The effects of circular questioning on individuals' perspectives of their problems.

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The Effects of Circular Questioning on Individuals' Perspectives of their Problems

A Master's Thesis presented

by

Etiony Aldarondo

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of the requirements for the degree of

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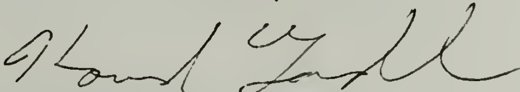

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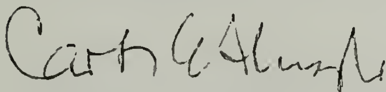

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Chapter I

Introduction

> Here and there, at universities and clinics, younger clinicians and researchers are asking about and struggling with a new kind of therapy and a new way of thinking about therapy. This new way... is profoundly Batesonian, and yet Bateson does not explicitly address it.... This new epistemology would influence profoundly not only the way one thought about therapy but also how one practiced it (Hoffman, 1981, p. 345).

These words by family therapist Lynn Hoffman reflect the excitement generated by a "quiet" revolution taking place in clinical psychology. In this revolution serious consideration is given to understanding individuals not as isolated, but rather in adaptative coevolution with the social ecology in which they exist. Individuals are viewed primarily as social beings who are not only born into a social world but who also "breathe" through social interaction, so to speak. This shift in perspective and the unit of analysis from individuals to the social ecology has long been implied by the work of social scientists such as Mead (1933), Dewey (1957), Wittgenstein (1953), Vygotsky (1962), Kelly (1963), and others. However, as Hoffman's quote suggests, the renewed impetus in this way of thinking, at least in clinical psychology, is most directly associated with the work of Gregory Bateson (1972, 1979).

Bateson believed in "the sacred unity of the biosphere" (as quoted by Dell, 1985, p. 2). He was fascinated with how

living creatures function together as a whole unit and thought that it was important for us to recognize the interdependence of our conduct. Although Bateson's passion was theory and not therapy, his dynamic language and his method of presentation provided socially-minded therapists with a new grammar and way of thinking about interpersonal relationships.

Many therapists, including Haley (1976), Hoffman (1981), Palazzoli, Cecchin, Boscolo, and Prata (1978, 1980), and Kenney (1983, 1985), have incorporated some of Bateson's ideas into their work with families. However, it is the work of Palazzoli et al. which is now regarded by some as the purest translation of Bateson's "systemic epistemology" (Hoffman, 1981, Tomm, 1984a). A systemic epistemology for family therapy assumes that families are always changing and that their interactions occur in a spiraling process where different parts of the system mutually affect one another. Every member of the family is considered to have an <u>equal part</u> in the maintenance of this organization. Events, including those events called "symptoms" or "problems," are thought to arise as natural results of each family's evolving history of interaction.

The "Milan team," as Palazzoli's group has come to be known[1], has developed an interesting therapy method which

includes a team approach to therapy, a pre-session team meeting, an interviewing method known as "circular questioning", and "intermissions" for team discussion. The team also formulates end-of-the-session interventions using a so-called "positive connotation" of the family's structure and prescribing various behavioral "rituals" (Tomm, 1984b; Hoffman, 1981, 1987).

The Milan method in general, and circular questioning in particular, has sparked much interest in the clinical and scientific communities. Writings emphasize the training of therapists in circular questioning (Fleuridas, Nelson, & Rosenthal, 1986), classifying types of circular questions (Penn, 1982; Tomm, 1985, 1987a, in press), and theorizing about the therapeutic ingredients of the method (Cronen & Pearce, 1985; Tomm, 1987a). Also, there have been attempts to adapt the method for use in institutional settings (Campbell & Draper, 1985), and in the area of conflict mediation (H. Gadlin, personal communication, 1986).

This study began with questions concerning the applicability of circular questioning for the clinical interviewing of individuals. Is it possible to use this technique with individuals? What form would circular questioning take when you are only working with one person? And of course, does this way of interviewing have any potential therapeutic value?

