Implementing Solution-Focused Brief Therapy (SFBT) to facilitate hope and subjective well-being among South African trauma survivors: A case study

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Abstract

Positive psychology interventions have shown to improve well-being in various contexts. However, few studies explored the use of these approaches in clinical settings. Considering the high prevalence of trauma and the pressure on public mental health services in South Africa, this study implemented and described Solution-Focused Brief Therapy (SFBT) with South African trauma survivors in order to explore their experience of hope and subjective well-being, during and after exposure to SFBT. Using a multiple case study design, qualitative data were collected from therapeutic sessions and semi-structured individual interviews with seven black female participants. Following thematic analysis, results indicated that SFBT contributed towards participants' experience of hope and subjective well-being. In particular, the therapeutic conversation, empathy and acceptance in therapy, visualising a better future, and focusing on strengths instead of the trauma, facilitated these experiences. SFBT may thus be an appropriate intervention to facilitate hope and subjective well-being among trauma survivors.

Keywords: Case study, hope, positive psychology intervention, solution-focused brief therapy (SFBT), subjective well-being, trauma

Introduction

Since the start of the 21st century, positive psychology shifted the focus of psychotherapy from treating and preventing mental illness, to also promoting mental health (Seligman & Csikszentmihalyi, 2000). Positive psychological interventions thus aim to promote positive emotions, behaviours, and/or thoughts to increase the wellbeing of an individual or group (Parks & Biswas-Diener, 2013). These interventions

range from brief, scripted, self-administered activities, to more in-depth therapeutic interventions. Several meta-analyses have shown that positive psychology interventions can improve well-being and reduce psychopathology, especially depression, in various contexts (Bolier et al., 2013; Sin & Lyubomirsky, 2009). Despite these findings, the evidence base for positive psychology interventions in clinical populations (other than depressed individuals) is still relatively limited. Few studies have also explored this topic in the South African context (Pretorius et al., 2008; Teodorczuk et al., 2019). Nevertheless, these interventions may offer various benefits to clinical psychologists as it is brief, cost-effective, flexible, and easy to implement (Johnson & Wood, 2017).

This may be particularly relevant in the South African context, as the majority of the population experiences multiple traumatic events during their lifetime. Citizens are commonly exposed to physical abuse, gender-based violence, community violence, and the unexpected death of a loved one, which tend to have a cumulative negative effect on their psychological health and well-being (Atwoli et al., 2013; Kaminer & Eagle, 2017). Trauma thus places excessive demands on South Africa's public mental health services which are already strained due to limited resources (De Kock & Pillay, 2017). It is therefore relevant to explore how a specific positive psychology intervention, Solution-Focused Brief Therapy (SFBT), can facilitate well-being among South African trauma survivors. In this study, we specifically focus on hope and subjective well-being (SWB).

Hope in the Context of Trauma

Snyder's (2000) hope theory conceptualises hope as a cognitive-motivational construct, stemming from an additive and iterative relationship between agency

thinking (goal-directed energy) and pathways thinking (planning to meet one's goals). According to Snyder's theory, trauma can impede goal achievement and may erode trauma survivors' sense of hope (Snyder, 2002; Snyder et al., 2018). Yet, while traumatic events may temporarily reduce hope, hope also appears to be a protective factor in the aftermath of trauma. It not only facilitates effective coping and growth but may also buffer against the development of trauma-related psychopathology (Irving et al., 1998; Levi et al., 2012). For example, hope has been associated with emotional approach coping strategies and resilience which decrease the risk for the development of post-traumatic stress disorder (PTSD) and depressive symptomatology following exposure to trauma. Hope also correlates with cognitive flexibility, reduced negative rumination, and benefit-finding; thus contributing towards post-traumatic growth (Ciarrochi et al., 2015; Hassija et al., 2012). Although positive psychology interventions have shown to facilitate hope, few of these studies have focused on trauma survivors or explored ways to harness the beneficial effect of hope (Cheavens & Guter, 2018; Gilman et al., 2012). In the South African context, the few hope-enhancing intervention studies that have been conducted, have focused on children or healthy adults (Cherrington & De Lange, 2016; Pretorius et al., 2008).

