)

Let us amend Wittgenstein's example so it aids our therapeutic investigation. Problems are essential to many therapeutic practices. Therapists' conception of problems influences how they approach their resolution and clients. Hence, it is critical to elucidate the genuine nature of problems. Imagine that the builders start using the word "problem". They use this word when something abnormal happens and do not know how to proceed appropriately.

Such an example helps us see language pragmatically: it is a tool rather than an abstract system of signs. The representationalist view suggests that words function as names of extralinguistic objects. In this case, the words—block, pillar, slab, and beam—would represent the corresponding building stones. Following this reasoning, "problem" must also represent an object. Since we cannot find this object in the empirical world, we assume it must be hiding in another realm. We see how representationalism quickly misleads us.

When we inspect such a primitive language game from an inferential perspective, we naturally want to focus on the rules that govern such a practice. However, from such a brief description, it is difficult to capture the rules that might be in place. We can identify some rules if we do not assume any extra ones except those apparent from Wittgenstein's text.

When A calls out an order, e.g., "Slab", B should bring the corresponding object to builder A. It might be tempting to perceive such a scenario from a representationalist view—in the end, objects seem to correspond to the sounds uttered by the speakers. However, such a view would be misleading. If it was accurate, then how would builder B know what A expects from her? How would she know that the utterance "Slab" is an order to follow and not just a mere talking to oneself? When we observe language, even in a hypothetical scenario, we see its multifaceted purpose—language is not a mere mirror of the world.

In this primitive scenario, specific rules emerge. These rules appear like what Sellars described as language–exit transitions. When speakers utter a sentence, there is a normative stance of others that something should happen. If one would imagine attempting to learn such a game, one would have the best chance to do so by observing what happens when the call "Slab" happens.

Under normal circumstances, builder B would bring in the *corresponding* object; however, builder B might make a mistake. In this case, builder A would correct builder B by not accepting the *wrong* building stone and pointing at the *correct* one. We might perceive such activities as taking a normative stance towards something. Then, we start to see more clearly what is happening—the referring link between the word and the object would not be enough for such a primitive game to function. The normative stances of the participants animate the game.

The "problem" may be an explication of normative deviation—the builder uses the word to express that something abnormal is happening. When the builder does so, the other builders should correct his action. Imagine that this social practice achieves much higher complexity. The one who reports the problem may become unsure of the proper correction. This lack of knowledge of how to continue may generate confusion.

However, the problem is not the name of the confusion-generating mental object. The problem's essence remains—a wish to amend affairs. This view suggests that understanding ostensibly deep layers of the problem is unnecessary. If we view problems as wishes, we should investigate their detail and implications for the future. We do not need to explore the past to arrive at a profound theory about the problem—a problem is not an object but an action.

It would not be correct to propose that such a primitive language game is as full-fledged as those we play—there is a qualitative difference. As the game's rules become more elaborate, they reach a point at which they cross an imaginary threshold beyond which our sentences come to produce propositional content and some of our words come to express concepts (Peregrin, 2014, p. 101).

It is natural to ask, "What is the threshold?"

The essential relations from the inferentialist view are missing in the language mentioned above, i.e., the relation of inferability and incompatibility. We might assume that certain normative stances are already in such a language game. However, these normative stances govern only language–exit transitions so far. These stances are insufficient—such a social practice is not a full-fledged language game.

Imagine that the builder encounters situations where she needs either a block or a slab; for that purpose, she introduces the word "brick" (Peregrin, 2014, p. 101). In this way, the language adopts a rudimentary structure as there is now a relation between a block, a slab, and a brick.

Now imagine that at a particular point, builder B hears the call "Slab" but assumes that builder A has made a mistake and wanted her to bring a block instead of a slab. Builder B might think this as she might become familiar with the building process, and it appears that what is now needed to continue is not a slab but a block. Builder B then expresses nonverbal disapproval, i.e., shakes her head or utters a sound "Block". It is impossible that these two calls, "Slab" and "Block", would be *satisfied* by bringing one building stone. Such an utterance counts as a challenge.

This complexity is essential for the possibility of therapeutic problems. Therapeutic problems cannot arise in a primitive game. Wittgenstein's primitive game provides no space for linguistic

entanglement. When language develops, it creates space for its speaker to become confused. Therapy aims to dissolve the confusion by navigating clients out of the linguistic intricacies.

What happens in this primitive language game is that specific rules start to emerge. These rules are intra-linguistic: they govern the language game's moves. These rules are *implicit* for the builders as they do not yet possess the means to *explicate* them. However, they are *explicable* for us. Based on our observations, we can conclude that the utterance "Slab" is incompatible with the utterance "Block" and that the utterance "brick" is compatible with either "slab" or "block". Our conclusions then enable us to explicate simple rules.

If something is a block, it is not a slab and vice versa. If something is a slab, then it is also brick. If something is a block, then it is also a brick. By that, we can say that specific sentences have relations of inferability and incompatibility between each other. Hence, claiming that something is a block may be considered as giving a rudimentary reason for this being a brick (Peregrin, 2014, p. 102).

Their inferential relations generate a complex network of possible inferences and following actions. The speakers may become unsure about the best way forward when these relations achieve sufficient complexity. Therapy aims to facilitate this process of finding the best decision.

In our case, there was a separate name for each item, but imagine that some of the items would be bigger and smaller than others; some might even have different colours, but still, they would be of the same type. This arrangement would engender a different kind of structure, a compositional one (Peregrin, 2014, p. 102). Before, we had single-word sentences; thus, we could map which words correspond to which items. Now, as there would be multiple words in a sentence, for

example, "Blue big slab," the role of each word would have to be construed as how it contributes to the work *performed* by the whole sentence into which it enters.

Let us imagine that the builders would want to discuss how they employ their vocabulary. For example, they discover a new stone that appears to be a brick, but it does not resemble the appearance of a slab or a block. Hence, they might invent a new name for such a stone but still categorise it as a brick. Then, they would be motivated to express a simple rule describing how they use the word brick by saying, "If brick, then blocks," and start expressing the implicit rules they follow.

By this, we start to see that we can progress from a primitive language game described by Wittgenstein to something closer to our natural languages that can express propositions and concepts. We see that something as primitive as a language containing a couple of words might evolve into *practice*—in which different assertions are incompatible with each other, and some assertions are inferable from others. We may perceive such a practice as a *game of giving and asking for reasons* as the complexity increases.

11.3 Game of giving and asking for reasons

What distinguishes us from animals? We have diverse answers to these questions—they all rely on the perspective we choose to hold. What would other organisms need to fulfil to be considered equal members of our human society? What would it take for a chimpanzee, dolphin, alien, or machine to learn so that we accept them as full-fledged members? We should require such candidates to share only fundamental abilities that make possible central activities by which we define ourselves (Brandom, 2001, p. 4). We must consider what is in practice when treating another as one of us.

This consideration reveals the essence of therapeutic discourse. The characteristic of our practices distinguishing us from animals shows why therapy is not about direct empirical examination.

Without this attribute, therapy would be what it seems to be: unmediated inspection of an object.

This notion is intuitive—we enter therapy to understand and eradicate our problems. However, such an intuition about therapy does not distinguish therapy from two dogs exploring a backyard after hearing an odd sound. Therapy does not consist of problem examination because the problem is not an entity to examine.

We should consider a system of rules that constitutes an inner space (Peregrin, 2014, p. 104).

Rules do pose certain limits on our behaviour, e.g., linguistic behaviour. However, imposing these limits creates a space for us to operate. Rules are, in a certain sense, like the walls of a house; the walls prevent us from moving to some extent; however, we enjoy having them as they create a space where we can do many different activities. Similarly, rules—namely, rules of language tell us where the limits of our speech acts are, and they limit us. However, if we did not have them, we would be boundless—the space created by rules would disappear.

The language game of talking about problems is a space in our language that limits and enables us. The rules of this game allow the emergence of problems. However, without problems, we could not coordinate our society. A world without problems would be a world of chaos. This notion of problems views them as instruments that help us coexist better. Therefore, problems are not the primary object of therapeutic examination. A microscope must not become the centre of focus of a microbiologist.

Rules take something away from us but provide us with something in exchange. Anyone who despises rules might want to eliminate them—one might not like being limited. However, the limit establishes a space that provides benefits—one cannot have the space without the limit.

We impose rules on each other because we greatly benefit from doing so. Rules of language provide us with an inner space where we can do something—this is very important for our species. The general task we can accomplish in this inner space is to give and ask for a reason—by performing such an act, we become rational.

The language game of problems allows us to coordinate with each other in various ways, e.g. we can ask for help. The presence of problems can cause distress to us, but that happens if we view them as entities. When we view problems as instruments, we start looking beyond them—this change of perspective allows us to use them pragmatically to improve our environment.

There is a crucial difference between us and animals: we possess this space created by language. We can develop propositions and infer conclusions. There are indeed many tasks that animals are more apt to perform than us. However, no animal can enter the space of reason, the space of rationality, which requires speaking the language.

Problems are linguistic terms, and animals do not employ them. Hence, they cannot have problems in the same sense as speakers do. Animals may appear in situations we describe as problems, but they cannot worry about having problems. The rational dimension of problems is not available to them.

