From Wittgenstein, Complexity, and Narrative Emergence:
Discourse and Solution-Focused Brief Therapy[1]

Gale Miller
Department of Social and Cultural Sciences
Marquette University
Milwaukee, WI USA
gale.miller@marquette.edu

and

Mark McKergow
The Centre for Solutions Focus at Work
26 Christchurch Road
Cheltenham GL50 2PL
United Kingdom
mark@sfwork.com

> *A living language is in a state far from equilibrium. It changes, it is in contact with other languages, it is abused and transformed. This does not mean that meaning is a random or arbitrary process. It means that **meaning** is a local phenomenon, valid in a certain frame of time and space…. Above all, language is a system in which individual words do not have significance on their own. Meaning is only generated when individual words are caught in the play of the system (Cilliers 1998, p. 124)*

Solution-focused brief therapy interactions are designed to facilitate change by assisting clients in clarifying how they would like their lives to be different, inviting new descriptions of what is possible in clients' lives, and by identifying resources that clients might use in changing their lives. There is a sense, then, in which change is talked into being' (Heritage 1984a) in solution-focused brief therapy interactions. This is not to say that change is an illusion or fiction that is unrelated to the practical events and relationships of clients' lives. It is, rather, to say that solution-focused brief therapy interactions provide clients with resources for seeing and acting on possibilities for change that are already, to some degree, present in their lives. Change in solution-focused brief therapy is a co-construction involving clients, therapists and others' in clients' lives. Put differently, change happens in social interactions occurring within therapy sessions and in clients' nontherapy lives. It is a social construction because change involves formulating and applying new orientations to self, others, and the future.

Solution-focused brief therapy was initially developed by a group of therapists and academics associated with the Brief Family Therapy Center (Milwaukee, WI, USA) in the 1980's and 90's. It emerged within a practical clinical context concerned with fostering effective and efficient change in the lives of a socially diverse population of clients (Miller 1997). The precursor to the approach was a variant on of strategic therapy (de Shazer 1982) and, later, it evolved into contemporary solution-focused brief therapy (de Shazer 1988, 1991). The history of solution-focused brief therapy is a process of moving from a systemic perspective to a discursive orientation emphasizing how problems and solutions are organized within clients' use

of language. These changes were accompanied by evolving descriptions of observable interactional processes in therapy (Miller 1997, 2001).

The discursive emphases of solution-focused brief therapy became clear with the ascension of a Wittgensteinian (1958) perspective as the dominant descriptive language of the early solution-focused brief therapists (de Shazer 1988, 1991).   They drew upon Wittgenstein in developing an interpretive framework for giving language to practice (Mattingly and Fleming 1994), that is, for seeing and talking about the otherwise unnoticed aspects of their interactions with clients.   The therapists' interest in discourse went beyond the questions and other 'techniques' that are often associated with solution-focused brief therapy. They also included the 'philosophy' of solution-focused brief therapy, which consists of the assumptions and concerns that organize solution-focused brief therapy interactions.

We explore the philosophy and practice of solution-focused brief therapy in this essay. First, we discuss discursive themes at the center of solution-focused brief therapists' conversations about their practices and relationships with clients. These conversations have implications for how solution-focused brief therapy is conceptualized in empirical studies. Our second purpose involves extending the conceptual reach of commentaries on solution-focused brief therapy and empirical studies of it by developing connections to complexity theory.

Complexity theory is concerned with the organization and operations of complex systems, which are defined by their ability to transform unstructured beginnings into new and more complex patterns of relationship (Cilliers 1998, Merry 1995, Stacey 2000, Waldrop 1992). Complex systems are said to be self-organizing because they have the capacity to adapt to unanticipated events and uncertain environments by transforming themselves (Griffin 2002, Shaw 2002).   Thus, complex systems are sites of synergistic change that emerges as aspects of

systems react to one another to produce new system relationships and possibilities. One such site consists of persons' uses of language within social interaction to produce new and unpredicted meanings and orientations to social reality. This is, of course, the focus of discursive therapies and of discursively-oriented studies of therapy.

> For discursive therapists, the therapeutic conversation is where and how change happens … When clients' presenting problems and solutions can be seen as discursively related to how they are regarded and talked about, therapy can be helpful insofar as it helps us put words to the inarticulable. However, it also can be helpful should it: dis-solve a concern …; generatively challenge our assumptions and introduce new perspectives, prompt aha's where we find our own solutions; or inspire us to look beyond our normal cognitive horizons. Thus, discursive therapy sees change occurring in the back and forth of communicative interaction. (Strong and Lock 2005, p. 589)

We see complexity theory as a useful framework for describing solution-focused brief therapy practices and their implications for clients' lives. It is a standpoint for exploring the assumptions and practices of solution-focused brief therapy practitioners, and for refocusing conversations about solution-focused brief therapy on the future. Complexity theory also has implications for the kinds of questions that discursively-oriented researchers ask about solution-focused brief therapy, and what they treat as relevant data for their discursive analyses of it.

A major emphasis running through this essay is 'narrative emergence'. We use this term to call attention to several interrelated aspects of solution-focused brief therapy as a distinctive form of discursive therapy and complex system. The concerns include recognition that while the future is unknowable, it is an ever present possibility in the present. We continuously create and discover the future by engaging in self-organizing activities (particularly social interactions) that

are, at least partly, improvised, and potentially transformative.   Thus, the narratives emergent in our everyday lives are always under construction. They exist in our ongoing 'work' to make sense of and manage the exigencies of life. We take up these issues later in the essay. But, first, we turn to a Wittgensteinian understanding of solution-focused brief therapy.

