

Solution Focused Work as an Aesthetic

Mark McKergow, Centre for Solutions Focus at Work (sfwork)

Published as McKergow, M. (2019). Solution Focused Work as an Aesthetic.

Journal of Solution Focused Brief Therapy. Vol 3. No 1. pp 35-46

Please support the journal by purchasing the special crowd-funded issue in which this article appears. <https://www.solutionfocused.org.au/journal/purchase-jsfbt/category/journal>

Abstract

The current paper looks at Solution Focused (SF) work in a novel way – as an aesthetic (what makes it beautiful?) as opposed to a method (how do you do it?). This term comes from the art world, where different schools of painting can be described as having different aesthetics. Starting with a definition of the term, I propose five elements of an SF aesthetic: brevity, client autonomy, radical acceptance, staying at the surface and valuing small differences. While these are not present in every piece of SF work, they are things that we strive for, qualities that bring me (at least) satisfaction, cheer and reasons to continue to support, promote and develop SF.

Keywords: Solution-Focused, beauty, aesthetic, satisfaction, qualities

Introduction

This paper brings a different way to look at Solution Focus (SF) – what do we as SF practitioners think is ‘beautiful’ in our work? This look might be extended to other forms in the brief therapy tradition, but I want to focus on SF in particular here. This examination might go some way to shedding light on the long term resistance and ignorance of SF from those in other schools. If we are working to a different aesthetic, then they won’t be valuing the same things and will be confused, angry and baffled by what we do. (And possibly vice versa, of course.)

I was immediately and passionately engaged with SF work when I first discovered it in 1993, for reasons that were not completely clear to me at the time. Over the past three decades or so, I have continued in this commitment, and have come to realise that these aesthetic aspects are very important to me. I am now wondering if these (not often discussed and often assumed) aspects are shared, and to what extent. This paper seeks to present these aspects explicitly. It is an overview of why I personally love SF practice. What about you?

What is an ‘aesthetic’?

Looking at the dictionary (Lexico.com, 2019), we find definitions of ‘aesthetic’ in the following terms:

Adjective: *Concerned with beauty or the appreciation of beauty.*

Example usage: *‘the pictures give great aesthetic pleasure’*

Noun: *A set of principles underlying the work of a particular artist or artistic movement.*

Example usage: *‘the Cubist aesthetic’*

The term originates from the Greek word *aisthētikos*, meaning ‘perception connected with the senses’. Although sensory perception is clearly important, the idea of aesthetics means more than this. David Hume, 18th century philosopher and a good cook as well, wrote that delicacy of taste is not merely "the ability to detect all the ingredients in a composition", but also our sensitivity "to pains as

well as pleasures, which escape the rest of mankind." (Hume, 1987. p. 5). This is about considered affective and emotional responses as well as sensory distinctions.

One way into this topic is to look at the world of art and in particular painting. For centuries, artists strove to produce renditions of (say) landscapes which were detailed, clear and representational. Look at Canaletto's famous paintings of Venice for a fine example, or the British artist Thomas Gainsborough. In these cases the artists made extensive preparatory sketches and then worked up a final highly detailed artwork in their studios, constructing the composition to be pleasing (aesthetically) rather than a snapshot of a particular moment. Even today, the results are sensational.

In the second half of the 19th century however, painters started to explore with greater vigour what happened when they ventured outside the studio and worked 'en plein air', in the open air at the location. Painters such as John Constable and JMW Turner had begun to explore this in the early 19th century, but it was taken to new extremes by painters such as Claude Monet, Pierre-August Renoir, Alfred Sisley and others in the early 1860s. Their work focused on light and the immediacy of the moment, and was being routinely rejected from the Salon de Paris, the accepted leading curated art show which favoured painters of the classical style. Emperor Napoleon III saw the rejected works and decreed that the public should be allowed to judge for themselves. As a result, a 'Salon de Refusés', an exhibition of the refused, was organised. While many came to laugh, this exhibition was a key rallying point for those keen on the new 'impressionist' aesthetic which took its name from Monet's *Impression, Sunrise*. As has often been the case through history, the name came as an insult from critic Louis Leroy who in his article *The Exhibition Of The Impressionists* referred to Monet's work as at best a sketch, nothing like a finished work. (For more details on the development of impressionism the reader is referred to the Metropolitan Museum, New York's excellent website (Samu, 2004).)