If we had disposed of our rules of chess, then we would never have been limited by the rules of chess: we would be able to move the chess pieces in any direction at any time. No limitations that

were imposed on us by the rules of chess would restrict our behaviour. However, the chess pieces would no longer be chess pieces, and there would be no chess game. We would not be able to enjoy this game, and we would not be able to get better at it; we would not have any chess masters.

Similarly, having problems is not something to eliminate but to view differently. Without problems, we would lack the tools to coordinate with each other. The instrumentalist view suggests a neutral view: problems help us engage with the community and alter our experience. The genuine challenge with problems is when we do not see how we may engage the community and change our environment. Therefore, solution-focused therapy facilitates this understanding.

The fundamental elements in the space of reasons are propositions that can serve as reasons, and it is them and the relations of inference and incompatibility that constitute the topology of the space (Peregrin, 2014, p. 104). These two relations are crucial for giving and asking for reasons. If one wants to challenge a claim, the most primitive way is to express a claim incompatible with the original one. If one says, "This is a dog", then the easiest way to challenge it is to present something incompatible, such as "This is a cat." By that, I challenge (in a primitive sense) the speaker.

The space allows the therapeutic language game to exist. This language game centres itself around problems and their resolution. We must realise that problems acquire meaning only due to their relation to other concepts: wishes, hopes, desires, and needs. There is no problem without hope—this idea is not an inquiry into the human psyche but an observation of this language game.

If the speaker wants to win an argument, she can defend herself by presenting reasons for her original claim. The question is, what are valid reasons for one's claim? To answer such a question, we must look at the propositions we find in the space of reasons and find those that the original claim is inferable. In our case, the claim "this is a cat" is inferable from "it has four legs" and "it is hissing when it sees a dog." Such an inference is not indefeasible and is valid if certain other collateral premises are valid.

Therapists may use these relationships—crucial in argumentation—in solution-focused therapy. When clients say they have problems, therapists ask them what they would like to have instead. By doing so, they exploit the linguistic relationships between issues and desires. If one has a problem, then one also wants something to change.

Why would one want to defend one's claims continuously? One reason is fundamental: keeping one's status as a well-respected community member. If we imagine a person who continuously cannot defend one's claims, e.g., the person says, "Tomorrow we do not have to work", and when asked instead of saying, "Because it's Saturday," or "Because tomorrow is a public holiday" one would always say "I don't know," then one would sooner or later be stopped being considered a respected player of the game of giving and asking for reasons. Long-term poor performance in this kind of game would result in descending the ladder of trustworthiness to being wholly excluded from the group of speakers whose assertions and activities are taken seriously (Peregrin, 2014, p. 106).

This internalised desire motivates clients to fulfil the commitments they express in therapeutic conversation. Therefore, therapists do not need to prescribe actions to clients. Facilitating the

action generation by asking questions is sufficient because speakers tend to comply with what they share with other community members.

Playing all the games humans play in their society is crucial for everyone to learn. Ultimately, we are social creatures—society has the upper hand in defining the space in which we can exist. To be a sapient creature is to be able to conceptualise; one must participate in a social practice of claiming or asserting something (Beran et al., 2018, p. 19). Speakers must manifest in their behaviour the ability to operate well in the space of reason.

Part of the space of reason is the language game of problems. Speakers must understand that problems relate to solutions and actions. It is nonsensical to claim that something is a problem when the community cannot do anything to solve it. The finitude of life is not a problem, but its characteristic. We cannot do anything about it; hence, it does not make sense for us to label it as a problem.

Inferentialists acknowledge that assertions have two critical dimensions. On the one hand, by asserting something, one presents the world to be in a certain way, and on the other hand, by asserting something, one makes a move in the space of reasons that is apt to provide reasons for or against other moves of its kind (Beran et al., 2018, p. 20). The first dimension is symbolic, and the second one is inferential, as it determines the role the claim has in reasoning. Both of these dimensions have normative boundaries. When one asserts that the world is in a certain way, then one becomes a subject of criticism—whether that is or not the case. Similarly, when inferring, one becomes a subject of criticism, whether the inference is correct.

The inferential dimension is more critical for therapy than the symbolic one. Therapists aim to help clients advance through life difficulties. They must understand what the clients want and what they can utilise to obtain it. Focusing on the inferential dimension allows therapists and clients to uncover this insight. When clients share their problems, they are not merely picturing their world but mainly indicating what they want and how they can progress.

Being in the space of reasons is similar to the example mentioned above of being in a house. An individual becomes restricted by the limits of such a space but can enjoy the space freely. One might object that language is a spontaneous activity, and thus, rules cannot govern it. In the end, it seems that people say what they want to say, not what is imposed on them by some authoritative rules. It is important to note that rules usually tell us what not to do rather than what to do. In the same sense, the house limits our movement if we attempt to go through its walls, and language rules limit us if we try to say something no speaker can understand. Rules of language do not advise us on what to say at any particular moment; they instead tell us what not to say: what counts as a legitimate move and what is prohibited (Peregrin, 2014, p. 109).

When clients discuss their problems, they do not imply concrete actions. However, they limit the proper action. When therapists ask more questions to elicit details about clients' hopes, strengths, and signs of progress, they restrict the sphere of potential actions. This limitation provides clients with helpful guidance when they encounter situations where they may do something differently.

These language rules make certain utterances into propositions that bear conceptual content.

There is no meaning attached to a sentence that we must discover. The meaning of a sentence is its role in the game of giving and asking for reasons. Rules are a matter of the relevant speakers' normative attitudes (Peregrin, 2014, p. 109). What speakers treat as a valid reason for a

proposition and what other claims this proposition can support—namely, to which other claims this proposition can serve as a reason is a result of speakers' normative attitudes.

Problem statements do not represent hidden psychological entities—they acquire meaning by their relation to the actions and wishes they imply. When a client says, "I am sad about myself," she does not talk about a hidden problem in the psychological realm. Instead, she is sharing a wish. The therapist's goal is to discover what this wish is. Therapists find it by examining the rules defining the concepts' relationships.

To establish rules, we do not need meaningful sentences first—to understand what we want to govern by these rules. The meaning of sentences and our normative attitudes towards them are two sides of the same coin. Moreover, we learn the meaning of our moves in the language game by playing it. Playing a game is a matter of theoretical knowledge of the rules and a skill (Peregrin, 2014, p. 112). Hence, it is essential to acknowledge that we do not first learn the rules of the language in a theoretical way and then enter a phase of practising them. It is the complete opposite—we understand the rules by practice—once we master them, we can direct our attention towards language itself and explicate these rules.

Understanding one's problem is not about generating a theory about it—this is the psychoanalytical approach. Problem understanding is a skill—one must make practical inferences and actions to attain it. This practical aspect of problem understanding is essential because problems are not entities to analyse but tools to deploy.

Hence, rules of language must be implicit at the beginning. Language itself provides us with conceptual content that is theoretical by nature. These theoretical propositions must be in place

first so that we can analyse them and construct a theory that explains their rules. It would be nonsensical to assume that we could create rules first and then fill such a framework with content.

Clients' hopes are not mere theories they should develop in the therapeutic discourse. These hopes are inferences and actions that intertwine in a complex way. Therefore, therapists should encourage clients to do something differently between the sessions to explore the content of their hopes—they should encourage clients to be practical.

Language extends beyond words because most rules involve extralinguistic equipment (Peregrin, 2014, p. 112). In this sense, language is not a tool that helps us map our words to individual objects outside. Our language is part of the world, and we cannot draw a sharp line between the world and the language. Thus, there cannot be any self-standing, purely logical language, i.e., a language with only logical vocabulary; there can be a strictly empirical language (Peregrin, 2014, p. 113). We cannot have logical vocabulary until we have a non-logical vocabulary. Logical vocabulary needs relations of non-logical vocabulary: it needs something to exist to explicate it. On the other hand, it is possible to have an empirical language that does not have logical vocabulary, i.e., the tools to explicate its implicit logical structures.

The game of giving and asking for reasons is thus a practical game interwoven with the world. Its practical dimension is essential because its complex structure bears the normativity. Such structure involves not mere habitual courses of action but courses of sidestepping, which invoke corrective behaviour that is, in turn, potentially susceptible to later, retroactively influential corrections (Peregrin, 2014, p. 113). The practical part of our language games generally does not consist of mere habits but rule-governed behaviours. What distinguishes these two from each other is the normative aspect. It is possible to make a mistake while following a rule, but it is not

possible to make a mistake while exhibiting a habit. One can correct another community member when she makes an error, but one cannot correct an animal for following its habits.

The therapeutic process concerns itself with the normative aspect of human language. Clients seek an understanding of what is correct and how to implement it. This two-folded nature of therapy implies that clients need to generate a theory about what to do and then execute specific actions that comply with this theory. This practical element exists outside of the therapeutic conversation. Therefore, therapists must encourage reflection on what was happening between the therapeutic sessions. This desire to discover and implement what is correct indicates that therapy is a normative practice.

The practices we demonstrate by our behaviours are not mere regularities. *Prima facie*, an eagle hunting a rabbit and a human hunting a wolf appear to be the same: both are living organisms displaying certain regularities in behaviour. However, in the case of a human, if she fails, for example, to have a valid hunting permit, police officers might arrive and fine the hunter. Other hunters might react to that by criticising the police officers for not acting according to the law because the hunted animal was not a real wolf but a dummy wolf made of plush. Indeed, it is possible to claim that all these behaviours are just complex behavioural regularities that are not distinct in quality from those of animal habits.

