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On The Importance of Concerns (vs. Problems) in Hypnosis and Psychotherapy

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Rob McNeilly

creating solutions together

On The Importance of Concerns (vs. Problems) in Hypnosis and Psychotherapy

From Rubin Battino, M.S., Mental Health Counseling

The development of solution-focused brief therapy (SFBT) by Steve de Shazer and coworkers was a paradigmatic 180 degree shift from the problem-focused therapy that was based initially on the medical model. Yet, even with SFBT the work is still about the “problems” that the clients present. The conversation with the client is about the solutions they have attempted and the solutions that they can attempt. If you ask clients to tell you about their problems, they will do so, and almost *ad infinitum*. If you ask them what has changed in their life recently that they would like to continue, and what has worked for them, and what works for them from time to time, they will tell you that. The emphasis is on solution talk and not problem talk. Stating this another way, the emphasis is not on the “disease” organic medical model, but a mental model where the client has gotten stuck in ways of thinking and behaving that they would like to change.

I have a problem with clients having problems that need solutions. (This is too mathematical!) I prefer thinking about clients being *concerned* about their thoughts and behaviors, i.e., there are things in their lives that *bother* them. A concern is of a lesser magnitude than a problem. Problems are “serious,” and concerns are troubling. Concerns are more easily remedied. I like to think of my clients (and this is my personal belief) as being **temporarily troubled**. In fact, that is the only diagnosis I am willing to give: being *temporarily troubled*.

You may think that I am playing games with words here, and I am. Yet, in talk therapy the words we use are the essence of the treatment, the nature of the interaction, the change agent. Going from a problem to a concern to being temporarily troubled is a major reframe. And reframing is the linguistic mind-changing mechanism of choice for second-order change. Watzlawick et al. (1974) wrote about reframing as the central approach to second-order change, or really changing the system. The goal of therapy is to get the client to do something different, and this occurs via thinking and believing differently about their life and circumstance. They are stuck because they typically have only *one* way of interpreting or viewing their lives, and this typically leads to only *one* response. Change comes from changing perspective.

I am simply urging a small change from *problem* to *concern*, and suggesting that you think about using the diagnosis (if needed) of *temporarily troubled*.

Watzlawick, P.; Weakland, J.; & Fisch, R. (1974). *Change. Principles of problem formation and problem resolution*. New York: W.W. Norton & Company.

From Rubin Battino, M.S., Mental Health Counseling