The impressionist aesthetic is much more about capturing an 'impression' of a moment in time; the brushwork is bigger and bolder, the effect more spontaneous. If we look at an impressionist painting with a classical aesthetic, we see what Leroy and others saw – unfinished, incomplete daubs of little lasting consequence. If we look at Caravaggio and Gainsborough with an impressionist aesthetic, we see stylised, overworked 'perfection' which says little about the artist's (or the viewer's)

response. (It is interesting that impressionism emerged around the same time as photography, and can be seen as a conscious alternative to it.)

Both of these aesthetics are, of course, interesting and valuable. What I am seeking to point to here is the way that an alternative paradigm, a new way of looking at things, can be seen through the aesthetic lens; what makes something beautiful? What is valued, prized, admired, noticed, applauded? It's something to do with what makes you go "Yes!!" and what makes you go "Blurghhh!". In this article I will seek to explore what makes me cry "Yes!" in SF work, and thereby shed a little more light on what it means to work in an SF aesthetic.

What follows is my list of the things that I love and value about SF practice. The list is not complete, of course, and it's a personal one. I hope that many SF practitioners may find a recognition and a resonance in at least some of these items.

Brevity

SF was originally called Solution-Focused Brief Therapy (SFBT) for a reason – it's brief! The original version of interactional brief therapy emerged from the Brief Therapy Centre of the Mental Research Institute, Palo Alto, led by John Weakland, Paul Watzlawick and Dick Fisch. This version of practice, called MRI model or Problem Solving Brief Therapy, is still around, and uses a 10 session framework as its basis (Segal, 1991). At the time (in the 1970s) this was startlingly brief, compared to the years of weekly treatment considered normal by practitioners working in the psychodynamic tradition.

When Steve de Shazer and Insoo Kim Berg moved from hanging around MRI to setting up their own centre in Milwaukee in the late 1970s and early 1980s, they wanted to build on this work and developed the idea that brief therapy should be 'as brief as possible, and not one session more' (de Shazer, in his Foreword to Dolan, 1991). This is quite a step onwards from even a 10 session basis – every session could be the last, and is carried out with this possibility in mind. The choice of continuing is at least partly with the client; we will return to this aspect of power sharing later.

The very idea that therapy can be effective at all in one or two sessions is still considered outlandish by some. Indeed, workers in the psychoanalytic tradition have developed the concept of the ‘flight into health’, where the client’s claims that they are suddenly and completely cured is seen as a defensive reaction to the treatment, and therefore a sign of the need for even more therapy. This can be seen as a kind of Catch-22 bind; if the client says they are better, they need more treatment. And if they say they aren’t better, then of course they need more treatment!

Why is brevity an important end in itself? Of course, effectiveness – the results of the treatment – is important. There are influential findings (Wampold, 2001) saying that all forms of therapy, at least those based on the five “common factors”, are as effective as each other. Wampold doesn’t look at efficiency, the amount of time it takes to reach an effective outcome, nor does he take account the disturbance to the client of participating in the treatment. If all therapies are equally effective, then surely it’s better to choose one that takes less time? It helps the client get on with their life sooner, and it frees up the practitioner to help new clients.

The advantages of this are particularly clear when resources are limited, as in the UK National Health Service (NHS). The efficiency of a service is directly proportional to both the number of practitioners and their average length of treatment, assuming that each practitioners has the same number of sessions every week. According to the 2013 report *We Still Need To Talk* (MIND, 2013), over one in ten people had been waiting over a year to see a therapist, and approximately 50% had waited more than three months. Brevity, via effective treatments, is clearly valuable to a statutory service. It remains something of a mystery why the popular view of longer equals better still seems to hold so much sway.

