

See discussions, stats, and author profiles for this publication at: <https://www.researchgate.net/publication/339089345>

Solution Focused Cognition and Being Healthy: An Indian Perspective

Article · September 2019

CITATIONS

0

READS

232

2 authors:



Seema Gupta

Government Rajindra College, Bathinda Punjab

11 PUBLICATIONS 3 CITATIONS

[SEE PROFILE](#)



Komal Rai

14 PUBLICATIONS 6 CITATIONS

[SEE PROFILE](#)

Some of the authors of this publication are also working on these related projects:



Solution focused brief therapy [View project](#)

Solution Focused Cognition and Being Healthy: An Indian Perspective

Seema Gupta

*Ph D. Scholar Psychology,
School of Humanities,
Lovely Professional University, Phagwara, Punjab, India*

Dr. Komal Rai

*Assistant Professor Psychology,
School of Humanities,
Lovely Professional University, Phagwara, Punjab, India*

Abstract

India is a large country with not only different seasons but also diverse population. Indians vary in language and culture as one moves from north to south or east to west.

One thing that is common to all is faith in God and hope for the best. On looking into the teachings of different religions it can be realised that the common message is work in the direction of solution. The evident based solution focused therapy works on the same principle and in a systematic way helps the individual to shift the focus from the problem to the solution. As, the basic principle is similar to the cultural base, so, it may prove to be of great help in India. Moreover, the large population and lack of trained and experienced mental health profession demand a short and effective therapy. So, this paper presents the perspective on being solution focused and being healthy.

Keywords: Solution, focused, Health, Behavior, SFBT, cognition

Introduction

Psychology, a discipline which emerged with an objective of helping in developing healthy behaviour patterns and correcting behavioural deviations. The research on behaviour led to developing different theories as well as the emergence of concepts that are closely related to healthy behavioural patterns. One such concept is positive psychology. Positive psychology has emerged as a branch of psychology and it believes that the positive thoughts maintains the motivation to work to attain the goal. A close look at the different religious practices in India reflects that the basic theme of almost all is hope of something positive with heavenly intervention. The modern educated youth no more believes in the heavenly miracles and hence see no hope. This leads to negative thoughts and affect. The time is ripe for the introduction of an psychotherapeutic intervention which can help in the shift of the attention from the problems to hope of solution that too in a rational and realistic way thus making positive cognitions.

Indian society

Vedas, the oldest source of knowledge formed the base of Indian Social System. There are ample examples from vedas where the conflict has been resolved by focusing on positive aspects of the action. Mahabharata has many such examples like when Kansa killed his sisters children or when Arjun fought the war against his family and Gurus. Even the most difficult to resolve conflict, approach-avoidance conflict can be solved only if one is determined to do or not do

something. So, in a way positive cognitions increase the chance of working towards a goal and vice versa.

India after Independence

The independence of India in 1947 marked an end to war but at the same time was the beginning on the path of development. Since independence, there is a constant rise in per capita income and national income. Application of new technology and strategies in the field of agriculture and industry has on one hand led to economic development and on the other hand affected the social system. It has been seen that what the Third World nations achieved in a generation, was achieved by developed nations of West in a century. Prime Minister Pundit Jawaharlal Lal Nehru, at opening of Economic Commission for Asia and Far-East in 1956 said, "We are not going to spend the next 100 years in arriving gradually, step by step, at the stage of development which the developed countries have reached today." In other words, we began on the path of development with express pace and with a will to reach the level of developed nations at the earliest. This meant "temporal compression" of change involving modernisation and transformation of society, family value systems etc. at a supersonic speed. The psychological significance of this lies in the fact that these changes were not orderly but as Myrdal (1968) describes it, in cacophonous fashion (Myrdal, 1968). The temporal compression and discordant sequence of change has effect on the psychological state of individuals and society at large (Sinha, 1984). Such conditions are psychologically stressful and affect mental health. The Indian citizen, though socialised in traditional values, was expected to change and adopt modern values. The discrepancy in older and new values termed as generation gap is reflected in the mental state of citizens. Now with the high paced movement towards the development and in a spirit to reduce the gap with the developed World, the Indians were stressed. The stress led to many psychological problems and instead of developing the Indian methods of Yoga and Meditation to deal with these emerging problems, the Psychological methods of the West were imported which had a different base than the Indian basis (Gergen, Gulerce, Lock, & Mishra, 1996).

