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Constructive Questions:
How do therapeutic questions work?

by

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A Dissertation Submitted in Partial Fulfilment of the Requirements for the Degree of

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in the Department of Psychology

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ABSTRACT

In this dissertation, I examined how questions function in psychotherapy. While the Milan group (Selvini-Palazzoli, Boscolo, Cecchin, & Prata, 1980) were the first to recognise explicitly that questions could be more than simple information-gathering tools, many of the newer interactional therapy models also rely extensively on questioning. While there have been many attempts at classifying such questions, these taxonomies remove questions from their context, obscuring the ways in which they function interactionally. One of the main functions of questions is to <u>introduce embedded presuppositions as common ground</u>. That is, while many questions seem to be primarily requesting information, they are also indirectly introducing assumptions.

In a functional analysis of the process initiated by a therapeutic question, 10 sequential, frame-by-frame steps were identified and advanced: First, questions require answers; clients cannot easily ignore them. Second, the answerer must make sense of the question and its embedded presuppositions. Third, the question constrains and orients the answerer to a particular aspect of his or her experience. Fourth, in order to answer the question, the answerer must often do considerable on-the-spot review work. Fifth, in formulating an answer, the answerer does not

ordinarily comment on the embedded presuppositions. Sixth, an embedded presupposition is malleable and can be corrected. Seventh, once the answerer has responded, the very act of answering the question implicitly accepts the embedded presuppositions as common ground. Eighth, the answer is owned by the client, not the therapist. That is, because the client must provide information that the therapist does not have, he or she discovers and presents information consistent with the embedded presuppositions. Ninth, when the question has been answered, the initiative returns to the questioner (the therapist). And tenth, as conversations move ahead rapidly, it becomes increasingly difficult to return to earlier embedded presuppositions. Therefore, the answerer cannot challenge them, even though they were never explicitly discussed.

These steps were applied to questions in a wide variety of traditional and interactional psychotherapy sessions. It was clear that traditional therapies typically ask questions that embed presuppositions about pathology, chronicity, and inability, whereas questions in the interactional therapies introduce a more positive, option-enhancing perspective in that they embed presuppositions about agency, ability, and other positive qualities.

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Table of Contents

Title Page	i
Abstract	ii
Table of Contents	v
List of Tables	xii
List of Figures	xiii
Part One: Questions in Psychotherapy	1
Chapter 1: Introduction and Overview	2
Introduction	2
Overview	8
Chapter 2: Questioning in Traditional Psychotherapies	10
Psychoanalytic Therapy	11
Behavioural Therapies	14
Client-centred Therapies	18
Psycho-educational Therapy	20
Goldberg's "Question-centred Therapy"	23
Can Therapy be Non-directive?	28
Formulations	29
Indirect Assertions	43
Chapter 3: Questioning in Interactional Psychotherapies	49
Brief Therapy Questions	53
Problem Solving Questions	55
Questions from Milan Systemic Therapy	57

Analysis of Milan-Style Therapeutic Questions 72

Brief Solution Focussed Questions 78

Analysis of Solution-Focussed Questions 82

Narrative Therapy Questions 85

Analysis of Narrative Questions 88

Questions That Extend Invitations to Responsibility 94

Analysis of Questions that Invite Responsibility 100

Other Approaches 102

Questions as Transformative Micro-practices 102

A Question Classification Scale 105

Questioning Questions 111

Summary 114

Part Two: Questions More Generally 118

Chapter 4: Kinds of Questions 119

Socratic Questions and Zen Koans 127

Summary 133

Chapter 5: Toward an Interactional View of Questions 135

Interactional Constraints of Form 135

Questions Analysed According to the Knowledge States of the Interactants 139

Presuppositions 144

Clark & Schober (1992): Presuppositions, perspectives, and bridging inferences 148

Common Ground 150

Deliberately Creating Common Ground 153

Social Constructionism and Constructive Questions: Some Distinctions 161

Research on the Effect of Questions 164

Part Three: Embedded Presuppositions in Psychotherapy Questions 171

Chapter 6: How Therapeutic Questions Work: a Model 172

Selection of Therapeutic Questions 180

Chapter 7: Applying the Model to Questions in Interactional Therapies 182

Questions Require Answers 183

The Answerer must Make Sense of the Question 188

The Question Constrains and Orients the Answerer to a Particular Aspect of His or Her Experience 191

In Order to Answer the Question, the Answerer must Do Considerable On-the-spot Review Work 194

In Formulating an Answer, the Answerer Does Not Ordinarily Comment on the Embedded Presuppositions 196

An Embedded Presupposition Is Malleable and Can Be Corrected 198

Once the Answerer Has Responded, the Very Act of Answering the Question Implicitly Accepts the Embedded Presuppositions as Common Ground 202

The Answer Is Owned by the Client, Not the Therapist 206

When the Question Has Been Answered, the Initiative Returns to the Questioner, the Therapist 208

As Conversations Move Ahead Rapidly, it Becomes Increasingly Difficult to Return to or Challenge Earlier Embedded Presuppositions 213

Chapter 8: Applying the Model to Questions in Traditional Therapies 218

Questions Require Answers 219

The Answerer must Make Sense of the Question 221

The Question Constrains and Orients the Answerer to a Particular Aspect of His or Her Experience 224

In Order to Answer the Question, the Answerer must Do Considerable On-the-spot Review Work 228

In Formulating an Answer, the Answerer Does Not Ordinarily Comment on the Embedded Presuppositions 230

An Embedded Presupposition Is Malleable and Can Be Corrected 233

Once the Answerer Has Responded, the Very Act of Answering the Question Implicitly Accepts the Embedded Presuppositions as Common Ground 236

The Answer Is Owned by the Client, Not the Therapist 240

When the Question Has Been Answered, the Initiative Returns to the Questioner, the Therapist 243

As Conversations Move Ahead Rapidly, it Becomes Increasingly Difficult to Return to Earlier Embedded Presuppositions 246

Chapter 9: Summary, Future Directions, and Conclusion 253

Summary 253

Implications and Future Directions 260

Conclusion 267

List of Transcripts 269

References 275

List of Tables

Table 1: Questions Classified According to the Question Classification Scale 107

Table 2: Questions Classified According to Topic 115

Table 3: Question Constraints According to Form 138

Table 4: Questions Classified According to Knowledge States 144

Table 5: Belief in the Truth of Presuppositions 148

Table 6: 10 Principles of Constructive Questions 259

List of Figures

Figure 1: A taxonomy of question forms 119

Figure 2: A taxonomy of question functions 122

PART ONE

QUESTIONS IN PSYCHOTHERAPY

CHAPTER 1:

INTRODUCTION AND OVERVIEW

Introduction

Perhaps because we are a curious lot, people have been asking questions for some time now. Questions simply seem to be seeking information, and it appears that psychotherapy has viewed them solely from this perspective up until recently (Freedman & Combs, 1996, p. 113). Many of the newer interactional therapy models (also referred to as systemic, solution-focussed, post-modern, narrative or discursive; see Chapter 3) rely extensively on questioning of a different, even unusual kind. For example, in 1987 Luigi Boscolo of the Milan Centre for the Study of the Family interviewed a young woman who had lived a tumultuous life and was currently diagnosed as schizophrenic. In the following excerpt she is responding to his initial question, "How do you see yourself now?"

Boscolo Interview 1: Excerpt 1[1]

1 Client: I used to be promiscuous but I'm not any
2 more.

3 Boscolo: **What made you decide to change, from being**
4 **promiscuous to not being promiscuous?**
5 (Boscolo, 1987)

I call such questions constructive questions, in two

[1] As a convenience, transcribed interview excerpts are placed within the text rather than as an appendix. A listing of all transcribed excerpts is available on p. 269.

senses of the word. First, the question is constructive in the ordinary, helpful sense of presenting a positive view of her life and ability, rather than a view of her as pathological or unable to direct her own life. That is, Boscolo's question implies that she decided to stop being promiscuous (vs. being forced to stop, being stopped by treatment, or having stopped for no reason). Second, I want to call attention to the fact that it is Boscolo's choice of language ("decide") that discursively offers to construct her as the agent of change in her life.

What is it about some questions that is so appealing and apparently so effective? That is the focus of this dissertation. As a therapist, I have long been captivated by questions; they have amazed me. I recall observing my first interview conducted by a therapist who had trained in the Milan approach. The questions seemed magical, apparently blinking into our world, from some other place, to weave their magic. Initially I could not see where the questions came from. I wondered how anyone could even think up so many interesting questions. As I became more familiar with the ideas that could give voice to such questions, more familiar with their company, they lost some of their mystery but none of their appeal. And, as more and more researchers and practitioners shared reflections of their innovative encounters with persons seeking therapy, again and again it

seemed to me that questions were the Sherpas of their pioneering discoveries. While some therapeutic research has examined the frequency of therapeutic questions (Baldwin, 1987; Long, Paradise, & Long, 1981; Stiles, 1987; Neimeyer, 1988; Snyder, 1963) or various kinds of therapeutic questions (de Shazer, Berg, Lipchik, Nunnally, Molnar, Gingerich, & Weiner-Davis, 1986; Fleuridas, et al., 1986; Jenkins, 1990; Selvini-Palazzoli, et al., 1980; Penn, 1982; Penn, 1985; Sluzki, 1992; Tomm, 1985; Tomm, 1987; Tomm, 1989; White, 1986), there has been little attention paid to the underlying semantic and structural particularities of the questions that contribute to the positive transformation of personal difficulties, the questions I have been calling constructive questions.

Certainly, other psychotherapists have considered questions as a powerful tool in the therapeutic process. For example, Albert Ellis (1977), the founder of Rational Emotive Therapy decided that the therapist should employ Socratic questions rather than declarative statements (p. 192). However Ellis's focus seems quite different than Boscolo's. His questions construct a particular version of Joan, but it is not "constructive" version in the other sense. Consider the following example:

Ellis Interview 1: Excerpt 1

1 E - **Joan, what would you say most bothers you, today?**

2 J - My inability to express myself.

3 E - Your inability to express yourself. **Now can you**
4 **give me a brief recent illustration of this?**

5 J - Oh, recently I was with a friend who ah ah accused
6 me of ah saying something that I didn't say and I
7 wouldn't defend myself, I just apologized.

8 E - **And how do you feel after you apologized? This is**
9 **a girlfriend of yours?**

10 J - Right.

11 E - **And how do you feel after you apologized instead**
12 **of expressing yourself more fully to her?**

13 J - I was angry with myself.

14 E - You put yourself down.

15 J - That's right.

16 E - You see now I 'm going try to show you briefly
17 that you have two problems, first the original
18 problem where you failed to express yourself well
19 and then secondly you condemned yourself for
20 having that problem. Now let's start with the
21 second one first that you did put yourself down,
22 because that's going to make things worse instead
23 of better. Let's assume first of all that you're
24 right and that instead of expressing yourself
25 adequately with your girlfriend, what I call A the
26 activating event, you did poorly, we'll just
27 assume that, you didn't express yourself, you've
28 done this many times before and then at C the
29 consequence, the emotional consequence, **you felt,**
30 **you said ANGRY with yourself, right?**

31 J - Exactly.

32 E - Now I contend that A doesn't cause C, that no
33 matter how poorly you do it doesn't cause you to
34 put yourself down, to feel depressed. **Is that how**
35 **you felt, angry and depressed at yourself?**

36 J - Yes.

37 E - I say that's not so A doesn't cause C but B does,
38 B is your BELIEF system, what you tell yourself or
39 believe about what happened today and again we're
40 assuming again that A you really did do poorly you
41 didn't open up like how you really expected. Now
42 B, first of all you said something about yes, like
43 I wish I had expressed myself better, isn't it too
44 bad that I didn't open my big mouth more, **I've**
45 **often done that and that's a real BOTHER, is...**

46 J - Right. [overlaping]

47 E - **...that right?** but if you had only stuck with that
48 B, that rational belief it's a bother, I wish I
49 had expressed better, how unfortunate that I
50 didn't, you would merely feel SORRY and
51 FRUSTRATED, annoyed but not angry with yourself,
52 you have to go beyond that to feel angry with
53 yourself. **Now can you guess what you might have**
54 **said in addition to isn't it too bad?**

55 J - Well, wouldn't that all be justification after
56 that?

From this interview excerpt, it seems that Ellis is interested in orienting Joan to a more problem-saturated view of herself. Leaving aside the rather lengthy section of dialogue in which Ellis co-opts Joan's voice and speaks as if he were Joan addressing herself, the questions asked were all problem-orientated. Additionally, Joan's own negative or pathological descriptions were not only accepted without question (in contrast to the Milan Approach) but expanded upon and embellished.

In the following example we see a little more of the session Luigi Boscolo conducted with the young woman

originally diagnosed as schizophrenic. She has returned to his initial question, How do you see yourself?

Boscolo Interview 1: Excerpt 2

1 Cl: I see myself as I get -- uncontrollable urges
2 to, well, if I'm not careful, I hurt people.
3 And it's hard to know ...

4 LB: **Hurt PHYSICALLY, you mean?**

5 Cl: Hmm?

6 LB: **Hurt PHYSICALLY?**

7 Cl: No, emotionally.

8 LB: Emotionally.

9 Cl: Yep, feelings.

10 LB: I see. (Pause) **Have you the impression that you**
11 **hurt, emotionally people in your life--?**

12 Cl: [Overlapping] Mhm.

13 LB: **Were there more times that you HURT people**
14 **emotionally or instead that you HELP people**
15 **emotionally, in YOUR life, I'm saying?**

16 Cl: Oh, I help more,

17 LB: You help more.

18 Cl: emotionally.

19 LB: **Whom, do you help the most, in your life?**

In this example the therapist moves the inquiry in a particular direction. The excerpt is remarkable as much because of the questions that are not asked as the ones that are. A therapist with a different orientation might have felt compelled to focus on the "uncontrollable urges" (line

1) the client reports. Instead each negative or pathological description proffered by the client is examined instead for evidence of health or ability. Just as the therapist does not ask why the client was promiscuous but rather why the client decided to change, the therapist does not solely inquire about the details of emotional hurt but also asks about emotional help (lines 10-12). The therapist's questions introduce other topics that orient the client to a different view of herself. The client finds she is describing herself as a woman who decided to change her life around and as a person who is helping people emotionally (more often than uncontrollably hurting them). A view that orients a person to consider herself decisive, able to change, and helpful to the emotional needs of others seems full of potential opportunities for further change. In brief, it seems that the effect of Ellis's questions could be quite different from those of Luigi Boscolo. To understand how and why this is so, we will need to examine questions, both in and out of therapy, very closely.

Overview

This dissertation consists of three major parts. Part One examines the history, role, and analysis of questioning in psychotherapy--first, in traditional psychotherapies (Chapter 2), and then in what I am calling the interactional therapies. Because most readers will be less familiar with

the latter therapies, Chapter 3 also includes a brief introduction to them.

Part Two steps back to look at questions more generally, that is, outside of psychotherapy. What kinds of questions are there and how do they differ (Chapter 4)? How have scholars analysed the functional properties of questions (Chapter 5)? In Chapter 6, I will build on the notion that questions embed presuppositions as common ground between the interlocutors, in order to create a model of questions that may be of use in understanding how they work in psychotherapy. In addition, I will describe some research evidence for the potency of questions (vs. statements).

Part Three returns to psychotherapeutic questions, applying the model of embedded presuppositions to the traditional psychotherapies (Chapter 7) and then to interactional therapies (Chapter 8). Both of these chapters consist of detailed analyses of questions from a wide variety of psychotherapy sessions. The last chapter summarizes the dissertation and describes implications and possible new directions.

CHAPTER 2:

QUESTIONING IN TRADITIONAL PSYCHOTHERAPIES

While questioning has been accepted by most practitioners as a integral part of a wide variety of approaches to psychotherapy, many psychoanalytic, behavioural, and humanistic psychotherapists do not consider questions to be therapeutic per se. For example, I once gave a presentation to a psychology class regarding psychotherapy, complete with videotaped excerpts from sessions I had conducted. Somewhat nervous about the presentation, I carefully chose excerpts that I felt were the most illustrative of my work and the solution-seeking process I was so passionate about. At the end of the presentation, a student raised her hand and wanted to know when I actually began the therapy. The student had seen all of my questions as simply information-gathering and was waiting for me to start making suggestions, offering advice, or talking about feelings. It is clear from the literature that this student was not alone in considering questions as (at best) a fairly benign act of simple information gathering and of no real therapeutic utility. Indeed, the dubious reputation of questions has a rich history. As Arbuckle (1950), a student of Carl Rogers, put it,

> Generally questioning is of doubtful value in the counselling situation. It is intellectual distraction, leading away from the emotional and the relevant,

leaving little possibility of therapy (p. 106).

Therapists affiliated with particular models of psychotherapeutic practice have wide ranging opinions on the efficacy of questions. Some models eschew questioning altogether while others suggest that questions are the cornerstone of their practice. However, according to Neimeyer (1988),

> in spite of their theoretical diversity, psychoanalytic, behavioural, and humanistic psychotherapies have held a predominately suspicious attitude toward questioning (p.75).

Psychoanalytic Therapy

In classic psychoanalysis, direct therapist inquiries are considered to be of limited value. Of far greater import are the analyst's interpretations of unconscious conflicts experienced by the client. Neimeyer (1988) suggested that this perspective is probably related to core theoretical assumptions that put the client's behaviours outside their own awareness, so that overt responses are simply distorted or defensive reflections of more fundamental pathogenic processes. Because direct questions would only evoke these distorted or defensive reflections, they are necessarily seen as less than helpful. However, as with all therapist-client interaction, some questioning seems unavoidable. Weiner (1975), a proponent of dynamic psychotherapy wrote, "it is appropriate for the therapist to

learn something about the background of presenting difficulties" (p. 54) and suggested, when dealing with a fairly specific complaint to inquire, "when did the anxiety attacks first begin, how are they manifest, what seems to bring them on, and so forth" (p. 54). Further, Weiner (1975) also suggested that

> when faced with a litany of complaints... it is usually helpful to call on the patient's judgement: [e.g.] You've mentioned a number of things you're concerned about; which are the ones that are bothering you the most or that you'd like to talk about first? (p. 55).

Thus some questions, for information-gathering or focussing purposes would seem to be permitted.

In the following transcript of a psychodynamic therapy session the subject of "transference resistance" is interpreted (Weiner, 1975, p. 198),

<u>Weiner Interview 1: Excerpt 1</u>

1 Pt: I know it's different from usual, but I just don't
2 feel like talking today. I suppose there are
3 things I could say, but I'd prefer to keep quiet.

4 Th: **What does keeping quiet mean to you, what comes to**
5 **your mind about it?**

6 Pt: Oh, I suppose keeping quiet means minding your own
7 business, not getting involved, keeping your
8 feelings to yourself.

9 Th: **So, maybe right here and now you have some**
10 **feelings you want to keep to yourself, to avoid**
11 **getting involved.**

12 Pt: Uh... no... uh, I don't think so. Nothing much at
13 all seems to be on my mind. (Patient squirms,
14 appears uncomfortable)

15 Th: **I wonder if you're not having some feelings about**
16 **me that are difficult to talk about.** (p. 198)

On line 4 we see that the therapist's question has implied that "keeping quiet" has an additional and therapeutically relevant symbolic meaning and that meaning has or will "come to mind" upon reflection (lines 4-5). Of course this may or may not be so, yet these possibilities are not readily available for debate. The subsequent comments made by the therapist are grammatically assertions (statements rather than questions), including the therapist's comment on lines 15-16 which is posed indirectly as a kind of, rhetorical, self-referenced wondering, or what could be termed as a "musing-out-loud". When assertions, however tentatively phrased are advanced (lines 9-11) the answerer, by virtue of the principles of conversational cooperation (Grice, 1975), is required to comment on the "truth" of the assertion (Jefferson & Lee, 1981). For the client-answerer this required turn can be difficult to manage gracefully if the assertion is not going to be accepted. Rejection of the assertion without rejecting the therapist's expertise can be awkward to communicate. Within the context of psychoanalytic and psychodynamic therapy, resistance to the formulations of the therapist are considered evidence for the very truth of the formulation. This makes any rejection of the therapist's interpretation

doubly difficult to manage. On lines 13-14, we see how the client's nonverbal behaviour is noted. Later in the text (Weiner, 1975), this behaviour is cited as informing therapist's view of the client as "resistive" and "maladaptively defensive" (p. 199). Nowhere is there any discussion of the therapist's question (lines 4-5) or of statements that are effectively questions (lines 9-11, 15-16).

Behavioural Therapies

Neimeyer (1988) suggested that many behavioural therapists see behaviour as governed by reinforcement contingencies that reside in the environment, rather than in the individual. Thus the client's verbal responses are often considered unreliable at best and irrelevant at worst. Neimeyer (1988) also noted that behavioural therapists often assign elaborate self-monitoring methods to circumvent the "unreliable" subjective self-report data concerning the antecedents and consequences of problematic behaviour. For example, Wolpe (1982), described a treatment for premature ejaculation that involved, "the client keeping a detailed record of his performances, which were to be timed as accurately as possible with a bedside clock" (p. 207). The process required that

> the client was to record the number of minutes of manual stimulation of the penis by his wife that brought him just short of ejaculation for each

successive sequence of stimulations (p. 207).

In addition, Wolpe (1982) described how a standardized written questionnaire (the Willoughby Personality Schedule) was used to determine the same client's experience of humiliation, stage fright, assertiveness and emotional hurt. However, even when the client is interviewed, the focus is

> a concentrated effort to secure the greatest possible definition in relating stimuli (situations) to the responses that constitute or underlie the complaints that brought the patient to treatment (Wolpe, 1982, p. 62).

These highly focussed questions will be illustrated in an excerpt of an initial behavioural therapy interview regarding treatment for a person with a phobia for sharp objects. Because the transcript is presented in a text devoted to the practice of behavioural therapy, it seems reasonable to assume it is representative of this approach. Further, Wolpe (1982) remarks that,

> the reader should attend to the manner and content of the questioning procedure. In particular, he should note how the therapist went out of his way to be permissive, to condone acts and attitudes that the patient seemed to believe it natural to deplore, and how he took pains to define with precision features that he thought might be significant for therapeutic action (p. 62).

While the reader is told elsewhere that the client's "Willoughby score was 66" (Wolpe, 1982, p. 63), it is clear from this excerpt that, in addition to the many written questions asked on such questionnaires, questions are also

asked during interviews. Behaviour therapy views questions as objective information-gathering tools but also permits facilitative comments that foster a "permissive emotional climate" or give assurances that "unpleasant reactions are reversible (can be unlearned)", or that are made to "correct misconceptions (e.g., masturbation is dangerous)" (Wolpe, 1982, p. 62). In the following example, I have included the therapist's comments (footnoted in the original) regarding the treatment, as they are illustrative of the approach in general.

Wolpe Interview 1: Excerpt 1

1 2 3 4 5 6 7	Th:	Dr. N. has written to me about you, but I want to approach your case as though I knew nothing about it at all. **Of what are you complaining?**	[Therapist's Footnote: It is always a mistake to rely upon the version of a case provided by a psychiatrist or psychologist whose orientation is not behaviouristic. Since a good deal of information that interests them may not interest us, and vice a versa.]
8 9 10 11 12	P:	I'm afraid of sharp objects, especially knives. It's been very bad in the past month.	
13 14	Th:	**How long have you had this fear?**	
15 16 17 18 19 20 21 22 23	P:	It began six years ago when I was in the hospital after my first child was born. Two days later, my husband brought me some peaches and a sharp knife to cut them	[Therapist's footnote: One does not have to be a Freudian to suspect from this that the baby might have been a resented intrusion in her life and, as will be seen, it was.]

24 with. I began to
25 have a fear that I
26 might harm the baby
27 with it.

28 Th: **How long had the**
29 **knife been with you**
30 **when it occurred to**
31 **you that it might**
32 **harm the baby?**

(Wolpe, 1982, p. 63)

The therapist's first question (line 6) is an invitation for the client to describe her concern. It is interesting to note that this is referred to as "complaining". Such a term characterizes the client as a complainer, which carries negative implications. Questions, even those intending to be completely objective, necessarily convey information to the answerer. "How long have you had this fear?" (line 13-14) constitutes "this" fear (rather than other fears) as a property of the person. One *has* measles, a swimming pool, two arms, or boxer puppies. Such a phrasing confers ownership, or characteristics, on a person. It stands in contrast to other questions that might have characterized her relationship with knives differently (e.g., How long has fear been picking on you? Who notices your response to the dangers sharp objects present? For how long have you felt so protective of your children?) The final question (line 31-33) in this excerpt characterizes

the knife as a companion (it had been "with her" for some time), which perhaps explains the curious phrasing that suggests "it might harm the baby". This implies that the knife might suddenly spring from the drawer (as if possessed with the spirit of Stephen King) and attack the children.

Client-centred Therapies

While humanistic psychotherapists are very interested in the subjective experience of their clients, they too have reservations regarding questions. They consider direct questions as distracting from the client-centred personal exploration of feelings and reactions. Some manuals for client-centred therapy criticize even the occasional use of questions. In one transcribed session, Rogers (cited in Dillon, 1990) criticized the therapist for "breaking into the client's flow of feelings" (p. 46) and noted "how futile it is to probe for attitudes" (p. 46). Questions were referred to as "dubious", "blunders", and "less profitable" (p. 46). In another session Curran (cited in Dillon, 1990) reported, that the interview went

> awry because occasional questions produce blocking and resistance in the client; induce her to be silently co-operative [evidenced by her waiting for further questions]; misleading and misdirecting the interview, and keeping it on a surface level (p. 46).

Egan (1975) suggested "low-level counsellors ask too many questions and try to substitute questions for accurate empathy" (p. 88).

According to Neimeyer (1988), some forms of questioning became more accepted by the major schools of therapy during the 70's and early 80's. This liberalization, perhaps as a response to the need for more time-limited approaches led to a number of more directive models. Rational Emotive Therapy (Ellis, 1977) was one such model. Ellis (1977) suggested that once

> questions have uncovered and clarified the client's irrational ideas or philosophical assumptions, [the therapist] tries in a hard nosed and persistent manner to annihilate them by repeated and vigorous questioning. [The therapist] challenges the client to think about the validity of his assumptions and pushes him to think for himself instead of merely parroting irrational phrases (p. 192).

According to proponents of Rational Emotive Therapy, questions are considered to "keep the therapist from being dominant, while helping the client to think for him/herself" (Ellis 1977, 192). It is hard to see how questions that "annihilate" a client's philosophical assumptions are at the same time preventing "the therapist from being dominant".

With the exception of Ellis, it is clear that most of the traditional models of psychotherapy viewed questions as essentially information-seeking. While some traditional therapists asked certain kinds of questions, their attitude might best be described as ambivalent regarding the information obtained as a result. Traditional therapists considered the answers for the most part unreliable and the

questions often as distracting from the process at hand.

Psycho-educational Therapy

A shift was also taking place in some of the more traditional approaches to counselling, in part brought on by the growing interest in cognitive and psycho-educational approaches (Anderson & Biddle, 1975; Long, 1975; Long, Paradise & Long, 1981). The process of teaching and the imparting of knowledge was becoming very much a study in its own right, and this discipline was already quite familiar with the use of questions in the classroom. Therefore, it makes some sense that the very few advocates of questioning within a traditional clinical context had some connections to education. According to Long et al., (1981),

> counselling is based on the establishment and maintenance of a facilitative relationship and demands the exchange of information, which leads to new learning unlearning, or relearning for the client (p. 6)

While the focus of these approaches was still on building a close, trusting, and caring relationship, certain facilitative questions that furthered those ends were permitted. According to Long, et al., (1981), one appropriate use of questions within the therapeutic context was as a kind of self-analysis. For example, therapists might ask themselves, "Do I feel capable of understanding what this person is trying to say to me?" (p. 8). While it may seem odd that this kind of question would deserve

comment, the therapy of the day was very critical of all questions yet also very interested with the mental interiors (feelings, thoughts, etc.) of human experience. Following this sort of introspective analysis, as might be consistent with traditions in psychodynamic and psychoanalytic therapy, some additional questions following a similar theme could be directed to the client. Long et al., (1981) suggested it was in fact permissible to ask the client to comment on the process of therapy. For example, "Do you feel I am understanding what you want me to understand?" (p. 9).

Questions were also allowed in order to demonstrate interest, stimulate disclosure, elaborate, and narrate feelings;

> I heard you say your father left home very angry. What did you experience at that moment (Long et al., 1981, p. 9)?

Questions were also used to

> understand the themes and patterns of the client's behaviour, verify inferences about the client and become acquainted with the clients attitudes, emotions, motivations, and concept of self (Long et al., 1981, p. 10).

In posing such questions Long et al., (1981) noted that "encountering" or confronting a client is an importing part of identifying "destructive patterns of behaviour" and aid "in the integration of disowned parts of his or her being" (p. 13). Long et al., (1981) also suggested that,

> gentle, successive questioning can help lead the client

> through learning steps to arrive at understanding. Such questions can move from the concrete to the abstract, from the specific to the general (p. 13).

These authors were not looking at questions in the same way as those therapists who were working from an interactional perspective. In fact, the very reasons interactional therapists were drawn to the generative potential of questions, the way questions could be used to suggest alternative perspectives, was the cause of much concern for Long and her colleagues. Long et al. (1981) noted that questions are not just open or closed, but exist on an "open-to-closed continuum" (p. 18). While Long et al. did not go so far as to suggest that questions are imposing perspectives of the world, they seemed to acknowledge their potential for influence: for example,

> Even when we are speaking of open versus closed questions, there is still a range of limits posed by each. These limits include control of the frame of reference, control of the time frame, and even control of the background data supplied.

While Long et al., (1981) observed that, "How would you like to begin?" is infinitely preferable to "Start talking!" they also noted that questions "find their way into counselling interaction whether we like it or not" (p. 18). Indeed the number of comments along this line indicates a degree of ambivalence with regard to therapeutic questions and their utility.

In summary, the scholarly literature pertaining to

questioning within traditional clinical approaches has occasioned just a handful of publications. While decidedly cautious about the merits of therapeutic questions, their view and general treatment of questions acknowledges many of the orienting and influencing effect of questions in conversation.

Goldberg's "Question-centred Therapy"

The apparent exception to a general dismissal of questions in traditional therapies is Goldberg's (1998) recent "Question-Centred Therapy," which she links to the cognitive and psychoeducational approaches, especially Beck (1979, as cited in Goldberg, 1998). Goldberg (1998) has suggested that "questions are the primary means by which doing, having, accomplishing, and growing are catalysed--and often made manifest--in our lives" (p. 3). Goldberg aims to teach clients "the skills to change" including "self-observation," the "ability to recognise patterns," and "an appreciation of how language itself can either hinder or facilitate the perception and fulfilment of new possibilities and choices" (p. 6). Central to Goldberg's (1998) approach is the notion that questions are omnipresent in our lives, occurring not only in conversation but also "internally, in self-talk, internal dialogue or thinking" (p. 3).

Goldberg's focus is on these "internal" questions which

she assumes clients are fruitlessly asking themselves:

> it is important for clients to learn that the solutions they seek lie behind doors which could remain forever closed unless opened by the right questions. If people repeatedly make such queries as: "Why am I such a failure?" or "Why do I have all the bad luck?" or "Why did I have to be born into such a troubled family?" They condemn themselves to a linguistic prison of their own unwitting construction (p. 5).

From the point of view of this dissertation, there are two anomalies in Goldberg's (1998) approach, especially given that she cites many of the pioneers of interactional therapies (see Chapter 3) and, in particular, embraces and praises the positive solution-focussed approach of the Milwaukee group (de Shazer et al., 1986). The first anomaly is that she does not focus on questions in psychotherapy but rather on how the client thinks, recast as (hypothetical) internal questions. Second, her focus in therapy is to teach clients about their unhelpful internal questions and to teach them to develop alternative, option-enhancing questions. These features are clearly illustrated in both the transcript of and comments on of one of her sessions. The transcript and Goldberg's comments appear in the left-hand column, and the comments I have added appear in the right hand column:

Goldberg Interview 1: Excerpt 1

THE CASE OF ANDREA

The session that follows,
#8, occurred just after the

couples session.

[This is just a few minutes into the session. Andrea and I have started discussing patterns of painful interactions in which she and Ted often got stuck. In fact, he cited this as a primary reason for wanting a separation.]

THER:	Andrea, you're saying that when Ted comes home and speaks to you in a certain tone of voice, you usually snap back at him?	Here Ted's "tone" is described in ambiguous neutral terms while Andrea's tone is characterized as "snapping back".
CLIENT:	That's right. He becomes sarcastic and says "Uh, Andrea" in a kind of belittling way. And that sets me off.	
THER:	And if you didn't react like that?	The therapist focusses on Andrea's behaviour as the problem.
CLIENT:	If I didn't snap back at him, and stayed calm, and said something nice? He might be like-	
THER:	"What happened to her?"	Therapist finishes Andrea's sentence in a way that suggests that a positive response from Andrea would be a surprising and unusual event.
CLIENT:	Yeah. (laughing)	
THER:	Well, that would be OK. I mean, you are coming to therapy because you want some	Therapist asks an

	changes, right? So, I think what you said was fine, that you want to stay calm. But what usually happens when he comes home after a hard day?	essentially rhetorical question regarding the reason to attend therapy then excuses Ted's behaviour by connecting it to a "hard day at work".
CLIENT:	We start yelling at each other, blaming each other, really yelling. Nothing gets accomplished at all.	
THER:	Well, actually something does get accomplished, but it's negative. What's the negative thing that gets accomplished?	Here the therapist contradicts the client and asks for the client to create a description of a "negative accomplishment".
CLIENT:	We feel further apart.	
THER:	I'm sure that's so-you end up feeling further apart. And I'll bet you also feel bad about feeling further apart. You're probably also upset that the kids heard you.	Here the therapist expands on the client's answer, adding several other problems: feeling bad, feeling upset, and suggesting the children have heard something they should not have heard.
CLIENT:	You're sure right about that.	
THER:	It must be disturbing to them, and they	The therapist elaborates on the problems: the children would be disturbed and

can't possibly know how to handle it. Besides that, later that night, it's probably harder for you and Ted to get back together. So, on the negative side, what you've accomplished is upsetting yourself, Ted, and the kids. And the evening, instead of being a nice family time, is terrible for everybody. (She nods in agreement, and makes a disgusted-looking face.) You see, Andrea, you always accomplish something by what you do, but you may not always like or want what you accomplish. There is always a result. There is always an outcome.

unable to handle the parents comments, and Andrea and Ted are unlikely to be able to readily recover from these comments.

Here Andrea is explicitly blamed for the comments which have led to a "terrible" evening.

Finally the therapist helps Andrea to understand some important and apparently fundamental truth--she doesn't know as much as the therapist. The stage is set to teach Andrea about the things she will need to know before she can take full responsibility for her husband's behaviour.

[It's important to reinforce to clients that there's always a consequence to their actions, and that they are responsible for their own behavior. This intervention sets the stage for the presentation of the Choice Model later in the interview.]

As is obvious from this excerpt, Goldberg's (1998) "Question-centered therapy" does not extend to an analysis of the therapist's questions, nor are her own questions "constructive" in the sense of creating positive versions for the client.

Can Therapy be Non-directive?

As previously mentioned, client-centred (Rogerian) therapists ask few questions because they believe that questions impose the therapist's agenda and distract from the process at hand. The terms "client-centred" and "non-directive" imply that other approaches are both directive and less oriented to the perspective of the client. In contrast "client centred", "humanistic", or "non-directive" therapists somehow just let it flow; their comments or assertions do not influence the client. However, as we will see, these approaches are inevitably introducing certain ideas that may in fact provide the clients with even fewer opportunities to assert their own agenda than in other, apparently more directive approaches.