Subjective Well-being in the Context of Trauma

SWB is a multidimensional concept, comprised of cognitive and affective dimensions. Life satisfaction refers to the cognitive component, while a preponderance of positive affect in relation to negative affect reflects the affective component (Diener, 1984). Although traumatic life events usually have a significant, but relatively short-term, negative effect on people's SWB, the impact of some traumatic events may be long-lasting (Bucciol & Zari, 2017; Frederick & Loewenstein, 1999; Lucas, 2005). Nonetheless, SWB may play a protective role in the context of trauma, as positive

emotions have the potential to broaden thought-action repertoires, build durable resources, and counter the downward spirals of negative emotions (Fredrickson, 2000). For example, Zanon et al. (2006) have found that life satisfaction and positive affect were negatively associated with rumination, anxiety, and PTSD among trauma survivors. SWB may thus be key to optimising health and well-being, fostering resilience and recovery, and protecting against psychopathology in the face of adversity. Existing research furthermore suggested that positive psychology interventions may be effective in increasing SWB, in particular positive emotions. However, to date few of these studies have been conducted in clinical settings, especially in the context of trauma (Bolier et al., 2013; Sin & Lyubomirsky, 2009). Similarly, in South Africa, research concerning well-being interventions primarily focused on the youth or healthy student populations (Boshoff et al., 2015; Van Zyl & Rothmann, 2012). It is therefore important to explore interventions that could be relevant to addressing the well-being of trauma survivors in South Africa.

Solution-Focused Brief Therapy (SFBT) as Trauma Intervention

We propose that SFBT may be an appropriate intervention to facilitate hope and SWB among trauma survivors. This approach is brief, goal-orientated, future-focused, and strength-based; embedded in the paradigm of positive psychology (De Shazer, 1985; Ratner et al., 2012). Through a collaborative communication process of listening, selecting, and building, SFBT therapists guide clients towards describing a detailed desired outcome and eliciting strategies to move closer to that outcome (Bavelas, et al., 2013; Froerer & Connie, 2016). Evidence-based research supports the effectiveness of SFBT for a variety of mental health problems; including depression, anxiety, perfectionism, substance abuse, and marital and family problems (Gingerich & Peterson, 2012; Schmit et al., 2016; Zhang et al., 2018). Despite these

findings, only a small number of empirical studies have specifically focused on the use of SFBT with trauma survivors. However, the literature supports the relevance of SFBT in this context (Froerer et al., 2018).

SFBT may be an appropriate trauma intervention, as it views a crisis as an opportunity to develop new skills, strengths, and resources (Bannink, 2008; Hopson & Kim, 2004). The future-focused orientation of SFBT also communicates that, despite the client's traumatic past, their future can still be filled with success and satisfaction. Therapists practising SFBT furthermore assume that clients are capable and resourceful, which not only empowers clients, but also engenders feelings of hope in the aftermath of trauma (Bannink, 2008; Froerer et al., 2018). Additionally, SFBT techniques such as miracle, scaling, and coping questions, and finding exceptions, are considered to be particularly valuable to clients faced with trauma (Froerer et al., 2018).

SFBT seem to enhance hope and SWB in the context of life coaching and brief treatment interventions (Green et al., 2006; Michael et al., 2000). In accordance with Fredrickson's (2000) broaden-and-build theory, SFBT helps clients find alternative routes to their desired outcomes and increases positive emotions which subsequently strengthens hope and SWB. The hopeful tenets of SFBT, the collaborative therapeutic relationship, and solution-focused conversations appear to be particularly valuable in this regard (Blundo et al., 2014; Froerer et al., 2018; Michael et al., 2000; Reiter, 2010). Can SFBT then potentially facilitate hope and SWB among trauma survivors and which aspects of SFBT may contribute towards these experiences? Answering this question may be particularly relevant to the South African context where brief and effective trauma interventions are needed (Kaminer & Eagle, 2017).

