Interventive Interviewing: Part 11. Reflexive Questioning as a Means to Enable Self-Healing*

Karl Tomm, M.D. +

Reflexive questioning is an aspect of interventive interviewing oriented toward enabling clients or families to generate new patterns of cognition and behavior on their own. The therapist adopts a facilitative posture and deliberately asks those kinds of questions that are liable to open up new possibilities for self-healing. The mechanism for the resultant therapeutic change in clients is postulated to be ref~exivity between levels of meaning within their own belief systems. By adopting this mode of enquiry and taking advantage of opportunities to ask a variety of re~exive questions, a therapist may be able to augment the clinical effectiveness of his or her interviews.

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INTRODUCTION

A MAJOR stimulus for the work summarized here came from an interesting experience in Rotterdam, Holland, in 1981.

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+ Family Therapy Program, Department of Psychiatry, University of Calgary, 3330 Hospital Drive, N.W., Calgary, Alberta, Canada T2N 4Nl.

I happened to be behind a one-way mirror observing a family therapy session being conducted by a trainee. The family consisted of middle-aged parents and eight children (latency to teen age). They were referred because the father had been unduly violent in disciplining the older boys. A series of circular question~ quickly revealed that there was a split in parenting functions, with the mother taking the warm nurturing role and the father the firm disciplinary role. Indeed, the children described their father as quite a tyrant. He was regarded as an uncaring person who was always angry and unreasonable in his parental demands. The nonverbal behavior of the children indicated a strong coalition with their sympathetic and supportive mother. As the session progressed, the father became increasingly tense and withdrawn.

Becoming somewhat concerned about the tension that had developed in the session, I interrupted the interview and suggested that the trainee ask each child: "If something were to happen to your mother so that she became seriously ill and had to be hospitalized for a long time, or perhaps even died, what would become of the relationship between your father and the rest of the children?" When the trainee resumed the interview and asked this question, the first child exclaimed: "Oh, he would get even worse! He would become more violent!"; the next responded: "But he might see another side of us because we would have to get him to help us with our schoolwork"; another remarked: "Yes, he would probably help us with the cooking and the cleaning too." By the time all the children had answered, the father was being talked about in warm, nurturant terms and, of course, he relaxed and began participating in

the discussion. The intent of the question had been achieved and the trainee moved on to explore other areas of the family's functioning.

Later, during the intersession discussion, the team elaborated a hypothesis about the interpersonal dynamics of the family. There was consensus that the father was heavily blamed and was relatively isolated in the family. This position left him vulnerable to excessive anger and punitiveness. His hostility, in turn, had the effect of bringing the mother and children together, triggering their collective blaming, and maintaining his isolation in a circular fashion. An end-of-session intervention was developed that focused on disrupting this pattern. It took the form of a paradoxical opinion positively connoting the father's uncaring, tyrannical behavior as helping the mother and children to get closer and support one another (for the time being) because he knew how much they would miss each other when the children left home. On hearing this opinion, the children immediately protested, saying that their father was *not* uncaring or tyrannical. They insisted that he was very affectionate and helpful! This response of the family was a surprise to the team, especially after the father had been described so negatively during the initial part of the session. On further reflection, however, it became apparent that while the team had remained preoccupied with the information elicited at the beginning of the interview, the children had altered their views of the father during the course of the session. In other words, the family's orientation toward the father had changed more than that of the team! In retrospect, there was, in fact, no need for the final intervention. 1

How had this change in the family come about? It seemed that the question addressed to the children about the effects of the hypothetical absence of the mother had been instrumental in interrupting the malignant process of blame and had enabled the children to "bring forth" (5) a construal of their father as a caring parent. This altered "reality" not only allowed the interview to proceed more smoothly, but it also had healing potential for family members in that it was then easier for them to explore new patterns of interaction. Thus, the question itself seemed to have functioned as a therapeutic intervention during the process of interviewing. But why was this particular question so therapeutic? How was its impact mediated in the family?

As I pondered these issues, I began looking for other questions that seemed to have similar therapeutic effects. To my delight, it was possible to identify a large number of them. Indeed, it seems that most clinicians use these kinds of questions from time to time, albeit in differing ways and with varying degrees of awareness. After discussing the nature of these questions with a number of colleagues and exploring various possible explanations, I decided to call them "reflexive." Giving these questions a name turned out to be very useful. Reflexive questions became more "tangible and real" to me. I subsequently began employing them more frequently in my practice. In time, I noticed that therapeutic interventions were being introduced in the form of reflexive questions in most of my sessions. The necessity of the formal endof-session intervention began to pale. Sometimes it seemed quite irrelevant, occasionally even contraindicated. What transpired moment to moment during the interview became more important. Although I often still use a carefully prepared final intervention, I now regard it as only one component of the treatment process and not as the essential therapeutic agent, as I once did.

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1 It was partly because of this incident that I fis8t came to the conclusion, as indicated in Part I (9) of these papers on Interventive Interviewing, that one could answer "yes" to the que8tion posed by the Milan team: "Can family therapy produce change 801ely through the negentropic effect of our pre8ent method of conducting the interview without the nece88ity of making a final intervention?" (8, p. 12).

A THEORETICAL RATIONALE

The term "reflexive" was borrowed from the "Coordinated Management of Meaning" (CMM), a theory of communication proposed by Pearce and Cronen (6). In CMM theory, reflexivity is regarded as an inherent feature of the relationships among meanings within the belief systems that guide communicative actions. A brief description of Cronen and Pearce's theory will help explain what they mean by reflexivity and why I chose this term to characterize these questions.