In this section I will examine the alternative to questioning used by Rogerian therapists, namely the practice of reflecting back to the client what he or she said. This analysis will also illustrate the broader theoretical issues underlying this dissertation:

first, my emphasis on the importance of examining actual and

specific talk in order to understand therapeutic discourse and, second, my proposal that all therapeutic discourse whether questions or merely apparent paraphrases, inevitably is selective and hence influential.

Formulations

According to Garfinkel and Sacks (1970), in everyday conversation a member may use some part of the conversation

> as an occasion to describe that conversation, or explain it, or characterize it, or explicate, or translate, or summarize, or *formulate* the gist of it (p. 350).

Heritage and Watson (1979) were interested in examining those particular formulations which "characterized states of affairs already described or negotiated (in whole or in part) in the preceding talk" (p. 129) and went on to suggest that "formulations manifest three central properties: preservation, deletion and transformation" (p. 129). For example:

Heritage & Watson Interview 1: Excerpt 1

S: The inescapable facts are these, er in nineteen thirty two when he was er aged twenty three mister Harvey was er committed to Rampton hospital under something called the mental deficiency act nineteen thirteen which of course is a statute that was swept away years ago and er he was committed as far as I can er find Out on an order by a single magistrate er sitting I think in private.

I: How long did he spend in Rampton

S: Well he was in er Rampton and Mosside hospitals er

alternatively er until nineteen sixty one

I: **That's the best part of <u>thirty</u> years**

S: That's right. Now in nineteen sixty one...

> In this example, the interviewer's formulating utterance: "That's the best part or <u>thirty</u> years" exhibits these three properties. Specifically, it *preserves:* the length of time Mr. Harvey was in hospital whilst simultaneously *deleting* such information as: the names or the hospitals involved, the Act of Parliament under which Mr. Harvey was committed, what subsequently happened to the Act, the circumstances or his committal and so on. At the same time, the interviewer's utterance *transforms:* some of the information furnished to him (i.e., that Mr. Harvey entered hospital in 1932 and left in 1961) and re-presents this information as the outcome of an arithmetical operation: "That's the best part of <u>thirty</u> years." In furnishing the formulation, the interviewer re-describes or re-references parts of the information already delivered to him, thus preserving them 'in other words.' (P.130)

A number of researchers have used the concept of formulations to examine therapeutic discourse in particular. In her seminal study of an initial interview, Davis (1986) documented how a client-centred therapist transformed the client's initial version of her troubles into something quite different, a process that Davis (1986) called <u>(re)formulation</u> (p. 46). Davis identified the following excerpt of therapeutic discourse as an example of a re-formulation that served (in this case) to define the problem as a characteristic of the person rather than as a consequence of the situation in which she lived. The client had a difficult first pregnancy and is now expecting her

second child.

Davis Interview 1: Excerpt 1

209	C:	-- my first child was born too early
210	T:	Mmhmm
211 212 213	C:	-- because he wasn't getting enough to eat any more and that -- well, that just happens to you, you know
214	T:	Mmhmm
215 216 217 218 219 220	C:	which -- which I then very literally saw as -- I'm not giving him enough (sniffs)the result of which was that he was born too early, so the little thing had to stay in the hospital for weeks where it wasn't at all like what I wanted -- where I also had the idea it wasn't good, not good
221 222	T:	Mmhmm (pause)
223 224	C:	And -- and then a little afraid as well that -- yeah, yeah, couldn't I have prevented it --
225	T:	**-- and taking it on --**
226	C:	yes
227	T:	**yourself --**
228	C:	yes
229	T:	**like -- god, if I'd just --**
230	C:	Yeah.
231	T:	**Yes. Yes. And that's why, this time, let me --**
232	C:	Yeah.
233 234	T:	**-- etcetera. Yes. Yes. Which would mean a lot of tension for you.**
235	C:	Yes

236 T: **You're kind of piling things up, I think -- to to**
237 **-- go back to the beginning when -- you started**
238 **out with upset, a kind of word which I'm starting**
239 **to see as not really fitting your situation.**
240 **It's a -- too flat a word, I think.**

241 C: Mmhmm

242 T: **-- to -- to describe your experience.**
243 **(Pause)**
244 **Is that right? Huh?**

245 C: Yeah. (p. 53)

A closer examination reveals that the therapist contributed to the conversation in a way that exaggerated the emotional intensity of the client's experience, yet the therapist formulated this as the client's doing. For example, on line 226, the therapist adds "taking it on yourself", and on line 230, adds "like, god if I'd just" and again on line 234 adds "etcetera yes, yes, which would mean a lot of tension for you". On line 230 the therapist even begins speaking-as-the-client when he adds, "like, god if <u>I'd</u> just" and again on line 232, "Yes. Yes. And that's why, this time, let <u>me</u> --". On line 237 the therapist finally asserts, "<u>You're</u> kind of piling things up". Davis (1986) went on to show that the therapist made subsequent critical comments later in this same turn (line 239-245) regarding the "way" the client described her experience. Moreover, the therapist's formulation of "upset" upon which he bases his criticism is in fact inaccurate, she had said she was "awfully upset"

p.48). Davis (1986) described these comments as the initial step in a process that completely shifted the focus of the therapy by the use of

> a formulation which appears on the surface to be nothing more than a harmless observation on the part of the therapist concerning the client's manner of doing therapy talk. He is suggesting that she is talking in a way which probably belies her real feelings. In other words, she is putting up a façade. (pp. 53-54)

The therapist shifted the topic to the way in which the client expressed her experience (rather than the experience itself), a topic that is often the focus of discussion in client-centred therapy. In the following excerpt, towards the end of the session, the notion that the client puts up a façade in order to hide her feelings is re-formulated yet again:

Davis Interview 1: Excerpt 2

457 T: **You get -- uptight, telling it to someone.**
458 **Telling it to me, and you're saying, I -- I --**
459 **you -- I -- have the situation nicely under**
460 **control, and that's pretty uncomfortable --**

461 C: Yeah

462 T: -- somehow or other.

463 C: I know that, well, by this time, that I --

464 T: Yeah

465 C: can do that (laughs).

466 T: Mmm.
467 (long pause)
468 How do you want to *proceed* with this? (p. 66)

In this excerpt we can see the therapist re-formulating the problem as one of expression and control. As Davis (1986) said:

> The matter of the client's facade has been defined as problematic and documented as having far-reaching negative consequences for her, both outside and within the therapy setting. (p. 64-65)

A little further on in the interview, Davis (1986) transcribed another excerpt in which the therapist had re-formulated the problem as an extreme trouble with control and acting out:

Davis Interview 1: Excerpt 3

496 T: You haven't said this, but I think you do have
497 trouble that you --
498 yeah, how would you like to have it --
499 trouble with that -- **that extreme control and**
500 **extreme acting out.**

501 C: How would I want it to be?

As Davis (1986) put it:

> Despite the therapist's expert use of formulations in organizing the client's consent to work on the problem as defined, a veritable tug-of-war has ensued. The therapist continually re-formulates the problem and the client, after supplying minimal agreement, describes various [exceptions](p. 66).

From Davis (1986), we can see that therapists intending to be non-directive can in fact be directing the conversation in ways that contribute to important shifts in the client's perspective. Even when a client resists the therapist's initial re-formulations, dramatic shifts in

meaning may still be achieved via repeated re-formulations deployed over the course of the entire conversation. Indeed as is the case with this client, she concedes in the end.

In another study, Grossen and Apotheloz (1996) identified "self-reformulations". For example:

<u>Grossen & Apotheloz Interview 1: Excerpt 1</u>

1	F	there have been times when there was a lot of
2		affection [. . .] **I mean times which are quite**
3		**extraordinary** (p. 107).

These comments share some of the same discursive features as those sequences involving the therapist who talks-as-the-client. Both comments re-formulate, shifting the focus of the previous utterance, altering some features and preserving others. Typically, when therapists adopt this talking-as-the-client technique they act as-if they are the client and in effect take over the second part of the self-reformulation. For example:

<u>Boy & Pine Interview 1: Excerpt 1</u>

1	Cl:	There is so much to do. If I can't finished a
2		job, I smile at it and say, I tried."
3		
4	Co:	**So, I've improved but I'm also a little bit**
5		**disappointed that when I think I can do more and I**
6		**find I really can't.** (Boy and Pine, 1982, pp. 150-
7		151)

Grossen and Apotheloz (1996) identified self-reformulations by looking for one of two types of linguistic markers: those identified by a discourse shift marker or those identified

by the use of a meta-discursive clause.

> 1. Reformulations introduced by a metadiscursive clause, characteristics of which are to use a predicate mentioning the verbal activity itself (reported speech), as "you expressed that..," "you told me that...," "you actually mentioned that..." "you explained that..." etc. In principle, these reformulations are easy to identify.
>
> 2. Reformulations introduced by a marker as "in other words," "namely," "I mean," "for example," "how can I put it," "well," "thus," etc. These expressions, however, may be interpreted in several ways and have several semantic and pragmatic functions (Schiffrin, 1987), thus they should not be automatically considered to be reformulation markers. The context (namely semantic and situational clues) has to be taken into consideration to determine their function as a reformulation marker.(p. 107)

In the preceding transcript excerpt "So" (line 4), is a discourse shift marker and what follows re-formulates the clients previous utterance as-if the client had corrected (or re-formulated) himself. While Grossen and Apotheloz (1996) were not interested in these effective ventriloquistic, speaking-as-client type of re-formulations, their identification of linguistically marked re-formulations in therapeutic conversation are further evidence of techniques that even non-directive therapists can utilize in order to direct the conversation.

Hak and de Boer (1996), in apparent agreement with Heritage and Watson (1979), suggested that in many cases

> formulations, or this 'saying-in-so-many-words-what-we-are-doing' is achieved by producing a paraphrase of some prior utterance, preserving relevant features of

the prior utterance while also recasting it. (p. 85)

They went on to examine formulations in three types of interviews: interrogatory (physician), exploratory (psychiatric nurse), and collaborative (therapist).

In the following exploratory interview, the authors identified one reformulation towards the end of the excerpt:

Hak & de Boer Interview 1: Excerpt 1

(N=social psychiatric nurse P=patient)

P1: I've been used all my life. ((pause then very softly:))
(what I had already ( ) the whole country)

N1: Sorry.

P2: The whole country knew that.

N2: What did the whole country know?

P3: What I just said.

N3: I don't understand. I just don't get it.

P4: I've just been used all my life.

N4: By whom?

P5: By boys.

N5: Yes. And how does the whole country know about this?

P6: It was broadcast.

N6: It was broadcast. On radio or something?

P7: And on TV.

N7: That you're being used?

P8: No uh with whom I went to bed.

N8: **Strange.**

P9: Yes, I too consider it rather strange. (p. 89)

In this example Hak and de Boer (1996) suggest that:

> His assessment of the whole stretch of talk as 'strange' (in N8) can be considered as substituting for a formulation, and evoking the appropriate confirmation (in P9). (p. 89)

Further, Hak and de Boer (1996) suggested that the nurse is collecting symptoms in order to arrive at a diagnosis, even though this is not made manifest to the patient (p. 89). In another example of an exploratory interview, the problem (in this case, noisy birds) is initially deployed by the patient as a reason for leaving a shelter and entering a psychiatric hospital. However, the nurse adds new information (birds are everywhere) thus changing the implicit understanding and rendering the reason for moving moot.

Hak & de Boer Interview 2: Excerpt 1

(N=social psychiatric nurse P=patient)

P1: Well, I find it rather unpleasant to uh well to go to go to sleep in my own room.

N1: Why? What is wrong with that room?

P2: This traffic, it is going on the whole night through.

N2: Mmmm.

P3: It bothers me. And uh in) the morning at six o'clock the birds start whistling and uh that troubles me terribly. Because then I know that I cannot uh rest in a normal way.

N3: Yeah, yeah.

P4: It is irritating to me.

N4: Yes, They deprived you of your rest.

P5: Yes.

N5: And in the psychiatric hospital?

P6: And this is this is terribly annoying. I have nothing against birds but I mean in the way it is I mean it awfully annoys me.
[data omitted]
I absolutely do not want to stay here.

FN6: **And the birds are anywhere. You will find them particularly everywhere in the countryside.**

DP7: Hihi yeah that is true. Yeah.

N7: Isn't it?

DP8: Yes, that's right.

N8: Even more than here I guess.

DP9: That's right yes.

N9: Than in the city.

P10: But uh I mean this pain in my head I do not know what it is. (p. 91)

In the following example of what Hak and de Boer (1996) call a collaborative interview, the therapist re-formulates the client's, "throw out everything" (lines 8-9) as "ventilate" and "disclose" (line 23).

Hak & de Boer Interview 3: Excerpt 1

(C--counsellor; P=patient)

1 P1: Well, the problem is, things come up, and that
2 started, uhh, with my work, and that was really

3 the main reason, in principle. [...] And the main
4 stumbling block, I keep saying, that, for example,
5 the, uhh, I can't say no. I am afraid that I uhh
6 am not functioning well, at home, at my work,
7 everywhere. I want to do everything well. [...]
8 And last week I had the nerve to throw out
9 everything to the managing director.

10 C1: Yes.

11 P2: And apparently he was startled by it and also
12 startled by the absenteeism in our department.

13 C2: Yes.

14 [data omitted]

15 P3: And I now already feel relieved from a very big
16 burden, because I have had this interview with
17 him.

18 C3: Yes.

19 P4: For there was, uhh, that, I, for let me state it
20 this way, that was in my eyes the most important
21 point.

22 C4: **Yes, so really a lot of tension got off your back,**
23 **because you started to ventilate, to disclose what**
24 **is going on.**

25 P5: Yes, but that's happening very often to me, when I
26 quarrel with my wife, that does not happen every
27 day, but once in a while something comes up that I
28 just blurt out.

29 [data omitted]

30 C5: **But does that mean, John, that somehow you're an**
31 **introvert?**

32 P6: **Yes. One hundred percent. It keeps simmering in**
33 **my stomach.**

34 C6: **It all stays a little bit in your mind and at a**
35 **certain moment you spit out everything at once?**

36 DP7: Yes, I am an introvert, yes. (p. 92)

In addition, the client's "I now already feel relieved from a very big burden" is transformed into "so really a lot of tension got off your back" (Hak & de Boer, 1996, p. 92). We can also see how "it" (line 32) moves from the stomach (line 33) to the "mind" (line 34).

In the following excerpt from a medical encounter (Mishler, 1984, p. 65, in Hak & de Boer, 1996) Hak and de Boer (1996) suggested "it is remarkable that we do not see the physician formulating the patient's talk" (p. 86). They offer the following example of non-formulation:

Mishler Interview 1: Excerpt 1

1 2	P1	((chair noise)) had since . last Monday evening so it's a week of sore throat
3	D2	hm
4	P2	which turned into a cold (2.0) and then a cough.
5	D3	**A cold you mean what? Stuffy nose?**
6	P3	uh Snuffy nose yeah not a chest (0.5) cold.
7	D4	And a cough.
8 9	P4	And a cough (0.2) which is the most irritating aspect.
10	D5	Okay. **Any fever?**
11 12	PS	(0.6) Not that I know of. (0.4)1 took it a couple of times in the beginning but I haven't felt like-
13	D6	**How about your ears?**
14 15	P6	(1 .5) Before anything happened (0.4)1 thought that my ears (0.6) might have felt a little bit

16 funny but (0.4) I haven't got any problem(s).

17 D7 Okay. (0.8) **Now this uh cough what are you**
18 **producing anything or is it a dry cough?**

It is remarkable that the authors did not identify questions such as, "A cold you mean what? Stuffy nose?" (line 5) as a type of formulation, nor the other questions at lines 10, 13, and 17-18. Perhaps these particular utterances have been overlooked because they are questions rather than statements or assertions. However I would suggest that this kind of "interrogatory" interview is also directive, not only because of the physician's choice of topic and abrupt topic shifts, but because of these sorts of re-formulating questions as well. In such questions, the physician essentially instructs the patient to express his experience in a certain kind of way. The patient is in effect told not to self-diagnose, nor to theorize, but rather to articulate his experience according to the specifications of the biomedical model. For example, the question at line 5, as part and parcel of a sequence of questions, makes the suggestion that the patient did not say what he meant and nominates a corrected version (with a biomedical symptom, i.e. "Stuffy nose") of the client's experience as a candidate expression. In so doing, the doctor indirectly instructs the patient on the authorized patient discourse. This permits the physician to locate the

patient's experience within a professional-medical discursive repertoire (indicator of pathology), effectively rendering the person's indigenous knowledge (his own conclusion, that it "...turned into a cold and then a cough") as irrelevant.

Indirect Assertions

I suggest that in these so called "non-directive" therapies, many important meaning shifts are accomplished through the use of formulations involving indirect assertions.

If we apply Heritage and Watson's (1979) definition of formulation, "formulations manifest three central properties: preservation, deletion and transformation" (p. 129) to the following example by Rogers (as cited in Pervin, 1970), we see a number of indirect assertions that function as obvious (re)formulations of the client's initial reports. In particular, lines 12-14:

Rogers Interview 1: Excerpt 1

1 2 3 4	Ther:	**So** that **in some respects** you've gone into engineering because you felt it would be awfully good discipline for you, **is that** **right?** Make you stop being emotional**?**
5	Client:	That's right.
6 7	Ther:	It was that, **perhaps**, rather than being interested in engineering.
8 9	Client:	Well, it was mingled with a certain genuine interest. There was some that's true. But it

10		was largely due to that, exactly what I said,
11		to a considerable extent.
12	Ther:	**You don't suppose** that part of your trouble
13		is that now you're wondering whether you want
14		to be your real self. **Could that be part of**
15		**it?**
16	Client:	Uh, what's that?
17	Ther:	**Well, I just wondered.** You're trying so hard
18		to be some other fellow **aren't you?**
19	Client:	Yeah, because I'm not satisfied with myself.

(pp. 104-106)

In this excerpt, the therapist asserts indirectly that the client has gone into engineering in order to become less emotional (lines 1-4). This assertion is rendered indirectly via a general subjunctive tone and by the use of tentative, qualifying language, e.g., "in some respects" (line 1). On line 16, the therapist meta-linguistically re-formulates his previous assertion, "your trouble is... you want to be your real self" (line 12-13) as "just wondering", explicitly characterising it as an indirect assertion. The use of questions, as well as terms like "perhaps" (line 6) also render assertions indirectly.

The following excerpt (Boy and Pine, 1982), is with a therapist who employed a Rogerian approach in her work with a man recovering from the emotional effects of a near fatal heart attack:

<u>Boy and Pine Interview 1: Excerpt 2</u>

1	Co:	How are **things** going?
2 3 4	Cl:	It can't get any better. It's as good as can be expected. Life goes on with its little "ups and downs."
5	Co:	Tell me a little about the "**downs**."
6 7 8 9 10 11 12 13 14	Cl:	Down is when I should be able to do more than I'm doing. When I say to myself, "Ed, you can do more than that." I don't feel I'm doing what my body should be doing at its full capacity. But if I try -- then I notice -- well -- I get tired but I don't know where to draw the line. Then I think possibly I get discouraged a bit -- to a point. To a point where I say to myself, "How come you can go just so far?"
15	Co:	Uh, huh.
16 17	Cl:	There is so much to do. If I can't finished a job, I smile at it and say, I tried."
18 19 20	Co:	**So**, I've improved but I'm also a little bit disappointed that when I think I can do more and I find I really can't. (Pp. 150-151)

It is interesting to note this therapist opened the session with the question "How are **things** going?" (Line 1) This question, while arguable a stylized opening gambit, orients the client to answer less in terms of feelings and more in terms of actions or events in the world. Line 5 clearly orients the client to the negative aspects of his recent experience: On line 5 the therapist directs the clients to attend to the "downs" even though the client also describes "ups" and has remarked that "it can't get any better". On line 18 we see the therapist begin with the

kind of discourse shift marker ("So") Grossen and Apothéloz (1996) identified as signalling a re-formulation. We also see that the therapist has adopted the ventriloquistic, speak-as-the-client technique (line 18-20). It is interesting to note that in one of the transcribed portions of therapy available regarding this particular therapist and client, 24 turns (out of 44 possible) were of the therapist adopting this speaking-as-the-client technique. It is hard to imagine a how a technique that actually takes over the voice of the client more than half the time could be considered as not directing the conversation.

In Rogerian therapy each turn is often characterized by a paraphrasing of the client's previous utterance, submitted for the client's acceptance or modification. Because simply parroting the exact comments back to the client would only last but a few turns before becoming silly or irritating, the therapist must necessarily use different terms and select which aspects of the client's comments should be reflected back. This is of course an essential feature of any (re)-formulation. The client then confirms the therapist's comment and goes on to further clarify some aspect of their experience or thinking. What is reflected back to the client tends to be consistently interpreted as "feelings", the preferred construct in this model, through

which most experience is articulated. However, these "reflections" or (re)formulations could also be cast as "thoughts" or "beliefs" by a therapist with a cognitive or behavioural approach. The word "feeling" may simply reflect an idea held with some tentativeness or may be synonymous with the work "think". Because our culture views "feelings" as different than "thinkings", we relate to someone who feels angry rather differently than to someone who (we may learn) "thinks" angry thoughts. Notions of feelings are interpreted quite differently, usually with less accountability, than thoughts. For example, returning to the heart attack client and counsellor:

Boy and Pine Interview 1: Excerpt 3

33 Cl: Well - **my down days**--I do get them. It's so odd
34 because I question myself--how come **you're down**?
35 I try to blame it on other things like the
36 weather.

37 Co: Sounds to me like you realize you **feel** a lot of
38 anger, disappointment, and jealousy about the fact
39 that this had to happen to you. (Boy & Pine, 1982,
40 p.151)

In this example we see how life's "ups and downs" have become the client's "down days" - which become "anger, disappointment and jealousy". In these few lines, we can see how events situated in the world (life, weather) have become feelings that are "realized" or discovered to further oppress the client.

In brief, my answer to the question, "Can therapy be non-directive?" is no. Nowhere is it more true than in the therapy room that we are actively engaged in co-constructing our world, including the very lenses through which we view it, using talk. In the next chapter, I will describe some newer therapies that accept and creatively use the assumption that it is impossible not to influence each other in conversation.

CHAPTER 3:

QUESTIONING IN INTERACTIONAL PSYCHOTHERAPIES

The use of unusual questions began as a little-noticed aspect of a group of therapies that include Brief Therapy (Watzlawick, Weakland and Fisch, 1974), Problem Solving Therapy (Haley, 1976), The Milan Approach (Selvini-Palazzoli, Boscolo, Cecchin, & Prata (1980), Solution Focussed Therapy (de Shazer et al., 1986), and, more recently, Narrative Therapy (White, 1991; Epston & White, 1992).

The roots of these therapies can be found in the 1950's, especially in the Natural History of an Interview (NHI) project, which began in 1955 and continued for 10 years (Leeds-Hurwitz, 1987). The NHI project brought together a multi-disciplinary team of researchers comprised of psychiatrists, anthropologists, and linguists to examine social interaction and communication very closely. The NHI project viewed psychotherapy as essentially communicative and proposed that the therapeutic process could be better understood through a detailed examination of the talk itself. Included in this team was Gregory Bateson, who was working at the nearby Veteran's Administration Hospital in Palo Alto (with John Weakland, Jay Haley, William Fry, and Don Jackson) studying and filming interaction in families where at least one of the members had undergone

psychotherapy (the portion used by the group as the primary source of data for analysis became known as the "Doris" film). Bateson viewed much of what has been termed psychopathology as having its roots in communication (Ruesch & Bateson, 1951). In particular, he noted links between persons diagnosed as schizophrenic and certain kinds of repeated conversational interactions he and his colleagues called double binds (Bateson, Jackson, Haley, & Weakland, 1956). In 1958, a number of the researchers involved in these earlier projects founded the Mental Research Institute (MRI) in Palo Alto in order to follow up on the previous work (Weakland, Fisch, Watzlawick, & Bodin, 1977, p. 283). Over the next several years, the work done at the MRI was to influence and be influenced by Gregory Bateson, Don Jackson, John Weakland, Paul Watzlawick, Jay Haley, Virginia Satir, Janet Beavin, Carlos Sluzki, Steve de Shazer, and Mara Selvini Palazzoli, to name but a few. Several of these individuals developed highly successful psychotherapy models based on the ideas generated by the Bateson and Palo Alto groups. The role of the MRI, the double-bind paper (Bateson, et al., 1956), and subsequent books such as Pragmatics of Human Communication (Wazlawick, Beavin, & Jackson, 1967) are cited extensively in the development of virtually all interactional and family therapy treatment models.

These models reject the notion of individual psychopathology and take the position that people "know how to be well" (Bavelas, McGee, Phillips, Routledge, & Wade, 1999). This has also been referred to as "the assumption of pre-existing ability" (Wade, 1995, 1997). According to Bavelas et al. (1999),

> The problems that individuals bring to therapy are, in principle, transient and often social or external in cause and origin. Another way of describing the difference is to point out that traditional therapies are essentialist, emphasizing the reality of a reified individual pathology, whereas our alternative paradigm is more constructionist, emphasizing the social nature of diagnostic labels and particularly the role of language in constructing and re-constructing problems and solutions.

For these reasons, these models also assume that therapy can be quite brief, with rapid change occurring over weeks and months rather than the many years associated with the personality reconstruction process of psychoanalysis.

As contrasted with the more traditional approaches already discussed, the interactional psychotherapies are not concerned with explaining, interpreting, or creating accurate insights. Instead, they might reframe perspectives or give homework assignments to generate more helpful new perspectives (rather than teaching through a task completion or psycho-educational model).

Traditional and interactional approaches also have differing views on communication. According to Bavelas et

al. (1999), because traditional approaches suggest that

> problems are inside the individual's mind (and the solutions are inside the therapist's mind), so communication is information transmission. The client describes his or her problem, history, or feelings, and the therapist provides diagnosis, insight, or instruction. Communication is implicitly seen as a conduit through which these reified ideas can be transmitted

Rather than considering communication as simply the conduit for ideas about intrapsychic processes, interactional psychotherapies emphasize the communication itself. As de Shazer (1994, p.49-50) wrote,

> Therapists and their clients use language within their conversation or dialogue, and it is this use of language rather than language itself that we are trying to learn about. . . . we have so far taken an entirely monological approach focusing on the individual and static aspects of language. . . . We have been looking only at words and meaning instead of looking at their use in *dialogue* or conversation and in making sense of something. We need to look at what happens between therapists and clients, how language works in conversation . . .

In a slightly ironic twist, de Shazer (1994, p. 3) also noted that,

> in Sigmund Freud's introductory lecture on psychoanalysis in 1915 he said:
>
> > Nothing takes place in a psycho-analytic treatment but an interchange of words . . . the patient talks . . . the doctor listens. . . . Words were originally magic and to this day words have retained much of their ancient magical power. By words one person can make one person blissfully happy or drive him to despair. . . . Words provoke affects and are in general the means of mutual influence among men. Thus we shall not deprecate the use of words in psychotherapy and we shall be

> pleased if we can listen to the words that pass *between* the analyst and his patient. (Freud, 1915-1917, Vol. 15, p. 17, emphasis added [by de Shazer])

> Words are of course part of language. So are silences, gestures, facial expressions, etc. To look at the magic of words, we need to look at language, the context in which words work their magic.

What intrigues me is that these interactional therapies employ questions more than statements or assertions, in some cases almost exclusively. Next, I will describe these various interactional approaches in more detail with particular attention to their use of questions. (The reader who wishes to know more about these therapies in general will find good expositions in the books cited.)

Brief Therapy Questions

The Brief Therapy Centre was established at the MRI in January 1967 by Watzlawick, Weakland, and Fisch (1974). Its focus is on observable behavioural interaction and the influence between family members, rather than on long-past events or inferred mental processes (Weakland, Fisch, Watzlawick &, Bodin, 1977, p. 277). Difficult or problem behaviours are viewed as essentially a social phenomenon reflecting some dysfunction in the interpersonal system. A central part of their theory is that problems are often maintained or exacerbated by attempted solutions including others' (over)reactions to the initial problem. The

therapist, they suggest, should take a deliberate and active role in initiating changes to overt behaviour or its verbal labels. From this perspective, it is important to gather an accurate description of the problem in behavioural terms, including how family members have been responding to it. The following example from Fisch, Weakland, and Segal (1982) demonstrates how specific questioning strategies bring about such descriptions:

Weakland Interview 1: Excerpt 1

1 Th: When your daughter starts appearing depressed and
2 letting her appearance go and so forth, what do
3 you do at that time to try and change things
4 around?

5 M: Well, as long as she was home, I tried to either
6 be cheerful or try to talk to her, which is
7 impossible. When it comes to this point you
8 cannot talk to her.
9
10 Th: What happens? What does...

11 <text omitted>

12 Th: I'm still a little unclear. When she starts
13 to say - you know, she starts acting as if
14 she's feeling depressed, and says things like
15 "People are staring at me" and this type of
16 thing - specifically, what do you say to her?
17 Do you...

18 M: Well, that is--she just started telling me
19 that, I would say two months ago was the
20 first time. And that was at the county
21 hospital after she had...

22 Th: Alright, but how did you respond to that when she
23 said that? (pp.77)

In this example the therapist was focussing on the mother's

response to the daughter's "appearing depressed". Note that the therapist treated the daughter's "depression" as a behaviour, message, or semblance rather than accepting it as a condition and was intent on discovering what happened next. The therapist was trying to find out specifically what the mother did (including what she said) in response to the daughter's behaviour. Behavioural descriptions, as free from interpretations as possible, can lead to different understandings regarding the problem. As we see, the therapist returned to the initial question several times, gradually gathering more information regarding the mother's response to the daughter's apparent depression. His line of questioning introduces a different view of the problem than, for example, questions such as, "How long has your daughter been depressed?"

Problem Solving Questions

While Jay Haley called his approach to therapy "Brief Problem Solving Therapy" (1976), it departs from its roots in Brief Therapy at the MRI by the inclusion of particular ideas about family hierarchy. While still very interested in what families do (or don't do) in relation to the problem, he is also concerned with restoring family members to their appropriate position in the generational hierarchy. The following example is from the case of "A Modern Little Hans" (Haley, 1976). In this interview, the therapist was

trying to help a young boy overcome his fear of dogs by meeting with the boy and his family:

<u>Haley Interview 1: Excerpt 1</u>

1 Th: How much do you ask your father about dogs?

2 B: Very little.

3 Th: Very little?

4 B: Mhmm.

5 Th: Do you know what a -- well, tell me, what is your
6 father's job? What is his job?

7 B: A letter carrier.

8 Th: Right. Do you know that letter carriers, you
9 know, are supposed to be pretty good with
10 dogs?

11 B: Uh uh.

12 Th: Yeah.

13 B: But I know dogs don't like them. Most dogs don't.

14 Th: Alright, how many times has a dog bit your father?

15 B: None.

16 Th: None, so that must mean that he is pretty
17 good, because dogs don't like letter
18 carriers. Right?

19 B: Right.

20 Th: So he must be pretty good if no dogs bite him.

21 B: Well, Dad, can I ask you a question?

22 F: Yeah.

23 B: How do you get them away from you?

24 Th: That's what I wanted to hear. (Pp. 228-229)

In this example, the therapist was questioning the boy about dog-related conversations with his father. It becomes clear as we read on that the father, a letter carrier, might have some particularly useful knowledge regarding the management of dogs. In the session, it appears that the boy discovered his father as a potentially valuable resource. If the goal of this particular session was to assist the father to take his appropriate place in the family hierarchy as teacher or resource to his son, it would appear quite successful. Further, the use of questions allowed the son to discover his father in this new light. It might at first seem confusing that the therapist did not just tell the father to give his son the benefit of his experience, or to simply tell the boy to ask his father about dog handling. This would be a much more direct approach. However, upon reflection it is hard to imagine the boy enjoying the same experience of discovery or the same sense of being his own problem solver in such a conversation. (Note: I think it would have been an even better interview if the therapist had not replied as he did on the final line. His reply characterizes the boy's discovery as the "right answer", known to the therapist all along.)

Questions from Milan Systemic Therapy

The possibility of seeing questions as more than information-gathering tools began, at least in the world of

therapy, with the work of Selvini-Palazzoli, Boscolo, Cecchin, and Prata, also known as the Milan Associates (Selvini-Palazzoli et al., 1980). In 1967, Boscolo and Cecchin joined a group of eight psychiatrists organized by Selvini-Palazzoli, a child analyst in Milan. Greatly influenced by the work of the Bateson group and by Pragmatics of Human Communication (Wazlawick, et al., 1967), in 1971 Selvini-Palazzoli, Boscolo, Giuliana Prata and Cecchin split from the others to form the *Centro per il Studio della Famiglia* in order to work exclusively within the family systems or systemic framework.

The Milan Associates began to ask questions about the pattern of interaction around the problem rather than the internal states of individuals. The development of an interactional view of problems-in-living required that the therapist ask particular kinds of questions of the people involved in the problem (usually family members), in order to understand the interactional pattern. Thus their questions changed from the traditional, "How do you feel when...?" to "Who notices when...?" This group began to see the questions themselves as interventive, introducing as it were certain alternative possibilities, theories, and views of the world, simply in their posing.

In 1980, Boscolo conducted a consultation interview at

a workshop; an analysis of the questioning in this interview appears in Boscolo, Cecchin, Hoffman, and Penn (1987). The family was comprised of two parents plus three daughters: Lisa (21), Dori (16), and Diane (14). Lisa was the daughter of the mother's previous marriage. The presenting problem at the time was that, for six months, Diane had been having behavioural problems in school and at home. However, in a private session, with the couple only, the mother had accused the father of having forced Lisa into sexualized contact. Dr. S, the therapist, had asked for the consultation because the parents did not want the therapist to talk about the father's incestuous assaults in front of the children. The parents agreed to the consultation interview on the condition that the consultant, too, would not talk about the incestuous assaults. As we will see, Boscolo addresses this issue without talking about it.

<u>Boscolo Interview 2: Excerpt 1</u>

> [The family's therapist, Dr. S, enters with Dr. Boscolo and presents him to the family: Mr. and Mrs. B, Lisa, Dori, and Diane.]

1 BOSCOLO: I am Dr. Boscolo, from the Family Therapy
2 Center in Milan, Italy. Behind the one-way
3 mirror is Dr. Cecchin, who works with me in
4 Milan. We have been asked to see you today,
5 so I will have a conversation with you. I
6 would like to start by asking, what is the
7 problem now? (p. 108)

In this opening comment, Boscolo asks a particular question of the family (line 5-7). In the excerpt that follows,

Boscolo, et al., (1987) discuss his opening comment and describe why Boscolo began the interview in this way.

CECCHIN: We ask "What is the problem now?" because we know that, at a certain point, the so-called healthy members will point to the identified patient, and we will then ask the identified patient whether he agrees to be a patient or not. Then we ask the different members of the family who most thinks that this person has problems and who least thinks it. We want to see how people line up around the behavior they want changed.

[text omitted]

CECCHIN: It allows us to be neutral, in that we can't be seen as joining anybody. If we address one of the parents, for instance, we already have an alliance: parent/therapist against child. If we ask the child "What is the problem?" it's like accepting what people are saying about him. We leave the decision of who speaks first up to them.

[text omitted]

HOFFMAN: So if Mother comes out and tells you what the problem is, that tells you something about them already.

