

From Therapy Towards Conversations Led by Clients (CoLeC)*: The Questioning for Useful Questions (QUQu)

Plamen Panayotov, Boyan Strahilov

* Term suggested by Dr Alasdair Macdonald

Keywords: solution, therapy, counseling, language, conversation, question, client, change

'Each patient carries his own doctor inside him.

They come to us not knowing that truth.

*We are at our best when we give
the doctor who resides within each patient*

a chance to go to work.'

Dr. Albert Schweitzer

Introduction

If we take a closer look at therapeutic conversations, we shall notice that therapy is a kind of socially constructed language game very similar to somatic medicine. Going to a doctor, patients expect many and seemingly different activities from him, all aimed at discovering the nature of their problem, which opens the road to effective interventions. Most of these activities, however, are in fact improvisations of one and the same deed: asking questions. The conversation usually starts with taking an anamnesis by asking broader and more specific questions to patients and their relatives. The physical examination that follows can be seen as asking questions to the patient's body: what is seen by observing? what is heard from auscultation? from percussion? what is felt from palpating? Then doctors usually proceed with questions to laboratory and instrumental findings – what is high or low in the patient's blood and urine? what is seen on x-ray graphs, CAT scans, and MRI images? Finally, after having asked enough questions, the doctor analyses the results (all the answers) to come to a conclusion.

So, when Dr. Schweitzer invites us to '*give the doctor who resides within each patient a chance to go to work*' this maybe means to give each patient the chance to ask all the necessary questions?

The purpose of this paper is to present to the reader and lend for discussion a set of novel tools for leading professional conversation (till now usually called therapeutic/counseling/etc) in a way that is not only useful in finding solutions to the client's presenting problem, but also engages them as actively as possible in the process, and allows clients effectively deal with other difficulties in the future.

On the late night of 24 August 1994 Insoo Kim Berg and Steve de Shazer were interviewed by me (Plamen Panayotov) on behalf of a group of trainees, attending the last extensive training at the Brief Family Therapy Centre in Milwaukee. Near the end of it Steve said something that has become a motto in my life ever since: *'... you always need to be constantly aware of things that accidentally happen to you. And to take advantage of whatever accidentally happens... The Miracle Question is an example – a client said something about 'it would take a miracle', Insoo heard that word 'miracle'... these sorts of accidents. If we hadn't been prepared to look for accidents like this, we would have never learned to use the Miracle Question; it would have faded away... So, you have to be always aware of accidents, as you are walking your half steps at a time, and take advantage of them. Then the accidents may turn you away from what you think is your final goal, but end up at another goal that is just as good... or better.'*

(Steve de Shazer, personal communication, 1994)

The Vomiting Girl Accident, or

The Father and Daughter Who Had Their Own Questions and Answers

One Saturday morning, a father brought for consultation his 7-year-old daughter complaining of her vomiting everyday for the last week during the second school lesson.

When the therapist (Plamen) tried to orient the conversation towards possible exceptions from the problem, girl's strengths, etc., the father became very upset and refused answering his questions.

He declared he has some kind of 'analytical approach', so he refused to talk about anything else but "the cause for her condition, as we can only handle the situation if we know why this happens".

At his point in the session the therapist had no idea what to do, so he decided to follow the client, and asked the usually avoided in SFBT 'why' question:

- Okay, what do you think is the cause of this problem?

- I think that her teacher in writing is to blame. My daughter has never been physically punished, and this teacher hit her on the head with her massive golden ring when she was not doing some task, so the child reacts to this aggression by vomiting, i.e. refusing to accept such a crude attitude. Maybe we need to change the school she goes to.

- Okay, and what does the teacher think about this?

- Well, she says my wife gives the child too many antibiotics on necessary and unnecessary occasions, so she vomits as a side reaction to the drugs...

- And what does your wife say?

- She is sure my parents are to blame, as we were out of town for a couple of weeks, they looked after the child at that time, and the problem started right after we came back...

- And what do your parents say?

- They think my wife is feeding the child with unsuitable for her age and inappropriate food, and her stomach doesn't accept it.

