The Facets of Empowerment in Solution-Focused Brief Therapy for Lower-Status Married Women in Taiwan: An Exploratory Study

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Empowerment is an essential component of therapy. Since SFBT is an empowerment approach, it is vital to explore what kinds of facets of empowerment are generated from SFBT sessions. Nine low-status married women in Taiwan participated as clients in this study. The researcher coded and compared the rates of 20 facets of empowerment from 32 verbatim counseling transcripts of clients’ statements. The study uncovered two main findings: (a) the assertive, self-discovering, goal-directed, competent, and interdependent facets were the highest rated facets of empowerment in all the SFBT sessions; and (b) between “1 Session Group” and “4–10 Sessions Group,” significant differences emerged regarding 7 facets of empowerment and these two groups. A comparison between SFBT and feminist approach and discussion about cultural factors were presented. Finally, a case example demonstrates how SFBT sessions can generate high levels of specific facets of empowerment.

KEYWORDS empowerment, solution-focused brief therapy, Taiwanese, women

In these past two decades, a series of significant transitions have occurred in Taiwan’s social and economic structure, changing women’s traditional
life course. Shih (2005), analyzing the Taiwanese patriarchal system’s effects on females in the context of Taiwanese female-authored literature, concluded that the patriarchal system in Taiwan is gradually weakening, though the patriarchal system still affects the growth of female power. All of these changes reveal the collapse of traditional family structure in Taiwanese society and the difference between present reality and past perceptions of the male’s family status (Huang, 2007); moreover, the era’s transitional forces have helped crystallize females’ consciousness, which has being promoting changes in women’s thought and behavior (Shih, 2005).

Nowadays, women’s educational opportunities are almost the same as men’s in Taiwan, so women of different generations differ from each other regarding education, marriage and fertility, family type, and job participation (Ma, 2006). In addition, there is a curious overlap between “time to work” and “time to care,” so that both men and women in Taiwan have to cultivate a balance between work and family. However, in the present age, men in Taiwan still have less responsibility than women to family care, while women shoulder both the care responsibility and the economic role (Ma, 2006). Thus, how to cultivate a balance between work and family has become a common challenge in women’s life course (Huang, 2007; Ma, 2006). At the same time, Taiwanese society still holds some stereotypes regarding women’s traditional roles, and women still evaluate themselves by their family functions as in the past, though in a lower degree (Huang, 2007; Wang, 2001).

Empowerment has been a key concept in the philosophy of human service since the 1990s (Bolton & Brookings, 1996) and also commonly employed in populations such as people with disabilities, the elderly, various ethnic groups, and women (Gutierrez, Parsons, & Cox, 1998; McWhirter, 1994). The concept of empowerment has been increasingly applied to clinical treatments and to research in social work, community psychology, and mental health (McWhirter, 1994; Perkins & Zimmerman, 1995). Also in the field of psychotherapy, more and more therapists have been recognizing the significance of empowerment in the therapeutic process (Gammell & Stoppard, 1999; Greene, Lee, Mentzer, Pinnell, & Niles, 1998; McWhirter, 1994). Hence, it is expected that the emphasis on empowerment will be continued and its importance will keep growing with the development of modern society (Gutierrez et al., 1998).

Zimmerman (1995) described empowerment as “a construct that links individual strengths and competencies, natural helping systems, and proactive behaviors to social policies and social changes” (p. 596). Zimmerman (1995) proposed three components of psychological empowerment from a series of studies: (a) the intrapersonal component, including domain-specific perceived control, self-efficacy, motivation control, and competence; (b) the interactional component, including critical
awareness, an understanding of causal agents, skill development, skill transfer across life domains, and resource mobilization; and (c) the behavioral component, including community involvement, organizational participation, and coping behavior. Furthermore, Menon (1999) believed that empowerment could be regarded as a multifaceted construction reflecting the different dimensions of psychological capabilities. Bolton and Brookings (1996) proposed 20 facets of empowerment by synthesizing existing literature into a comprehensive and multifaceted definition of the concept—their goal being to construct a map of the domains of empowerment. The 20 characteristics of empowerment, identified by a critical analysis, were as follows:

1. Assertive: To stand up for one’s convictions, values, and feelings
2. Autonomous: To be self-sufficient, unconstrained, and self-regulating
3. Committed: To be completely engaged in whatever one is doing
4. Independent: To be free from the influence or domination of others
5. Internally controlled: To perceive that one has authority or power over the self and the environment
6. Competent: To be well qualified, capable, and fully adequate
7. Proud: To feel delighted or elated as a result of some action, possession, or relationship
8. Self-discovering: To analyze and understand one’s own feelings, values, and aspirations
9. Self-efficacious: To believe that one is able, through one’s own efforts, to bring about desired outcomes
10. Self-mastering: To develop and maintain an intrinsic link between worthy feelings and positive outcomes
11. Disability oriented: To recognize that having a disability is a normal characteristic of a human being
12. Goal directed: To strive to meet one’s own standards or expectations
13. Personally responsible: To be accountable for one’s actions and their consequences
14. Socially responsible: To understand and commit to the collective well-being of the larger group to which one belongs
15. Self-advocating: To stand up for one’s rights and draw on both internal strength and support for actions
16. Creative: To think originally, ingeniously, or inventively
17. Interdependent: To acknowledge one’s dependence on others and the reciprocal responsibility relative to others
18. Self-reliant: To generate one’s own opportunities and resources
19. Collaborative: To work cooperatively with others to solve problems or to achieve a common goal
20. Community oriented: To engage in directed interaction with a unified group of individuals (Bolton and Brookings, 1996, pp. 263–264)
Since a sense of powerlessness is often influential in the domain of clients entering the therapy room, Greene et al. (1998) suggested that empowerment can serve as both an outcome and a process of psychotherapy. As Zimmerman and Warschausky (1998) stated, the empowering process enacted by professionals and clients has submitted to a belief system of empowerment values, including attention to health, adaptation, and competence. Zimmerman and Warschausky (1998) also emphasized that client empowerment has rested on the opportunity to make choices, which give the choice-makers considerable control over their own lives and specifically over their own problems. Client empowerment is also a kind of social process of helping other people meet their own needs and negotiating with other people to mobilize the resources necessary for maintaining their health and well-being.