CECCHIN: Exactly. Usually they come out with a very clear distinction between the sick member and the healthy ones. And we find out who is the I.P. [identified patient], who is the spokesman, who is the co-therapist, and so forth. Then we can go to the patient and ask "Who decided that you have a problem? Do you agree? Who made the decision that you shouldn't eat? When did you decide to commit suicide?" We change the problem as they define it into a decision.

BOSCOLO: But I think that one of the reasons why we throw out the question for anyone to answer is because in the beginning it is important not to be too directive. If you start right

away to direct questions at particular people, then you cannot have an idea of how the family interacts without a therapist. So the first question is designed to detect how the family responds to a question that anybody can answer.

PENN: You are already communicating, in your very first question, something about your neutrality.

BOSCOLO: Yes. Also that we aren't going to base our ideas on what we have seen or been told by anyone beforehand. It would be easy to say "We have been told that John has been sick for a year. How is he doing now?" I think we would lose the whole session if we started like that.

PENN: By asking the family how they decided about the problem and who agreed with that decision, the premise that you're introducing into the family is the beginning of a change in terms of how the family thinks about itself. It implies that they can also decide not to have the problem. When you ask "When did you decide to stop eating? Who agrees with you?" you imply that they can also decide to eat again or whatever. In the future they can decide not to have the problem. **Essentially it is a premise about change.**

HOFFMAN: Another thing. Why do you begin in the present? Why don't you begin in the past? Why don't you say "When did the problem start?"

CECCHIN: This is a question that relates to what we said before. From a spatial point of view, you start with the patient, then you enlarge your view to the close relatives, extended family, and the therapeutic context. And with time you do the same thing. You start with the present; then you say "When did the problem start? What do you think will happen in the future?" You go through a similar process in both space and time. But your starting place is the here and now.

PENN: The fact that you put in the word "now" gives the message that you are going to be interested in time. The other thing that the "now" means to me is that it's the time when you and the family come together.

CECCHIN: Yes, it's like saying "We don't care about what you did before. You and me, we're going to see what's going on now." It's from this point in the present that we go into the past and explore the future.

PENN: **You said every question also introduces information.** That is very different from the idea that you ask questions to get information. Your questions give information as well.

CECCHIN: **Most of what we say takes the form of questions.** When you ask a question you introduce a difference. It is the Socratic method of inquiry: What happened? How do you see it? The answer is secondary because you have already introduced something new.

BOSCOLO: Therapists who do genograms spend the first session by going into three generations, four generations of history. This type of operation implies that the therapist thinks that the problem is related to the extended family in the past.

CECCHIN: We are not interested in historical causality.

BOSCOLO: We tend to avoid talking about the extended family in the beginning of the first session. We start from the center and go out. If, in the beginning, we ask questions about the grandfather, the grandmother, these questions imply historical causality, that there is some connection between the problem and their grandmother and their grandfather. (p. 108-110)

It is clear from the comments made by the authors that the Milan associates are mindful of the potential of questions

to convey information through both their location in the ongoing discussion (i.e., asking about the extended family immediately after asking about the nature of the problem suggests a connection between the two) and presuppositions embedded in the question itself (e.g., What is the problem now?). In the following excerpt, Boscolo raises the possibility of a different, or additional problem.

Boscolo Interview 2: Excerpt 2

8 FATHER: Everyone seems to want to fight with everyone
9 else. We all want to fight with everyone.

10 BOSCOLO: **That you see is the problem?**

11 FATHER: Yes.

12 BOSCOLO: **Do you see any other problem?**

13 FATHER: Not really.

The father's answer (line 13) could be seen as equivocation given his own sanction against discussing incest. Next, the authors discuss Boscolo's last question and Boscolo offers a different question, more consistant with the family's own language:

HOFFMAN: Why do you ask for another problem?

BOSCOLO: The father said "Our problem is that we fight with one another." But the therapist had told us about "other problems." There's the specific problem of Diane and then there is the problem of Lisa. So the question is: Are there any other problems?

HOFFMAN: Certainly you know they're not going to mention incest. **But you're putting in the**

idea that there might be more than one problem.

BOSCOLO: The most correct thing would be to start from what the father said: "We are fighting with each other." We should use only the things they bring to us. I could also have said "Do the children agree that the problem is that you are fighting with each other?" We don't want to be too influenced by the construct that was given to us in the beginning by the family's therapist.

In the previous excerpt, Boscolo describes the use of a "triadic" or "mind reading" question as a replacement for his question to the father regarding "any other problem". In the next excerpt he asks another similar question. Such questions presuppose connections between family members, that family members hold potentially diverse perspectives, and that the various perspectives are in fact known among members. In this next excerpt, Boscolo asks the father a similar kind of question.

Boscolo Interview 2: Excerpt 3

14 BOSCOLO: **If I ask your wife this question, will she**
15 **agree with you or will she think there are**
16 **other problems?**

17 FATHER: That's hard to say.

18 BOSCOLO: **Do you agree with your husband?**

19 MOTHER: No. There is a great deal of problems in our
20 family. Some is the lack of communications,
21 problems with the children, problems
22 communicating, problems trying to get through
23 to each other.

24 BOSCOLO: **Between which of you is there a lack of**

25 **communication?**

26 MOTHER: There's no communication between me and my
27 husband. Can't seem to talk to each other or
28 try to understand each other or, you know,
29 it's really...

30 BOSCOLO: **How is the communication with your daughters?**

31 MOTHER: Well, lately there is no communication.

The Milan approach is less concerned with concrete behavioural descriptions of problems and rather more interested in how family members organize around the problem. Boscolo uses the language of the family, in this case the mother, to inquire about this. The therapist may never know exactly what is the nature of the "communication problem", but he proceeds to ask who is affected by the difficulty. In the next excerpt, the authors discuss some of the cultural differences regarding the use of these "mind-reading" questions:

BOSCOLO: I asked the father a question that we call a "mind-reading" question. We know that excessive mind reading in families can be pathogenic. But in therapy, these mind-reading questions can be useful because they bring in a new perspective. The wife is listening to what the husband thinks she is thinking. Here I want to get the husband's hypothesis about his wife's hypothesis. But it doesn't always work. When we interviewed families in Edinburgh, every time we asked a mind-reading question, the answer was "Why don't you ask my wife?" They implied that I was very rude. Whereas in Italy, if we ask a member of the family "What do you think your wife or brother thinks?" they will be very glad to tell you.

HOFFMAN: In America, it was a great shock when this type of question was first introduced. The idea in family therapy was that you should always get people in the family to take what was called an "I" position-- "What do you think?" "I think this" -- rather than asking another person.

Indeed, "I" statements owe their popularity to the client-centred approaches previously discussed. Such statements were thought to assist persons to "own their own feelings" and accept personal responsibility. This kind of language is quite consistent with individualistic and a-social views of personal difficulties. In the next excerpt, much later in this session, Boscolo asks a number of similar questions about the reason Lisa moved out of the home. They manage to have a lengthy discussion without ever saying the word incest (p. 139).

Boscolo Interview 2: Excerpt 4

400 BOSCOLO: Let me ask this thing. **Lisa, when did you**
401 **move out of the house?**

402 LISA: I moved out a couple of times.

403 BOSCOLO: **When was the first time?**

404 LISA: About a year and a half ago.

405 BOSCOLO: A year and a half ago. **Did you move out**
406 **because of what you were communicating before**
407 **by crying, when you were saying you felt**
408 **alone and you felt nobody understood?**

409 LISA: Part of the reason I just couldn't...

410 BOSCOLO: You couldn't do well in the family.

411 LISA: I just couldn't live there.

412 BOSCOLO: I can't hear you.

413 LISA: I just couldn't live there.

414 BOSCOLO: You couldn't live there.

415 LISA: My mom and dad would always say "Well, you
416 just think the grass is greener on the other
417 side. "But they didn't listen, and I just
418 couldn't stay there. And they just thought it
419 was because it was just fun and I ran wild,
420 but it wasn't. I just can't stay there.

421 BOSCOLO: You can't stay there. **What was the main thing**
422 **that disturbed you in the family, that made**
423 **you decide to go out? Was there something**
424 **specific?**

425 LISA: Yes.

426 BOSCOLO: **What was that?**

427 LISA: It's better not to discuss it.

428 BOSCOLO: I see. It is something that you cannot
429 discuss. **But there was something, you say?**

430 LISA: Yes.

431 BOSCOLO: I see. **Do you think that your sisters know**
432 **about this?**

433 LISA: No.

434 BOSCOLO: **When you say that there's something specific,**
435 **do they have an idea what it is? I don't want**
436 **you to say what it is. I am just asking if**
437 **they have an idea.**

438 LISA: They'd probably have an idea, but they don't
439 know.

440 BOSCOLO: **Who has more of an idea, Diane or Dori?**

441 LISA: Dori; I don't know.

442 BOSCOLO: **So you have doubt about whether your sisters**
443 **know about this thing that made you decide to**
444 **leave home. Do your parents know about this?**

445 LISA: Yes.

446 BOSCOLO: They do know. But your sisters don't know.

447 LISA: No.

448 BOSCOLO: **Have you ever had the idea or impulse of**
449 **talking to them?**

450 LISA: No.

451 BOSCOLO: **Why?**

452 LISA: Cause...

453 BOSCOLO: **Why?**

454 LISA: What they don't know won't hurt them.

455 BOSCOLO: I didn't understand. **You were afraid of**
456 **hurting them?**

457 LISA: That's right.

458 BOSCOLO: **But did you have any temptation at all to**
459 **talk to them?**

460 LISA: No, never.

461 BOSCOLO: **If you would have told your sisters what you**
462 **don't want to tell us--and it's important**
463 **that you keep this private if you feel like**
464 **it--if you would have been tempted to confide**
465 **in your sisters about this, how would your**
466 **mother and father have reacted if you would**
467 **have talked to your sisters?**

468 LISA: **My father?**

469 BOSCOLO: Yes. How would your mother and father have
470 reacted if you had told your sisters the
471 reason why you decided to leave home?

472 LISA: I don't know.

473 BOSCOLO: You don't know.

474 LISA: They would have been mad at me.

475 BOSCOLO: **Who would have been more mad at you?**

476 LISA: My mother.

477 BOSCOLO: **Your mother. Did your mother tell you**
478 **explicitly, Don't talk to Dori or Diane**
479 **about this?**

480 LISA: Not all the time, but she said it.

481 BOSCOLO: **She said it. You, Dori, do you have an idea**
482 **of what Lisa is talking about, that there was**
483 **something making it intolerable for her to**
484 **stay at home and she decided to leave? Do you**
485 **have an idea what this is?**

486 DORI: Just a tiny bit.

487 BOSCOLO: **Huh?**

488 DORI: Just a tiny bit.

489 BOSCOLO: **A tiny bit? What is it, this tiny bit?**

490 DORI: [silence]

491 BOSCOLO: [to Diane] You?

492 DIANE: A little bit.

493 BOSCOLO: **When you know a little bit, a tiny bit, do**
494 **you talk to each other about this?**

495 DIANE: No.

496 BOSCOLO: **Dori, Diane, you never talked about it? No.**
497 **Why?**

In this next excerpt Cecchin explains their approach to family secrets.

BOSCOLO: There is one question I could have asked Diane at this point, a question important in terms of time. Since Diane says that she knows, I should have asked her "When did you know?" Because if it was six months ago, we could make a connection.

CECCHIN: When she broke off relations with the father.

BOSCOLO: That's right. That's an opening I missed.

HOFFMAN: Something you take so for granted is this technique of talking about the secret without talking about the secret.

CECCHIN: The fact that something is a secret is more important than the content of the secret. In a family, there are two or more people who have a secret. We are not interested in the content but in what effect the secret has on the other people. The secret has an effect, even if the others don't know what it is.

[text omitted]

If you are fascinated by the content, you miss the real issue. You ask: "When did you start to have a secret? Don't tell it to me. But who knows about it? How many people know? How long have you had this secret? How long do you think you will keep it? Or, do you think it will leak out by itself first?" And you keep saying, "Don't tell me."

PENN: What about people who insist on telling you a secret?

CECCHIN: Years ago we fell into the trap of listening to somebody tell us something about somebody else. "I have to see you alone. There's something I don't want my parents to hear." You agree. You listen to them. Usually what they want to tell you is a very trivial thing. Their real purpose is to create an alliance with you and to break your relationship with others.

BOSCOLO: The family, as a family, is afraid that the content of a secret can be harmful. So by

keeping the content from being known to others, they protect the family. But what we are interested in is the relationship structure around the secret. The family here tolerates my talking about the secret as long as I don't ask what it is. This family gave an injunction to the consultant not to talk about the sexual behavior. But here, during the session, I talk about the sexual behavior without talking about it.

PENN: You're making that same difference between information and data. The content of the secret is data and the way the secret organizes relationships is information.

BOSCOLO: This principle doesn't only apply to secrets. If you hear that somebody is delinquent or schizophrenic, this is data too. If you translate statements like this into process, into relationships, you get a very different picture. "What does it mean? Who knows about it? What effect does this delinquent behavior have on other people? What do you define as delinquent?" You change the meaning completely.

PENN: One interesting thing about a secret is that this can be the way a couple defines itself in a system where that's a particularly hard thing to do. As Haley says, a secret is often a coalition across generation lines.

Boscolo extends questions to various members of the family in 86% of his speaking turns. On lines 432-440 we see Boscolo proceed with questions regarding knowledge of the secret simply by rephrasing "know about this" to "have an idea". On another occasion, Boscolo rephrases by asking a hypothetical, past-oriented question (line 462), this allows the therapist to pursue any number of themes without ever being identified as holding to a particular explanation or

perspective. Thus, even without asking about the incest directly, the therapist is able to learn a great deal about who has been involved and how individuals have responded. This information, shared in the presence of other family members treats the secret as really not-so-secret and locates various family members in relation to the problem in ways that may be quite different from those previously articulated. For example, in this interview it appears that Boscolo is developing the idea that someone other than the sisters is being protected by the silence. In their discussion about the interview, the authors acknowledged that not only does "most of what we say takes the form of questions", but also that "every question also introduces information". Indeed Hoffman observed that Boscolo was "putting in the idea that there might be more than one problem", that is to say, ideas critical to the creation of a new perspective were embedded in the question itself.

Analysis of Milan-Style Therapeutic Questions

When Boscolo and Cecchin realized their "circular questions" were capable of producing an immediate and lasting effect in the families they were seeing, attention shifted from their often dramatic end-of-session interventions toward the questioning itself. Indeed, even the very naming of these questions as "circular" conferred upon them a certain distinctiveness. To paraphrase Bateson

(Ruesch & Bateson, 1968, p. 173), this was the kind of distinction or difference that made a difference, that is to say, it suggested that some questions were to be regarded quite differently. Up until this point, Selvini-Palazzoli et al. (1978) and indeed other therapists influenced by the early work at the M.R.I., considered questions necessary in order to understand the circular processes in the system of interest. However, they had begun to identify certain kinds of questions as preferable. For example, Selvini-Palazzoli et al. (1980) identified the following:

1. [Questions] in terms of specific interactive behaviour in specific circumstances (and not in terms of feelings or interpretations).

   [text omitted]

   Therapist: When Lorenzo begins to lose control and pushes your mother, what does your father do? And how does your mother react to what he does or doesn't do? And what do you do? etc., etc. (p.9)

2. [Questions] in terms of differences in behaviour and not in terms of predicates supposedly intrinsic to the person.

   Son: We live together with my grandparents and they're real naggers.

   Therapist: What do they do that makes them naggers?

3. [Questions] in terms of ranking by various members of the family of a specific behaviour or a specific interaction.

   Therapist: It seems that your mother cries a

lot at home, that she's very unhappy. Emily, tell me who can cheer her up the most when she's sad--your grandmother, father, brother, or you? Make a scale.

4. [Questions] in terms of change in the relationship (or better in terms of behaviour indicative of change in the relationship) before and after a precise event.

Therapist: Your mother said that Marco has always been a difficult child. But according to you, did your mother and brother fight more before or after father got sick?

Sissy: Oh after, after. Mommy get much angrier, and she's more nervous too... It's just that at a certain point she has to stop... when Daddy puts his hand over his heart.

5. [Questions] in terms of difference in respect to hypothetical circumstances.

Therapist: If one of your children should stay at home, without getting married, who do you think would be best for your father? Who do you think would be the best for your mother? (p. 10)

As we will see, this initial acknowledgement and shift paved the way for a more detailed examination of questions themselves and the drawing of a great number of distinctions between questions.

Penn (1982) followed up the work of the Milan Associates by distinguishing nine categories of information around which circular questions could be formulated. One category pertained to verbal and analogic information, in

which the therapist utilised both the verbal and non-verbal cues from the family in order to formulate questions. For example, if the mother states, "No one in our family communicates", a question put to the family might be, "Who communicates least in the family?" (p. 273). Penn also distinguished questions that define the problem (What is the problem in the family now?); questions that identify coalition alignments (Who is upset when...?); sequences of behaviour (What does your father do when your mother begins crying in her room?); questions that classify and compare family members in relation to each other and across time, (Who is closest to mother now, who next, etc.?); agreement questions (Who in your family agrees with you that mother is closest to your brother?); gossiping in the presence of others questions (Do you think the marriage part of your parent's relationship is going well?); subsystem comparison questions (How would your parents get along without you?); and explanation questions (What is your explanation for the fact that grandmother notices first when mother is depressed?). Penn (1985) also identified "future questions" (1985) which encourage families to imagine the pattern of their relationship at some future point in time. In the following interview excerpt with a couple, upset over a recent fight, the therapist asks several future oriented questions:

Penn Interview 1: Excerpt 1

Ther.: **So for you to have a future together, it must include romance?**

Ann: Yeah.

Bob: I think—yes, dammit I mean I think—that's an important dimension. I can't conceive of a—of a—a kind of business relationship.

Ther.: Well, it could be warm and friendly, without a sexual life. **Which one of you do you think will see yourself as more interested in romance in the future? Which one of you will be the most interested in having a romantic relationship?**

Bob: I think we both will?

Ther.: **Who will get there first?**

Indeed this was the beginning of a therapeutic trend that began to produce, identify and classify questions.

At the same time, Karl Tomm, a great fan of the Milan Associates, began his first batch of distinctions. According to Tomm (1985), two general distinctions could be drawn, between circular questions that were descriptive and those that were reflexive. Descriptive questions were those that generated information that modified the therapist's understanding of the problem; reflexive questions were those that changed the system being investigated. Tomm (1985) went on to identify "category difference questions" (those that inquired about differences between persons, relationships, perceptions, beliefs, actions, or events);

"temporal difference questions" (those that differentiate between category differences over time); "categorical context questions" (category differences across logical types); and "temporal context questions" (the location of a particular event in a sequence). In a three-part series Tomm (1987a, 1987b, 1988) distinguished no fewer than 46 different categories of therapeutic questions including tables and circumplex diagrams to assist in the organization of this collection. However, throughout this extensive survey Tomm suggested it was the therapist's "intent" that identified the kind of question being asked. If, for example, a therapist asked a question with an information seeking intent (e.g., When did your father decide to refuse to be content?) that was not intended to shift the family's perspective around some issue, the therapist's intent determined the status of the question. While Tomm (1985) acknowledged that questions intending to be information-seeking might also shift certain perspectives, he suggested that neither the "semantic content or the linguistic structure" related to this distinction (p. 36).

Among the many questions that Tomm (1988) described, he also distinguished "embedded-suggestion questions" as a particular kind of circular question. According to Tomm (1988), these questions contained suggestions that either reframed some behaviour, suggested an alternative action, or

implied choice or volition, For example, "When did she decide to lose her appetite?" (Tomm, 1988 p. 178) embeds the notion that appetite loss was in fact a conscious choice. The observation that questions can embed certain ideas is an important one, and I will return to discuss this point at some length in the next section.

Fleuridas, Nelson, and Rosenthal (1986) observed that for the beginning therapist, attempts to consistently ask circular questions were difficult indeed. To address this problem, Fleuridas, et al. (1986) devised a taxonomy of circular questions that delineated several hundred questions and the situations in which one might pose such questions. Many of the questions in this generous listing have already been discussed; and the interested reader can find further details in their article.

Brief Solution Focussed Questions

Brief Solution Focussed therapy was developed in the 1970s and 1980s by Steve de Shazer and his associates at the Brief Family Therapy Centre in Milwaukee (de Shazer et al., 1986; de Shazer, 1982, 1985, 1988, 1991; Berg & Miller, 1993). Inspired by the work at MRI, the Milwaukee group took 'focussed problem resolution' (Weakland et al., 1974) as a starting point and evolved a complementary form of brief therapy called "focussed solution development" (de Shazer et al., 1986). Although both of these brief therapy

approaches continue to be taught and practised at the two centres, the basic principles and tactics of MRI's problem-focussed model have remained fairly constant, whereas the Milwaukee solution-focussed model has undergone progressive revision. The Milwaukee model now appears to have a substantially different emphasis than the parent (MRI) model (Shoham, Rohrbaugh, & Patterson, 1995).

De Shazer has focussed on exceptions to the occurrence of the problem: what the client was doing or what was happening when the problem was not present. He has also explicitly assumed that clients have the knowledge and ability to resolve their difficulties. De Shazer's approach taps the solutions that the clients are already enacting and calls forth personal resources of which the client may, to some extent, be unaware. De Shazer and his colleagues have developed questioning strategies that have challenged many of the ideas concerning the need to talk at length about the problem and its effects on the family or individual. In the following example of couple therapy (Berg, 1995), Leslie began the session by criticizing her husband (Bill) for being over-involved with work and neglectful of the family. The therapist quickly takes a different tact:

Berg Interview 1: Excerpt 1

1 T: Okay, let me ask, I am going to ask both of
2 you a very strange question that will take

3 some imagination on both your parts. **Do you**
4 **both have a good imagination?**

5 B: Yeah

6 L: I'll try

7 T: Okay

8 B: She does

9 T: Alright, here it comes, lets say, as a result
10 of a miracle, **do you believe in miracles?**

11 L I've known a few

12 T: Yeah, is that right? Okay, so, as a result of
13 that, the problem that brought you here today
14 is gone, like that, is solved, just like
15 that.

16 L: That would be a miracle ((laughing))

17 T: That would be nice, okay, that would be nice.
18 But this miracle happens to happen in the
19 middle of the night when both of you are
20 sleeping, like tonight for example, when you
21 go to bed tonight. So you don't know that
22 this has happened, so when you wake up
23 tomorrow morning, what will be the first
24 small clue to you, wow, something must have
25 happened during the night, the problem is
26 gone. **How will you know this happened?**

27 B: I'll smile in the morning instead of avoidance.

28 T: You'll smile at Leslie

29 L: You'd put your arms around me

30 T: Okay, he'd put his arm around you.

31 L: That would be a real sign of a miracle at this
32 point.

33 T: **Okay, so suppose he does, what will you do in**
34 **response to that?**

35 L: I won't turn my back to him ((laughing))

In this example, the therapist's "miracle" question directly addressed the issue of solution-building. The question asked how the couple will know the problem is gone. In behavioural terms they began to describe (predict) what they will be doing differently. The therapist then linked the initial reported behaviours to subsequent behaviours with the word "response". This linking of events through such questions suggests a kind of chain reaction. As de Shazer (1994, p. 95) wrote,

> This 'miracle question' is a way to begin constructing a bridge between therapist and client built around the (future) success of the therapy.

The use of the term "will" also carries an implicative load, that is, it has several implications that push a new view into the forefront: first, it is simply the correct tense that is consistent with a (possible) future event; second, it suggests a kind of social contract; third, it may imply an inevitable destiny. The extent to which the ambiguous "will" is recruited as evidence of social contract is evident when the therapist repeats back, "You'll smile at Leslie" and "Okay, he'd put his arm around you". The therapist asked for more and more details, giving them an opportunity to build a kind of blueprint for actual change. Note their laughter, which was consistent with the positive focus of the questions and stands in contrast to more

problem-oriented interviews.

Analysis of Solution-Focussed Questions

De Shazer, et al., (1986) have distinguished a variety of therapeutic questions in their pursuit of solution development (as contrasted with problem solving). While interviewing around "exceptions" to problems, the group developed questions that encouraged their clients to identify solutions to their complaint. The first step in this process consists of questions that assist clients to generate definitions, specifications, and conditions for improvement. For example;

> Client: I don't know who I really am.
>
> Therapist: **How will you know when you know who you really are?**

Or,

> Therapist: **What will you be doing when you know who you really are that you are not doing now?**

And,

> **How will your best friend know when you really know who you are?**

Or,

> **If there were a miracle one night while you were sleeping and the depression was gone when you woke up how would you know?** (p. 213)

These questions help identify goals and set the stage for noticing how clients may already be able to bring about

positive differences in the status of the complaint. For example, in subsequent sessions the solution-focussed therapist might ask;

> **What happens when Johnny's bed is dry?**
>
> **What happens when Suzie does as she is told?**
>
> **So what has happened that you want to continue to have happen?**
>
> **What happens when they do communicate?**
>
> **So, which days were better?**

De Shazer et al. (1986) have also developed questions that invite clients to account for positive developments in such a way that they can take the credit for the changes. For example,

> **How did you get them to happen?**
>
> **What did you decide to do when that (worthwhile thing) happened?**
>
> **It is our experience that if people don't do something right, things will get worse over time rather than remain the same. What are you doing?**
>
> **What do you need to do to get those things to continue to happen?**

Even when clients report things are worse, questions can still be oriented towards positive change. For example,

> **Have things hit bottom and you can reasonably expect things to change soon? Or, have things yet to hit bottom and so things won't get better as quickly?**

In this question, the two presented alternatives both imply

positive change is likely.

By developing an approach focussed on solutions, this group has undermined many assumptions regarding the need to discuss the problem at great length. One remarkable question that seems to have the ability to sidestep discussion of the problem at all is as follows:

> Many times people notice in between the time that they make an appointment for therapy and the first session that things already seem different. **What have you noticed about your situation? Do these changes relate to the reasons you came here? Are these the kinds of changes you would like to continue to have happen?** (p. 215).

Lipchik and de Shazer (1986) have referred to their techniques as "purposeful questioning" or interviewing in such as way so as to elicit "focussed information about the complaint and possible solutions"(p. 90). In addition to the questions previously mentioned, Lipchik and de Shazer, (1996) have distinguished two broad categories of questions, including "reportive questions" and "constructive questions" both of which include "individual" and "systemic" sub-types. Lipchik and de Shazer (1996) limit their definition of constructive questions to those that orient towards future, positive changes. In my use of the same term I will refer to an even more inclusive perspective; for example, positively oriented questions about the present and past. Another difference is that their distinction between

"reportive" and "constructive" questions tends to obscure the extent to which all questions orient the answerer to characterize their experience in certain ways.

Narrative Therapy Questions

The narrative approach to therapy refers to the use of a narrative, story, or text metaphor in the understanding of problem formulation and resolution. White (1991) wrote

> The idea that it is the meaning which persons attribute to their experience that is constitutive of those person's lives has encouraged social scientists to explore the nature of the frames that facilitate interpretation of experience. Many of these social scientists have proposed that it is the narrative or story that provides the primary frame for this interpretation, for the activity of meaning making; that it is through the narratives or the stories that persons have about their own lives and the lives of others that they make sense of their experience. Not only do these stories determine the meaning that persons give to experience, it is argued, but these stories also largely determine which aspects of experience persons select out for expression. (p.27)

White went on to explain that the stories do not simply reflect what went on in real life but that

> the narrative metaphor proposes that persons live their lives by stories, that these stories are shaping of life, and that they have real, not imagined, effects--and that these stories provide the structures of life." (p.27)

According to White (Wood, 1993), certain questions served to deconstruct the dominant and impoverishing stories that individuals with problems are living by. It is through this process of questions and answers that problems (i.e., dominant and impoverishing stories) are deconstructed and

solutions (alternative, more helpful stories) can be (re)constructed. White (1989) has proposed several types of what he terms "relative influence" questions that can accomplish this (p. 37). For example,

(1) Questions that tend to externalize the problem and map the influence of the problem.

> E.g., How long has depression been picking on you, making your life a misery, and stealing away your nice moments?
>
> Do you have an idea of what this anger monster looks like? If I gave you a piece of paper do you think you could draw me a picture, so that I could get a better idea of what we're dealing with?
>
> Who do you think has been most affected by this sneaky pee (enuresis)?

(2) Questions that map the influence of persons on the problem and identify <u>unique outcomes</u>:

> E.g., Were there ever any occasions, despite invitations from the sneaky pee, that you refused to question your competence as a parent? Are you surprised to discover that you have been able to escape the grip of your mood in this meeting and respond to some questions?

(3) <u>Landscape of action</u> questions:

> What do you think you might have been doing to get ready for this step?
>
> Which of the realizations that accompany this new picture of Harry appeal to you most?
>
> From where do you think he got the idea for experimenting with a new lifestyle? (White, 1989 p. 43)

(4) <u>Landscape of consciousness</u> questions:

What do these discoveries tell you about what you want for yourself?

I understand that you are more aware of the background to this turning point in Mary's life. **How does this effect the picture that you have of her as a person?**

(5) <u>Experience of experience</u> questions:

How do you think knowing this has effected my view of you as a person?

What do you think this might reveal to me about what you value most?

Of all the persons who have known you, who would have been least surprised that you have been able to take this step at this point in your life?

Such questions focus the person seeking therapy to orient to very particular aspects of their experience. They in effect presume that certain conditions exist and enquire about the details of those events. The sorts of things presumed are clearly positive and include such things as abilities by which a person was "able to escape" from bad things (the "grip" of "mood") and "respond"; the person's ability to have "gotten ready" and to have taken a "step", to have "realized" a "most" "appealing" thing (by implication, there were other appealing things as well) as a result of a "new picture"; the insight that a person to have "got" an "idea" from somewhere (so it has a history) and to be "experimenting" with a "new lifestyle". As the descriptions become thicker, that is to say more richly

characterized, re-viewed past and current events are implicated in future changes.

Analysis of Narrative Questions

As with other practitioners and teachers White (1989) has tended to discuss questions in the context of describing examples of the process of narrative therapy or as illustrative of particular stages of the therapy session, rather than as a specific focus per se. However, White has referred to "relative influence questions" as one aspect of "specific micro-practices of the approach that effectively establish the conditions for new distinctions to be drawn" (1989, p. 38). White has also suggested that questions are "opening space" (1989, p. 39) for family members to consider new possibilities and has suggested that

> questions are asked that assist family members to locate a unique outcome in time and place securing it as part of a sequence that renders it intelligible, that provides it with meaning (p. 39).

Indeed, all of these comments suggest that White acknowledges, at least to some degree, the influential nature of questions.

While White explains that "a directional account of events emerges as the unique outcome is framed within the context of a progression of a change" (1989, p. 45) the fact that this is accomplished through questions is only obvious by the examples he cites. While White does indicate that it

has been useful to consider "the grammar of these questions" (1989, p. 45) the few comments that might ultimately affect such a grammar suggest simply an attitude or stance that the therapist takes in conducting a therapy session. White (1989) wrote,

> This approach establishes therapy as a context for curiosity, and takes the form of a cooperative endeavour and an enquiry into new possibilities. Therapy takes a unique direction in which family members are invited to catch the therapist up, from session to session, on the changing picture of their lives and relationships. (p. 45)

The stance of curiosity, the presumption of change, and of the family as leading the way certainly suggest interrogative comments would be an appropriate grammar; however he does not explicitly address this issue. Perhaps in an effort to highlight the collaborative aspects of his therapeutic discussions, he uses terms like <u>assisting</u>, <u>opening space</u>, <u>setting conditions</u>, and <u>emerging</u> to describe the relationship between questions and responses. Such language obscures the extent to which his questions are presuming and embedding particular ideas that ultimately direct the course of the interview.

Freedman and Combs (1996) reported that their thinking about questions-as-generating-experience began in their work with "Kathy" and her family. Kathy, 12 years old at the time of the first interview, would not go to school. She didn't like it that some of her classmates at the girls'

school she attended were showing increased interest in boys, alcohol, and drugs. She had the idea that if she started thinking about any of these particular classmates when she was involved in an activity, she would somehow become like them. The fear led to some problematic behaviours. For example, if a thought about one of her classmates came to mind while she was putting on a shoe, she took it off and put it on again. She would repeat this behaviour until she was sure she had completed it with none of her classmates in mind. She approached opening and closing doors, turning lights on and off, and an ever increasing number of other activities in the same way. Because she was surrounded by her classmates when at school, she found it intolerable to attend. The therapeutic intervention at the time involved several lead in questions;

Freedman and Combs Interview 1: Excerpt 1

1 2 3	Ther:	**Who would be in greater danger -- your parents if they continued to smoke or you if you went to school?**
4	Kathy:	Mom and Dad.
5 6	Ther:	**Are you the kind of person that would take a risk for someone you love?**
7	Kathy:	Yes.
8 9 10	Ther:	**Would it help you to do something that seemed dangerous if you knew that it was really benefiting someone important to you?**
11	Kathy:	Yes, it would.

12	Ther:	**How would it help?**
13 14 15	Kathy:	The benefit to the other person would put things in perspective. I would have a good reason for facing the danger.
16 17	Ther:	**Could you go to school if you knew it might save your parent's lives?**
18	Kathy:	Yes!
19 20	Ther:	**What would you do if you looked at someone and thought you might become like them?**
21 22	Kathy:	Just concentrate on the work and on being there.
23 24 25	Ther:	**Even if it is really difficult, if you agree to do something are you a person of your word?**
26	Kathy:	Yes. (p. 115)

The therapists proposed a trade, that Kathy would go to school if her parents would quit smoking. Everyone agreed. However, when they met again two weeks later Kathy had gone to school every day since the meeting, but the parents had not quit smoking. Although Kathy still wanted her parents to quit smoking, she never even threatened to stop going to school. In addition, the repetitive behaviour just disappeared. These outcomes would not have been predicted by the strategic intervention (the "trade") alone. In retrospect Freedman and Combs (1996) believed that their question (line 19) might have involved Kathy in "vividly imagining herself in the context of school, concentrating on

her work without fear taking over her experience" (p. 115) so that Kathy began to view herself as a risk taker and as having strategies for managing her concerns. Freedman and Combs (1996) described their current orientation towards questions as more specific than "opening space" (p.118). As with other narrative therapists, Freedman and Combs (1996) suggested that their questions are aimed at "deconstructing problematic stories, identifying preferred directions, and developing alternative stories that support these preferred direction" (p. 118). Freedman and Combs (1996) also follow what is becoming a tradition of distinguishing several refurbished categories of questions, they add what they term "preference questions" (p. 130). For example, "Do you think dishonesty suits you best as a way of life or do you prefer a life of honesty?" Freedman and Combs (1996) pointed out that this "is not a simple matter of providing an occasion for people to make their preferences known"; to choose a preference out loud is to realize a commitment to a direction in life. Freedman and Combs (1996) noted, "when we pose such questions we are constructing particular dilemmas" and reported

> People do occasionally tell us that neither possibility is preferred, but we suspect that much of the time people approach the two possibilities offered as though they really are the only two available choices and stretch to align themselves with one or another (p. 68).

Tomm (1993, p. 67 in Freedman and Combs, 1996), refers to these questions as "bifurcation questions" and noted that these kinds of questions are "loaded". Tomm believed that they are helpful in mobilizing and aligning a person's emotional responses. He wrote

> that they create a bifurcation or branching of alternative meanings and alternative directions. When a person chooses one, different sets of emotion become oriented to each branch. (p. 67)

Presumably, if a person stated that honesty suited her, not dishonesty, her negative emotions would become oriented to dishonesty, which could help her fight against it, and her positive emotions would become oriented toward honesty, helping her align with it. However this kind of conjecture does little to advance our understanding of the role of questions in the change process and seems to signal a return to theories that implicate various mental constructs in the pathologizing of persons.