Another benefit of brevity is that a short treatment will mean that the client is back living their own life sooner. There is a clear distinction between those practitioners who see the act of seeing a client as valuable in itself, and those who seek to get out of the client’s life as soon as they can. The goal of SF is, as Steve de Shazer (quoted by his long-term collaborators at BRIEF in London, 2019), used to say, echoing an old aphorism sometimes attributed to Edna St. Vincent Millay, to return the client to a life of ‘one damn thing after another’. This is everyday life as we know it – not a flawless

and effortless glide but a series of ups and downs, handled by the client without professional help. In contrast, those who seek treatment usually do so because their lives have become ‘the same damn thing over and over’ – something keeps happening that they don’t want, or doesn’t happen when they seek it. The former case isn’t seen in the SF aesthetic as grounds for treatment: the latter is. The same holds true for MRI Problem Solving Brief Therapy - when the same damn thing isn’t happening any more, that’s enough for now.

Brevity is not a simple matter of a small number of sessions or a limited time. It’s about the work being as brief as possible - subject to a satisfactory conclusion, or onward referral. This is not to say that every person only has one problem in their lives. As an SF coach to business leaders, I sometimes get contracted for a series of sessions (ten, for example). However, I don’t consider this to be outside the brief aesthetic, as we are not using the ten sessions to tackle a single issue. Each conversation is usually about a new issue, something that’s fresh on the client’s mind, or perhaps reflects a developing situation that we’ve discussed before. And the client can decide that they’ve had enough of a topic, or indeed of me – which leads us onto the next aspect of an SF aesthetic, the valuing of client autonomy.

Client autonomy

In the normal everyday world, people get to make decisions about their own lives; what to do, who to be with, where to go. These decisions are never the only factor in determining what happens. There are always other context and forces at work. One of my favourite quotes is from biologist Steven Rose (1997) who, paraphrasing Karl Marx, observed that ‘we create our own futures, but not in circumstances of our own choosing’ (Rose, *Lifelines*, p. 309) It is worth considering, then, that in therapeutic work it has been normal for practitioners to take decisions for, and sometimes in opposition to, their clients.

This comes from an old version of the basic doctor/patient relationship, where in decades gone by the doctor’s word was law, with the patient’s role being to play a grateful and willing recipient of the doctor’s expertise. Of course, if about to undergo brain surgery, then we would want

someone with expertise in charge of it, and we would listen seriously to their advice. The risk is that this relationship can become unbalanced, one-sided and potentially abusive. If the doctor becomes an unchallengeable authority figure, and perhaps even one who is getting paid by making the relationship continue, then the risks of over-long treatments and disempowered clients are clear.

The SF position has been that, broadly, it is the client who makes many of the decisions. What are their hopes from therapy? What are they going to do about it? When are things good enough to stop coming? In everyday life these questions are clearly for us as individuals. In the therapy world, however, it can be seen as a paradigm-busting revolution. While the conventional doctor/patient relationship can be characterised as parent/child (in the Transactional Analysis tradition, see for example Berne, 1958), the SF worker/client relationship is much more adult/adult. Both have responsibilities, both have parts to play, both have priorities, and these are to be kept as balanced as feasible. In the 1990s, I attended a workshop with Bill O'Hanlon in which he urged us to find the healthy adult within - in a pointed repost to the fashionable and non-SF urge to see our clients as wounded children or whatever.

Of course, client autonomy is not automatic and over-riding in all circumstances. If the client seems to be putting themselves, or others, at risk then clearly the practitioner has some choices to make. Should they inform others? Should they instigate safeguarding processes? These are matters of professional judgement for the practitioner and are not to be underestimated. There are other situations where outside constraints – for example court orders, probation agreements or other matters of law, impinge on the client's freedom of action. These can be taken into account in various ways with the client's autonomy bounded rather than removed. In all these situations, the limits on client autonomy are seen as topics for discussion and ideally agreement with the client in terms of the next steps to be taken.

