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*OBM Integrative and Complementary Medicine*

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Concept Paper

# Induction into Browning's Strategy: Suggestions for Family Therapy

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**Academic Editor:** Joseph Meyerson

**Special Issue**: Hypnotic and Strategic Psychotherapy

*OBM Integrative and Complementary Medicine*
2022, volume 7, issue 3
doi:10.21926/obm.icm.2203029

**Received:** April 11, 2022
**Accepted:** July 19, 2022
**Published:** July 25, 2022

**Abstract**

The authors attempted to operationalize the clinical work of strategic theorist and expert family therapist, Scott Browning. Strategic therapy takes the position that a client is stuck, not necessarily sick. This focus encourages the clinician to create alternative perspectives such that a client learns to consider a problem from a new lens. Milton Erickson, a progenitor of strategic thinking, used hypnosis and paradox to nudge clients toward a useful alternative perspective [1]. The present article examined three interventions that have strategic roots. The specific application of these three interventions, demonstrated through the work of Browning's therapy, provide unique application of strategic ideas. First, the authors compare and contrast Browning and Erickson's [1] application of directional and non-directional paradox. Second, the well-established technique of systemic reframe is explored, along with application of acceptance. Next, empathy is discussed in the context of the common factor of therapeutic alliance [2] and Browning's understanding of empathy. Finally, the importance of language in psychotherapy is particularly powerful in the context of hypnosis [1]. Browning's semantic thoroughness and the concept of non-blaming precision in clinical work was discussed.

**Keywords**
Strategic therapy; Browning; Erickson; empathy; family therapy

## 1. Introduction

"I like this, because this is kind of separating the pieces and we can look at it a little differently than the way we've been looking at it – this is good" – Former Patient of Scott Browning.

The purpose of this article is to attempt to operationalize the clinical work of expert family therapist Scott Browning by examining three clinical interventions in close detail, along with three accompanying corollaries unique to Browning's work. Browning was originally trained in Milan family systems with R.J. Green. He also worked on a unit training from the MRI approach, and he subsequently completed a post-doctoral fellowship at The Philadelphia Child Guidance Clinic utilizing structural family therapy.

Browning was one of three founding professors of Chestnut Hill College's doctoral program in clinical psychology in Philadelphia, Pennsylvania. A systemic theorist and practitioner, he incorporated family systems in the foundational theory of the doctoral program. He has published six books on family therapy and is a national expert on stepfamily therapy. His unpublished work on empathy will be reviewed in this paper as it is a core component of his personhood as a therapist. Common factors [2] would have us focus on therapeutic alliance above specific intervention. Scott Browning may exemplify an individual whose person of the therapist equally matches his potent and original interventions. This paper will utilize examples of his work to examine a humanistic, strategic approach that highlights the importance of sincere empathy and descriptive language.

The study of interventions begins with a general description of established therapeutic techniques, and it will follow with an explanation of how Browning crafts traditional interventions to be more compelling using non-blaming precision, empathy, and hypnotic language. Although he has trained with strategists and identifies as a strategic family therapist, observation of his clinical work is quite breathtaking; inasmuch as he draws on classical techniques, he is an integrationist in practice. It is perhaps most obvious to note the Ericksonian influence on his strategic thinking; although, there are important differences between the works of Browning and Erickson [1], which will be further explicated in this paper amidst discussions of the three clinical interventions.

Such an exercise of operationalizing integration is consistent with George Stricker's concept of the Local Clinical Scientist [3]. It is "local" in that it is Browning's application of established techniques (science) tailored to individual patient needs (clinical practice). Furthermore, in lieu of the fact that Browning maps his work from a strategic approach, his clinical legacy may be thought of as a compelling integrative approach. The interventions (paradox, reframing, acceptance) are enhanced with a powerful empathic understanding and use of language. These interventions may be introduced into treatment, regardless of the theoretical orientation. While these interventions work well as a method of integration of multiple therapies, they all have some element that can be credited to strategic therapy.

## 2. Strategic Therapy

Strategic therapy is conducted in such a manner that the therapist takes responsibility for clinical change. Whether the strategic model in question leans towards Bateson's ideas of cybernetics [4] or more toward Erickson's hypnotic method of creating a more workable reality [1], strategic theory assumes that the answer is within the person. These interventions are used to open the patient up to alternative perspectives, otherwise hidden under dysfunctional patterns. The therapist helps a new pattern to emerge through directive interventions, such as paradoxical intervention or non-directive, such as seeding ideas to be considered later.