Freedman and Combs (1996) noted that they often ask "Why?" after people have stated a preference. They suggest these questions

> invite people to justify their choices and describe their motivation, and in the course of their explanations, people have the opportunity to clarify and elaborate on their preferred directions in life, identities, and values.

The following are some examples of preference questions:

Do you think this reputation should speak for you or do you think it would be better for you to speak for yourself?

Is that a useful practice? How? Why?

Does this idea suit you? Why?

Do you think it's best for anger to run your life or for you to run your life? Why?

Is this a good thing or a bad thing for you?

Questions That Extend Invitations to Responsibility

Jenkins (1990) has written comprehensively about the therapeutic engagement of men who are violent and abusive. His work, while often described as situated within the theoretical framework of the Narrative approach, utilizes questions in ways that are consistent with Bateson's (1972, 1980) much earlier work related to "restraint" and "context". In clinical interviews Jenkins tends to ask questions from the perspective of a person who believes that certain ideas and values can act as "restraints to the acceptance of responsibility for abusive actions and the development of sensitive and respectful relationships with others" (1990, p. 14). Jenkins characterizes his therapeutic questions as "invitations" and through the course of the interview asks questions that

I) invite the man to address his violence

Is this the first time you have talked about your violence and how it really makes you feel, in an honest way with another person?

Many men deeply regret hurting their loved ones and want to stop it -- but most of them find it too difficult to face up to what they have done -- to look it in the eye so they can do something about it -- let alone come and see a counsellor;
What do you think it says about you that you are here today?

II) invite the man to argue for a non-violent relationship.

Do you want to quit violence under all circumstances or do you want to hang on to a little for certain occasions?

Are you sure? Some men think its fair game to bash their wives -- some men think its a good way to let of tension, like hitting a punching bag. Some men think it's what wives are there for --it doesn't matter if someone gets hurt -- that's just too bad.

III) invite the man to examine his misguided efforts to

contribute to the relationship

I now understand that you don't want to hurt Jill and that you want a relationship where she respects, trusts and stays with you because she wants to and where she feels respected and loved by you. I understand that you want a more respectful and caring relationship. You have made it clear how important this is to you. What I don't yet understand is what has stopped you in the past from achieving your goals.
Do you think it would be helpful if you understood what has stopped you from achieving your goals?
How would this help you?
Could you help me to understand the ways that you have been trying to build this kind of relationship?
Are there times when you feel you have been successful?
What has stopped you or got in the way other times?
How have you tried to solve problems in your relationship?
What affect has your violence had on your marriage?
What effect has your violence had on respect/trust/safety/caring/love in your marriage?
What effect has your violence had on you and how you feel about yourself?
What effect has your violence had on your own self

respect/self-confidence?
What effect do you think your violence has had on Jill?
What effect do you think your violence has had on Jill's feelings of trust/respect/love/safety?
Can you help me understand more about your violence, how it has developed and how it has got in the way of your relationship?
Can you handle talking about the last time you were violent to Jill?
What was the first thing that happened?
What did you think when Jill did/said...?
What did you feel then?
What did you do/say?
What did you want to do?
What did you want her to do?
What do you think she wanted?
What do you think she was thinking/feeling?
What did she do then?
What happened next?
How did you grab her/push her/hit her?
Did you hit her with a closed or open fist?
How many times?
Where did you hit her?

IV) Invite the man to identify time trends in the relationship

I understand you are wanting a close respectful relationship. However, have your violence and threats of violence been increasing (in frequency/intensity) or decreasing over the time of your relationship?
Do you think Jill is feeling safer and more relaxed with you or more tense and scared over time?
Do you think Jill is feeling more loving/caring or less loving/caring towards you overtime?
Do you think Jill is gaining respect for you or losing respect for you over time?
How do you know this? What does she do/say that tells you this?
Do you think Jill is feeling more respected by you or less respected by you over time?
Have you been feeling more closeness or more distance in your relationship over time?
How have your attempts to try to get Jill to see things your way affected her over time?
How have your attempts to get Jill to reassure you affected her over time? Are your efforts to try to help

the relationship, by giving Jill advice/trying to avoid arguments, leading to more closeness or more distance over time? What effect have your efforts to keep the relationship together, by trying to get Jill to respect your point of view, had on your relationship over time? Has she become more respectful of your ideas or is she losing respect for them over time?
Are you getting more together or more apart?
How has this affected your chances of having the kind of relationship that you really want?
What will happen if (trend) is continued?
What would it be like in two years time?
What do you think will happen if you continue violence in your relationship?
Do you think Jill will be prepared to hang in there in a violent relationship?
How close is she to leaving for good?

IIV) invite the man to externalize restraints

Ther: It never surprises me to hear of violent behaviour like yours. Our culture is riddled with violence and messages about violence. It is impossible to turn on a TV set without seeing examples of violence being used to solve problems or take advantage of others. I am wondering more about what has stopped you from finding ways to develop the kind of relationship you want - one which is not violent but caring and respectful? I am wondering what has stopped you from facing up to, taking responsibility for your violence and putting it behind you for once and for all?

Ther: You know it doesn't surprise me that you have had trouble achieving a loving, respectful relationship and instead got one which is getting further apart and more and more violent. In fact I'm surprised that Jill didn't start to lose her feelings for you before you began the violence.

Client: What do you mean?

Ther: Well you wanted to get close to her and you worked hard at it. I respect your intentions. However your recipe for getting

close is not only out of date but totally misguided. In fact - this may come as a shock to you - its probably the best recipe I could think of for insecurity, disrespect and violence in a marriage. Can you handle some straight information about this?

Client: Of course I can.

Ther: Your recipe for building a marriage expired years ago and hasn't been renewed. It doesn't match the kind of relationship that you want. It would be a good blueprint if you wanted to be a tyrant or if you lived about 100 years ago. It would work well if you wanted a slave, a doormat or a robot rather than a wife - someone who serves you rather than really loves and respects you. However, you were indicating earlier that this isn't want you want. Do you know the old-fashioned recipe for a marriage which says that the man is in the front seat and in charge? He knows best and the woman should be in the back seat doing what she is told and keeping her feelings and thoughts to herself. These old-fashioned ideas say that the man is supposed to be the provider and that his point of view is the correct one and it is his duty to help his wife think that way too - for the sake of the marriage. It is easy for men to get sucked in without realising it. How much do you think you've been sucked in by these ideas?

IV) deliver irresistible invitations to challenge

restraints

Could you handle a marriage in which Jill says what she really thinks, or do you need her to look after your feelings by saying what she thinks you want to hear?

Could you handle a marriage in which Jill is her own person and speaks her own mind, or do you need her to pretend to be your person?

Do you want to take action to put the brakes on yourself or would you be prepared to leave it to Jill

to continue to try to put the brakes on for you? Are you sure? It won't be easy -- you've had little practice in setting limits for yourself. It would be easier to leave it up to her? Even if you feel she's being unreasonable or provocative?

V) invite the man to consider his readiness to take action

Client: Yeah, but how can I prove to her I've changed if she doesn't come home?

Ther: Before you prove anything to her won't you need to prove to yourself that you can respect her feelings? What is it that she is wanting from you now? What does her not returning your calls tell you?

Client: She says she wants time to think. She says she wants time to herself. She keeps saying she is not ready but...

Ther: What would you be doing then if you were respecting her feelings and wishes now?

Client: But I'd give her time to think if she came home.

Ther: It will probably' be the hardest thing you've ever done - to prove to yourself that you can respect her feelings and decisions - to prove that you are bigger than your fears and your desperation which I bet even right now are telling you call her and try and convince her to come home. How important is it that you stand on your own two feet and make this decision for yourself? Or are you prepared to let your fears and desperation decide it for you?

Client: I want to make the decision - but couldn't I just see her and talk to her.

Ther: Until you've proven you can stand up to your fears and desperation she'd be crazy to talk to you about coming back. Until you've proved to yourself that you can't be pushed around by your insecure feelings, you'd be kidding yourself if you thought you were ready to see her.

Client: I can't handle not seeing her - not hearing from her - not knowing how she is...

Ther: Like I said, this will probably be the hardest thing you've ever attempted. Your fears and your desperation are going to be at you all the time telling you to contact her, drive past her house, ring her parents. I can understand if you are not ready to make a stand at this time - if you're not ready to handle it yet. Do you want me to continue?

Client: Yes I want to try it.

Ther: What would it say about you if you stopped trying to make contact with her - if you left it for her to make contact with you when she's ready? What would you be proving to yourself? (Adapted from Jenkins, 1990, Part Two, pp. 59-93)

Analysis of Questions that Invite Responsibility

While no published scholarly works are currently available regarding an analysis of these questions that invite responsibility, there has been some research that has examined violence and discourse more broadly. In an analysis of written legal judgements about sexual assaults, Coates (1997) found that when judges attribute these assaults to nonviolent motives the perpetrator could not control (e.g., sexual impulses), they gave lighter sentences than when the judges described the perpetrator as choosing to be violent. When language is used that tends to situate violent acts within a non-violent context, the violence is effectively concealed. The discursive context in which various acts are characterized permits certain perspectives

while discouraging others. Thus the context, as established by Jenkins' elaborate and focussed questions, encourage certain kinds of responses. The discursive contexts established by Jenkins seems to cast explicit descriptions of violence and the acceptance of responsibility as evidence of good character, insight, wisdom, courage, vision, and a positive viable future relationship.

The following example shows how Jenkins begins to define both the respective positions of the therapist and client and the general parameters of the conversation:

Jenkins Interview 1: Excerpt 1

1	Ther:	I know that you want to see if you can get
2		back together with Jill. There are two
3		things I need you to help me understand so
4		that I'm properly in the picture. The first
5		thing I need to understand is what kind of
6		marriage you want to have with Jill? The
7		second thing is what kind of marriage have
8		you had in the past (p. 70)?

In this excerpt Jenkins suggests his questions are designed to "help [him] understand" so that he's "properly in the picture". While Jenkins' (1990) acknowledgement of the clients' getting back together goal (lines 1-2) implies it is a suitable therapeutic focus, such a move is more likely to be discouraged, at least at this stage of therapy (p. 92). Why then would Jenkins articulate this counter-therapeutic goal? By situating this comment right next to Jenkins' subsequent request for information, it would be

reasonable for the client to presume a link. In this way Jenkins' subsequent questions are rendered rational and relevant to the clients preferred outcome. Subsequently Jenkins outlines two general themes, the preferred marriage of the future and the dis-preferred marriage of the past. This question presumes that two such marriages exist, and can be distinguished from each other by the client. It also signals that certain kinds of behaviours may be located as existing only in the past. This remarkable "turn" also characterises the conversation itself as (merely) information gathering, just as one might gather demographic information and complete other housekeeping chores associated with initial sessions. The implication is that the counsellor and client are still preparing for therapy. It is certainly reasonable to conclude that such a relationship arrangement would be less likely to obligate the client to take-up a position of resistance or defensiveness. For clients for whom the therapeutic context identifies them as "the problem" (e.g., violent husband) and for clients who do not agree with this perspective, it would seem useful to proceed with information gathering (rather than therapy per se) for as long as this remains an issue.

Other Approaches

Questions as Transformative Micro-practices

Sluski (1992) suggests a variety of "transformative

micro-practices" that shift/change various aspects of the discourse concerning "the problem" might characterize the essential aspects of these interactional approaches (p. 229). While Sluski suggests attention could be directed to the practice of circular questions, including the form of such questions, their specific locus, and direction of change he does not offer a consideration of the full extent to which questions are particularly suited to the task of "transformations in the nature of stories".

As others have done Sluzki (1992) goes on to list and categorize the sorts of questions that shift/change various aspects of "the problem" and offers refurbished categories, or in this case "dimensions" within which to locate similar questions. However one important difference is the explicit focus on the discourse concerning the problem. He attends to the description presumptions of the problem; is the problem described as static or fluctuating, with nouns or verbs, historic or ahistoric, cause or effect, active or passive. For example, Sluzki (1992) distinguishes "static" descriptions of problems or persons as a sort of description that might be shifted. A couple might characterize their reason for seeking therapy in the following way;

Bob: We bicker all the time.

In response the therapist might inquire;

Ther: Did the bickering become more or less marked

when you took your new job (p. 222)?

Sluzki (1992) identifies these questions as instrumental in shifting between descriptions that do not present "temporal fluctuations" to ones that do and remarked that they allow

> the consultees to recover a sense of evolution, a progression of events that expands their repertoire of descriptions and interpretations of problems, as well as their collective participation in its maintenance (p. 223).

I would suggest that what the question challenges simply in its posing is the assertion that bickering always and invariably existed for this couple. By admitting to the existence of an occasion where bickering was indeed worse, a continuum of descriptions in which any particular interaction might be located, is available. It is possible to see how subsequent questions might inquire about the details of an occasion where bickering was somehow reduced. It is my position that this kind of discourse was not available to the couple or to the therapist until it had been established through the presupposition embedded in the "alternative" question posed by the therapist (i.e., more or less marked). Sluzki (1992) refers to these shifts as "transformations" and notes that there is not one "correct" direction for such transformations. Sluzki notes it can also be useful to elicit descriptions that render static, a fluctuating description, For example, "Have you found a common theme in all those episodes of bickering?" This

question embeds the notion that a particular idea may link the bickering episodes together. Similar transformations may reverse cause with effect, active with passive and so.

What is clear from Sluzki's (1992) work is that the kind of question asked can shift the way personal difficulties are described. He also points out that questions from a variety of interactional approaches function in a similar way.

A Question Classification Scale

In an effort to classify and quantify the kinds of questions asked in the therapy room, Baldwin (1987) developed the Question Classification Scale (QCS). According to Baldwin (1987), the purpose of this scale was to

> aid marriage and family therapy researchers and supervisors, examine, codify, and improve questioning strategies, to provide a heuristic bridge between applied therapy and research, to provide a functional and formal understanding of the range of questions used in family therapy, and as a tool for trainees and supervisors to focus more clearly on the way questions can be used to capture a systemic view of therapy (p. 375).

The QCS categorizes questions according to such parameters as time frame (past, present, future, combination and subjunctive), membership (unspecified/ambiguous, single, dyad, triad and multiple), form (nonverbal, verbal indirect, verbal direct closed, and verbal direct open with subtypes, simple, embedded question, embedded commands, or complex

questions), and function (basic information gathering with subtypes, request for repeat, request for information, request for confirmation, request for open judgement, and contextual information gathering with subtypes, relationships, sequences, comparisons, hypothetical possibilities and less relevant functions with subtypes, defied description, rhetorical, verbosity, attention getting). See Table 1.

Table 1.

Questions Classified According to the Question Classification Scale

Category	Type	Subtype
Time Frame	past	None
	present	
	future	
	combination	
	subjunctive	
Membership	unspecified/ ambiguous	None
	single	
	dyad	
	triad	
	multiple	
Form	nonverbal	None
	verbal indirect	
	verbal direct closed	
	verbal direct open	simple
		embedded question
		embedded commands
		complex questions
Function	basic information gathering	request for repeat
		request for information
		request for confirmation
		request for open judgement
	contextual information gathering	relationships
		sequences
		comparisons
		hypothetical possibilities
	less relevant functions	defied description
		rhetorical
		verbosity
		attention getting

For example,

> If I had a magic wand or a magic pill which would eliminate your symptom immediately what would be different in your life? (p. 377)

is classified as _subjunctive_ within the _time_ frame category, because the question deals with events that might have been conditionally altered (p. 377). The same question classified according to _membership_, might be considered as _single_ (one respondent explicitly noted in the request). According to _form_ the question might be classified as _verbal direct open_ and itemized as _embedded_. The _function_ might be classified as _basic information gathering_.

Baldwin's classification of questions according to form is particularly relevant to this dissertation. According to Baldwin,

> Form refers to the grammatical structure or syntax of a question. Form is more concerned with how a question looks structurally rather than what meaning it conveys (p. 278).

Of specific interest is Baldwin's subcategory of Form; "Verbal Direct Open" which is further itemized into "Simple, Embedded Questions, Embedded Commands and Complex Questions" (p. 380). According to Baldwin, "Simple" refers to "open direct straightforward" requests for information and gives the following example,

> What ideas do you have? (p. 380)

An "Embedded Question" according to Baldwin is a

> Wh-- question [who, what, where, when, how] which appears open but contains a hidden unintended completely closed question which can be answered with a yes/no response (p. 380).

For example,

> Why did you do that?

To answer the main question (why) it is assumed that the embedded question (Did you do that?) is already confirmed. While the notion that questions contain embedded presuppositions is important, Baldwin's example of a "Simple" question also contains an embedded question, namely: Do you have ideas? What is taken for granted or embedded in the question is that the person has ideas (note, plural) and can articulate those ideas. I will return to discuss embedded presuppositions in more detail in the next chapter.

While the QCS makes a number of distinctions between different questions it is not entirely clear if this system could distinguish between;

1 Ellis: Joan, what would you say most bothers you, today? (Ellis, 1972)

and

2 Berg: Many times people notice in between the time that they make an appointment for therapy and the first session that things already seem different. What have you noticed about your situation? (De Shazer, Berg, Lipchik, Nunnally, Molnar, Gingerich, & Weiner-Davis 1986, p. 215)

Both questions seem primarily oriented to their <u>present</u> time

frame and situation although the second question might be considered a question related to the recent past or indeed a combination of past and present tense. The membership would likely be considered a single unit. Form classification would likely be considered to be verbal direct open and further itemized as embedded, although as previously mentioned, this category may still need more clarification in order to be reliable applied. The function classification might be basic information gathering of the subtype request for information. Indeed what seems to distinguish between both these questions and their respective approaches are the embedded assumptions. Ellis presumes extensive unresolved problems, de Shazer et al. (1986) presume enacted solutions.

Consider this next pair of questions,

3 Ellis: And how do you feel after you apologized instead of expressing yourself more fully to her? (Ellis, 1972)

and,

4 Boscolo: What made you decide to change, from being promiscuous to not being promiscuous? (Boscolo, 1987)

While the QCS might identify the questions as embedded, the scale could not discriminate between the presumption of feelings that tends to characterize the client as an affected object (Ellis) or the presumption of agency in Boscolo's question. Yet according to proponents of these

disparate approaches, such differences are not trivial. Still Baldwin advanced several important ideas, not in the least of which is the utility of an explicit focus on questions within the therapeutic context, yet across different theoretical orientations. Also implicit in Baldwin's work is that the kind of question asked is connected to therapeutic change (or the lack thereof). While I suspect the QCS would miss many important distinctions between various questions and questioning strategies, the idea that questions themselves are influencing change and that some questions may be better at this than others is an important one. Baldwin suggests that the QCS can assist us to understand "the way questions can be used to capture a systemic view of therapy" however the notion of "capturing" suggests that questions are simply "grabbing" what was always there and are not playing a role in contributing differing perspectives of the world we live in.

Questioning Questions

Madigan (1993) has proposed a kind of "meta question." He posited that "the linguistic structure of the question can also act to oppress and obstruct" and observed that "questions are evidence of what kind of rhetoric the speaker is choosing to bring forth and for what purpose" (p. 222). Madigan also proposed that

> Family therapy narratives that argue for practice postures of non-instrumentality and simple curiosity, and that claim apolitical sanctuary through being 'value free,' suddenly take a step back into the world or modernity". (p. 222)

While somewhat obscured by his own rhetoric, Madigan appears to be saying that questions are not simply revealing the world, but actively constituting it. Madigan suggested that

> if we are going to render meaningful the ideas of narrative, rhetoric, deconstruction, restraint, and the subjugating effects of knowledge as power within the therapeutic context, then we must find ways to address these ideas within the practice of therapy. Freedom to question the 'constituted experience' of both therapist and client would enable recognition of the social, cultural, and political restraints that all speakers in the therapeutic context are influencing and are influenced by (p. 223).

To this end, Madigan suggested that a second "listening therapist" (LT) might ask questions of the "performative therapist" (PT) regarding the questions asked during the therapy session. According to Madigan, these questions about questions are intended to "open space", to "broadcast and bring forth for the PT news of difference through the circulation and resurrection of alternative knowledges", to "create for the client a meaningful noise" so that "a multiplicity of other possible meanings, descriptions, and questions are made public" (p. 225). The following examples are given;

> I observed that you asked Mum a question regarding who reacts most when Johnny "acts up". Were there other questions that came to mind at this juncture that you could have asked but didn't?

> How was it that this was the direction you decided to go as opposed to the others you have also considered?
>
> If you had asked these other questions, how might you see the family differently?
>
> How do you think they might see you differently?
>
> What does this tell you about yourself that is important for us to know?
>
> What has this family taught you about yourself that you might find helpful in your work with other families?
>
> At this point in the interview what would you consider to be your most important question and why? (p. 225)

Madigan's theme of questioning questions is quite consistent with the purposes of this dissertation. He is clearly on the side of those who believe questions are powerful and influential although his purpose is not to analyse how, specifically, questions have their influence.

However, the "meta questions" Madigan (1993) has proposed may not serve the critical functions he intends. As Madigan and indeed others (Foucault, 1971, 1980; Maranhao, 1986; Rorty, 1990) have pointed out every system of knowledge involves a system of power and rhetoric. The culture of therapy is no different. Given the above examples of questions about questions, I suspect that any number of ideas consistent with the politic of narrative therapy as helpful are in fact being further ensconced. For example, these questions about questions imply that

questions are helpful, that our responses tell us things about ourselves, and that families already know how to be well. Not that we ought not subject our practices and discourse to a critical review, but a second narrative therapist may not be the most likely person to expose the taken-for-granted truths implicit and embedded in the session discourse. Moreover, individuals attending therapy to achieve change will not find it useful to have newly formulated alternative perspectives immediately challenged or even cast as merely one of many perspectives.

Summary

Discussion of questions and questioning within the literature of interactional psychotherapy has tended to focus on the sorts of questions that could or should be asked (de Shazer, et al., 1986; Fleuridas, et al., 1986; Jenkins, 1990; Selvini-Palazzoli, et al., 1980; Penn, 1982; Penn, 1985; Sluzki, 1992; White, 1986; Baldwin, 1987; Tomm, 1985).

While a consideration of all possible therapeutic questions would seem to be a monumental task, researchers have traditionally examined questions in this manner. In therapeutic conversation questions may be asked about feelings, the future, positive developments, patterns of interaction, feelings about patterns of interaction, etc., etc., etc., ad nauseam. As previously mentioned Tomm (1985,

1987, 1988, 1989), has commented extensively on the Milan approach, and identified (among others) *circular questions* (those which seek to understand the circular processes in the family system). According to Tomm (1985), circular questions tended to focus on differences between persons, relationships, times, perceptions, etc. This way of considering questions organizes them according to the topic or subject of interest. Table 2. illustrates several examples of questions classified according to the topic of the question.

Table 2.

Questions Classified According to Topic

Classification	Example	
Contextual information gathering		
Relationship	How do you show affection?	Topic
Sequence	After you fell off the roof what happened?	Topic
Comparisons	Is your father closer or your mother?	Topic
Hypothetical	Suppose you won a million dollars?	Topic

Considerable effort has been made by several practitioners to describe and document helpful questions. Specific approaches have described various questions with names like, "circular", "triadic", "externalizing", "future-

hypothetical", "ranking", "interventive", "experience of experience questions", and even "miracle questions". Through a consideration of the mechanisms by which particular questions are thought to assist in the process of change, practitioners have suggested their questions are releasing information, inviting responsibility, (de)constructing dominant and impoverishing stories, and re-framing experience (to name but a few). However, despite these somewhat general explanations, curiosity regarding the particular mechanism of therapeutic questions would seem strikingly absent.

I will take a different approach to these questions, which is to analyse them as events in a social discourse. While the interactional approaches differ from each other in (arguably) subtle respects, together they distinguish themselves from traditional psychotherapy in profound ways. Traditional psychotherapies have pursued the reality of the problem whereas systemic, narrative/discursive and other interactional approaches have suggested that problems are co-constructed primarily through language. Traditional psychotherapies have focussed inside people, locating problems within individuals (feelings, attitudes, etc.) whereas interactional therapies have seen problems as occurring between people. Talk has been seen as merely a medium in traditional psychotherapy, with an emphasis on

global intrapsychic concepts (eg., esteem, personality, etc.). For interactional approaches, talk is considered a tool, with a focus on micro and actual practices. It is through this lens that I intend to examine questions.

PART TWO

QUESTIONS MORE GENERALLY

CHAPTER 4:

KINDS OF QUESTIONS

In Part One, I treated questions as if they were a single and uniform category of utterance. However, even our everyday language has terms for different kinds of questions leading questions, loaded questions, rhetorical questions, etc.

According to Dillon (1982)

> Asking and answering questions are among the most common human activities, yet it is remarkable how little is known, in a systematic way, about the effect of questions on a respondent (p. 127).

Similarly Kearsley (1976) suggested

> Question asking is one of those mundane and everyday activities which we spend considerable time engaged in yet have a very rudimentary technical understanding of (p. 355).

Outside the therapy room, questions have been subjected to considerable theoretical analysis by logicians, linguists, and philosophers. Again, as with therapists, the focus has been to distinguish different types of questions based on various taxonomic schemes related to form, syntax, function, or semantics.

According to Kearsley (1976) questions can be differentiated according to the form-based taxonomic scheme shown in Figure 1.

In this scheme an initial distinction is made between verbal and nonverbal questions. According to Kearsley

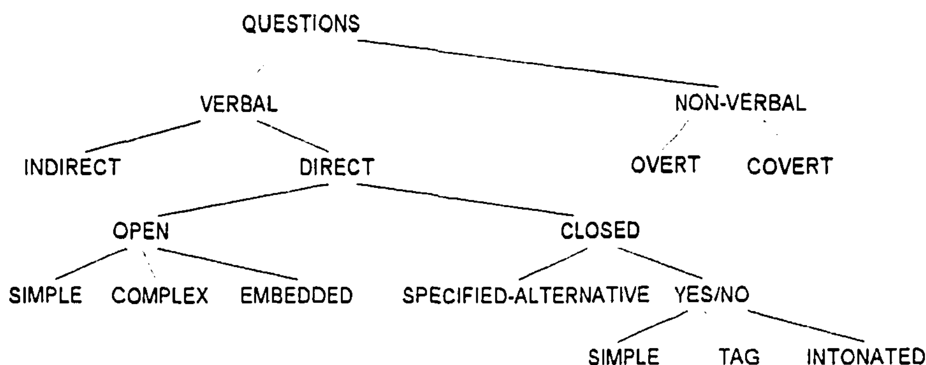

Figure 1. A taxonomy of question forms.

(1976), nonverbal questions can be overt or covert: overt nonverbal questions are gestures that serve to elicit a verbal response and can include puzzled facial expressions, raised eyebrows, and hand shrugs; covert nonverbal questions apparently refer to internally directed questions we ask and answer ourselves (p. 357). Verbal questions can be further subdivided into direct and indirect categories. According to Baker (1968) indirect questions are declaratives that contain an embedded partial interrogative phrase, for example,

I wonder where the house is.

It isn't obvious what you mean.

While these are not true questions in the syntactic sense, they still serve the essential purpose of a question, which is to elicit information. Direct questions are indicated in written discourse by a question mark and in verbal discourse by intonation patterns. According to Kearsley (1976), they

can be subdivided into two major groups: open (fill in the blank or lexical gap) and closed (disjunctive or whether). The answer to a closed question is in a fixed set of alternatives either explicitly or implicitly contained in the q.estion; the answer to an open question is less constrained by the question form. Open questions are also called wh-questions because they are always formed by the use of wh-constructions (who, what, where, when, why, which, whose, and how) such as

Where does he live?

Who is that?

What kind is that?

Closed questions are usually indicated by their rising intonation pattern and have been divided into either specified alter

alternative questions provide the alternatives that are acceptable as an answer:

Do you want maple syrup or cinnamon on your pancakes?

Yes/no questions require confirmation or denial of the assertion of the question, although they may also be answered by modal quantifiers such as "sometimes," "maybe," "never," and "possibly." Simple yes/no questions are those formed by an initial auxiliary verb:

Are those whole wheat pancakes?

Tag questions add inverted auxiliaries at the end of a question:

Those are whole wheat pancakes, aren't they?

Intonated declaratives are distinguished by rising intonation:

Those are whole wheat pan[cakes]?

Questions have also been categorized according to function (Kearsley 1976). Chafe (1972) suggested that questions function to elicit a verbal response from the addressee (excluding rhetorical questions, but including indirect questions). Katz and Postal (1964) proposed that questions be thought of as imperatives that demand linguistic responses rather than overt actions or behaviours. Aqvist (1965) has suggested that questions are epistemic imperatives: requests to remove ignorance. Kearsley (1976, p. 360) suggested four different types of functional questions: echoic, epistemic, expressive, and social control as illustrated in Figure 2.

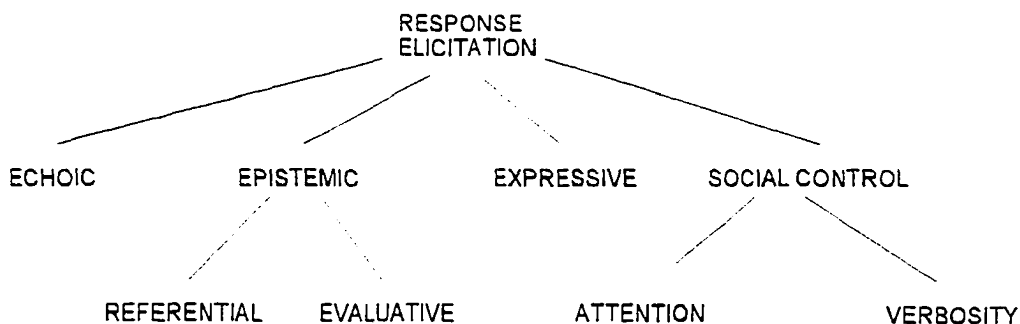

Figure 2. A taxonomy of question functions

Echoic questions are those that ask for the repetition or confirmation of an utterance:

Pardon?

What?

Huh?

Echoic questions also include questions that solicit confirmation of an interpretation of an original question. For example, the response (R) is an echoic question:

Q: **Were lava lamps big last year?**

R: **Were lava lamps big <u>sellers</u> last year?**

According to Kearsley (1976), epistemic questions are either referential or evaluative. Referential questions gather contextual information about situations, events, actions, purposes, relationships, or properties. Evaluative questions are asked, not for the informational content of the answer, but rather to establish the addressee's knowledge of the answer, as in teacher-pupil interaction.

Questions used for expressive purposes convey attitudinal information. Particular syntactic and intonation patterns convey different expressive information, for example,

Are you going to put away your coat or not?

Questions used to for social control purposes are also independent of the informational content according to

Kearsley (1976). Attentional questions such as,

Hey, do you know what?

allow the questioner to take over the direction of the conversation. Questions asked for the sake of sustaining conversation or to avoid embarrassing silences have been classified under the term "verbosity", according to Kearsley (1976). It should be noted that the functional categories are not exclusive of each other, unlike the classifications of questions according to form. For example, questions can be both referential and expressive:

What do you think of <u>that</u>?

or expressive and echoic:

That meat is bad?

In addition to analyses that have sorted questions according to type, there are considerations of other aspects of questioning. Berlyne (1960, 1965) suggested that we ask questions in order to reduce conceptual conflict (dissonance). Katz and Postal (1964), studied the actual syntax of questions formation. Briefly, their view is that questions are derived from an underlying phrase structure by the application of rules of deletion and transformation. They suggested two semantic markers: a Q morpheme, which indicates the phrase is a question (indicates the condition: "I request that you answer...") and a wh morpheme, which specifies the element that is questioned. Others (Baker,

1970; Koutsoudas, 1968; Malone, 1967) have suggested various modifications and extensions to these transformation rules. There have also been scholarly analyses of specific kinds of questions, such as "The interrogative in a syntactic framework" (Harris, 1978), "Yes-no questions are not alternative questions" (Bolinger, 1978a), "Difficult questions" (Hiz, 1978) and even works considering the relationship between questions and the notion of categories as in "Questions and categories" (Kahn, 1978). These works have examined questions in everyday usage, not simply within the context of therapeutic discourse. Harris (1978) for example, developed a general theory, applicable to all sentences of the language, that applied the syntax of non-interrogative sentences in order to generate the forms and contextual restrictions of interrogatives. Usually special syntactic rules are made up to handle interrogative transformations. Bolinger (1978b) examined the syntactic rules that govern the multiple *wh* question (as in, Who went where?) and challenged the assertion that yes-no questions (1978b) could be regarded as a special type of alternative question (as in, Is she OK? = Is she OK or not?). Hiz (1978), interested in both the semantic and syntactic rules governing questions, reminded us that "to assert that an utterance is a question is to state its semantic role, to say that it is an interrogative is to state its syntactic

property" (p. 211). He also noted that we (more) often respond to questions rather than answer them directly. For example:

Q: **Why don't you come for supper tonight?**

may be responded to with,

R: **Thank-you, but I have a previous engagement.**

Rather than truly answered, as in,

A: **Because I have a previous engagement.**

That is to say we correctly respond to the implicit invitation meant by the questioner (semantics) rather than the syntactic structure alone. Kahn (1978) examined Aristotle's doctrine of categories (What is it? How much? Of what sort? Relative to what? Where? When? What did he do? What did he suffer? How is he disposed? How is he situated?) in light of modern research. He noted that the number of categories that can be specified for any given subject will be determined by the number of fundamentally distinct questions that can be raised concerning such a subject. Kahn (1978) also considered the extent to which language itself imposes a structure that may exclude certain kinds of thoughts (or questions) and noted that,

> Einstein is said to have perceived some of his major theoretical insights at first in a kind of musical or pre-linguistic intuition before spelling them out in statements and formulae (p. 235)

Dillon (1986) held (albeit somewhat dramatically) that

the person who asks a standard question of inquiry (*information seeking question, such as "Where is the Kerry Park Arena?"*) necessarily asseverates and communicates the following eight attitudes;

1. Ignorance. I am in a state of not knowing, and I realize that I do not know.
2. Perplexity. I am experiencing puzzlement as a consequence of not knowing.
3. Need. I feel a necessity to know.
4. Desire. I aspire to know.
5. Belief. I commit myself to the truth of the question.
6. Faith. I am confident that the unknown is knowable.
7. Courage. I venture to face the unknown and its consequences both within myself and the world.
8. Will. I resolve to undertake to know.

What is clear from this research is that analysts have focussed on the classification and generation of single questions from an individualistic perspective. Although questions are usually part of an interactive and social discourse, there have been few investigators who have studied questions in this framework.

Socratic Questions and Zen Koans

Certainly the use of questioning for a primary purpose other than simple information-gathering can be traced back

to Socrates and perhaps even further. Socratic questioning also demonstrates that questions can be used to shift the perspective of the answerer, thus providing psychotherapists (and others) with a powerful interactional tool.

For example, the Socratic method uses questions to test and refine a particular proposition. Plato, a student and contemporary of Socrates, wrote several stories of Socrates in dialogue with others about important issues of the day. In these stories, Socrates used questions to reveal in pragmatic terms the particular world view held by others. Then, because Socrates proposed questions whose answers were clearly inconsistent with that particular view, the others would find themselves uttering answers that in effect disproved their own position (Kidd, 1992, p.83).

In one such story (Euthyphro), the basic philosophical question was, "What is piety?" In the following example, we can see how Socrates used questions to reveal and undermine the particular world view held by Euthyphro.