There is an interface here with brevity as discussed above. The client's autonomy includes their choice to decide when the treatment is over, or that they wish to see someone else. SF has found a healthy home in the world of coaching over the past couple of decades. One reason for this may be that SF therapy looks more like coaching than many other forms of practice, and so the fit is clear and

natural from the start. Coaching clients are not usually seen as vulnerable people needing protection – rather, they are informed individuals who are making their own decisions about seeking support. The International Coach Federation (2019) defines coaching as “partnering with clients in a thought-provoking and creative process that inspires them to maximize their personal and professional potential”. The focus on partnering with clients seems to me to be a clear fit with the aesthetics of SF.

Radical acceptance

If we are viewing the client as making their own decisions, then we should also think very carefully about trying to argue with them. This skill of not arguing is sometimes called ‘radical acceptance’ (de Shazer, 1997). de Shazer argued in the same article that “The client's answer needs to be accepted fully and literally” (p. 378), which is an art rather than a science, and which is

“difficult for many people. It requires a lot of self discipline and a good deal of close listening.

It is not easy to give up making judgments about how high the [scaling] number should be or how unreasonable and unrealistic the initial response to the miracle might be” (p. 378).

A key word here is the ‘initial’ response to a question. One of the concerns I come across from people learning SF is that their clients may seek something impossible from the miracle; the amputee seeking the return of their lost limb, or the bereaved child wanting their parent to come back. And yes, it can be unsettling in some way when this happens. It is also a very obvious and heartfelt wish, and can therefore be accepted quite easily. Who wouldn’t want these things? The key point is that accepting doesn’t mean blindly agreeing and moving on. It can look like nodding gently, exhaling and waiting; waiting is often a good strategy, to allow the client to continue their thinking. It can look like quietly saying “Yes, of course...” and pausing to see what comes next. What comes next - sometimes after a very considerable silence - might be something like “I’d be visiting my friends more” or “I’d be happier going to school”. These are more tractable and can be picked up and expanded in the conversation.

It turns out that in any actual client response to a question there will be multiple elements, and it is impossible to respond to all these elements equally or indeed at all. In a particular favourite example

of this, Swedish psychiatrist and veteran SF practitioner Harry Korman (2009) mentioned (in a workshop some years ago) the woman who told him, *“I want to be a better mother, but I’m such a worthless, worthless person.”*

There are clearly two parts to this statement. A problem focused practitioner might want to ask about being worthless. An SF practitioner will clearly see the first part, about being a better mother, as more obviously connected to what she wants. Harry Korman, being the highly experienced SF practitioner that he is, found a way to accept both and yet promote the solution-focused element: *“So you think you’re a worthless person... but you want to be a better mother?”* (rising inflection at the end, making it a question and an invitation to carry on with this thread) (2009).

Radical acceptance comes down to not arguing with the client, even when to do so would be quite normal and acceptable. In his book *Preventing Suicide: The Solution-Focused Approach* (Henden, 2008), John Henden covers ten ways to accept an apparent wish for suicide, up to and including:

“If you decided to go ahead with the last resort option: (a) What method would you use? (i.e. pills, rope, razor blades, vacuum cleaner tube, firearms, etc.) (b) How prepared are you should you decide?” (p. 129).

In the context of an ordinary conversation, this sounds appalling – we might be seen to be urging the person on. But an SF conversation is not an ordinary one. There has been conversation before this, beginning to explore the client’s situation and build trust and connection within the first 10 minutes of the session. And indeed, Henden himself says that if he uses this question it is to get a better idea of how serious the person is – many people will back off at great speed when asked this question. With those who don’t, the practitioner can at least be more aware of what is happening, while continuing to take the client seriously and radically accept what they say.