CMM theory regards human communication as a complex interactive process in which meanings are generated, maintained, and/or changed through the recursive interaction among human beings. That is, communication is not taken to be a simple lineal process of transmitting messages from an active sender to a passive receiver; rather, it is a circular, interactive process of co-creation by the participants involved. Pearce and Cronen originally set out to differentiate and describe the rules that organize this generative process. Two major categories of rules were delineated: regulative (or action) rules and constitutive (or meaning) rules. *Regulative rules* determine the degree to which specific behaviors ought to be enacted or avoided in certain situations. For instance, a regulative rule in a particular communication system might specify that "when one's integrity is challenged, it is *obligatory* to defend oneself." *Constitutive rules* have to do with the process of attributing meaning to a particular behavior, statement, event, interpersonal relationship, and so on. For instance, a constitutive rule might specify that "in the context of an argumentative episode, a compliment *constitutes* sarcasm or hostility rather than friendliness or respect." CMM theory proposes that a network of these regulative and constitutive rules guide the moment-to-moment action of persons in communication.

Of particular relevance to the notion of reflexive questioning is the organization of constitutive rules. Building on Bateson's (l) application of Russell's theory of logical types, Cronen and Pearce suggest that the communication systems in which human beings are immersed entail a hierarchy. They outline an idealized hierarchy of six levels of meaning rather than just two (report and command levels), as popularized by Watzlawick, Beavin, and Jackson (10) and the Mental Research Institute (MRI) group. These six levels include: content (of a statement), speech act (the utterance as a whole), episode (that is, the whole social encounter), interpersonal relationship, life script (of an individual), and cultural pattern. Following Bateson further, they postulate a *circular* relationship between the levels in the hierarchy (not a lineal one as originally implied by Russell and the early MRI group). For example, not only does the relationship (command level) exert an influence in determining the meaning of the content (report level), but the content of what is said also influences the meaning of the interpersonal relationship. The organizational relationships between any two levels of meaning—content and speech act, content and episode, relationship and life script, cultural pattern and episode, and so on—are circular or reflexive. The meaning at each level turns back reflexively to influence the other. Thus, the Cronen and Pearce hierarchy is not just a simple vertical organization, but a self-referential network.

Cronen and Pearce went on to describe the nature of this reflexive relationship among constitutive rules. At any one moment, the influence of one level of meaning on another, for instance, of item A at one level on item B at a lower level, may appear stronger than, vice versa, the influence of B on A. In this case, Pearce and Cronen would say that A exerts a downward "contextual force" within the hierarchy, with A determining the meaning of B. However, they point out that while the relationship between these levels may appear lineal and stable, with B responding passively to the dominance of A (as if in a vertical hierarchy), the relationship actually remains circular and active. That is, B always continues to exert an upward "implicative force" on A. The circular nature of the relationship becomes more

apparent as the implications of B for A become more noticeable. For instance, the implicative force of B may be potentiated when connections are made between aspects of B and certain meanings at levels higher than A. Furthermore, if the implicative force of B increases in significance, its influence will eventually *exceed* the contextual force of A. When this happens, the levels in the hierarchy suddenly become reversed. B then becomes the context, and what previously was B's upward "implicative force" now becomes B's downward "contextual force," which then redefines the meaning of A. Depending on the nature of B, such a reversal may result in a dramatic change in the meaning of A. This could produce a sudden change in communicative behaviors because a different constitutive rule now applies.

For example, suppose two individuals have an interpersonal relationship that they consider friendly. Each person would expect to have a friendly episode of interaction if they happened to meet. Thus, their initial actions would tend to be friendly and each would be oriented to interpret the other's actions as friendly. In other words, the meaning attributed to the relationship would provide the contextual force that determines the nature and meaning of the initial behaviors in the interactive episode. But let us suppose that during the episode they entered into a discussion and began to disagree about some issue. If the contextual force of friendliness continued to predominate, they would regard the articulation of the incompatibilities of their respective positions as helpful efforts to clarify and resolve their differences. Their discrepant points of view would, however, still have implications for their relationship; the friendship might become strained. However, if the incompatibilities widened and the disagreement evolved into an angry conflict (perhaps because an ethnic or lifescript issue at a higher level became implicated), the significance of the episode could outweigh the original friendliness of the relationship. If this occurs, a reversal takes place in the hierarchy and the episode of conflict then becomes the context for redefining the relationship. With this recontextualization, the contextual force of the conflictual episode could redefine the relationship as one of competitiveness or perhaps even as one of enmity. When this happens, even a conciliatory statement or an apology is liable to be viewed with suspicion because of the new context. Future episodes of interaction would then begin with different assumptions about the relationship and with different behaviors.

A reversal of this type may have been triggered by the question addressed to the Dutch family. By introducing the hypothetical scenario of the mother's absence (in the form of a reflexive question), the relationship between the children and father was isolated from the mother and the implications of the father's parenting in the family became more apparent. When the "implicative force" of the father's positive contributions as a parent became strong enough (perhaps partly because all eight children were asked the same question and each built on the answers of the others), a reversal took place between levels in the children's hierarchy of meanings so that their construal of their relationship with their father changed from an uncaring one to a caring one. Such a change is therapeutic and potentially healing because it places the father and children in a context that is much more favorable for working toward a mutually acceptable solution.