Socrates Interview 1: Excerpt 1

1	Euth:	Yes, Socrates; and, as I was saying, I can
2		tell you, if you would like to hear them,
3		many other things about the gods which would
4		quite amaze you.
5	Soc:	I dare say; and you shall tell me them at
6		some other time when I have leisure. But just
7		at present I would rather hear from you a
8		more precise answer, which you have not as
9		yet given, my friend, to the question, **"What**
10		**is 'piety'?"** When asked, you only replied,

11 "Doing as you do, charging your father with
12 murder".

13 Euth: And what I said was true, Socrates.

14 Soc: No doubt, Euthyphro; but **you would admit that**
15 **there are many other pious acts?**

16 Euth: There are.

17 Soc: Remember that I did not ask you to give me
18 two or three examples of piety, but to
19 **explain the general form which makes all**
20 **pious things to be pious. Do you not**
21 **recollect saying that one and the same form**
22 **made the impious impious, and the pious**
23 **pious?**

24 Euth: I remember.

25 Soc: Tell me **what is the nature of this form**, and
26 then I shall have a standard to which I may
27 look, and by which I may measure actions,
28 whether yours or those of anyone else, and
29 then I shall be able to say that such and
30 such an action is pious such another impious.

31 Euth: I will tell you, if you like.

32 Soc: I should very much like.

33 Euth: Piety, then, is that which is dear to the
34 gods, and impiety is that which is not dear
35 to them.

36 Soc: Very good, Euthyphro; you have now given me
37 the sort of answer which I wanted. But
38 whether what you say is true or not I cannot
39 as yet tell, although I make no doubt that
40 you will go on to prove the truth of your
41 words.

42 Euth: Of course.

43 Soc: **Come, then, and let us examine what we are**
44 **saying. That thing or person which is dear**
45 **to the gods is pious, and that thing or**
46 **person which is hateful to the gods is**

47		**impious, these two being the extreme**
48		**opposites of one another. Was not that said?**
49	Euth:	It was.
50	Soc:	**And well said?**
51	Euth:	Yes, Socrates, I think so.
52	Soc:	**And further, Euthyphro, the gods were**
53		**admitted to have enmities and hatreds and**
54		**differences?**
55	Euth:	Yes, that was also said.(Jowett, 1953, p.
56		316)

In this example so far, we can see how Socrates questioned Euthyphro in such a way so as to exact a statement, a definition, of "piety". Socrates questioned in such a way so as to constrain the kind of information Euthyphro might present. Neatly side-stepping Euthyphro's offer to describe the wonders of the Gods (lines 4-6), Socrates asked that the information must be generalisable (lines 16-18) and not simply a series of examples (lines 15-16). The information must also be orientated towards actions in the world (lines 24-27). Wherever possible, Socrates used previous statements made by Euthyphro in order to assert his right to ask further questions (lines 18-20). We can also note how Socrates explicitly characterised his questions as a search for a "more precise answer" (lines 6-7) when in fact it seems he was seeking a more generalizable answer (lines 16-17). It is also worth noting that Socrates took up the

demeanor of a curious student (line 22-27, 29) as he invited Euthyphro to "tell him" about piety. There is yet another feature of this interaction that is important to recognise in order to fully appreciate the thoroughness of Socrates' questions at this stage. Socrates committed Euthyphro to his particular view (of piety) by summarizing (lines 36-49) and at the same time inquiring (and committing) Euthyphro to the position that Euthyphro had indeed clearly conveyed his intended meaning. This effectively eliminated any opportunity Euthyphro might have had to backtrack at a later point in the conversation, by claiming he had not meant what he had said.

In the next segment we can see how Socrates used questions whose answers were clearly inconsistent with the view just endorsed by Euthyphro. These questions made evident the problems with Euthyphro's particular position.

Socrates Interview 1: Excerpt 2

57 Soc: They [the Gods] have differences of opinion,
58 just as you say, about good and evil, just
59 and unjust, honourable and dishonourable:
60 **there would be no differences among them, if**
61 **there were no such differences—would there**
62 now?

63 Euth: Very true.

64 [text omitted]

65 Soc: **Then the same things are hated by the gods**
66 **and loved by the gods, and are both hateful**
67 **and dear to them?**

68	Euth:	It appears so.
69 70	Soc:	**And upon this view the same things, Euthyphro, will be pious and also impious?**
71 72	Euth:	So I should suppose. (Jowett, 1953, pp., 314-316)

In this example, Socrates asked Euthyphro to respond to very particular details, the first with respect to differences between the Gods (lines 57-62). This question is quite highly structured, almost rhetorical, and orients Euthyphro to supply a true-false response. Ind ed, subsequent questions by Socrates are not at all open-ended, but rather orient Euthyphro to th specific point Socrates is driving toward.

In the pursuit of enlightenment, Zen masters use certain special questions (koans) to assist students to realize the limitations of a discriminating intellect. Questions like,

"What is the sound of one hand clapping?"

are used to "drive students to despair of their knowledge and intellect until they will come to have the real Great Doubt, or Spiritual Quest" (Shibayama, 1970, pp., 44-45). Again these questions, it seems, are designed to have a certain effect on the student, rather than to provide information to the Zen master.

There are other religious advocates who have posed questions with a similar goals. A caller at my front door

recently began by asking me, "Are you interested in a world of everlasting peace?" It turned out that my initial impression was correct; she was not doing a survey, not tabulating yes/no answers. Thus, the set of questions that are asked for purposes other than information-gathering would include many of the questions that teachers ask of their students, police ask of suspects, lawyers ask of witnesses, and sales people ask of customers. They would also include polite requests (e.g., "Can you reach the salt?"). The next chapter includes a consideration of these other kinds of questions.

Summary

What is striking to me about the diverse approaches to questions more generally is that, as with the analyses of therapeutic questions reviewed in Chapter 3, these approaches are decidedly not interactional. For the most part, the questions analysed are disembodied abstractions — structures without content. Nor is there a questioner, much less an answerer or a conversational context in which the question is asked.

It is as if biologists studied frogs by immediately removing them from their habitat, with the goal of analysing and classifying the frog in isolation. If for a moment we consider that questions are frogs, the majority of studies would tell us about the many varieties of frogs based on

colour, size, and perhaps the number of toes. Studies would also tell us about the inner workings of frogs. However, this isolating approach yields little or no information on the impact of frogs on lily pads, the pond, or the ecology in general. At the risk of pushing this analogy too far, it's as if no one ever decided to look to see what frogs actually did in the real world.

Similarly, general classification schemes describe questions in such a way as to remove or render irrelevant their specific content and context. Seldom in the literature is the specific question examined. Seldom is the specific question examined in relation to its answer, and even more rarely are the specific question and answer examined in relation to the ongoing conversation.

In the next chapter, I will present some approaches to questions that have retained their interactional quality, as a step toward building a more fully interactional approach.

CHAPTER 5:

TOWARD AN INTERACTIONAL VIEW OF QUESTIONS

The first requirement of an interactional approach is to include another person in the picture -- the answerer. In this section, we will examine three ways in which the question can implicate the answerer: the constraining effects of form; the presumed knowledge states of both parties; and the effects of presuppositions.

Kearsley (1976, p. 360) proposed that questions gather information (epistemic questions), give information (expressive questions), and perform interactional management duties (clarifying utterances, controlling turn-taking). However, as with classifications according to topic and form, even such classifications according to function usually remove questions from all but their most immediate context. I propose a consideration of questions that allows for the inclusion of the questioner and the answerer together, as they interact in a sequence. This perspective is consistent with other researchers (e.g., Bavelas, Black, Chovil, & Mullett, 1990) who prefer to "keep the phenomenon in its living context, which is the communicative sequence of which it is a part" (Bavelas, 1998, p. 10).

Interactional Constraints of Form

Although both form and topic have been the primary lenses through which questions have been analysed and

categorised (both within therapeutic discourse and more generally), these approaches are not interactional. Questions classified by form tend to be organized according to the grammatical structure or syntax of the question rather than by their effect on the other person. In contrast, from an interactional perspective, form operates to constrain the respondent's answers in a variety of ways and to greater or lesser degrees. For example, a rhetorical question essentially prohibits any reply, whereas open-ended questions calling for an opinion provide the answerer with a great deal more flexibility.

Another example is Loftus's (1975) proposal that answers to open or free-narrative questions are more accurate but less complete than are answers to controlled-narrative or specific questions. That is to say, if the form of the question constrains a person to supply a yes or no response, the answer (yes or no) may be said to be complete; however, the form of such a question prohibits the respondent from supplying additional relevant information that could qualify the response.

In research by Danet and Bogoch (1980) a scale of coerciveness of question form was developed to better understand courtroom discourse. Questions that provide the linguistic elements of grammatical subject, verb and object as in "You killed your wife, didn't you?" leave no room for

the person responding to fill any of those three slots with their own information (p. 44). Compare this with, "What did you do on the night in question?" where only the actor "you" is supplied. Thus question forms that dictate greater syntactic copying have the potential to be more constraining that other more open questions forms.

Table 3 illustrates several examples of question form that constrain or orient the answer's response.

Table 3.

Question Constraints According to Form

Form	**Example**	**Constraint**
Indirect	I wonder where my slippers are?	Required to answer or assist (embedded request for help)
Rhetorical	Why do I always do that?	Inappropriate to answer question
Direct Closed		
Yes/No	Are you staying around for the holidays?	Constrained to supply a yes/no or qualifying response
Tag	You're enjoying your presents, aren't you?	Constrained to respond; oriented to agree
Intonated	Your mom never expects your help?	Constrained to respond although not grammatically a question
Alternative	Do you prefer strawberry or raspberry jam?	Constrained to choose between alternatives given
Direct Open		
Testing	Children, what do we do when we get in the van?	Constrained to give the answer that questioner has in mind (e.g., "Buckle our belts")
Function		
Basic Information gathering		
Information	How old is your boxer?	Constrained to provide accurate information on this topic
Closed judgement	Do you like cats?	Constrained to a yes/no or qualifying response
Open judgement	What do you like about cats?	Inappropriate to answer "nothing"

Questions Analysed According to the Knowledge States of the Interactants

Using knowledge states to classify questions involves understanding the various presumptions that the interlocutors hold regarding the question topic. That is to say, a person who asks a question may be presumed to believe certain things. A questioner who asks, "Where is the Kerry Park arena?" is presumed to lack this information, whereas the answerer is presumed to have the information.

In contrast, when the question tests the knowledge of an individual (*testing question*), both parties presume that it is the questioner who has the information, while the answerer may or may not have the information. Thus, there are in effect two kinds of information: The explicit information is the answer to the question, and no one presumes that the questioner is in a state of ignorance with respect to the correct explicit information. The second kind of information is implicit, namely, the answerer's ability to respond correctly, which the questioner usually does not know. Moreover, in the context of a class learning about provincial capitals, a testing question such as, "What is the capital of B. C.?" is a shorter and more respectful way of obtaining the information, as contrasted with the more direct form, "Supply me with the proof you know the

capital of B. C." As it is a rather more serious social faux pas to assume ignorance over knowledge, or dishonesty rather than honesty, the indirect form seems to successfully address the issues of "face" (Brown & Levinson, 1987).

According to Clark and Schober (1992) *polite requests*, such as "Have you seen my slippers?" (also been called *indirect speech acts* by Searle, 1975a), might be more accurately described as *prerequests*. The recipient often correctly interprets a prerequest as an actual request, for example, by responding, "In the bedroom under the chair" (rather than yes or no). The respondent who states, "I think I saw them yesterday." is also replying to the prerequest. Grice (1975) suggested a number of principles of conversational cooperation that help us to make sense of such questions. As we can expect a question to be genuine and our responses to be appropriate and timely, we can use these principles to understand what is to be done with each conversational turn. Back to those darn slippers. Following the principles of conversational cooperation, the slipper sleuth who hears, "I think I saw them yesterday" should surmise that the answerer does not actually remember or currently know where the slippers might be. It would have been both appropriate and timely for the respondent to have supplied the information if she indeed had it. Consider another possibility: If you know that I know that

my slippers are on your feet, then as questioner I have violated a number of different principles. That is to say, I am not really in a state of ignorance regarding who might possess knowledge of errant slippers. The obvious and mutually recognised violation of this presumption is how we know not to take this particular question at its "face value" and, instead, to consider other possible meanings.

Clearly the success of the sarcasm of the slipper game depends on the mutual or shared knowledge of the interlocutors. For it to succeed, we must have established that I know, and you know I know, my slippers are on your feet. Perhaps we have also established that we enjoy teasing each other in these ways or that slipper theft is a regular and likely occurrence. This is referred to as *common ground* which I will discuss in more detail a little later. Through a microanalysis of videotaped excerpts of ironic conversations, Coates (1991) identified the various steps interactants must coordinate in order to achieve such enjoyable, complex, yet mutually shared inverted meanings.

The analysis of presumed knowledge states is useful for analysing other kinds of questions as well. Consider the following exchange involving a polite command,

P1: I'll be off work early, so I can get there about 6:30.

P2: Why don't you bring the wine?

P1: Sure. I'll get some at the L.C.B. on my way.

That is, (P2) is ignorant of any reason that (P1) may have for not bringing the wine and probably presumes there is no such reason. The answerer knows this is a polite command because of these presumed knowledge states. The answerer knows that the questioner knows he has time to get the wine, he has the means to get the wine (e.g., transportation, sufficient funds, of legal age to purchase alcohol, etc.), and the inclination to be helpful. Unless there were some unusual circumstance, it would ordinarily be appropriate not to give a reason. So the answer is "Sure."

As previously discussed, Socratic questions and Zen koans (e.g., What is the sound of one hand clapping?) are two similar kinds of teaching questions, both very old. While these differ in whether there is an answer or not, the answer is again irrelevant. Both teacher and student presume that the teacher has the correct logical conclusion or insight and that the student lacks these but is in the process of seeking them. The purpose of the question and the ensuing discussion is to teach the student the teacher's conclusion or insight.

Finally, the questions that I am calling constructive questions in psychotherapy are, at one level, information-seeking questions: "When did you decide to stop

being promiscuous?" The therapist does not know when the client stopped being promiscuous; the client does have this information and can provide it. However, as we will see, at another level, the therapist is providing information as well, information that the therapist may correctly presume the client does not have (that the client made a decision).

Table 4 summarizes the above analysis of different kinds of questions in terms of presumed knowledge states. Obviously, the information seeking question is only one common kind of question and the simplest one at that. Interlocutors routinely make or assess each other's presumed states of knowledge and respond accordingly.

Table 4.

Questions Classified According to Knowledge States

Type of Question and Example	Questioner's presumed knowledge state	Answerer's presumed knowledge state
Information-seeking "Where is the Kerry Park arena?"	lacks the information	has the information
Testing "What is the capital of BC?" (like polite command)	has explicit information -lacks implied question information (whether answerer has the explicit information)	may have explicit information -has implied question information
Polite request (pre-request) "Can you reach the salt?"	has information, needs action	has information, can perform action
Polite command "Why don't you bring the wine?"	has information, needs action	has information, can perform action
Socratic questions or Zen Koans "What is the sound of one hand clapping"?	has logical conclusion/insight	seeks logical conclusion/ insight
Constructive "When did you decide to stop being promiscuous?"	seeks specific information; introduces presupposition	provides specific information; accepts presupposition

Presuppositions

According to Dillon (1990) presuppositions are those sentences which express propositions that are entailed by

the question. In simpler terms, they are what a question assumes. For a question to be valid (legitimate), its presuppositions are known to be true. If the presuppositions are not true, the question cannot be truly answered, because an answer would affirm the presupposition of the question.

For example, consider the following question;

Is the king of Spain bald?

This question presupposes that there is a current monarch of Spain and the monarch is a male. The question simply orients the answerer to reply "yes" or "no" regarding the possible hirsute condition of the royal noggin. It is taken for granted that there is a current king of Spain, and this presupposition, if uncontested, becomes a "fact" shared by the interactants without ever being explicitly discussed. While not impossible, it is unlikely that the answerer would question the existence of a Spanish monarchy or even the gender of the present monarch of Spain, unless he or she were certain these presuppositions were false. This is because the inherent form of such a question casts these issues as "beside the point". Presuppositions are relegated to a kind of background information status for the purposes of the current conversational turn. Taking issue with presuppositions may be characterized as "argumentative" or "nit-picky" and so carries some social risks - but more on

this a bit later on.

Any answer, then, to a question with not true presuppositions (whether false or indeterminate or not known to be false or true) in itself re-assumes the not-true presupposition that the question pre-assumes. In other words the question, answered either way, affirms the presupposition. Returning to the question of the missing slippers. If one asks, "Does anyone know where my slippers are?" This question presupposes that there exists a thing or things called slippers and the person uttering the question owns the slippers. Answers such as "Yes" or "No" or responses such as, "Have you looked on the dog's bed?" or "In the bedroom" confirm the existence and ownership of the slippers. Responses are in a sense technically different from answers, that is to say, all answers are responses but not all responses are answers. Non-answer responses must be used in order to explicitly address any incorrect presuppositions; for example, "You have no slippers, but if you're good perhaps Santa will bring you some." These kinds of responses are the only avenue available to the answerer that avoids confirming the question's embedded presuppositions.

There are a number of logicians who have supplied spritely names for questions that fail on various presuppositional grounds (Belnap, 1996; Belnap & Steel 1976;

Rescher, 1982;). They include

foolish -- the question is known to have no true answer. "Which of the following exist: unicorns or leprechauns?"

inappropriate -- every answer is false. "How long is a novel?" "Why is the moon made of green cheese?"

absurd -- there is no answer at all. "Why is that tree inorganic?"

trivial -- the presupposition of the question affords an answer. "Is this sentence written in English?"

It is also the case that some forms of humour rely on misunderstood presuppositions. For example, "How do you get down off an elephant?" "You don't get down off an elephant, silly, you get down (e.g., eiderdown) off a duck or goose."

While some questions may "fail" on various presuppositional grounds, this does not prevent us from either asking or answering such questions. Indeed, as the above joke demonstrates, such rule violations can be exploited in the service of any number of agendas. Table 5 shows some examples of likely situations where presuppositional conditions are often violated.

Table 5.

Belief in the Truth of Presuppositions

	Questioner believes presuppositions are true.	Questioner does not believe presuppositions are true.
Answerer believes presuppositions are true.	E.g., simple information seeking questions: "Is the King of France bald?"	E.g., trick questions. To force an individual to reveal information, usually ignorance: "Which is correct; 1+1 is 3 or 1+1 are 3?" "How do you get down off an elephant?" "Things got out of hand, you didn't mean any harm, right? (Police inter-rogation)
Answerer does not believe all presuppositions are true.	"Daddy, why is the moon made of green cheese?"	"How excited are you about taking nonparametric statistics next term?" (Successful irony)

Clark & Schober (1992): Presuppositions, perspectives, and bridging inferences

Clark and Schober (1992) brought presuppositions fully into an interactional context. According to Clark and Schober (1992), an important function of presuppositions are to communicate the perspective of the questioner. For example,

Q: Don't these bananas taste great?

In this example, the questioner is communicating a positive opinion on the taste of the bananas. The question is in fact primarily intended to accomplish this function. Moreover, some presuppositions require the listener to bridge between successive turns. For example;

A: The guy next door just bought a motorcycle...

Q: How bad is the noise?

Clark and Schober (1992) referred to these in general discourse as *bridging inferences*. I prefer to add the term *making sense*, as the listener must quite literally make the speaker's utterance make sense by situating the many possible meanings in the appropriate discursive context. The "fuzzy semantics" (Edwards, 1997 p. 116) or "loose fit" (Heritage, 1984 p. 145) between words and their intended referent means that

> hearers must perform active contextualizing work in order to see what descriptions mean, and speakers rely on hearers performing such work in order that their utterances make definite sense (Heritage, 1984 pp. 147-8).

In the above example, not only is "bad noise" presupposed to exist, but it is also presupposed that it is related to the newly purchased motorcycle. In order to make sense of the question, the answerer has to understand that the question presupposes that "the bad noise" is caused by the motorcycle. What is important from a therapeutic perspective is that the answerer must infer the likely

intended meaning by forming a bridge that fits between the questioner's presupposition and something in their shared experience. Therefore, to fully understand how these embedded presuppositions work, we must consider where their bridges span to - to the interlocutors common ground.

Common Ground

Clark and Schober (1992) referred to the accumulated mutual knowledge of interlocutors as *common ground*. We rely on these mutual understandings or common ground in order to communicate efficiently. Much that is common ground may be taken for granted as a result of cultural ideologies, geographical location, mutually experienced events, and so on. This kind of previously established common ground is brought to a conversation but common ground is also established through the course of a conversation and may be reasonably expected to endure for that particular conversation and potentially a great deal longer. Clark and Schober (1992) referred to this as the *principle of accumulation*. If I am asked by a friend, "How are you managing?" The knowledge of a massive and unusual snow storm (that we bring to the conversation) rather than some specific problem known only to me will likely orient my answer. Thus, my friend's arguably vague question has me considering pre-established common ground for his most likely intended meaning. If my friend lived across the

country we might have had a conversation in which I told of the heavy snowfall. His subsequent question, "How are you managing?" would have reflected the kind of common ground established during the conversation rather than the local knowledge brought to the conversation in the first example. With both kinds of common ground, bridging inferences are accomplished because of our mutual understanding of the presumptions we may assume apply to particular conversational situations. According to Grice (1975), the principle of *conversational cooperation* tells us that utterances will be relevant to the conversation at hand. Thus armed with this knowledge we presume the questioner's intended referent makes sense and search our experience for the bridging inference.

According to Clark and Schober (1992), when presented as embedded presuppositions, new perspectives are readily placed in the common ground of a discourse. There are a number of reasons this is easily accomplished: First, according to Clark and Schober (1992), presuppositions place the onus on the listener to object. That's the way they work; if you don't object, it implies you accept the embedded perspective, at least for the moment. The effectiveness of this principle has long been understood by Cable TV distributors. Like negative option billing, presuppositions are packaged as a convenience, an easier and

more efficient method of doing talk. However, you may find out you now have the Wrestling Channel included in your adjusted basic service fee.

Second, according to Clark and Schober (1992), as most utterances imply a certain perspective, it often matters little which one is selected. For example, a respondent might not take issue with the perspective "amazing" in the following question, "Have you seen that amazing giant hockey stick in Duncan that they brought over from Expo?" and reply simply, "No". This suggests presuppositions have a benign reputation. However, a subsequent question might ask for a donation to keep the stick illuminated at night, or propose a trip to stand in awe of its gargantuan presence. We can all remember such moments, the excuses, and the awkward and hasty back-peddling because we are usually not required to live up to, nor account for, the tacit agreement established by such embedded presuppositions. As noted earlier, presuppositions are usually "beside the point" and would slow conversations to a crawl were each one addressed. This results in a kind of casual complacency with respect to most presuppositions.

Third, Clark and Schober (1992) pointed out a number of obstacles to challenging presuppositions: to challenge a speaker is to question his or her judgement, and such challenges are considered impolite. It also takes special

effort, usually in the form of an interruption and what essentially amounts to as a shift in topic.

Finally, as conversational turns are exchanged, the interlocutors can assume with an increasing confidence that the ideas obliquely referred to through the use of embedded presuppositions are indeed mutually shared. The passage of time and conversational turns provides opportunities to rebut or refute these assumptions. Therefore, the respondent's presumed agreement with the questioner's embedded presupposition is increasingly likely as the conversation progresses and the presupposition is not explicitly refuted.

Deliberately Creating Common Ground

So far, we have shown how a question always contains presuppositions and how, according to Clark and Schober (1992), the answerer often has to make bridging inferences in order to make sense of the question. That is, the answerer must locate something in their common ground that the presupposition(s) can be connected to, finding the shared knowledge or belief which the questioner is drawing on. In default, it is usually easier for the answerer to accept the presupposition as common ground rather than to question or dispute it. Clark and Schober's (1992) theory describes normal conversational practice where there is in fact common ground giving rise to the presupposition or

where it does not matter whether the questioner's perspective is a shared one. What if neither were the case?

The instances that lead to my approach to therapeutic questions are those where common ground is being deliberately created. That is, the questioner does not assume that the answerer shares his or her perspective or would even accept it. Instead, the perspective is smuggled in as an embedded presupposition.

In the following example, two choices (and only two) are presupposed for dinner. By treating certain information as *given*, presuppositions effect a *de facto* status with respect to common ground.

Q: Should we have pizza or Chinese food?

In this example the questioner is presupposing that take-out food (rather than home cooking) is the plan for the evening. In one sense, this may be considered the perspective of the questioner (that is, the questioner believes there are only two viable menu choices for dinner). However, it might be more accurately be considered as a discursive position taken up by the questioner. By speaking (behaving) as if two choices for take-out food were the total set of available choices for meals that evening, the speaker has inserted into the common ground of the interactants the mutual understanding of a particular limited range of dining possibilities. Even when the embedded presupposition is not

necessarily in their common ground, a question can act as if it is. All the reasons Clark and Schober (1992) noted for not challenging a presupposition normalize this process and create a strong interactional force for accepting the presupposition. Clark and Schober (1992) pointed out that challenges are considered impolite as they question the speaker's perspective. As most utterances imply a certain perspective, many presuppositions are peripheral to the main point of the conversation, to take issue with each one would characterize the answerer as argumentative.

As if the pressure against challenging the presupposition weren't enough, the recipient is also facing a question to be answered in real time. According to Clark (1985),

> many turns in conversation come in pairs. When one person asks another a question, the second provides an answer to the question in the very next turn. That answer is intended to be heard not simply as a new contribution but as a contribution whose interpretation is tied to that of the question (p. 206).

Schegloff and Sacks (1973) have termed this question-answer sequence an "adjacency pair" and identified various types and their general properties (p. 289). Most relevant to this discussion is the question and answer adjacency pair, however the other types include the request and promise (Please pass the salt -- Okay just a minute), the summons and answer (Hey, Jan -- Yes), the promise and registration

(I'll be there in a sec -- Good), greeting and greeting (Hello -- Hello), to name a few. According to Schegloff and Sacks, 1973) the properties of adjacency pairs are as follows,

> 1. Adjacency pairs are two utterances in length. The two utterances are called in the jargon of the field, "the first pair part" and "the second pair part."
>
> 2. Given the first part, the second part is relevant and expectable as the next utterance.
>
> 3. The two parts are spoken by different speakers.
>
> 4. Adjacency pairs come in types that specify which part is to come first and which second. In question-answer pairs, the question is to come first, and the answer second.
>
> 5. The form and content of the second part is dependent on the type of adjacency pair of which the first part is a part. In a question-answer pair, the answer must fit the question-answer pair of which the question is a part.
>
> These five properties give adjacency pairs a central role in turn taking. If one speaker produces a first pair part, the next utterance should be a second pair part, and it should be uttered by the appropriate next speaker. When one party asks another a question, he selects that person as next speaker and obliges him to complete the adjacency pair with an answer. That is, the question is said to project an answer as the next utterance by the next speaker (p. 289).

While the questioner may have constrained the answerer's response, even dramatically, the answerer has information only he or she can provide. That is to say, the answer faces a great deal of pressure to answer the question within the parameters of the question, and must do so with split

second timing.

While we may instantly recognise the unfairness of the question, "Have you stopped beating your wife yet?" indeed, correctly and intuitively recognising a trap here, it is still a difficult question to respond to successfully. There seems to be no way to answer the question without admitting a heinous crime. Again we see embedded presuppositions hard at work. The question presupposes the respondent is a "wife beater" and seeks only to determine whether the beatings have stopped, or not: further the syntax of the question orients the person to supply an answer in the form of a yes or no response. To make matters worse, the immediate response of denial, "No" (with respect to the presupposition), is the worse of the two available answer choices. The fact that this particular question is so familiar makes it a good example; however I would propose a new standby for obvious reasons, namely "Have you always been such a great lover?"

According to Edwards (1996),

> The important thing in selling and persuasion seems to be getting control not of the new but of the given -- getting to define what is taken as common knowledge, as uncontentious matters (p.140).

Embedded presuppositions deploy certain ideas as given, blending and shading them until they merge with the taken-for-granted common ground of everyday experience.

Consider the following therapeutic question:

Boscolo Interview 1: Excerpt 3

Client: I used to be promiscuous, and I'm not any more.

Boscolo: **What made you decide, to change, from being promiscuous to NOT being promiscuous?**

By having answered, the answerer has (by the principal of accumulation) accepted the presupposition (that she decided to change) as common ground, as a shared perspective.

Embedded presuppositions are particularly effective in psychotherapy because of its three part exchange structure (Mishler, 1975; Sinclair & Coulthard, 1975; Markovà, 1990; Fairclough, 1992): The therapist asks a question, the client answers, and the therapist follows up with another question that clarifies or closely relates to the clients response. Of particular relevance is Mishler's identification of "chaining" in which the conversation is extended through successive questions by the initial questioner. By considering therapeutic conversation as a three part exchange rather than a series of questions and answers we can see how the talk of the person seeking therapy is sandwiched between therapist talk.

Boscolo Interview 1: Excerpt 4

Client: I see myself as I get -- uncontrollable urges to, well, if I'm not careful, I hurt people. And it's hard to know

Boscolo: **Hurt PHYSICALLY, you mean?**

Client: Hmm?

Boscolo: **Hurt--PHYSICALLY?**

Client: No, emotionally.

Boscolo: Emotionally.

Client: Yep, feelings.

Boscolo: I see. (Pause) **Have you the impression that you hurt, emotionally, people in your life-**

Client: (Overlapping] Mhm.

Boscolo: **Were there more times that you HURT people emotionally or instead that you HELP people emotionally, in YOUR life, I'm saying?**

Client: Oh, I HELP more,

Boscolo: You HELP more.

Client: Emotionally.

Boscolo: **Whom do you help the most, in your life?**

In this excerpt the therapist has, through a series of questions, shifted the topic from one that characterized the client as hurtful to a view of herself as more helpful. By ostensibly clarifying the clients answers the therapist is able to place her experience in a broader (different) context (she is not hurting people physically and she helps people more than she hurts people emotionally).

Consider the following therapeutic question (Silverstein, 1993):

<u>Silverstein Interview 1: Excerpt 1</u>

Q: Okay, you're all wired up. So do you want to tell me what the problem is?

A: Um. Well I was trying to pick, Ahh. Sharing. I um have been in training for the last three years to learn a therapy and I have a good friend who is a therapist also and she wants to learn it now and I don't want her to (laugh). I don't want to share.

Q: Ah, How many children were there in your family?

A: thr... (laughter) Ah ha! (pointing) Three and I'm the middle.

The client has to make a bridging inference between sharing in the present and her birth order. In so doing, the client actually accepts a meaningful connection between childhood and the current situation. The inferences made are that birth order somehow connects to sharing as a child, which connects to sharing as an adult. By answering the question, by making sense of the therapist's question, this client in effect helps to construct a 40-year history of trouble with sharing.

Even when the embedded presupposition is not necessarily in their common ground, a question can act as if it is (e.g., Are you an eldest or middle child?).

The difference between telling a person directly, they have a preexisting disability, and asking questions in such a way so as to have them "discover" the disability themselves leaves little or no opportunity to object.

Social Constructionism and Constructive Questions: Some Distinctions

At the outset (p.4), one reason I called certain therapeutic questions "constructive" is because the choice of language discursively and socially constructs a particular version of events. The reader may recognize the strong resemblance of this proposition to "social constructionism" (Berger & Luckmann, 1966; Shotter, 1993; Gergen, 1985; Harré & Gillett, 1994; von Glasersfeld, 1995; Potter & Edwards, 1992). However, the term "social constructionism" actually covers a number of different positions. According to Danziger (1997), social construction

> is an area in which the contributions of psychologists mingle with those of sociologists, anthropologists, philosophers, literary theorists and many others. Within psychology, those who work in this area are known as social constructionists and often held to espouse a specific doctrine of 'social constructionism'. As long as one focuses on the contrast between traditional psychological approaches and that of social construction, the attribution of a specific set of theoretical positions to the latter has merit. But once one adopts a wider, cross-disciplinary, perspective, the 'ism' in social constructionism becomes virtually impossible to pin down. The background and the goals of those interested in social construction vary enormously (p. 400).

One thing the various approaches to social constructionism do have in common is a recognition of the importance of discourse in constructing accounts of the social world around us. There are more extreme versions (Gergen, 1985)

and more moderate versions (Harré, 1983). I fall at the more moderate end, proposing simply that the presuppositions embedded in a question inevitably construct a version of events that could have been (within certain limits) different.

In the previous interview excerpt, the therapist asked, "Are you an eldest or middle child?" in response to the statement, "I don't want my best friend to become a therapist too. I think I have a problem with sharing." Suppose, instead, the therapist had asked, "What do you think might change in your relationship with your friend if she became a therapist too?" In one case, the embedded presupposition suggests that the past might be causally relevant; in the second case, the future is brought in as relevant to the difficulty at hand. These questions open up very different topics and possibilities for the client to build on, sending the conversation in very different directions.

I do not accept extreme versions of social constructionism that propose there is no reality, or that any version is as plausible as any other, or that words can mean anything any one wants them to mean, or even that any perspective is as "good" (useful) as any other perspective. As de Shazer (1994, p. 56) said,

Since the meanings of words/concepts are flexible,

> variable, and at times even undecidable, critics of this point of view frequently jump to the conclusion that we are saying 'anything goes,' i.e., absurdly, 'depression' could mean 'tree.' However, logic, grammar, rhetoric (in a classical sense), use, context, and importantly, the concept's opposite (non-depression) serve as constraints on the range of potential meanings.

In particular I feel the greatest affinity for models that focus on the dialogue itself and the process of meaning co-construction by both participants. For example, Phillips, (1998, p. 15) describes a "Collaborative-Constructive model" of interpersonal communication, where "conversations, rather than serving to convey thoughts and feelings... actually function to create or construct ideas, meanings, and perceptions between people."

Similarly, Shotter (1992) wrote,

> ...rather than us possessing already systematic and orderly thoughts at the center of our being which in our utterances, we merely codify into words, what we call "our thoughts" are only given a form for us as we talk or write: our awareness is located in that point of contact between a word's use and the responsive effect it achieves (or is meant to achieve) (p. 13).

In spoken language, Roberts & Bavelas (1996) even more explicitly described the assignment of meaning as a collaborative creation of the interlocutors. It is "dynamic, dialogic, and inherently interactive" (p. 137). When speaking, "participants constantly create, draw upon, and update their own context, on-line." To me, these models that assign meaning in cooperative, collaborative, and co-

constructive ways keep us close to the phenomenon of interest, namely, interaction in dialogue. I presume that meaning is necessarily shared, necessarily co-constructed during the course of a therapeutic conversation. Here I examine the rather neglected how of this process, in particular, how questions influence the co-construction of meaning.

Research on the Effect of Questions

In this final section I will review relevant experimental research that has looked at the effects of questions (written or spoken, direct or indirect) on responses in a variety of contexts. This research is summoned forth in order to advance my thesis regarding the special suitability of questions for assisting the process of therapeutic change.

Several studies have shown that questions are more effective than statements in changing attitudes (Petty, Cacioppo, & Heesacker, 1981; Swasy & Munch, 1985; Burnkrant & Howard, 1984; Zillerman, 1972; Howard, 1986; Howard, 1990; Howard & Kerin, 1994). For example, Howard and Kerin (1994) ended a radio program on the benefits of vitamin supplements with either a statement ("Your daily intake of vitamins should really meet your daily needs") or a question ("Does your daily intake of vitamins really meet your daily

needs?"). They then surveyed listeners on their attitudes towards vitamins and noted more favourable attitudes among the subjects who listened to the version of the program with the question. While these researchers used cognitive, information processing and information availability models to inform their understanding of this phenomenon, a more discourse-based consideration might note that statements do not require the subject to accept as common ground that one has daily vitamin intake needs as suggested by the embedded presupposition in the question

Research has also demonstrated that the phrasing of questions can influence the accounts of eyewitnesses to accidents, the frequency of reported headaches, and even the fairness of salary cutbacks (Loftus & Palmer, 1974; Loftus, 1975; Kahneman, Knetsch & Thaler, 1986). For example, Loftus and Palmer (1974) found that subjects estimated greater speeds for a question that asked; "How fast were the cars moving when they *crashed*?" versus a question that replaced *crashed* with *bumped* or *hit*. Even though all subjects viewed exactly the same accident videotape, the presuppositions embedded in the verb affected their estimates.