However, such a conclusion would leave out an important aspect crucial for human existence: normativity. The behavioural patterns will display complicated feedback loops, which correspond to the fact that a rule is always "in the making" and can wield a retroactive force (Peregrin, 2014, p. 114). These normative attitudes are not present in animals.

A therapy that changes clients' habits but fails to facilitate understanding of what is correct is not successful. Such therapy leaves clients wondering what they should do. Ultimately, this question is the subject of therapy. If this question has no answer, then therapy has failed.

Animals can solve complex issues; however, they do not display normative behaviour—their behaviour always directs itself towards solving a particular problem. In a sense, they receive feedback from the external world: when a cub attempts to jump over a rock, it will realise if the rock is too big or not by experiencing the success or failure of the attempt. The cub can learn new tricks from its mother; however, its mother does not display corrective behaviour towards its cub, and other dogs do not display corrective behaviour towards the mother's absence of corrective behaviour.

11.4 Scorekeeping

The idea that we play the game of giving and asking for reasons with other community members to maintain our status as trustworthy speakers implies that different speakers must be aware of our speech acts. In the end, if no one tracks what we say, then there is no motivation to utter correct propositions. Hence, a mechanism must encourage people to infer correctly, report correct matters about the world and penalise people who engage in such activities incorrectly. This mechanism plays a crucial role in therapy—therapists facilitate clients' commitment to novel ideas and actions. When clients express these ideas, they commit to them. The mechanism encourages clients to respect these commitments.

The discursive practice consists of deontic scorekeeping—the significance of a speech act is how it changes what commitments and entitlements one attributes and acknowledges (Brandom, 2000, p. 81). To be able to understand a speech act, one must grasp its discursive significance, namely,

to be able to attribute the right commitments. One must understand the various commitments and entitlements speakers acquire when asserting certain propositions.

Therapists facilitate these commitments by eliciting details about what clients say. Problem descriptions generally do not imply any change of perspective or actions. Therefore, solution-focused therapists encourage conversations about clients' hopes. These hopes suggest what clients want: how their lives should be different. Such conversation inspires clients to do something differently.

When someone asserts a proposition, we ascribe her a commitment to justify this claim, and we register the general entitlement to repeat this claim, deferring its justification to the assertor (Peregrin, 2014, p. 106). For example, when someone says it is raining outside, we note such a claim and become entitled to use it. If we then assert, "It is raining outside," and another speaker challenges us by saying, "It is not raining outside," then we might ask the original assertor to justify her assertion by providing reasons for the claim "It is raining outside." We dispose of our entitlement if she fails to uphold her commitment to justifying her claim. The assertor who claimed it is not raining outside stays committed to justifying this claim, and we are entitled to use this new assertion again.

This view suggests that anyone can hold us accountable for our commitments—when we commit to something, we generate expectations towards ourselves. These expectations imply that what clients say during therapy alters the social reality. Therapists can leverage these commitments—encouraging clients to share them with their community members and challenge clients themselves. The more speakers know about the client's commitments, the more significant the number of social judges who will pressure the client.

11.5 Conclusion: language games

Viewing therapy as a language game provides immediate benefits: the meaning of therapeutic ideas results from co-construction inside the therapeutic dialogue. Clients gain clarity on their hopes and strengths by giving and asking for reasons, while therapists guide them through structured interactions that foster growth.

This perspective underscores that therapy is not merely a process of introspection but an active, social practice where language expresses and transforms aspects of clients' lives. It allows clients to redefine how they think.

Therapeutic discourse is a space for clients to define and pursue their goals. These interactions enable clients to align their aspirations with practical actions that fit into their social setting.

12 Evolution of rules

In previous chapters, I explored how language games and their implicit rules influence the therapeutic process—therapy is grounded in structured norms. This chapter delves deeper into the origins and evolution of these rules. It focuses on how normativity distinguishes humans from other animals and how it shapes the therapeutic process.

Humans are unique in their capacity to perceive and enforce rules as “ought-to-be’s”. These behaviours are not conditioned responses. This chapter examines this rule-enforcing aspect of our behaviour. Our ability to recognise and act upon norms is essential to therapeutic change because the normative aspect of our behaviours acts as a change catalyst. When others expect us to act and think differently, they encourage us to change.

In therapy, clients learn new behaviours and adopt new norms that support their actions and interactions. This chapter offers insights into how therapy leverages norms to facilitate personal growth and transformation by tracing how rules have evolved as a byproduct of human interaction.

This chapter focuses on transitioning from basic conditioned behaviour to complex normative frameworks. It highlights how rules create a shared meaning space where clients can redefine their behaviours. This understanding positions therapeutic change as a process embedded in human social evolution. This view shifts from seeing individual introspection as a primary tool to seeing social reinforcement as the leading vehicle. Therapeutic norms are not static—they evolve with the community’s collective understanding of proper actions and outcomes.

12.1 The essence of normativity

We say humans are normative beings and do not say this about animals. In this chapter, I want to explore what is essential for normativity and how it relates to therapy.

When dogs act in a certain way, instincts lead them. How is being instinctive different from being normative? In the end, isn't it just a different terminology we use for the same matter?

If we imagine a dog that enters a room where objects are in a specific order, can the dog put the things into a different order? Indeed, yes, we can condition the dog to react in a certain way to certain stimuli. By praising and punishing the dog, one can achieve that when the dog sees, for example, a blue box in a red corner, it will move the blue box into a blue corner.

The dog accomplishes such a task because it expects to obtain certain benefits from the trainer: a cookie or verbal praise. There seems to be no significant difference when considering how we teach children to tidy their rooms. We also train them by using appraisals and punishments to arrange things into a particular state, i.e., to achieve the ought-to-be's in Sellars' terms. Hence, the child and the dog have achieved the same ought-to-be: they have put affairs into a specific state by their actions, i.e., their ought-to-do's.

What would happen if we added another individual into our experiment: another dog to accompany the dog and another child to accompany the child? The trained dog would not exhibit a fundamental difference in its behaviour when corresponding circumstances would trigger it. Namely, a blue box not being in the blue corner would put the blue box into a blue corner as usual—it would perform the ought-to-do. However, the untrained dog would not perform such a task. No one has conditioned it by appraisal and punishment; thus, it would not be motivated to

accomplish such a task. Furthermore, the trained dog would perform the task by itself and not force the untrained one to perform or collaborate.

On the other hand, a trained child would endorse such a rule and force the other child to achieve the ought-to-be by performing the ought-to-do. Here lies the fundamental difference: the trained child who was a trainee also becomes the trainer to endorse the rule by herself. The essential difference with humans is the following: specific ways of forcing you to do A, rather than B, in certain circumstances make you not only do A in the circumstances but also construe A, and not B, as *proper* in those circumstances, the consequence of which is that you will force others to do A, rather than B, in the given circumstances (Peregrin, 2014, p. 128).

This rule-enforcing aspect of human interaction plays a vital role in therapy. Clients adopt new norms regarding proper actions When they adopt novel behaviours and thinking patterns. Clients may benefit from this rule-enforcing mechanism—they may share their ideated norms with other community members. These members will encourage clients to follow the new norms. By doing so, they provide the necessary support for clients to transition to new norms. The critical challenge is that only members who accept these new norms will encourage them. This condition suggests that clients must either convince the members about the validity of these norms or find other members who already adopted these norms.

This normative insight encourages clients to evaluate who supports their new desired state in their surroundings. Practically, clients who wish to become better partners should convince their friends about the soundness of this idea. Furthermore, they should seek people who have already demonstrated the behaviours they want to internalise. These people will exert the normative

pressure that helps clients change themselves. This view emphasises that humans recognise certain ought-to-be during their normative activities.

The fundamental characteristic of being a normative creature recognises ought-to-be, a source of derivation for ought-to-dos. Prima facie, it seems that humans behave similarly to other animals. However, this is only when we inspect the ought-to-do's in isolation without the understanding that they relate to the ought-to-be's. Humans recognise ought-to-be as *proper* states of affairs that guide their decisions about their behaviour.

Therefore, Solution-focused therapists first seek an understanding of the *Preferred future*—they ask questions about minor observable signs of the manifested best hopes. These questions generate an understanding of the desired state of affairs: ought-to-be. This therapeutic technique helps clients guide their actions as it revolves around a fundamental human feature—normativity.

We do not see assistance dogs that guide visually impaired people to force other dogs to engage in such an activity, but we do see humans wearing a suit and a tie to force other humans to wear it. Put bluntly, non-normative creatures do not perceive norms—namely, they do not see affairs as *proper* and *improper*—nor perceive that affairs ought to be in a particular state. It is the perception of ought-to-be's that differentiates humans from other species.

12.2 Beginning of a language

Language is supported by rules, and primarily by three kinds of rules that govern language—entry, language—exit, and language—language transitions. These rules govern the meaning of propositions we express in a therapeutic setting. The existence of language is a necessary condition for therapy, so we should ask how language could have evolved at the beginning. If we

would imagine a group of homo sapiens living in a cave who still were not able to speak a word, how has it become possible that they had started to have a language?