More recent work in CMM theory has explored two variations in this reflexive relationship between levels of meaning. Cronen, Johnson, and Lannamann (2) suggest that when the contextual and implicative influences become relatively equal, through the activation of inherent reflexivity, a "reflexive loop" is created. Two types of loops are described: strange loops and charmed loops. A *strange loop* denotes a reflexive process in which a reversal of levels results in a major change of meaning, that is, an opposite or a complementary constitutive rule is activated. A *charmed loop,* on the other hand, denotes a reflexive process in which a reversal results in the meanings remaining basically the same.

The change "from friends to enemies" described above, illustrates the effects of a reversal mediated by a strange reflexive loop. It would appear that a similar kind of reversal

occured in the Dutch family, "from uncaring to caring." In other words, the therapeutic effect of the question addressed to the children could have been mediated by a strange loop. In both of the examples cited, the change in meaning mediated by reflexive activity and recontextualization was followed by a dramatic change in behavior: the "friends" became hostile, while the children and father relinquished their pattern of escalating blame. In clinical terms, these changes could be referred to as second-order change (11).

The change associated with charmed reflexive loops is different. Because meanings remain basically the same (despite reflexive recontextualization), only firstorder change occurs in the ongoing behavior. For example, there is little difference in behavior if an amicable episode serves to redefine a friendly relationship as amicable. Similarly, not much changes when a hostile relationship is recontextualized by an episode of confrontation. The changes with charmed loops are not major or dramatic; they tend to be small and subtle. The activation of reflexivity mediated by charmed loops only results in patterns becoming somewhat more generalized or more deeply entrenched. However, the process of generalization and/or entrenchment is extremely important. A therapist can ask questions to facilitate an extension of healthy patterns that already exist in the family, or ask questions to stabilize new therapeutic developments that are still tenuous. In other words, some reflexive questions may realize their healing potential through charmed loops. For example, during the interview with the Dutch family, the trainee conceivably could have gone on to strengthen the change triggered by the initial reflexive question, by asking a further series of reflexive questions as follows: (to mother) "When they are at home, which of the children would be the most likely to see how much your husband does to help them?... Who would be second most likely to notice?... Who third most?"; (to children) "If your father was convinced that, deeper down, you recognized and appreciated the things he does for you, would it be easier or more diflficult for him to tolerate some of your mistakes? . . . When you think of your father as a caring parent, are you more, or less, inclined to do what he asks of you?"; (to father) "If you decided that as a father you wanted to convince Jan that you really cared for him, how would you go about it? . . . If you were to apologize afterwards, when you recognized that you had gone too far in your discipline, do you think he would respect you more as a caring parent, or less?... If your wife decided to try to help him see more of your positive contributions to the family, what might she do?" These questions might have enabled further consolidation of the "new reality" by orienting the family toward perceptions and actions that reflexively supported the new construal of the relationship between the father and the children.

Thus, from a theoretical point of view, the therapeutic effects of reflexive questions may be mediated by strange loops or by charmed loops. The questions themselves remain as probes, stimuli, or perturbations. They only trigger reflexive activity in the connectedness among meanings within the family's own belief systems. This explanation acknowledges the autonomy of the family with regard to what change actually occurs; that is, the specific effects of the questions are determined by the client or family, not by the therapist. Change occurs as a result of alterations in the organization and structure of the family's pre-existing system of meanings. Given this formulation, the basic mechanism of change is not insight, but reflexivity. The organizational alterations do not enter consciousness (even though family members subsequently may become aware of the effects or consequences of reflexive changes). It is on the basis of this possible change mechanism that these questions are referred to as reflexive.`2

By definition then, *reflexive questions are questions asked with the intent to facilitate self-healing in an individual or family by activating the reflexivity among meanings within pre-existing belief systems that enable family members to generate or generalize constructive patterns of cognition and behavior on their own.*

2 Although the choice of the adjective "reflesive" wa8 not ba8ed on grammatical usage, a8 with reflexive verb8 (where the 9ubject doe8 80mething to it8elf), the 8imilarity i8 compatible and apt.

It is important to note that the designation of certain questions as reflexive is based on the therapist's *intent* in asking them, that is, to facilitate the family's own selfhealing. The significance of intentionality in distinguishing reflexive questions from other kinds of questions, such as circular, lineal, or strategic ones, will be discussed in Part III. Sufflce it to say here that these questions are not defined on the basis of their semantic content or syntactic structure, but on the nature of the therapist's intentions in employing them. The process of asking them is referred to as reflexive questioning. It implies a carefully considered and deliberate use of language that entails a conceptual posture of strategizing that is facilitative rather than directive.

TYPES OF REFLEXIVE OUESTIONS

The variety of questions that could be employed reflexively is enormous. They can be as varied as the hypotheses a therapist can formulate about the problems of an individual client or family and the strategies he or she might consider useful in enabling family members to find alternatives in their problem-solving activities. In presenting the notion of reflexive questioning to colleagues, I have found it useful to provide examples of reflexive questions that seem to fall into natural groups: future-oriented questions, observer-perspective questions, unexpected contextchange questions, embedded-suggestion questions, normative-comparison questions, distinction-clarifying questions, questions introducing hypotheses, and process-interruption questions. Although the questions within these groups are linked by one or two basic concepts, there is considerable overlap among them. Their sequence and classification does not provide a recipe for the conduct of an interview. The specific examples are offered only to illustrate the kinds of questions that could be employed to utilize momentary opportunities for therapeutic intervention while respecting the autonomy of the family togenerate solutions on their own. To be appreciated fully as reflexive, each question would have to be placed in the context of a therapeutic scenario like that of the Dutch family and analyzed in terms of the reflexivity of CMM theory.

