

Towards Positions of Safe Uncertainty

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Abstract

This paper explores the place of certainty and uncertainty in therapeutic practice. It suggests that, for many, there has been a theoretical shift in the field of family therapy from a first to a second order perspective. To remain coherent with this shift in thinking requires a shift in practice in relation to this different way of thinking. The paper proposes one way of working towards this coherence through the use of a simple framework for working with uncertainty and highlights its application for a number of different contexts including training.

One evening in September, 1974, at the age of 26, I decided that I would take my first trip to America. The next day I booked a three week holiday that would take in the east and west coasts.

I looked forward to this adventure with a sense of excitement, eager to see again some people I had met hitch hiking around Europe the previous year. A few days later I phoned my parents for my weekly talk and spoke first to my mother. I mentioned that I was going to America for a three week holiday, flying out on such and such a date and returning on such and such a date. There was a slight pause. "Oh! Barry," she said. "When will you ever settle down?" She went on to

add – “I can’t understand why you want to go to these places. Everything is in Wales.” The fact that a few years later my parents moved to England is perhaps an indicator of a dilemma in holding onto a position of certainty.

A good few years later I was in my kitchen, looking out onto the garden below, when I saw my cat, and a dog who regularly visited, go through a routine based on time honoured scripts. The cat was running down the garden with the dog in pursuit. It was the usual story and, depending on whether you look at it from the cat’s point of view or the dog’s, you might describe it as either “the cat ran so the dog chased it” or “the dog ran so the cat fled.” At the bottom of the garden, instead of jumping over the fence, my cat suddenly stopped. A split second later the dog also stopped, looking somewhat bewildered. It was as if the dog was saying “come on now, this isn’t in the script – you run, I chase, you leap over the fence.” Given that I have a slight tendency to overestimate my cat’s academic brilliance, one might say that my cat had introduced a difference into the relationship and the dog’s reaction indicated that he had taken it as receiving news of difference (Bateson, 1973). The relationship between my cat and the dog seemed to change after that – a slightly tense male friendship!

These two stories illustrate issues that I have been contemplating concerning the notions of certainty and change. A colleague of mine at The Family Institute in Cardiff, Jeff Faris, asked a question to the participants in a workshop he was leading on matters of certainty and uncertainty. He asked whether they saw uncertainty as mainly a path to creativity or a path to paralysis. In thinking about this in relation to the telephone conversation with my mother, the level of uncertainty for her in reaction to my plans, seemed nearer to the end of the axis marked paralysis. I hesitate to push the animal story further.

I think we all understandably get caught up at times in wanting certainty and yet I believe that it can indeed contribute, as Faris suggests, to a state of paralysis and lack of creativity although clearly a degree of perceived certainty is important in helping us move on through our lives in as

creative a way as possible. During the time I have been writing this article, Somalia has been stricken by famine and there continue to be severe shortages of food in parts of Bosnia. In order to live with the uncertainties of existence we need the certainty of nourishment.

In this article I wish to propose an accessible framework for people to think about, and act upon, dilemmas they face in their work. It is a framework to help people position themselves, when they are faced with issues of certainty and uncertainty. As the writer, Salman Rushdie (1988) has said,

“Doubt, it seems to me, is the central condition of a human being in the 20th century. One of the things that has happened to us in the 20th century as a human race is to learn how certainty crumbles in your hand. We cannot any longer have a fixed view of anything – the table that we’re sitting next to, the ground beneath our feet, the laws of science, are full of doubt now”.¹

An increasingly influential western scientific² view suggests that uncertainty, rather than certainty, is the predominant aspect of the living world and, thus, of relationships. Indeed Heisenberg discovered something that “shook the very foundations of ‘the exact sciences’” (Capra, 1988). He found that “there are limits beyond which we cannot measure accurately, at the same time the processes of nature”. (Zukav, 1979) Measure one aspect A with precision and another aspect, B, to be measured becomes blurred and vice versa. The measurer now comes into the equation for the major impact of the uncertainty principle was to introduce the idea “that we cannot

¹ This is not to say that a concrete reality (for example a table) does not exist. I take Rushdie to view reality as a definition of a relationship, one that includes the definer, and not one of objective truth. As Von Foerster (1990) has noted – we are not constructing reality but what our relationship is with reality. (See also Von Foerster further into this article).