Imagine that there might be a sound that members of a protohuman community start to emit in a situation of danger (Peregrin, 2014, p. 134). From an inferentialist viewpoint, such a sound cannot be a meaningful word even if it is tied to a specific class of situations—for a sound to be meaningful as the word *danger* is in our language, a sound must become part of the complex network of inferential relationships. Hence, for such a sound to become equal to our sentence, there must be other sentences on both sides: the ones that are inferable from the sentence and the ones that we infer from.

For example, the sentence "Problem!" is inferable from "a pack of wolves are approaching," and what is inferable from such a sentence is "we should protect ourselves." Hence, we cannot consider it meaningful until the mentioned sound becomes entangled in this network of inferential rules. This inferentialist view suggests we cannot have genuine human problems without language. Problems derive not meaning from their representation but from the pragmatic effects they manifest in the community.

What are the necessary steps for a sound to enter such a network? And if we assume that such a network does not exist yet, then what would the beginning of it look like? Once there is a tendency to associate a sound with a situation, and the association serves some useful purpose—to warn other members of the danger—the association may come to be taken, by members of the community in question, as *proper*, as something that ought to be (Peregrin, 2014, p. 134). Here, human normativity returns, which has made cooperation possible to flourish. We might assume that when such proto-communication begins, a group of humans must already live together,

following certain norms. Without a group of people, there would be no motivation to make any attempts to communicate.

This non-linguistic behavioural foundation suggests that humans need established ways of helping each other before being able to communicate their problems. This view contrasts with the representationalist one, which would see problems as representations of extralinguistic entities independent of communal practices.

Two individual humans randomly encountering each other might emit some sounds to express they have a problem. However, such sound emissions could never become governed by rules as there would be no way of endorsing these rules. For rules to be supported, there must be a motivation to become and remain inside the group following these rules. Without such motivation, there are just individuals having accidental encounters that do not have the potential to establish any rules. There is no motivation to cooperate, thus, to follow any rules.

This social element implies that problems are notions that facilitate interactions between community members. They are not pictures of empirical or mental states of affairs. Problems are tools to engage other members in specific practices that the group has established before the existence of language.

In the beginning, implicit rules govern the use of a particular sound. The crucial aspect of this usage is that community members perceive such a state as *proper and* ought to be. Once such a situation occurs, community members may avert one another from using it *inappropriately*. Such an inappropriate use is any use that does not conform to the newly established norm: emitting the sound when there is no danger, such as when a snail instead of a wolf is approaching. The link

between the situation and the sound ceases to be a matter of a mere association, of tendencies or dispositions and becomes a matter of *propriety*; it acquires a *normative* character (Peregrin, 2014, p. 134).

When clients ideate their Preferred future during the solution-focused dialogue, they do not have more than a vision—they must *materialise* this vision to progress. This normative character that distinguishes sounds from sentences distinguishes vision from reality. Clients must facilitate the acquisition of this normative character by sharing their vision with other community members.

When such a normative character materialises, the normative stances of the members of the community establish it, and such normative character consists of implicit rules: under what circumstances it is *proper* to behave in such a way and under what circumstances it is *improper*. Hence, specific actions become incompatible with clients' commitments towards their communities.

In a prototypical society, there may be a variety of sounds. Once the number of sounds entering such normative relationships with situations increases, incompatibilities appear between the sounds, namely, between the acts of emitting them (Peregrin, 2014, p. 135). We might imagine that there is also a *proper* sound to emit when one has successfully eluded the encountered threat. Then, the sound tied to the situation when the danger arises is *incompatible* with the sounds tied to a situation when the threat is no longer present, as those two situations cannot occur in parallel. These incompatibilities arise when clients commit to the Preferred future. Clients who wish to become better parents by implementing actions generate social expectations that make certain

behaviours incompatible. These incompatibilities function as guardrails informing clients about what they should not do.

Moreover, some sounds may be *appropriate* whenever some sounds are, without this being vice versa; in this way, they would be laying the foundation of *inferential* relations (Peregrin, 2014, p. 135). We might imagine a specific sound associated with a pack of wolves approaching and another sound associated with danger in general. Hence, it would be *appropriate* to emit the sound related to danger whenever a pack of wolves is coming but not to emit the sound associated with a pack of wolves approaching whenever there is another type of danger.

These inferential relationships are crucial for successful therapy. Clients may express a generic Preferred future that does not commit them to concrete actions: I want to be a better parent. Therapists must realise that such a preferred future does not clarify the inferential relationships with other notions of progress. Therefore, they may use the solution-focused question "How would others notice you are a better parent?" to elicit specific commitments. When therapists do so, they clarify the inferential relationships between different clients' ideas.

The *causal* incompatibility of the world may induce such a normative incompatibility (Peregrin, 2014, p. 135). The fact that, at the same time, there cannot be day and night in one place is inherent in the *physical* impossibility arising from the *causal* order of the world. However, one can state that it is a day and a night simultaneously; no physical limit hinders one from doing so. Social *norms* make such statements *incompatible* and *improper when* stated simultaneously.

In the therapeutic context, causal order rarely plays a role in incompatibilities. Clients who wish to implement actions must navigate the complex network of concepts that inform them about

proper behaviours. Physical limits do not hinder clients who want to become better parents—social expectations do. This aspect emphasises the importance of the therapeutic discourse—clients need to understand how they can satisfy their commitments.

This makes us humans distinctive from other species: we do not live merely in the realm of nature, where we are subject to many different *natural* laws. We also live in the realm of *norms*, where one can decide to *obey* or *disobey* them. Such a realm of norms is the foundation of our psychotherapeutic problems—we constantly evaluate proper actions. When we *do not know our way about* them, we leverage therapeutic discourse.

12.3 Conclusion: evolution of rules

The evolution of rules and the unique human capacity for normative behaviour form the therapeutic foundation. Our ability to perceive and endorse proper states and actions generates the potential to change how we interact. However, this normative space is also a source of challenges because individuals can become unsure about what is proper. Therapy functions as a process that reflects on potential changes and redefines what clients perceive as appropriate. Moreover, therapy assists clients in endorsing these proper actions with the support of their community members.

Therapy helps clients align their actions to the expectations of their community by fostering this understanding. This chapter demonstrates that the therapeutic process leverages our inherent normativity. Therapy is a transformative practice that hinges on the social evolution of meaning and action.

13 Solution-focused language game

After examining the role of language games and the evolution of normative rules, this chapter analyses the Solution-focused language game as a distinct therapeutic approach. The earlier discussions explored how therapy functions within a structured framework of rules. This chapter applies these ideas to SFBT methods. I illuminate how SFBT practitioners use language to engage clients in a particular language game that promotes a practical, goal-oriented attitude towards progress.

SFBT diverges from traditional therapeutic methods, e.g. psychoanalysis, by treating problems: they are linguistic constructs rather than metaphysical entities. As constructs, practitioners must take an instrumentalist approach—reflect on the practical consequences of these ideas rather than their representational accuracy. This approach emphasises that clients' progress happens when they reframe their thinking rather than understand the root of their problems. This chapter examines how language can shift clients from theoretical problem analysis towards actionable ideas. This approach demonstrates a Wittgensteinian view: therapeutic problems are linguistic confusions that we may dissolve by practical adjustments.

This chapter addresses the central question: how does SFBT redefine the role of problems in therapy? I examine what makes SFBT effective in fostering change and how it utilises language to clarify rather than complicate clients' issues. This way, we understand how SFBT encourages clients to see problems as mere ideas that must serve a purpose: guiding other ideas and actions.

This approach aligns with Wittgenstein's view of philosophical problems as pseudo-problems requiring a different method: dissolution over discovering hidden truths.

13.1 Introduction

In the first part of the dissertation, I have introduced the fundamental pillars of SFBT, its historical roots, and essential techniques. All of these aspects are important to understand how an SFBT therapist approaches her clients to help them achieve the desired results that they seek from therapy. At this point, it becomes evident that we cannot underestimate the influence of the late Wittgenstein on Steve de Shazer.

I focused on language in the second part of the dissertation, which became Wittgenstein's focal point during his philosophical work. I have explored Wittgenstein's perspective on language games; I have continued by building on the work of Sellars, Brandom, Peregrin, and others to provide readers with a comprehensive overview of inferentialism, a notion of language that late Wittgenstein's work has influenced. Such an overview is essential for my following focus: arranging all perspectives into an integral picture that aims to introduce a philosophical perspective on SFBT.

At this moment, it is unclear how SFBT can function the way it does. We know that SFBT has been proven in clinical studies to offer at least similar results as other well-known approaches do. We now understand how SFBT therapists perceive clients, their basic assumptions about them, and their techniques to help them. To conclude, SFBT is an effective therapeutic method; we know how to conduct it, but we still do not understand the essence of such a phenomenon. How can a conversation ever be helpful?

A conversation is an episode of communication consisting of different propositions or moves in the language game. How can moves in a language game be helpful? What is it in such a language game that brings benefits to clients? And if it is just the sheer joy of playing a language game, why can't one play any language game with any player to achieve the same? Indeed, there must be something particular about the Solution-focused language game (SFLG).