Future-Oriented Questions

This constitutes an extremely important group. Families with problems are sometimes so preoccupied with present difficulties or past injustices that, in effect, they live as if they "have no future." That is, they focus so little on the time ahead of them that they remain impoverished with respect to future alternatives and choices. By deliberately asking a long series of questions about the future, the therapist can trigger family members to create more of a future for themselves. Members of "present-bound" or "past-bound" families may not be able to answer these questions during the session. But this alone should not deter the therapist from asking them. Family members often "carry the questions home" and continue to work on them on their own. Future eventualities do, of course, have significant implications for present commitments and behavior. It is through these implications that future questions realize their reflexive effects. 3

One can delineate several subtypes of future-oriented questioning. The most straightforward and simple is *to cultivate family goals*: collective goals, personal goals, or goals for others. For example, one might ask an adolescent daughter who is underachieving at school: "What plans do you have for a career? ..... What else have you considered? .... How much formal education do you think you would need?... What kinds of work experience

would be useful in getting that sort of job? .... How will you go about getting it?"; (to parents)

3 U8ing a different theoretical frame, Penn (7) ha8 described the u8e of future que8tion8 a8 a "feedforward" technique.

"What accomplishments do you have in mind for your daughter?... What would be reasonable for the next year?... Are there any goals that you all agree on and see yourselves working toward together right now? ....How do you plan to help her reach these goals?" If the therapist thought it useful for family members *to operationalize vague goals*, he or she might ask: "How will you know when that goal has been achieved? . . . What would she have to do to show that she had completed it? . . . What specific behavior would be the most convincing to you?" In asking these questions reflexively, the therapist is less interested in the particular content of the answers than in the fact that family members entertain the questions and begin to experience the implications that the answers might have. Nevertheless, the answers do become a useful source of data for the therapist's ongoing hypothesizing and strategizing about what further questions to ask.

Further future-oriented questioning that follows naturally might be *to explore anticipated outcome*: "How much progress do you think she actually will make in the next month?... In six months?... Who would be the most surprised if she exceeded that objective?... Who is most liable to be disappointed if she fell short? .... How would this disappointment show?" If the therapist wanted *to highlight potential consequences* that might arise when certain patterns continued, she or he might ask: "If your husband continued to show his disappointment the way he does now, what do you expect would happen to their relationship?... What about in 5 years from now? . .. What kind of fatherdaughter relationship would have resulted by then?" *To explore catastrophic expectations* is a way to facilitate the exposure of covert issues so that they can be dealt with more overtly. For instance, one might ask overprotective parents: "What are you worried might happen when your daughterstays out go late?... What is the worst thing that comes to mind?"; (to daughter) "What do you imagine your parents are most afraid of? . . . What terrible things do they expect might happen that keeps them awake at night?" When family members are reticent to be open, these questions can be followed by others *to explore hypothetical possibilities*: (to daughter) "Do you imagine that your parents might be worried about your getting into drugs or alcohol? . . . Are they afraid that you might get pregnant?... Are they even too afraid to mention this fear because they think it might offend you?"; (to parents) "If you did raise these worries with her, do you think she would take it as a lack of trust? . . . As an intrusion into her privacy? . . . Or as an indication of your caring as a parent?" Additional questions could be used *to suggest future construal and/or action*: (to parents) "If you decided that you really cannot control her sexual behavior, felt that she needed to know more about the risks of pregnancy, and suggested she see the family doctor about birth control pills, would she take this as permission for sexual promiscuity or as an indication of your support for her to take more responsibility for her own life and behavior?... If she became indignant, or even furious, when some guy got fresh and tried to take advantage of her, would you be surprised?; (to daughter) Would your parents support you if you raised assault charges against him?"

Future-oriented questions that *introduce hypothetical possibilities* allow the therapist to share his or her own ideas in a process of co-creating a future together with the family. They can be used to stimulate families to entertain possibilities that they may never have considered on their own, yet are compatible with their preexisting values and beliefs: (to parents) "Can you imagine that her heavy commitment to being with her friends and, in so doing, developing excellent social skills, could result in a successful career in the field of promotions? . . . With her talent for talking, how do you think she would do in sales?... How do you think she would score on 'human relations' in an aptitude test? . . . Is that kind of testing available at

school? . . . Where could you get it?" What is so enticing about hypothetical future questions is that they offer unlimited opportunities for a therapist's creative imagination. The question format can even be used *to introduce stories and to pose dilemmas*: (to daughter) "Let us imagine your sister meets a young man that she likes a lot, and he cares enough about her to try to get her to stop drinking, do you think she would be more willing to listen to his advice than that of your parents? . . . What do you think your parents might do if they did discover that he had more influence on her than they? . . . Would they still refuse to let her go out, or would they encourage her to spend time with such a friend?" Future questions can also be employed *to instill hope and to trigger optimism*: (to parents) "When [not if] she does find a way to take better care of herself, who will be the first to notice?... In what way will your relief or gratitude show? . . . How will it improve your relationship?... Who would be the first to suggest the change be celebrated?"