A Wittgensteinian Understanding

Aspects of the discursive approach to therapy abound in the evolution of solution-focused brief therapy.   For example, the therapy practices developed by early solution-focused brief therapists emphasized how talk and social interaction are practical activities having consequences for persons' lives. The therapists treated solution-building in therapy as an interactional accomplishment that involved both clients and therapists.   The therapists asked questions that were designed to help clients describe their past and present lives in new ways, and to articulate clear images of what their future lives will look like. Further, clients were cast as the ultimate authorities in determining the focus and goals of their therapy interactions. Therapists and clients initiated change by constructing circumstances that justified clients' saying that they knew how to go on with changing their lives (Wittgenstein 1958, #'s 154-155).

Problems and Solutions as Language Games

A major move in solution-focused brief therapists' discursive turn was their use of Wittgenstein's concept of language game to differentiate between problems and solutions as forms of talk and orientations to life (de Shazer 1988, 1991).   Language games are socially shared uses of verbal and nonverbal language that organize social settings, relationships and interactions as kinds of events (Wittgenstein 1958). Wittgenstein uses this metaphor to call

attention to the game-like organization of such mundane human activities as telling jokes, expressing and accepting sympathy and reporting on events (Gill 1996). But he also uses it in discussing the social contexts in which people tell jokes, express and accept sympathy, report on events and otherwise use language to achieve their practical ends.

These aspects of language games are inextricably interconnected for Wittgenstein and solution-focused brief therapists. For example, what counts as a funny joke, credible expression of sympathy, or adequate report varies from one social context to another. But, at the same time, we distinguish between different kinds of social contexts by observing and interpreting people's activities within social interaction. We 'see' social contexts by noticing what kinds of jokes people laugh and don't laugh at, how they express and accept sympathy, and how they describe their experiences in the world. It is in the interplay between persons' concrete uses of language and the contexts that frame their interactions that meanings emerge, including people's senses of themselves as competent members of society, and of how their lives generally fit with the worlds in which they live. Hence, language games are homes for words and meanings (Pitkin 1972).

Solution-focused brief therapists treat problems and solutions as different ways of talking about how the events of clients' lives fit or do not fit with clients' preferred ways of life. The problems language game emphasizes what is out of sync in clients' lives, the ongoing negative consequences of their problems (including clients' fears, anxieties, and frustrations with their circumstances), and often on what might have caused clients' lives to go awry. Social interactions focused on such issues are contexts for selectively describing life as beyond clients' control. It is a language game of restricted personal agency and continuing disappointment, failure or worry. Therapy extends such talk by classifying clients' problems, and using problem categories to define clients' selves and life trajectories.

The solutions language game emphasizes clients' competencies, agency, and past successes in managing their lives. Solution-focused interactions orient to the future by treating clients' strengths and abilities as springboards for constructing new and better lives. Concern for identifying the causes of persons' problems and classifying the problems within diagnostic categories are replaced by questions about how clients are able to get by despite their problems, the times when clients' problems are less severe, and how clients will know that their lives have gotten a little bit better.   Such topics are central to selective description in solution-focused brief therapy. These therapists draw upon the client depictions of themselves and their lives in developing parting messages that many solution-focused brief therapists give to clients at the end of therapy sessions.   The messages consist of compliments and perhaps suggestions that clients might think about or do between therapy sessions. The messages are designed to link therapy with clients' nontherapy lives, thereby facilitating between session changes.

The idea that problems and solutions are language games has profound implications for therapists' orientations to therapy. It shifts attention away from such questions as, 'Does this client really suffer from a significant problem?', 'What kind of problem are we dealing with?', and 'What can I do to solve the client's problem?' Rather, the issues of concern center in clients' use of language, particularly how therapists might help clients to leave problem talk and enter the discourse of solutions. This shift involves more than getting clients to use different words, because the logics of the problems and solutions language games are fundamentally different. Language games are homes for meaning because they are contexts of inference (Pitkin 1972, Sacks 1992, Wittgenstein1958).   As Levinson (1983) explains,

> understanding an utterance involves a great deal more than knowing the meanings of
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> words uttered and the grammatical relations between them. Above all, understanding an

utterance involves the making of *inferences* that will connect what is said to what is mutually assumed or what has been said before. (Levinson 1983, p. 21)

In participating in problem- and solution-focused language games, then, we learn to make connections between issues and events that are spoken about and those that are left unsaid. The simultaneous processes of talk and interpretation that organize therapy form conditions of possibility for constructing accounts that assign coherence and direction to clients' lives.

Solution-Focused Brief Therapy as an Interactional Event

The idea that problems and solutions are language games lends itself to a variety of discursive strategies of observation, description, and analysis. Three popular and related strategies are conversation, rhetorical and narrative analyses. Each of them highlights aspects of solution-focused brief therapy sessions as interactional events. We use the term *interactional event* to stress how solution-focused brief and other therapy interactions are discrete, bounded, and socially recognized interactions that take place in identifiable times and places. While the interactions may orient to the past and project future lives for clients, they are organized around beginnings and endings with a limited array of activities occurring in between.

Conversational, rhetorical, and narrative approaches to solution-focused brief therapy emphasize how the problems and solutions language games are interactionally organized, the 'moves' available to 'players' (clients, therapists and other participants) within the language games and the storylines that the 'players' interactionally construct. Conversation analysis is designed to expose the machinery of social interactions (Sacks 1992), particularly the sequential or turn-taking organization of interactions, the interpretive methods used by participants in the

interactions, and the inferences that they express in interaction. The machinery of social interaction forms a platform for the construction of therapy and other social realities.

For example, conversation analysts discuss how solution-focused brief therapists ask optimistic questions that call for answers describing clients' strengths, abilities, and successes (MacMartin 2008), express formulations that summarize and reframe selected aspects of clients' remarks (Bavelas et al 2000, Gale and Newfield 1992), and offer candidate answers to these questions (Gale 1991). We have observed a variety of other interactional moves by solution-focused therapists, including change-of-state tokens (Heritage 1984b) that mark clients' statements as significant and impressive (such as responding to clients' reports with 'Wow!'), and perspective display sequences (Maynard 1992) that begin with the therapists asking for clients' perspectives on an issue and then either asking for further elaboration or offering their own interpretations of the issue. Solution-focused brief therapists also use extreme case formulations (Pomerantz 1986) to highlight the extraordinary nature of clients' reports (e.g. 'So, this is a really big change for you?'), and in asking scaling and related questions (e.g. 'Think about a scale from 1-10. One is the worst that your life could possibly be and 10 is the day after your miracle happens, where are you on that scale right now?').