13.2 Therapy

Therapy is a social practice where multiple speakers engage in a language game. This language game is peculiar—it is goal-oriented and has distinct rules. There must be at least two participants: the therapist and the client. They engage in a language game expected to continue until they achieve the goal: eradicating the problem. When the problem no longer persists, the therapy has nothing to remedy.

Limits define therapy—participants do not switch roles or play after achieving the goal.

However, the participants can claim different roles in different relationships—the therapist can play the role of a client if someone else claims the role of a therapist—but when we set the roles in a relationship of two participants, we do not alter them.

13.3 Therapist and client

Roles are clusters of expectations maintained by society—a person claiming a role must exhibit proper behaviour to avoid sanctions from the community members successfully. There are two roles in the therapeutic language game: a therapist and a client. The role of a therapist and a client differs: the therapist institutes this language game as she introduces the client to it. However, they are mutually dependent—each acquires their role only if the other role is present. The therapist is

a methodological authority—she defines how to conduct the therapy, but the client determines whether the therapy has succeeded. In this way, the therapist decides the proper moves in therapy, but if success does not materialise, the therapeutic community will exclude the moves from the therapeutic language game. Thus, the game is co-created by both participants—the therapist introduces methods, but the involvement of these methods in the language game depends on their contribution to the success—defined by the client. The corrective mechanism resembles one from a restaurant. The chef is a methodological authority—she defines how to cook *properly* without direct correction from the consumer—however, the consumer defines what a *proper* meal is. Only a *proper* meal guarantees the *propriety* of the cooking. The methods answer themselves to the results—the therapist guides the client—but, ultimately, the therapist answers herself to the client. The therapist is the expert, but the client is the judge—the judge grants the status of an expert.

The methodological rules upheld by the therapeutic community constitute therapy—but clients uphold the therapeutic effects—only methods that materialise therapeutic effects are therapeutic. In this way, therapy is co-created by clients and therapists.

13.4 Problem and meaning

Therapy and problem have a relation: therapy is supposed to eradicate the problem. Nonetheless, these two terms are ontologically different—therapy seems to be an activity, whereas the problem appears as a situation.

Clients enter therapy when they find themselves having problems. Before entering therapy, one must first identify that *proper* conditions have occurred. How does one recognise these conditions? Introspection is seemingly the method: one looks inside oneself to assess. This

assessment is supposed to reveal if the conditions to seek therapy are present—but how do I *know* what these conditions are? If there are any, then I must learn them first—I must learn them from someone. How can someone teach me what these conditions are?

The person can explain it to me in words, but how can the *inner* conditions be *described*? The language game of describing objects needs objects—not all the time, but at least *some* time—without objects, descriptions cannot ever arise. I can describe *something* you have never seen—only if you have seen *something*. When describing, we can only learn the propositions we assert by *showing*. Objects play a role in this language game: they define what is *improper* to assert. Objects *seem* to provide meaning to these assertions, but they only set propriety conditions, which are not the *meaning* of these assertions.

We ordinarily describe feelings—we cannot see them, only *feel* them. Objects define propriety conditions of descriptive assertions: the presence of an object permits and prohibits me from asserting certain propositions. If the language game of describing feelings is descriptive, it needs objects to provide propriety conditions for its assertions. It seems that feelings are the objects—they are *shown* to me when I learn the *meaning* of these descriptions. I realise that certain conditions warrant me to assert certain propositions—if these conditions are present, then it is improper to assert them. However, I cannot decide what is proper; only others. Thus, if they are to play a role in any social game, these conditions must be accessible to other speakers.

Some conditions warrant me to assert something about feelings—these conditions must be *public*—there are no private conditions. Anything private cannot serve as a condition in a public social activity.

Imagine someone introducing a new game, and this game is constituted by a set of rules—as any game that one expects to be playable. Rules set *expectations* on players' behaviours—to play *according* to rules, players must satisfy certain conditions. In this new game, one of the rules would hinge on an *inner private* condition: a player must introspect to identify if she accords with the rule. This condition seems unproblematic—but what would be the *use* of such a rule? A rule is supposed to impose conditions of correct behaviour, but others cannot recognise a private condition. It could be recognised only by the player itself—but who could *verify* if the player has recognised it *correctly*? Only the player herself—this would mean that whatever *seems* right is right—there would be no rightness; one could do anything. What kind of a condition would a private condition be? If no one can recognise it, then no one can learn it—it would not be a condition. There are no *private* conditions—my inner experience provides no guidance—having a problem is not a result of introspection.

13.5 Knowing my problem

I seek no therapy if I do not *know* that I have a problem: I do not know or realise it *incorrectly*. I must *know* that I have a problem before I seek therapy—there is no therapy without a problem. Introspection provides no aid—no *private* conditions—what seems right does not have to be correct. There are no conditions for having a problem—this is not what I imply. Knowledge is fallible: what can be known can be known incorrectly. Introspection does not allow for this—it is not a source of knowledge—it will not let me *know* if I have a problem. I can have an unknown problem—one that no one has ever had—and seek therapy. Nonetheless, this would make me unintelligible—if I am to play this language game, I must follow the rules to make myself understandable.

I must know what having a problem *means*—otherwise, I could never reach this conclusion. To have a problem is a concept in our language games; it is a public matter that we must learn first. I know by observing others—until I *understand* what having a problem *means*. This understanding is theoretical and practical: I know it when I can *do* something. I understand what having a problem means when I have learned the rules of this social practice: I must behave according to some rules. If I do not comply with these rules, I do not understand the *meaning* correctly—others will sanction me to *make* me understand. Understanding is not a private phenomenon but a matter of social consensus.

When I am born, I have no problem—I cannot have a problem; I do not know what having a problem *means*. I must learn it if I am to be part of the society. I have formed my unique problems—quite the opposite, the problems have formed myself! The problems have already been here before me—waiting for the community to *introduce* me to them. Humans are finite, but problems are boundless—dependent on society, but not on an individual. Problems are social institutions—they are tools for different purposes.

When I meet certain conditions, I am introduced into these institutions—by others, not myself. I cannot introduce myself to a problem; someone must acknowledge it. Having a problem is a matter of acquiring status in a public social game—I obtain this status when others recognise it—independently of myself. I can think I have a problem, and I can want to have a problem—but thinking and wanting to have a problem is not having a problem. Clients enter therapy when they have issues—this is an illusion. It is not clients who find themselves having problems but other members of society.

I understand my problems, and I talk to others to explain them—this is false—in fact, only others understand my problems, and I speak to others to allow them to explain my issues. Without others, I could have no problems; I could have *something*—others make *something* into a problem. I cannot be the judge of myself; I cannot be anything by myself. I discover myself in interaction with others. Who I am and can be is normatively construed—socially dependent.

Having a problem is a social game—expectations of other participants maintain the rules. When I fulfil these social expectations, I acquire the status of having a problem—this is possible only when interacting with others. What issues I can have is independent of myself—social expectations define the limits of my problems; they represent the limits of myself.

13.6 Problems, society and use

When I have a problem, others help me—this is an illusion. When I have a problem, I help others. Problems are social institutions: they are tools society uses to do *something*. When I misbehave, I receive the *status* of having a problem—this is not to help *me* but to help society. When others impose this status, they adjust their expectations. The community expects me to do something differently—if I do not comply, they withdraw me from specific transactions. Mental states do not pose sufficient nor necessary conditions in this game.

It seems that problems are the results of my unique experience, but problems are unique in no way. Problems are institutions that include imposing statuses on individuals—these statuses must be available *before* I acquire them—we acquire these statuses when *others* acknowledge them.

I *know* my problems—this seems intuitive, but it is elusive. I become a full-fledged member of society only when I conform to certain norms, and I have a problem if I fail to do so. But to know

it, I must recognise these norms—I can do this only in an interaction, and this activity does not generate a permanent state. Only *society* knows what my problems are—the knowledge manifests as interactions. In this sense, problems are implicit to some extent—they are continuously evolving social interactions. Problems of today might not be the problems of tomorrow. Problems are socially constructed—independent of single individuals but influenced by them.

These institutions protect society from undesired consequences of improper behaviour of some members—by identifying what constitutes inappropriate behaviour and who exhibits it. Society sanctions individuals by marking their improper behaviour as problematic—potentially excluding individuals from specific transactions. Some individuals receive the ultimate sanction: by exhibiting improper behaviour repeatedly, society excludes them. One cannot become a recidivist by not doing anything improperly, but when one *becomes* a recidivist, future behaviour has no potential to remove this *status*.

The institutions of problems do not accommodate individual needs and support—quite the opposite, they present social defence mechanisms to protect society. The *use* of problems is not to aid anyone but to sanction them. Acquiring the status of having a problem represents a sanction—it excludes one from specific transactions.

When an individual fails to satisfy certain norms, she becomes marked as having a problem—this sanction manifests in the change of expectations of others—this removes the individual from some transactions. When I misbehave, I acquire the status of having a problem. This status functions as a warning: this individual misbehaves and might proceed to do so. Other members of society then adjust their expectations accordingly by expecting me to misbehave and excluding me from transactions that require proper behaviour. For instance, when I lie, others acknowledge

that I have a problem with telling the truth—this status informs others to expect that I might lie in the future—they will avoid relying on my statements. This matter of exclusion is not binary—it has a complex range of repercussions. When an individual lies once, she is not removed from all transactions instantly. However, if an individual continues to lie even after being sanctioned, she might be removed from all transactions, legal capacity restriction, or detention.