The therapist asked the girl:

- Your father thinks it is important to know the cause of this, do you have any idea about it?

The father looked shocked by the idea that the little girl might have something to say on the issue, so quite intrigued he also asked:

- Yes, what do you think?

The girl thought for some time, and replied:

- Well, I think the first time it happened by chance...

- By chance?! - the father said - And what about the other times after ?

- Maybe it became a habit of mine.

- So, what are we going to do about it? – the father asked.

- Well, if my mother doesn't give me breakfast for a week, I shall have nothing to vomit, so the habit will go away.

The therapist said to the father:

- I promise to you that absolutely nothing bad will happen to your daughter if she has no breakfast for a week, eating all her other daily meals. Do you think your wife will agree to this?

- Yes, if you say so – the father replied.

- Okay, I say so.

After this session they never showed up again.

The therapist happened to meet the father in the street a couple of months later, and he said they didn't call again, as 'after three no-breakfast days', on Thursday the girl wanted to have her morning meal again. The problem was all gone.

Case-Discussion

This was not only a single-session therapy that lasted less than 10 minutes, but most of it was dedicated to the ‘bad’ question ‘why’, and none of the SFBT tools was ever used. As we, therapists, tend to see our client as people who come to us with their problems, we can easily overlook the obvious: these clients came also with their own questions, as well as their own answers. In fact this is what made this therapeutic encounter so brief and so useful for them.

This is the step this accident led to: From THERAPY (a conversation with people with their problems/complaints/symptoms/etc.) towards CONVERSATIONS LED BY CLIENTS (talking to people with their questions and answers).

So, if we choose to see the people we meet as clients with problems/complaints/symptoms/etc. in search of solutions/cures/coping strategies/etc., we consequently do THERAPY with them. If we choose, however, to approach them as people with questions, searching for collaborated answers to these, we have just CONVERSATIONS with them, and as these conversations are designed to meet their questions, it becomes obvious that they are clients-led.

The opening move in any professional-client encounter can be:

- What problem(s) bring(s) you here today? The implication is we shall do therapy.
- What brings you here today? This implies the client is free to construct himself as s/he wishes.
- What question(s) bring(s) you here today? implies they are just like us – people with questions! From witnesses to their weaknesses, we become witnesses to their strengths – their own abilities to use their own language as best as they can! As we suggest that THEY ARE CAPABLE of constructing the conversation at hand better than us.

In this way the people we meet are re-constructed from people with problems who are unable to find solutions themselves to clients for our collaboratively worked out answers to their questions.

Discovering the obvious

Most therapy/counseling/coaching/etc. is in fact initiated by someone who has decided to call us and usually asks ‘When can I (you) see you (me)?’ Quite often this person also suggests the time s/he finds convenient: ‘Can I/we come on Wednesday at 10.30?’

This obvious (and consequently usually neglected and unseen) fact means that the first question, as well as the first answer, are provided by clients themselves! So, we can just follow the process by letting them state the second, and all the following questions and answers, can’t we?! Simple as that.

Methods: Some QUQu Tools

The Questioning for Useful Questions (formerly called incorrectly Simple Therapy) is a way of organizing conversations by involving clients as much as possible in the process.

Some of its tools are:

The Mind-Activating Question (MAQ) is one of the first and most often used ST tools. Currently the Opening variant is stated in forms like *'You know, my job is to ask questions, and they have to be as useful as possible, in this case for you... (almost all clients agree verbally and/or non-verbally)... so, what do you think is the most useful question you can hear from me now?'*

As a Closing Question at the end of a session/therapy it looks like *'Please think about what will be the most useful question for you the next time you come here (the next time you face a similar difficulty)?'*

The MAQ seemingly provides clients with the possibility to state any question they wish, similar to the 'free associations' in analytic conversations. In fact, however, by asking a client to *THINK OF THE MOST USEFUL* question she can come up with, the therapist sets a very rigid (Zen-like) frame for her, and she has to use her creativity to carry out this task (to 'solve the koan').