Solution-focused brief therapists' uses of language are also rhetorical moves. They are devices of persuasion that justify therapists' preference for interpreting clients' lives in solution-focused ways. So viewed, therapy interactions are micro-political processes in which therapists and clients negotiate the practical meaning of their relationship, the focus of each therapy session, and what needs to happen in order for the clients to say that therapy was helpful (Roy-Chowdbury 2006, Miller 1986). The conversational moves discussed above are, then, resources that solution-focused brief therapists selectively use to convince clients that their problems are

not intractable, and that change is possible. Change-of-state tokens—such as 'wow'—are particularly interesting since they suggest that clients have reported something that has significantly impressed or otherwise altered their therapists' understanding of the issues at hand (Heritage 1984b). Of course, researchers might also consider how clients' answers are persuasive moves within this language game.

Another useful rhetorical approach involves analyzing the structure of problems as forms of argumentation, and how solution-focused interactions undercut them. A useful starting point is Emerson's (1981) analysis of last resorts as arguments that cast problems as intractable and justifying extreme responses to them as well as feelings of despair and hopelessness (Järvinen and Miller forthcoming). Solution-focused interactions undercut last resort arguments by inviting clients to reflect on and describe the times when their problems have not been so overwhelming, the larger implications of making small changes in their lives, and how clients keep going despite their problems. Therapists' parting messages further amplify these themes.

The rhetorical processes embedded in solution-focused brief therapy interactions are also sources for constructing new narratives of self and life for clients (Miller 1997). While they are seldom fully developed as new life stories, these interactions unfold as storylines about clients as strong, intelligent, loving and resourceful people who live in social environments that offer some level of resources that clients might use in changing their lives. Solution-focused brief therapy storylines also include depictions of the times when clients have used their personal agency to address problems, when clients' problems were not so severe, and what clients' lives will look like after a miracle happens. Narrative themes in solution-focused brief therapy might be analyzed as alternatives to the chaotic, tragic, and disempowering storylines of the problems

language game (Frank 1995, Miller and de Shazer 1991). Solution-focused brief therapists treat clients' depictions of their lives as 'evidence' justifying solution-focused storylines.

There are a variety of narrative perspectives available to researchers in explicating how solution-building is a form of story-telling. For example, interesting analyses might focus on the tropes used by therapists and clients to construct dramatic plots (White 1978), the embodied performance aspects of therapy interactions (Langellier and Peterson 2004), and how therapists and clients negotiate narrative paradigms for clients' lives (Roth 1989). We believe that a particularly useful approach is Burke's (1969) dramatistic perspective, which blends concern for narratives with attention to the importance of inference in telling convincing stories.   Of special note is his claim that speakers and listeners orient to events, issues, and feelings as dramas involving characters, scenes, agents, forms of agency, and purposes. Burke's perspective suggests that effective narratives do not need to be expressed as full-fledged stories, a partially developed storyline is a sufficient invitation to listeners to elaborate it on their own.

Taken together, conversation, rhetorical and narrative analyses describe how solution-focused brief therapists and clients co-construct emergent narratives. The narratives emerge in their persuasive talk and stories about clients' strengths and abilities, past successes in problem solving, why it is reasonable to assume that clients' lives will change in the future. Narrative emergence is also facilitated by clients' depictions of how change might place in their lives and what the change will look like. We next turn to how this understanding of solution-focused brief therapy might be extended and even transformed within complexity theory.

A Complexity Perspective

Complexity, by that name and as an explicit topic of interest, has been a part of the intellectual landscape since the 1980s (Cilliers 1998, Merry 1995), particularly with the publication of Waldrop's *Complexity: The Emerging Science at the Edge of Order and Chaos* (1992). Interest spread rapidly into diverse fields, including biochemistry and physics, economics, computational science, sociology, political science, ecology, and management studies (Cilliers 2005, Gell-Mann 1994, McKergow 1996, Jantsch 1980, Lewin 1992, Ormerod 1998, Stacey 2007, Stein 1989). To define a complex system is not easy because these systems do not behave in the familiar manner of conventional thinking and analysis. This is why we begin by defining what complex systems are not, and then turn to how complexity theory is useful in understanding diverse conversations, including solution-focused interactions.

Complex systems need not be complicated. Complicated systems often appear to be complex because they consist of many specialized parts that are connected in linear relationships. The parts are, to varying degrees, dependent on each other for their proper functioning and designed to operate in recurring ways (Cilliers 1998). Thus, they lack the ability to learn or innovate. An example is the automobile, which is designed to accomplish a limited number of predictable actions. Indeed, unpredictability in complicated systems is a sign of trouble because system parts are linked together linearly. This makes it possible for us to describe them in the language of causality. If a car does not start and makes a particular kind of noise when we turn the ignition key, then we can say that the problem is probably caused by X, Y, or Z. Further, complicated-linear systems may be analytically parsed and represented as texts, pictures, formulas, or stories. For example, the circuit diagram of the car's electrical system will show all that is needed in order to use, build, and change it.

Aspects of Complex Systems

Complex systems usually include many interacting elements. The relationships among the elements often appear to be simple, but the multiple, self-referential, and rich nature of the interactions leads to behavior that is both sensitive to small disturbances and yet robust to large infractions (Cilliers 1998). This robustness means it is very hard to 'break' or destroy a complex system, in contrast to a complicated one. It is ironic that many of us are reluctant to diagnose or repair problems with our cars, but we have no such hesitation about engaging in wide ranging conversations involving quite different speaker and listener positions, emergent rules about our own and others' behavior, and unpredictable topics. Our typical orientation to conversation points to most people's competence at these complex, spontaneous, self-organizing interactional events. Thus, a complexity perspective on therapy calls attention to clients'—often unnoticed— conversational skills and knowledge.