Indian Therapeutic System

The Indian system depended on yoga and meditation for mental health. The challenge before the present therapist is to validate a therapy which is appropriate to the Indian scenario. It should cater to the needs of the variable cultures found in the Indian society (Rao, Paranjpe, & Dalal, 2009). The principles of yoga have been found to be Universal and are being practiced all over the world. Practically, the modern society requires the old methods in changed forms that can be easily adopted to the present daily life and modified according ones belief system and cultural context. In other words, the present day therapy needs to understand the effects of traditional healing methods like visiting gurus, mystics etc. (Kumar, Bhugra, & Singh, 2005); the cultural reasons behind adapting therapy to the socio-cultural system in accordance with existing classes (Paralikar, Agashe, & Weiss, 2004) and relevant issues in adapting the western therapies to Indian contexts (Laungani, 2004).

Hence, the Indian society has its own problems. There is conflict between the past beliefs and the modern methods. The modern methods adopted were imported from the West and as such could not provide the expected effects. This realisation requires the understanding of changing value system and belief system of the Indians; along-with modifying the available methods as per the cultural contexts. Though the Indians were earlier very religious and believed in the concept of 'atman', the modern day educated Indian is no longer satisfied with those explanations. The

available therapies imported from the West are unable to understand the basic psychology of the Indian individual and so unable to solve the problem to that extent.

In an endeavour to find the balance between the older religious solutions and the demands of the modern rational society, the therapies like mindfulness, solution focused brief therapy etc. are being developed.

Solution Focused Therapy

Solution Focused Brief Therapy popularly called SFBT is a psychotherapeutic technique which focuses on solutions rather than the causes of the problems. The therapy mainly progresses on the basis of optimistic approach and is based on the premise that individuals are equipped with skills to solve their problems. The therapy looks at the individual as rational being who can re-channelize his resources to solve the problems. The therapist helps the individual in need, to change his perspective from problem to focus on solution. Recognising the need for economical and time saving therapy, Steve de Shazer and Insoo Kim Berg from Milwaukee developed SFBT in early 1980s at the Brief Family Therapy Centre in Milwaukee, Wisconsin (Shazer, 1982) (de Shazer, 1984) (de Shazer, 1985) (de Shazer & Berg, 1997). It aims to develop practical and quick solutions to gain lasting relief to clients. SFBT has been applied to many different spheres of life like school, workplace and interpersonal problems.

SFBT works by helping people recognise their ability to solve the problems. It is based on the assumption that every individual has the skill to bring about a change in his/her life. Therapist has to just help in focusing on the existing problems and anticipated goals to mobilize the resources/skills towards solution. This goal is achieved by asking question to guide the session. The questions pertain to resilience ability and tools which can help them face the life challenges. Such questions work like a miracle in helping the person recognize their ability and acknowledge the capability to solve the problems. Miracle questions make the people visualize life without problem; help in identifying small things that can help make a change. The main challenge lies in how to make the client visualise a better life in such a way that it can serve as a motivator for desiring and working towards that ideal situation. The visualization of problem free life acts as a motivator to solve problems. Researchers have found SFBT to be successful with the problems of youth like academics/school related; family and couple counselling.

The use of SFBT is spreading fast. It has moved from lesser known to one of the popular approaches towards treatment in different countries. It is being widely used therapy for family counselling, mental health settings, social service environment, and child therapy, in prisons, schools and hospitals (Miller, Hubble, & Duncan, 1996). Therapists have reported high success rates and satisfaction of clients with using SFBT.