Feminist approaches to therapy strongly advocate the value of empowerment and regard empowerment as a component of the goals and the outcomes of psychotherapy (Worell & Remer, 2003). From a feminist approach with a focus on culture, empowerment means to explore both women’s existence in the presence of oppressive power and how the social context in which women live prevents their exercise of power (Khamphakdy-Brown, Jones, Nilsson, & Russell, 2006). Gutiérrez et al. (1998) noticed four domains of women’s empowerment: (a) relationship establishment, or the awakening of personal consciousness; (b) education, or the development of problem-solving skills; (c) participation, or the effort to access and to organize resources; and (d) social action, or the effort to change social environments and social values. Worell and Remer (2003) proposed several important techniques of Empowerment Feminist Therapy, including social-identities analysis, identity development level analysis, cultural analysis, gender-role analysis, power analysis, bibliotherapy, reframing, assertiveness training, consciousness raising, demystifying strategies, collaborative goal setting, therapist self-disclosure, therapist self-involving responses, consciousness-raising groups, and relabeling. By implication, empowerment in feminist therapy means to expand women’s sense of “power within,” to help women actively access internal and external resources that can lead to self-growth, to help women acquire independence and confidence in achieving their own goals, and finally to foster change in women’s personal and environmental surroundings (Khamphakdy-Brown et al., 2006; Worell & Remer, 2003).

Solution-Focused Brief Therapy (SFBT) is uniformly consistent with the processes and outcomes of empowerment-based practice, as Berg (1994), one of the initiators of SFBT, announced. Conceived and developed by de Shazer, Berg, and their colleagues in the early 1980s at the Brief Family Therapy Center in Milwaukee, Wisconsin (Berg & Dolan, 2001; Lewis & Osborn, 2004), SFBT is a transformation of the traditional psychotherapy focusing on problems’ formations and resolutions underlying most psychotherapy approaches since Freud. SFBT emerged as a form of brief or short-term psychotherapy about 20 or 30 years ago (Trepper, Dolan,
McCollum, & Nelson, 2006), and its roots can be traced back from the work of the hypnotherapist Milton Erickson and theories of family systems, to recent poststructural/postmodern constructivist ideology (Osborn & Johnson, 2001). In less than two decades, SFBT has grown from a little-known and unconventional therapeutic approach to one that is now widely used in the United States and many other regions of the world, including Taiwan (Hsu, 2006; Hsu, Cheng, & Chen, 2007; Lin, 2004). It is also increasingly applied in family services, mental-health settings, social services, child welfare, prisons, and residential treatment centers, schools, and hospitals (Castro & Guterman, 2008; Franklin, Moore, & Hopson, 2008; Gingerich & Eisengart, 2000; Kim, 2006). In the research area, Trepper and colleagues (2006) analyzed quasieperimental and clinically based studies of SFBT and claimed that SFBT (a) was more effective than no treatment and was nearly as effective as current psychosocial treatments and (b) might be more effective than problem-focused treatment and might, in some cases, yield at least similar outcomes but with fewer sessions.

SFBT, resting on the premise that clients can identify their best personal goals and can effectively plan a course to fulfill their expectation effectively, focuses on clients’ goals, strengths, and resilience, examines previous solutions and exceptions to the problems, and encourages clients to repeat useful behavior frequently so that they can establish their own goal-realization solutions (Trepper et al., 2006). Underlying the process of solution-building, SFBT draws up a list of values and practice principles, such as respecting human dignity, individualizing service, building on strengths, encouraging clients’ participation, maximizing self-determination, fostering transferability, protecting confidentiality, promoting normalization, monitoring changes, and amplifying clients’ empowerment (De Jong & Berg, 2007). Obviously, the assumptions and the therapeutic intentions of SFBT have consistency with the empowerment theories.

The SFBT procedure usually consists of the following stages (De Jong & Berg, 2007; Kim, 2006): (a) describing the problem briefly, (b) developing well-formed goals and preferences for a less problematic future, (c) exploring for exceptions to problematic events, (d) giving end-of-session feedback including compliments and in a between-session task based on clients’ goals and exceptions, and (e) evaluating clients’ progress and exploring any positive change. During the counseling process, it is important for the therapist to establish cooperative relationships by accommodating the client’s language, beliefs, and preferences and to use change-focused questions and language.

The primary means by which SFBT facilitates clients’ changes are various and specific questions (De Jong & Berg, 2007; Greene et al., 1998; Kerr, 2001; Kim, 2006):

1. The “outcome questions” are therapists’ opening questions, such as “How can I help you?” and “What is most important for you to work out first?”
These put the demystified client in charge of the process in advance. It is the clients who determine when the process is completed (Greene et al., 1998; Kerr, 2001).

2. “Miracle questions” are the primary methods used to capture clients’ preferred future. They encourage clients to imagine a period of time in the future when the current difficulties do not exist.

3. “Exception questions” inquire into times when the problem is absent, less intense, or more endurable and explore how clients might have helped those exceptions to occur. In addition, the therapist acknowledges the clients’ strengths by responding with either direct or indirect compliments, positive reframing, and normalizing.

4. “Coping questions” are crucial because clients gain strength based on reality as soon as they realize that they are personally equipped for and are already on the journey toward actualizing their goals.

5. “Scaling questions” are means of clients’ self-evaluation that help clients monitor specifically their motivation, confidence, coping, and progress on a numbered scale. Those numbers will point out whether the exceptions and possible solutions are realistic and achievable to create small changes continuously.

6. “Relationship questions” address interpersonal transactions in family relations and in the community, which are an integral part of the preferred future, yet which also constitute “outside resources” applicable to clients’ goal-realization.

