

# PRESOLUTION VARIABILITY

Authored by  
**Mohammed looti**

November 26, 2025

## RECOMMENDED CITATION

Mohammed looti (2025). *PRESOLUTION VARIABILITY*. Encyclopedia of psychology.  
Retrieved from <https://encyclopedia.arabpsychology.com/?p=20008>

## Definition and Contextualization of Presolution Variability

Presolution variability refers to the observable phenomenon within a clinical or psychological context wherein a client exhibits a diverse and often seemingly contradictory range of behaviors and emotional states prior to successfully resolving their primary psychological distress or behavioral problem. This concept is fundamentally rooted in the understanding that the organism, when confronted with an intractable difficulty, enters a phase of intensive behavioral searching. The behaviors displayed during this period are not merely random occurrences, but rather attempts, conscious or unconscious, to discover a functional pathway out of the current state of disequilibrium. The term emphasizes the **multiplicity** of actions--cognitive, affective, and motor--that characterize the stage before a stable, adaptive solution is achieved, making it a critical focus for assessment and therapeutic intervention. Understanding this variability requires a shift in perspective from viewing these behaviors as purely symptomatic to recognizing them as part of a dynamic, exploratory process inherent to change.

The scope of presolution variability extends far beyond simple symptom manifestation. It encompasses the entirety of the client's response system under stress, including shifts in relational patterns, fluctuations in mood stability, and the adoption and subsequent abandonment of various coping mechanisms. For instance, a patient struggling with severe anxiety might exhibit extreme avoidance one day, followed by impulsive exposure the next, reflecting a desperate search for relief without having secured a reliable strategy. This period is characterized by **instability** and **experimentation**, signifying that the current repertoire of responses is insufficient for the demands of the environment or the internal conflict. Clinicians are trained to observe the breadth and depth of this variability, as it provides crucial diagnostic information regarding the client's problem-solving capacity and the underlying rigidity of the core issue.

In systems theory, this behavioral searching is conceptualized as necessary system perturbation. When the established homeostatic mechanisms fail to restore equilibrium following a significant challenge or trauma, the system must increase its internal noise--the variability--in order to explore new functional parameters. Without this period of high variability, the system risks becoming pathologically fixed or stuck in a repetitive, non-adaptive cycle. Therefore, the presence of presolution variability, though often distressing for the client and challenging for the therapist, is paradoxically a hopeful sign, indicating that the individual is actively engaged in the process of change and is utilizing their inherent capacity for flexibility, even if that flexibility currently manifests in chaotic ways. The goal of therapy often becomes less about suppressing these varied behaviors and more about guiding the client toward recognizing and stabilizing the successful behavioral experiments that emerge from this period of intense flux.

## Theoretical Foundations of Presolution Variability

The theoretical underpinnings of presolution variability draw heavily from evolutionary psychology, cybernetics, and behavioral science, particularly the study of learning and adaptation. From an evolutionary standpoint, heightened variability during periods of resource scarcity or environmental threat is an adaptive strategy; increased behavioral exploration maximizes the probability of stumbling upon a successful survival strategy. Similarly, when a human system faces a psychological impasse--a problem for which no ready-made solution exists--it reverts to this fundamental exploratory mode. This process aligns with the principle of **variational selection**, where numerous behaviors are generated, and those that yield a positive outcome are reinforced and subsequently stabilized as part of the new solution.

Cybernetic models, particularly those focusing on feedback loops and self-regulating systems, provide an essential framework for understanding the nature of this variability. When a negative feedback loop fails to correct a deviation from a desired state (i.e., the problem persists), the system must generate new output until the desired input (the solution) is achieved. Presolution variability represents the system's frantic generation of output signals. If the client's typical responses (e.g., withdrawal or aggression) consistently fail to resolve the core issue, the system must produce novel, often unpredictable, behaviors. This period is effectively a natural internal process of trial-and-error, where the degree of variability reflects the perceived severity or insolvability of the problem. A broader, more intense range of variable behaviors suggests a greater perceived threat or a deeper structural rigidity in the established behavioral patterns.