In this study, we thus implemented and described SFBT with South African trauma survivors. Our aim was to explore their experience of hope and SWB, during and after exposure to SFBT, paying particular attention to the aspects of SFBT that contribute to these experiences.

Method

Participants

Using non-probability purposive sampling, seven adult patients at community-based clinics in the Gauteng province, exposed to one or more traumatic event during the past 5 years, participated in the study. Participants were selected from a group who took part in an earlier, quantitative study examining hope, SWB, and trauma symptoms. Although participants from various demographic backgrounds were approached to participate in this study, seven black females, between the ages of 29 and 54 years, showed interest and completed the therapeutic process. Two of these women were single, two widowed, two divorced/separated from their respective partners, and one was married. The participants had, at least, achieved a secondary level of education but the majority were unemployed. They were exposed to different traumatic events, including the loss of a loved one, physical assault/abuse, or illness/injury. However, most experienced multiple traumas in the past 5 years.

Procedure

Potential participants were sourced from four district health government clinics situated in both urban and semi-rural areas. The first author conducted the therapeutic sessions, guided by the assumptions and principles of SFBT (Bavelas et al, 2013), and the solution-focused art gallery metaphor (Froerer et al., 2018). These sessions

focused on eliciting participants' desired outcome, describing their preferred future, amplifying their resources, and ending the session by maintaining participants' sense of authority. Participants attended one to four therapeutic sessions, approximately 60 minutes each, with the majority of participants attending two or three sessions. This highlights the brief nature of SFBT, which can be conducted over one to six sessions (Courtnage, 2020; Ratner et al. 2012). Individual semi-structured interviews were conducted approximately one to two weeks after completion of therapy.

Data Collection

The first author collected qualitative data through therapeutic sessions and individual semi-structured interviews. The interviews were conducted after therapy was terminated. The therapeutic sessions and interviews were audio-recorded and transcribed verbatim in order to explore participants' experience of hope and SWB, during and after exposure to SFBT.

Data Analysis

We analysed the data using the six phases outlined by Braun and Clarke (2012). A detailed within-case report describing and discussing relevant themes for each case was provided, followed by a between-case analysis (Creswell, 2014).

Ethical Considerations

The University of Pretoria's Research Ethics Committee (GW20180913HS), as well as the Ekurhuleni Health District Research Committee (EHDRC) (GP_201810_082) approved the study. Written informed consent was obtained from all participants. Their privacy was protected by storing data in secured files on a password-protected computer, using pseudonyms, and removing identifying

information as far as possible. Debriefing was available for participants who experienced any distress as a result of participation.

Results

The between-case analysis exploring participants' experience of hope, SWB, and SFBT revealed four distinct themes, each with interrelated sub-themes, which are summarised in Table 1.

TABLE 1 Themes and subthemes emerging from between-case analysis

Theme	Subtheme
Moving towards a goal	Motivation and confidence to move towards goal Source of motivation Steps towards goal Hope for a better future Therapy helps me move towards goal
Feeling good	More positive and fewer negative feelings Controlling and expressing feelings Feeling good starts with me Relational factors make me feel good Therapy helps me feel good
Life is good	Life after trauma Grateful for things in life I am good and worthy Therapy changes my perspective on life
How therapy helped	Therapeutic conversation Empathy and acceptance in therapy Visualising a better future Focusing on strengths Talking about trauma

Moving Towards a Goal

Participants entered therapy with *motivation and confidence to move towards a goal* they envisioned for themselves: 'I have this drive in me…that I can do more' (Participant 3, S1-344). As therapy progressed, their perceived energy to initiate and

maintain movement towards that goal became stronger. They mostly attributed their *source of motivation* to external factors, such as their spirituality, friends, family, and their children: ‘Then I’ll think of my sons—for them, let me—even if I’m just pulling myself, but I have to, I can’t give up’ (Participant 4, S1-442). They further attributed their drive to the progress they were making towards their goal: ‘I was starting to reach that picture that I always had. So yeah, it motivated me to like push forward and still wanna do more’ (Participant 4, S1-394).