A focus on complexity also points to the potential unpredictability of social interaction and of the ever present possibilities for change within them. Complex systems adapt, evolve, and may transform themselves in seemingly spontaneous ways as their elements interact with one another and with their environments. The interactions are 'rich' in the sense that they may convey multiple forms of information and meanings through various interactional means, all of which have potentially far-reaching implications for system operations and for the relationships among system elements and their environments. Consider, for example, the range and amount of information that is constructed and conveyed through verbal and nonverbal means in a dinner party interactions among friends, a metaphor introduced by Stacey (2000).

The information and meanings produced in complex system interactions are amplified, damped, and otherwise adjusted as the system elements process received information and

meanings, and respond to one another. Put differently, the processes that organize particular complex systems feedback onto themselves, thereby creating conditions of possibility for the transformation of the systems. The future in complex systems emerges in ways that are neither pre-determined nor random. In the case of conversation, these feedback processes involve conversationalists' ongoing interpretations of their own and others' verbal and nonverbal actions, and adjustment of their subsequent actions in light of the interpretations. Thus, complexity and learning are built into the very act of social interaction. Stacey (2007) refers to this as 'complex responsive processes', stressing that all acts of conversation are taken in response to what has gone before and that the emergence of whatever order appears is a result of local conversational interaction between people.

Complex systems are open systems. They are so intermeshed with their environments that it is difficult—often impossible—to draw clear boundaries between the systems and their environments. Complex systems do not simply interact with their environments; they actively construct relevant environments and system-environment relations as they respond to diverse situations. Following Goodman (1978), we treat this aspect of social interaction as a world-making activity, meaning that people interactionally construct the environments to which their conversations orient. But, as Derrida (2004) points out, conversations are not built in isolation from events occurring 'outside' of the conversations. The meanings constructed in ongoing interactions include traces of other interactions that are reconstituted in the ongoing interactions. Derrida (2004, p. 23) explains,

> Whether in written or in spoken discourse, no element can function as a sign without relating to another element which itself is not simply present. This linkage means that each 'element'… is constituted with reference to the trace in it of the other elements of

the sequence or system. This linkage, this weaving, is the text, which is produced only through the transformation of another text.

One implication that might be developed from Derrida's analysis is that narratives emergent in social interaction may simultaneously transform the past and orient to possible futures that are otherwise unknowable. Further, the outcomes of the self-organizing processes of complex systems are not analyzable using currently available or indeed conceivable analytic methods (Richardson, Cilliers and Lissack 2007). While particular models and explanations of complex systems may be useful in representing some aspects of complex systems, they end up oversimplifying the interactional processes that make complex systems complex. Abstract models and explanations cannot anticipate how complex systems might innovate and may transform themselves – complex systems are said to be 'incompressible', and any summary or description will be incomplete, and will differ from the original in further unanalyzable ways.

This is not to say that attempts at representation are without merit. As Cilliers (1998) recommends, the complexity that defines complex systems is most usefully addressed by developing diverse descriptions of complex systems operating at particular times and in particular places. He states that such descriptions can be compared, contrasted, and combined to develop multiple understandings of complex processes that are otherwise highly resistant to representation. This descriptive approach to complexity systems is a way of recognizing that all ways of knowing are partial and incomplete. They obscure even as they reveal.

Finally, aspects of complexity theory resonate postmodernist activism. For example, both orientations to social life reject the pursuit of foundational, essentialist, and universal truths about people, social conditions, and knowledge. Rather, they focus on the diverse and shifting local contexts in which relative truths emerge and are applied. They also recognize that the

application of socially constructed truths fosters potentially far-reaching changes by creating new and unpredictable contexts of action and meaning. Creating such conditions for change is a major focus of the 'intervention' strategies of affirmative activist postmodernists (Rosenau 1992). Affirmative activist postmodernism consists of a cluster of diverse optimistic, participative, and grass-roots orientations to social change. Affirmative activists use multiple discourses to generate diverse perspectives on seemingly settled realities, including narratives that might appear to belie their ideological interests (See, for example, Throgmorton 1996).

This is how affirmative postmodern activists embrace the ongoing 'politics of life,' which they treat as preferable to searching for emancipating solutions and cures to social problems (Rosenau 1992). The latter orientation is a defining feature of modernist approaches to change (Rosenau 1992). Cilliers (1998) depicts this orientation as accepting and cooperating with the complex, self-organizing processes that organize life in contemporary societies. The same language might be applied to the philosophy and practices of solution-focused brief therapy. Thus, the nexus of complexity theory and affirmative postmodernism forms a useful standpoint for reconsidering how solution-focused brief therapy is a discursive therapy.

Complexity in Solution-Focused Brief Therapy

Complexity theory and affirmative postmodernism are interpretive frameworks for understanding solution-focused brief therapy as a distinctive orientation to change. We have noted that solution-focused brief therapists reject diagnostic approaches to problems and the related assumption that problems classified in the same categories call for the same remedies. They state that diagnostic approaches over look the uniqueness of each client's life circumstances and marginalize clients' differing desires for the future. Looked at from the

standpoints of complexity theory and affirmative postmodernism, solution-focused brief therapists' disinterest in diagnosis is an acknowledgement of the impossibility of reducing complex processes to therapy categories and a way of embracing the shifting politics of life.