CHAPTER II

Theoretical Considerations

It might be argued that individual psychotherapy is incompatible with the basic theorems of systemic thinking, out of which circular questioning arose. To argue this position, however, obscures the distinction between the unit of _treatment_ and the unit of _analysis_. From our point of view, systemic thinking is a way of organizing and making "sense" out of a series of observations. It is an analytic tool and _not_ simply a set of techniques for therapy. Therefore, the approach may have heuristic value when working with any grouping of people; including people grouped as individuals.

In our opinion, Bateson's ideas (1972; 1979) about the ways in which we organize our experience of the world support the use of something like circular questioning to work with individuals.[2] Bateson believed that in the world of living beings, direct communication was impossible, not merely because experience was always mediated by particular sense organs and neural pathways, but because "the relation between the _report_ and that mysterious _thing_ reported tends to have the nature of classification, an assignment of a thing to a class" (p. 30, emphasis added). Thus, "no message, under any circumstances, is that which precipitated it" (p. 114).

For Bateson, we are always dealing with ideas _about_ or experiences _about_ that which is communicated rather than the thing itself. How we organize these ideas into meaningful constructs is determined not by ideas themselves, but by the context within which communication occurs. In other words, "the meaning of a given type of action or sound changes relative to context" (p. 115). He suggested that the "world of ideas" was hierarchically organized into levels. There are contexts of relationships, and the properties of these contexts are the same at any level of the hierarchy. Contexts operate as systems of information and patterns of communication with a coherent and circular organization, a complex chain of determination, and a tendency towards self-organization. In this world of ideas, which is the only world we can know, events at any level of the hierarchy are promoted and sustained by the interaction patterns in which they are embedded. Moreover, "the entities and variables that fill the stage at one level of discourse vanish into the background at the next-higher or -lower level" (p. 108).

From this perspective, the "concerns," "problems," or other _ideas_ of similar form which either individuals or families bring into therapy grow out of experiences which are important for them and which they cannot make sense of--that is, experiences which they are unable to view in context.

Even though individual and family "problems" may look different on the surface, they are both what we might call "decontextualized" experiences. Thus, they are essentially the same, although at different contextual levels.

The use of circular questioning to interview individuals, however, requires some conceptual extrapolation. First, the experiences considered in a family circular interview are to a great extent assumed to be about family relations. This focus is not necessarily true of circular interviews with individuals. Individuals exist in numerous social contexts, families being only one of these. An experience that we come to view as a "problem" may arise in any context or as a function of our existence in multiple contexts. Thus, the circular interview of individuals does not need to revolve just around family relations.

Second, the therapeutic value attributed to the concept of information in the family interview is questionable in the interview of individuals. Hoffman (1981), Penn (1982), and Tomm (1984a) suggest that in a circular interview, by asking family members to make comparisons and to comment about others' responses, implicit information becomes explicit and new information may also be generated. This information can then be used by family members to make connections between the various behaviors, events, and relationships within the

family, which may change their understanding of the symptomatic behaviors and suggest alternatives for action. There is no reason to believe, however, that something like this will happen in the circular questioning of an individual. In this context, we cannot necessarily get at the information that has been "edited out," so to speak, of the individual's report. All we can do is to suggest the existence of some unacknowledged relationships in connection with the "problem". Most of what we can get--and do get--is information that the individual already possesses. The questions we ask are built upon information new to us but not necessarily new for the individual.

To be sure, it might be argued that when Milan family therapists talk about information they are using it, like Bateson (1979) did, to mean a "difference that makes a difference" rather than bits of data which could be disposed as needed. Without contending this notion, we can argue that associating Batesonian information with therapeutic movement betrays the essence of systemic thinking. A "difference that makes a difference" is never generated but always appropriated from a particular context. Thus, it is the context that is therapeutic and not the information.[3]

From our perspective, the therapeutic value of circular questioning in this domain does not rest as much on new

information, as in encouraging a context for therapy and inviting a mode of description which may allow for what could be called a "re-contextualization" of the problem. We believe that when problems are seen in context, individuals become better able to choose whether to keep or to alter the relations in which their experiences arise.