² Hawking (1988) has suggested that “one certainly cannot predict future events exactly if one cannot even measure the present state of the Universe precisely!”

observe something without changing it”. (Zukav, op. cit.) It is thus observer dependent. Heisenberg (1958) put this succinctly when he said “what we observe is not nature itself but nature exposed to our method of questioning”. More recently, Capra (1988) put this in the following way. The uncertainty principle measures the extent to which the scientist influences the properties of the observed objects through the process of measurement ... (Thus) scientists can no longer play the role of detached, observers; they are involved in the world they observe”. As Von Foerster (1990) has noted, those who believed in the independent observer position had “feared entering the forbidden land of looking at looking itself”. He saw objectivity as “a device to avoid responsibility”.

Certainty, Uncertainty and Family Therapy

Until the late 1970s, family therapy was very much of a kind that has become known as a first order perspective, (Hoffman, 1985). A family would come with a problem, the therapist would discover/diagnose what was wrong and with the use of their skill and expertise, lead them back to health. First order therapists would essentially lead from a position of knowing and any struggles they would have would tend to be in that context.

This emphasis came to be increasingly challenged and the field has witnessed a profound change in thinking in the last ten years. There has been a move from the notion of **certainty** to one of **fit**, a shift to a second order position (Hoffman, 1985), an observer dependent position. Family therapy has in one respect (theoretically) become increasingly dissatisfied with the notion of certainty and yet in another respect (practice) there has not always been a comparable shift. It is perhaps difficult at times to make this change, so that a move towards a belief in a second order perspective is accompanied by coherent action. In relation to hypothesising, for example, I have met situations where familiarity with present thinking in the field is still accompanied by practice more related to the late 1970s. This can involve going into a session aiming to

prove or disprove the hypothesis, rather than owning a position of uncertainty which orientates a therapist to **explore with** a family, ideas and meanings which they bring. It is possible to have strong beliefs and still be consistent with a stance of “not knowing” (Krull, 1988).

Family therapy became influenced by non family therapists in the process of this shift in thinking from first to second order. Scientists such as Prigogine (1976) and Maturana and Varela (1987) highlighted the unpredictability, the uncertainty of change. Similarly, Bateson (1973, 1979) made an important distinction between pattern and certainty, that yes, we can recognise pattern over time but we cannot be certain that the pattern will remain the same. The ongoing processes of change feed on the random” (Bateson, 1979).

Consistent with this thinking has been the work of Anderson and Goolishian (1988, 1990, 1992) who have talked of the therapist needing to be a “respectful listener who does not understand too quickly (if ever). The more quickly a therapist “understands” people the less opportunity there is for dialogue and the more opportunity there is for “misunderstanding” (Anderson and Goolishian, 1988). In relation to this I see effective engagement with families as the intimacy of restraint.

Parallel with this is Cecchin’s (1987) concept of curiosity. Thus, the less curious we are (respectful as opposed to intrusive), the more we understand too quickly and the more we may find ourselves in a position of “premature certainty” (Stewart et al. 1991). If one of the central aims of therapy is to open up the idea of the existence of other possibilities, an expansion of emotional space, then it is clearly counterproductive to be in a position of premature certainty. However, I believe also that we should not enter into the trap of equating a belief encompassing uncertainty with a view that we cannot own our expertise. It seems there is an increasingly prominent politically correct position about equality of thinking which is misplaced. It appears to be based around the term partnership – our views are of equal status. This can sometimes lead practitioners to act as if they don’t have any expertise. It would be more helpful, I believe, if the word was substituted by the

term collaboration for then at least power differentials between therapist and clients could be more honestly acknowledged. One of the reasons that clients come to see people for help is because they feel that the therapist has some expertise that can be useful for them. Rather than be disingenuous I suggest we can aim to hold a belief of **authoritative doubt**, one that encompasses both expertise and uncertainty.