We also see an affinity between complexity theory and solution-focused brief therapy in their shared emphasis on description as a world-making activity (Goodman 1978). Specifically solution-focused brief therapists treat their clients' solution-oriented descriptions as sources of change because they are alternative standpoints for engaging the shifting, non-linear complexities of life. It is significant that this approach to change does not involve developing systematic plans for transforming clients into new kinds of people. Rather, it consists of developing ideas about how clients might participate in their lives in new ways. The idea of participation, rather than intervention, is key. It recasts watching for times when one's problems are less severe, or absent and for signs that one's miracle might be happening as ways of engaging in life. Indeed, therapists participate along with clients in co-creating new significance and vitality to clients' life experiences. The focus on therapy as participation also displaces claims that therapists possess some kind of better or superior view on clients' lives.

This is how world-making is done in solution-focused brief therapy. It is an interactional process. The solution-focused approach to change stands in contrast to more mentalistic and biologically-oriented strategies, which emphasize how therapy interactions are occasions for assessing the underlying thoughts, emotions, beliefs, or urges that direct clients' perceptions and actions (Miller, de Shazer and De Jong 2002). Consistent with Lyotard's (1989) analysis of *The Postmodern Condition*, solution-focused brief therapists treat clients' talk as orientations to self, others, and the possibilities of their lives. Thus, change is an interactional process of refocusing clients' participation in the social relationships, communication networks, and language games

of their everyday lives. It is organized within the emergent narratives constructed by therapists

and clients inside and outside of therapy sessions.

Stacey (2007) discusses the difference between conversations which remain trapped in

reproducing the same patterns of talk, and those which may foster the emergence of new

knowledge. Following Shotter (1993) and Shaw (2002), Stacey (2007) is clear that:

> the thematic patterning of conversation is iterated over time as both repetition and
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> potential transformation at the same time. However, this potential need not always be
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> realized. …Change can only emerge in fluid forms of conversation. However, it is
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> important to understand that fluid conversation is not some pure form of polar opposition
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> to repetition. (Stacey 2007, pp 283-284)

This gives expression to the idea that no special kind of language is necessary for the

emergence of new knowledge. Rather, the fluidity, spontaneity, and 'good enough holding of

anxiety' of the conversational interaction itself (Stacey 2007 p 285) seem important in

encouraging potentially transforming themes. The deliberate utilization of the clients' everyday

language in solution-focused brief therapy and the conversational focus on small details, as will

be seen from the case study below, show how this emergence of knowledge is encouraged

without every referring to it in such terms.

Solution-focused brief therapists' interest in initiating change through small and often

provisional steps is also consistent with complexity theorists' appreciation of modest depictions

of social realities (Cilliers 2005). Modest proposals acknowledge and accept the limitations of

our understandings of and control over the complex processes of life. They also orient to the

unpredictability and transformative potential that are built into complex interactional processes.

McKergow and Korman (2009) explain that the interactional emergence of modest proposals in

solution-focused brief therapy occurs 'inbetween' – neither inside (stemming from inner drivers, urges, motivations or other mentalistic explanatory mechanisms) nor outside (determined by external systems, narratives or other mechanisms).

The intersecting assumptions and concerns of solution-focused brief therapy and complexity theory suggest how complexity theory and affirmative postmodernism might be used to put new language to therapists' and clients' practices. Complexity theory is a standpoint for organizing discursive analysts' studies of solution-focused brief therapy sessions as interactional events. For example, the concept of complexity is a possible point of departure for examining the claim that change in solution-focused brief therapy involves a language game shift from problems talk to solutions talk. This claim justifies therapists' recurring use of particular questions and other techniques in interacting with clients. It also glosses the complexity of these different, but not fully separate, orientations to language and social reality. Specifically, complexity theory sensitizes us to the diversity of potential meanings that are available within particular interactional events. They also implicitly challenge therapists and researchers to attend to the presence of both types of meanings in therapy interactions, including how therapists' recurring use of so-called solutions-focused techniques might undermine the development of potentially useful insights about clients' problem talk.

Complexity theory extends analyses of therapy sessions as interactional events by stressing the unpredictable and improvisational aspects of social interaction, particularly how small shifts in conversation may have transformative implications for conversationalists' understandings of what has already been said and what needs to be said next. This is one way in which inferences and meanings emerge in self-organizing interactions. It also points to how Derrida's (2004) analysis of traces might be applied to ongoing therapy interactions. The

interactions include traces of other events and interactions but also orient to what has already occurred within the present interactional event and perhaps to what the conversationalists assume is likely to be said later in the interactions. This has been described by solution-focused practitioners as 'possibilities from past, present and future' (Jackson and McKergow, 2007).

Complexity theory also has implications for rhetorical studies of solution-focused interactions. Perhaps most significant are the possible implications of complexity theorists' emphasis on description as a process of change. They explain that while we cannot fully grasp or represent complex processes, it is still useful to develop partial and selective descriptions (modest proposals) that may provide insights into otherwise unnoticed aspects of the processes. As socially constructed realities in therapy, such descriptions are potentially transformative because they invite clients to imaginatively experience change as an alternative reality for their lives. The modest proposals emergent in clients' descriptions of their possible new lives may be self-justifying, because they may be interpreted by clients as good reasons for embracing change.

For us, the most important implication of complexity theory for narrative analysis of solution-focused brief therapy involves the seemingly underdeveloped nature of narrative construction in these interactions. We have stated that narratives emergent in solution-focused brief therapy are best characterized as storylines rather than as full-fledged restoryings of clients' lives. Viewed as aspects of complex processes, the storylines are modest proposals. They are organizing themes that clients and therapists might use to create comprehensive stories that assign coherence to clients' lives. It is significant, then, that such elaboration occurs so seldom in solution-focused brief therapy interactions. It appears that clients may 'try out' these provisionally constructed storylines in between therapy sessions, allowing a fit to develop between their life experiences, and the reworked storylines in the same way as a new pair of

shoes might feel a little strange at first and become more comfortable with repeated wear – which is not to say the shoes did not fit in the first place. Analysts might draw upon Burke's (1969) dramatistic framework in exploring this aspect of solution-focused brief therapy.