The Indian system is highly conducive for SFBT. It can also be said that SFBT is the need of the hour in Indian system. The reason behind the relevance of SFBT in Indian scenario is that on one hand the high pace of development is leading to a rise in mental health issues and on the other hand the scarcity of time and economical factors require a quick and solution focused approach. Another aspect of SFBT is that it helps the client focus on the resources and use those resources to attain goals. In this process the client learns to focus on solution rather than the problems. The diversion of attention from problems helps in getting satisfaction and makes the person a healthy being. So, in this the behaviour of the individual is healthy behavior, focusing on positive and not negative. This feature of SFBT is quite similar to the idea of *karma yoga* contained in Bhagavad- Gita (Rao, Paranjpe, & Dalal, 2009). The SFBT is also relevant from another perspective. India which has a population of 1.25 billion out of which almost 20% people are below poverty without any health insurance for mental illness. Apart from this, less than 1

clinical psychologist is available per 1 million populations (Rehabilitation Council of India, 2015). All these reasons point to the growing need of a time and resources effective treatment.

Conclusion

In the end it can be said that positive cognitions play an important role in the mental health of the individual. A person who is positive, has a positive perspective of looking at things, is not distressed by the obstacles on the way to his or her goal. The consistent efforts lead to success which reinforces such behaviour. The prevalent conditions have given rise to negativity and hence mental health issues. So, there is need for a way to generate hope and optimism. Making the attention shift from problems to solutions is one of best ways to make people positive and therefore healthy. Solution focused brief therapy is one of the upcoming therapies which works in a similar way. Therefore, solution focused brief therapy is an appropriate therapy for the present Indian society and more research should be carried out on Indian populations with varied problems to make it a popular technique which along-with being evidence based, brief therapy is also time and money saving.

References:

- de Shazer, S. (1984). The death of resistance. *Family Process*, 79-93.
- de Shazer, S. (1985). *Keys to solution in brief therapy*. New York: Norton.
- de Shazer, S., & Berg, I. (1997). What works? Remarks on research aspects of solution- focused brief therapy. *Journal of Family Therapy*, 121-124.
- Gergen, K., Gulerce, A., Lock, A., & Mishra, G. (1996). Psychological science in cultural context. *American Psychologist*, 496-503.
- Kumar, Bhugra, & Singh. (2005). Integrating Traditional Healing Practices into Counseling and Psychotherapy. In R. Moodley, & W. West, *Thousand Oaks*. CA: Sage.
- Laungani, P. (2004). *Asian Perspectives in Counseling and Psychotherapy*. New York: Brunner-Routledge.
- Miller, S., Hubble, M., & Duncan, B. (1996). *Handbook of solution-focused brief therapy*. San Francisco: Jasey-Bass.
- Myrdal, G. (1968). *Asian drama: An enquiry into poverty of nations*. New York: Penguin Books.
- Paralikar, Agashe, & Weiss. (2004). Culturally Responsive Interventions: Innovative Approaches to Working with Diverse Populations. In J. Ancis. New York: Brunner-Routledge.
- Rao, R., Paranjpe, A., & Dalal, A. (2009). *Handbook of Indian Psychology*. New Delhi: Cambridge University.
- Rastogi, M., & Therly, P. (2006). Dowry and its link to violence against women in India: Feminist psychological perspectives. *Trauma, Violence and Abuse*, 66-77.
- Rehabilitation Council of India. (2015). *Central Rehabilitation Registry*. Retrieved from http://rciregistration.nic.in/rehabcouncil/Report_StCat_Jdbc.jsp
- Shazer, d. (1982). *Patterns of brief family therapy: An ecosystemic approach*. New York: Guilford Press.
- Sinha, D. (1984). Psychology in the context of third world development. *International Journal of Psychology*, 17-29.
- Weiner-Davis, M., de Shazer, S., & Gingerich, W. (1987). Building on Pretreatment Change to Construct the Therapeutic Solution: An Exploratory Study. *Journal of Marital and Family Therapy*, 13, 359-363. doi:10.1111/j.1752-0606.1987.tb00717.x