

# Collaborative Influence

Tom Strong\*

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*Collaborative therapists acknowledge their role in influencing clients and the outcomes of therapy. But the word 'influence', for many new to the collaborative therapies, can be mistakenly connoted as an undue exercise of therapist power. From a dialogic and social constructionist perspective, this article reflects on how therapists can be influential in collaborative ways. Negotiating 'shared intentionalities' with clients, while privileging their preferences in meaning-making and change—as part of respecting their primary authorship over their lives—assists therapists to employ their influence in ways that stay collaborative. Furthermore, by regarding client 'resistance' and misunderstanding as instructive, therapists can enhance their efforts to stay collaborative.*

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After viewing a videotape showcasing the clinical work of a well-known collaborative therapist, a student commented, 'It sometimes sounds like selling real estate on the moon.' This comment highlights an ethical concern many bring to therapies that directly influence a client's meaning-making. Constructionist therapies (examples: narrative, collaborative language systems and solution-focused therapies) literally view meaning construction as reality construction, something which occurs through our forms of conversation. The meanings that fit for us are those that find a resonance for us personally and work in our life circumstances. David Epston (1996) sums this up when he writes that therapy looks at both the 'poetics' and 'politics' of meaning making. In this article I focus on the political aspect of meaning-making, a process whereby clients and collaborative therapists co-create and negotiate preferred meanings and actions. I also address the ethical queasiness that may lie behind the student's comment.

## The Impossibility of Not Being Influential

Years ago, the pioneers of brief therapy at the Mental Research Institute (Watzlawick, Beavin and Jackson, 1967) concluded from their research on the pragmatics of communication that a therapist could not *not* influence clients. The very act of meeting together influenced the experience of clients, as did a therapist's silence, head nods, breathing, requests for information and so on. Clients at the Milwaukee Brief Family Therapy Centre reported that even the act of making an appointment itself influenced preferred changes (Weiner-Davis, de Shazer and Gingerich, 1987). Put a 'listening only' therapist, a not-yet-met, but anticipated, therapist, a dead one or a Svengali in the

consulting room and there will be *some* effect on clients. Of course, the same could be said of clients' influence on therapists. Carl Rogers saw therapists' influence largely in their making the consulting room a place where clients felt respected, understood and responded to with genuineness: more seems involved in the collaborative therapies. Students of Milton Erickson (Watzlawick, 1978), have identified dimensions of therapeutic conversation that occur outside the awareness of clients and therapists. These dimensions—exemplified in such things as the presuppositions in questions, the choice of ambiguous words, subtle modifications to clients' words and phraseology, and metaphor use—can be either, purposefully or unintentionally, influential in therapeutic conversation. While many therapists collaborate with clients in addressing problematic aspects of clients' experience, they often remain ambivalent about how they may exert their influence unduly.

Most of us readily acknowledge the social influences we face in our daily lives. John Shotter (1993) saw these as the 'cultural politics of everyday living'. Parents influence children and don't come out of the experience of parenting quite the same either. The same could be said for our best friends who can be so understanding in one breath and so credibly capable of telling us we're 'full of it' in the next. So, in the face of these influences, how do meanings endure for individuals and their relationships? While social scientists and philosophers have had a field day with this question, most therapists are more concerned with helping clients acquire preferred meanings that work for them. But this is not an inert process; asking people about their preferences challenges them to examine the influence they have in their relationships and circumstances. One of those circumstances is the conversation in which such questions are posed.