The Time-Orientation Questions (TOQ). Another way of empowering clients within their sessions and letting them choose the current direction of the conversation is by asking them *'What do you think is most useful for you to talk about now – your past, your future, or how things are for you right now?'* or *'Would you like me to ask you about your future, about your past, or about the present now?'*

When a client chooses the past, for example, the therapist may clarify *'What about your past is most useful to talk about now?'*, or he may ask in response Exceptions-Finding and Coping Questions; when the future is chosen by the client, *'What is most useful about your future to ask you about?'* may follow, or questions about Miracles, best hopes, and goals may fit; and when a client choose the present, again *'What should I ask you about your present that is most useful for you?'* follows, or else the therapist uses Scaling, Next Steps, and Relationship Questions from the traditional SF-toolbox.

The Multiple-Choice Questioning (MuQ) is a way of providing clients with 'ready-made' questions, but still ensures their active participation in the conversation. In its primary form it looks like *'You know, while listening to you, several questions come to my mind, but I am unsure which one of them (if any) fits you best right now.'* Then a number of (usually two or three, rarely more) questions are listed to the client (maybe written down, sometimes by the client herself), and she is invited to choose the most appealing one to her. She is also warned *'If you find none of these questions useful for you right now, please just let me know!'* If the last happens, the client is provided with another set of questions until she decides on which one to answer, and then proceed with other questions from the list if she wants.

The Delayed-Answers Questioning (DAQ). When a client states an obviously useful question (like *'What are my resources?'* for example), but faces difficulties in responding to it right away, the therapist may postpone the answer by *'Since this question of yours is so useful and important, we should not go anywhere else before answering it first. So, please think about it (handing the written question to the client) and come back here when you have a useful answer!'*

Even though this therapeutic approach uses a number of other techniques, the described above make Simple Therapy a primarily Questioning for Useful Questions (QU-Qu) activity.

We are interested not only in his clients' resources in their own lives, but also in their linguistic resources within the therapy sessions, and mainly in their abilities to ask useful questions.

Results

Applying these tools changes the structure of what used to be therapeutic conversations. The traditional T(herapist) – C(lient) (or Doctor – Patient) interaction is structured like this:

T asks a question – C answers it – T asks a next question (at least partly based on C's answer) – C gives a next answer – ... T arrives at a conclusion and shares it with C.

The CoLeC (Conversations Led by Clients) tools lead to a major shift in this structure:

With the Mind-Activating Question T sets the stage – C asks a question – T confirms the question – C gives an answer – T confirms the answer – C asks a next question ... – C arrives at a conclusion – T confirms the conclusion. In fact the active ingredients are the C's questions and the C's answers, all confirmed by T.

The Time-Orientation Question: T proposes all possible three time-directions (verb tenses) of the conversation – C decides on the direction – T follows C's direction until C changes it.

The Multiple-Choice Questioning: T proposes several questions – C decides which one to answer – T confirms the answers and proposes several new questions – C decides which one to answer – ... C arrives at a conclusion, confirmed by T.

The Delayed-Answers Questioning: T sets the stage – C asks a question – T confirms the question, giving enough time to C to come to an answer.

These developments change HOW conversations are structured, so they are *"changes in the body of rules governing the structure and internal order of therapeutic conversations"*, practicing them is *'change of change'*, so they are second-order conversational changes.

The usual clients' reactions to these interventions are: a primary state of confusion, followed by laughter or at least a smile, then thinking, and coming up with answers that vary individually to fit the client's own needs as best as possible.

Discussion

Second-order changes challenge millennia-old habits of structuring human conversations, thus tending to be perceived as weird, strange, and unusual, and this may trigger in some therapists negative reactions like confusion, empty headedness, uselessness, discomfort, and escape. These changes, however, are usually and most often USEFUL for clients, as they de-automate their use of language, thus achieving higher quality of professional conversations and better outcomes respectively.

First-order changes usually don't provoke any of these challenges, as the STRUCTURE of usual conversations is preserved.

Practicing the QU-Qu also touches upon George Herbert Mead's concept of the internalized conversation. He argues that we regularly engage in unspoken internalized conversations as we reflect upon practical issues in our everyday lives. The questioning practices described here promise to expand clients' skills and options in conducting their internal conversations, far beyond their encounters with a therapist or a counselor.