Strategic theory remains arguably the most influential approach that is largely dismissed as manipulative [5-7] or simply not discussed; however, its influence may be noted in many evidence-based interventions. The interruption of repetitive, problematic behavior is at the core of most strategic interventions. The focus within the present paper is the three interventions discussed which are derivatives of Scott Browning's clinical work, all formulated with strategic ingredients. The rationale behind all effective interventions is important to specify. Strategic thinking, in essence, suggests that people are stuck, not necessarily sick. Research on clinical effectiveness consistently highlights that if the therapist is able to provide a clear rationale for an intervention, that intervention is more likely to produce clinical change. Thus, strategic interventions are designed to assist the client in seeing the situation from a different perspective.

Strategic therapy holds an interesting position in the landscape of systems-based therapies. While few call themselves primarily strategic therapists, most who practice family therapy engage in some intervention that would be considered strategic in origin. Moreover, there are models of treatment that are highly effective and clearly attribute the foundation of the treatment to strategic thinking. A prime example is Szapocznik's Strategic Structural Systems Engagement model [8]. Through the work of prominent strategic thinker, Milton Erickson, Steven Hayes embraced the idea of acceptance, which forms the nucleus of the Acceptance and Commitment Therapy (ACT) model [9].

Strategic therapy has been oversimplified and cast by some in the field as manipulative [5-7] due to misunderstanding and mis-application of paradoxical intervention [10]. Although paradoxical intervention is a tool in the strategist's repertoire, the application of paradox clinically varies significantly and is dependent on the practitioner. The assertion that paradox is manipulative derives from basic application of directional paradox, which, ironically, is the style of paradox most frequently imitated by other therapies and re-purposed as a "new" treatment. The sophisticated strategist may appreciate the nuance of paradoxical intervention. For a more thorough review of the spectrum of paradoxical intervention, the reader may see Browning and Hull [10].

## 3. Primary Interventions

### *3.1 Directional Paradox & Non-Directional Paradox*

As outlined by Browning and Hull [10], Viktor Frankl clarified paradox as a social construct and clinical intervention. As a clinical intervention, Frankl described his utilization of this technique with patients: "This is precisely the business of paradoxical intention which may be defined as a process by which the patient is encouraged to do, or wish to happen, the very things he fears [11]." He used paradoxical interventions to help patients overcome phobias and anticipatory anxiety; for instance,

Frankl instructed a patient with an intense fear of academic failure to try as hard as he could to fail. Frankl believed that there was an element of humor embedded in paradox, such that it rested on the therapist's ability to embrace the absurdity of the prescribed intervention through a lightness and detachment of symptoms, wherein the symptoms are viewed somewhat ridiculously but also are acknowledged for the legitimate distress they cause patients.

Alfred Adler [12] also can be credited with using paradoxical interventions to motivate patients to enact behavioral changes in their lives, with a particular focus on reactance [13], highlighting the centrality of giving patients' the perception of freedom in therapy. Contrary to Frankl, Adler took a more negativistic conceptualization, viewing the patient in competition with the therapist, believing that the patient was trying to gain superiority over the therapist. By prescribing paradoxical interventions, Adler argued that it minimized competitiveness in the therapeutic relationship, and it removed the maintenance of symptom(s) [12]. Both Frankl and Adler utilized directional paradoxical interventions in their clinical work, wherein therapists are responsible for formulating a desired outcome.

On the other hand, non-directional paradox does not advocate for a final decision; "Engaging in nondirectional paradox does not advocate a specific replacement behavior as the goal; rather, the shifting of an understanding is the goal [10]." A dilemma often resides in scenarios that could be addressed in two directions, with two alternatives as equally viable solutions. When therapists present the dilemma at hand, with no comment on the preferred direction of change, a nondirectional paradoxical intervention is implemented [10, 14]. "Erickson multiplied the confusion around paradox by advocating both directional and nondirectional paradox [10]." Erickson would prescribe interventions deemed as absurd, advocating for interventions that intended to move the client toward behavior opposite of the typical direction of change. For instance, he may have asked a client with a fear of fainting to find a cushioned area and faint in that spot.

### *3.2 Use of Paradox (Directional) – Erickson [15]*

Directional paradox is ideal for situations in which the client is able to see the absurdity of their clinical problem, i.e., the procrastinator who recognizes the psychological paralysis that arrives when completing a test. Seeing one's own personal blockade, the person sees the clinical problem very clearly. This clarity can inspire change. Thus, directional paradox is particularly good when the issue is a misinterpretation.

In the following excerpt, the therapist is working with a patient whose presenting concern is that she cannot speak [15].