Observer-Perspective Questions

This group of questions is based on the assumption that becoming an observer of a phenomenon or a pattern is a necessary first step toward being able to act in relation to it. For instance, it is impossible to empathize with another person when one is unable to make some observations of the experiential conditions of the other. In addition, when family members do not recognize how they are inadvertently hurting each other and themselves in the process, they cannot apply their good will to correct their own behavior. Observer-perspective questions are oriented toward enhancing the ability of family members to distinguish behaviors, events, or patterns that they have not yet distinguished, or to see the significance of certain behaviors and events by recognizing their role as links or connections in ongoing interaction patterns. Asking a series of these questions often helps family members to "open their eyes" and develop a new awareness of their situation. It is, of course, possible to make direct statements and point out certain circumstances to family members, instead of trying to achieve this indirectly by asking questions. This may be much more efficient and more desirable on some occasions. However, there are advantages to creating a context in which they can generate the new distinctions for themselves. First, family members are stimulated to develop better observational skills when asked to reflect on their own behavior and interaction patterns. Second, when they actually draw new distinctions on their own, they experience the heuristic observational resources in themselves and other family members and develop greater confidence in their own healing potential. Consequently, they develop less dependency on the therapist and on therapy.

Observer-perspective questions may be categorized according to the person being asked to comment and the person(s) or relationship(s) being asked about. For instance, questions addressed to an individual may be used *to enhance self-awareness*, that is, to become a better observer of oneself: "Just how did you react? . . . How did you interpret the situation that triggered those feelings?... When you responded the way you did, how did you feel about your reaction?... What else could you have done? . . . If you had the chance, what would you do differently?" Questions about another's experiences may *encourage "other" awareness*: "What did he think about it? . . . What do you imagine he experiences when he gets into a situation like that?... When he thinks that way, how does he feel?" These are sometimes referred to as mind-reading questions. They may be elaborated further *to explore interpersonal perception*: "What does he think that you think is going on when he threatens suicide? . . . If he got the impression that you thought he was not really that upset and was just trying to get attention, do you think he would feel less suicidal or even more?" Questions asked *to explore interpersonal interaction* focus on behavior patterns and may include or exclude the person

being addressed. They are extremely useful in drawing attention to the recursiveness of behavior patterns in dyadic, triadic, or more complex relationships. For instance, to help a married couple to see the circular nature of their interaction one might ask the wife: "What do you do when he gets depressed and withdraws? ... And when you get frustrated and angry, what does he do?"; and then the husband: "What do you do when she gets frustrated and angry?... And, when you get depressed and withdraw, what does she do?" It is easier for a couple to interrupt such a pattern when they can see the circular patterning of it than when they are limited to seeing only their own lineal reactiveness. In systemic therapy, "triadic questioning" refers the use of a series of questions that are addressed to third parties about interactions between two (or more) other persons. In other words, triadic questions explore interpersonal behavior patterns that do not include the person being addressed, thus enabling that person to become a more neutral observer: "When your father gets into an argument with your sister, what does your mother usually do? ... Does she get involved or stay out of it?... When she gets involved, does she usually take his side or hers? . . . When she takes your sister's side, what does your father do? . . . Does he feel betrayed by her or does he appreciate her involvement to help him realize he has gone too far?" These kinds of questions are often used for assessment purposes, but they may also be used reflexively.

One advantage of seeing family members together in family therapy, rather than alone in individual therapy, is that the process of asking questions of one family member in the presence of others always places the others in the position of being observers. These "passive" observers obtain a great deal of information. Not only do they see and hear the overt responses of the person being addressed and see the nonverbal responses of others, they also obtain information from their own private responses to the questions, from "the differences" between their private responses and the addressee's actual responses, and from "the differences" between how the addressee did respond compared to what the observers may have anticipated. These phenomena are always taking place in marital and family therapy, but they may be used deliberately (through the use of observer-perspective questions) to help family members to see or hear certain things. To do so effectively, the therapist must become sufficiently coupled with family members to see what they are seeing and are not seeing, and hear what they are hearing and are not hearing. In other words, therapists should strive to observe their clients' observing, and listen to their clients' listening, as they strategize about precisely what questions to ask.

It is interesting to note that individuals do not necessarily have to become conscious of an observation for it to have an effect on their behavior. The phenomena and the connections implied in the therapist's questions or in the family's answers may be recognized nonconsciously and still trigger a change in patterns of thought and action. On the other hand, explicit awareness of an object or process is necessary for family members to act on it with conscious intent. Thus, observer-perspective questions may operate at two levels of complexity with respect to the observer / listener.

Unexpected Context-Change Questions

Every quality, meaning, or context may be regarded as a distinction that is made in contrast to some other distinction, that is, to an opposite or a complementary quality, meaning, or context. Yet, the act of drawing a particular distinction often masks its complement or opposite. It is easy to forget that "the bad" exists only in relation to "the good" and that sadness and despair exist only in contrast to happiness and hopefulness. Questions to trigger an unexpected change in context focus on bringing forth that which has been masked or lost. Family members often get themselves locked into seeing certain events from one perspective, and their behavioral options are constrained accordingly. They may need help to see the

reciprocal view in order to open up new possibilities for themselves. A few well-placed questions can sometimes do this, that is, pry them free of a limiting cognitive set and enable them to entertain other perspectives.

One subtype of unexpected contextchange questioning is to explore opposite content. For instance, a couple came in complaining about the wife's depression. They explained how they had endured a long series of serious physical illnesses in various members of the nuclear and extended families over the past few years. The wife had been deeply involved with problems posed by these illnesses, and she continued to be heavily preoccupied with them. Her despondency was easy to understand. A reflexive enquiry along the following lines triggered a transformation: "When was the last occasion that the two of you had a good time together? . . . What do you do these days that you find enjoyable?... What kinds of events do you usually celebrate? . . . What about together as a whole family? . . . What kinds of things are you most grateful for?" The wife suddenly realized that they were all still alive, they had a good income, a comfortable home, and so on. At the next session the couple cheerfully announced that they had decided to terminate therapy and were taking a holiday "for the first time in years."