In research by Salanick and Conway (1975), student's pro- and anti-course attitudes were influenced by

manipulated questionnaires related to course satisfaction. The questionnaires contained items such as, "I took extensive notes on readings in preparation for the class", "Of the assigned reading in the class I did less than was required." In one condition, pro-course behaviours were paired with the adverb frequently and anti-course behaviours were paired with occasionally. For example, "I frequently took extensive notes on readings in preparation for the class"; "Of the assigned reading in the class I occasionally did less than was required." In the other condition the items read, "I occasionally took extensive notes on readings in preparation for the class" and "Of the assigned reading in the class I frequently did less than was required." Attitudes toward the course were determined through questions that asked about subjects' enjoyment, liking, and interest in the course. The researchers also reported a second experiment in the same paper that manipulated pro- and anti-religious behaviours in order to elicit pro- or anti-religious attitudes. Both studies indicated that descriptions of attitudes could be influenced by the wording of specific questionnaire items:

> When subjects are induced to recall aspects of their behaviour that imply a positive attitude, they subsequently express a more positive attitude than when they are induced to recall aspects of their behaviour that imply a negative attitude. (Salanick & Conway, 1975, p. 386)

While the authors considered the experiments to have "put certain things into [the subjects'] head" and to have observed "what comes out in overt behaviour", a discursive view would be more inclined to suggest that a particular view of the world has been introduced through the language of the questions and that similar language has been taken up by the subjects.

Ross, McFarland, Conway, and Zanna (1983) asked subjects to read detailed clinical case histories and find evidence to explain particular events (either suicide or donations to charity) in the later lives of the clinical patients. They were then asked to estimate the likelihood of the events in question. Being asked to find evidence affected their estimates: the probability of the event subjects were assigned to find predictive evidence for was significantly higher than the probability of the event for which they had not been seeking evidence. Thus the focus set by the question they were answering affected what they found.

The final set of studies concern perspective rather than direct or indirect questions. Shifting a person's perspective on a particular issue has long been a subject of interest to attribution theorists and researchers. For example, in a study by Wilson and Linville (1982), first

year college students who were concerned about their grades were told that, on average, students improve their grades from the junior to the senior years. This information, along with videotaped testimonials by senior students describing improved grades, resulted in fewer dropouts after first year, greater increase in GPA one year after the study, and improved performance on sample items from the Graduate Record Exam (compared to non-informed controls). In effect, the information presented reformulated the problem. The student's language or perspective was shifted from a description (bad student) that implied a stable attribution to a description (inexperienced student) that implied a temporary attribution. Thus students could view better grades as inevitable, simply a consequence of spending more time at college.

Sherman, Skov, Hervitz, and Stock, (1981) demonstrated that anagram performance improved following subjects' hypothetical explanations of success. Experimental subjects were divided into two groups and were asked to imagine they had tried the anagram task and had greatly succeeded (or miserably failed) at it. Next, they wrote out explanations for such an outcome. Half of the subjects in each condition were then asked to state their explicit expectation for the upcoming task on a 9-point scale (relative to other Indiana University students). Finally, each subject was given a

list of 25 anagrams to solve in 20 minutes. The subjects who explained their imagined success did significantly better at the anagram task than those subjects that had imagined failure. The implications of this research, as articulated by Sherman et al. (1981) would seem to describe the actual practices of the interactional models of therapy previously discussed:

> Prebehavioral explanations might fit in with other treatment and intervention practices. The thought of having depressed clients explain why they felt better in the upcoming week or having underachievers explain why their (hypothetical) school performance improved is indeed an intriguing one (p. 156).

As Hewson (1991) has also suggested, these data tend to indicate empirical support for therapeutic approaches that would elicit positive stories (predictions) for desired outcomes. In pragmatic terms, such approaches would request persons seeking therapy to articulate the many particulars, the various details, of helpful past, present, and future behaviours or attitudes.

Thus, there is at least some empirical evidence that (a) questions are more effective at change than are assertions (Howard & Kerin, 1994); (b) the embedded presuppositions in the question do affect the answer (Loftus & Palmer, 1974; Loftus, 1975; Loftus, 1975; Kahneman, et al., 1986); (c) subtle changes in questionnaire phrasing affects the responses (Salanick & Conway, 1975); (d) a

focussing question can affect what is found and what is concluded (Ross et al., 1983). Two other encouraging pieces of evidence, even though not about questions per se, are that (e) an introduced perspective can affect long-term behaviour (Wilson & Linville, 1982) , and (f) even entertaining a hypothetical presupposition can affect performance (Sherman et al., 1981).

PART THREE

EMBEDDED PRESUPPOSITIONS IN PSYCHOTHERAPY QUESTIONS

CHAPTER 6:

HOW THERAPEUTIC QUESTIONS WORK: A MODEL

As described in Chapter 5, the accumulated mutual knowledge of interlocutors is called common ground. Questions contain embedded presuppositions that can function as subtle mechanisms for the introduction of apparent common ground. These presuppositions often constitute specific discursive frameworks or narratives, which can influence the conversation dramatically.

Part Three is devoted to a detailed analysis of both constructive and traditional therapeutic questions. In this chapter, I will summarize the framework for these analyses by showing, step by step, how questions affect the answerer and subsequent discourse.

First, _questions require answers_. That is, as soon as a question has been asked, the answerer is compelled to participate, to contribute his or her part of the question-answer adjacency pair (Schegloff & Sacks, 1973). Second, in order to be able to formulate a reply, the answerer must _make sense_ of the question. The very asking of the question presents the answerer with active contextualizing work, including supplying the bridging inferences and implicit common ground. Third, the question _constrains_ and orients the answerer to a particular aspect

of his or her experience. That is, the topic of the answer is fixed by the question. As de Shazer (1994, p. 97) has said,

> on the one hand questions open up possibilities for various types of answers while, on the other hand, they simultaneously constrain and limit possible answers.

Fourth, in order to answer the question, the answerer must do considerable on-the-spot review work. He or she must review personal experience and knowledge and also may be required to draw conclusions or formulate opinions on the spot. This involvement is not trivial; rather, it demands the answerer's attention and concentration in order to provide the requested specifics, the details that infuse the narrative with meaning and render it relevant to and connected up with his or her life experience.

Fifth, in formulating an answer, the answerer does not ordinarily comment on the embedded presuppositions. If the answerer were to evaluate each idea or concept presupposed to exist as common ground, conversation would slow to a crawl. Thus, it is unnecessary, impractical, or even uncooperative to comment explicitly on embedded presuppositions. Moreover, sixth, an embedded presupposition is malleable and can be corrected; if the answerer should challenge it, the questioner can change it in the guise of clarification ("What I meant was...").

Seventh, once the answerer has responded, the very act of answering the question <u>implicitly accepts the embedded presuppositions as common ground</u>. Eighth, the answer is owned by the client, not the therapist. That is, because the client must provide information that the therapist does not have, he or she discovers and presents information consistent with the embedded presuppositions. So, whether the client discovers abilities and positive qualities or disabilities and pathology, he or she has been intimately involved in <u>co-constructing</u> this new common ground.

Ninth, when the question has been answered, the <u>initiative returns to the questioner</u>, the therapist. The three-part pattern of question/answer/follow-up always gives the therapist the opportunity both to comment on the answer (e.g., to reformulate it) and to initiate another question Finally, tenth, because conversations move ahead rapidly, it becomes increasingly difficult to return to earlier embedded presuppositions. Therefore, the answerer <u>cannot challenge</u> them, even though they were never explicitly discussed.

The next excerpt is from Berg and De Jong (1998), and it continues on from the "miracle question" (a different example of the miracle question is discussed in Chapter 3). Following this excerpt I will identify each of the ten framework points.

<u>Berg and De Jong Interview 1: Excerpt 1</u>

1 Th: Rosie, I'm impressed. You have a pretty clear
2 picture of how things will be different around
3 your house when things are better. Are there times
4 already, say in the last two weeks, which are like
5 the miracle which you have been describing, even a
6 little bit?

7 Cl: Well, I'm not sure. Well, about four days ago it
8 was better.

9 Th: Tell me about four days ago. What was different?

10 Cl: Well, I went to bed about ten the night before and
11 had a good night of sleep. I had food in the
12 house, because I had gone to the store and to the
13 food pantry on Saturday. I had even set the alarm
14 for 6:30 and got up when it rang. I made breakfast
15 and called the kids. The boys ate and got ready
16 for school and left on time. [remembering] One
17 even got some homework out of his backpack and did
18 it-real quick-before he went to school.

19 Th: [impressed] Rosie, that sounds like a big part of
20 the miracle right there. I'm amazed. How did all
21 that happen?

22 Cl: I'm not sure. I guess one thing was I had the food
23 in the house and I got to bed on time.

24 Th: So, how did you make that happen?

25 Cl: Ah, I decided not to see any clients that night
26 and I read books to my kids for an hour.

27 Th: How did you manage that, reading to four kids?
28 That seems like it would be really tough.

29 Cl: No, that doesn't work-reading to four kids at the
30 same time. I have my oldest boy read to one baby,
31 because that's the only way I can get him to

32 practice his reading; and I read to my other boy
33 and baby.

34 Th: Rosie, that seems like a great idea-having him
35 read to the baby. It helps you, and it helps him
36 with his reading. How do you get him to do that?

37 Cl: Oh, I let him stay up a half hour later than the
38 others because he helps me. He really likes that.

39 [text omitted]

40 Th: I'd like you to put some things on a scale for me,
41 on a scale from 0 to 10. First, on a scale from 0
42 through 10, where 0 equals the worst your problems
43 have been and 10 means the problems we have been
44 talking about are solved, where are you today on
45 that scale?

46 Cl: If you had asked me that question before we
47 started today, I would have said about a 2. But
48 now I think it's more like a 5.

49 Th: Great! Now let me ask you about how confident you
50 are that you can have another day in the next week
51 like the one four days ago-the one which was a lot
52 like your miracle picture. On a scale of 0 to 10,
53 where 0 equals no confidence and 10 means you have
54 every confidence, how confident are you that you
55 can make it happen again? (pp.16-17)

For each of the eight turns taken by the therapist a question is posed to the client and the client responds. As one part of an adjacency-pair these questions are successful in eliciting answers from the client and returning the turn to the therapist so that the next question might be posed. In this excerpt each exchange is characterized by a <u>question-answer sequence</u> that <u>returns the initiative to the</u>

therapist. Each question compels a response and each response permits another question. When the therapist asks, "Tell me about four days ago. What was different?" (line 9) the client must make sense of the therapist's question. Given that many things could be classified as "different" four days ago, the client must determine what kind of difference the therapist is seeking to know about in order to identify specific instances of those particular differences. Beginning with the therapist's second turn (line 9), the therapist constrains Rosie not only to talking about a difference but about a particular kind of difference, namely, the difference that Rosie has already identified as "better" (line 8) "about four days ago" (line 7). By questioning Rosie about the difference that was better, the therapist is able to evoke a particular kind of description, one of positive change. In answering, Rosie is required to review her experience on-the-spot in order to provide the required details, e.g.,

> I went to bed about ten... I had food in the house... I set the alarm... I made breakfast... the boys ate... got ready for school... even got some homework out of his backpack and did it real quick.

then (lines, 19-21), the therapist refers to the aforementioned details and suggests, "that sounds like a big part of the miracle", then asks, "how did all that happen?" The embedded presupposition connects the positive

descriptions of events to Rosie's miracle description. Rosie's reply (lines, 22-23) "I'm not sure. I guess one thing was..." shows very clearly the <u>on-the-spot review work</u> required in these instances. Next, the therapist goes on to ask (line 24), "So, how did you make that happen?" This <u>embeds the presupposition</u> that Rosie herself did something to bring about these particular aspects of the miracle.

As we see, for the most part Rosie <u>does not comment on these embedded presupppositions</u>. However, when the therapist asks (line 27), "How did you manage that, reading to four kids?", Rosie corrects the therapist's error with respect to the bedtime reading strategy: "No that doesn't work... I have my oldest boy read to one baby" (lines, 29-10). Rosie's <u>correction</u> is certain, her reply seems rooted in experience. Rosie takes up the position of expert bedtime reading strategist, explaining to the therapist what does work. The explanation offered by Rosie has the discursive qualities the therapist has been encouraging Rosie to report; a positive helpful idea for which Rosie takes the credit. The therapist easily accepts Rosie's <u>correction</u> to the embedded presupposition and reformulates this new information as another "great idea" (line 34). The therapist then continues with a question that asks Rosie to further characterize her expertise, "How do you get him to do that?" This question constrains Rosie to a

methodological description by asking "how" and presupposes that it is Rosie that "get(s) him to do that" (line 36) rather than genetics, Ritalin, good luck, or even fraternal affection. The success of the bedtime story is understood by both client and therapist as engineered by Rosie. This is now <u>common ground</u>. It would no longer be appropriate for the client to characterize herself as incapable, given the exceptions to the problem she has described and elaborated; these particular questions and answers have <u>co-constructed</u> a new view. The conversation has moved forward rapidly resulting in a perspective that includes several important parenting successes. As we can see in lines 46-48, the interview has generated descriptions that really preclude an excessively negative overarching description. These descriptions are rooted in Rosie's own experience as generated by Rosie herself and therefor <u>cannot be challenged</u> by her.

I propose that (constructive) questions of the sort found in the interactional approaches embed particular presuppositions that orient persons seeking therapy to take-up certain positive, enhancing, ableing positions in relation to the topic of the question.

In the following chapter, I will examine therapeutic questions with a view to render transparent the

presupposition(s), the implicit common ground (that is to say, the discursive position invoked and presumed to be shared by the interactants), and to identify the particular world views so implicated. To use a geographical metaphor, if we look closely at the presuppositions embedded in these questions we should be able to identify the position the client is being asked to take, the direction they are being asked to look, and the sorts of things they are asked to report on.

Selection of Therapeutic Questions

The data for investigating questions were selected from videotapes and transcripts available for teaching purposes at the University Victoria, and at the Vancouver Island Family Therapy training program. Both the videotaped and already transcribed conversations were demonstration interviews for teaching purposes. The therapists were all highly respected trainers and therapists with many years of clinical experience. These sessions were chosen because they clearly showed the use of questions in a clinical setting by therapists who use questioning as a particular aspect of the model they employ. According to Glaser and Strauss (1967; pp. 45-78), this approach is consistent with the technique of "theoretical sampling". By selecting teaching tapes and transcripts for this analysis, interviews

that best exemplified the approach and technique of the various clinicians was assured.

CHAPTER 7:

APPLYING THE MODEL TO QUESTIONS IN INTERACTIONAL THERAPIES

In this and the following chapter, I will apply the model of questions just described to questioning in interactional and then traditional psychotherapies. I propose that questions in the newer, interactional therapies are constructive in two senses. First, this view is constructed in the helpful, positive sense because it offers to co-construct with the client a view that avoids intimations of deep pathology. Second, like all questions, they initiate the process of constructing a certain view of the world by offering up a particular perspective through their embedded presuppositions.

The analyses in these two chapters can be likened to a slow-motion frame-by-frame analysis of a sequence that is very rapid in real time. It examines closely what happens starting when the question is asked, through the answer, and then just a few turns further on. Specifically, the first five steps describe exactly what the question does to and requires of the answerer. Steps six through nine describe the situation created by the answer, and ten describes the effect on subsequent conversation.

The 10 functions of questions described here apply to all questions, although of course some functions will be

more striking in particular questions in a particular context. To illustrate each of the 10 functions, I have chosen instances where that particular function stands out.

Questions Require Answers

Because questions require answers, they are useful for interrupting and re-directing dialogue that may be counter-therapeutic. In the following excerpt, early in a first-session of solution focussed therapy, Insoo Kim Berg is interviewing Bill and Leslie who are seeking therapy for their marriage difficulties. Berg had begun the interview by asking Bill about his work, which quickly led to Leslie's complaints about the amount of time he spent away from home:

Berg Interview 1: Excerpt 2

1 L: so that I have primary responsibility for our
2 children, my question and my concern is that...and
3 that's one reason that I wanted to us to come here
4 so that maybe we could talk and he could come to
5 understand that he has some responsibilities to...

6 Th: right

7 L: ...((to Bill)) and they don't include spending
8 evenings out talking to other women who are not
9 always your clients, Bill.

10 Th: Ok, Ok...

11 B: This is...

12 Th: just a, hang on a minute, hang on a minute, let me
13 come back to you, I'm going to come back to you.

14   Um what about you Leslie, **What kind of work do you**
15   **do?**

16   L: I work to...

17   Th: uh huh

18   L: and I have to work and I have to be out of the
19   house a lot. I work for CTC...

In this excerpt we can see the therapist interrupt the conversation (line 12) and redirect the interactants to the original topic by posing a question about Leslie's work (line 14). In the next example, perhaps a minute or two later, the therapist redirects the conversation once again with a question about the duration of their relationship (line 48).

<u>Berg Interview 1: Excerpt 3</u>

40   L: Yes I actually take responsibility for Bill's son
41   by his first marriage Bill Jr.

42   B: On occasion

43   L: It's more than one occasion

44   B: Not regularly

45   L: When was the last time that you went to pick up
46   Bill Jr. and took him back home?

47   Th: Ok, let me come back to that, let me come back to
48   that, I'm sure you have lots of issues. **How long**
49   **have you been together?**

50 B: Seven years.

Although Berg suggests she will "come back" to these contentious issues, she subsequently never initiates a return to such problem saturated interactions and virtually always interrupts and redirects when they occur.

In the following example we return to the transcript of Brief Therapy introduced in Chapter 3 (p. 54). Note that the therapist and client are, to some extent, at cross purposes. While the mother seems to be focussing on the hopelessness of the situation, rationalizing her actions, or explaining her own feelings, she is still required to supply some kind of response that satisfies the questions.

Weakland Interview 1: Excerpt 2

1 Th: **When your daughter starts appearing depressed**
2 **and letting her appearance go and so forth,**
3 **what do you do at that time to try and change**
4 **things around?**

5 M: Well, as long as she was home, I tried to either
6 be cheerful or try to talk to her, which is
7 impossible. When it comes to this point you
8 cannot talk to her.

9 Th: **What happens? What does...**

10 M: She... It has always been that when I try to talk
11 to her she would turn away from me, just like
12 this. And, you know, "Just go ahead and talk. I
13 don't care what you say." And this has gone on
14 till she was in the hospital the first time. Then
15 I saw a change in her; then all of a sudden she
16 started listening to me, she would talk to me.

17 She would say things to me which she had never
18 done before; she would say, "I love you Mommy. I
19 need you."

20 Th: **Is this when she first got out of the state**
21 **hospital, then?**

22 M: Yes. Before that, there was no way. She would
23 turn her back, and I was talking against a blank
24 wall. But since the hospital, she...

25 Th: I'm still a little unclear. **When did she start to**
26 **say-you know, she acts as if she's feeling**
27 **depressed, and says things like "People are**
28 **staring at me" and this type of**
29 **thing-specifically, what do you say to her?** Do
30 you...

31 M: Well, that is-she just started telling me that. I
32 would say two months ago was the first time. And
33 that was when she at the county hospital, after
34 she had...

35 Th: **All right, but how did you respond to that, when**
36 **she said that?**

37 M: I remember I put my arms around her, and I tried
38 to, you know, be gentle with her, be loving. I
39 don't know what else I...

40 Th: **And what did you say?**

41 M: I told her that I understood...

Note that the therapist is interested in what the mother does when the daughter looks depressed. Variations on this theme are put to the mother whenever she strays from it. In lines 7-8, the mother begins to describe her impression of

what doesn't work, and the therapist asks again what happens (line 9). Next the therapist wants to clarify when a certain behaviour occurred (line 20). In line 25 the therapist asks again "when" and "what" in relation to the daughter looking depressed, then again in line 35 and again in line 40. Each time, the mother supplies some information that completes the question before she moves on to add information related to her theories about her daughter, her own feelings of helplessness, or the daughter's behaviour on other occasions. When the mother begins to describe these other points, the therapist asks the question again. Each time, the mother returns to the topic at hand and supplies a little more information.

In the next example, discussed in detail in Chapter 3 (p. 59), Luigi Boscolo is asking about as yet unresolved incest. The father's consent to be interviewed was conditional on the understanding that the incest would not be discussed. In what is clearly a conversational minefield, Boscolo is able to open up the topic considerably without asking about the incest directly. As the reader can see, the daughter while hesitant, (line 468, 472) answers Boscolo's questions.

<u>Boscolo Interview 2: Excerpt 5</u>

461 BOSCOLO: **If you would have told your sisters what you**
462 **don't want to tell us--and it's important**

463 that you keep this private if you feel like
464 it--if you would have been tempted to confide
465 in your sisters about this, how would your
466 mother and father have reacted if you would
467 have talked to your sisters?

468 LISA: My father?

469 BOSCOLO: Yes. How would your mother and father have
470 reacted if you had told your sisters the
471 reason why you decided to leave home?

472 LISA: I don't know.

473 BOSCOLO: You don't know.

474 LISA: They would have been mad at me.

475 BOSCOLO: Who would have been more mad at you?

476 LISA: My mother

The Answerer must Make Sense of the Question

Recalling Grice (1975), the principles of conversational cooperation allow and require the answerer to make some assumptions about the question. Because we can expect a question to be genuine, not trivial or false, the answerer must contextualize the query, supplying bridging inferences and implicit common ground. That is, the answerer must render the questioner's utterance relevant to the conversation at hand and to their own life and experience. In so doing, the answerer begins the process of

co-construction initiated by the question. To make sense of the question, the answerer must take the perspective of the questioner. If we take the "perspective-taking" metaphor literally, the question requires the answerer to examine a new vista. It is as if the questioner points in a particular direction and the answerer must stop, look where the questioner is pointing, take in all the background of the scene, and then use this context to inform their response.

The answerer is thus involved in a process of meaning-making, using logic and imagination, in which the questioner's perspective both penetrates the answerer's discursive world and is enveloped by it. In the following excerpt, Berg asks "the miracle question".

Berg Interview 1: Excerpt 4

1	T:	That would be nice, okay, that would be nice.
2		But this miracle happens to happen in the
3		middle of the night when both of you are
4		sleeping, like tonight for example, when you
5		go to bed tonight. So you don't know that
6		this has happened, so when you wake up
7		tomorrow morning, what will be the first
8		small clue to you, wow, something must have
9		happened during the night, the problem is
10		gone. **How will you know this happened?**
11	B:	I'll smile in the morning instead of avoidance.
12	T:	You'll smile at Leslie
13	L:	You'd put your arms around me

14 T: Okay, he'd put his arm around you.

This question requires considerable effort on the part of the answerer. Consider what is required in order to formulate a relevant response. The respondent must imagine a miracle will take place in the future and then - in that imaginary future - describe the effects of the miracle from the position of a person who has no knowledge that a miracle has taken place. Simply making sense of both the future and past tense components of the question, "How will you know this happened?" takes considerable concentration.

Very novel questions often require considerable effort to understand. In the next example the therapist asks the client to consider their plight from the perspective of partial solutions rather than ongoing problems. In effect, the client is asked to consider what might be working, if only partially. As most people come to therapy because things are bad, rather than because things are "not worse", the question is initially confusing.

McGee Interview 1: Excerpt 1

Th: **Why do you think things are not worse?**

Cl: What?

Th: **Why do you think things haven't gotten even worse, say to the point of violence?**

Cl: I don't know. They're pretty bad you know.

Th: Hum hum. **But what do you think has prevented a total breakdown.**

Cl: Well, I think down deep we really do care about each other.

Th: **You do? How do you know this?**

In this example, the act of making sense of the question and of relating it to the presenting problem - especially because traditional approaches would have focussed on the possible reasons for the problem and how bad it is - took a couple of tries.

The Question Constrains and Orients the Answerer to a Particular Aspect of His or Her Experience

Returning to the literal application of the perspective-taking metaphor, the answerer has taken in the new scene and examined where the questioner is pointing in that context. Now he or she must find something particular in that scene, as defined by the questioner. In the next interview, we see an example of how questions can constrain or orient the answerer to a particular aspect of his or her experience. The therapist asks a little boy who is afraid of dogs, "How much..."

Haley Interview 1: Excerpt 2

1 Th: **How much do you ask your father about dogs?**

2 B: Very little.

The question asks for an amount ("how much") in relation to a specific discursive act in the world (asking about dogs). "How much" also suggests that there is some amount, an amount other than zero. It may also have been possible to have asked, "How many times a week do you talk with your dad about dogs?" or "How many times a month do you talk with your dad about dogs?" Such conditions would further specify the response. Note also that the question is not one that explores an internal world as might be done in relation to queries about feeling, thoughts, impulses, drives, and so on. Note also that the question locates the father (rather than the therapist or a veterinarian) as a source of expert knowledge on dogs.

Returning to the interview with Bill and Leslie we see Berg ask Leslie about her (anticipated) response to a the "miracle":

Berg Interview 1: Excerpt 5

T: **Okay, so suppose he does, what will you do in response to that?**

L: I won't turn my back to him.

Here Berg asks Leslie to speculate on what she might do, on

some particular future occasion, if Bill put his arm around her. First, Leslie must imagine Bill taking this positive action, then she must consider her own response in that very specific situation.

A therapist may also use a question to constrain the form of the response. In this next example Leslie is asked to locate the likelihood of marital success, or confidence on a numerical scale.

Berg Interview 1: Excerpt 6

1 Th: Now, I have another set of numbers questions here.
2 Knowing how things are right now between the two
3 of you, lets say 10 stands for you have every
4 confidence that this marriage is going to survive,
5 ok, 10 stands for that, that this marriage has
6 every chance of making it, and 1 stands for, it's
7 just the opposite of 10, there's no chance this
8 marriage is going to make it. **How would you say**
9 **things are right now?**

10 L: Well, if we really worked at it I could say that
11 it would be more than a 5.

12 Th: **Really, you see a lot of potential in this?**

13 L: Well, we do love each other, I know it doesn't
14 sound like it but we do.

Here Berg faces the problem of a rather gloomy relationship forecast. In lines 10-11, Leslie has suggested that they might get above a fifty-fifty chance for success, but only if they really work at it. Rather than focus on this discouraging prediction, Berg (at line 12) asks Leslie if

her response is intending to convey information about the great potential of the relationship. Leslie is oriented towards this perspective and constrained to reply in a way that satisfies the spirit of the question. Notice that Leslie does avoid the Yes/No answer format imposed by the question and therefore does not completely accept the major shift Berg has posed. However in this context,we can understand Leslie's acknowledgement of "love" to mean "potential".

In Order to Answer the Question, the Answerer must Do Considerable On-the-spot Review Work

In the following example from my own practice, a dispirited man reported that nothing seemed to be going right in his life. He felt that Murphy's law (If something can go wrong, it will) was guiding his fate.

McGee Interview 2: Excerpt 1

1 Cl: I think that fellow Murphy must be following me
2 around all the time.

3 Th: Hmm. **When was the last time you had a lucky break**
4 **of any kind?**

5 Cl: A lucky break?

6 Th: Yeah.

7 Cl: Well, there was an hour left on the meter when I
8 pulled in here.

9 Th: **Yeah? Whacha make of that?**

10 Cl: Musta gave 'ol Murphy the slip somehow.

11 Th: **How'd ya know to check those meters rather than**
12 **just use the parkade?**

13 Cl: Well, lots of times people are just dropping off
14 forms at the employment centre in this building.
15 They may only have a loonie for change so they pay
16 for more time than they need.

17 Th: I'm impressed. **Have there been any other times**
18 **that you gave Murphy the slip?**

At lines 3-4, the therapist asks for information related to "any" kind of lucky break (line 3-4). This abrupt change of topic requires the client to orient to quite a different perspective and to recall recent events for such an occasion. The request for clarification (line 5) allows the client some additional time to work out the therapist's intended referent in relation to the topic at hand. (Usually a pause signals that the answerer is reorienting to the new question.) The subsequent question at line 9, requires the client to formulate some conclusion based on the preceding recollection. The next question (at lines 11-12) presupposes that the client had some special knowledge and requests that the client articulate that knowledge. The client must, in that moment, formulate a coherent explanation for his choice.

In the next example, the client had to review the events surrounding the time he took a new job:

Sluzki Interview 1: Excerpt 1

Bob: We bicker all the time.

Ther: **Did the bickering become more or less marked when you took your new job?**

Bob: <pause> More I think. (Sluzki, 1992, p. 222)

Subsequently, and in relation to that particular time, the client has to decide if bickering was noticeably different. This kind of review work requires considerable concentration.

In Formulating an Answer, the Answerer Does Not Ordinarily Comment on the Embedded Presuppositions

In the example just given, the embedded presupposition (that bickering can be more or less intense at different times) goes unchallenged. In answering the question, the client has accepted that the level of bickering is not constant and does not comment on this broader implication. Once it has been established that bickering can be more intense, it follows that bickering can be less intense as well. A solution focussed-therapist might then be interested in the details surrounding the occasions of less intense bickering.

In the following example Jenkins is asking a client

(who had been abusive in his marriage) to speculate on the meaning that might be attached to a suggested change in his approach to win back his estranged wife. Even though the client clearly does not like the implications of the question posed by Jenkins, he does not take issue with either the notion that such a change would "say" or "prove" something.

Jenkins Interview 1: Excerpt 2

1 2 3 4 5	Ther:	**What would it say about you if you stopped trying to make contact with her - if you left it for her to make contact with you when she's ready? What would you be proving to yourself?**
6 7	Client:	I guess that I could give her time that I can handle it.

Continuing on, Jenkins suggests that a "side" would be strengthened by one course or another, that there is a side that "wants" and a side that "needs". Jenkins also suggests that the one side desires independence and that the other side requires reassurance. These presuppositions profoundly characterize the client, yet are not challenged.

Jenkins Interview 1: Excerpt 3

8 9 10 11	Ther:	**Which side of you would it strengthen - the side of you that wants to be able to stand on your feet and stand up to your fears - or the side of you that needs her to reassure you?**
12	Client:	Standing on my own two feet.

13	Ther:	**What message would it give to Jill about you,**
14		**if you stop trying to make contact with her?**
15		**Do you think she would feel more respected if**
16		**you stopped or more respected if you kept up**
17		**trying to make contact?**
18	Client:	I guess she would feel respected - but if I
19		don't contact her; she might think I don't
20		want her back.
21	Ther:	**Is that you talking or your fears and**
22		**desperation talking?** Think about what's
23		happened over the last two weeks.
24		
25	Client:	I suppose it's my fears.

It isn't until line 18 that the client raises the possibility that a message of "no interest" might be communicated if he left her alone but even this idea is tentatively offered without ever directly confronting Jenkins's presupposition of either more or less "respect".

An Embedded Presupposition Is Malleable and Can Be Corrected

In the following example, initially presented in Chapter 5 (p. 170), the therapist asks a "How" question (line 30) that presupposes that Rosie read to all four young children at once. Because this is the kind of activity often indicative of important parenting skills, it is not surprising that the therapist wanted more details. However, as we see, the therapist had misunderstood an important component of the bedtime reading, and Rosie explains (lines 32-36).

Berg and De Jong Interview 1: Excerpt 2

22 23 24	Th:	[impressed] Rosie, that sounds like a big part of the miracle right there. I'm amazed. **How did all that happen?**
25 26	Cl:	I'm not sure. I guess one thing was I had the food in the house and I got to bed on time.
27	Th:	**So, how did you make that happen?**
28 29	Cl:	Ah, I decided not to see any clients that night and I read books to my kids for an hour.
30 31	Th:	**How did you manage that, reading to four kids?** That seems like it would be really tough.
32 33 34 35 36	Cl:	No, that doesn't work--reading to four kids at the same time. I have my oldest boy read to one baby, because that's the only way I can get him to practice his reading; and I read to my other boy and baby.
37 38 39	Th:	Rosie, that seems like a great idea--having him read to the baby. It helps you, and it helps him with his reading. **How do you get him to do that?**
40 41	Cl:	Oh, I let him stay up a half hour later than the others because he helps me. He really likes that.

Following up on Rosie's correction (line 37), the therapist smoothly reformulates the eldest boys participation as a "great idea" and poses another "How" question that orients Rosie to consider her role in the eldest's reading to the baby.

Sometimes the therapist may offer a presupposition in

order to have the client reject it, as do Byrne and McCarthy in their "questioning at the extremes" (1995). In the following excerpt (Byrne & McCarthy, 1995) the therapist (N) is talking with a fifteen year old boy (Z) in the aftermath of a serious suicide attempt subsequent to his rape of a nine year old girl.

Byrne Interview 1: Excerpt 1

1 N: **Do you have any idea why this kind of problem**
2 **happens to young lads like you?** You are not the
3 only young person with this kind of problem. I am
4 not saying it is common but it does happen to
5 young people of your age.
6
7 Z: I don't know ..... I never thought of that ....
8 all I .... I never really thought .... all I think
9 of is what I have done, what I deserve. That is
10 all I ever think of.
11
12 N: **And you deserve to be put away for life?**
13
14 Z: Yeh,
15
16 N: **That long?**
17
18 Z: Yeh.
19
20 N: **Why so long?. Why for life?**
21
22 Z: I don't know ..... I suppose I ruined someone's
23 life so I shouldn't have a life in a way.

As we will see, the embedded presupposition in this excerpt is meant to be challenged. The question asked by the

therapist in lines 1-2 contrasts with much more direct and accountable language that has been used earlier in the session. For example, "Do you think you will fit in with boys who are offenders?", "Do you think your mam thinks about you differently now that you have become an offender?", and "Is there anything worse you could have done than this?" In contrast, the question posed is vague and mitigating in that the sexualized assault is referred to as "this kind of problem". Further, the problem "happens" to "young lads like [Z]" rather than being perpetrated by them. This kind of rhetoric positions Z as a affected object rather than an active agent. What is striking is that the question itself seems to catch Z off guard.

Notice that Z does not answer the question directly and responds with a statement that uses agentic language, "all I think of is what I have done, what I deserve" (line 8-9). Z describes his actions as his own and the responsibility as his own, rejecting the embedded presupposition that would have located the responsibility in a larger cultural context. The therapist's mitigating language presented Z with an opportunity to argue for personal responsibility. Byrne and McCarthy's (1995) "questioning at the extremes" is carefully timed and posed only after sufficient evidence is gathered that would suggest the client is ready to resist such invitations to irresponsibility.

Once the Answerer Has Responded, the Very Act of Answering the Question Implicitly Accepts the Embedded Presuppositions as Common Ground

In the following example of Narrative therapy (Freedman & Combs, 1996) we see another example of agency, this time combined with the technique of externalizing.