The process of circular questioning invites an "exploratory" context in which to talk about concerns. Not only does the therapist make an effort to find out how one thing connects with another, but the procedure, itself (through a systematic question and answer format) defines the interaction as exploratory. In doing so, circular questioning may encourage people to become better observers of their own condition.

In this regard, our position is congruent with the work of Hoffman (1981), Penn (1982), and Tomm (1987a) who suggest that circular questioning enables family members to take a "meta-perspective" of their problems.[4] It is also in harmony with Cronen and Pearce's (1985) suggestion that the wording of circular questions invites a change in personal perspective to a "third party" perspective, which may free people from the "obligations" and "confusions" that characterize their original perspective.

This study was designed to test the applicability of

circular questioning for individuals in an analogue psychotherapy setting and to evaluate the effects of this methodology on an individual's perspective of a problem. The latter part was done first. The need for the former arose only after the study was already in progress. The two parts of the study, however, will be presented in logical sequence rather than chronological order.

CHAPTER III

Hypotheses

Each hypothesis will be presented and then restated in specific operational terms.

H1: Circular questioning is feasible to use in the interview of individuals even though it has thus far been used primarily in the interview of families.

1a: The therapists in the circular questioning condition will rate 70% or more of their circular questioning interviews as positive rather than negative on the self-evaluation scale (scores of twelve or above).

1b: The overall mean ratings of a videotaped circular interview on an interview evaluation scale will be 27 or higher on a scale in which 9 is lowest possible score and 45 is the highest possible score).

H2: Circular questioning will promote change on people's perspective of their problem.

2a: Ratings of change on a scale of 1 to 5 (no-change to change) will show significant changes between the pretreatment and the posttreatment descriptions of problems for participants in the circular questioning condition.

H3: The circular interview will be better at promoting change in people's perspective of their problems than will the cognitive-behavioral interview.

3a: The change score for the pretreatment/post-treatment comparison will be significantly higher for participants in the circular questioning condition than for participants in the cognitive-behavioral condition.

H4: Participants in the circular interview condition and the cognitive-behavioral condition will show more perspective change than participants in the control condition.

4a: The change scores for the pretreatment/post-treatment comparisons will be significantly higher for participants in the circular questioning and the cognitive-behavioral conditions than for participants in the non-treatment condition.

CHAPTER IV

Methods

Part I

Subjects

Five University of Massachusetts undergraduate students and five professionals in family therapy participated in this part of the study. The students were recruited from one of their psychology courses by a female graduate research assistant. They volunteered to participate in the rating of videotaped sessions of clinical interviews in exchange for experimental course credits. The family therapists agreed to cooperate with this study upon request. They were selected to participate in the study on the basis of their expertise in circular questioning.

Apparatus and setting

The rating of interviews took place in the research facilities of the Psychology Department at the Univiersity of Massachusetts. The equipment used included a Sony beta video cassette recorder with a 19" color monitor. The social validation ratings were done at the facilities of the Learning in Family Transition program at the Univerisity of Massachusetts.

Videotaped interviews

Videotapes of a circular questioning interview and a cognitive-behavioral interview, both with individuals, were

shown.[5] Each of these tapes was approximately 40 minutes long. These interviews were selected from among videotapes of 20 circular questioning interviews and 22 cognitive-behavioral interviews completed as part of the work described in part two. The criteria for selection includued: (a) that the therapist's self-evaluation score for the session was no lower than the mean for the therapists' self-evaluation scale obtained for the particular condition: (b) subjective impressions that the essential components of the approach were demonstrated in the interview: and (c) the clinical relevance of its content, as judged by the author.