De Jong and Berg (2007) summarized the matter clearly: SFBT is an empowerment approach, and “empowerment is a matter of perception and a state of mind that are heightened by clients’ solution talk” (p. 50). Berg and Miller (1992) believed that the skills described above could increase clients’ sense of empowerment. Central to this process of empowerment-based practice is the therapist’s use of questions and of dialogue that facilitates openness in clients’ self-reflection, and this encourages clients to notice and to expand their own solution-oriented resourcefulness (Greene et al., 1998). The therapeutic skills of SFBT treat clients as experts in their own lives, support clients’ autonomy, subjective experiences, and their definition of goals, and treat clients as possessors of positive resources and inner power for the realization of desired changes. SFBT also emphasize working with clients’ competencies rather than deficits, prioritize clients’ future hopes, reinforce clients’ solution-focused thought and behavior, and enhance clients’ sense of control over the course of life (Berg, 1994; Greene et al., 1998). While complimenting, reframing, and normalizing clients’ reactions, the therapist also presents ideas and interventions as “suggestions” and “experiments” instead of directives and empowers clients to maintain desired changes (Kim, 2006). Nevertheless, drawing on feminist approaches, Kerr (2001) argued that the nature and the essence of empowerment in SFBT
do not involve some kinds of empowerment work. For example, SFBT neither directly trains clients to acquire specific knowledge or skills, nor actively analyzes powerful structure in clients’ own lives, nor yet again aggressively encourages clients to become full-fledged participants in community or self-help groups.

However, differences between SFBT and feminist approaches to therapy exactly reflect the unique intentions and assumptions of SFBT. Accordingly, since empowerment is a central aspect of therapies, and SFBT is an empowerment approach different from other counseling schools such as feminist approaches, it seems vital to explore what facets of empowerment are generated from SFBT sessions. Particularly, there are few investigations into SFBT’s empowerment effect in the research literature. Meanwhile, SFBT is a short-term therapy that can, in theory, involve only one session, according to clients’ decisions (Walter & Peller, 1992). Therefore, it is important to realize whether the facets of empowerment generated from SFBT or not, even from one session. So, the primary purposes of the current exploratory study were: (a) to explore the highest-rated facets of empowerment generated from SFBT applied on low-status female clients in Taiwan, (b) to compare the facets of empowerment generated from different SFBT session groups, and (c) to deeply understand the empowerment generation of SFBT by comparing feminist approaches and discussion from the cultural points of view. Finally, a case study illustrates how SFBT sessions generated high levels of specific facets of empowerment.

METHOD

Participants

DESCRIPTION OF CLIENTS

Nine married female clients with ages ranging from 31 to 50 lived in the same rural town located in the middle part of Taiwan. Their family income was consistent with the lower-class rung in Taiwan society. Of the clients, three had a junior-high educational level and six had a senior-high educational level. And of the clients, two were housewives, three others had a regular job outside the home, and the remaining four had an unstable income.

All of these clients were publicly recruited through three community welfare organizations in the same rural town. Social workers at these community welfare organizations helped disseminate information about this research and privately encouraged some women who might need counseling to participate in this project at the same time. Four of this study’s participants participated in the study on the basis of these community welfare organizations’ announcement about this project, three of them participated in the study on the basis of social workers’ encouragement, and two of them
participated in this study on the basis of encouragement from their friends who had acquired this pertinent information from these community welfare organizations. So, all of these female clients participated in this study voluntarily and approached the researcher assistant actively.

Before her actual participation got underway, each of these female clients received her own half-hour orientation conducted by the researcher assistant regarding the purposes and the procedure of the study. In the orientation, the researcher assistant again explained the background of the therapist and the definition of counseling. She also stated that the purposes of this study were both to help the participants work through their own difficulties and to identify the effectiveness of the short-term counseling work. All of these female clients understood that they were free to accept 10 counseling sessions and could terminate whenever they wanted. Finally, the researcher assistant inquired into each client’s participation-related expectations and again confirmed each client’s willingness to participate. After each client’s schedule was reviewed, the counseling work began within one week.

In the counseling room, these female clients complained about and were, indeed, highly wrought over their parental and marital issues, such as their children’s behavior and future development, their husbands’ child-rearing and economic responsibilities, and problematic interactions between them and their husbands, children, or other family members. These issues were central dimensions of traditional definitions of a mother’s and a wife’s roles. The participants’ senses of powerlessness differed from one another by degree. Most of the female clients felt troubled and worried and thought that they were not good enough to handle these issues, especially when judged and criticized by both their own standards and those of their family members.

During the six-month period, the attendance of each female client varied from 1 to 10 sessions according to their own decisions. Four clients received one session of SFBT and, thus, fell into the category named “1 Session Group,” and five clients received 4–10 sessions of SFBT and accordingly belonged to the “4–10 Sessions Group.”

THE THERAPIST

The researcher of this study served as the therapist. She had a doctoral degree in counseling and more than 10 years of Taiwan-based SFBT experience in both clinical therapy and supervision.

THE CORESEARCHER

The coresearcher, with a doctoral degree, had rich counseling practice experience that, in relation to clients’ verbatim transcriptions, facilitated identification of the 20 facets of empowerment proposed by Bolton and
Brookings (1996). The coresearcher also helped train raters, promote variety in the main researcher’s thoughts, and analyze and organize the research data.

THE RATERS AND THE RESEARCH ASSISTANT

To identify the facets of empowerment in all SFBT sessions of this study, three assistants—each with a master’s degree—underwent 20 hours of training and participated in the entire data-analysis process. One of the raters also served as the research assistant and administered the research orientation and the evaluation of each SFBT session to clients.

Instruments

SFBT SESSIONS AND BRIEF EVALUATION

Immediately after the purpose of this study was explained to each client, the treatment of SFBT began. The treatment followed the SFBT model, and a total of 32 SFBT sessions was conducted. Each counseling session was audiotaped and then transcribed verbatim as soon as possible.