*Erickson*: Do you know arithmetical progression? One, two, four, eight, 16, 32, 64, and then 128 and so on?

*Haley*: Yes.

*Erickson*: I think I *would* give this woman the concept of arithmetical progression. When she understood the progression, then I would point out to her that there are some words you just wouldn't say. I'd have her think about all the words that she just wouldn't say – and let her make a deliberate choice, of one word, two words, four words, eight words, 16, and so on.

*Haley*: Her *own* choice of words she wouldn't say – or would say?

*Erickson*: *Words* she wouldn't say of her own free choice. And the words she would say. I would emphasize her voluntary refusal to say an obscene word, and her recognition that she could and would say the polite term (p.36).

This is a brilliant example of Erickson's directional paradox. Challenging a woman to focus on an arithmetic pattern, while considering dirty words, is perfect. Such a process creates a paradigm shift (emphasis on words) to (emphasis on math). A paradigm shift in an individual on any topic will increase the possibility of another shift. In this case, the therapist is hoping the individual recognizes that she can return to be more verbal, and this "change of heart" is due to a changing perspective. The expansion of perspective is a core component of strategic therapy.

### *3.3 Use of Paradox (Nondirectional) – Browning*

In the following excerpt from Browning's work, the therapist (supervisee of Browning) is working with a patient who is extremely overweight and continues bad eating habits despite stated desire to lose weight. Browning supervised the case.

*Therapist*: I really want to help him. I know the pain that being obese is causing him, from a physical and psychosocial perspective. He continues to eat unhealthily and is so incredibly critical of his appearance – he thinks he is utterly disgusting.

*Supervisor*: I appreciate how invested you are and how much you care, but it seems like he is simply not *ready* to change his way of eating. There are many public figures and artists who celebrate being big and beautiful or big and bulky. Knowing that he is, in fact, a gifted guitarist, are there other artists out there who are big and enjoy life as a large person? If he also decides that he wants to continue to try different coping skills and improve his eating, then that's great and we can help with that as well.

Browning applied nondirectional paradox in a unique fashion in this case; moreover, there truly was no "preferred outcome" on the part of the therapist; rather, the expansion of the paradigm was the goal. This intervention is both strategic in origin and unique in that there was truly no preferred outcome on the part of the therapist.

### *3.4 Acceptance*

The mechanism of change that flows from acceptance is psychological flexibility. Milton Erickson [1], coming from the perspective of a hypnotist, advocated that the therapist "accepts completely the patient's position" (p.192). Rather than focus on getting away from the pain of an injury, for example, Erickson would advocate recognizing the pain, noticing the color of the blood (when a boy chipped his tooth) against the white sink. In a sense, this use of acceptance makes one so aware of the reality, that fighting that reality fades and the mind shifts to other thoughts. While some might have challenged this as manipulative, the opposite is true. Acceptance is entirely honest and represents ultimate transparence.

### *3.5 Example of Browning's Application of Acceptance*

Browning worked as supervisor on a case with a couple who were struggling with her need for reassurance that her partner was where he would say that he was, due to an incident in which she did, indeed, catch him cheating with another woman. This was complicated by the fact that she had a long history of past romantic partners who were unfaithful to her sexually, but also lied to her about many other things.

*Browning*: Due to the trauma Ashley suffered, she will always be a little quick to feel abandoned. The trauma is her "bruise," so just a light touch might be enough to trigger a painful response. I am not asking you not to be annoyed, nor am I asking her to entirely change. She will have that bruise for a long time. Being crystal clear and providing reassurance is a necessity. "Brice, do you agree that you realized afterwards that Ashley was not actually leaving you, she was just annoyed?" Partners in relationships either need to adjust their annoyance with each other (therapy) or recognize that some interpersonal patterns are almost "hardwired" into the person.

This is pushing both members of the couple toward "acceptance," the therapist is assisting them in becoming psychologically flexible. A full awareness of Ashley's psychological bruise does not remove the issue but tends to lessen the emotional reaction surrounding interactions that re-enact her past trauma.

### *3.6 Reframe*

Reframing is a process whereby individuals think about their situation from a different perspective [16]. In strategic psychotherapy, a reframe is a central therapeutic technique. Watzlawick, Weakland, and Fisch [17] clarified the process of reframe: "to re-frame, then, means to change the conceptual and/or emotional setting or viewpoint in relation to which a situation is experienced and to place it in another frame which fits the 'facts' of the same concrete situation equally well or even better, and thereby changes its entire meaning" (p.94). Strategic therapy is founded on the unified goal of enacting behavioral change i.e., the therapist works with a family under the premise that they are stuck and a new way of thinking, a new frame, may enact behavioral change versus the premise that there is one, correct solution for their experience [16]. Reframe has been mentioned by a sizeable number of theorists, among them Virginia Satir [18], Salvador Minuchin [19], and Steve de Shazer [20]; each model of therapy is aimed at targeting interactions and, when it is under the right circumstance, reframe can change a person's worldview, which is a prominent aim for Strategic thinkers and theorists alike.