We see narrative emergence in solution-focused brief therapy working within the open and indeterminate processes of complex systems. Whether intended or not, the construction of storylines is a way of forestalling premature understandings that might make other potentially useful and transformative constructions unavailable to clients as they decide how to go on. This practice fits with the idea that we discover the unknowable future by engaging it. The practice also fits with affirmative postmodernists' definition of changes as continuing effort.

While complexity theory complements aspects of discourse analytic perspectives, it is also a framework for asking questions about their limitations. We believe that an important limitation of most conversational, rhetorical, and narrative approaches to social interaction is their overwhelming concern for the present. This focus might be interpreted in several ways. For example, it might be understood as suggesting that past practices are useful predictors of the future, a claim that is often but not always true. Another interpretation is that discursive analysts' emphasis on the past is an implicit acknowledgement that the future is unknowable. This claim is also often but not always true. Complexity theory reminds us of a third truth, which is that the future emerges within past and present interactions. It is an emergent narrative because the future is an ever present possibility in the past and present, an open set of emerging and continually transforming narratives always under construction. Complexity theory is a rubric for engaging this possibility in solution-focused interactions. Complexity theory represents one form of mindfulness about the future possibilities that pervade our lives and depictions of social reality. Adam (1995, p. 174) explains that such mindfulness involves

explicit cognizance of the future, not the prediction of the future, a regard for the future which takes responsibility for potential outcomes of present actions and incorporates this into present plans and decisions.

We continue our emergent narrative in the next section by discussing a case example,

A Case Example

This is the second meeting of the therapist and client. The client is a middle-aged white woman whose initial complaints emphasized her uncertainties about her employment status and dissatisfaction with aspects of her work relationships. She also voiced concerns about some aspects of her family life. The session is divided into the interview, which a therapy team observes from an adjoining room, a break when the therapist joins her team to construct a parting message, and the delivery of the parting message to the client. The therapist framed the parting message as a report and request from the team. The message is a selective depiction of the clients' answers in the interview that rhetorically justifies a modest solution-oriented storyline of client agency, competence, and success in creating noteworthy changes in her life.

Specifically, the therapist stated that the team was impressed with the client's clarity in describing what she wants to be different and what she has already done to improve her life. They also stress the client's personal strengths and her flexibility in managing problems in the past. The therapist continued by stating, 'The thing that most impressed us is that you've already figured out how not to be everyone's answer, and you started doing that. You call them small ways but we thought that they were pretty big ways.' She concludes by explaining that the team is confused and wants to know more about how and when the client delegates tasks to others at

work and home, and a request that the client take some time before her next therapy session to 'think about that process, how you figure out how and when to do it and stuff like that.'

The parting message draws on aspects of the interview but it does not describe its contingencies, particularly how the client and therapist negotiated the focus of their therapy conversation. In looking closely at their negotiations we see how solution-focused brief therapy is an emergent micro-political process in which therapists and clients work at building practical orientations to clients' circumstances. It is also significant that solution-focused brief therapists, who have a clear interest in focusing the interactions on solutions talk, only rarely make this interest a condition for continuing therapy. Rather, they use questions and assessments to signal their interest in solution-oriented talk. The therapists display their assessments of clients' answers as promising by inviting elaboration, whereas they respond to client answers deemed unpromising by asking new questions that call for new lines of talk or by waiting for a more promising line to emerge in clients' depictions of themselves and their lives.

We see such negotiation at the outset of this session when the therapist asks, 'So, what's better since last time?' This optimistic question announces the therapist's interest in talking about solutions but the client responds by describing several recent incidents that suggest that her job is at risk. The client's account includes an instance of reported speech in which she quotes a brief interaction with a coworker about their supervisors' discussion of possibly finding a replacement for the client. The therapist then asks how the incidents have been helpful to the client who replies that they have not been helpful. The therapist follows with, 'Ok. Let me ask you another question then. What would be most helpful for us to talk about here today that would help kind of get things going in the right direction as far as what, what do you want to accomplish here?' The therapist's initial question explicitly invites the client to change the topic

under discussion, while the 'Ok' may be heard as a marker indicating that the prior topic is completed and as a justification for a raising new topic.

The therapist's subsequent questions continue to express her interest in talking about change. But the client responds by stating that her boss says that she is 'suffering from a major depression', and she wonders if they should be talking about why she is suffering this illness. The client's answers foster further negotiation about the topical focus of the interview. This line of interaction fills the first 20% of the session with the therapist continuing to respond to the client's expressions of concern for the causes of her seeming depression with questions that address the therapist's 'need to know just a little bit to be able to take the next step.' The interaction takes a significant turn in the following exchange that began when the client stated that she once thought that she understood 'what makes me work the way I am,' but not anymore. The designation of [] represents overlapping talk and ↑ represents rising intonation. These and other markings are intended to convey the measured—even thoughtful—pace of the interaction, and how the therapist used her voice to highlight some client statements.

Therapist: Ok, when you thought you did [pause]

 Client: [Hmhm, ok]

Therapist: have a clear understanding. Ok, what kinds of things were you?

Client: Well, I always thought of myself (pause) as a (pause) pretty strong person. Um, (pause) could handle (pause) pretty much anything that came my way.

Therapist: Uh, huh.

Client: (pause) Um, (pause) I had moments (pause) but I hid, I hid those moments from people. So, [no one knew]

Therapist: [You had moments] of?

Client: Well, (pause) they were, (pause) uh, I was not as strong as I thought I was, but I hid them away so no one would know. (pause) No one would see me blah. (pause) Um, (pause)

Therapist: How did you get yourself through those moments to get back (pause) to the (pause) strong person that could (pause) do whatever she wanted?

Client: Just turn it off?