Right after each counseling session, the research assistant invited each client to comment on that session and to evaluate her satisfaction with the session and her sense of empowerment, all on a 1-to-10 scale. According to these clients’ self-reports, all of the SFBT sessions were accompanied by high satisfaction (M = 8.89, SD = 1.14) and by a perceived high level of empowerment (M = 8.29, SD = 1.28).

VERBATIM TRANSCRIPTS AND CASE RECORDS

Thirty-two counseling sessions taped and transcribed verbatim were the main research data. The records written by the therapist right after each SFBT session were auxiliary data.

Data Analysis

After training the 3 raters to identify the 20 facets of empowerment proposed by Bolton and Brookings (1996), and after having the raters practice this identification scale on one client’s verbatim transcriptions, a minimum of 80% interrater agreement was reached. These trained raters cooperated with one another to code the rest of the verbatim transcriptions. For each of the client’s turns at speaking, the raters underlined the sentences exhibiting the meaning of empowerment and, at the same time, tried to match with the description any of the 20 facets. The raters would discuss any disagreement that would arise among them. Table 1 shows an example of the coding process.
Meanwhile, the total rating numbers of the 20 facets of empowerment were analyzed by means of descriptive statistics, and a Mann-Whitney U test was conducted to compare the rating of each facet of empowerment between the “1 Session Group” and the “4–10 Sessions Group.”

RESULTS AND DISCUSSION

Descriptive Statistics of the 20 Facets of Empowerment in the SFBT Sessions

In each SFBT session, the total frequency count of all facets of empowerment was between 20 and 111. Table 2 displays the total frequency count of the 20 facets of empowerment coded from 32 SFBT sessions. Obviously, the assertive facet and the self-discovering facet were the highest and the second-highest facets, with the counts coming in at 23.55% and 21.46%. The competent, goal-directed, and interdependent facets were the third, fourth, and fifth highest rated facets (8.88%, 7.56%, and 7.39%). The community-oriented and self-reliant facets were the sixth and seventh (5.30% and 5.24%). The self-advocating, internally controlled, and disability-oriented facets were the eighth, ninth, and tenth (4.08%, 3.70% and 3.20%). Finally, the creative, collaborative, and social responsible facets were the last three (0.33%, 0.17%, and 0.11%).

The results of this study preliminarily indicate that SFBT sessions can generate some specific facets of empowerment. The generation of the assertive, goal-directed, and competent facets was obviously consistent with the therapeutic intentions of SFBT, for SFBT lays emphasis on clients’ identification of their favorite future scenarios and on a healthy provision of assistance to clients; in turn, the clients can realize their goals by exploring and applying their strengths and resources. It is not surprising to find that the self-discovering facet could also be generated from SFBT sessions, for it is

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<th>Verbatim transcriptions of counseling</th>
<th>Coding the facets of empowerment</th>
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<td>Internally controlled</td>
</tr>
<tr>
<td>CL: Well, I think...well, they are really good children. At least, I am beginning to change myself...to break through...for I have a lot of stress...I am always living for others.</td>
<td></td>
</tr>
<tr>
<td>TH: Could you say more about how you are beginning to change yourself and break through? What do your daughters find different in you now?</td>
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a common effect of psychotherapies and may be one of the important and basic facets that help clients become assertive, goal-directed, and competent.

The facets rated higher in the ranking list in Table 2 reveal more effects on “personal level.” It is consistent with the opinion of Gammell and Stoppard (1999) that personal level of empowerment is the primary goal of individual therapy. Furthermore, a comparison between the higher-rated facets in the ranking list and Zimmerman’s (1995) construct of psychological empowerment also shows that the SFBT generated facets of empowerment exhibit significant intrapersonal-component effects but still include interactional and behavioral components.

Comparison of the 20 Facets of Empowerment Between the “1 Session Group” and the “4–10 Sessions Group”

Table 3 shows the frequencies of the 20 facets of empowerment of the “1 Session Group” and the corresponding frequencies of the “4–10 Sessions Group.” The ranking of the facets of empowerment in the “4–10 Sessions Group” was similar to the ranking for all 32 sessions. In the “1 Session Group,” the assertive and self-reliant facets were the highest-ranking ones while the autonomous, committed, independent, internally controlled, proud, self-efficacious, self-mastering, socially responsible, creative, and collaborative facets were not generated.

<table>
<thead>
<tr>
<th>20 facets of empowerment</th>
<th>N</th>
<th>Percentage</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-discovering</td>
<td>427</td>
<td>23.55</td>
<td>1</td>
</tr>
<tr>
<td>Assertive</td>
<td>389</td>
<td>21.46</td>
<td>2</td>
</tr>
<tr>
<td>Competent</td>
<td>161</td>
<td>8.88</td>
<td>3</td>
</tr>
<tr>
<td>Goal-directed</td>
<td>137</td>
<td>7.56</td>
<td>4</td>
</tr>
<tr>
<td>Interdependent</td>
<td>134</td>
<td>7.39</td>
<td>5</td>
</tr>
<tr>
<td>Community oriented</td>
<td>96</td>
<td>5.30</td>
<td>6</td>
</tr>
<tr>
<td>Self-reliant</td>
<td>95</td>
<td>5.24</td>
<td>7</td>
</tr>
<tr>
<td>Self-advocating</td>
<td>74</td>
<td>4.08</td>
<td>8</td>
</tr>
<tr>
<td>Internally controlled</td>
<td>67</td>
<td>3.70</td>
<td>9</td>
</tr>
<tr>
<td>Disability oriented</td>
<td>58</td>
<td>3.20</td>
<td>10</td>
</tr>
<tr>
<td>Independent</td>
<td>35</td>
<td>1.93</td>
<td>11</td>
</tr>
<tr>
<td>Self-efficacious</td>
<td>31</td>
<td>1.71</td>
<td>12</td>
</tr>
<tr>
<td>Personally responsible</td>
<td>30</td>
<td>1.65</td>
<td>13</td>
</tr>
<tr>
<td>Proud</td>
<td>22</td>
<td>1.21</td>
<td>14</td>
</tr>
<tr>
<td>Self-mastering</td>
<td>22</td>
<td>1.21</td>
<td>14</td>
</tr>
<tr>
<td>Autonomous</td>
<td>13</td>
<td>.72</td>
<td>16</td>
</tr>
<tr>
<td>Committed</td>
<td>11</td>
<td>.61</td>
<td>17</td>
</tr>
<tr>
<td>Collaborative</td>
<td>6</td>
<td>.33</td>
<td>18</td>
</tr>
<tr>
<td>Creative</td>
<td>3</td>
<td>.17</td>
<td>19</td>
</tr>
<tr>
<td>Socially responsible</td>
<td>2</td>
<td>.11</td>
<td>20</td>
</tr>
<tr>
<td>Total</td>
<td>1318</td>
<td>100.00</td>
<td></td>
</tr>
</tbody>
</table>