Although most participants initially lacked a clear way or strategy to move forward, as therapy progressed, they found and took *steps toward their goal*: ‘I made an initiative and called—I did it. For the first time in nine years, this is what I did’ (Participant 3, I-299). When confronted with challenges, they were also able to alter their initial plans and identified alternative steps towards their goal. It was therefore not unexpected that, as therapy progressed, they expressed *hope for a better future*. They not only expected a positive therapeutic outcome, but also had a positive future expectation: ‘My life is BRIGHT—there is brightness in my future, I can see the light and I can see where I’m going’ (Participant 5, S2-306). Participants noted that *therapy helped them to move towards their goal,* as it helped them find solutions within themselves, which contributed to their experience of hope:

> The therapy helped me—even though things might fall apart, I have the solution in me—I need to solve it, then move forward—yeah. So now I have hope that ‘yes, I will face setbacks, but I have the solution in me’ and in the end I’m gonna achieve the goal. Now I am hopeful. (Participant 4, I-444)

Therapy further unlocked their motivation and confidence to move towards their goal which created a positive future expectation: ‘Coming here helped me a lot. That

no, I can do the things—and I'll be better—and there's going to be a change' (Participant 3, I-569). Some specifically mentioned that realising they are on the right path towards their goal sparked their motivation and confidence. Similarly, being reminded of their goal and remembering past success increased their motivation and confidence to move towards their goal. They furthermore noted that therapy reminded them of their respective sources of motivation, such as their children, which gave them hope: 'But after that therapy—you said I must be strong for my kids... that gave me hope—my kids' (Participant 1, I-187).

Feeling Good

During the therapeutic process, participants reported *more positive and fewer negative feelings*. They not only noted that they were feeling happy, free, and relaxed; but also indicated that they experienced less stress, depression, and anger: 'You know last time I was so upset, down, crying and all that; but then after—I was so relieved, I'm relieved even now' (Participant 6, S2-12). As therapy progressed, they also reported that they were now better able to *control and express their feelings*. They not only managed conflict and distress better, but also indicated that they were more assertive and confident to express their feelings: 'When I am angry, being able to say "no, listen, I am angry right now". Or when I'm hurt, be confident enough to [say it]—so I found my voice' (Participant 2, I-339).

Participants further highlighted that *feeling good starts with themselves*. They not only prioritised their own feelings above those of others, but also started to set healthy boundaries. It appeared that this agentic mode of living contributed towards their happiness and well-being: 'But now I tell myself that "no, I myself, I must be happy—happiness must come first to me, before it goes to the next person"—because

how can I make people happy, if I'm not happy' (Participant 5, I-570). However, they emphasised that *relational factors also make them feel good*. They highlighted that spending time with their loved ones and having more fulfilling relationships increased their positive feelings. Some also mentioned that they gain happiness from spiritual activities, such as prayer and meditation, as well as altruistic behaviour: 'It gives me the ultimate joy—to be able to put a smile on someone's face' (Participant 7, S1-46).

Additionally, participants noted that *therapy helped them feel good*. They emphasised that therapy allowed them to express their feelings during the session: 'After we spoke, then that's when I started to be happier—even more. Because, just I poured little bits of my heart to someone' (Participant 6, I-169). They also highlighted that therapy empowered them to be more assertive and to prioritise their own happiness. Participants furthermore indicated that therapy reminded them of the things that previously made them feel good, which consequently enhanced their happiness.

Life is Good

As therapy progressed, most participants realised that there is *life after trauma*. They not only accepted trauma as a part of life, but also started looking towards the future for new possibilities. They furthermore reported personal growth as a result of trauma and were able to find meaning and purpose in their traumatic experiences. Participants concluded that their past trauma is not life-defining and that they still have a life to live, despite what they went through: 'What happened it happened—but it doesn't mean it's the end of the world or the end of my life. Yes, I still need to live a happier life, even after everything' (Participant 6, I-187). During the course of therapy, they also expressed *gratitude for a number of things in their lives* and noticed everyday blessings. According to them, gratitude led to a more positive evaluation of their lives:

‘I don’t see motherhood as being difficult, now it’s an adventure that I’m looking forward to doing’ (Participant 4, S3-266).