So, if we cannot avoid influence, to what end do we exercise it in therapy? Part of what drew me to the collaborative therapies is their ongoing intention to organise helping around client preferences. Harlene Anderson (1997) has spoken of this as negotiating a 'shared intentionality'

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that doesn't stop with articulating a client goal for therapy; it persists in preferences about the methods, the homework and the choice of conversational focus. If we forget and step outside of that 'shared intentionality', clients usually have unique ways of reminding us of their intentions and influence when they 'resist'. Some will find this appeal to therapist sensitivity—that is, to being informed by clients' experiences of relevant power differentials in therapy—insufficient. For them, clients have been socialised into deference with professionals that will silence their concerns when they experience difficulties with the asymmetry of power they have in their roles as clients. Some clients, goes the concern, are unfamiliar with and ill equipped to articulate their preferences and to negotiate them in the manner that is customary to the collaborative forms of helping. Where some therapists elect to go from there makes me queasy.

### Psychotherapy as Colonisation?

At a conference I attended a few years back, Kiwi Tamasese (1994), of the Just Therapy team in Lower Hutt, New Zealand, began her presentation with a comment that 'Psychology is the last coloniser of my [the Samoan] people'. As someone who routinely works with Aboriginal people in northern British Columbia this comment fits for me; I see people who have gone through waves of colonisation, including imposed forms of schooling, settlement, religion, and political bureaucracy. Along with modern psychology, these impositions were all made from a 'what is best for you' perspective by the colonisers. As post-colonialists frequently say: 'Good intentions aren't good enough.' As critiques of psychology came in from cultural, gender, sexual-orientation and other groups, it became clear that, given psychology's predominantly male and Eurocentric intentions, many of its stances leave important segments of society at its margins. Further, psychology can be impositional when proffering its views of, and means for achieving, 'the good and proper life'. The therapies derived from this view request from their consumers an implicit buy-in to a social-cultural package, something not hard to do when you're a white upper-middle-class male professional at the centre of this package, as I am. What people like Kiwi Tamasese bring to the collaborative therapies is a sensitivity to this kind of therapist influence as something that needs to be 'on the table' for discussion.

Still, collaborative therapists cannot avoid bringing their intentions into therapy. Whether they invite consideration of solution-construction instead of problems (e.g. de Shazer, 1988), tentatively personify problems rather than problematise people (White, 1989) or ask questions from a 'not-knowing' curiosity (Anderson and Goolishian, 1992), their influence is active in negotiating with clients aspects of the therapeutic conversation's direction. Collaborative therapists dare to stay in an ongoing negotiating stance (Real, 1990) whereas those of other therapies are less flexible in 'sharing the floor' with clients and their preferences. Collaborative therapists customise their efforts in response to client preferences, and attend to clients with an ever-present sensitivity to misunderstandings.

Seen differently, misunderstandings, resistance or implied disagreements show that the customising task at hand is losing its shared intentionality and that therapists need to renegotiate their way back to it, or accept that they have stopped being collaborative.

Picture this: you have contracted, *carte blanche*, a home remodeller who, upon entering your home, says your living room walls must be fuschia, that you need rare teak floors and then starts tearing up your favourite rug. Similarly, you may see a therapist about the failure of a relationship who, after fifteen minutes, asks you to lie down on a mat, while imagining a pine needle trying to move down your throat as you report on its (the pine needle's) travels. After session three, you ask how long this way of working might take and you are told three years, 'maybe'. Both points overstate my concerns about negotiation, but I hope make clear the business of negotiated processes and outcomes in therapy. Customising our work to the specifics of clients' preferences and their reported circumstances—and accepting that clients' responses are what informs good customising efforts—helps to move us out of undue influence.

### Invitations to Collaboration

I've come to appreciate the stance of narrative therapist Alan Jenkins (1990), who views therapists' questions and actions as 'invitations' to clients. How different this view is from those styles of therapy which, for example, speak of therapists cognitively re-engineering their clients' thought processes. Similarly, expertise in collaborative processes is not about win-lose negotiations or about therapists by force of enthusiasm securing the consent of their clients to adopt a particular intervention strategy (the source of the student's queasiness about lunar real estate sales). Such approaches do not see therapy as dialogues between preference-making individuals; therapist interventions are things 'done to people' 'for their own good'. I view my questions and responses in therapy as invitations that might be taken up, re-worked, or rejected according to clients' preferences. I try to keep my responses focused on sharing an intentionality with them, hopefully minimising my abuse of influence.