*Note. N* = the total number of accounts of this facet.
As examined by means of the Mann-Whitney U test, Table 4 concerns the 7 facets of empowerment and reveals the significant differences, therein, between the “1 Session Group” and the “4–10 Sessions Group.” The 7 facets were the independent ($U = .00, p < .05$), internally controlled ($U = .00, p < .05$), proud ($U = 2.00, p < .05$), self-discovering ($U = .00, p < .05$), self-mastering ($U = .00, p < .05$), goal-directed ($U = 1.00, p < .05$), and self-reliant ($U = .50, p < .05$) facets, and the total of the two whole groups ($U = .50, p < .05$).

A notable finding in this study is found in Tables 3 and 4. Some facets of empowerment, such as the assertive, self-reliant and competent facets, could be generated from only a single SFBT session. That is, even just one SFBT session could facilitate clients’ self-empowerment.

Meanwhile, the assertive and competent facets received a high rating in the two groups and the self-reliant facet generated high numbers in a single session but registered a midlevel ranking in the “4–10 Sessions Group.” This particular finding suggests that the female clients decided to accept only one SFBT session, because they felt that they could not only stand up for their own convictions but also create their own problem-solving opportunities and resources. Thus, the therapist respected their decision to end the counseling, as the SFBT has been emphasizing.
Another interesting phenomenon is that the self-discovering and goal-directed facets generated low numbers for a single SFBT session but significantly received a higher-level ranking as the number of SFBT sessions increased. The internally controlled, proud, self-efficacious, self-mastering, and independent facets did not register in a single SFBT session but received a mid-level ranking in the “4–10 Sessions Group.” Therefore, in SFBT, the number of sessions may be an influential factor in the generation of different facets of empowerment.

Comparisons with Women Empowerment and Feminist Therapy

**The Facets of Empowerment in SFBT Are Similar to Those of Women Empowerment**

A comparison between the current study’s facets of empowerment and the material in Gutiérrez et al. (1998), who proposed four levels of women’s empowerment, clearly reveals that that this study’s higher-rated facets of empowerment overlap with the other’s four levels. For example, the self-discovering, assertive, and competent facets particularly fit consciousness/awareness. The goal-directed facet is one stage of problem

<table>
<thead>
<tr>
<th>20 facets of empowerment</th>
<th>1 session group</th>
<th>4–10 session group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean of rank</td>
<td>Sum of rank</td>
</tr>
<tr>
<td>Assertive</td>
<td>6.38</td>
<td>35.5</td>
</tr>
<tr>
<td>Autonomous</td>
<td>3.50</td>
<td>14.00</td>
</tr>
<tr>
<td>Committed</td>
<td>3.50</td>
<td>14.00</td>
</tr>
<tr>
<td>Independent</td>
<td>2.50</td>
<td>10.00</td>
</tr>
<tr>
<td>Competent</td>
<td>5.00</td>
<td>20.00</td>
</tr>
<tr>
<td>Internally controlled</td>
<td>2.50</td>
<td>10.00</td>
</tr>
<tr>
<td>Proud</td>
<td>3.00</td>
<td>12.00</td>
</tr>
<tr>
<td>Self-discovering</td>
<td>2.50</td>
<td>10.00</td>
</tr>
<tr>
<td>Self-efficacious</td>
<td>3.50</td>
<td>14.00</td>
</tr>
<tr>
<td>Self-mastering</td>
<td>3.00</td>
<td>12.00</td>
</tr>
<tr>
<td>Disability oriented</td>
<td>3.50</td>
<td>14.00</td>
</tr>
<tr>
<td>Goal directed</td>
<td>2.75</td>
<td>11.00</td>
</tr>
<tr>
<td>Personally responsible</td>
<td>3.50</td>
<td>14.00</td>
</tr>
<tr>
<td>Self-advocating</td>
<td>4.00</td>
<td>16.00</td>
</tr>
<tr>
<td>Creative</td>
<td>4.50</td>
<td>18.00</td>
</tr>
<tr>
<td>Interdependent</td>
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<td>12.50</td>
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<td>Self-reliant</td>
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</tr>
<tr>
<td>Collaborative</td>
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<td>14.00</td>
</tr>
<tr>
<td>Community oriented</td>
<td>4.00</td>
<td>16.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2.75</strong></td>
<td><strong>11.00</strong></td>
</tr>
</tbody>
</table>

*p < .05.
solving. The interdependent and self-reliant facets are strongly related to two factors: women’s access to resources and organization of resources. The community-oriented, self-advocating, and internally controlled facets show that the female clients in this study had changed their values system, a step that makes it possible for the clients to change their social environment. In a perhaps surprising note, although Kerr (2001) argued that SFBT does not aggressively encourage clients to actively involve themselves in community works, these facets still appeared in SFBT sessions at levels exceeding expectation. The possible reason for this finding is that SFBT both strongly emphasizes how clients interact with their environments and strongly encourages goal-pursuing clients to make use of their strengths and surrounding resources relative to these goals.