Participants furthermore started to *view themselves as good and worthy*. Most of them recognised their strengths, worth, and purpose, despite the challenges they encountered: ‘I really have a purpose here. If I don’t have a babies it means that I have this gift... I’m good at other things’ (Participant 3, S2-298). As a result, they viewed themselves as trauma survivors, instead of trauma victims. Finally, participants indicated that *therapy changed their persp*ective on life. According to them, therapy helped them realise that trauma is a part of life and shifted their focus from their traumatic past towards a future filled with possibilities: ‘Therapy helped me to look things in a different way—I must look to the future’ (Participant 3, I-113). Therapy furthermore made them aware of their strengths and helped them to discover their worth and purpose in life: ‘I think the sessions have also reminded me of my resilience—reminded me that I have a purpose and reminded me that I still have a lot that I want to achieve’ (Participant 7, I-118).

How Therapy Helped

Participants experienced therapy as helpful, and identified several aspects that stood out for them. First, they highlighted the importance of the *therapeutic conversation*. The open and authentic nature of the conversation made participants comfortable to express their feelings: ‘We had a conversation, you know—I relaxed, I spoke, and I was free and I was open.... It didn’t feel like I’m in a session’ (Participant 2, I-215). They also noted the value of collaboration in the therapeutic conversation as it empowered them to find answers within themselves. They furthermore experienced the therapist’s feedback as helpful. According to participants, the feedback was

positive, honest, based on what they shared with the therapist, and highlighted their strengths and skills. Receiving positive feedback not only reminded them of their worth and purpose, but also made them feel accepted and built their confidence.

Second, they mentioned the importance of *empathy and acceptance in therapy:* *'*The way we spoke and the way you just accepted me, ja. You were just—you were so kind, you were so friendly—so that I can be freely too, talking more and more" (Participant 6, I-59). Participants highlighted the value of not being judged, interrogated, or analysed and noted that the therapist did not try to change them. Instead, the therapist listened, showed interest, and respected them. Experiencing empathy and acceptance in therapy allowed them to feel comfortable about expressing their feelings and also played a role in the positive perspective they developed of themselves. Acceptance furthermore confirmed that they are on the right path towards their goal, which empowered them to take additional steps forward.

Third, participants emphasised the benefit of talking about and *visualising a better future* in therapy. They noted that describing their ideal future self, reminded them of who they wanted to become, and made them aware of their capabilities and future possibilities. Talking about their preferred future also motivated them to identify and take steps towards this future: 'It [question about the participant's preferred future] helps me to gain the strength again to say "yes, I am doing it...but then I have to do it more"' (Participant 6, I-157). Describing their ideal self further evoked positive emotions during the session: 'When we said my ideal self—then you started asking me what would the ideal self be, then I started pointing out. Then immediately speaking about it made me happy—I started remembering all these things that I want to be' (Participant 4, I-59).

Fourth, participants highlighted the benefit of *focusing on strengths* in therapy. They found it helpful to talk about their talents, interests, skills, and passions as it reminded them of their capabilities and worth. It also gave them confidence and motivation to reach their goal: 'Whenever you asked me "what skill did you use, what strength do you think you have?"—then I realised "hey, I'm actually the answer to all this problems around me" [laughs]' (Participant 4, I-452). Likewise, remembering past success provided them with tools to tackle current challenges and encouraged them to take steps towards their goal. Identifying exceptions to the problem, such as the small steps they had already taken towards their goal, also made them aware of their strengths and empowered them to do more: 'Also talking about the little things that I'm already doing—it kind of like motivated me to say "ja, your hard work, it's something" [laughs]' (Participant 4, S4-754). Similarly, questions concerning their ability to cope helped them to acknowledge the progress they had already made, which contributed towards them viewing themselves as capable. Participants furthermore highlighted that relational questions, involving important people in their lives, gave them hope as it shifted their perspective towards the positive aspects of life and motivated them to take steps towards their goal. Moreover, it reminded them of their worth and purpose: 'A reminder of who I am to them [my children] and how much they still need me—it made me strong' (Participant 7, I-154).

