On becoming a Possibilist: Some influences from brief therapies

Jim Wilson

“Psychotherapy ... is a valuable myth and one that should be revered, cherished and nourished”

Bruce Wampold (2001)

The ecologist has just presented a forceful case for renewable energy, solar and wind powered alternatives to using up the earth’s precious finite resources. He is talking at an innovative conference in Gothenburg, Sweden, organised to bring together ecologists and systemic psychotherapists to discuss the inter-weave of ideas and practices that may provide some creative common ground. It is an adventurous attempt at trans-disciplinary learning. After the ecologist has presented his case for lobbying governments and pressure groups in the European Parliament, a sceptical voice speaks out.

“You say we should continue to pressurise government departments to take notice and implement the policies you advocate. But”, continues the speaker, “human nature as it is will not respond. We only respond after there has been a disaster. You are an optimist. Too optimistic”. The ecologist pauses and says, “Well, I don’t think I am an optimist ... but neither am I a pessimist ... I am a possibilist!”

He went on to describe his way of acting as a ‘possibilist’ in his field and, as he spoke, I realised he had given me a name for what I try to do as a therapist. Later, I discovered that Bill O’Hanlon had coined the term “possibility therapy” a few years earlier, but this is not a school or model; it’s an orientation toward what (might) work in any given meeting with the other/s in practice.

This article will consider those principles that are informed by a possibilist systemic orientation and refer specifically to developments in brief therapy that contribute to becoming a possibilist. This is by no means the whole story but it is an important strand in thinking that has informed my practice as a therapist. I will also address some trouble I have with devotion to particular schools of therapy, despite being a devotee of possibilism.

Changing theory and change in therapy

The brief therapy project in Palo Alto researched and explored the occurrence of change in social and therapeutic contexts. They concluded that, whatever the difficulty, defined by Weakland as, “life being just one damn thing after another”, transformation into problems comes through the application of failed attempted solutions. Repeated application of failed attempted solutions leads to a more embedded problem or, in Weakland’s terms, “the same damn thing time and time again”. In order to effect a change, the attempted solution has to be altered so the interactional sequences and experience alter in accordance with an adopted new frame or reframe.

The same idea can apply to models and schools of therapy. We can all become domesticated by allying ourselves to the same practices, ways of thinking and adhering to common perspectives. Change in viewing what is possible requires us to step aside from expected ways of seeing. That is exactly what Jackson and his colleagues did. They brought to the practice of therapy a focus on here-and-now happening, a sense that paradox, absurdity and humour in promoting change from an assumed homeostatic pull within a family.

Joining up the dots

Before reading the following paragraph, try the puzzle (if you haven’t already). It is taken from Change (Watzlawick et al., 1974).

Instruction: Try to connect up the nine dots by four straight lines without lifting the pencil from the paper.

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The usual attempted solution is to consider the frame made by the dots as the limit for drawing the lines. It is only when the first three lines are extended beyond the self-constructed constraint of the square that the solution emerges: Easy when you know how. This simple, revealing puzzle symbolised anew departure for therapy and set many therapists, like me, on a track of creative exploration, focusing more on how principles of problem formation and resolution could provide a fresh frame for practice that side stepped insight-oriented approaches or principles about family dysfunction. All we needed was to shift the focus towards interrupting and substituting new patterns around attempted solutions, in whatever form.

In the beginning

Brief therapy was the term given to the approach that developed within the Mental Research Institute in Palo Alto, California. The term was applied after the death of Don Jackson in 1968 who, in collaboration with Gregory Bateson, John Weakland and Jay Haley, developed interactional theory and the theory of the double bind. Together with Paul Watzlawick and Janet Beavin, he co-authored the seminal text, Pragmatics of Human Communication (Watzlawick et al., 1967). Family therapy, from Minuchin to Milan, found inspiration in the research and practice of Bateson, Jackson and their colleagues. Constructivism, cybernetics and the concept of homeostasis were key theoretical and conceptual influences that continue to count in today’s practice of family therapy. For further detailed historical accounts of this period, see Cade & O’Hanlon (1993), Ray (2004) and Dallos & Draper (2005).
Ending discussion, Prague conference, 9-11 June 2011, 3rd International Conference entitled Belief systems and systemic actions: Thinking theory and devising practice together. Left to right: Gale Miller (USA), Kurt Ludewig (Germany), Jill Freedman (USA), Jim Wilson and Vratislav Strnad (Czech Republic).