## 4. Corollaries Unique to Browning's Practice

### *4.1 Empathy*

Empathy and Reframe may be considered as related; moreover, the effectiveness of reframe is decided by the patient and not the therapist. The therapist may only estimate the effectiveness of his or her reframe, and therapist-patient agreement on what makes a session an "effective" session is notoriously poor [2]. Reframing may range from inaccurate and inappropriate to accurate and appropriate. Reframing, the intervention in itself, is just one component of therapeutic use of empathy (See Figure 1) [21].

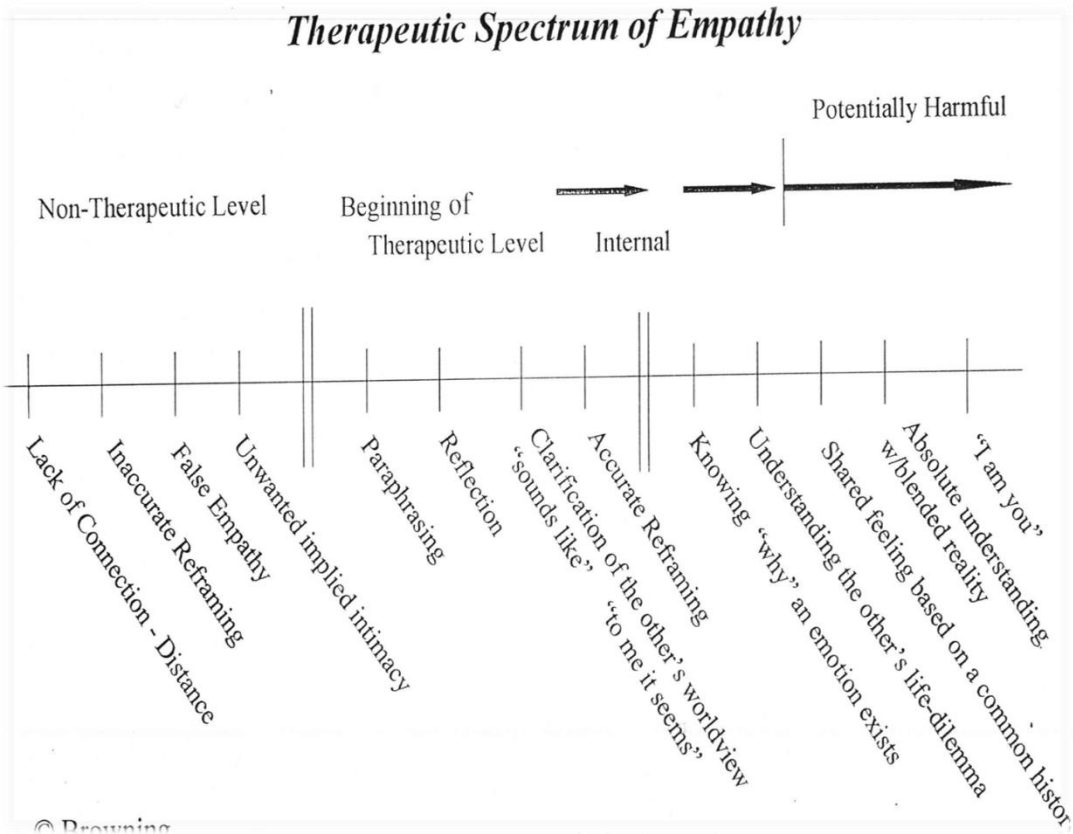


**Figure 1** Therapeutic Spectrum of Empathy.

Yet another subtle distinction of Browning's work is the depth of his understanding of empathy. It would be accurate to assert that communicative messages contain many components, one of which is context, which is greatly influenced by relationship and empathy. The art of reframing extends far beyond the language used to assign different meaning and enact behavioral change.