Praised be doubt! I advise you to greet
Cheerfully and with respect the man
Who tests your word like a bad penny.
I'd like you to be wise and not to give
Your word with too much assurance.

Read history and see
The headlong flight of invincible armies.
Wherever you look
Impregnable strongholds collapse and
Even if the Armada was innumerable as it left port
The returning ships
Could be numbered.

Brecht (1976) *In Praise of Doubt*

Solutions and dilemmas

The problem for many therapists who wish to take a position of authoritative doubt is that increasing complexity in organisations, and perhaps, from a wider perspective, the political belief systems of the Thatcher\Reagan\Bush years, has meant a shift towards certainties, getting it 'right', finding solutions. Although the search for solutions can be seen as positive, a danger is that we can fall into the trap of seeing solutions in absolute terms. We get caught up in looking for the 'right' answer; somewhere out there is the new reality, the solution waiting to be discovered. The search for what is right, the search for solutions, the search for the correct way, I would suggest leads into a minefield. One of the 'solutions' to the perceived threat of Iran to the West a few years ago was seen as arming Iraq. This "solution" literally led to minefields.

One of the problems about finding solutions is the word solutions itself. Unfortunately the everyday attribution given to this word tends to encompass the idea of a finality. Find a solution and you don't have a problem. I am not advocating the abolition of the word solution. It is an everyday word that is likely to endure. What I want to do is challenge what I think is a bias in the attribution of meaning that is generally given to this word. (i.e. "towards something final or fixed"). I think this bias accounts for some misunderstanding of the ideas of solution focused therapy.

From reading, and listening to the ideas of de Shazer, Berg and O'Hanlon, I do not understand them to see solution as a finality. Indeed, de Shazer and Berg (1988) have associated themselves with a constructivist stance, which would suggest that there is no finality, no certainty, that like a river we are always in flow. Consequently, it would seem to me that the notion of dilemma is a more useful construct, but given that solution is not going to go away, I have suggested elsewhere (Mason 1989) that a new definition is required; **"that solutions are only dilemmas that are less of a dilemma than the dilemma one had"**.

A central belief emerging out of what has been so far discussed is that the emphasis in our thinking and practice should be biased towards embracing uncertainty. In the context of uncertainty there are dilemmas about translating this into practice, sometimes because of the mis-fit between our theory and practice and sometimes because of the expectations within our wider social, cultural and economic environment. The fact that governments throughout the world cannot predict the outcome of their fiscal policies seems to matter little when those same government departments ask for certainty of outcome (via very specific target setting) about the work of organisations they might be funding. This is not to say there should not be accountability and some ability to measure outcome but it does raise problems for systemic practitioners, who are more likely to hold a premise that for change to happen we need to have difference introduced in a way which makes us less certain of the position we hold (Mason, 1989). I

would suggest that if we can become less certain we are more likely to become receptive to other possibilities, other meanings we might put to events. If we can become more open to the possible influence of other perspectives, we open up space for other views to be stated and heard.

Towards Positions of Safe Uncertainty

I would suggest that when clients come for help they do so in one of two states in relation to their dilemmas: unsafe uncertainty or unsafe certainty. (see Fig. 1). On the one hand, they come feeling that many of their options for change have closed in. They often express great misgivings about the present and the future. Relationships seem tenuous, uncertain, they don't know what to do. There is a great sense of insecurity. This is a state of unsafe uncertainty. Understandably the wish at these times is for change to be brought about so these feelings go away. They want somebody to make it better. A therapist is a person trained in mental health problems. A therapist can change my situation. A therapist can offer a position of **safe certainty**.

On the other hand someone may come for help feeling that relationships are in a bad way but be very clear about what they think should be done. I used to work with a family where the referral was around an adolescent said by his parents as being out of control. One day the father came to see me in an angry state of desperation. He said, that his child was a complete nuisance, that he was not going to be allowed back in the house, that we should fix him so he didn't steal. Only then could the boy return home. (The young man had already been admitted to the residential unit part of the agency in an overnight emergency). Furthermore, the father said that if we couldn't do this we were essentially useless. This is a state of unsafe certainty, with the solution again being seen as safe certainty.