Edinburgh, 1979

Stepping away from familiar ways of seeing and acting presented a major challenge to expected practices of psychotherapy at this time. In Scotland, the first course in family therapy was held at The Scottish Institute of Human Relations in Edinburgh and was taught by enthusiastic and experienced psychiatrists who also brought in experts from the Tavistock in London. The theoretical emphasis was broadly psychodynamic and introduced other models to a lesser extent. I enjoyed this immensely but, after hearing John Weakland talk at a conference in Oxford, my conception of how change may be promoted in family therapy jettisoned me outside the frame of the nine dots. This realisation was a kind of systemic “Aha!”

Alternatives exclude

While brief therapy blossomed in the California sun, division split along the fault line on the existence of power. According to Bateson, “Haley believed in the validity of the metaphor of power in human relations. I believe then and today believe even more strongly – that the myth of power always corrupts because it presupposes always a false though conventional epistemology. I believe that all metaphors derive from *pleroma and applied to creatura are anti heuristic*. They are groping in a wrong direction.... (and) .... not less wrong because the associated mythology is in part self-validating among those who believe it and act upon it” (Haley, 1981).

Whatever the choice, therapists allied themselves, clan like, to one school or another. I joined the MRI clan. Cleverness was the hallmark of practice and it was exciting. Brief therapy was as sharp as Occam’s razor, where minimal intervention for best results was the name of the game. We were the technicians of change. We no longer looked towards history to explain the here-and-now. Here-and-now is all we have and it’s enough. Finding the right key to solve a problem held the alluring promise of change. Having made my allegiance clear, other choices were excluded but, as Bob Dylan prophetically wrote: “Ah but I was so much older then, I’m younger than that now”.

Prague, June 2011

I am participating in a conference of systemic, narrative, and solution-oriented/focused brief therapists exploring systemic practice and theory. The common ground between us rests on both historical roots and an awareness that what one does in therapy is more complex than any model or approach can adequately describe. The experience of talking with therapists and experienced practitioners from narrative, solution-focused and hypno-systemic approaches yields connections with my possibilist orientation as follows:

• The activity of therapist/client interactions is multi sensorial and multi storied. We give words to narratives and the narrative is embodied. It comes in the rhythm, the tone of voice and expression in the face and posture. It comes in the way the breathing leaves pauses between words. The listener and speaker experience themselves listening and speaking and from this process of exchange emerges certain resonant feelings that provide the music to the spoken words. In effect, different models seem to represent different emphases within the realm of useful dialogue between people. All therapy is narrative; all stories are context dependent and all solutions or possibilities are created from an appreciation of what is required from moment to moment.

• Mind is social and resonant. We move in dialogue as between the call and response of musicians and, at certain points, it is impossible to measure where the call begins and the response occurs. Instead, there are moments of mutual responsiveness that are difficult to define. This “resonant minding” shifts the metaphor of mind from the hydraulic metaphor (Freudian) to one of action; that is, to mind or to attend. Knoblauch (2000) proposes that, “By shifting from noun, place and state to action, attention is addressed to an unfolding, continuous process. The boundaries of such a model are not discrete or predetermined... They are continuously changing and at times allow rather than restrict flow, just as a good jazz composition enhances rather than limits the possibilities for musical improvisation” (p. 95). Information is associated more with knowledge of states, structures and relationships and in the model proposed by Knoblauch, in-formation is substituted, as it “Seems to define better the action and movement of minding, as opposed to the discrete quality of information as fixed knowledge” (p. 96).