Measures

An interview rating scale consisting of 22 Likert-type items was used for rating the circular and cognitive-behavioral interviews. Items are partitioned into four sections tapping different variables. The first section yields a score for general interview characteristics including empathy, unconditional positive regard and genuineness. This section includes items such as "In this interview the therapist was empathic" in which the answer is given on a 1 to 5 continuum from "strongly agree" to "strongly disagree." The second section yields a score for interviewee's reaction to the interview. It follows the same format as the previous section and includes items such as "The interviewee seemed tense." The third section

obtains an interview evaluation score. The items here are the same as those in the therapists' self-evaluation scale which is described in part two. The final section generates a score for several essential characteristics for circular interviewing. It asks subjects to rate on a 1 to 5 scale items such as "the interviewer invites or encourages the client's thoughts about other opinions in relation to the problem" (see Appendix A)

With the experts, the same items used in the final section of the interview rating scale were used to evaluate the presence of the several essential characteristics of circular interviewing mentioned above (see Appendix B).

Procedure

Participants were scheduled either individually or in pairs for a two-hour experimental session. The session consisted of approximatelly 90 minutes of videotape and 30 minutes of interview ratings.

Upon their arrival, participants were greeted by a female graduate experimenter who administered an informed consent form. This form included general instructions, and a brief description of both circular and cognitive-behavioral interviews. It also specified the participants' rights, and indicated that confidentiality would be respected. The experimenter told them:

> This is the clinical interview study. Before we start, I am going to give you a short form for you to read. This form gives you some general information you should know before proceeding with the study. Please read it carefully, let me know if you have any questions, and sign it at the bottom of the second page (see Appendix C).

Immediately afterward, the experimenter reiterated the general instructions and gave more specific instructions for the interview rating scale. While showing them the interview rating scale, she said:

> After each session you will get one of these interview rating scales to complete. First, you will be asked to rate the extent to which the interviewer demonstrated through the interview a number of characteristics on a scale from "strongly agree" to "strongly disagree." For example, if you think that the interviewer was "accurately empathic" you should write an X on top of one of these spaces (pointing to the right side of the scale). If your impression is that he was not "accurately empathic", then you should write an X on top of one of these spaces--whichever represents your impression most accurately. You will be asked to do the same for the rating of the interviewee's reaction to the interview, and for the rating of the interview. In the

section which starts with "This interview was...", just mark the space between the two words which most accurately represents your response. Right at the end, you will be asked to identify the kind of interview you just saw. Now, you will see the first session. I'll be with you at the end of the session.

The interview rating scale was administered after each tape. The order of presentations of the tapes was counterbalanced to control for order effects. At the end of the session participants were thanked for their participation. Upon inquiry about the purpose of the study, they were told that circular questioning is a interview style used in family therapy and that the study was designed to find out whether it would be feasible to use with individuals.

Part II

Subjects

Participants were 104 University of Massachusetts undergraduate students. Fourteen participated in the generative stages in which videotapes of circular questioning interviews were made and analyzed in order to prepare a training manual for conducting circular questioning with individuals.

Ninety students participated in the experimental phase

of the study. Data from 75 of these subjects were used in the final analysis. The data from the remaining participants were not used either because these participants failed to complete the study or because of irregularities in the procecedure. There were 59 females and 16 males in the sample. Five of the sample were minority students (2 Hispanic, 2 Black, and 1 Asian). The mode age of participants was 19; the youngest was 16 and the oldest was 44 years old.

The participants responded to a bulletin board announcement offering experimental credits for psychology courses. The announcement invited them to participate in a two-hour experimental session; one-hour clinical of interview and one-hour of written assessment. (see Appendix E).

Participants were randomly assigned to the circular questioning condition, the cognitive-behavioral condition, or the non-treatment condition. However, given the reduced percentage of men among the respondents, an effort was made to insure that equal numbers of men were assigned to each condition.

Following their participation in the study, eight subjects were referred to the University's Student Mental Health Services or the Psychological Services Center. Referrals to these clinics were made when participants expressed the need for additional discussion of their

problems, or when they seemed to want more concrete suggestions about what to do. In a couple of cases the therapist felt that some kind of professional assistance beyond the scope of the study was appropriate and offered the referral.