Therapist: It worked? ↑

Client: Yeah. (pause)

Therapist: Ok, (pause) simple as that? ↑

Client: Yeah. (pause)

Therapist: Ok. (pause)

Client: [I don't know.]

Therapist: [So, you're an expert] at it. (pause)

Client: (laughs) I guess, (pause) I don't know, (pause) I can't just, (pause) I mean (sighs), I can go, like people are just baffled, I hear at work, that I, (pause) that anything being wrong with me like this.

We next discuss some of the complex discursive processes at work in this interaction.

Solution-Building as Discursive Processes

This therapy session shows how therapists and clients do interactional work to construct and justify the sorts of optimistic storylines that solution-focused brief therapists call solution-building. It illustrates one way that solution-focused brief therapists and clients negotiate entrance into the solutions language game. We see this shift in the therapist's responses in the

exchange, which begin with a request that the client elaborate on her prior answer. The therapist's 'Uh huh' response is significant because it fills the therapist's interactional turn without explicitly calling for any particular response from the client. Later, the therapist asks more pointed questions, such as 'How did you get yourself through those moments to get back (pause) to the (pause) strong person that could (pause) do whatever she wanted?' This question might be analyzed as an extreme case formulation, one that casts the client as not just strong but as someone who 'could do whatever she wanted.'

This and subsequent therapist questions build a context for the further reformulation of the client as an expert at getting back to being a strong person. The therapist's claim overrides the client's simultaneous statement of 'I don't know', thereby sustaining their focus on the client's agency. Of course, the client is also a significant actor in the interaction. Perhaps her most important contributions are in providing answers that advance the therapist's interest in socially constructing the client as an agent of change . The therapist's questions generally focus on positive aspects of the client's experience – in keeping with the findings of Tomori and Bavelas (2007) who noted this as a key distinction between solution-focused and client-centered therapies (McGee, Del Vento and Bavelas 2005).

This exchange initiated a lengthy interaction about the client's desire to delegate many of her responsibilities at work and home, which might be seen as culminating in the therapist's parting message. This is not to say, however, that their interactional work was done. Rather their work changed as they negotiated what a solution might look like, how the client might take the next step toward change, and even how their shared interaction should proceed. For example, the client responded to the miracle question by stating, 'Can we go about it in another way? I really have trouble with this miracle thing.' The therapist agreed to this condition and asked a

different question.   We also see interactional work in the therapist's response at the end of the interview to the client's restatement of her concern about her job situation.   This client move might be treated as a request to talk about problems and the therapist's response as a way of 'finessing' (i.e., not granting while also not explicitly rejecting) the request.   Initially, the therapist responded to the client's statement with 'Yeah' and replied to the client's elaboration of it with 'Hmhm' and 'Ok.' She also congratulated the client on not letting an administrator at work intimidate her and then announces, 'Ok, ok, that's all…. I'll be back in 5 minutes.'

Solution-Building as Complex Processes

Viewed from a complexity perspective, this session illustrates the value of multiple descriptions. The meaning and salient aspects of the interaction vary depending on observer concerns and descriptive practices. It might, for example, be interpreted as evidence of how work and family systems intersect and organize clients' lives. Even when solution-focused brief therapists choose to ignore this aspect of solution-building, their therapy practices have implications for clients' social systems. This is so because, as we see in this session, one aspect of solution-focused brief therapy involves encouraging changes in how clients relate to others at work and in their families. Alternatively, the session might be interpreted politically and rhetorically as a struggle over who controls the interaction and the meanings (storylines) that are honored within it.   This view challenges solution-focused brief therapists' depiction of therapy as a client-therapist collaboration concerned with moving from problems talk to solutions talk. These interpretations and descriptions of solution-focused brief therapy point to the myriad of issues that might be raised to expand conversations about solution-building as complex processes, while avoiding claims to having captured the essence or full reality of the processes.

A complexity perspective also reminds us to notice how therapists orient to the future possibilities in the clients' talk about their worries, while maintaining the 'good enough holding of anxiety' referred to by Stacey (2007). For example, the therapist's question about how talking about the client's work problems might be useful in helping her move on invites the client to reflect on the future possibilities in her past and present experiences. Mindfulness about the future is particularly evident in the therapist's responses to the client's statement that she was once a 'pretty strong person' who 'could handle pretty much anything.' Further, the therapist's parting message casts the future as unknown but possibly discoverable through a process of figuring out how and when the client delegates tasks 'and stuff like that.'

This session also points to the blurred boundaries between therapy interactions and the encompassing environments of clients' lives. For example, the client's work environment is introduced early in the session through the client's portrayal of her worries about her employment status and of a coworker's depiction of her as possibly depressed. The client's statement is more than a simple report, however. It is an account that was constructed and made to fit within the therapy interaction.   The account oriented to both the client's perceptions of her work world and assumptions about what is relevant in therapy.   The boundary between therapy and the client's work environment is further blurred as the therapist and client talk about how the client has managed to delegate tasks and effectively handle other problems in the past, as well as the actions that she might take to gain greater control over her life.   Finally, the parting message further obscures the therapy environment boundary by asking the client to continue to participate in therapy by observing and thinking about her life outside of therapy.

All of the complex processes discussed here point to how solution-focused brief therapy interactions are self-organizing activities. The therapist and client construct the past, present,

and future as they interactionally respond to each other in predictable and unanticipated ways. It is a concrete instance of narrative emergence in solution-focused brief therapy. The interaction is improvised to the extent that they provisionally 'try out' different orientations to therapy, clients' problems and solution-building, sometimes seeming to settle on a solution-oriented line of talk but, as we see at the end of the session, not necessarily abandoning concern for problems. We also see how traces of prior talk may emerge at virtually any time in solution-focused brief therapy interactions. This brings us back to the affinity between solution-focused brief therapy and affirmative postmodernism. Solution-building is a continuing work project that may take uneven (nonlinear) forms that are not adequately appreciated within accounts of solution-focused brief therapy as movement from one language game to another. Taking the process as one where narratives emerge, are changed and transformed, are 'tried out', adapted, and even discarded provides us with a new view of this practice.