Finally, although some participants found it useful to *talk about their trauma* as it gave them an opportunity to release their pain and make peace with their past, the majority indicated that it was good not to talk about their trauma in detail as it is painful to relive these experiences. They specifically indicated that talking about the trauma would probably have made them feel hopeless and might not have yielded solutions:

> Being asked about my past... I would end up crying—yes, sometimes it's good to cry. But how do I solve it when it comes back, when this happens? So now, our conversation—I have the solution—when this comes, this is how I react. (Participant 4, I-593)

Participants therefore felt that talking about one's response to the trauma, rather than dwelling on the past, was more valuable to healing. Not directly focusing on the trauma also provided them with tools and skills which they could apply to other contexts, rendering therapy brief and effective. They furthermore noted that, not specifically being asked about the details of their trauma made them more comfortable to share what they felt was necessary: 'So, you let me be open about my trauma, instead of you wanting details of it' (Participant 2, I-429). For the majority, talking about their trauma would conceivably have increased negative feelings. Although some participants had the need to share their traumatic experience at the start of therapy, they indicated that the empathic therapeutic approach encouraged them to talk about their problem in subsequent sessions.

Discussion

It is plausible that SFBT helped the trauma survivors in this study to move towards their goal and contributed to their experience of hope. In accordance with Snyder's (2000) hope theory, participants' hopeful thinking emerged in the presence of a meaningful goal which activated an iterative and additive interaction between pathways and agency thinking. Positive feedback regarding past and present goal pursuits furthermore reinforced their pathways and agency thinking which in turn led to successful goal attainment and ultimately resulted in hope (Snyder, 2000). Thus, for these participants, SFBT built hope and created a positive expectancy for realising

their desired outcomes by clarifying their goal, reminding them of past success, helping them find solutions within themselves, and improving their confidence and motivation. These findings are supported by existing SFBT research (Bannink, 2008; Blundo et al., 2014; Froerer et al., 2018; Michael et al., 2000; Reiter, 2010).

Therapy also contributed towards the affective component of participants' SWB as it increased positive emotions and decreased negative emotions. This may have been related to participants' improved ability to appropriately control and express their feelings. For example, the literature indicates that emotional intelligence (defined as the ability to identify, understand, regulate, and harness emotions in oneself and others) is associated with positive mood (Schutte et al., 2002). The ability to maintain relative emotional stability also appears to be important to well-being (DeNeve & Cooper, 1998; Diener et al., 1999). Suppressing negative emotions may furthermore have a detrimental effect on well-being, as it leads to increased stress and is associated with lower levels of life satisfaction and social support (McMahan et al, 2016; Tamir & Ford, 2012). In this study, SFBT facilitated happiness by reminding participants of past pleasures, helping them gain control over their emotions, and empowering them to prioritise their own happiness. These findings lend support to previous studies suggesting that solution-focused questions and techniques increase clients' SWB by increasing positive affect and reducing negative affect (Grant, 2012; Green et al., 2006).

SFBT furthermore contributed towards participants' life satisfaction by instilling a positive perspective within them. The participants seemed to realise that there is life after trauma as they recognised the bigger picture, shifted their focus towards the future, and found meaning and purpose in their traumatic experience. Finding a sense of meaning and purpose in life contributes to higher levels of life satisfaction, especially