Meanwhile, the higher-rated facets in the ranking list in Table 1 are partly consistent with the factors of women empowerment proposed by Johnson, Worell, and Chandler (2005), including perceptions of power and competence, resource access, interpersonal assertiveness, personal strength, and social activism. However, this study found neither self-nurturance nor awareness of cultural discrimination, which were both factors of women empowerment of Johnson et al. (2005), though intimations of self-nurturance and awareness appeared in the self-discovering and assertive facets found in this study. This apparent overlap may reflect the issues of considerable range that each facet of empowerment covered.

THE EMPOWERMENT-GENERATING COUNSELING TECHNIQUES OF SFBT DIFFER MARKEDLY FROM THOSE OF FEMINIST THERAPY

Another comparison between Worell and Remer’s (2003) 14 techniques of Empowerment Feminist Therapy and the empowerment-generation techniques of SFBT reveals that only reframing, relabeling, consciousness raising, and collaborative goal setting are similar to techniques of SFBT. As Wang (2001) noticed, women-empowerment practitioners usually play such various roles as educator, supporter, advocate, activist, option clarifier, facilitator of concrete experiences of power, and model of lived empowerment. The roles of SFBT therapists may most closely approximate the roles of supporter, option clarifier, and facilitator of concrete experiences of power.

In other words, SFBT neither rests on direct education, training, power analyses, or political analyses, nor explores only the existence of oppressive power and how the social context in which women live prevents the women’s exercise of power (Khamphakdy-Brown et al., 2006), whose goal of this exploration is to change the outside world (Batiwala, 1997). However, SFBT does possess and recommend its own techniques for expanding women’s sense of power within (Khamphakdy-Brown et al., 2006) their consciousness, their confidence, their access to power and resources, and
their motivation to maintain the effect of empowerment (Batliwala, 1997). Indeed, these directions of SFBT belong to another inner level of the female-empowerment framework. And, most important, it is the female client, not the therapist, who directs the use of power and who sets the goals of counseling. Female clients’ definition of reality takes precedence in SFBT counseling (De Jong & Miller, 1995), a trait that may be another difference between SFBT and feminist therapy.

In sum, this description may support the argument, made by Kerr (2001), that SFBT could receive a rating of 7 on the 10 point empowerment-generation scale. However, the preceding description may support the assertion that the empowerment-generating counseling techniques of Feminist therapy differ markedly from those of SFBT.

SFBT Empowerment and These Lower-Status Married Women in Taiwan from Cultural Points of View

OWN-WORLD CONCEPTUALIZATION AND LIFESTYLE DECISION-MAKING AS THE TWO MOST IMPORTANT DIMENSIONS OF EMPOWERMENT

As shown in Tables 2 and 3, the SFBT scenario generated high and low numbers for some specific facets of empowerment. From a cultural point of view, both the married women’s lower status in the family structure and the structural sexism in Taiwan society resulted in the women’s prioritization of two tasks: the development of self-consciousness and the development of self-assertiveness. And the women used this prioritization in pursuit of their own rights, beliefs, and goals. When some of these clients found that no other family member could be of help in this pursuit, they shifted their focus from family members to themselves and enthusiastically learned more self-care skills. Often, these Taiwanese mothers and wives, like most traditional Chinese women (Yip, 2005), who have made great demands of themselves in their roles as mother and wife, have sacrificed their own needs, have suppressed their own expressions, have met other people’s expectations, and have avoided interpersonal conflict. So these changes are a great treasure for these Taiwanese mothers and wives. Not surprisingly, these female clients had little or no additional energy to attend to wider societal issues, because family remained an important world of concern for the women. This finding might help explain another finding in the current study: the lowest rating corresponds to the socially responsible facet.

As Kerr (2001) stated, SFBT can help clients empower themselves by motivating them—as agents of change—to take positive action leading toward the realization of desired change in their lives as well as by obviating clients’ dependence on authority figures. Berg (1994) also pointed out that the SFBT therapist should respect the clients’ values and related personal, familial, and cultural boundaries rather than subvert the belief system of
the clients. Hence, a “not knowing” posture is a very important principle in pacing such Taiwanese female clients, even if the therapist of this study was both female and Taiwanese. The “not knowing” posture also creates a “cognitive match” between the therapist and the client, which Williams, Foo, and Haarhoff (2006) argued is significantly related to both clients’ positive attitudes toward the therapy sessions and an improvement in psychosocial functioning when therapists work with Chinese. In other words, such female clients could gain empowerment when their SFBT therapist creates a context requiring the clients to conceptualize their own world and to make decisions about how to live in it, as De Jong and Miller (1995) noted.

THE IMPORTANT INTERVENTION-DIRECTION OF TRANSFORMING COPING ABILITIES INTO THE SELF-DIRECTED HONORING OF POSITIVE STRENGTHS

The reasons underlying the Taiwan married women’s generation of these higher-rating facets of empowerment have much to do with the women’s ability to transform their coping skills into positive strengths. Coping questions, exception questions, relationship questions, and miracle questions really instill great power within such women in these counseling sessions, and help the women (a) take note of their success survival, (b) uncover long-held strengths, (c) gain new strengths to actively solve their problems, (d) have faith in their ability to support themselves, especially in facing long-term economic problems and conflicts with their husbands, and (e) finally transform previously self-defeating self-perceptions into self-honoring self-perceptions.

These positive changes interact with the interdependent and disability-oriented facet of empowerment and enable these women to accept the value of their family-related efforts and their own limitations as mothers, wives, and human beings. In the current study, the post-SFBT female clients came to believe that they had done their best in this regard and that other people should now shoulder their own responsibilities. Accordingly, the female clients established boundaries with their family members, including the acknowledgment by the clients that they could not micromanage every aspect of their children’s life, and another acknowledgment that their children and husbands might not meet or perhaps should not have to meet the clients’ previously held expectations regarding these other family members. The willingness and the ability to part with the sacrosanct standards of Chinese cultural values are very meaningful for these Taiwanese married women.