I guess that all of us at times, in periods of great stress, have wanted someone to just take the burden of responsibility for change away from us. I wouldn't see this as an

unusual request. The problem in therapy, I would assert, is if the therapist acts as if such a position is possible. The position that I am suggesting, consistent with a second order systemic view of change, is one which I shall call **safe uncertainty**. This position is not fixed. It is one which is always in a state of flow, and is consistent with the notion of a respectful, collaborative, evolving narrative, one which allows a context to emerge whereby new explanations can be placed **alongside** rather than **instead of**, in competition with, the explanations that clients **and** therapists bring. A position of safe uncertainty is a framework for thinking about one's work, orientating one away from certainty to fit, a framework for helping people to fall out of love with the idea that solutions solve things.

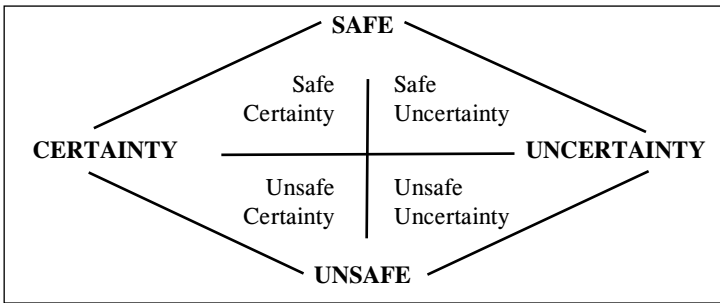


Figure 1. Towards Positions of Safe Uncertainty

I would now like to give examples of the above thinking in relation to different contexts

Therapy

Ros Draper (1990 personal communication) has defined the difference between a first and second order perspective as follows. In the former, the therapist conducts the session as if he or she is in front of the client, leading them to a better place which the therapist knows. (Safe certainty). In the latter the therapist is alongside or slightly behind the client, using

expertise to open up space to allow new meaning to emerge. (Safe uncertainty).

Safe uncertainty in therapy is thus consistent with never understanding too quickly (Anderson & Goolishian, op. cit.) respectful curiosity (Cecchin, 1987, Campbell, Draper & Huffington, 1989) and the recognition that therapy is a mutually influencing process between clients and therapist, in that each introduces difference to the other in a way which allows them to become aware of distinctions which previously were outside their conscious experience. I believe the distinctions outlined in Fig. 1. can help therapists (and non therapists) orientate themselves away from working from a position of “knowing how things should be”, (Cecchin, 1993) and towards positions that entertain different possibilities.

Child Protection

In Britain in 1972, one of the first government reports was published of a child death resulting from non accidental injury. Up to 1991 there had been a further 38 similar reports (HMSO 1991). In reading through these reports one thing becomes very clear – the recommendations made by each committee to try and ensure that the same thing doesn't happen again, become longer and longer.

As Lang (1988) has pointed out, social service organisations have moved very much into the management of uncertainty. Led by the belief systems of such reports mentioned above, a trend has developed whereby the check list is in danger of becoming the main vehicle to prevent child abuse happening. Social services departments act as if they are in the domain of unsafe uncertainty and their response, an increase in checklists, procedures, guidelines and regulations is to aim for the domain of safe certainty. The effect, as Lang goes on to indicate, is that despair and depression set in amongst social workers such that many leave to take up other jobs. Checklists, guidelines and the like are useful but limited in the context of a belief of safe certainty. The approach to child protection in Britain is akin to an attempt to make it an

exact science. It is, in effect, a chimera. Working from a position of safe uncertainty would be to develop a different kind of enquiry, away from trying to find the 'true way', while keeping central the safety of the child.