One of anthropology's contributions to postmodern thinking is that reality construction occurs in 'local' ways of knowing and relating. This runs counter to the modernist worldview that there is one knowable reality (one that psychologists are presumably closer to understanding than clients) to which they bring their problematic deviancies. Some philosophers might refer to 'local knowing' as forms of discourse or 'language games'. Regardless, these are unique ways people understand, communicate and relate to their worlds and it is in their worlds that clients must find a fit with their understandings and ways of relating. Lacking the omniscience expected of experts (and feeling quite OK about that) collaborative therapists instead try to join in the unique ways of knowing and relating presented to them by their clients.

This joining is not done to acquire a masterful knowing of a client's world from which new forms of expertise

can be conveyed in interpretations and directives. Instead, the collaborative therapist inquires and is comfortable with being conversationally led to what clients feel stuck with, or would prefer, in their lives. From there, it isn't the knowing of the therapist that makes the difference as much as a shared participation in creating new ways of getting unstuck. Instead of *knowing*, there is a more tentatively curious feel to the conversation ('What happens if you do this?', or 'What do you think about this?'). Implicit in the discussion is a willingness to shape the direction of the conversation around clients' experiences and preferences. Therapists are neither passive in this process, nor do they abandon their values and ethics in the understandings and outcomes they co-construct (Real, 1990). Remembering that clients are the ones who ultimately make use of the outcomes of counselling, the question for therapists to reflect on is 'How are my values and ethics relevant to the experiences and preferences I am being told about?' Otherwise, the client's answers are like a Seeing Eye dog for the therapist, directing how therapy will proceed. Nevertheless, collaborative therapists cannot escape influencing the process and outcomes of the therapeutic conversation, and they don't unilaterally determine those outcomes and processes.

### Conversational Flexibility

Rom Harre (Harre and Gillett, 1994) has suggested that one way of understanding intelligence is as 'discursive flexibility'. By this, he means that one's ability to join and participate flexibly in unique forms of understanding and relating creates an adaptable human being. In therapy, I think of this as conversational flexibility. The collaborative therapist, in my view, is one who can conversationally join clients in their ways of relating to their worlds, while expanding on those worlds from within the client's local ways of knowing. Reflecting team originator Tom Andersen (1995), speaks of therapists whose language or interventions are 'too unusual' for clients, and this gets at my meaning from its flipside. It would seem that a major part of what happens, particularly in narrative therapy and collaborative language systems therapy, is that therapists orient to the languages used by clients, enabling themselves to be influenced by the uniquenesses of clients' ways of representing their difficulties, preferences, and resources. Like the earlier mentioned 'breaches' in shared intentionality, therapist language that is 'too unusual' for clients creates its own relational breach, something I see as a legitimate challenge to therapist conversational flexibility. Whereas many other therapies e.g. psychodynamic (Hollender and Ford, 1990) and transactional analysis (Clarkson, 1992; counter-example: Miller, Duncan and Hubble, 1997) request that clients accommodate to the language of the therapist, the collaborative therapists are conversationally flexible, meeting and working with clients in their unique ways of talking and understanding.

Rooting therapeutic conversation in the social constructionist view that discussions 'bring forth' realities, collaborative therapists approach conversation with a pregnant sense of possibility. We know that questions

aren't neutral fact gatherers. As Miller and de Shazer (1998) recently wrote

The lack of connection between problems-focused and solution-focused language games is central to the practice of solution-focused therapy... 'Finding' the causes of clients' problems is not necessary to constructing solutions, and the time devoted to the search for causes may actually make the problems worse. Different language games have different practical consequences for game 'players' (370).