In a prototypical society, the sanction manifests as being treated as *untrustworthy*. Participants impose expectations of norm adherence on each other—those who misbehave cannot consume the benefits of these norms. Norms restrict us from providing benefits in exchange—those who object to conform are not restricting their behaviour. As a result, we deprive them of the benefits—the possibility of these benefits depends on norm adherence. Norm conformity of the whole group is necessary to spawn benefits from these norms. This condition is why it is required to adhere to norms and compel others to adhere to them. Mere norm adherence is insufficient for the normative system to protect itself from members who only desire to consume benefits without restricting their behaviour. Problems are social institutions that identify misbehaviour—having a problem is an *explication* of a status established by a change of expectations of others.

Problems as institutions are exclusionary per se—their use is to remove individuals from particular or all transactions—they are social mechanisms that protect the society from normative disobedience.

13.7 Problem and therapy

Therapy is available to me if I want to eradicate my problems—this is misleading. Society imposes therapy on me—I should eliminate *social* problems. Therapy is a social institution that

functions as a counterforce: where society excludes individuals based on their misbehaviour, where they *might* reintegrate in case they adapt.

This view informs about an essential aspect of therapy: the goal of therapy is to reintegrate individuals into society. Therapeutic goals *appear* unique—they seem to be co-created during the therapeutic process—as they had to be discovered by the participants. This notion cannot be correct in *any* way. Problems are normative social institutions—what counts as a problem is defined by social expectations—to have a problem, I must *diverge* from proper conduct. The general goal of therapy is the eradication of a problem. If we socially construct problems, then solutions must function likewise. They are not ontologically different—they are the same. What we regard as a solution depends on what we believe is a problem, and that depends on what society acknowledges as proper behaviour. In this sense, there is no option to co-construct unique solutions—the solutions are available before my employment.

I can alter my behaviour and conceive this as a solution—an eradication of a problem—but a solution is generated when acknowledged by *others*. These social expectations are in place before I attempt to alter my behaviour—they establish norms that I have failed to satisfy. These norms generate the possibility of problems, and my withdrawal from the problem institution is a mere response to these norms—it is a return to normative compliance.

13.8 Problem: a peculiar entity

When we examine the problem, it seems to us that it is an entity of a peculiar kind. It is not unusual that someone has a problem, but it is not something anyone wants to have. If someone has it, then why one cannot discard it? If I *have* something, I must be able to *do* something: use it, possess it, dispose of it. However, we cannot perform these actions on a problem. Intuitively, a

problem must be a peculiar entity—it occurs in a sentence as an object, but when we try to treat it as one, we fail.

When I have a chair, it is possible that I want to dispose of it, and I can do so. I fail when I have a problem and try to do the same thing. A problem is not a physical object—but it often comprises physical objects in a particular state—it *seems* to be a state of affairs. This statement is about the state of affairs: It is raining outside. If the problem denotes a state of affairs, it clearly must not denote all state of affairs—it should denote a particular kind.

The motivation is obvious: If I understand the essence of a problem, then I can easily avoid it. This idea is the origin of my desire to analyse problems. Problems occur as objects in language—like chairs—so I treat them as objects. A chair is an object—it has distinct properties such as colour and shape. Knowing more about these properties helps me with successful identification. If I see the identity criteria of a chair—how to recognise one—then I can notice and evade it. What constitutes the identity criteria of a problem?

If problems are a specific state of affairs, they must share something in common—some essence. There are these problems: It is raining; I have broken my leg. What do they have in common? This question *seems* philosophical—I *can* make it philosophical by demanding a theoretical answer. What turns a state of affairs, "It is raining", into a problem? Ultimately, it is a mere state of affairs, not a problem per se.

I have a problem, and the problem is that it is raining. But it is not a problem for the one who is harvesting crops. The harvester does not have a problem. And without the I, there could not be any problem. The grammar provides a hint: a problem comes with a subject. If I have not

discovered the problem in the world—it is not a state of affairs because what is a problem for someone is not a problem for the other—then I must look into the subject. Here, we get the following idea: a problem resides in the inner.

These objects—a chair and a problem—have a distinct character. The chair is an outer object, and as the problem lies with the subject—it must be a private mental object. I have a broken chair somewhere in my house—if I find it, I can get rid of it. The problem is the chair; the mind is the house. Entering the house involves opening the door, climbing the stairs, etc. Entering the mind can consist of one or more steps depending on the subject's *technique*.

I teach a child how to enter a house: I show her the door and what to do with it. I teach a child how to enter a mind, but there is no public mind we could join together—everyone must enter their own. I close my eyes and perform the *technique*: I call it introspection.

Every technique needs criteria of correct application—one does not enter a house by staying in front of it. An introspection—everyone must learn it on their own, but then there is nothing to *teach*, thus nothing to *learn*. I can do anything or nothing—everything will count as a correct employment of the *technique*—and that only means there is no correctness or a method.

Introspection can find *something*—that is the most it can do. This element makes problems difficult to solve: they are private and hidden from public examination. Hence, we can only resolve them *indirectly* via language. We ought to play a language game to dispose of the problem. What is the role of the problem in this game?

Intuitively, the problem as a private entity is the object of the indirect treatment—its presence demands further activity until the problem vanishes.

13.9 Problem as an entity: the role

The problem is a peculiar entity: private, mental, and hidden. More importantly, it is of the utmost importance to eradicate the issue, which is the ultimate goal of the therapeutic language game. The therapeutic language game is a social practice consisting of performing actions with a common feature: a role in this game.

The problem is that, as a private entity, it must have a role in this game—it must connect somehow. How is this connection achieved? The private object establishes the problem: when this something occurs, I recognise that I have a problem. The private object is the root cause of my having a problem—this is our intuitive understanding.

The problem is the beetle in the box (Wittgenstein, 1968, p. 293). I know my beetle solely based on my experience—the problem is when the beetle is in a particular state. What serves as the criteria for such a state? If I compare this beetle to another one, I would inspect the difference between them to see if my beetle is alright. This other beetle would have to be private to make such a comparison possible; it would have to be part of the same inner realm. However, none of these beetles could serve as a reference—we can check none of them for correctness. None of them could play a role in a rule-governed practice.

A problem could not consist of having a beetle in *any* state—the beetle would have to be in a *particular* state. Nonetheless, I would encounter the same problem: what one would regard as a problem might other one does not see as a problem. Put bluntly, individuals with the same beetle might not conceive of it as a problem—the inner state of affairs would not be sufficient to form a problem. If the problem were an object—something distinct from *myself*—then I would have the option of *perceiving* it in several different ways.

This view would imply that the *problem* would not be the inner object but my relationship to it—this relationship would have to be an object of the same kind—which would only result in an infinite regress.

The occurrence of an object—outer nor inner—cannot serve as a basis for a problem. My relationship with an object cannot help if we construe the relationship as another object. This feature shows something important: there are no objective criteria for a problem but no subjective ones. What happens in the external world is a state of affairs that can be described by an observational report—however, asserting that something is a problem is not an observational report. Consequently, claiming something is a problem seems to be an observation about the inner state. But this cannot be the case—an observation consists of the subject being ontologically distinct from the observed object. If my inner state would comprise such an object, then this object would not constitute a problem—my *relationship* towards the inner object would be the problem. If there was an inner object, I could ignore it—my lack of ignorance would be the problem. What kind of inner object would that be?

Furthermore, introspection cannot lead to a definition (Wittgenstein, 1988, para. 212). What I introspect can never enter a rule-governed language game—it cannot have any role in it. Thus, we cannot even describe it—what we can describe must provide the option of becoming the object of a public examination. Therefore, these inner objects could be *objects* in a metaphorical sense at most—and this metaphor collapses under critical scrutiny—it is a source of confusion with significant consequences.

These inner objects are, in fact, *something* about which we can say nothing. I have something inside me—what I want to say to explain my problem. But here, the word "have" is also used

metaphorically. It would be more precise to say only "I something." But this is not a proper sentence or intelligible move—it has no role in our practices; it achieves nothing.

13.10 I have a problem: the grammar

Psychological problems are problems of a particular kind. My car is running out of fuel—this can represent a problem. But it hardly represents a psychological one. We can solve an empirical problem by doing something. If we can do something, it is an empirical problem: I can find a gas station.

The psychological problem seems quite different: it is not a problem about the world but the *mind*. Actions solve empirical problems, but psychological ones are not because they are problems of the mind, not of the world. However, even an empirical problem has this aspect: if I do not *want* to continue driving the car, then the *fact* that it is running out of fuel does not constitute a problem. Again, without the subject, there cannot be a problem; it is only a state of affairs. The subject turns the state of affairs into a problem—specifically, the subject's *attitude* towards the state of affairs.

If we construe this attitude as a private mental object—distinct from *myself*—then we generate an infinite regress: I could have an attitude towards this attitude. This view would only mean that the attitude would never present a problem, but my attitude towards it—is nonsensical.