Browning's unique conceptualization of empathy utilizes aspects drawn from the great theories of empathy [22-24]. In his variation, empathy is ultimately "a felt experience that is directly connected to fully comprehending some aspect of another" [25]. There are both genetic and learned components of empathy. The critical importance of empathy is described in every therapeutic modality, yet few before Browning sought to instruct others in the learned component of empathy. When done well, empathy helps the therapist to avoid incorrect focus and direction. Browning suggested the following important key focusing questions and concepts: 1) Ask detailed questions; 2) Ask feeling questions; 3) Avoid inclination to comfort or justify or challenge; 4) Don't tell a comparison story; 5) Notice any judgmental feelings and discard; 6) Don't ask questions intended to help the person understand themselves better [21]. Such empathy exists on a spectrum from minimal at one extreme, overwhelming at the other, and therapeutic in the interim (Figure 1) [21].

In essence, Browning advocates that empathy is a clinical stance that is separate from psychotherapy. The empathic process occurs at a point in which the goal is entirely focused on understanding the other, then, the clinician can switch back to therapeutic language. Thus, empathy is used to gain a deeper understanding and increase alliance. With that information and enhanced relationship, the return to therapy is more effective.

Although empathy is a critical component of the common factor of alliance in psychotherapy, there exists an objective component of empathy and a more subjective component of empathy.

Inasmuch as empathy is necessary as a common factor, there are operationalizable and immeasurable components of empathy. We can measure behaviors that demonstrate empathic attunement to another; however, we cannot really measure empathy any better than we can materialize the construct of "love" [26]. Browning furthers the field's understanding of empathy in two ways: 1) By operationalizing it as much as possible with clearly delineated strategies to practice empathy (e.g. the "learned component") and 2) By demonstrating that his "therapeutic voice" and "person" are one and the same, he brings great authenticity to the interaction. Finally, it logically follows that such authenticity is disarming, and thus fosters alliance, hope, and expectancy in a novel way. Such a conceptualization of the spectrum of empathy is unique to Browning's work (Figure 1).

### *4.2 Non-Blaming Precision*

Browning and Hull [10] operationalized Browning's proprietary use of language in a technique best described as non-blaming precision:

It is often in the best interest of a case that the therapist is capable of imagining the possibility that two people, with dissimilar opinions, are both right. In other words, the therapist employs Nonblaming Precision in her or his clinical thinking. While positive connotation (Milan) gave the therapist a vehicle to present the idea that most behaviors have a function that can be understood as useful within the system, the belief of the therapist was not highlighted. In Nonblaming Precision, the therapist is to hold the position that any result of the client's behavior is acceptable. The therapist, by accepting a fully systemic viewpoint, does not have a preferred outcome. This must be an honest belief held by the therapist, inviting the client to accept the possibility that either choice is equally good. Tom Anderson [27] also insisted that the "reflecting team" keep an open mind and avoid holding opinions contrary to what was said to the client. Nonblaming Precision asks the client to shift, or consider shifting, their worldview. The therapist is careful to avoid asking one client to make the change; rather, the position is drawn wherein the clear possibility exists that either person could shift their opinion, since neither position is somehow objectively superior. A client may shift his or her worldview completely, thus, lessening the problem. So, in being precise, the therapist makes every effort to not even consider blame. At this point, it is the therapist's job to understand the systemic issue and how caught the clients are in a never-ending cycle (p.4-6).

To effectively use language that incorporates non-blaming precision, the therapist needs to notice when an impasse arises, and move quickly to examine if a perspective can be derived in which neither party is wrong. This comes from the therapist looking at multiple perspectives and avoiding the pull toward wanting to support a position that may seem easiest to support.

### *4.3 Language*

While Milton Erickson's use of language at times, was directly intended to bring the patient into a state of hypnosis [1], Browning's use of language differs from Erickson's in significant ways. Browning's utilizes the above two necessary, but not sufficient, corollaries to explore semantics with patients in ways that are clinically imperative at times.

The following transcript was taken from one of Browning's sessions with a mother and father as they discussed their significant conflict with their adopted adult daughter. Father stated that he had

lost all hope in a relationship and that he was not interested in a relationship with his daughter, while Mother was able to "hold out hope" that her behavior could change for the better.

*Father*: I maintain my beliefs, I maintain my standards, and I say if you want to be my daughter, if you want me to love you, if you want me to be a part of your life, then there's certain things you have to subscribe to.

*Browning*: Is there any possibility of revising that to, 'I'm gonna love you no matter what, you're always going to be my daughter, but in terms of us being connected'…is there any way that…you put all three of those in that one category – 'if you want me to love you, if you want to be my daughter, and you want to connect, here is what I expect' – is there any possibility that we could shift that to, 'I'm always going to love you, you're always going to be my daughter but, frankly, I can't deal with you.' I'm just worried that that part is a little bit hard for an adopted woman to hear.