An intermittent question or two that introduces the opposite or complementary side of an issue can enhance the interest of family members in the proceedings as well as loosen fixed patterns of perception and thought. For instance, in the context of complaints about incessant arguing and fighting (which are taken for granted as unwanted), one could *explore an opposite context*: "Who in the family enjoys the fighting the most?... Who would experience the greatest emptiness and loss if it all suddenly stopped?"; or *explore opposite meaning*: "Who would be the first to recognize that father gets angry because he cares too much rather than too little?" Similar kinds of questions may be formulated *to explore a need to conserve the status quo*: "Let us assume that there was an important reason for you to continue in this uncomfortable pattern, what could it be?... What is happening in your family that needs this kind of behavior? . . What other more serious problem may this difficulty be solving or preventing?" The latter line of enquiry is, in fact, a method of triggering the family to generate their own positive connotation of problematic patterns.

These questions also can be used *to introduce paradoxical confusion*: "How good are you at stealing? . . . How come you get caught so easily? . . . Can you not steal any better than that?" The implications of such questions stir up a paradox: stealing is good, yet it is bad; getting caught is bad, yet it is good. With care, these questions can even be used *to join feared impulses* transiently: "Why is it that you have not killed yourself already?... Which ideas and thoughts need to die?... Are there some patterns of behavior that do, in fact, need to be destroyed and buried?" When addressed to a client who has become entrapped in a struggle against suicidal thoughts, these questions may be experienced as liberating, and facilitate a fresh re-evaluation of the situation.

Embedded-Suggestion Questions

These questions are helpful when family members need to be nudged along with a little more specificity. In each question, the therapist includes some specific content that points in a direction he or she considers potentially fruitful. However, when the therapist begins to push a client too hard, for instance, to see problems or solutions the same way he or she does, these questions become strategic (see Part III). This may not necessarily be problematic for the therapy but it sometimes leads to quasilecturing. The temptation to "drive home" the therapist's "truth" can be minimized if, immediately after having asked the question, the therapist moves quickly back to a posture of neutrality and accepts the family's responses,

whatever they might be.

A wide variety of suggestions may be embedded in a question. For example, one may *embed a reframe*: "If, instead of your thinking that he was being willfully stubborn, you thought that he was just confused, so confused he did not even know he was confused, and that he simply did not understand what you wanted of him much of the time, how do you imagine you might treat him?"; *embed an alternative action*: "If, instead of withdrawing or leaving when she got upset, you simply sat with her or perhaps even put your arm around her shoulder, what would she do?... If you persisted for a few minutes in a quiet and gentle manner despite a half-hearted rejection, would she be more likely to accept your caring initiative as genuine?"; *embed volition*: (regarding an anorectic) "When did she decide to lose her appetite?... When she decides to stop eating, what is it that she is on strike about?"; *embed an apology*: "If, instead of not saying anything and avoiding her, you admitted you made a mistake and apologized, what do you think might happen?"; *embed forgiveness*: "When the time came that she was ready to forgive you, would she do so silently or would she be explicit about it? . . . To what extent would you be able to forgive yourself?"

Any question may be analyzed on a posthoc basis as containing one or more embedded suggestions. However, to be considered a reflexive question, the embedding would not have occurred inadvertently but, rather, deliberately as a part of the therapist's therapeutic intent.

Normative-Comparison Questions

Individuals and families with problems tend to experience themselves as deviant or abnormal. They inevitably develop a longing to become more normal. A therapist may take advantage of this desire and help family members orient themselves toward healthier patterns by asking them to make relevant comparisons. For instance, if conflict is typically suppressed in a family, one might ask questions *to draw a contrast with a social norm*: "Do you think that you are more open about your disagreements than most families, or less?... Do you know some healthy families that are able to express their frustration and anger openly? . . . Can you imagine that they actually find it useful to express their frustration in order to clarify important underlying issues?" Questions also could be used *to raise a contrast with a developmental norm*: "In most families at this stage in life, boys are closer to their fathers. What is keeping Juan so close to his mother?"; or *to contrast a cultural norm*: "If you were an English-American family, do you think there would be less involvement between your wife and son?" The latter would, of course, only be appropriate if the family were of a different ethnic origin and were interested in becoming more acculturated. By drawing attention to specific ways in which the family deviates from a norm, the therapist helps connect relevant lowerlevel meanings to higher-level cultural patterns, thus triggering changes in the reflexive organization of the family's own belief systems.

The implications of normality may be employed in another manner. Rather than focus on differences, the therapist could highlight similarities. This would be indicated if the therapist felt that the perceived deviation from normal was generating progressive isolation and alienation. To emphasize differences in such a situation could risk further alienation and actually interfere with the family's ability to draw on "normal" social solutions. Thus, instead of drawing a contrast with normality, one could work on helping family members redefine themselves as normal. For instance, some questions could be oriented toward *social normalizatio*n: "All families have problems dealing with anger. When did you first realize that you had the same difficulty?"; toward developmental normalization: "Since most families eventually have to struggle with the problem of children leaving home, who do you know of that would understand your situation most readily because they had just been through it? . . .

Which parent do you imagine typically has the most difficulty?"; or toward *cultural normalization*: "If your mother found out that most American mothers have a terrible time when the last child leaves home, would she be surprised?"