This attitude might be a specific sensation. But sensation is a word in our *public* language—its *meaning* cannot be dependent on anything private. A wheel that can be turned but nothing else moves with it is not part of the mechanism (Wittgenstein, 1968, para. 271).

The attitude might be *something* that only I can know by introspection. What would I need to introspect? One introspects the inner realm. In this way, the inner realm would be separate from the physical one, resulting in a paradox: problems would be combinations of two realms that do not connect.

Problems are indeed private—they are subject to concealment or pretence, and the state of affairs in which we assert them is indeed public—anyone can examine them. But the interpretation we derive—inner and outer realm— forces us to abandon the essential link between them. During our explanation, we make the concept unintelligible.

This idea can mean that our problems are private objects we can never examine—but how would it be possible to learn about them? For instance, how could a child ever understand these concepts if they never manifest in the physical world?

If problems would only amount to *having something* that can never demonstrate itself, a child could not ever learn what they are. The child could merely learn that having a problem is having something—what role could this have in our social practices? Imagine someone telling you, "I have something," but when prompted to show it, she would be unable to do so. Such activity would not produce more than pure confusion.

Having a problem is none of these: an ownership of an object, an internal state, or a category of state of affairs. I have a problem—this represents a meaningful sentence in our language.

Seemingly, this sentence is an observational report about a particular relationship between a problem and myself.

If I construe this report on the intuitive model of the inner and outer, I have three possibilities to locate what I observe: an inner realm, an outer realm, or a combination of the two.

The inner realm yields such a report *useless*—to report *something* about *something* that can never be witnessed by anyone else except the reporting subject cannot play any role in social interaction. But this sentence is meaningful, and what is meaningful must have a role in our social practices. Thus, this report cannot be about an inner private realm.

The outer realm forces me to locate *myself* in the physical world. I can do so by pointing to my body—to substitute my body for the *self*. This idea would imply that my body and myself are synonyms. However, this is not how these concepts function in our language. Compare "Police has found him" with "Police has found his body".

The one who showed himself has *done* something revealing, but the one who showed his body has merely removed her clothes. This grammatical difference is the source of our suspicion: there is more to the self than the body. The inability to equate the self with the body or anything physical leads us to conclude that the self must operate in a different realm.

An *inner* realm must be the genuine location of the self. But it is not inner in that we could discover it inside the physical—I can cut open the body, and still, I cannot find the *self*. The realm is inner in the sense of being *private*—only accessible to the subject.

But since "I have a problem" is a meaningful sentence—it has a use in our language, it cannot derive its meaning merely from reporting something about a *private* realm. What would be the use of such a report? Who would I be reporting to? Others could never understand a report about something accessible exclusively to me—unless this report would play a role in our social

practices. However, the private realm would not participate in the conception of meaning. This realisation would only mean that this *report* would not be a report.

If we construe the meaning of "I have a problem" as a report about relations between the private self and the public problem—state of affairs, then we lose the necessary link. The private psychological realm does not seem to connect to the physical one—but if that were the case, then a child could never learn any psychological concept. A child might attempt to do so based on introspection, but introspection cannot lead to a definition (Wittgenstein, 1988, para. 212).

The distinction between the private and public realms is intuitive but generates a confusing disconnection. However, this disconnection is elusive—our language proves that there is no disconnection; thus, there is no need to eliminate it.

The one who killed *herself* must have done something to her body—these concepts fundamentally connect. However, when she is pronounced dead, I no longer touch *her*—I touch *her body*. As if the self has disappeared—leaving the body in the physical realm in a state of no motion.

The doctor says that the brain activity has ceased. Why does she not say there is no self in this body anymore? The doctor can do so, but this would not result from an empirical observation but from a material inference. Mastery of such material inferences constitutes the necessary condition to engage in social practices.

The self seems to be a parallel body to the physical—one in a different realm. If that would be so, then it would have to be possible for the self to exist without the body. But that is not the case."

His body is dead" entails "he has died". To say that someone has died, but his body is still alive is a contradiction.

A stone cannot have a self. This insight shows itself in our ordinary practice: someone who points to a stone and says, "Who is this?" cannot be taken seriously. But if someone would insist that this particular stone does have a self, how could I disprove it? Not by examining the inner of the stone—but I cannot do this to humans either. However, if the self exists, it must be possible to prove it. But introspection cannot do so. It does not allow us to create any identity criteria for the self. I cannot know if what I introspected is the self or communicate anything that will help others identify if they have the same as I have.

The only proof of the self is an activity in a language game—the one who has *self* is the one who can participate in a social practice. The self is not a name; thus, it needs no object to denote. Therefore, "I have a problem" is not a report about the relation between two entities—it is an *expressive* move in a complex social practice. The role of this move is not to convey information about anything extralinguistic but rather to alter the *expectations* of others towards myself and vice versa.

This linguistic move presents its meaning in a context where it occurs: interactions with others. I may assert that I have a problem when I should behave in a certain way. Such an assertion is not fallible—there are no criteria that others might inspect to determine the statement's validity. For instance, someone asks me to hand her a cup of coffee, and I say, "I have a problem." No options present themselves to defeat my proposition—there is no condition that I must satisfy to assert this. I have a problem—this assertion is available to me at any given time—its role is not to describe but to affect other speakers' behaviours.

However, this does not apply to the third-person statement: he has a problem. I assert this based on observing public signs—behaviour, and environment. My friend's house is on fire, and she goes to bed without noticing it, so I say, "She has a problem." Another observer defeats my statement by declaring, "It is not fire, but a mere festive decoration." The critical aspect is not the truth value of these sentences but the possibility of dispute. Whenever public conditions justify an assertion, there is a likelihood of conflict. Nonetheless, this is not the case with the first-person statement, "I have a problem."

13.11 Therapeutic problem: the essence

Speakers sometimes claim that they have a particular problem—they say, "I need therapy." There is a category of problems: therapeutic problems. Such a statement exhibits the same characteristic—no conditions warrant me to utter it; I might do so at any given moment without the possibility of being refuted.

A therapeutic problem is a problem of a peculiar kind—a more specific one. A therapeutic problem is different from an empirical one. I have lost my keys—this is a statement about an empirical problem. When I assert it, I expect specific actions may solve it. Nonetheless, this is not the case with therapeutic problems.

I meet someone, and she says, "I have a problem." It is natural to ask, "What is the problem?" and I do so. She replies, "I have lost my keys." I think this is unfortunate, but I expect *someone can do something*—this is what I categorise as an empirical problem. When speakers declare they have empirical problems, the change of expectations of others focuses on behaviour—they expect that resolution via actions is possible.

I meet the same person another day, and she says, "I need therapy," so I ask, "What is the problem?" At this point, I do not expect "I have lost my keys" as a prospective response. If I receive such a response, I may challenge it—losing an item is not a therapeutic problem. I expect *more*—an extra layer on top of the problem.

This view does not imply that a therapeutic problem is insolvable. Every problem has a solution—this is not an expression of positive psychology but rather a description of a social practice. Without a potential for change, there is no reason to include it in this practice. I am a human, and this can be a problem only when alteration is possible. Otherwise, the speaker will confront the correctives of other speakers. Problems are to be solved—this is the purpose of this social practice. What humans do not expect to be alterable is not a problem, because there is no use in including it in this social practice.

A therapeutic problem cannot be insolvable and cannot be something we expect to solve by merely modifying the state of affairs. A therapeutic problem has this additional aspect—it is something more than an empirical problem. Our practice shows that "I have lost my keys" cannot be a therapeutic problem. "I have a therapeutic problem" cannot merely relate to the state of affairs in the world—that would turn it into an empirical problem. It seems that the therapeutic problem resides in the psychological realm—it is a private mental state. However, private objects cannot have any role in public practice. If I needed to identify a private state to *know* that I have a therapeutic problem, then I could never do so. There would be no option to learn any identity criteria of such a state if this state was entirely private. Intuitively, I could learn from my own experience, but this is not what learning consists of—learning must be fallible, but learning from my own experience without an option to refer to something independent is infallible.

Moreover, if a therapeutic problem were a private mental state, it would have to manifest publicly to become relevant for sharing with other members of the community. To have something inside is insufficient to become a problem—this something must manifest outwardly in a socially destructive manner.

However, these outward manifestations do not present the therapeutic problem in its entirety. Someone told me that life does not make any sense, and she stopped coming to work. In such a case, I say that she needs therapy. But the statement and the fact that she no longer comes to work are mere behaviours—it seems to me that the therapeutic problem must be something more profound, something hidden and mysterious.

However, the source of these metaphysical interpretations is linguistic confusion. When the person says, "Life does not make any sense," I do not consider it an empirical problem at any given moment, but I still expect it to be alterable. Since it is not any state of affairs that one should alter—that would make it an empirical problem—I search for what one can change. This object of alteration must hide in the psychological realm—a mysterious object that one can access only indirectly.

Presumably, we cannot describe therapeutic problems; we can only *show* them. We can describe the state of affairs in which these problems manifest. Therapeutic problems are not identical to these states of affairs. "I have not left my room for one month" describes a public state of affairs but merely *shows* the problem—it does not describe it. Seemingly, the problem must be hiding *deeper*. This assumption generates the desire to *understand* the problem. However, since the problem is not present in the physical realm, we cannot describe it. Thus, we try to understand it by providing more descriptions where the problem shows itself. Therapy is like a hunt for a spirit.