The reframing skill focusing on the positive side of these female clients’ stories or complaints validates the female clients’ worry and anger about family issues and reflects their demonstration of love, consideration, and effort when struggling to solve personal problems. The reframing skill effectively reduces shame and self-blame experienced by Taiwanese female
clients and successfully inspires these Taiwanese women and helps them discover existing powers in their female roles. Besides, because most Taiwanese do not favor seeing a psychotherapist and are afraid of being labeled (Lin, 2004), therapists who seek counseling relationships with Taiwanese female clients should focus on their motivation for change and their devotion to family rather than on deficits and pathology. In this regard, as Greene et al. (1998) argued, the process of client empowerment involves how the therapist relates to working with female Taiwanese clients.

SFBT PROCEDURE FITS SOME CULTURAL VALUES FOR PSYCHOTHERAPY

It is frequently noted that Chinese people expect therapy sessions to be beneficial, effective, and short term, lasting no more than five to six sessions (Lin, 2004; Williams et al., 2006). Hence, by taking an action-oriented stand and by working toward female Taiwanese clients’ desired goals, therapists not only demonstrate their respect for these clients but also satisfy the clients’ pragmatic expectations. Outcome questions, miracle questions, hypothetical questions, relationship questions, and scaling questions—as well as the experimental terms of the end-session tasks—greatly help these Taiwanese women (a) establish small, concrete, and attainable counseling goals according to the women’s preferred future vision; (b) connect or reconnect satisfyingly with realistic perceptions; and (c) perceive themselves as being on the right track toward solution-building. These interventions effectively address the phenomenon of Chinese people’s expectations of structural and directive styles of psychotherapy (Lin, 2004; Williams et al., 2006), a finding that is particularly significant regarding counselors’ work with Taiwanese women.

As Williams et al. (2006) stated, Chinese usually treat the therapist as an authority figure, most female clients in the current study also regarded the therapist as knowledgeable and respectable. Because the current study’s participants held the therapist in veneration, they were eager to follow the therapist’s SFBT procedure and SFBT interventions, and were willing to appreciate the counseling progress, to learn to trust and admire themselves, to exercise personal power in withstanding others’ expectations and disappointment, and to solve problems and to cope with difficulties bravely.

Case Study

Lily (a pseudonym), a 40-year-old Taiwanese married women and having a senior-high educational level, participated in the study concerning social workers’ encouragement. When entering the counseling room, Lily unceasingly described her difficulties in living in this big family, and she was afraid that she could not survive in this kind of marriage. Her father-in-law, who occupied a position of higher authority than Lily, didn’t like her because of
the poverty characterizing her family background. Her mother-in-law was sick, so Lily needed to take care of her. Because Lily’s husband’s older brother had divorced, her responsibility of nurturing her two nephews who had no mother and who lived with Lily was, in effect, another burden for her. Her husband often blamed Lily’s lack of employment for the children’s imperfect elementary-school performance and for the children’s health problems. Lily’s husband and his brothers worked very hard to pay off all of his father’s gambling debts and to pay off part of his younger brother’s loan-derived debts. It was usually debt-related issues that triggered and fueled the couple’s recent quarrels and that contributed most strikingly to her recent worries. Lily also pitilessly blamed herself in response to her husband’s and other family members’ dissatisfaction with and open criticism of her.

In the first session, the therapist helped Lily to identify the matter with which she was most concerned: she felt neither respected nor appreciated by family members even though she had devoted herself to this family. By answering a series of coping questions from the therapist, Lily began to admire her dedication to her family and recognized her honesty, bravery, and tenacity to face these challenges over the years. Lily also agreed with the therapist’s compliments and reframing of the situation, according to which the family members greatly trusted and relied on her, and she steadily became proud of her ability to handle independently and thoughtfully the various dilemmas that would arise in her family. Through outcome questions, supposed questions, and miracle questions, Lily became aware of one of her greatest aspirations, which was to have a better relationship and, specifically, better communication with her husband and to have household finances sufficient for greater material and emotional stability in her children’s lives. Lily felt that she had more confidence to continuously confront these arduous difficulties at the end of this session. It was clear that the main tasks of this session centered on Lily’s effort to identify and to rectify problems concerning her marital relations and debt-reduction goals.

In the second session, Lily indicated that this counseling greatly released her from emotional stress. She now could more peacefully discuss the issue of family debt with her husband and he would respond to her in a better manner, so they were restoring their relationship a little bit. Cheerleading and other exception questions helped Lily confirm both her ability to change quickly and the good foundation of her marriage. Lily then introspected that she had a bad temper because she sometimes could not help talking back to her father-in-law and to other family members only to save face, not to resolve the underlying problems. She noted, as well, that her husband often gave orders to her regarding matters that he, himself, would not actively address. After validating and normalizing Lily’s perceptions and emotions, the therapist presented a reframing: Lily engaged in practical and realistic thinking, could fearlessly express her critical thoughts, and smartly noticed
that her family prioritized face-saving behavior. Lily was also like a good secretary to her husband and could usually successfully remind him of his promises, plans, and actions relative to various problem-solving issues. Lily also reflected that there were differences between her and her husband regarding personal-finance matters and family-relationship matters, and she decided that she should not sacrifice her marriage because of other people’s debts—she drew this conclusion by answering relationship questions and supposed questions. All of these interventions strengthened Lily's decision to save her marriage. Therefore, Lily began zealously pondering various debt-reduction strategies relative to the value she assigned to her family and particularly to her husband. In this regard, she absorbedly explored pre-session exceptions from her experiences of living with these family members and her pre-marriage employment experiences. Lily also discussed with the therapist how the latter could efficaciously convince her husband both to set boundaries regarding his family’s personal finances and to shoulder less responsibility as a son and a brother or pass this responsibility onto his wife. To undertake the actions being discussed was the main task of the second session.