Apparatus

This part of the study was conducted in the research facilities of the Psychology Department and the Psychological Services Center (PSC) of the University of Massachusetts. The pretreatment and posttreatement assessments were conducted in the reception area, which was equiped with two wooden desks and comfortable chairs. The treatment sessions were conducted in three rooms (measuring approximately 10′ x 10′) equipped with one-way mirrors. A small table, a desk lamp, and two comfortable chairs were also in each room.

The interviews were videotaped from an observation room behind the one-way mirror.

Treatment Conditions

Cognitive-Behavioral Interview

The cognitive-behavioral approach is popular in clinical and academic settings. It was chosen because there were training manuals available, and because it represents an alternative view on how mental processes determine psychological problems. As portrayed by Meichenbaum (1972,

1982, 1985), this approach assumes that individuals define and shape "stressful situations" by means of the interaction between "cognitive appraisals" and "coping responses." It recognizes that different people may differ in their interpretations of events (internal or external), and may also differ in their capacity to respond effectively. Moreover, it assumes that this capacity to cope effectively with life events is the result of combining accurate "cognitive appraisals", responses, and "facilitating cognitive mediators." According to this view, problems result from maladaptive cognitive responses to particular events and/or from the lack of an adequate response repertoire.

The goal of the cognitive-behavioral approach is to "train general coping skills that could be used under conditions of high stress and anxiety" (Cameron and Meichenbaum, 1982, p. 702). To this end, the cognitive behavioral interview identifies antecedent events, consequences of those events in terms of the individual's responses (and his or her cognitive appraisals), and the effectiveness of coping responses.

Circular Questioning

Circular questioning is a way of conducting therapy based on systemic principles of psychotherapy. It is based on Bateson's (1979) notions that: (a) social systems are

systems of difference and patterns of communication, (b) "information is a difference which makes a difference," and (c) a difference always defines a relationship. In addition, it assumes that the organization of social systems is circular and coherent (Campbell, Reder, Draper, & Pollard, 1985).

One of the aims of this approach is to generate information about relational patterns in connection with client problems. This information ideally determines the design of interventions and prescriptions systemic therapists often use at the end of a session (Campbell et al., 1986). The approach also aims at "perturbing" a client's understanding of symptoms. From this perspective, changes in an individual's understanding of symptoms may be triggered by information different from--but not <u>too</u> different from-- his/her previous understanding (Tomm, 1985, in press).

In the circular questioning interview, the therapist asks a lengthy series of questions. These so-called "circular questions" can take various forms and cover different content areas. For example, family therapists talk about "perception questions," "hypothetical questions," "future oriented questions," and "reflexive questions," to name but a few (Fleuridas et al., 1986; Penn, 1982, 1985;

Tomm, 1987a). All of these types of questions suggest the existence of differences and invite the client to give verbal reports of those differences. Regardless of the type, circular questions are always asked along dimensions having to do with time and space. An example of a circular question would be as follows: "Who reaches out the most when you get depressed?" "Who next?" "Who reaches out the least?" Or, "If your boyfriend were here, what do you think he would say?" "Would he be more or less concerned about you if he heard your opinion?." (For additional examples, see Appendix F).

Interviewers

One female interviewer and one male interviewer participated in this study. They were both third-year graduate students in the Clinical Psychology program at the University of Massachusetts. Both interviewers have had approximately one year of training experience in the technique of circular questioning. Only the female interviewer had prior training experience in cognitive-behavioral techniques.

Interviewer training for this study consisted of reading and discussing the pertinent training literature, observing and analyzing videotape sessions, and engaging in numerous role plays. There were eight training meetings over a three-and-a-half month time period. Instructions for

the cognitive-behavioral interview were based on Meichenbaum's training manual (1985). The training of circular interviewing with individuals was new to this study. A manual was prepared based on the training material developed for family therapists by Fleuridas et al. (1986), Tomm (1984a, 1985), and Campbell, Reder, Draper, and Pollard (1985) (see Appendix G).