I describe a situation and say, "...this is the problem." A is B—the problem appears as another object in our language, and we treat it as a separate entity. Supposedly, therapy aims to eradicate the problem, first by understanding it and then removing it. We treat the problem as a metaphysical entity because we see that it exhibits an odd behaviour—it shows itself in situations but never reveals itself in isolation.

An understanding of the problem yields a promise of easy eradication. If I understand what it is, then I can avoid it. But we must inspect the essence of a therapeutic problem in situations where it occurs—we must observe its use. What kind of a problem we cannot treat in a therapeutic conversation? A problem I know my way about.

A problem I know my way about is an empirical problem—I know what one must do or could do. The essence of a therapeutic problem is not a mental state because if I know my way about it, then I do not have a problem. I only have the state without the problem—but the problem is not a separate entity; it is a linguistic concept.

A therapeutic problem has the form: I do not know my way about it. This feature forms its essence—it is a linguistic confusion. We desire to understand our problem, so we formulate explanations. But these explanations throw us into darkness—they demand further explanations. A therapeutic problem is particular: it asks for a solution, but we cannot construct it in language. Because a therapeutic problem is linguistic confusion, its linguistic dimension distinguishes it from an empirical problem.

An empirical problem is practical—even if we do not know how to solve it, we assume it is solvable by prospective actions. However, this is not the case with therapeutic problems—they

are problems to solve in a conversation—they are theoretical per se as they manifest primarily in language.

13.12 The role of therapy

Our perception of problems as metaphysical entities generates a desire to understand them. The traditional role of therapy is then to inquire about the problem—mainly about the situations where it occurs. This idea hopes to illuminate what our problems are.

However, therapeutic problems originate in language—they are theoretical. We cannot solve a theoretical problem in language; we can only dissolve it by seeing that it is not a genuine problem—by generating an insight that such a theoretical problem requires no solution. A theoretical solution merely generates a novel possibility of confusion—it is a source of another problem rather than an end of it.

To need therapy is not to know your way about something. Suppose a therapeutic approach aims to elucidate the nature of the problem by inquiry into it. In that case, it mistakenly assumes that the problem is an extralinguistic entity one can understand. However, the source of this misconception is an insufficient reflection of our linguistic practice. A therapeutic problem is a linguistic problem that can be solved merely by seeing that there is nothing to be solved theoretically: a therapeutic problem is a practical problem in disguise.

I have broken my leg—this is a problem because members of the community are expected to conduct specific actions because of this assertion. The sky is blue—this cannot pose a problem because there are no expectations towards what anyone could do. "I am lost in my life." When I

say this, it will generate a reaction similar to a genuine problem. Community members will try to help me, but they will do so by offering a conversation—they will offer to play a language game.

This approach is paradoxical—we know we must solve these problems in language, but we treat them as empirical problems. We want to formulate a question and use the scientific method to provide an answer. However, to be able to do so, such a problem would have to relate to the empirical realm. How fast does a horse run? We can answer his question by examining the empirical realm and providing a definite answer. "I am lost in my life." What question should we formulate in such a case? It might be, "Why am I lost in my life?" this is the traditional therapeutic approach. But the only form such an answer can have is a proposition. And how can I validate this answer? What kind of experiment can I conduct? There is a mere answer and a question that hangs in the air with no support, and the same difficulty impacts any support I try to give. The more answers I have, the more questions I generate. We must not treat therapeutic problems as empirical ones—there is no answer because there is no question. A therapeutic problem is a pseudo-problem that needs dissolution.

Therapeutic approaches that inquire about the problem base themselves on a misconception: they treat linguistic concepts as metaphysical entities. These approaches intend to illuminate what the problem is, but the problem is not an extralinguistic entity. The origin of a therapeutic problem is not the empirical world but our language. Thus, we must treat this problem in language.

The therapeutic problem, in its essence, is a linguistic confusion that presents itself as an empirical problem in need of a solution. The role of therapy is to avoid the enrichment of linguistic confusion via more inquiries. Therapy must encourage the client to see that merely practical conducts that manifest publicly can pose a solution to a problem. A therapist must not

promote the construction of further theories about the problem because that makes the problem even more robust—this is not a clarification but a creation. We cannot solve the therapeutic problem because attempting to do so includes accepting it is genuine.

We can dissolve therapeutic problems by encouraging clients to gain insight: therapeutic problems are not deep issues that we must analyse, but they are surface-level desires that are easy to implement only if the speaker recognises that the bewitching intellect hinders progress. The desire for theoretical explanations must not be developed but abandoned—one must see that this is the only way to escape linguistic confusion.

Betterment must manifest somehow in the empirical world, and the path to it—our language games—must be as short as possible. Therefore, a solution-focused therapist asks, "How would you notice things have improved?" These questions direct the client towards the empirical, practical realm to recognise that therapeutic problems are empirical problems in disguise.

13.13 Conclusion: Solution-focused language game

The SFBT redefines therapeutic problems as linguistic constructs—we must see them as practical tools that play a role in a goal-oriented dialogue. This shift suggests that problems are not the focal point of therapy but one of the various elements that interact with each other.

By playing the SFBT language game, participants reframe their problems using a structured dialogue. This practical approach eliminated the need for illusory introspection. This view aligns with Wittgenstein's approach: problems must be dissolved.

This chapter demonstrates that SFBT is a powerful, socially grounded approach encouraging an experimental attitude. Clients should try observable changes rather than generate theories about

their problems. Problems are tools that we must reframe to make progress, and we must avoid the temptation to seek metaphysical explanations.

This approach shows that SFBT is a practical application of Wittgenstein's philosophy—therapeutic progress emerges from dissolving confusion by treating language as an instrument rather than a final destination.

14 Conclusion

This dissertation has explored Solution-Focused Brief Therapy (SFBT) through the lens of Wittgenstein's philosophy of language. I propose that therapy functions as a language game—participants construct meaning rather than discover it. By aligning SFBT with Wittgenstein's philosophy, I have redefined therapeutic problems as linguistic constructs shaped by the rules of social interaction.

SFBT represents a shift from traditional, problem-focused approaches, which view problems as static entities needing analysis. SFBT embraces a Wittgensteinian view of language: meaning emerges from the use within a specific language game. Problems are not names for hidden mental states but linguistic entities. We co-construct them through dialogue and dissolve them through practical, goal-oriented reframing.

Traditional therapeutic models, e.g. psychoanalysis, operate under a representational account of language. They treat problems as entities rooted in the client's psyche. SFBT challenges this view—language in therapy serves a pragmatic role by fostering observable change rather than uncovering hidden reality. This critique aligns with Wittgenstein's argument against the possibility of private language—no private entities may play any role in a public rule-governed practice.

This dissertation builds on Robert Brandom's inferentialist perspectives and frames therapeutic meaning as emerging from inferences rather than direct representations. I propose that the meaning of therapeutic content does not arise from a representation of mental states—participants negotiate meaning through an active and dynamic interplay. During these interactions, they

construe the significance of their propositions by exploring their practical consequences. This inferentialist view suggests that when clients share a problem, they explore its meaning by understanding the inferential impact on other ideas rather than analysing the ostensible representation.

This inferentialist view emphasises that SFBT operates relationally—it uncovers propositional content by understanding its relations to other propositions and actions. This prioritisation of inferential connections enables SFBT to facilitate the swift discovery of actionable pathways. This approach makes SFBT a dynamic process embedded in the world rather than a theoretical and static analysis.

The SFBT methods—the Miracle question and scaling—demonstrate that SFBT is a language game. These techniques do not attempt to uncover hidden truths about the client; instead, they encourage clients to generate novel ideas that can induce observable change. I am framing these techniques as moves in a language game to underscore SFBT's focus on constructing solutions through dialogue rather than introspection.

We broaden our understanding of therapeutic practice by viewing therapy as a language game rooted in social norms and inferential relations. We realise that therapeutic success depends not on uncovering objective truths but on helping clients redefine their perspectives through goal-oriented language. This perspective has significant implications for therapy and the philosophy of language—it challenges assumptions about the nature of therapeutic problems and the therapist's role. Therapeutic problems are not names of mental states, and the therapist is not an expert in diagnosing these states. Therapists are partners adept at facilitating a productive language game to help clients progress. As we examine the effectiveness of SFBT, we must abandon the

representational account of language. SFBT demonstrates that language is a tool that derives its significance from its impact on aligning our actions rather than its accuracy of representation.

This dissertation opens pathways for further research into the role of language in therapy. Future studies could empirically examine how inferentialist principles apply across different therapeutic methods or explore how inferential maturity influences the effectiveness of therapeutic outcomes. Such research could examine the link between the clarity of inferential relations during therapeutic conversations and the usefulness of the session.

This dissertation highlights the transformative potential of language in constructing meaningful change by reimagining therapy as a language game. SFBT exemplifies that language is an instrument that derives value from how one uses it in a particular context. SFBT's counterintuitive approach—shifting from problem-analysis to solution-building—shows that therapeutic progress arises from the practical use of language within structured dialogues. This view aligns with Wittgenstein's assertion that we discover meaning in our ordinary practice. There is nothing to uncover in therapy—everything necessary is open to view.

15 Bibliography

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