*Father*: I am open to anything. If she would come to me today and walk up to me and put her arms around me and say, "Dad, I love you," that would make all the difference in the world to me.

*Browning*: Would you have any interest in saying to her…ok (to Father), do you in fact love her?

*Father*: Bottom line – yes.

*Browning*: Ok, Ok – well that's the one that matters. So, you're saying yea – in my heart, I love her. I'm frustrated as can be with her, but in my heart I love her.

*Father*: It sounds very textbook-y but yes.

*Browning*: Ok, well would you be willing to say that to her, with the follow up that, I know that our relationship right now is fraught, difficult…like I'm not trying to be Pollyanna-ish and make this all go away. I just want to go back to the love – I'm worried about the love being qualified. That, you know, for someone adopted, the qualification on love is tricky, because they're always so convinced that it's qualified to begin with.

Upon reflection, note the exploration of the idea of "love" with a father who was, minutes earlier, speaking as if he was completely disconnected from his daughter and did not love her. Browning explored with him the difference between the language that he uses which serves to "qualify" love, which in this case with an adopted woman, was very triggering. Had the semantics been overlooked in this case, the father may have been less likely to consider his language and, more importantly, less likely to consider that he was open to a reconciliation with his daughter. Browning uniquely applied a thorough exploration of semantics that encouraged the patient to think about semantics as well, ultimately resulting in a new perspective. Such a careful analysis of language is consistent with strategic therapy and hypnosis.

A second example of Browning's exploration of semantics with patients may be seen in a session he conducted with a gay step-couple who were coping with resentment, by the children, of their father's new male partner.

*Browning*: So, in a sense, you are representing that new family coming together, and having the children see if they can adjust to that new family.

*Partner 1*: Which they're not, and I don't see us as a family at all, and that's the problem. And that's why…we've been fighting so much lately because I just…I don't understand how he can't see how hard this is for me.

*Browning*: Well I imagine it's very painful for you. (To Partner 2): You don't get at all why Wilson would find this painful?

*Partner 2*: I mean, I do, I just…I don't even know if…we're supposed to be a family.

*Browning*: You don't have a choice, I mean you have kids…, Wilson can make the choice of, I really don't want to have any involvement with your children, I'm in love with you, but I don't really have much interest in becoming a step-dad or another dad in their life, or Wilson might say, "Well if they were to come along and be connected to me I wouldn't mind it, but that's really your call" (To Partner 1). But in terms of, whether it's a family or not, well by definition, you're bringing children into a relationship unless you're literally willing to sever it, and I gather you have no interest in severing your relationship with your children.

Once the reality of being a family was confirmed, the therapist worked with the new step-father to imagine that the children have no choice but to dislike him, early in the new relationship. Once the stepfather understands that these children would reject any partner, male or female, the therapist helps the stepfather notice how the children show rejection. In a sense, turning the children's early rejection into a psychological necessity. This lessens the power of their rejection and challenges their father to work on both his relationship with his kids, and the growing importance of accepting his new partner.

A third example follows next, in which the concept of family is explored with a distant couple.

*Wife*: What I also really feel is that I want a family, we just feel really disjointed and I want that back together again.

*Browning*: Well, we can't have a family if you two don't have any interest in being in love and connected. You could have a pretend family, I mean I'm not saying you know…I mean you can exist, but if you want, in other words, I don't know if this is about the symbolic idea of what it means to be a family, or are you saying, I want the emotions that come with being part of a family, having someone I love, having a child, having…talking to the person I love about that child….or is it just like, I want to be in a family, I want to be with another person and a child and therefore symbolically a family.

*Wife*: No, I think I want more than just the image.

*Browning*: Ok. Well what does that mean, what would you actually want from Jason? Would you want to be able to share a bedroom again, would you want to be able to go on vacations, would he be the person you'd want to be able to confide in?

*Wife*: I mean, all of those sound nice I think at this point I just want someone…I don't want to be constantly at each other's throats or distant. I want to be able to just be in the same room and not have negative feelings towards each other and you know, enjoy each other's company.

*Browning* (looking towards husband): And where are you on this?

In this final example, Browning clarifies if the wife is looking for the image of family, or actually having the feelings, both good and bad, that comes with real family. In a sense, many clients use language in such a way that the therapist is not addressing what is really being asked. Browning takes precision in language further, making sure that the topic being examined is exact, and that semantics are thoroughly evaluated.