It is useful for therapists to think in terms of generating a process of *inclusive normalization* when formulating questions to facilitate a sense of belonging for an alienated individual. For example, when someone is suicidal, one might ask another family member: "Do you imagine she feels isolated and disconnected from everyonewhen she feels suicidal? . . . Would she be surprised to find out that most people have suicidal thoughts at some time during their lives? . . . Say one of her friends confided in her and admitted that she also had suicidal feelings, would she believe her? . . . Say she found out that an acquaintance actually did attempt suicide once, do you think she would be shocked? . . . If she realized how common these issues were, would she more likely be able to talk about them?... Would you be surprised if some day she mustered up the courage to ask someone else how he or she got through a similar difficult time?... What do you imagine helps most people find solutions other than suicide?" By addressing these questions to another person in the presence of the suicidal individual, the latter is given more space to entertain the questions and their implications. This is desirable when the social expectations for an explicit response from an isolated individual might inadvertently generate further alienation.

If the alienated individual is a child, it is useful to orient the inclusiveness to the family: "Say everybody in the family stole something at some time in their lives, who do you imagine may have stolen the most?. .. The second most? ... And then who? . . . Some people are so good at lying and stealing that no one ever knows. Who in the family do you imagine might have been the best at it?... Second best?... Who had the most difficulty stopping? . . . Second most?" A series of questions like these could enable a child, who has become isolated, defensive, or defiant because of judgmental family reactions toward lying and stealing, to become reconnected as a "normal" member so that corrective efforts are more likely to be heard, accepted, and heeded.

Distinction-Clarifying Questions

Introducing or clarifying a key distinction can have major implications in any system of beliefs. These implications may be quite therapeutic, especially when there is considerable confusion surrounding the issues related to the problem. For instance, when family members' causal attributions are not clear, the chances of being consistent or coordinated in problem-solving efforts is unlikely. A therapist could ask a series of questions with the intention of helping *to clarify causal attributions* that are already held by family members but that are inconsistent or unclear. When such confusion is covert or pervasive, it is often useful to ask the same question of several family members and to approach the same issue from different points of view in order to give family members ample opportunity to entertain the ramifications of the distinctions. In a recent case that was referred because an adolescent girl was apprehended during a major theft after recurrent stealing episodes, the same basic question was addressed to each family member about every other member's views and finally about their own: "Do you think that your father (your mother, your brother, your sister, or you yourself) sees stealing as more 'socially bad,' more 'psychologically sick,' or more 'sinful'?" This series of questions helped clarify underlying assumptions about the nature of the problem and inconsistencies in their corrective efforts. One unexpected consequence was the father's initiative (after the session) to mobilize some helpful religious resources. Another was the daughter's clear recognition of the legal risks involved, which she then used successfully to curtail the temptations she often faced. Similar questions may be used to clarify family members' assumptions about the degree to which various biological, psychological, or social

factors are operating in the maintenance of a variety of problematic behaviors. Different assumptions do, of course, have different implications for problem solving.

A variety of questions may be used *to clarify categories*: "When she is crying, is it because she is whining to get her way or is she weeping out of emotional pain? . . . Do you think your father has even more difficulty telling the difference between whining and weeping,"; *to clarify sequences*: "Did you take the pills [regarding an overdose] before or after the discussion about leaving home?"; and *to clarify dilemmas*: "What is really most important for you, being highly successful in your career or having a rich family life?... If it were impossible to have both, in which would you prefer to invest your limited time and energy? ... Who would be the first to recognize that in an effort to avoid facing this dilemma you might, indeed, be sacrificing both?" Clarifying questions may operate either by *separating* components of a pattern and thereby decomposing vagueness or by connecting elements into a pattern thereby creating new units of distinction. The latter can sometimes be achieved with questions that deliberately *introduce a metaphor*: "Is he getting to be more and more like a porcupine, the closer you get the sharper and more prickly he becomes?... Or is he getting more like a watermelon seed, the harder you press him, the further he flies away?", or *introduce hypotheses*, a major group that will be discussed below.

A therapist's attention to the distinctions made by family members may be useful in another way. When families have been stuck in problematic patterns for a long time, it is reasonable to assume that some family members are probably holding some crucial distinctions with too much clarity or too much certainty. This would, of course, constrain their ability to entertain alternative distinctions. The therapist may be able to assist the family in opening up new domains by identifying the crucial underlying presuppositions and ask questions *to invite uncertainty*: "How long have you had these ideas?... When did you first begin to think that way? . . . If you did happen to be mistaken, how could you find out?... How long would it take for you to see that the situation may not, in fact, be as it appears to be? . . . If you were blind to what kept these things happening, who would be the first to see your blindness? . . . Is there anyone who would bother to try to convince you that your views were mistaken?... Would you ever actually invite someone else to help you see what you cannot see? . . . Whom do you respect enough that you could believe, if they had ideas different than yours?" To be reflexive, the tone with which these questions are asked would have to be neutral and the posture of the therapist one of acceptance. Otherwise, they could constitute a strategic confrontation.

Questions Introducing Hypotheses

Clinical hypotheses are tentative explanations that serve to orient and organize the therapeutic behavior of therapists. It is reasonable to assume that they also could serve to orient and organize the selfhealing behavior of family members. If there is no good reason to withhold the therapist's working hypothesis, he or she may enrich the family's ability to find new solutions on their own by introducing heuristic hypotheses in the form of questions. The question format tends to convey the tentativeness that is important in systemic hypothesizing, compared to a direct statement or explanation that implies more certainty. If the hypothesis is coherent and fits the experiences of family members, immediate and dramatic changes may take place. If not, the family often provides highly relevant information for the therapist to revise or elaborate the hypothesis. To have an impact, the hypothesis need not be comprehensive or complete. Partial hypotheses can be very useful. Indeed, the therapist and family can begin to function almost like a clinical team to co-create a more systemic understanding of the situation.