De Shazer shared this outlook with his long-term mentor and friend John Weakland. In a joint interview from 1994 (Hoyt, 2001) de Shazer speaks about taking the client seriously, whatever they say about their situation.

“A client tells you they’ve got a problem, then they’ve got a problem and you’d better take it seriously. You’d also better take it seriously if they tell you they ain’t got a problem...

someone sent him because he drinks too much. He says he doesn’t drink too much and it’s not a problem. Leave it alone. Take it seriously.” (p. 21)

Of course, there are other ways to take this kind of conversation forward without arguing with the client, such as asking about how come the referrer sent them along. And as the conversation develops, the client’s view of what they want may well develop and change. But if we don’t take them seriously to start with, an argument immediately ensues, enabling the practitioner to label the client as ‘resistant’ or ‘in denial’ which contributes little to progress and much to continuing stuckness. ‘Reading between the lines’ is a distraction; listening very carefully to the lines and formulating appropriate responses is the name of the game. Radically accepting, not arguing with our clients and not reading between the lines leads to another key element of the SF aesthetic; staying at the surface.

Staying At The Surface

In more traditional methods of therapy, counselling and allied practices, it is quite normal to see the client’s behaviour as the outward manifestation of some kind of hidden internal causal mechanism. There are various forms of these hidden mechanisms, ranging from emotional to neuroscientific to ancient experience. The therapist’s task is to go deep to discover these causes and assist the client to deal with them. Indeed, the practitioner may claim to be the first to notice these causes and their importance, which the client must then address in order to satisfy their practitioner.

In SF work, as I have written before (McKergow and Korman, 2009), we step around these potential questions by looking at the ‘inbetween’ – the interaction of the client with their environments, including other people. Sometimes newcomers don’t notice initially that SF questions are always framed with a person (often the client, but sometimes others in the client’s world) and their interactions, rather than any ‘internal’ drivers. “What would be the first tiny signs you noticed that things were getting slightly better?” is a typical example. It is addressed to a person, about their interactions. It is not inviting them to introspect, to speculate over their feelings or other causal

matters. Rather, we seek to focus our clients' attention towards the outside, towards the world and towards what's better in the past, present and future (Jackson and McKergow, 2002/2007).

This focus can be traced back to the Interactional view of the Mental Research Institute, Palo Alto (Watzlawick & Weakland, 1977) where Steve de Shazer and Insoo Kim Berg met and were first enthused about the brief therapy tradition. The MRI method of problem solving brief therapy seeks to get out of the mental box by looking for specific, concrete, descriptive information - who does what to whom and when? Their purpose in asking these questions was to seek patterns of behaviour that were holding the problem in place and then get the client to break or disrupt them. In SF, which followed on in the same tradition, the same questioning techniques were used to look for specific exceptions to the problem, so that these patterns could be amplified, and later to describe days after the miracle when the problem had mysteriously vanished overnight. These descriptions have become even more important as SF work has developed in recent years (Iveson & McKergow, 2016).

Both the MRI team and later SF workers were striving to take mental health out of the clients' heads and into their interactions with others. There has long been a conceptual muddle generated by those who want mental illness to ape physical illness. In the latter, something is amiss within the patient's body, which must be diagnosed and cured. It's an easy assumption to think of mental illness in the same way – something, perhaps depression or schizophrenia, is lurking within the client's body or brain, and therefore diagnosis accompanied by either internal reflection or drugs are required to cure it. I am not anti-drugs by any means, but I am not in favour of putting people on drugs when they can be helped by a few sessions of conversation.

Note that staying at the surface, like radical acceptance, does not mean that one client utterance is the end of the story. Different things will emerge as the therapeutic conversation goes on, and indeed the task of the SF practitioner is to frame questions to help this process. However, I don't think this is about matters coming to the surface, as if they were there all the time, lurking in the depths and waiting the right moment to pop up. Rather, meaning and awareness shift during the conversation, new and overlooked things become more or less relevant, and fresh ideas emerge from the interaction.