More broadly, these techniques share some basic assumptions with Donald Schön's approach to Reflective Practice, and can be seen as another set of tools for acquiring what he calls reflective learning.

What do we need second-order changes for?

Each and every client's question has at least **three advantages** over any therapist's question:

1. It is stated in the client's own language, so it is understandable to her. Every therapist's question can be misunderstood by any client, while we all (clients included) seem to understand our own utterances.

Miller, G. (2016) in personal communication by email 07 June 2016, however, proposes another viewpoint: *'I see the issue of understanding as less straightforward than you. I would say that clients' own language appears to be understandable to them (this is good reason for asking them to form their own questions) but that upon further reflection clients might discover that they misunderstood what they were asking. I think the key word here is discovery. When the therapist asks a question that the client does not understand, it may be interpreted as a bad question, as a brilliant question that exposes some aspect of the client's psyche, etc. But when the client asks a seemingly understandable question that turns out to have really been a misunderstanding on the client's own part, it is a discovery and potential source of insights into one's self that immediately expands clients' sense of personal agency, knowledge, skills, and perhaps strengths.'*

2. It is always on time! A therapist's question may happen to be on time, and may happen to be out of time (since therapists cannot know what time it is NOW for the client), while a client's own question is obviously fitting her timeline.

3. The more clients PRACTICE asking useful questions, the better they become in this. The ability to do it effectively helps clients not only find solutions to their present problems, but also to deal effectively with tough situations in their future.

To summarize, the benefits are: empowering of clients, appropriate timing of therapeutic interventions, solving the problem with misunderstanding, helping clients not only find solutions to their current dilemmas, but also preparing them for handling future difficulties. Since effective therapy is based on the asking of useful questions, the more capable clients become in this, the less therapy they will need in the future.

Conclusion

Recent technological and social developments mark a point in our evolution that is characterized by many second-order changes. Most people face serious difficulties trying to make sense of the rapidly unfolding diverse new phenomena, never experienced in the past.

In the evolution of therapeutic language-games similar developments occur: After years of playing with first-order changes in the contents of therapeutic conversations, the next steps to be expected now are second-order changes in their structure.

Therapeutic conversations cannot evade the times of radical shifts in meaning. CoLeC is just one of the many possible and coming second-order changes in therapeutic conversations. Being aware of both our emotional reactions to these, as well as the benefits for clients, we shall sooner or later embrace such changes and will include them into our everyday work.

There is, however, no need for hurrying. Second-order changes both in therapy and in communication at large are inevitable, but they don't need to be rushed. They will come to their places when the Time for this comes.

References

- Brabazon, J. (2005) *Albert Schweitzer: Essential Writings*. Orbis Books. New York.
- de Shazer, S. (1994) *Words were Originally Magic*. W. W. Norton. New York.
- Maier, H.W. (1987) *Developmental group care of children and youth: Concepts and practice*. Haworth. New York.
- Mead, G.H. (1913) *The Social Self*, in *Journal of Philosophy, Psychology and Scientific Methods* 10, 374- 380.
- Mullan, S.J. (1914) *The Spiritual Exercises of St. Ignatius of Loyola*. P. J. Kenedy & Sons. New York.
- Panayotov, P.A. (2011) *Simple Therapy*. PIK-BS. Sofia

Schön, D. (1983) *The Reflective Practitioner: How professionals think in action*. Temple Smith. London.

Schweitzer, A. (2009) *Out of My Life and Thought: An Autobiography*. Johns Hopkins University Press. Baltimore.

Simon, F., Stierlin, H., Wynne, L. (1985) *Language of Family Therapy: A Systemic Vocabulary and Source Book*. Family Process Press. New York.

Suzuki, S. (1995) *Zen Mind, Beginner's Mind*. Weatherhill. Retrieved from the Internet: <http://www.holybooks.com/zen-mind-beginners-mind/>

Watzlawick, P., Weakland, J., Fisch, D. (1974) *Change: Principles of Problem Formation and Problem Resolution*. W. W. Norton & Company. New York.

Wittgenstein, L. (2001) *Tractatus Logico-Philosophicus*. Routledge. London & New York.