• The client’s language provides metaphors for change and therapy. As well as creating flexibility about dominant metaphors for overarching approaches, the possibilist orientation encourages a focus on the client’s language for therapy and its aims, since language is structured by images and metaphors. Levold (personal communication) draws our attention to the usefulness of such client-inspired metaphors as a way of creating a more cooperative joint focus for the work.

Illness suggests cure, journey suggests direction, repression suggests catharsis, weakness suggests strength and resilience, organic metaphors (“my confidence is shrinking”) suggest growth, weightiness suggests lightening, and vulnerability suggests safety. The problem for therapists is when we try to fit the client into our prescribed metaphor for therapy, instead of adapting according to what is most useful for them. This is a process, not a fixed state. We join the language of the other but we also try to enhance this towards more creative word-actions-experience.

To see therapy through a Possibilist perspective allows for the adjustment of metaphors about theories and therapy. O’Hanlon provides a critique levelled at solution-focused practice as an approach that fails to adequately embrace contextual complexity and variability about how to proceed. The metaphor of a solution focus is too thin a description.

O’Hanlon makes distinctions and criticisms of the model in three areas:

• There is no significant validation of emotions because there is so much emphasis on solution talk.
There is a tendency to be formulaic; one invariably asks the miracle question and follows certain sequences with flow charts providing procedures for various client responses.

A failure to include political, historical and gender influences on the problem and the inner world of physiology and biochemistry.

Conversation with colleagues who practice a solution-oriented approach suggest that O’Hanlon’s criticisms are valid but over-stated and fail to take sufficient account of what effective practitioners actually do when they meet with their clients. The criticism is more accurately levelled at the limitations of the model as described. We do more than we can theorise about.

Certainly, the emphasis about the direction and focus of therapy will vary according to whether one talks with a narrative therapist, a post-modern conversational therapist or a solution-focused practitioner. Matters of politics, culture, gender, and the place of embodied responsiveness in therapy are also to do with ones values and “world view”. Yet, in each unique encounter, the experienced and open “Possibilist “ therapist tries to establish a co-operative focus, one that privileges inter-relatedness, is resource-based, and focused on connection, co-operation and inter-dependence. These principles are bound together by beliefs in the creative potential of each person and a participatory ethos in practice. Hubble, Duncan & Miller (1999), amongst others, emphasise the primacy of relationship factors between client and therapist, the co-constructed nature of what therapy is to do with and a jointly revised focus and aims for outcome. The alliance between therapist and client/family is more important than theory and technique yet, at the same time, we should not underestimate the usefulness of methods and techniques either. When circumstance demands it, we need every resource we can find in trying to do what works.

**Possibilities in practice**

**The Stop-Chop 3000**

John is ten-years old and his parents are finding his aggressive, clingy, defiant behaviour very frustrating. It is making them angry and controlling and the more they try to control him, the more he defies their authority.

I have seen them for six sessions and only recently has John begun to tell me about his wishes for things to be better. I meet with him on one occasion on his own. He tells me, after some preliminary (important) small talk, that he can’t get to sleep at night. He shuts his eyes and tries but all he thinks about is his right hand chopping violently at his throat and wonders whether this could kill him. He can’t get this out of his head. He told his parents who reassured him that it would not happen. This didn’t help. He tried to distract his thinking but this failed also. I feel a bit stuck. Then I say to him;

“If I lie down here on the carpet and close my eyes and then bring my right hand up sharply to my throat, could you create a machine or something that could stop my hand from chopping at my throat?” I lay on the floor and closed my eyes. “Here it comes..... “

This clicked. He devised an imaginary machine, coloured purple and with invisible strings that, at the press of a button, could shoot out and wrap themselves around my wrists to stop my chopping action. We repeated this several times until I had given up trying to chop my neck. He drew the machine and named it STOP-CHOP 3000.

Since then, he has had no more trouble getting to sleep.