It's interesting to notice how client autonomy and radical acceptance sit happily alongside staying at the surface. These are all important parts which add up to a dramatic new take on what it means to be human.

Value of small differences

This final, for now, part of the SF aesthetic is slightly different to the others – the value we place on small differences, detailed descriptions and tiny as opposed to huge signs. It is normal and logical to assume that large changes to the client's life and circumstances will require big plans, big efforts, total commitment, and utter transformation. One part of this is why it is assumed that long treatments must always be superior to short ones, despite evidence to the contrary. Small signs of progress are seen as very valuable, the potential forerunners of more change, and signs that the client is on the way to a good enough life, where they feel able to tackle things under their own steam.

From my very first SF training workshop (with Jane Lethem of the then Brief Therapy Practice in 1994), the idea has been present that small changes in one area of the client's life can expand both through natural processes, but also as a ripple effect into other areas of life. The client notices changes and becomes more aware of how they are contributing to these changes, which then spread into other domains. It's not hard to see how - slightly better relations at home can spill over into more confidence at work, more openness to relations with children and parents, less stress, more time to enjoy life and so on.

This kind of connectedness fits well with both Buddhist philosophy, in which Steve de Shazer was interested (see for example de Shazer 1994, p. 9), and also with the science of complexity (see for example Waldrop, 1993), which emerged in the early 1990s. (I discovered both SF and complexity at the same time, and made some initial connections of my own.) Complexity shows how novel and unpredictable outcomes can emerge from small differences in unplanned and unexpected ways. The 1980s Chaos Theory offers a more sophisticated version of the butterfly effect - how the tiniest change to a weather system, such as the flapping of a butterfly's wings in Brazil can lead to a tornado

in Kansas or a storm in the Philippines. It doesn't *always* lead to these outcomes – but small changes with amplification can lead to more impact than large plans, which stall and lead nowhere.

SF questioning has led more and more to discussions of small, indeed tiny, details and differences which are part of better for the client. Follow-up questions like "what's the first sign someone else would notice?", and "what else?" help us to build more and more detail. Similarly, in follow-up sessions we ask about 'what's better?' and invite our clients to expand on whatever has emerged – whatever that might be. Of course, many of them start by saying "nothing is better..." which can be radically accepted and built on by a skilful practitioner.

Sometimes when I have worked with people from other traditions, I have noticed that while they may be happy to discuss better in big picture, abstract noun, \$5,000 words terms, they can become very nervous when I start asking about tiny details. One very experienced facilitator complained that they thought I was forcing people into action by doing this. Well, as long as that's what they are paying me for, I make no apology! It is certainly interesting and under-discussed how talk about tiny details seems to lead smoothly and quickly to new possibilities for action. My book chapter from the SF World Conference (McKergow, 2019) will start to address this question.

Conclusion

If we look at these five aspects of an SF aesthetic, we can see a very telling contrast from the classical psychotherapeutic norm.

Classical aesthetic	SF aesthetic
Long treatments are necessary	Brevity – as brief as possible – is desirable
Power is with the practitioner	Client autonomy is to be respected wherever possible
Read between the lines	Radical acceptance
Go deep	Stay at the surface
Valuing large and dramatic transformations	Valuing small differences

Table 1. Comparing the classical therapeutic and SF aesthetics.

Note that none of these are about miracle questions, contracts, scaling, compliments and so on as such. These techniques seem to me to be more like corollaries of the aesthetic, natural ways of working which follow from these basics.