Furthermore, concepts derived from complexity theory, including deterministic chaos, help explain why these behaviors often appear disorganized or random. While the behaviors are not truly random, they are highly sensitive to initial conditions, meaning small internal or external shifts can lead to large, unpredictable behavioral manifestations. This explains the characteristic pattern observed in clients like 'Sarai,' whose actions included seemingly unrelated emotional displays such as **laughing, crying, mistrust, and clinging**. These behaviors are not arbitrary; they are the system's attempts to find an attractor--a stable, functioning pattern. The high degree of variability is simply the transient phase required to break out of the old, problematic attractor basin and navigate toward a healthier one. Therapists utilizing this perspective recognize that attempting to immediately suppress the variability may inadvertently stifle the necessary search process.

## Characteristics and Manifestations of Presolution Variability

The manifestations of presolution variability are highly diverse, often presenting as a constellation of symptoms that defy simple categorization, which is precisely why clinicians must look beyond static diagnostic labels to understand the dynamic process at play. Key characteristics include rapid shifts in emotional tone, inconsistent motivation, contradictory interpersonal strategies, and a

high frequency of behavioral "starts and stops." For example, a client struggling with career paralysis might spend one week researching advanced degrees with intense focus, only to spend the following week completely withdrawn, convinced of their inadequacy, thereby exhibiting variability in both their activity level and their self-perception. This fluctuation is a hallmark of the presolution phase, contrasting sharply with the relative stability found both before the onset of the problem (pre-pathology) and after its resolution.

A particularly challenging characteristic is the presence of **contrasting behaviors**, where the individual simultaneously, or sequentially, employs strategies that are logically incompatible. In the classic example provided, the client displayed both profound **mistrust of others** and intense **clinging to certain individuals**. These actions represent opposing poles of relational engagement: one strategy attempts to maintain safety through isolation, while the other attempts to secure safety through proximity. Such contradictory actions highlight the client's internal conflict and their inability to commit to a single, effective coping mechanism. The variability is, therefore, a visible expression of the internal conflict itself, where different subsystems within the personality are vying for dominance in the pursuit of equilibrium, leading to behavioral output that appears chaotic to an external observer.

The intensity of the affective experience also fluctuates dramatically during this period. Moments of intense despair may be punctuated by periods of unexpected euphoria or manic activity, not necessarily indicating a primary mood disorder, but rather the system's desperate attempt to mobilize resources or escape intolerable distress. The observable markers of high presolution variability are crucial for the clinician, often signaling that the client is near a critical turning point—either toward a constructive solution or toward chronic disorganization. Clinicians often track these manifestations using detailed behavioral logs or qualitative assessments focused on the range, frequency, and novelty of behaviors observed, rather than just the severity of a single symptom.

The core manifestations can be summarized into several categories:

**Emotional Lability:** Rapid, unexplained shifts in mood and affective presentation.

**Cognitive Rigidity and Flexibility:** Periods of intense focus followed by inability to concentrate or make decisions.

**Relational Inconsistency:** Alternating between seeking extreme closeness and maintaining hostile distance.

**Inconsistent Effort:** High motivation for change followed by sudden, complete relapse into established patterns.

## The Functional Role of Variability in Adaptation

While presolution variability often appears maladaptive or stressful, its primary functional role is fundamentally adaptive: it is the mechanism through which novel, effective solutions are

discovered. If an individual were limited only to their existing, unsuccessful behavioral repertoire, change would be impossible. The generation of diverse responses increases the likelihood of accidental success, creating a moment of positive feedback that can then be leveraged by the therapeutic process. In this sense, variability acts as a necessary creative disorder that precedes structural reorganization. It is the psychological equivalent of a biological mutation--a deviation from the norm that, while risky, offers the potential for superior adaptation.