When the third session began, Lily was angry with her failure to persuade her husband to set family boundaries; moreover, she complained about her husband’s persistent prioritization of his side of the family—a prioritization that, according to her, the husband made because he feared that the neighborhood would label him derelict in his familial obligations. Relationship questions and scale questions helped Lily to be aware that her husband was also deeply worried about these debts and that he had a keen sense of responsibility. Miracle questions and supposed questions induced Lily to amend her goals; that was, rather than demand that her husband simply “leave” his family, she focused on how to successfully communicate with her husband (a) to effectively solve financial difficulties, (b) to promote family members’ adoption of useful actions, and (c) to learn how to manage personal finances. Consequently, the therapist explored the couple’s strengths and the couple’s recourses to financial stability. Also during the third session, the therapist reframed the couple’s values-related differences, identifying them as positive elements of a cooperative work team. The miracle question followed this reframing led Lily to envision a time when they could work together well. Scale questions also helped strengthen the confidence and the determination with which Lily tried to solve these problems. In order to avoid their useless and repeated wrangles and to increase the possibility of her husband’s cooperation, Lily inferred that she had to emphasize their strengths, use available resources and recourses, respect her husband’s perceptions of what the crises and family were, and accept a certain degree of face-saving and male chauvinism existing in this family. Though her fear that divorce and that subsequent reproach in the neighborhood
was a reason for her desire to resolve these difficulties, Lily also believed that her husband and she were strongly motivated to fulfill a common goal: provide their children with a better environment in which to grow. Detailed deliberating on how, when, and where to “talk” to her husband was both the final part and the task of this session.

In fourth session, Lily excitedly noted that the therapist’s compliments regarding Lily’s flexibility, rationality, and wisdom in these sessions strengthened her confidence in trusting her own feelings and thoughts and then encouraged her both to speak calmly to her husband about solutions to these family difficulties and to keep herself quiet when they had different opinions. The subsequent reduction in quarrels actually encouraged her husband to actively consult Lily about how to address financial issues. After evaluating the progress and exploring positive changes by means of exception questions, relationship questions, and scale questions, Lily clearly grasped a superior approach to interacting with her husband and ascertained that her husband was not only deeply concerned about her and the marriage but also willing to try to solve their problems. On the whole, Lily agreed with the therapist’s reframing: Lily’s self-confidence grew stronger so that she didn’t feel hurt or ashamed when she either argued with her husband or drew blame from him or his family members. Lily also recognized that she could often peacefully and firmly state her points of view in a more rational and gentle posture to any family member. Lily became prouder that she could trust herself, equally interact with the whole family, and exercise a rationality that replaced much of her anxiety. Miracle questions helped Lily depict her preferred future: to divide up the family property, to reside with her husband and children only, and to grow wealthier. Scale questions led Lily toward a more realistic set of goals regarding how she could best make use of what she had learned from this counseling. Her goals now were to create and to maintain virtuous circles of behavior and to avoid behavior that had been deteriorating their marriage and their personal finances. This shift in direction constituted the concrete task of this session. Finally, listening to Lily appreciate the therapist and greatly approve of the effects of this counseling, the therapist gave integrated feedback and paid compliments to Lily, resulting in Lily’s increasing appreciation of her own efforts and strengths in going through these challenges. Lily believed that she could try to apply the counseling gains to her life and made an appointment for one month later, after predicting what her situation would be like at that later date. After one month, Lily called the research assistant with whom she left a message for the therapist: Lily now had a better relationship with her husband, their financial difficulties were lessening in the face of problem-solving strategies, and she often had stable emotions, so she needn’t come back to the counseling room. The message closed with Lily wishing the therapist luck.
LIMITATIONS AND CONCLUSIONS

In sum, this study’s findings constitute preliminary support for the assertion that SFBT sessions, even a single session, can generate high levels of specific facets of empowerment. SFBT’s generation of empowerment in this study reflects the assumptions and the intentions underlying the SFBT philosophy. Different facets of empowerment were generated between the “1 Session Group” and the “4–10 Sessions Group” in this study. The results of the study also offer preliminary support for the applicability of SFBT to therapists’ counseling of Taiwan’s lower-class women. It can be hypothesized that such compatibility might be attributable to the fact that SFBT’s postmodern philosophy and strategies are quite consistent with the values and the behavioral patterns of these female Taiwanese clients. Furthermore, the manners of therapists and the techniques of SFBT are not excessive or inappropriately provocative, and this mildness might appeal to these married women, who would likely accept the methods of SFBT, could likely generate some specific facets of empowerment in relatively few sessions according to their own needs and pace, and could likely acquire a sense of greater control over their own lives (Berg, 1994).

However, according to the findings and the limitations of this study, a variety of directions merit attention regarding future research. First, this study applied only the facets of empowerment proposed by Bolton and Brookings (1996); in this regard, future researchers should use different definitions or models of empowerment in order to widen the exploration of SFBT’s effects on empowerment. Furthermore, because SFBT is an empowerment-based approach, a wise course of action would be to establish complete structures of SFBT-generated empowerment facets by widening the scope of related investigations and, then, by further comparing the SFBT-generated empowerment facets with the corresponding facets generated in other approaches.

Second, future researchers can deeply investigate the reasons for the high levels and the low levels of some SFBT generated facets, including such possible reasons as the number of SFBT sessions, the counseling process, and cultural difference. The interaction and sequence of each facet of empowerment in the counseling process are worthy of a further exploration and confirmation.

Finally, in their particular studies, future researchers can increase the numbers of therapists and clients and also can use relevant questionnaire measurements of clients’ powerless and empowerment or can use interviewing designs both from the therapists’ perspectives and from the clients’ perspectives in order to affirm the empowerment effects of SFBT.

REFERENCES