## 5. Composite Case Example Utilizing an Intervention and a Corollary

Strategic thinking is of particular use when the clinician is confronted with an impasse. In this case example, one parent's personal feeling about a former spouse presents an impasse wherein the child is left as a pawn between the warring adults, and the clinician is left feeling disempowered. As can be seen in this example, while the mother has an emotionally powerful argument to restrict her former spouse from contact with their son, the therapist can build a non-directional paradox that may open up the impasse.

*Rose hates her former husband, whom she sees as abusive. Interview data suggests that emotional abuse occurred. No evidence of physical abuse exists or has been suggested. However, Rose claims that Dante's problems are "100% due to the verbal abuse that Theo dumped on him. Theo wants to be with his son. He states that he loves him and just wishes to spend time with him and he has no intension of yelling or bullying him. Theo is open to therapy. Dante has school-based problems and can be a handful with Rose. Dante. wishes to see his father.*

The impasse that exists in this case are that there are four key points held, and all positions (to some extent) are valid. 1. Rose believes Theo to be emotionally abusive. 2. Theo believes that he is not abusive, and desires to be with his son. He acknowledges having lost his temper and is not proud of that. No examples of parental abuse exist, other than yelling on a couple of occasions. 3. Dante states without qualifications that he "wants to see dad." 4. The fourth position is the outside voice:

While the family presents the most compelling voices to any decision, the extant research should be utilized if directly related. In this situation, the outside voice would be the extensive research that children benefit from contact with both parents. Certainly, there would also be research to suggest that a parent who is a security threat is not an appropriate parent. However, a parent who is not a security threat to their child, when the child wishes contact with that parent, can be an asset to their child.

Normally, two clear voices in unison in a family would be considered a good direction to move toward. However, in this situation, Roses concern has such gravitas, due to safely, that safety itself must be assessed. But to assess this, Theo must be granted access to Dante in an observed environment.

### *5.1 The Intervention*

Therapist: *"While some would argue that if two voices, out of three, in the family recommend a particular result, it needs to be considered strongly. But, when one voice is questioning safety, then before anything else, safety needs to be assessed."*

This intervention involves both non-blaming precision and non-directional paradox. All positions are clearly stated, and none of the positions held can be disproven. Thus, the paradox is the dilemma itself.

*Rose responded: "What* does *that mean?*

*Therapist: I would* recommend *that it needs to be determined if Theo can be a good father. Research is crystal clear on this, two parents (if both or available) provide more "social capitol" than does a single parent. We should, for Dante's sake, determine if Theo can be an asset. If he is unfit, we will have a very good indication of that. That is my recommendation."*

### *5.2 Elements: Reframe and Non-Blaming Precision*

*Rose continues "I don't want him involved. No, I don't want it."*

*Therapist: I was brought up by a single mom, but I was allowed to see my dad. He was an alcoholic and was, at times, drunk while driving. But a son benefits from contact with a father, even a less-than-perfect man. Dante is not going to stop asking about his dad and eventually he will get angry at you* (*which feels remarkably unfair to the mother, but it happens regularly). If Theo wants to see Dante he will need to be coached and monitored. But that could offer you some "me time" and be important, psychologically, to Dante."*

*Rose: "I am going to watch like a hawk and the minute he does anything I think is damaging to Dante I am pulling him."*

*Therapist: "I appreciate the chance to give Dante both parents."*

### *5.3 What Is Accomplished by the Intervention*

The topic has now been reframed to "safety." No longer is the impasse the only topic. The impasse between the parents can only be altered if a new primary concern is presented. But for that to occur, the non-blaming precision explains the dilemma of multiple, conflicting realities. A shared reality must be found. In this case, the shared reality is that all desired safety.

## 6. Conclusion

In this article, we have distilled strategic interventions that are central to the therapy of one clinical expert. These interventions provide a method to assist clients to see alternatives to views that often keep them clinically at impasse. Through humane and precise use of language and perspective, the therapist, comfortable with the integration of strategic thinking, can help people caught in an impasse that feels immovable. When successful, these interventions flow naturally and are experienced as deeply empathic.

While strategic thinking has been widely applauded for its brilliance, many tend to see it as manipulative. This article outlines that through the use of clear empathy and an openness to multiple valid position, strategically-based interventions can be profoundly respectful and empowering.

George Kelly [28] began the movement toward accepting that problems are contextual, they exist in one person's perspective. While many clinical issues have a right and wrong, therapists working with systems will confront situation wherein, with a little discipline, the therapist can assist people to see that neither person has a monopoly on the "correct response". The acceptance of that reality allows for humane interventions that use empathy and language to help people understand that only a paradigm shift will assist people to move past a never-ending argument. The authors hope this article opens each therapy to their own fuller understanding of stuck situations, and how to intervene when being "right" is truly a matter of perspective.