This phase serves as a behavioral stress test, allowing the client to unconsciously or consciously test the boundaries of their problem and the limits of their environment. By cycling through various strategies (e.g., passive resistance, aggressive confrontation, radical compliance), the client gathers crucial data about what works and what does not work within their specific life context. The seemingly chaotic nature of the behavior is, in fact, an efficient process of information gathering, even if the processing of that information is initially overwhelming. The therapeutic challenge lies in helping the client shift from merely generating variability to consciously observing and evaluating the outcomes of those variations.

The functional significance of variability is particularly highlighted in the concept of "breaking set." Many psychological problems are maintained by cognitive or behavioral rigidity--the inability to see or enact solutions outside of a narrow, repetitive frame. Presolution variability actively disrupts this set. When an individual is forced by internal distress to try something completely new--even if it is impulsive or poorly executed--they create a momentary opening in the rigid pattern. This opening is critical because it introduces novelty, which is the precursor to insight and true behavioral flexibility. Therefore, clinicians often view the appearance of novel, even problematic, behaviors not as regression, but as an indication that the client is actively fighting the inertia of the problem state.

## Variability Across Therapeutic Modalities

Different schools of therapy approach presolution variability with varying degrees of acceptance and intervention. In **Solution-Focused Brief Therapy (SFBT)**, variability is often viewed through the lens of exceptions. The therapist actively searches for the moments when the client's behavior deviates positively from the problem pattern, viewing these variations as embryonic solutions waiting to be amplified. The goal is to quickly stabilize these successful variations and reduce the reliance on ineffective, variable behaviors. SFBT tends to minimize discussion of the negative variability and maximizes focus on the positive, successful variations that naturally emerge during the searching process.

Conversely, in **Psychodynamic and Psychoanalytic approaches**, presolution variability might be interpreted as resistance or the emergence of unconscious conflict into the conscious domain. The chaotic behaviors are seen as symbolic enactments of underlying unresolved issues, often related to attachment or early trauma. The variability is not just a search for a solution, but a manifestation

of the dynamic struggle between competing internal drives or defenses. The therapist's role is to interpret the meaning of the variations, bringing the unconscious conflict into awareness so that the client can integrate the disparate parts of their experience, thereby reducing the need for chaotic external expression.

In **Cognitive Behavioral Therapy (CBT) and Dialectical Behavior Therapy (DBT)**, variability is acknowledged as part of the emotional dysregulation process, but the intervention is highly structured. The focus is on teaching specific skills designed to manage the intensity of the affective shifts and narrow the range of maladaptive behavioral variation. For instance, DBT skills like distress tolerance and emotion regulation are explicitly designed to prevent the client from engaging in extreme, variable, and often self-destructive behaviors while they search for more stable coping mechanisms. Here, the variability is managed and contained while new, adaptive behaviors are systematically built and reinforced, reducing the necessity of chaotic exploration.

### Assessment and Measurement of Presolution Variability

Accurately assessing presolution variability is essential for tailoring effective interventions, though it presents methodological challenges due to its dynamic and often subjective nature. Assessment typically relies on a combination of qualitative and quantitative measures, focusing less on static symptom checklists and more on the patterns of behavioral change over time. Clinicians track the **range, frequency, intensity, and novelty** of behaviors observed between sessions. High range (a wide variety of behaviors) and high novelty (behaviors never before seen in the client) are key indicators that the client is deep within the presolution variability phase.

Qualitative assessment involves detailed narrative reports and process notes documenting the client's shifts in affect, cognitive themes, and relational interactions within the session. The clinician notes when a client adopts a new perspective or displays an unusual emotional response, asking: Is this variation a momentary deviation, or does it represent a potential new direction? Techniques often employed include:

**Behavioral Tracking Charts:** Logged by the client, noting specific contexts where new or unusual responses occurred.

**Affective Mapping:** Graphing the intensity and type of emotional states experienced daily or weekly.

**Relational Surveys:** Measuring the client's reported shifts in trust, closeness, and conflict with significant others.

These tools help transform the subjective experience of chaos into measurable data points, allowing the therapist to identify patterns in the variability.