Freedman and Combs Interview 2: Excerpt 1

1	JILL:	So you were able to talk to yourself instead
2		of letting insecurity take over?
3	FRAN:	Yes.

In this example, the client is asked to confirm her response to a difficult situation. In so doing the client accepts the embedded presupposition that insecurity could have taken over if she had not been able to talk to herself. This question externalizes insecurity as a kind of malevolent force acting against her--in contrast to other perspectives that might have presupposed insecurity to be located within Fran (i.e., "When you began to feel/be insecure..."). An externalizing presupposition challenges the normative specifications for persons, such as having quantities of self esteem, confidence, or security. This externalizing language not only ascribes insecurity with the same properties as we might grant cholesterol, or vitamin B, but also characterizes, locates, and fixes persons within a

political rhetoric. The discursive context of security—insecurity suggests that it exists on some kind of continuum, that adequate persons would have some sufficient quantity, and that it resides within the individual (as does haemoglobin or calcium). Externalizing concepts like "insecurity" not only removes them from the individual but also places them more clearly in the social domain. Once externalized it is possible to begin to examine the personal politics of such descriptions, "How might insecurity have preferred you to respond?" "Who might have been the least surprised to see the way you sent insecurity running for cover?" "What opportunities do you think might open up for you as a result of your growing ability to render insecurity helpless?" "If you were to measure yourself according to your own yardstick rather than the one you have been recruited into using, what do you think you might be noticing?" Through these externalizing questions it becomes possible not only to critique the amount of security—insecurity deemed present in Fran, but to critique the concept of personal specifications, normative judgements, and explore the personal politics that might invent and deploy concepts like insecurity and indeed even benefit from its use.

In the next question the therapist presupposes that some preparation went into Fran's positive self-talk in the

face of insecurity (lines 4-5):

<u>Freedman and Combs Interview 2: Excerpt 2</u>

4 5	JILL:	What kind of preparation went into being able to do that?
6 7	FRAN:	(Laughing) Years of therapy! No, but it does have to do with therapy.

This embedded presupposition suggests there was a history to the act Fran was able to perform. In answering, Fran accepts that preparations were made, so her accomplishment is historicized, premeditated, thus even more agentic. However, Fran's answer also implies that the therapist(s) rather than Fran might somehow be responsible for these positive developments. In the next example, the therapist challenges this implication (line 8) and asks a "Wh" question (How) that once again embeds the presupposition of agency, "How did <u>you</u> do it?" (line, 9):

<u>Freedman and Combs Interview 2: Excerpt 3</u>

8 9	JILL:	But therapy wasn't happening when you did it. How did you do it?
10 11 12 13 14	FRAN:	I did it by reminding myself that I'm important. What I've learned in therapy is to speak my mind because others don't know if I don't tell them and not speaking feels horrible.

Embedded presuppositions that nominate the client as the agent of change (line, 8-9) in relation to positive and

effective responses to problems are not unusual within these interactional approaches. In answering, Fran accepts that she "did it" and goes on to explain how (line 10). In the next sequence the therapist embeds a presupposition of meaning. That is to say, the therapist suggests that this particular experience (speaking my mind, line 12) carries additional significance beyond its face value:

Freedman and Combs Interview 2: Excerpt 4

15 JILL: What does this experience mean to you?

16 FRAN: That I can get to security if I work at it.

The client is required by the question to draw some conclusion about her abilities in relation to this particular event. As discussed in Chapter 3, White (1989, p. 43) has referred to these as "landscape of consciousness questions". The act (in this case the act of speaking up) means more than its one-time occurrence. The answer infuses the act with meaning, the details of which are generated by the client. In the style of Narrative therapy, the therapist might also have asked;

> What do these discoveries tell you about what you want for yourself?

Or

> How does this affect your view of yourself as a person?

These questions both presuppose the actions of the client are evidence of something bigger or farther reaching. They suggest the client might find some overarching or general principle in the described events. Such questions can generate descriptions of abilities that can be applied to other similar situations.

The Answer Is Owned by the Client, Not the Therapist

None of the questions used as examples here was rhetorical. The therapist could not know the details he or she was asking for; only the client had this information. Because the client must provide information that the therapist does not have, he or she discovers and presents information consistent with the embedded presuppositions. So whether the client discovers abilities and positive qualities or disabilities and pathology, he or she has been intimately involved in co-constructing this new common ground. For example,

Boscolo Interview 1: Excerpt 5

LB: **Were there more times that you HURT people emotionally or instead that you HELP people emotionally, in YOUR life, I'm saying?**

Cl: Oh, I help more,

LB: You help more.

Cl: emotionally.

LB: **Whom, do you help the most, in your life?**

When the woman in this example replies that she helps people more often than she hurts them, she has reflected upon and summarised her history of helping and concluded, based on that personal history, that she helps more than she hurts. The particular facts upon which she is basing this conclusion are, for the most part, known only to her. While Boscolo may quite reasonably have suspected that she helps more, the particular instances upon which these conclusions are based are hers alone. Further, she did the concluding herself. In other words, she generated the data herself, she collated the data herself, she subjected the data to her own methods of analysis, and she reported the results herself. It would be difficult indeed for her to say the conclusions are spurious.

Returning to the example of Fran,

Freedman and Combs Interview 2: Excerpt 5

JILL: **But therapy wasn't happening when you did it. How did you do it?**

FRAN: I did it by reminding myself that I'm important. What I've learned in therapy is to speak my mind because others don't know if I don't tell them and not speaking feels horrible.

When Fran described how she "did it", she provided the

intimate particularities of her actions. Because these kinds of details are known only to Fran, the entire strategy can belong to Fran. Fran was her own reminder, her own speaker, and ultimately the benefactor of this particular interactional strategy. Fran was initially inclined to allow the therapist(s) to take the credit for this act, but the "how" question posed by the therapist rendered Fran's own actions visible and newsworthy.

<u>When the Question Has Been Answered, the Initiative Returns to the Questioner, the Therapist</u>

Returning to the example of Kathy, a 12 year old who refused to go to school fearing she would develop bad habits (introduced on page 89 above). We can see how the turn returns to the therapist who then poses another question.

<u>Freedman and Combs Interview 1: Excerpt 2</u>

1 2 3	Ther:	**Who would be in greater danger -- your parents if they continued to smoke or you if you went to school?**
4	Kathy:	Mom and Dad.
5 6	Ther:	**Are you the kind of person that would take a risk for someone you love?**
7	Kathy:	Yes.
8 9 10	Ther:	**Would it help you to do something that seemed dangerous if you knew that it was really benefiting someone important to you?**

11	Kathy:	Yes, it would.
12	Ther:	**How would it help?**
13 14 15	Kathy:	The benefit to the other person would put things in perspective. I would have a good reason for facing the danger.
16 17	Ther:	**Could you go to school if you knew it might save your parent's lives?**
18	Kathy:	Yes!
19 20	Ther:	**What would you do if you looked at someone and thought you might become like them?**
21 22	Kathy:	Just concentrate on the work and on being there.
23 24 25	Ther:	**Even if it is really difficult, if you agree to do something are you a person of your word?**
26	Kathy:	Yes. (p. 115)

The rhythm established in this excerpt can be seen in most therapies that use questions as interventions (e.g., Boscolo, Cecchin, Hoffman, & Penn, 1987; Jenkins, 1990). The therapist presents a question, the client answers, and the therapist builds on that with another question. The therapist clearly has the lead, although their teamwork is particularly apparent in the original contributions of the client to open-ended "How" and "What" questions (e.g., at lines, 12-14 and 19-20).

In this next example, we returned to the interview by Jenkins (1990). For the most part this interview demonstrates a similar pattern to the one described above; question, answer, follow-up and repeat. However, in line 15-16 the client answers, then within the turn poses a question to the therapist. Note that in response (line 17-19) the therapist, rather than answer, poses a question and reclaims the initiative.

Jenkins Interview 1: Excerpt 4

1	Ther:	You've made clear you want a marriage where
2		your wife can be her own person - where you
3		don't try to own her. **Are you ready to start**
4		**checking out whether you can handle this kind**
5		**of marriage?**
6	Client:	Yeah, if she comes back things will really be
7		different.
8	Ther:	Hang on. She'd be nuts to come back unless
9		she saw some evidence that you could handle
10		her making her own decisions. **Would you come**
11		**back if you were her - with just a promise to**
12		**go on? If you contacted her tonight and told**
13		**her things will be different from now on,**
14		**what effect would have? Do you think she**
15		**would be likely to believe you or more likely**
16		**to think I've heard all this before?**
17	Client:	**Yeah, but how can I prove to her I've changed**
18		**if she doesn't come home?**
19	Ther:	**Before you prove anything to her won't you**
20		**need to prove to yourself that you can**
21		**respect her feelings? What is it that she is**
22		**wanting from you now? What does her not**

23 **returning your calls tell you?**

24 Client: She says she wants time to think. She says
25 she wants time to herself. She keeps saying
26 she is not ready but...

27 Ther: **What would you be doing then if you were**
28 **respecting her feelings and wishes now?**

29 Client: But I'd give her time to think if she came
30 home.

31 Ther: It will probably be the hardest thing you've
32 ever done - to prove to yourself that you can
33 respect her feelings and decisions - to prove
34 that you are bigger than your fears and your
35 desperation which I bet even right now are
36 telling you call her and try and convince her
37 to come home. **How important is it that you**
38 **stand on your own two feet and make this**
39 **decision for yourself? Or are you prepared**
40 **to let your fears and desperation decide it**
41 **for you?**

42 Client: I want to make the decision - **but couldn't I**
43 **just see her and talk to her?**

44 Ther: Until you've proven you can stand up to your
45 fears and desperation she'd be crazy to talk
46 to you about coming back. Until you've proved
47 to yourself that you can't be pushed around
48 by your insecure feelings, you'd be kidding
49 yourself if you thought you were ready to see
50 her.

51 Client: I can't handle not seeing her - not hearing
52 from her - not knowing how she is...

53 Ther: Like I said, this will probably be the
54 hardest thing you've ever attempted. Your
55 fears and your desperation are going to be at
56 you all the time telling you to contact her,

57		drive past her house, ring her parents. I
58		can understand if you are not ready to make a
59		stand at this time - if you're not ready to
60		handle it yet. **Do you want me to continue?**
61	Client:	Yes I want to try it.
62	Ther:	**What would it say about you if you stopped**
63		**trying to make contact with her - if you left**
64		**it for her to make contact with you when**
65		**she's ready? What would you be proving to**
66		**yourself?**

A similar break in the pattern occurs in line 42, where the client asks another question. On this occasion the therapist responds to the question with a statement (line 44-50). What is interesting is that rather than ask a question and thus retain the initiative the client simply responds with another statement. This allows the therapist to pose another question and resume the question-answer-follow up sequence previously established. Like casual conversations where interactants may take turns asking each other questions, therapeutic conversations can certainly turn around as well. The fact that clients seem to cooperate with the question, answer, follow-up sequence rather than sabotage it, suggests that the questions are seen to be useful to the task at hand.

<u>As Conversations Move Ahead Rapidly, it Becomes Increasingly Difficult to Return to or Challenge Earlier Embedded</u>

Presuppositions

In the following example we return to the interview conducted by Insoo Kim Berg with Leslie and Bill. Berg has been following up the answers to her "miracle question":

Berg Interview 1: Excerpt 7

T: Okay, he'd put his arm around you.

L: That would be a real sign of a miracle at this point.

T: **Okay, so suppose he does, what will you do in response to that?**

L: I won't turn my back to him ((laughing))

As the therapeutic conversation continues, a transformation occurs. Theoretical possibilities based on an imaginary miracle scenario become actual plans and stated intentions. For example, after much further exploration of the miracle Berg asks the following,

Berg Interview 1: Excerpt 8

L: Ok, ok. Great. **(To B) So, you're saying that you're at least willing to try that?**

B: I said try, you know, you know.

Th: **Is there something that L can do to make it easy for that to happen?**

The use of "will" as a simple indicator of future tense has

become an actual "willingness" to try to do things differently. In this instant "will" is transformed from a future tense indicator in relation to an imaginary situation (miracle) to a commissive. That is, the future tense may also be understood as a commissive question and the response as a commitment to a certain future action. Commissives (Searle, 1975b) are question forms that seek a commitment or even establish a social or legal contract. As in, "Will you pick up the kids after school?" or "Will you take this man to be your lawful wedded husband?"

In his therapeutic interviewing with men who have been violent, Jenkins (1990) is a master at asking questions that embed presuppositions that create a substantial shift in perspective from the one usually put forward by the men themselves. His questions are many-layered; for example, in one interview, Jenkins (1990) asked an abusive and controlling husband,

> **Could you handle a marriage in which Jill says what she really thinks, or do you need her to look after your feelings by saying what she thinks you want to hear?** (p. 88)

In this closed (either/or) question, the therapist embeds, first, a presupposition that suggests there are different kinds of marriages he could have (not just one) and one kind of marriage is of the sort where "Jill says what she really

thinks." Note that the he did not ask the client if he believes he has an open and honest marriage or any number of open-ended questions that might allow him to describe his view of the relationship. The question also presupposes and describes a specific alternative to "a marriage where Jill says what she really thinks". It is also noteworthy that the alternative is not divorce or in fact any kind of action but rather a self-sanctioned reputation of emotional dependence ("do you need her to look after your feelings...?"). This is accomplished by embedding a presupposition that equates "look after your feelings" with the act of "saying what she thinks you want to hear". The alternative posed is not positive nor even neutral but quite negative. Moreover, the structure of the choice is framed as "Could you handle..." versus "Do you need...", which embeds presuppositions about ability versus weakness (and precludes other explanations for his choices). If the client admits he can't "handle" a marriage based on free speech principles, then he as much as admits a diagnosis of emotional enfeeblement. The client is orientated to view a dissenting opinion as evidence of his own personal strength ("handle") and her honesty ("says what she really thinks") rather than as unreasonable requests or nagging. He is also implicitly required to see the absence of expressed dissent as evidence of his dependence ("need") to have Jill simply

agree with him ("saying what she thinks you want to hear").

In the next example Jenkins (1990) presents his client with another choice,

> **Do you want to take action to put the brakes on or would you be prepared to leave it to Jill to continue to try to put the brakes on for you?** (p. 88)

Here the client is presented with two possibilities in relation to his violence: he can either take action himself or, once again, rely on Jill to do the job for him. The question embeds the presupposition that he might "want to take action" to stop his violence but if he does not want to take this action, then he would need to be (or get) prepared to accept that Jill would be doing his job for him. This choice is typical of the perspective embedded in much of Jenkins' work, which challenges men to implement their masculinity rather differently. As most men in our culture would disapprove of leaving what is presupposed to be a man's responsibility to someone (in particular, his own spouse), it is difficult to imagine Jill's husband responding with;

> Well actually now that you mention it. Yes, I'd much rather leave it to Jill to put the brakes on for me. It's easier, and I don't have to be responsible.

Up until this point it is likely that the husband has described his actions as a response to nagging or some other

purportedly provocative or disrespectful behaviour. Certainly, men in our culture are encouraged to stand up to pressure, to "be a man" and to take action to confront such tactics rather than stand by passively. Jenkins neatly applies these same male gender specifications to the couple's interactions. The same interpretive repertoire of male role specifications can obligate a man to encourage his wife to articulate a disparate perspective if it is described as his ability to handle it rather than passivity. Jenkins's questions presuppose that the husband's changed behaviour would be social constituted as honourable and principled. Indeed, no change would be viewed as a kind of passive laziness. When change is described as the "action" of "putting on the brakes" (automotive metaphor aside), it sounds more like strength than a sign of weakness, cowardliness or backing down.

CHAPTER 8:

APPLYING THE MODEL TO QUESTIONS IN TRADITIONAL THERAPIES

As noted in Chapter 2, questions are not highly valued in traditional therapies. Although they are unavoidable early in therapy, in order to gather information, they are not seen as useful for the therapy itself. In spite of their low standing, I propose that questions play an important role in traditional therapies and for the same reason as in interactional therapies: They embed the therapist's presuppositions and install them as the common ground on which the therapy will proceed. This may not be what the traditional therapist intends or even recognizes when asking a question. But if my model and analysis are correct, it is the inevitable effect. Thus, the ten functions of questions are reviewed here once again, this time using excerpts from more traditional therapeutic approaches.

As in the previous chapter, all of the examples are from demonstration interviews (real or role-played), aimed at teaching how the particular approach should be done. Thus, the authors or therapists are offering these as examples of how best to do therapy of the kind they advocate. Because it is impossible to obtain a random sample of therapy sessions, a positive selection bias seems

the best way to avoid atypical or worst-case examples.

Questions Require Answers

The following example (Weiner, 1975) shows a client-centred therapist using a question (lines 4-5) when a client has expressed a preference to keep quiet (lines 1-3).

Weiner Interview 1: Excerpt 2

1	Pt:	I know it's different from usual, but I just don't
2		feel like talking today. I suppose there are
3		things I could say, but I'd prefer to keep quiet.
4	Th:	**What does keeping quiet mean to you, what comes to**
5		**your mind about it?**
6	Pt:	Oh, I suppose keeping quiet means minding your own
7		business, not getting involved, keeping your
8		feelings to yourself. (p. 198)

The client's expressed preference for silence at a therapy session where the modality of intervention is talk (rather than massage or acupuncture) did not seem to strike either interlocutor as odd. Presumably, as articulated (lines 1-3), the client does not wish to talk. However the client-centred therapist does not offer to reschedule the appointment or even ask the client what other suggestions the client might have for their time. While we have seen numerous examples of the question's ability to compel a response, what is striking about this particular example is that the question completely disregards the client's wishes

yet is successful in obtaining an answer.

Examination of some nondirective (client-centred) therapy sessions led to the identification of a particular kind of questions requiring answers, namely, questions that specifically solicit the client's consent to the therapist's interpretation. Davis (1986) called this process "organizing the client's consent." The following example shows a client-centred therapist using a question (line 9) in order to organize the client's consent to a problem that the therapist is interested in resolving.

Davis Interview 1: Excerpt 4

1	T:	You're kind of piling things up, I think -- to to
2		-- go back to the beginning when -- you started
3		out with upset, a kind of word which I'm starting
4		to see as not really fitting your situation.
5		It's a -- too flat a word, I think.
6	C:	Mmhmm
7	T:	-- to -- to describe your experience.
8		(Pause)
9		**Is that right? Huh?**
10	C:	Yeah. (p. 53)

In this excerpt the therapist wanted to characterize the client's experience as something more intense than "upset" (line 3) but could not proceed without establishing the

client's willingness to use a different word. The pause (line 8) and the direct question, "Is that right?", together with the encourager, "Huh?" (line 9) put a good deal of pressure on the client not only to answer but to agree.

In the next excerpt by Rogers (as cited in Pervin, 1970), a question is used to characterize the client's career choice as a method for managing excess emotionality and to organize the client's consent to that characterization:

Rogers Interview 1: Excerpt 2

11 Ther: **So that in some respects you've gone into**
12 **engineering because you felt it would be**
13 **awfully good discipline for you, is that**
14 **right? Make you stop being emotional?**

Client: That's right. (pp. 104-106)

In both of these examples, the power of a question to elicit an answer is employed (via a yes/no question) not only to obtain an answer but to obtain a specific answer.

The Answerer must Make Sense of the Question

Unusually phrased questions (Wolpe, 1982) pose a particular challenge to answerers.

Wolpe Interview 1: Excerpt 2

1 P: I'm afraid of sharp objects, especially knives.
2 It's been very bad in the past month.

3	Th:	**How long have you had this fear?**
4	P:	It began six years ago when I was in the hospital
5		after my first child was born. Two days later, my
6		husband brought me some peaches and a sharp knife
7		to cut them with. I began to have a fear that I
8		might harm the baby with it.
9	Th:	**How long had the knife been with you when it**
10		**occurred to you that it might harm the baby?**
11	P:	I don't believe I let him leave it overnight, that
12		night. I think you could say I told him to take it
13		home. I can't remember exactly, I know I just
14		didn't want it around. From that day to this, I
15		don't mind using knives as long as I'm with
16		someone, but when I'm alone with the children I
17		just don't want them around. (p. 63)

On line 9 the therapist suggests that "it" (the knife) might harm the baby. It is not clear whether this is a deliberate phrasing or a speech error, but it presents the client with the problem of making sense of the question. First, the client may be confused by the embedded suggestion that the knife might be acting on its own. The client may also be confused because she may feel that the answer to the therapist's question was in her previous utterance (line 4-8). She has already said that she began to have the fear the moment she held the knife to cut the peaches (line 6). Essentially, the client is trying (in lines 11-17) to manage the question by responding in a way that covers all of the most likely meanings. It is noteworthy that the client manages to insert a sentence that describes herself using

the knife (rather than the knife acting on its own accord). In this context, it is important to ensure that the therapist understands that the client does not believe that knives act on their own initiative.

The next excerpt is a continuation of the Rogers interview (cited in Pervin, 1970) given in the previous section. It captures a moment when the client was having difficulty making sense of the question, perhaps because of the introduction of the theoretical concept of "real self".

<u>Rogers Interview 1: Excerpt 3</u>

6 7	Ther:	It was that, perhaps, rather than being interested in engineering.
8 9 10 11	Client:	Well, it was mingled with a certain genuine interest. There was some, that's true. But it was largely due to that, exactly what I said, to a considerable extent.
12 13 14 15	Ther:	**You don't suppose that part of your trouble is that now you're wondering whether you want to be your real self. Could that be part of it?**
16	Client:	Uh, what's that?
17 18	Ther:	**Well, I just wondered. You're trying so hard to be some other fellow, aren't you?**
19	Client:	Yeah, because I'm not satisfied with myself. (pp.104-106)

Note that it is necessary for the therapist to rephrase the

question without the theoretical term before the client can answer it.

The Question Constrains and Orients the Answerer to a Particular Aspect of His or Her Experience

The following question (Wolpe, 1982) is a familiar way to start a session that has come about through a referral.

Wolpe Interview 1: Excerpt 3

Th: Dr. N. has written to me about you, but I want to approach your case as though I knew nothing about it at all. **Of what are you complaining?**

P: I'm afraid of sharp objects, especially knives. It's been very bad in the past month. (p. 63)

Note first that the client is constrained to talk about herself as a "case" who is "complaining." It is likely that the client has a number of different "complaints", perhaps related to taxes, the quality of magazines in the waiting room, and so on. However the assumption made is that she will present some issue that is related to the conversations she has had with "Dr. N".

It may seem that this constraint is inevitable in the context, but consider a contrasting example, taken from the very beginning of an interview by Boscolo, (1987) that has been discussed in previous chapters. Both excerpts, the traditional excerpt above and the interactional excerpt below, are consultation interviews where the therapist has

prior information about the client.

Boscolo Interview 1: Excerpt 6

1	LB:	I'm Luigi Boscolo from the Milan Family Therapy
2		Centre, in Italy. I've been here for a seminar,
3		and I've been asked by Dr. X & Y to have a session
4		with you, a consultation. I - Just before, for
5		about 15 minutes, they, Dr. X & Y presented to me
6		the situation -- there are also other colleagues
7		in the other room --and they told me, in summary,
8		the history of your life - [said ironically]
9	Pt:	[very slight snort, "Jeez" facial expression]
10	LB:	-- at least what they know. The impression that
11		they have is that this was a PAINFUL history, this
12		was my impression, from what they told me. **So I**
13		**would like to ask you -- how is the situation, how**
14		**do you see yourself now?**

In a long lead-up to his question, the therapist tells the client what has been said about her and what the therapist has understood from that summary (line 11). In the earlier, traditional example the client does not know what has been said about her nor how that has affected the therapist's view of her. Boscolo casts his conclusion in very gentle terms--it is an "impression" (line 10); further, it is his impression of their impression. The therapist makes it as easy as possible for the client to correct their perspective by not aligning himself with it. In contrast to the traditional example, every effort is made to ensure the client is treated as a person and not as an object or "case." Moreover, Boscolo is characterizing a 15-minute

life-history summary as an oxymoron. The playfulness and touch of sarcasm in his voice suggest that the history presented cannot possibly do justice to the story she might tell. The client's response (line 9) suggests that she understood this sub-text. She proceeds to give a detailed, primarily positive account of her life. In terms of making sense of the therapist's question, the contextual cues provided to the client in the traditional excerpt are fewer, more ambiguous, and arguably more negative and objectifying.

The power of the question to orient the client to a certain aspect (or view) of his or her experience and to constrain what the answer must be about is particularly revealing of the differences between traditional and interactional therapies. The constraints in traditional questions (Boy & Pine, 1982) act to elicit problem-saturated descriptions of personal experience. For example,

<u>Boy and Pine Interview 1: Excerpt 4</u>

57 Ther: **How are things going?**

58 Client: It can't get any better. It's as good as can
59 be expected. Life goes on with its little
60 "ups and downs."

61 Ther: **Tell me a little about the "downs."**

62 Client: Down is when I should be able to do more than
63 I'm doing. When I say to myself, "Ed, you
64 can do more than that." I don't feel I'm
65 doing what my body should be doing at its

66 full capacity. But if I try -- then I notice
67 -- well -- I get tired but I don't know where
68 to draw the line. Then I think possibly I
69 get discouraged a bit -- to a point. To a
70 point where I say to myself, "How come you
71 can go just so far?" (pp. 150-151)

In this first turn (line 57), the therapist asks a very open question rather than asking specifically about positive steps, unique outcomes, sparkling moments, or exceptional occasions. The client's response is to offer information that seems to acknowledge and accept the presence of both good times and bad (line 58-60). In follow-up, however, the therapist does not ask about the "ups" nor about any of the things the client might have done to bring about those "ups". Instead, the therapist asks for more information about the "downs" (line 61). The direction of their conversation is clearly set.

In the next example, the therapist's (Ellis, 1972) question precludes any positive descriptions as well.

Ellis Interview 1: Excerpt 2

1 Ther: **Joan, what would you say most bothers you,**
2 **today?**

3 Client: My inability to express myself.

The issue here (lines 1-2) is presumed to be what "bothers" her. Recall the earlier excerpt that asked what the client was "complaining" of. Both terms cast the issue not only as

negative but as somewhat trivial and as such tend to characterize the clients themselves in somewhat pejorative terms. Ellis's use of the words "most" and "today" also orient the client to limit her reply to the issue that is the worst at this particular moment. In making sense of and formulating a reply to this question, the client must make a mental list of the relevant and appropriate "bothers" she is experiencing today and from this list select the most bothersome.

In Order to Answer the Question, the Answerer must Do Considerable On-the-spot Review Work

In this next excerpt (Strupp, 1986), the client is asked to review his marriage for things he might have done to make the situation worse.

Strupp Interview 1: Excerpt 1

1 2 3 4 5	**S:**	**...were you aware of any of the things you might have done to aggravate the situation or create in part the problem that arose?... somehow or another she was disappointed in you... might there been other things that some how made it worse?**
6 7 8	R:	She complained several times that I was not attentive enough to her. [Goes on to explain in more detail.]
9 10 11	S:	You said earlier that you were strongly in love with her, there was a strong attraction between you.
12	R:	Initially yes, when we dated and like I said the

13 first two years of marriage.

14 S: So you felt basically that she was somehow
15 disappointed or dissatisfied displeased in one way
16 or another. [Asking for more negative details.]

17 R: Yes...

18 **S: Were you asking yourself questions as to what <u>you</u>**
19 **might have been contributing to this or continuing**
20 **to contribute to this?**

21 R: At that time I first started noticing my own
22 negative thoughts towards my wife and telling
23 myself it was her fault.

24 **S: The negative thoughts were what?**

25 R: She's just a bitch, she screwed up.

26 S: ... you are getting angry at her.

27 R: Yes...

In telling the story elicited by these questions, the client practises these negative descriptions of his wife and himself. Encouraged to continue with this story, the discourse of his experience becomes set, and he further ensconces himself in an intractable perspective. In order to avoid discursive hardening in this direction, interactional therapists will redirect the conversation. However, in this instance the therapist (Strupp, 1986) expands the problem further.

Strupp Interview 1: Excerpt 2

28	**S:**	**I can understand you have had a lot of**
29		**disappointment in your recent life... earlier on**
30		**too?**
31	R:	Yes, I believe my problem started from my
32		childhood
33	S:	I think that would be valuable to go into... the
34		problem didn't start yesterday or the day
35		before... is not likely to terminate tomorrow. I
36		think... find a therapist to work with and examine
37		what might be contributing to or lead to the
38		difficulties...

Thus, in addition to generating the negative descriptions of the client and his wife, the therapist asks about earlier times as well (line 29). As we see, the review work elicited leads both the therapist and the client to conclude that his difficulties go back to childhood and that the client will need much more time to resolve these difficulties.

In Formulating an Answer, the Answerer Does Not Ordinarily Comment on the Embedded Presuppositions

The following question, as discussed earlier, is unique simply because of the bizarre (and possibly accidental) embedded presupposition. As previously mentioned, this question (Wolpe, 1982) suggests that the knife might act on its own accord.

Wolpe Interview 1: Excerpt 4

1 Ther: **How long had the knife been with you when it**
2 **occurred to you that it might harm the baby?**

3 Client: I don't believe I let him leave it
4 overnight, that night. I think you could say
5 I told him to take it home. I can't remember
6 exactly, I know I just didn't want it
7 around. From that day to this, I don't mind
8 using knives as long as I'm with someone,
9 but when I'm alone with the children I just
10 don't want them around. (p. 63)

It is noteworthy that the client does not comment on the presupposition. Instead the client describes how she uses knives (line 7). This indirect method manages face considerations while also attending to a potentially serious misunderstanding. It is quite likely that individuals who believe that knives or other such objects would act on their own initiative would be considered candidates for antipsychotic medication.

In the next excerpt (Strupp, 1986), the therapist presupposes that the client has major difficulties (line 3) and that there might be one childhood experience that would explain those difficulties.

Strupp Interview 1: Excerpt 3

1 S: **Is there any one thing in your childhood or**
2 **growing up that you attribute to your major**
3 **difficulties?**

4 R: ...Lack of affection and love as a child

5 S: **From whom?**

6 R: Parents... they were alcoholics...

7 S: Both parents.

Note that although the question is phrased in such as way as to suggest both a long history and a single cause of the current difficulty, the client does not comment on either presupposition.

In the next excerpt, the therapist's question (Ellis, 1972) embeds the presuppositions that the client has negative feelings about her apology to a friend, that the apology was not a full expression of the client's experience, and that such an expression would have been the appropriate thing to do in the circumstance.

Ellis Interview 1: Excerpt 3

Ther: **and how do you feel after you apologized, this is a girlfriend of yours [right], and how do you feel after you apologized instead of expressing yourself more fully to her?**

Client: I was angry with myself.

In each of these excerpts, the client does not comment on the embedded presuppositions made by the therapist, but instead answers the question as asked.

An Embedded Presupposition Is Malleable and Can Be Corrected

In the next excerpt (Labov & Fanshel, 1977), the therapist is interviewing a woman suffering from anorexia. Note that this particular transcription has attempted to preserve the prosodic features of the talk, including pauses (indicated by commas) and emphasis (indicated by use of capital type). In this exchange, the therapist is suggesting that the client is attributing feelings of anger to family members who speak to her about her weight (lines 2-5). This notion of projection is consistent with psychodynamic approaches to psychotherapy.

Labov and Fanshel Interview 1: Excerpt 1

1	Ther:	I don't think REALLY it's the-uh-what they're
2		saying as much, as, that, you, are reading
3		in. . . uhh the FEELING behind what they're
4		saying. **What c-what are they feeling about**
5		**it?**
6	Client:	No-I-I--I don't see the difference.
7	Ther:	Well, let's see, It-maybe it's similar to the
8		feeling that you had when YOUR sister said,
9		"You're eating too much," and you stopped
10		eating totally. **What does that express?**
11		(Pause) In terms of how you felt.
12	Client:	(No-) Oh, I guess I w's angry, but-
13	Ther:	Ye-es.
14	Client:	......(Yeh.)

15	Ther:	(breath) So-then-and for some reason you feel
16		they're ANGRY because you're so under weight,
17		or because they-think you're underweight.
18	Client:	......I'on't-dunno, I don't-I don't I never
19		felt like that-it's just that ... no I never
20		thought of it like that and I don't-I don't
21		think I feel anger because... (breath) I mean
22		I jist get ANNOYED, like I'm not-don't say I
23		get-angry, but it jist gets ANNOYing to hear
24		the same thing. (pp. 370-371)

The therapist's questions embed several, related presuppositions: that the problem is not what family members are saying but the feeling she is "reading in" (lines 1-5); that this feeling is similar to her own feeling in reaction to her sister's comment, much earlier (lines 7-11); that, just as she was angry at her sister, she feels they are angry at her (lines 15-17). The client, however, rejects all of those presuppositions (lines 18-25), labelling her own current feeling as annoyance and linking it directly to what her family members' repeated comments about her weight.

What follows next (Labov & Fanshel, 1977) is a series of exchanges in which the therapist reformulates the notion of a projection slightly and re-presents it, with the emphasis still on feelings.

<u>Labov and Fanshel Interview 1: Excerpt 2</u>

32	Client:	I mean, the first thing if I say I have a
33		pain in my finger-right away, it's because
34		'Oh, you're thin!" I mean, after awhile it
35		gets annoying to hear and I-I-know that-

36	Ther:	Yes.
37		
38	Client:	I guess-maybe I should let it-not bother me,
39		I mean, I went to the doctor last week-
40	**Ther:**	**But why do they keep repeating it?**
41	Client:	I don't know.....
42	**Ther:**	**What are they feeling?**
43	Client:	.....that I'm doing it on purp-like, I
44		w's-like they... well-they s-me out an' tol'
45		me in so many words that they worry and worry
46		an' I seem to take this very lightly.
47	Ther:	So they get angry at you.
48	Client:	Yes... they do, yes.
49	Ther:	So there's a lot of anger passing back and
50		forth.
51	Client:	Yeh..
52	Ther:	Mm. (pp. 370-371)

In line 47 we see that the therapist describes the anger as theirs, presumably in relation to the (mistaken) belief that she is losing weight on purpose (line 43) and taking it all very lightly (line 46). What is interesting is that the client has already established that any anger on both sides is directly connected to the kinds of things people are saying and doing (lines 32-35 and 43-46). However, on lines

49-50 the therapist describes the interaction as "anger passing back and forth", rather than as connected to real events. So while the original embedded presupposition had implied that the client had attributed, certain feelings to various family members ("reading in," lines 1-5) the therapist has now organized consent to the notion that feelings are passing back and forth (lines 49-52). Fortuitously, such a perspective is also conducive to psychoanalytic or psychodynamic psychotherapy, which is the therapist's orientation.

Once the Answerer Has Responded, the Very Act of Answering the Question Implicitly Accepts the Embedded Presuppositions as Common Ground

In the next excerpt by Rogers (cited in Pervin, 1970), the client's presenting goals were stated as "not to experience these fears," and to be "calm and clear thinking" (lines 6-7).

Rogers Interview 1: Excerpt 4

1	Ther:	You feel that you'd be a lot happier if you
2		were just like the other fellows and not
3		emotional.
4	Client:	That's right. Of course, I'd like to be--
5		not, not experience these fears. [Pause] I'd
6		like to be calm and be clear-thinking in all
7		situations.
8	Ther:	Instead of those things you find yourself to

9 be somewhat emotional.

10 Client: I go haywire! [Laugh, followed by pause.](p.
11 104)

In lines 12-13 Rogers (cited in Pervin, 1970) poses a question that introduces the concept of the ideal person.

<u>Rogers Interview 1: Excerpt 4 cont.</u>

12 Ther: You've thought a lot about that. **What is**
13 **your ideal person?**

14 Client: Uh, well, some scientist. That is what I
15 consider an ideal person, preferably a
16 physical scientist, in chemistry or physics
17 or an engineer, one who--one who serves
18 society by constructing, or by making things
19 more convenient. I like everything modern.