Where we invite clients to reflect upon their experience, by way of our questions, has great influence on not only the conversation's focus, but on its outcomes as well. If our invitation is not taken up, we find alternatives in line with clients' preferences. The question of what is an 'appropriate' therapeutic conversation gets an answer very frustrating to the average hard-boiled modern-era therapist: it all depends. In collaborative therapy, it depends on what clients want (and stays relevant to that) until a preferred outcome is reached. The conversational journey to that outcome isn't laid out in script fashion, because the preferred possibilities created in the conversation suggest further possibilities and so on. This, again, emphasises the need for a therapist's conversational flexibility.

Heinz von Foerster, the famous cybernetician, once wrote, 'Act so as always to increase your options' (von Foerster, 1981). Conversation has an uncanny way of letting us know when options are narrowing as influences are closing down the field of possibilities. In teaching counsellors, and in reflecting on my own work, I've noticed that physical posture changes when the possibilities narrow, and efforts to influence get an urgency or sense of exigency about them. This was highlighted for me in a great diagram by James and Melissa Griffith (1994) who show deer in a tranquil mood contrasted with deer in a mobilised mode. In the tranquil mode, deer (we) are more reflective, more open to possibility, while mobilisation implies a fixation on specific action or concerns. Translating this into collaborative conversation, I've come to think of mobilised/tight postures (for either/both clients and therapist) as evidence of the field of possibilities closing down. At some point, in or coming out of a therapeutic conversation, clients hopefully will be mobilised but this is generally not a good posture in which to generate possibilities or to optimally share influence over outcomes. One indicator, for me, that I am unduly using my influence comes from recognising that I am promoting a mobilised client posture when we're at a stage that aims to generate possibilities, rather than to bring closure.

Finally, back to lunar real estate, I loved a passage from Bill O'Hanlon in his article 'The Third Wave' (1994) in which he likened some of the questions that David Epstein and Michael White asked to sequences in Bugs Bunny cartoons. Bugs (when he didn't like the predicament he was in) would simply pull out a paintbrush, paint a door onto the scenery and walk through it, leaving Elmer Fudd crashing into a wall of 'reality' where Bugs' door had been. Sometimes in the course of collaborative therapy discussions take place that create possibilities that

would seem implausible outside of that type of conversation. John Shotter (1993) has alternately referred to this 'joint action', the mutual creation of meaning particular to those creating it. This is not unlike what happens in summit negotiations between conflicting world leaders (witness Arafat and Netanyahu), possibilities emerge that are plausible for the participants: but these then must be worked back into the practicalities of people's lives. This is the 'reality' testing that any possibility must face. I've seen many seemingly implausible ideas grab hold of the imaginations of the clients I'm speaking with and, quite literally it seems, I've got to get out of their way as they dash off to actualise what they realise is now possible.

### Whose Life is being Authored here Anyway?

At this point, I've had more than a few folks jump in and say 'Suppose the client decides to murder someone', or 'Suppose they decide to spend all their savings on lottery tickets'. These are not intentions I wish to share, and while I've suggested a therapy focused on client preferences, there will be times when those I'm asked to work with extend beyond where I feel I can be flexible, given my values. Many collaborative therapists subscribe to a view that clients present seemingly unsolvable problems in terms of meanings that require further negotiation in order for the problems to be solvable. Clients' initially presented preferences, for collaborative therapists, are explored for elasticity of meaning that may permit negotiation of a 'problem' into a reconceptualised problem that is now solvable. The 'elasticity' also reflects the extent to which both clients and therapists are willing to negotiate their meanings. By extension, that 'elasticity' relates to preferences as well: stray too far from the clients' preferences and a breach in the therapeutic relationship occurs. This point has stirred much controversy, and relevant questions here relate to how elastic therapists' parameters for flexibly working from clients' preferences are, the sensitivity therapists have to intimations from clients that they feel imposed on, and when to discuss referral should they feel incapable of working from some clients' preferences. Still, there is a range of conversational invitations I can put before clients to invite reflection on their preferences as stated, or to co-construct alternative options I could more heartily support.