Conclusion

We have discussed a possible future path for talking about solution-focused brief therapy as a discursive therapy. Our overriding concern has been with showing how the limitations of treating solution-focused brief therapy as an interactional event may be overcome by adopting a complexity perspective. The complexity perspective treats the discourse of solution-focused brief therapy as a constellation of complex processes of self-organizing that we call narrative emergence. We see this line of thought and talk as a source for new insights into how solution-focused discourse operates within the larger politics of life in the contemporary world. It is a site for re-examining conventional wisdom about solution-focused brief therapy and for developing new questions that might transform discourse analysts' observations of and theories about it. We

conclude by suggesting how therapists and researchers might use complexity theory to enlarge their conceptualizations of solution-focused brief therapy.

Possible Futures

Complexity theorists emphasize that complex systems are open systems because the boundaries separating the systems from their environments are blurred and easily crossed. We believe that this observation has important implications for understanding the relationship between clients' experiences in therapy and their lives outside of therapy. Connections between these domains of experience are partly observable in therapy sessions when clients and therapists talk about how particular people, relationships, and activities in clients' nontherapy lives might be used to foster change. Solution-focused brief therapists also acknowledge this connection when they talk about the between session changes that clients report in therapy sessions.

But, interestingly, solution-focused brief therapists and researchers know very little about how clients actually address their problems outside of therapy. The literature provides no adequate answers to such important questions as, 'What aspects of clients' therapy experiences do they use in managing their nontherapy lives, how do clients identify resources for change in their nontherapy lives, and what other discourses do clients use in orienting to their life circumstances?' We believe that an important reason why these and related questions are not explored is because solution-focused brief therapists and researchers too often define the term "therapy conversation" as an interactional event that begins and ends with therapist-client interactions. Complexity theory is a strategy for redefining the idea of therapy conversation.

Viewed from a complexity perspective, solution-focused interactions are embedded in the environments of clients' lives. While it is impossible for therapists and researchers to fully

describe these complex environments, they can observe traces of them in clients' social interactions in diverse settings. As Cilliers (1998) stresses, complex systems are best understood by developing a wide variety of descriptions that represent a range of standpoints for seeing what can only be partially seen. This approach to solution-focused brief therapy directs attention to how clients interpret, adapt, and use their therapy experiences to engage the politics of their lives. It is a rationale for expanding the concept of therapy conversation to include clients' solution-building activities outside of therapy rooms and for accentuating the affirmative postmodern belief that therapy may facilitate—but does not cause—change.

Conceptualizing solution-focused brief therapy conversations as complex processes of self-organizing also opens new opportunities for talking differently about what goes on in therapy interactions. One issue involves ethics. A useful starting point for engaging this issue from a complexity standpoint is Griffin's (2002) analysis of how ethical understandings emerge as meanings constructed in human actions and interactions (See Andersen 2001, Anderson 2001, Donovan 2003, Gergen 2001, Ray 2001, Swim et al. 2001, and Strong and Sutherland 2007 for related approaches to ethics in therapy). This orientation to ethics stands in contrast with the commonplace Western view of them as rules and values that exist independent from particular social contexts and interactions. These external and often abstract rules and values are then compared and contrasted with actual events in life as part of assessing whether people have acted ethically. Griffin contrasts the typical Western view of ethics with a complexity approach that treats ethics as a consciousness that people apply, clarify, and extend in social interactions concerned with managing the practical problems of life. He states that

moral advance … consists not in adapting individuals to the fixed realities of a moral

universe, but in constantly reconstructing and recreating the world as the individuals

evolve. (Griffin 2002, p. 182)

Griffin's discussion of ethics as emergent aspects of complex processes has some

important implications for thinking about solution-building activities. It reminds us to ask, 'How

do clients and therapists express ethical consciousness in their mutual deliberations and how do

they give practical meaning to that consciousness as they identify, assess and select clients'

options in changing their lives?' Therapists and researchers might also learn about how clients

express their ethical consciousness in social interactions with family members, friends, and

neighbors about clients' problems, experiences in therapy and options for taking their next steps

in life. As Cilliers (2005) points out,

Ethical considerations are not to be entertained as something supplementing our dealings

with social systems. They are always already part of what we do. One could attempt to

deny that and operate as if one can deal with complexity in an objective way – as if we

can calculate everything – and thereby avoid the normative dimension. But this denial of

the ethical becomes an avoidance of responsibility and is, of course, ethical in itself,

albeit a negative (and much too prevalent) ethics. (Cilliers 2005 p 264)

Another line of development involves the unavoidable uncertainties of life that

necessitate making choices under less than optimal circumstances (Shaw 2002). We see this

process unfold in solution-focused brief therapy as clients and therapists explore the possibilities

for change, despite having incomplete information about the practical impact that any proposed

action might have on clients' lives. Similar uncertainties and choices are implicated in

discussions about clients' personal agency and ability to effectively change the trajectories of

their lives. Complexity theorists treat such conditions as paradoxes to which people adapt in going on with their lives (Letiche 2008). Perhaps the most important paradox for therapists and clients involves the necessity of acting 'as if' they can shape the future, while knowing that this assumption is, to varying degrees, unfounded.

Parting Message

The path to the future that we have sketched here leads to a host of anticipatable and unknown issues. Put differently, this essay is designed to foster narrative emergence. It is a beginning point for developing new narratives about solution-focused brief therapy and new understandings of how solution-focused brief therapy is itself a story under construction (Miller and de Shazer 1998). Complexity theorists teach that it is in pursuing the unknown we construct the future and, thereby, come to know it. But we are also keenly aware that the path that we have sketched here is only one of many future possibilities. Thus, we invite others to develop their own discursive paths into the future.

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