There may well be a clue here about how come SF gets such short shrift from those accustomed to a more classical/traditional way of working. In the same way that Monet and Matisse were laughed at by the Parisian art audience, so SF is seen as a bit of a joke by those used to valuing length and depth. It may well be this total shift to a new paradigm that got me interested back in 1993 and has kept me at it for all the years since. For a new way of things to be more elegant is precious enough. For the new way to be more efficient as well is truly extraordinary. If SF delivers brief, respectful, humane treatment and progress at work, at school, in the hospital and the therapy room, then that's worth nearly 30 years of my life.

References

- Berne, E. (1958). Transactional Analysis: A New and Effective Method of Group Therapy. *The American Journal of Psychotherapy*. Vol 12 No 4. pp 735-743.
- BRIEF. (2019). *One thing after another?* Retrieved from <https://www.brief.org.uk/resources/faq/one-thing-after-another>
- de Shazer, S. (1994). *Words Were Originally Magic*. New York: WW Norton
- de Shazer, S. (1997). Commentary: Radical acceptance. *Families, Systems, & Health*, 15(4), 375-378. <http://dx.doi.org/10.1037/h0090136>
- Dolan, Y. M. (1991). Resolving sexual abuse: Solution-focused therapy and Ericksonian hypnosis for adult survivors. New York, NY, US: W W Norton & Co.
- Henden, J. (2008). *Preventing Suicide: The Solution Focused Approach*. Chichester UK: Wiley
- Hoyt, M. F. (2001). On the importance of keeping it simple and taking the client seriously: A conversation with Steve de Shazer and John Weakland. In M. F. Hoyt (editor), *Conversations with Brief Therapy Experts*, Routledge. Retrieved from http://web.uvic.ca/psyc/bavelas/De%20Shazer_Weakland%20interview.pdf
- Hume, D. (1987). *Essays Moral, Political, Literary*. Indianapolis: Literary Fund
- International Coach Federation. (2019). *Definition of coaching*. Retrieved from <https://coachfederation.org/about>
- Iveson, C. and McKergow, M. (2016). Brief Therapy: Focused Description Development. *Journal of Solution-Focused Brief Therapy*, Vol 2, No 1, pp 1 - 17
- Jackson, P.Z. and McKergow, M. (2002). *The Solutions Focus*. London: Nicholas Brealey Publishing (2nd revised edition 2007)
- Korman, H. (2009). Personal communication.
- Lexico.com. (2019). *Aesthetic*. Retrieved from <https://www.lexico.com/en/definicion/aesthetic>

McKergow, M. (2019), *Stretching The World: A friendly explanation of SF practice*. Chapter in *Solution Focused Practice Around The World*, edited by Kirsten Dierolf, to be published by Taylor and Francis 2019.

McKergow, M.W. and Korman, H. (2009). Inbetween - neither inside nor outside: The radical simplicity of Solution-Focused Brief Therapy. *Journal of Systemic Therapies* Vol 28 No 2 pp 34 - 49

Rose. S. P. R. (1997). *Lifelines: Life beyond the gene*. New York: Oxford University Press
Samu, M. (2004). "Impressionism: Art and Modernity." In *Heilbrunn Timeline of Art History*. New York: The Metropolitan Museum of Art, 2000-. Retrieved from https://www.metmuseum.org/toah/hd/imml/hd_imml.htm

Segal, L. (1991). Brief therapy: The MRI approach. In A. S. Gurman & D. P. Kniskern (Eds.), *Handbook of family therapy*, Vol. 2, pp. 171-199). Philadelphia, PA, US: Brunner/Mazel.

Tate Gallery. (2019). *Impressionism*. Retrieved from <https://www.tate.org.uk/art/art-terms/i/impressionism>

Waldrop, M. (1993). *Complexity: The Emerging Science at the Edge of Order and Chaos*. New York: Pocket Books.

Wampold, B. E. (2001). *The Great Psychotherapy Debate: Models, Methods, and Findings*. New York: Routledge

Watzlawick, P. and Weakland J. (eds). (1977). *The Interactional View: studies at the Mental Research Institute, Palo Alto, 1965-1974*. New York: WW Norton