So far, so good: But the parents tell me he is still very challenging and describe two attempted solutions; his mother keeps asking him “Why do you behave in such a way?” And she tells him of consequences of his negative behaviour. This doesn’t work. The father takes him to his room, but he feels very punitive and distant from his son as a result. I come up with ideas about “sit ins” for the father from non-violent resistance (Omer, 2004, 2011; Jakob, 2006) and, to the mother I suggest rehearsing responses to her son, giving voice to her speculations about his feelings and motivations leading up to his defiant behaviour. Two separate ways to enhance parental presence whilst trying to do something different. They had become predictable. Three apparently distinct problems within a wider historical context which involved the impact of the child’s early sexual abuse by a near relative, a familial-social-cultural context of a hard working couple under stress of job insecurity, negative equity on their home and the gradual withdrawal of extended family support.

It is impossible to define categorically what is therapeutic in any encounter. This example could be described within a narrative frame, a solution-oriented frame, a post-modern conversationalist frame and a child-focused frame (Wilson, 1998, 2005) For me, the frame of frames is to improvise within a systemic constructionist orientation; to consider all the performative offerings from family members and to create, with their co-operation, an experimental frame for our work in which each would take responsibility to do something different (Wilson, 2007). This is a work in progress. Being influenced by ideas from brief therapy does not mean therapy is “quick” but my impression is that the small success with the boy’s sleeping problem engendered hope and some belief in our joint venture.

**Make room for creative opposition**

Bruce Wampold (2001) in his study comparing a scientific model of therapy to a contextual model concludes that, “A component of the contextual model is the therapists belief in the treatment... The contextual model therapist understands that it is the healing context and the meaning that the client gives to the experience that are important.... since it is the client’s belief that is paramount... the therapist has (at least in the beginning) to measure up to this belief and respect the fact that the client shows loyalty towards it” (p. 218).

We cannot escape a consideration of power whether real or metaphorically “real”. The nine-dot problem, above, is set by the one who gives the instruction. We are free not to comply. We only create a puzzle when we enter into the game. We have accepted the frame of frames. For therapists, the history of brief approaches liberated many practitioners from the flybottle of earlier models (Hoffman, 2002). Once approaches become fixated in unquestioning protocols and disciplines, they take on the mantle of pageantry; rather staid, only to be respected, never challenged for fear of being insulting. Instead, approaches need an attitude of carnival; experimental, irreverent, spontaneous, relishing the upturning of convention (Griffiths, 1999).

This brings richness to the endeavour and critical thinking towards methods, all of which have their uses and limitations. When approaches seem to wield the power of convention over what could be possible, it is time to stand up and change position.

**A parting story**

The naturalism and realism of the Glasgow Boys art (1880 to 1900) is an example of innovation. Not only did these artists depart from the staid orthodox style of the Edinburgh “stag painters”,

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they opened their eyes and palettes to French Impressionist, post-Impressionist painters and to Spanish, North African and Japanese art, all of which inspired their orientation. But, more than this, they decided to change the setting. They painted outdoors, depicting real people in real places and changed position by painting standing up. In standing up, their perspectives altered. Not so much sky line; more focus on what was directly in front of their eyes.

When we shift position, we can see more of what is already there.

*Pleroma*: Jung pointed out there were two worlds and, according to Bateson (1973, p. 430) “The pleroma is the world in which events are caused by forces and impacts and in which there are no ‘distinctions’ ... or ‘differences’. In the creature, effects are brought about precisely by difference. In fact this is the same old dichotomy between mind and substance”.

**Heuristic concepts** are those that do not satisfy fundamental knowledge. According to Bateson, they are “…imperfectly defined explanatory notions commonly used in the behavioural sciences – ego, anxiety, intelligence...” (p. 24) and “Heuristic concepts are to be regarded as ‘working hypotheses’” (p. 25).

References

O’Hanlon, B. www.billohanlon.com

Some books to help take small steps to an Ecology of Mind

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“The growing good of the world depends on unhistoric feats.”
George Elliott