Quantitative measurement, while difficult, attempts to establish a baseline of typical, problematic

behaviors and then measure the statistical deviation from that baseline. A rise in the standard deviation of behavioral output across several domains (e.g., mood, social interaction, work productivity) signals increased variability. Furthermore, researchers sometimes utilize complexity metrics derived from non-linear dynamics to analyze time-series data of symptoms, looking for markers of system instability or "critical slowing down," which often precedes a phase transition (the discovery of the solution). The ability to quantify the degree of variability allows the therapist to determine if the client is stuck in a repetitive loop of ineffective searching, or if they are successfully generating novel behaviors that could lead to a breakthrough.

## Clinical Implications and Interventions

The recognition of presolution variability holds profound clinical implications, primarily guiding the therapist away from premature intervention aimed at suppressing the varied behaviors. Instead, the focus shifts to containing the most destructive variability while simultaneously amplifying and stabilizing the beneficial variations. The primary goal is to ensure that the exploratory process remains safe and constructive, rather than devolving into self-harm or relational damage.

Specific interventions designed to manage this phase include:

**Psychoeducation and Normalization:** Explaining to the client that the chaotic feeling and contradictory behaviors are a normal, necessary part of the change process. This reduces client anxiety about "going crazy" and fosters acceptance of the temporary disorganization.

**Anchoring and Safety Protocols:** Establishing strict safety boundaries (e.g., no self-harm, maintained employment) to contain the most dangerous extremes of variability, allowing the client to safely explore non-destructive options.

**Selective Reinforcement of Novelty:** Identifying and positively reinforcing any new behavior, even small ones, that deviate from the problematic pattern, regardless of immediate success. This encourages further exploration.

**Meta-Communication about the Process:** Regularly reviewing the client's behavioral shifts and linking them back to the overall goal. Asking, "Which of these new strategies felt most helpful, even for a moment?" helps the client become a conscious observer of their own variability.

A common clinical mistake during this phase is attempting to force closure or impose a rigid solution too early. When the system is highly variable, any imposed solution is unlikely to stick because the system has not yet integrated the necessary changes. The clinician must tolerate the ambiguity and the seeming inefficiency of the searching process. The intervention must be timed precisely to coincide with the emergence of a stable, adaptive behavior that the client has discovered through their own exploration. Amplifying this emergent behavior--through positive feedback, homework assignments, or relational practice--is the key mechanism for transitioning from high variability to a stable solution state.

## Differentiation from Other Psychological Constructs

It is crucial to differentiate presolution variability from other psychological constructs that may superficially resemble it, such as generalized anxiety, symptom substitution, or mood cycling inherent to bipolar disorder. While a client in the presolution phase may exhibit anxiety or rapid mood shifts, presolution variability is defined by its **functional context**--it is explicitly linked to the unsuccessful search for a solution to a specific, identifiable problem. Generalized anxiety, conversely, may be pervasive and less tied to a current active problem-solving attempt.

Differentiation from **Symptom Substitution** is particularly important. Symptom substitution suggests that when one symptom is successfully treated, the underlying psychological conflict will simply manifest as a new, different symptom. Presolution variability, however, describes the behaviors that occur **before** the underlying problem is resolved. It is the exploratory phase, not the result of failed treatment. The behaviors observed are attempts to resolve the underlying issue, whereas substitution implies a mere shifting of symptomatic expression due to unresolved deeper conflicts. Presolution variability, when managed correctly, leads to structural change and resolution, not simply a relocation of distress.

Finally, while the lability and intensity of behaviors in presolution variability might mimic acute stages of personality disorders or mood disorders, the pattern is temporary and linked to the status of the problem. Once the adaptive solution is found, the variability decreases significantly and permanently. In contrast, the cycling and instability associated with conditions like Borderline Personality Disorder or Bipolar Disorder are often chronic, enduring features of the system that are not necessarily tied to a single, solvable life problem. The temporary nature and problem-solving function are the definitive markers distinguishing true presolution variability from chronic psychopathology.