The subtypes of this group may be extensive. Only a few examples will beincluded here to illustrate how some aspects of clinical hypotheses can be introduced. Questions may be asked *to reveal recursiveness*: "When you get angry and she withdraws, and when she withdraws and you get angry, what do the children do?"; *to reveal defense mechanisms*: "When he can't tolerate his own shame and guilt, but gets angry at you instead, what do you imagine might make it easier for him to acknowledge and accept the pain?"; *to reveal problematic responses*: "If he does get angry to cover up his vulnerability and you just can't reach out to connect with his underlying sadness, does he see you as punishing and vindictive, or does he see you as simply protecting yourself, or, perhaps, even as paralyzed by your fear?"; *to reveal basic needs*: "In order to grow and mature naturally, what kind of protection and nurturing does she need the most? . . . Mainly some physical and emotional space to exist and express herself? . . . Being provided with comfort and support? . . . Being given guidance and direction?"; and *to reveal alternative motives*: "In looking for a mate during courtship, what do you think your wife was looking for most? Was she looking more for a companion for herself, for a father for her children, for someone to support her and the children economically, for a sexual partner, or what?" Questions may also be formulated paradoxically *to reveal dangers of change*: "If he were forced to acknowledge his own contributions to your depression, even to himself, do you think he could handle it? . . . Or do you imagine him finding himself overwhelmed with guilt and becoming suicidal?" A fully elaborated systemic hypothesis may be too complex to be incorporated into a question and may be more appropriate in the form of a statement. Needless to say, no therapist should feel constrained to ask only questions.

Therapists and teams often formulate hypotheses about the treatment process as well as about the family. Hence, questions may be asked in order *to reveal hypotheses about the therapeutic system*: "If I began to relate to you more like a family member rather than like a professional, how would this become apparent? . .. Who among us would be the first to notice? . . . If I began siding with him again but did not realize it, would you point it out to me?"; or *to expose a therapeutic impasse*: "Say it was impossible for me to be of any real help to you because my input automatically disqualified your sense of self-sufficiency, what would you do?... If I decided that only you could decide whether continuing therapy would be useful for you or not, could you accept that?"

Process-lnterruption Questions

There is an interesting group of questions that may be used to remark upon the immediate process of an interview. For instance, if a conflictual couple began to argue during the course of the session and the interaction appeared to be unfruitful and destructive, the therapist might address the children with questions *to expose the current process*: "When your parents are at home, do they argue as much as they do here?... Or is it even more intense?... Who among you is the most likely to try to intervene? . . . To try to keep clear?" As the couple begin to follow the conversation about them, which the therapist has initiated with the children, their arguing is interrupted and they are triggered into assuming an observer perspective that helps curtail the process. This is certainly a more elegant way to deal with this common problem in therapy than by asking or demanding that the couple stop their fighting. The couple stop themselves reflexively.

The focus for these questions may also be *to reflect on the therapeutic relationship*: "Do you think I may have offended your father by the way I have been asking these questions?... Could it be that I've been getting caught up in seeing mainly your mother's side of things?" Sometimes the therapist may wish to use a question to make an *indirect therapeutic-process comment*. For example, if parents are giving the children cues (nonconsciously) to avoid the disclosure of sensitive information, a therapist might choose to ask: "I know you

would never do this, but say you went to the neighbors and told them everything that was going on at home, who would be the most upset?" Such a question helps reveal the source of the constraint and may trigger the parent to give the child explicit permission to speak up because therapy is a different context. Nevertheless, unexpected disclosures during an interview may place family members at risk for retaliation after the session. In this case the therapist could ask questions t*o minimize remote reactions*: "Do you think she might be frightened that you will be furious with her after you leave the session, because of what she said?... If she was, would she admit it?... Even to herself?... Or does she think that you recognize the need for her to get her complaints out, so they can be talked about even though they are upsetting?" Finally, a series of questions may be asked *to facilitate readiness for termination*: "Do you ever wonder if continuing therapy might actually interfere with your ability to learn how to find solutions on your own?... If therapy did stop, who would be the most upset?... Who would be the most relieved? . . . Do you ever hear yourselves asking the kinds of questions we discuss here?"

CONCLUDING COMMENTS

This sampling of reflexive questions is not intended to be comprehensive or complete. Rather, it is intended to illustrate the variety of questions that could be used in this manner and to provide sufficient examples to enable their distinctive character to emerge. Seasoned clinicians will recognize many of these questions as familiar. Indeed, they probably have used some of them for years, possibly in a similar manner, perhaps in a different one. However, it is not the specific questions themselves to which I am trying to draw attention. It is the realization that they can be carefully differentiated and intentionally employed to facilitate a family's self-healing capacity. If this realization becomes part of a therapist's ongoing process of strategizing about what questions to ask during an interview, his or her therapeutic impact may be enhanced substantially.

As noted in Part I (9), several other authors have examined the process of conducting a systemic interview. Some of them also have explored the use of questions as therapeutic interventions. For instance, Lipchik and de Shazer (4) describe "the purposeful interview" and delineate a group of "constructive questions." Fleuridas, Nelson, and Rosenthal (3) include "interventive questions" in their listing of circular questions. White (12) describes "cybernetic questions" and "complementary questions." In some respects, all of these are similar to the reflexive questions described here, especially those of White. There are, however, some differences. Reflexive questioning focuses more heavily on an explicit recognition of the autonomy of the family in determining the outcome. This has an important effect on both the therapist's choice of question and his or her manner of asking. These issues will be explored further in Part III.

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