in the context of trauma (Diener et al., 2009; Karlsen et al., 2006; Veronese et al., 2017). Gratitude may also have contributed towards participants' life satisfaction as it causes people to feel better about their lives and equip them to successfully deal with problems (Watkins, 2004; Wood et al., 2010). Participants' positive self-perspective and ability to recognise their strengths may furthermore have positively contributed to their global life judgements (Diener et al., 2009). Additionally, optimism, self-efficacy, and self-esteem are associated with SWB (DeNeve & Cooper, 1998; Diener et al., 1999). In agreement with existing literature, it thus appeared as if solution-focused questions turned participants' problem perceptions into positive formulations (Froerer et al., 2018). For example, SFBT views a crisis as an opportunity to grow and therefore goes beyond returning a client to their pre-crisis state of functioning. Although the traumatic past cannot be changed, SFBT believes that the preferred future can be created, engendering feelings of empowerment in the aftermath of trauma (Bannink, 2008; Froerer et al., 2018; Hopson & Kim, 2004; Lloyd & Dallos, 2006; Ogunsakin, 2015).

Based on the participants' experiences it is conceivable that the therapeutic conversation, grounded on acceptance and empathy, as well as the future-focused and strength-based nature of SFBT played a significant role in building hope and SWB during the therapeutic process. This is supported by research identifying the collaborative language process between the client and the therapist as the key component of SFBT (Froerer & Connie, 2016). According to Froerer and Connie (2016), this process is synonymous with the therapeutic alliance and is fostered by the respectful and curious stance SFBT therapists take.

Viewing clients as experts and collaboratively involving them during the therapeutic process also appear to create an empowering therapeutic relationship where healing and growth can occur (Froerer et al., 2009; Hopson & Kim, 2004). Similar to our findings, the literature suggests that positive formulations and compliments tend to amplify clients' agentic thinking and therefore increase hope in therapy (Froerer & Jordan, 2013; Korman et al., 2013). Participants' positive experience of visualising a better future in therapy concurred with previous studies indicating that future-focused questions assist clients to set clear future goals, shift their focus towards a hopeful future, formulate solutions, and generate behavioural correlates for attaining their goals (Hopson & Kim, 2004; McKeel, 2012; Ogunsakin, 2015). Visualising the preferred future in detail thus lead to conversations characterised by possibility, change, hope, and self-efficacy (Courtnage, 2020).

Focusing on participants' strengths also seemed to contribute towards their experience of hope and SWB. This is in agreement with research indicating that strength- and resource-orientated SFBT techniques (e.g. problem-free talk, exception-finding, and coping questions) direct clients to look for positive change, personal strengths, and resources which facilitates therapeutic change and instil a sense of hope in therapy. Highlighting clients' capabilities and recognising past successes furthermore foster agentic thinking and a positive expectancy for change (Blundo et al., 2014; Franklin et al., 2017; Froerer et al., 2018; Lloyd & Dallos, 2006; Reiter, 2010; McKeel, 2012; Michael et al., 2000). Similar to our findings, Fiske (2018) noted that relationship questions, involving important people in clients' lives, helps them to recognise their own resources and strengths, which elicits hope. In the context of trauma, coping and exception-finding questions thus engender a sense of hope and empowerment as it guides clients to reflect on their past and identify what is already

good in their lives (Bannink, 2008; Froerer et al., 2009, 2018; Hopson & Kim, 2004; Ogunsakin, 2015).

The fact that most participants did not find it useful to talk about their trauma in detail highlighted criticism against pathology-orientated approaches that potentially retraumatise clients (Paintain & Cassidy, 2018). It also emphasised the fact that SFBT therapists do not analyse traumatic experiences in detail, as they assume the client's problem is not necessarily related to the solution. They therefore rather focus on the client's desired outcome and resources which contributes towards empowerment and growth (Bavelas et al., 2013; Froerer et al., 2018; Hopson & Kim, 2004). However, as is evident in our findings, SFBT therapists are not problem-phobic. They let clients talk about their trauma, if needed, and empathically validate and acknowledge these problems. However, SFBT assumes that change occurs when people shift the way they describe their worlds and experiences, irrespective of what underlies the problem (Bavelas et al., 2013; Froerer et al., 2018; Ratner et al., 2012). SFBT therapists therefore rather focus on constructing future possibilities and amplifying trauma-related coping. Nevertheless, this approach has previously been criticised for not giving sufficient attention to complex dynamics, being overly optimistic, and being dismissive of clients' problems (Ratner et al., 2012).