Training

A friend of mine, a senior social worker who is au fait with the framework outlined, told me about a recent course she had attended relating to being accredited as a practice teacher. One of the tasks for the day was to be part of a group discussion about the process of writing Learning Agreements. In the ensuing discussion she became aware that people in the group kept adding ideas about issues which needed to be addressed in the contract. Eventually she said that she thought they were in danger of falling for the illusion that if they thought long and hard enough they would cover everything, address every issue, get to a position of safe certainty. She indicated that for her it was more realistic to acknowledge that it would be impossible to cover everything. Safe certainty, even if it could be reached, would be a static situation in which change could not occur. She added that an aim should be towards safe uncertainty (she explained the framework) by the group spelling out clearly a number of key agreements to form the basis for the student social workers' learning, while acknowledging a reality of the element of uncertainty which might be said to be inherent to the human condition.

Family Therapy Supervision – A case example

In a supervision group for advanced level trainees in family therapy, one of those trainees, Peter, was interviewing a family comprising mother, seven year old son, seventeen year old daughter and mother's partner. Peter is a very competent, thoughtful, quietly spoken trainee therapist with an ability to skilfully address complex family relationships. I supervised Peter from behind the one way screen helped by the three other trainees in the group.

A short time into the interview a pattern was becoming clear in the way Peter was working with the family. While he was able to elicit and develop themes with the mother, the daughter and the son, there was a noticeable difference in his conversations with the man. Questions to him tended to elicit data and the conversation between the two of them remained at that level. There appeared to be a reluctance on Peter's part to help create a context where meanings could be explored. It was as if Peter was interviewing with the handbrake on and this was beginning to affect the quality of the session with the family as a whole. At a couple of points in the interview I phoned through to Peter and made suggestions about pertinent issues that he could develop with this man. I began to form the opinion, after the lack of impact of my second telephone call, that the taking of risks by Peter with this man was something that was probably unlikely to change during the session and would be something I would need to discuss with Peter after the family had left.

I had begun to wonder whether Peter was frightened of this man in some way. Although he was friendly, he looked fierce. In the post session discussions with Peter I concentrated first of all on (a) what effect this man was having on him in the interview, (b) how he explained this and (c) what dilemmas (a) and (b) raised for him in the context of work with the family.

Peter indicated that he felt quite scared of the man and although he was aware of this feeling in the interview, said he couldn't utilise it in any way. When we began to talk about his hunches about explanations for this, Peter started to talk about how the man reminded him of the "hard men" that he was frightened of in the area of Britain where he lived as a youth. His experience in the interview was akin to one of unsafe uncertainty. His response to these feelings seemed to be one of making sure that he didn't do anything that would provoke the wrath of this man. Not surprisingly, Peter loyally re-enacted a script of the perceived safe certainty of data collection.

For me as the supervisor, it was important that, although I had hunches that family of origin issues were relevant to Peter's therapeutic behaviour I engaged with him around my,

and his, concerns consistent with the stance of an *intimacy of restraint* (mentioned earlier in this article). Not understanding too quickly while at the same time opening up the area of meanings, not only acted as a counter to the absence of this aspect in the interview but also provided an opportunity for risks to be taken, both by Peter and myself, consistent with the development of positions of safe uncertainty.

The next family session took place two weeks later. Peter said before the session started that although he still felt somewhat nervous, the connections he had made since the last interview indicated to him that he could help create a therapeutic edge with the man in the family and not play safe. Peter's judgement of the change in himself was well founded and his work developed a quality it had previously lacked. The development of a context of safe uncertainty behind the screen, had, it seems, contributed to the development of positions of safe uncertainty in front of it.

Conclusion

Safe uncertainty is not technique but an always evolving state of being. Hence I have purposely kept away from a "how to" approach. Hopefully I have explained enough for people to construct and own their individual beliefs about how it can exist for them in practice.

The notion of positions of safe uncertainty is an attempt to offer an accessible framework for what good therapists, trainers and supervisors (and others involved in therapeutic endeavour of whatever kind) have always done when they work effectively.

Oh, how laboriously the new truth was fought for!
What sacrifices it cost!
How difficult it was to see
That things were thus and not thus!
With a sigh of relief one day a man entered it in the record
of knowledge.
For a long time perhaps it stands there, and many
generations

Live with it and regard it as eternal wisdom
And the learned scorn all who are ignorant of it.
And then it may happen that a suspicion arises, for new
experience
Makes the established truth open to question. Doubt
spreads . . .
Brecht. (op. cit.)

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