But, carried too far, this reservation about asking clients for their preferences can betray a common perception of many helping professionals: that clients are poor choice-makers. This is even explicitly stated in one of the most commonly used textbooks for instructing beginning counsellors ('One of the reasons clients get into trouble in the first place is that they make poor decisions' Egan, 1998: 202). It is easy to see how holding such views shifts the emphasis for goal or preference selection back to the therapist who, from a position of knowing, decides the usual criteria for goal selection *for* clients: goals within clients' control, goals that are flexible and sustainable, realistic goals, goals consistent with their (the clients') values. The collaborative therapist sees things differently:

the final editorial say on such criteria rests with clients, they are the 'primary authors' (Hicks, 1998) of their lives.

Each conversational juncture that suggests the therapist decide on such criteria, can be reformulated in a question that is asked with 'soft' curiosity ('hard' curiosity being of the interrogatory or forensic kind). Ultimately, the shared goal is to articulate a plan clients prefer, one they contract with themselves on, in the therapist's presence. Again, the therapist is not an inert presence in this process; places where the conversation might, in other therapies (e.g. Minuchin and Fishman, 1982), be shifted to the therapist's expert prerogative remain shared, with clients explicitly having final say. The conversational artistry to achieve such an outcome is clearly different from a 'knowing' expertise that implicitly says 'Now that you've told me what I need to hear, here's what you do ...' This can be exemplified by turning again, to Gerald Egan in his latest edition of *The Skilled Helper* (1998) where one will find a chapter subtitled 'Helping clients work on the right things'. I hope you share my sense of irony at seeing so many therapies described as 'client-centered' so freely jumping in at all-important conversational places of goal-articulation, seemingly wresting such decision-making authority away from clients. The weird thing here is that, regardless of the therapist's collaborative skills or 'knowing' expertise, clients have final say on their therapeutic preferences and act as ultimate arbiters of what is right for themselves.

I have lately been drawn to the work of Russian social psychologist, Mikhail Bakhtin, who stated (in Wertsch, 1991) that, 'Any true understanding is dialogical'. Such thinking lends itself well to a social constructionist view of therapy, and is the complement to Kathy Weingarten's (1991) view that the imposition of meaning is like conversational violence. Many well-intended therapies including most forms of cognitive behavioural or rational emotive therapy, overlook this collaborative view of meaning and outcome construction. Clients in those therapies, like those in the surgery room or dentist chair, hope like hell that their expert knows what s/he is doing and then usually consent to that expertise. Collaborative therapists ask for no such blanket consent and see their influence as refutable with each utterance. The heart of staying collaborative involves a capacity to negotiate a shared intentionality, and to never coast on the assumption that it has been attained.

Our influence, brought to helping conversations this way, does not leave us blindly invested in our theories of change as 'objectively sanctioned' reasons for intervening as we do. We need only look at the many varieties of consensual behaviour in society to know that shared influence and intentionality is not only possible, it is the preference of most of us. However, alongside such consensual behaviours are many power-over forms of relating that make 'influence' a word of concern for those who prefer consensual relating but fearfully expect its coercive evil twin: domination. My choice in becoming a collaborative therapist had much to do with finding a way to share my influence comfortably. Not having to be an expert was a huge relief, and so has been experiencing

that that I can help clients make differences they choose for their lives by aligning my influence with theirs.

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### SIGHT & SOUND BIOGRAPHY

I am here to speak to you  
Because my Mother and Father  
Never spoke to me.

Their silence bred in me  
This addiction to the music in language.  
In my formative first three years  
I lived in the vast bland expanse  
Of Western Australia  
Where the sky and the sea and the land  
Go out into space like a Kubrick film  
Where there is no horizon  
And so in the absolute land of absence  
And drought  
I wanted  
The sudden flood of images  
Forever.

Monday, 6 September 1999  
4:34 PM.

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