Although our findings suggest that SFBT may contribute towards well-being among trauma survivors, the role of socio-demographic factors should also be considered, as all participates were black females. For example, Snyder et al. (1996) found that women, compared to men, generally experience lower levels of hope. In our study, participants mostly experienced an external locus-of-hope as family, peers, and spiritual forces acted as agents of goal attainment cognitions (Bernardo, 2010). According to Bernardo, this form of hope is frequently observed among collectivistic

cultures, such as the African culture the participants belong to. With regards to SWB, researchers also observed gender and cultural differences in the general population. For example, females tend to experience both positive and negative emotions more frequently and intensely than men (Zuckerman et al., 2017). Collectivistic cultures also find it more appropriate to experience and express negative affect as they tend to believe that strong positive emotions may disrupt interpersonal harmony or lead to negligent behaviours (Suh & Koo, 2008). Furthermore, these cultures are more likely to experience happiness after fulfilling goals that were directed to pleasing or receiving approval from others (Kitayama & Markus, 2000; Lu & Gilmour, 2004). Although participants in our study noted that happiness starts with themselves, they primarily expressed a collectivistic notion of happiness, emphasising the interconnectedness between the self and significant others.

Considering the experience of trauma, women are more likely to develop PTSD symptoms after exposure to trauma. This may be ascribed to the type, duration, and severity of traumatic events females are exposed to (Christiansen & Hansen, 2015). Gender roles and coping styles may also play a role as women are more likely to exhibit emotional reactions to stressors, while men tend to use direct problem-focused coping strategies to deny or avoid stressors (Tamres et al., 2002). Although females are more likely to seek therapy for PTSD than males, they may respond differently to therapy and may prefer different treatment modalities (Blain et al., 2010). Cultural experiences, values, and beliefs may furthermore influence the experience of traumatic events, the expression of PTSD symptoms, symptom severity, coping skills for dealing with trauma, and the likelihood of seeking and completing therapy after exposure to trauma (Roberts et al., 2011; Stephens et al., 2010). These socio-cultural differences should thus be considered when interpreting our findings.

Limitations and Recommendations for Further Research

Despite the potentially valuable findings of this study, some limitations exist. First, this study was based on a relatively small, homogenous sample and findings can therefore not be generalised to the broader population. Although the goal of our case study was to obtain a detailed description of participants' experiences in a specific context, similar studies may be conducted with a larger, more diverse sample, and in other contexts. Second, the first author took on the dual role of therapist and researcher which may have influenced participants' responses as well as the researcher's interpretation of the results. However, to minimise the possible negative impact of this dual role the researcher provided no incentive or special treatment to participants, prioritised the role of therapist during the therapy sessions, and only commenced qualitative data analysis after the therapeutic process had been completed. Measures were also taken to promote research quality (Creswell, 2014; McLeod, 2010). Third, no conclusions regarding the long-term experience of hope and SWB, during and after exposure to SFBT, could be made as this study mainly focused on participants' short-term experiences. Longitudinal research regarding the experience of hope and SWB, in the context of SFBT, is thus warranted. Finally, this case study did not compare different therapeutic modalities and did not include a control group. Common therapeutic factors, not specific to SFBT, or external factors may thus have influenced participants' experiences. Future studies comparing SFBT with other trauma interventions or no treatment will thus be valuable.

Conclusion

This case study is one of few studies to explore how a positive psychology intervention, such as SFBT, may facilitate the experience of hope and SWB among

trauma survivors. Results indicated that SFBT contributed towards the experience of hope and SWB. In particular, the therapeutic conversation, empathy and acceptance in therapy, visualising a better future, and focusing on strengths instead of the trauma, facilitated these experiences. This study thus contributed towards the limited literature concerning the application of positive psychology interventions with trauma survivors. Findings from this study may also inform the practice of positive psychology in clinical settings and have the potential to not only promote well-being among trauma survivors, but also relieve the burden on clinical psychologists through offering an adjunct approach to the treatment of psychological trauma.

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