## Acknowledgments

The authors would like to thank doctoral student Natalie Weaver for her thoughtful and thorough assistance in organizing this paper for publication.

**Author Contributions**

Dr. Hull originator of concept, primary author. Dr. Browning second author, consultant on case examples. Ms. Puzio, third author, researcher, editor.

**Competing Interests**

The authors have declared that no competing interests exist.

**References**

1. Haley J. Uncommon therapy: The psychiatric techniques of Milton H. Erickson, M.D. New York: W. W. Norton & Company; 1973.
2. Sprenkle DH, Davis SD, Lebow JL. Common factors in couple and family therapy: The overlooked foundation for effective practice. New York: Guilford Press; 2009.
3. Stricker G, Trierweiler SJ. The local clinical scientist: A bridge between science and practice. Am Psychol. 1995; 50: 995-1002.
4. Bateson G. Steps to an ecology of mind: Collected essays in anthropology, psychiatry, evolution, and epistemology. Chicago: University of Chicago Press; 2000.
5. Whan M. Tricks of the trade: Questionable theory and practice in family therapy. Br J Soc Work. 1983; 13: 321-337.
6. Cavell TA, Frentz CE, Kelley ML. Acceptability of paradoxical interventions: Some nonparadoxical findings. Prof Psychol Res Pr. 1986; 17: 519-523.
7. Foreman DM. The ethical use of paradoxical interventions in psychotherapy. J Med Ethics. 1990; 16: 200-205.
8. Szapocznik J, Perez-Vidal A, Brickman AL, Foote FH, Santisteban D, Hervis O, et al. Engaging adolescent drug abusers and their families in treatment: A strategic structural systems approach. J Consult Clin Psychol. 1988; 56: 552-557.
9. Hayes SC, Pierson H. Acceptance and commitment therapy. In: Encyclopedia of cognitive behavior therapy. Boston: Springer US; 2005. pp.1-4.
10. Browning S, Hull R. Reframing paradox. Prof Psychol Res Pr. 2021; 52: 360-367.
11. Frankl VE. Paradoxical intention and dereflection. Psychotherapy. 1975; 12: 226-237.
12. Mozdzierz GJ, Macchitelli FJ, Lisiecki J. The paradox in psychotherapy: An Adlerian perspective. J Individ Psychol. 1976; 32: 169-184.
13. Brehm JW. Psychological reactance: Theory and applications. Adv Consum Res. 1989; 16: 72-75.
14. Fraser JS. Unifying effective psychotherapies: Tracing the process of change. Washington: American Psychological Association; 2018.
15. Erickson MH, Haley J. Conversations with Milton H. Erickson, M.D. volume 1: Changing individuals. Harrisburg: Triangle Press; 1985.
16. Flaskas C. A reframe by any other name: On the process of refraining in strategic, Milan and analytic therapy. J Fam Ther. 1992; 14: 145-161.
17. Watzlawick P, Weakland JH, Fisch R. Change: Principles of problem formation and problem resolution. New York: W. W. Norton & Company; 1974.
18. Loeschen S. Systematic training in the skills of Virginia satir. Boston: Cengage Learning; 1997.
19. Minuchin S, Fishman HC. Family therapy techniques. Cambridge: Harvard University Press; 1981.

20. de Shazer S. Keys to solution in brief therapy. New York: W. W. Norton & Company; 1985.
21. Browning S. The spectrum of empathy. J Imago. 1998; 4: 12-24.
22. Goldman AH. The right argument from moral disagreement. Theoria. 2022. doi: 10.1111/theo.12401.
23. Kohut H. Introspection, empathy, and psychoanalysis an examination of the relationship between mode of observation and theory. J Am Psychoanal Assoc. 1959;7: 459-483.
24. Rogers CR. The necessary and sufficient conditions of therapeutic personality change. Psychotherapy. 2007; 44: 240-248.
25. Browning S. Expanding empathy: Challenges and opportunity in the therapeutic alliance [PowerPoint slides]. 2014.
26. Slife BD. Theoretical challenges to therapy practice and research: The constraint of naturalism. In: Handbook of psychotherapy and behavior change. New York: Wiley; 2004. pp.44-83.
27. Andersen T. The reflecting team: Dialogue and meta-dialogue in clinical work. Fam Process. 1987; 26: 415-428.
28. Kelly G. Personal construct theory. In: Beneath the mask: An introduction to theories of personality. 1955.