20 Ther: Someone who deals only in things, and not in
21 emotions.

22 Client: That's right, something tangible.

23 Ther: So you'd really like to solve this difficulty
24 by being someone very different from
25 yourself.

26 Client: Yes. That's why I'm in engineering college.
27 I have an opportunity to--well, just to
28 experiment with myself and see actually what
29 talents I do have in that direction. They're
30 not so bad, but I lack some--some of the very
31 fundamental things that a good engineer
32 should have; that is, being calm, sticking
33 right to it, and forgetting about things that
34 have come up. A good engineer is not
35 emotional, that's one of the worst things he
36 could--No person who is emotional is a good
37 engineer. (p. 104)

In the above excerpt, we see considerable jockeying around why the student is interested in engineering, with the student giving positive reasons (e.g., lines 14-19 and 26-29) and the counselor consistently treating it as a flight from his emotional "real self" (lines 20-21, 23-25). The student finds a compromise between the two positions in lines 30-37, which still emphasizes "being calm, sticking right to it."

Next, Rogers (cited in Pervin, 1970), links the client's position to his own by the strategic use of a qualifier, "in some respects" (line 38). This kind of term is useful for obtaining consent because the condition only has to be partly true.

Rogers Interview 1: Excerpt 5

38	Ther:	So that IN SOME RESPECTS you've gone into
39		engineering because you felt it would be
40		awfully good discipline for you, **is that**
41		**right? Make you stop being emotional?**
42	Client:	That's right. (p. 104)

It is now reasonable for the therapist to assume that he and the client share the perspective that engineering was, at least in part, chosen because it was good discipline and because it would make him stop being emotional. This has become part of their common ground. However in lines 43-44 the therapist tries to suggest that discipline rather than

interest was the raison d'etre. In response the client tries to refute the therapists theory, referring back to his previous statements about serving society and so on. However undaunted Rogers (cited in Pervin, 1970) presses on.

Rogers Interview 1: Excerpt 6

43 44	Ther:	It was that, PERHAPS, rather than being interested in engineering.
45 46 47 48	Client:	Well, it was mingled with a certain genuine interest. There was some that's true. But it was largely due to that, exactly what I said, to a considerable extent.
49 50 51 52	Ther:	YOU DON'T SUPPOSE that part of your trouble is that now you're wondering whether you want to be your real self. **COULD THAT BE PART OF IT?**
53	Client:	Uh, what's that?
54 55	Ther:	WELL, I JUST WONDERED. **You're trying so hard to be some other fellow AREN'T YOU?**
56 57	Client:	Yeah, because I'm not satisfied with myself. (p. 104)

Again using a qualifier so that the question only has to be partly true, agreement is harder to withhold. The therapist continues to try to organize the client's consent to his formulation by asking (line 49-51), "part of your trouble is...could that be part of it?" Even though the client may be trying to limit his agreement "Yeah" (line 55) with the

explanation, "because I'm not satisfied with myself" (line 55-56), he has accepted the notion that he is trying to be "some other fellow," someone other than his "real self".

The Answer Is Owned by the Client, Not the Therapist

Although the client may be constrained to respond within the framework of a particular question, the specific answer is generated by the client. The next excerpt is from a contemporary handbook on couples therapy (Jacobson & Gurman, 1995). The session is conducted by a therapist using what is referred to as an "Emotionally Focussed Approach" (Johnson & Greenberg, 1995). This approach, while not explicitly discussed in Chapter 2 is related to client-centred, humanistic approaches that advocate the expression of certain feelings in the resolution of personal difficulties. While Prue has clearly put her own stamp on her various responses to the questions posed by the therapist, ultimately she comes away from the session with a substantially different issue to address than the one she had initially presented. In the first excerpt, note Prue's initial description of the problem (lines 2-4). The therapist's published comments [in square brackets] have been included.

Johnson and Greenberg Interview 1: Excerpt 1

1 THER: **What happened in the fight?**

2	PRUE:	I was disappointed he was not home but when
3		he came in, he'd been drinking, and I got
4		mad.
5	MARK:	You were mad and you left . . .I can deal
6		with you mad, but you accused me of accepting
7		this job to get more involved at work and
8		spend less time with you, of withdrawing, and
9		that hurt, it's not true, then you walked out
10		after you threw that at me.
11	PRUE:	I talked about feelings and you got very
12		defensive. (p. 132)

In the next turn (lines 13-14) the therapist (Johnson & Greenberg, 1995) sets aside the actual behaviour "whatever actually happened" and asks about feelings.

<u>Johnson and Greenberg Interview 1: Excerpt 1 cont.</u>

13	THER:	(to Mark) You feel accused, whatever actually
14		happened. **You experienced it that way?**
15	MARK:	Yes.
16	THER:	**How do you feel about that accusation?**
17	MARK:	I get hurt, I try so hard to be there. You
18		never asked me about the job, so I try to go
19		insensitive, shut it down, (to the therapist)
20		then she cries and leaves. [This accurate
21		description of the interaction pattern and
22		the awareness of feelings and of how he copes
23		reflects the work already done.]
24	PRUE:	Well, the job he's been offered will take all
25		his time. He'll be off, off on the computer,
26		in his office downstairs.
27	THER:	(to Prue) **How do you feel when you talk about**

28 this?

29 PRUE: Sad and very angry. (pp. 132-133)

Note that Mark's reply, which emphasizes his feelings, is described as "an accurate description of the interactional pattern and the awareness of feelings" (line 20-23). As we see, Prue tries to bring the conversation back to a discussion of Mark's actual behaviour (lines 24-26). However the therapist again focuses on feelings (lines 28-29), this time in relation to the current conversation. What is interesting is that even on the occasions that Prue has supplied information in relation to her feelings (line 29) the therapist (Johnson & Greenberg, 1995) describes being able to "pick up" other preferred feelings, like fear (line 30).

Johnson and Greenberg Interview 1: Excerpt 2

30 THER: **Angry?** What I pick up is sad and afraid.
31 Maybe I'm off the wall here, but it feels
32 familiar to me (slows pace, drops voice).
33 What I'm hearing, if I'm hearing it right, is
34 the piece of music that says, "I can't trust
35 you, I daren't trust you, you're not going to
36 be there for me, you're not going to be
37 there, you'll go off and do your own thing,
38 I'll never be first with you (pause). You're
39 not going to be there. I can't trust you.
40 I'll fight, I won't let you hurt me, you're
41 not going to be there." That's what I'm
42 hearing (long pause). [The therapist
43 heightens and empathically interprets, frames
44 Prue's response in terms of fear and
45 abandonment. The goal is to access the more
46 primary emotions underlying Prue's anger.]

(p. 133)

The phrase "What I'm hearing" casts the therapist's interpretation (Johnson & Greenberg, 1995) as an idea that came from the client's head rather than from the therapist's and indeed Prue accepts that this is what she meant but said badly.

Johnson and Greenberg Interview 1: Excerpt 2 cont.

47	PRUE:	(slowly, quietly) I can't even be clear. I
48		can't say how he's not going to be there for
49		me. (p. 133)

Thus, Prue has accepted the therapist's interpretation as her own feelings, as supported by the evidence she supplied in response the therapist's questions. Had this client come away from a different kind of session, she might never have realized that the relationship difficulties were a result of her impoverished expression of her own experience (line 47-49). This conclusion stands in contrast to her first answer (line 2-4), which clearly articulates her concerns and feelings about Mark's inconsiderate behaviour (drinking and absence).

When the Question Has Been Answered, the Initiative Returns to the Questioner, the Therapist

In the next excerpt (Johnson & Greenberg, 1995) from the same session, we see a therapist pose questions in each

of her turns, so that the turn and initiative return to the therapist following the client's response.

Johnson and Greenberg Interview 1: Excerpt 3

50	THER:	**Does that fit, Prue?**
51	PRUE:	Yes, yes (tears). I get angry instead, I
52		guess I've just never recognized it as being
53		afraid, as fear.
54	THER:	**So, it's like there's an alarm inside of you**
55		**honed to Mark deserting you, leaving you**
56		**alone, and you felt this when you moved the**
57		**first time and after the baby was born (Prue**
58		**nods) and so when he comes home and says,**
59		**"I've been offered a new job," the alarm goes**
60		**off?** [The therapist uses simple images to
61		crystallize the couple's experience.]
62	PRUE:	Yeah, right (cries), the alarm goes off...
63		(to Mark) I was proud you got offered the
64		job, but then I thought, for me it's going to
65		be so lonely, you're not going to be around
66		and it's a job, it has to be done, (to the
67		Therapist) I don't feel like I can tell him
68		to be with me.
69	THER:	**You don't have the right to say, "I need you.**
70		**Come and be with me"?** [The therapist
71		heightens the attachment need and the sense
72		of unentitlement.]
73	PRUE:	No, it's work, he has to do it. (p. 133)

Notice that all of these questions press for agreement with the therapist's position and serve, as Davis (1986) pointed out, to organize the client's consent. Their phrasing (Johnson & Greenberg, 1995) limits the client to a yes or no

answer with little elaboration before the turn returns to the therapist. A more open-ended question that Prue cannot answer continues this didactic tone and leads to another series of assertions phrased as questions.

Johnson and Greenberg Interview 1: Excerpt 4

74	THER:	(very softly) **What would it be like, Prue,**
75		**to go to Mark and say, "Mark, I need you.**
76		**Come and be with me"?**
77	PRUE:	I don't do that, I don't, I don't know
78		(agitated).
79	THER:	(softly, slowly) **You don't feel that your**
80		**needs, that who you are is special and**
81		**important enough that you can ask, have the**
82		**right to say, "I need you; be with me"?** [The
83		therapist interprets, explicating and
84		heightening the sense of unentitlement.]
85	PRUE:	(sobbing) I'm not working, pulling my weight
86		(sobs).
87	THER:	You're not special enough. **You have no right**
88		**to be first, no right, no?** (Prue nods, sobs.)
89		**How does that feel?** [The therapist shows
90		empathic reflection, with a focus on
91		emotional experience.]
92	PRUE:	Awful.
93	THER:	(softly) Yeah, to have all that need and all
94		that fear and feel like you can't go and get
95		some reassurance (pause), no wonder you get
96		mad. **What else can you do?**
97	PRUE:	Yes. (p. 133)

In this example the therapist asks a question, the client

responds, then the therapist confirms, "Yeah" (line 93), paraphrases or comments on the client's response, and moves into another question. As noted in Chapter 5, Mishler (1975) called this process "chaining."

As Conversations Move Ahead Rapidly, it Becomes Increasingly Difficult to Return to Earlier Embedded Presuppositions

In this next excerpt (Johnson & Greenberg, 1995), continuing on from the previous example, we see that Prue (lines 102 and 114) begins to describe an exception to the established narrative of muteness in relation to her emotional needs. However the exceptions she recalls are dismissed because they conflict with the embedded presuppositions and dominant narrative.

Johnson and Greenberg Interview 1: Excerpt 5

98 99 100 101	THER:	**Have you ever been with anyone where you felt really entitled to go and say,"I need, come, just because I need you"?** [The therapist evokes longing and deprivation.]
102 103 104 105 106 107	PRUE:	Maybe my mom, when I was little, not to a man. No, no (shakes her head) . . . (calmer). I feel guilty about not working. I've never felt totally okay about it. (Repeats this, becoming cooler and more detached.)
108 109 110 111 112 113	THER:	[refocusing] So what happens inside you is you feel, "I've disappointed Mark. I haven't met his expectations, I should be different, I should be working, so I can't ask." Your loneliness isn't that important. You don't allow yourself to do that.

114 PRUE: Well, once in a blue moon, maybe. Well, no,
115 no, I don't let it come out of my mouth.

116 THER: In fact, I think that's when you say, like
117 you did the other night, "I'm going out",
118 it's like, "You won't take care of me, so
119 I'll take care of me", and he hears that you
120 don't need him at all. And the two of you
121 never get close, you don't risk it. When you
122 need him most, you get angry and up and
123 leave. **Am I going too far here?** [The
124 therapist relates her response to Mark's
125 experience and to the relationship cycle. Her
126 working model of attachment is that she is
127 unworthy and unentitled and the other will
128 abandon her.]

129 PRUE: That's right, I can't. I don't feel
130 comfortable talking about these needs with
131 Mark.

132 THER: Right (pause). **Can you tell him, "I'm too**
133 **scared to tell you how much I need you'?** [The
134 therapist uses reprocessed feeling to create
135 new relationship event.] (pp. 133-134)

Note how the questions constrain the answerer to responses that serve the established perspective. Line 132, shows the therapist asking about Prue's ability to speak to Mark about her experience, either answer, yes or no confirms the embedded presupposition. The question does not permit the client to address the alleged fear, alleged need, nor the asserted causal relationship between the two.

Johnson and Greenberg Interview 1: Excerpt 6

136 PRUE: (Long pause, crying) I can't. (her eyes
137 widen, shakes her head.)

138 THER: Ah, ha. (softly) Even that's scary, right
139 (pause). **Can you look at him right now?** (She
140 does.) **You're too scared to show him that**
141 **fear?** [The therapist reflects her fear.]

142 PRUE: (crying) I never get it out the right way. I
143 don't communicate it. (Mark is engaged,
144 present, leaning forward.)

145 THER: Alarm bells. You can't let him see how afraid
146 you are. **What will happen if he sees, Prue,**
147 **if he sees how scared you are scared that you**
148 **will reach for him and he won't be there?** If
149 he sees that . . . [The therapist focuses on
150 the catastrophic fear of exposure and
151 abandonment.]

152 PRUE: He would be there. I do think he would, but

153 THER: **But?**

154 PRUE: He hasn't supported me to stay at home, well,
155 maybe it's the way I ask, well

156 THER: [refocusing]: In your head you say, "Yeah,
157 he'd be there, he would. Yeah, most of the
158 time, he would, he likes to be needed" **Right?**
159 (Prue nods.) I think he would too, but
160 there's another level, here we're talking
161 about it fear. This is like the fear a
162 little child feels, a little Prue that starts
163 screaming her head off. Dangerous,
164 dangerous, I can't, I can't. **He won't be**
165 **there, I'll die, it will be so awful, I'll**
166 **ask and he won't be there?** [The therapist
167 heightens the fear event.]

168 PRUE (crying): Yes, yes, yes. (sobs)

169 THER: (long pause, leaning toward Prue) **What's**
170 **happening right now?**

171	PRUE:	I don't know if he could understand
172	THER:	**You don't know if you could reach him?**
173	PRUE:	Yes.
174	THER:	**What do you feel listening to Prue, Mark?**
175 176 177 178	MARK:	I'm not sure, I feel sorry for us as a couple, I'm trying to think how we communicated after the move. We never talk on that level.
179 180 181	THER:	**Can you tell her how you feel right now, right now?** [The therapist directs the interaction.]
182	MARK:	I feel sad.
183	THER:	**Can you tell her?**
184 185 186	MARK:	I feel sad you can't come and say you need me. If you did, I'd be there in a flash, I would. (p. 134)

If the embedded presuppositions had not established as common ground that Prue is the problem, it may have been possible at this point to question Mark regarding his drinking and absence from the home. The fact that Prue has asked Mark to be home more (presumably sober) seems forgotten.

Johnson and Greenberg Interview 1: Excerpt 6 cont.

187 188	THER:	**Are you asking her to give you a chance? You'd like to be there?** [The therapist

189		heightens his accessibility to facilitate
190		restructuring the interaction.]
191	MARK:	Absolutely. I want to be needed (leaning
192		toward her). I'm not going to turn you away.
193	THER:	(to Prue) Do you hear him talking to that
194		tiny afraid person inside you and he's
195		saying, "Try me out. Risk it, reach for me,
196		let me be there for you. Let go. I'll catch
197		you, come and be close." He's inviting you.
198		[The therapist replays and heightens
199		interaction event.]
200	PRUE:	Yes (sobs).
201	MARK:	It's the issue. If I could just find a way
202		round, solve the . . . why this happens
203		(Looks off into the distance).
204	THER:	[focusing, blocking, Mark's distancing] Mark,
205		I'd like you to just see that she's afraid
206		and just stay with her, never mind the
207		solution. Can you see she's afraid? I want
208		you to meet your wife. Will you please come
209		out of your head, come and meet your wife,
210		like you took your business suit off to meet
211		her and now here she is. (Prue bursts into
212		tears.) [The therapist directs interaction
213		toward engagement].
214	THER:	(to Prue): **What's happening, Prue?**
215	PRUE:	He probably doesn't want to meet me. I don't
216		want him to meet me, I don't want anyone to
217		ever meet this person. [The therapist moves
218		closer, hands Prue a tissue as she sobs, puts
219		her hand on Prue's arm, long pause.]
220	THER:	**You don't want anyone to see that needy**
221		**scared part of you, no one could like her,**
222		**right?** [Empathic reflection; core model of
223		self is enacted here.

224 PRUE: I don't like her. I won't show anymore,

225 THER: Hmm, you don't see that part of you as
226 lovable. Mark certainly wouldn't wait to put
227 his arms around her and hold her, he couldn't
228 possibly feel that. [The therapist evokes her
229 longing/fear of rejection.]

230 PRUE: He'd feel disappointed.

231 THER: **Disappointed?**

232 PRUE: She's weak, she's needy

233 THER: Ah, ha! **What do you want, Prue, right now?**
234 **Need, right now?**

235 PRUE: I want Mark to hold me.

236 THER: Ask him. [Directs interaction.]

237 PRUE: Please hold me. I'm scared. (Mark holds her;
238 the therapist looks out window. Prue cries.)

In this excerpt, we can see how the established narrative orients both the clients and therapist to view things in a certain way. Even when exceptions, apparent to Prue, are recalled, they are dismissed because of their apparent conflict with the theory at hand. At this point neither the therapist or the clients can return to question the embedded presupposition establishing Prue's fear of abandonment as the presenting problem.

The established perspective is so complete that

explanations must be generated to manage the despair both clients and therapist must feel following such characterizations of failure, personal inadequacy, and relationship dysfunction. The text (Johnson & Greenberg, 1995) suggests the following,

> After a session of this kind, it is wise for the therapist to caution clients not to expect that all will be resolved between them and not to be disappointed if they find they are unable to be nurtured by, or close to, their partners during the week. After all, these painful feelings have kept them protecting themselves for years and will not suddenly disappear, nor will the partner be able to be sufficiently comforting to soothe them away in one week. (p. 135)

CHAPTER 9:

SUMMARY, FUTURE DIRECTIONS, AND CONCLUSION

Summary

This final chapter has three purposes. First, I will step back and summarize the broad outlines of what has been a detailed and lengthy analysis. There follows an example of how my analysis of questioning in psychotherapy can be applied in new areas. Finally, I will briefly indulge my own view of psychotherapy and the choices that I prefer to make with constructive questions.

Historically, the deliberate use of questions, deployed for a purpose other than information gathering, can be traced back to Socrates' questions and Zen koans. In both these instances, questions were used to change the perspective of the respondent rather than to provide information per se. My interest is in a similar use of questions in psychotherapy and, in particular, how therapeutic questions can implement a change in perspective. Seeing questions as more than information-gathering tools began, at least in the world of therapy, with the work of Selvini-Palazzoli, Boscolo, Cecchin, and Prata, also known as the Milan Associates (Selvini-Palazzoli et al., 1980). While the Milan Approach sprang from earlier work at the Brief Therapy Center in Palo Alto, an approach that did not

hesitate to use lots of questions, it was the Milan Associates who began to see the questions themselves as an intervention, offering as it were certain alternative possibilities, theories, and views of the world, simply in their posing.

Most of the traditional models of psychotherapy view questions as essentially information-seeking, and their position might best be described as ambivalent regarding the information obtained as a result. Traditional therapists often consider the answers for the most part unreliable and the questions as distracting from the process at hand, such as nondirective therapy. In my view, nondirective therapy is not possible; to communicate is to influence. Davis (1986) and others have shown how the therapists' formulations or paraphrasing inject their theories into the therapeutic conversation. I propose the questions have the same effect, although in a much less obvious way. The purpose of this dissertation has been to explicate <u>how</u> questions have their effect and to examine their uses in therapy. Within the literature of what I am calling interactional psychotherapy, any discussion of questions and questioning has tended to classify questions according to their topic. Within the literature of questions more generally, the approach has also been taxonomic; questions have been classified according to syntax and semantics.

What is striking to me about the taxonomic approaches to questions (whether therapeutic or more generally) is that these approaches are decidedly not interactional. For the most part, the questions analysed are disembodied abstractions--structures without content or content without context. There is no questioner, much less an answerer or a conversational context in which the question is asked. I proposed that we need to look at how a question functions in its interactional context.

I propose a consideration of questions that allows for the inclusion of the questioner and the answerer together, as they interact in a sequence. For example, taking an interactional approach, we can see that the form of the question operates to constrain the respondent's answers in a variety of ways and to greater or lesser degrees. For example, a rhetorical question essentially prohibits any reply, whereas an open-ended question calling for an opinion, provides the answerer with a great deal more flexibility.

Question presume certain knowledge states for each participant. Looking at these presumed knowledge states interactionally, that is, in terms of mutual shared knowledge, is the beginning of my approach to the nature of questions. For questions to be understood and

answered--indeed, for conversation to proceed at all--we must presume a certain amount of mutual knowledge or common ground. All questions contain presuppositions about common ground, although these are often obvious and even trivial. For example, "How old are you?" presupposes that you have an age and that it is relevant in this context. Clark and Schober (1992) proposed that an important function of presuppositions is to communicate the perspective of the questioner. However, the link between the question and some shared mutual knowledge or common ground is not always straightforward. Clark and Schober (1992) pointed out that the answerer must often make a bridging inference to find the common ground that renders the question sensible. For example, a sudden, "How old are you?" from a ticket agent to someone who has just requested a ticket, may require the purchaser to bridge to the fact there are different fares for different ages. This information may be available from earlier in the conversation or deducible from their common ground. During the course of a conversation, specific presuppositions, if uncontested (as they usually are), become part of shared knowledge without ever having been discussed explicitly.

These are the characteristics of therapists' questions that make them so subtle yet powerful. What is important

from a therapeutic perspective is that the answerer must infer the likely intended meaning by forming a bridge that fits between the questioner's presupposition and something in their shared experience. Therefore, to fully understand how these embedded presuppositions work, we must consider where their bridges span to--to the interlocutors' common ground. In this interactional view, it is as much the answerer's responsibility as the questioner's to identify that common ground. Crucially, when the questioner does not or cannot assume that the answerer shares his or her perspective or would even accept it, then common ground is being deliberately created. In these instances, the questioner's perspective is smuggled in as an embedded presupposition.

There is a difference between asserting a perspective directly and asking questions in such a way as to embed the perspective. The requirement that the answerer discover or invent an answer him- or herself leaves little or no opportunity to object. The principles of conversational cooperation allow and require the answerer to make some assumptions about the question. Because we can expect a question to be genuine and not trivial or false, the answerers must contextualize the query, supplying bridging inferences and implicit common ground. That is, the

answerer must render the questioner's utterance relevant to the conversation at hand and to his or her own life and experience. The process initiated by the question was analysed as the 10 frame-by-frame steps summarized in Table 6.

In answering a question, the answerer begins the process of co-construction initiated by the question. To make sense of the question, the answerer must take the perspective of the questioner. To use a geographic metaphor, the question requires the answerer to examine a new vista, to take a new perspective. It is as if the questioner points in a particular direction and the answerer must stop, look where the questioner is pointing, take in all the background of the scene, and then use this context to inform their response.

The answerer is thus involved in a process of meaning-making, using logic and imagination, in which the questioner's perspective both penetrates the answerer's discursive world and is enveloped by it. What we call "reality" resides and is expressed in one's description of events, people, ideas, feelings, and experiences. Social interactions shape and are shaped by these evolving descriptions.

Table 6

10 Principles of Constructive Questions

Chronology	Description
1.	Questions require answers.
2.	The answerer must make sense of the question.
3.	The question constrains and orients the answerer to a particular aspect of his or her experience.
4.	In order to answer the question, the answerer must do considerable on-the-spot review work.
5.	In formulating an answer, the answerer should ordinarily not comment on the embedded presuppositions.
6.	An embedded presupposition is malleable and can be corrected.
7.	Once the answerer has responded, the very act of answering the question implicitly accepts the embedded presuppositions as common ground.
8.	The answer is owned by the client, not the therapist. That is, because the client must provide information that the therapist does not have, he or she discovers and presents information consistent with the embedded presuppositions. So, whether the client discovers abilities and positive qualities or disabilities and pathology, he or she has been intimately involved in co-constructing this new common ground.
9.	When the question has been answered, the initiative returns to the questioner, the therapist.
10.	As conversations move ahead rapidly, it becomes increasingly difficult to return to earlier embedded presuppositions. Therefore, the answerer cannot challenge them, even though they were never explicitly discussed.

With this interactional understanding of how questions function in therapeutic discourse, it is possible to formulate questions that more deliberately and more precisely embed helpful perspectives as common ground. For example, we have seen how presumptions of pre-existing ability pave the way for the "miracle question" (de Shazer, et al., 1986) and how the presumption of socially constituted specifications for persons pave the way for "externalizing questions" (White, 1989).

Implications and Future Directions

In this dissertation, I applied my microanalysis of how questions function to questions found in a variety of existing therapeutic approaches. If the model is useful, however, it should also be able to suggest new applications within therapy. In this section, I will show how I use questions with victims of sexual assault or abuse to introduce a different view of the experience than has usually been imposed.

The dominant discourse of sexual assault tends to characterize the act as erotic rather than violent (Coates, Bavelas, & Gibson, 1994). Even the legal term "sexual assault" suggests the existence of a primarily sexual act that has a violent aspect to it. Certainly the term would be improved by a shift to "sexualized assault", where the

emphasis is on the assault and its disguise. One impact of this language is that the victims of such assaults are encouraged to consider their experience as merely misplaced or inappropriate sexual activity. Moreover, the mutualising language appropriate to human sexuality inherently describes a cooperative act. Therefore, using this language (e.g., "kiss," "fondle," and/or "intercourse") to describe an assault inevitably paints the victim as a participant in her or his own violation. Questions such as, "How many times did you have intercourse?" or, "What parts of your body did he fondle?" embed the presuppositions that the acts were intercourse or fondling, that is, nonviolent, mutual, and potentially pleasant. This may be the perpetrator's view (or preferred description), but judging from my conversations with victims, it is certainly not their view or experience. Finally well-intended questions about the damage and trauma of the assault convey a problem-focussed view of the victim as person without strengths or resources.

To address this issue, we can formulate our therapeutic questions to reflect a presumption of violence rather than sex and a presumption of strength rather than passivity.

The following is an example of the first few minutes of an interview in which I was trying to formulate questions that conveyed this perspective.

McGee Interview 3: Excerpt 1

Ther: Hi Jenny I'm Dan McGee. Do you have any questions about me that I can answer before we get started?

Client: No, not really. Sally, over at the Crown Council's office said that you would be a good person to talk to.

Ther: Okay, how can I help?

Client: Well, I'm not sure, you see I've been crying all the time, I can't sleep, and I've been afraid to go out.

Ther: Oh dear! How awful! How on earth did you manage to get to my office today?

Client: Well, my boyfriend was going to drive me, but then we had a fight, that's a whole other thing. In the end I just walked.

Ther: Hmm, still, did it take a lot of courage?

Client: Well some I guess, but I was still mad so that helped.

Ther: Well, before this triumph, how long had fear been keeping you isolated?

Client: I guess about two weeks.

Ther: What happened about two weeks ago?

Client: I was raped, but there's more to it. We were spending the night at my boyfriend's best friend's house. We had a few drinks and smoked some pot, then went to bed. He said to take his bedroom, he'd use the couch or

the kids room cause they were at their mother's--they're separated. I woke up feeling someone pushing something hard between my legs, at first I thought it was my boyfriend, I was still half asleep, but something made me feel behind with my hand like this [reaches her arm over her head]. The hair was all wrong, and then he was on the wrong side of the bed.

Ther: Oh my god, what did you do?

Client: I jumped up out of bed and yelled, "What the hell are you doing?"

Ther: Then what happened?

Client: Well then Pete woke up and Bob just left the room. Pete wanted to know what was going on and I said that I wanted to go home.

Ther: Umm hum!

Client: When I got home, I had a bath and cried and then went to the hockey game.

Ther: The hockey game?

Client: Yeah, I know it seems kinda dumb, but I wanted to talk with my girlfriend, we all had tickets, and I knew she was going to be there. She works as a crisis counsellor.

Ther: Then what did you do?

Client: Well, she thought I should go to the hospital, so I did. A doctor examined me, and I talked to the police but I went down the next day to make my full statement.

Ther: I see. Of everyone you've talked to, who's

been the most helpful?

Client: Uhh, I guess my girlfriend. She's been great. My boyfriend's actually been a bit of a jerk. He wants me to go back to work, but I just can't face it right now.

Ther: No. What kind of work do you do?

Client: I'm a dancer.

Ther: Really? Here? What kind of dance?

Client: Exotic.

Ther: Okay. So why does your boyfriend want you back at work?

Client: It's the money. He says he's sick of paying for everything. But the worst is that I don't think he believes me.

Ther: Believes you?

Client: Yeah. Yeah, sometimes he tells me that he thinks I wanted that guy to stick his dick in me.

Ther: If he were to think about this as an assault rather than sex, do you think his attitude would be different?

Client: Yeah, totally!

Ther: Do you think he knows that rape is really an act of violence and has nothing to do with sex, except that some of the same body parts are involved?

Client: Umm, probably not.

Ther: Jenny, you seem pretty clear that what you experienced was an assault and not something truly sexual. Have I got that right?

Client: I think so.

Ther: May I ask you a few questions about the assault itself?

Client: Okay.

From these first few minutes, I learned that Jenny has been feeling sad and afraid and that she has been having trouble with her boyfriend. My questions aimed to gather information on Jenny's concerns, but I was also careful to ask about occasions of strength and personal resourcefulness. The inquiry into Jenny's courage was aimed at ensuring that Jenny stays aware of and connected to her personal knowledge of her strength and resilience. In brief, I was asking constructive questions, questions that encouraged Jenny to describe herself as a person with the resources to manage her particular situation.

What follows next are a series of questions I asked Jenny in this and subsequent sessions. These questions were intended to build on the distinction between sex and violence. In addition, other questions were intended to assist Jenny to counter descriptions that might characterize

her solely as a victim.

> Once you felt him behind you, were you seeking out his touch, eagerly cooperating with him, participating together, or did you feel more like something was being done to you?
>
> Why do you think he chose to sneak into your bed when you were asleep?
>
> And why did he attack you from behind?
>
> You said your boyfriend was covered over with the blankets. Do you think that would have made you less certain who it was behind you?
>
> Now that you think about the offer to stay in his bed while he went to the couch, does that seem like kindness or more like a ruse?
>
> What about his offer of alcohol and pot?
>
> How hard did he work at calming your suspicions?
>
> How did he trick you into letting your guard down?
>
> How did he get you to trust him?
>
> How long do you think he might have had to plan his attack in order to get around your defences?
>
> Do these tactics suggest he thought you would be an eager and willing partner or more likely to protest and fight back?
>
> In retrospect, at what point do you think he made up his mind to attack you?

> If you were to think about this as an assault rather than inappropriate or misplaced sexual activity, do you think your recovery would be slower or faster?
>
> How do you think you knew to reach around behind you, even half asleep, to check?
>
> What does that suggest about your intuition?
>
> Given all the strategies he used, given all the time he had to plan, given the alcohol and pot, given his supposed friendship with your boyfriend, how come he wasn't able to completely fool you?
>
> Now that it's over, he's been charged, you've testified and he's been found guilty. Clearly he underestimated your resourcefulness. What qualities and abilities do you think he failed to take into account or failed to notice about you as a person?

Conclusion

It is important to understand that asking a question is not a benign act, particularly within the therapeutic context. Paraphrasing Nobel physicist Isaac Isador Rabi, "There are questions which illuminate, and there are those that destroy. [We should] ask the first kind." Therapists who have cultivated an appreciation of the efficacy of questions understand that to question is to wield a powerful linguistic blade. The trick, if you will, is to ensure the blade is used to reveal strength and beauty rather than to carve away these same qualities, by asking questions of the "first kind". It is my hope that by understanding in detail how questions function interactionally, over the course of a

therapeutic conversation, we can forge questions of the first kind, questions that better assist our clients to identify their option-enhancing abilities and qualities, ones that I am calling constructive questions.

Questions recruit logic and imagination within that uniquely powerful combination of human creativity and reason. The elegantly finessed constructive question provides the person seeking therapy with the opportunity to enter into a unique and prophetic moment. It is our privilege and responsibility to craft our questions with much care.

I have heard that $E=MC^2$ was inspired, at least in part, by a question that positioned Einstein on the leading edge of a beam of light observing the wonders of the universe. What inspirational vistas, what heartening perspectives, what empowering knowledges, will you be inviting in your constructive questions today?

List of Transcripts

Berg and De Jong Interview 1

Excerpt 1 175

Excerpt 2 199

Berg Interview 1

Excerpt 1 79

Excerpt 2 183

Excerpt 3 184

Excerpt 4 189

Excerpt 5 192

Excerpt 6 193

Excerpt 7 213

Excerpt 8 213

Boscolo Interview 1

Excerpt 1 2

Excerpt 2 7

Excerpt 3 158

Excerpt 4 158

Excerpt 5 206

Excerpt 6 225

Boscolo Interview 2

Excerpt 1 59

Excerpt 2 63

Excerpt 3 64

Excerpt 4 66

Excerpt 5 187

Boy & Pine Interview 1

Excerpt 1 35

Excerpt 2 45

Excerpt 3 47

Excerpt 4 226

Byrne Interview 1

Excerpt 1 200

Excerpt 4 220

Davis Interview 1

Excerpt 1 31

Excerpt 2 33

Excerpt 3 34

Ellis Interview 1

Excerpt 1 4

Excerpt 2 227

Excerpt 3 232

Freedman & Combs Interview 1

Excerpt 1 90

Excerpt 2 208

Freedman & Combs Interview 2

Excerpt 1 202

Excerpt 2 204

Excerpt 4 205

Excerpt 5 207

Goldberg Interview 1

Excerpt 1 24

Grossen & Apotheloz Interview 1

Excerpt 1 35

Hak & de Boer Interview 1

Excerpt 1 37

Hak & de Boer Interview 2

Excerpt 1 38

Hak & de Boer Interview 3

Excerpt 1 39

Haley Interview 1

Excerpt 1 56

Excerpt 2 191

Heritage & Watson Interview 1

Excerpt 1 29

Jenkins Interview 1

Excerpt 1 101

Excerpt 2 197

Excerpt 3 197

Excerpt 4 210

Johnson and Greenberg Interview 1

Excerpt 1 240

Excerpt 2 242

Excerpt 3 244

Excerpt 4 245

Excerpt 5 246

Excerpt 6 247

Labov and Fanshel Interview 1

Excerpt 1 233

Excerpt 2 234

McGee Interview 1

Excerpt 1 190

McGee Interview 2

Excerpt 1 194

McGee Interview 3

Excerpt 1 262

Mishler Interview 1

Excerpt 1 41

Penn Interview 1

Excerpt 1 76

Rogers Interview 1

Excerpt 1 43

Excerpt 2 221

Excerpt 3 223

Excerpt 4 236

Excerpt 5 238

Excerpt 6 239

Silverstein Interview 1

Excerpt 1 159

Sluzki Interview 1

Excerpt 1 196

Socrates Interview 1

Excerpt 1 128

Excerpt 2 131

Strupp Interview 1

Excerpt 1 228

Excerpt 2 230

Excerpt 3 231

Weakland Interview 1

Excerpt 1 54

Excerpt 2 185

Weiner Interview 1

Excerpt 1 12

Excerpt 2 219

Wolpe Interview 1

Excerpt 1 16

Excerpt 2 221

Excerpt 3 224

Excerpt 4 231

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