Measures

A questionnaire was used to assess the effects of the different interview styles on the participants' perspectives of their problems. This questionnaire focuses on participants' descriptions of their concerns and their suggestions for alternative solutions. It invites them to describe their concerns in global terms as well as to describe situations more specifically.

There were two parts to the questionnaire: The first part was administered both at the pretreatment and postreatment assessments and consisted of six open-ended questions and one Likert-type question (see Appendix H). The second part was used only during the postreatment assessment and consisted of 20 additional items; 14 open-ended and 6 Likert-type. This second segment also generated information concerning other theoretically-relevant variables, such as the quantity and the quality of the

information generated during the interview, and the subjects' general perception of the therapist (see Appendix I).

A brief questionnaire was also used to assess the therapists's evaluation of the interviews. This form consisted of four pairs of bipolar adjectives separated by a six interval continuum. The form also asks therapists to write any subjective observation and comments about the session (see Appendix J).

Procedure

Participants were scheduled either individually, in pairs, or in conditions of three people for the two experimental sessions. The first session consisted of approximately 20 minutes of pretreatment assessment and 40 minutes of individual interview time. The second session consisted of approximately 30 minutes of postreatment assessment.

Upon their arrival, participants were greeted by an undergraduate female experimenter who administered the consent form specifying the participants' rights, indicating that confidentiality would be respected, and obtaining official approval for audio and videotaping. The experimenter said:

> This is the study number F86-14--the clinical interview study. During this study you will be talking with a

therapist for about 40 minutes. I invite you to take advantage of this opportunity to talk about a matter of concern in your life. Perhaps you will want to talk about something that has to do with school, with your social life, or with a family problem or crisis. Maybe there is a conflict with a friend you are bothered by. Or there is some decision you need to make and are having trouble with. I want you to be aware that your participation in this study as well as everything which goes on in it will be treated confidentially. Before going ahead with the study there are two forms that I want you to complete. First read this one carefully (informed consent) and sign it after you have read it (see Appendix D).

Upon completion of the consent form participants received a copy of the pretreatment questionnaire. They were instructed to complete this form after reading the instructions carefully:

Now I want you to complete this short questionnaire. Please read the instructions carefully and be sure to complete all the items. Take your time. If nothing comes to your mind at this moment please do not feel any pressure to write something right away. Take a couple of minutes to think about it and then answer each question fully and candidly.

Participants assigned to the non-treatment condition were then asked to come the following week at the same time to complete the study. Participants assigned to either the cognitive-behavioral condition or to the circular questioning condition were asked to wait for an interviewer who would come to meet them. The experimenter took the completed questionnaire and gave it to the interviewer to read. After reading the questionnaire and formulating preliminary hypotheses about the subject's concern, the interviewer met the participant in the reception area and directed him or her to an interview room. Through the interview, the interviewer had a clip board with a structural format (see Appendix F) of either the circular questioning or the cognitive-behavioral interview which they used as a guideline. Immediately after the interview, the interviewer completed the therapists' self-evaluation scale, while the experimenter scheduled the participant for a second experimental session one week later.

The experimenter met the participants for the posttreament assessment. She told them:

> What I want you to do today is to complete this questionnaire. You may recognize some of the questions from last week. That is fine. However, keep in mind that this is not a memory test to see how accurately you can remember what you wrote last week. What we want is

for you to answer all the questions fully and candidly. Please be sure to complete all the items.

Following completion of this form, participants in the non-treatment condition were told that they were not required to participate in the interview but that they could do so if they wanted. At the end of the second session, the experimenter described the purpose of the study and gave participants the debriefing form (see Appendix K). In addition, they were allowed time to ask questions or share opinions that they may have had about the study.

CHAPTER V

Results

To partially test the hypothesis that circular questioning was feasible to use in the interviewing of individuals, the means and standard deviations for the therapists' self evaluations were calculated. Scores ranged from 14 to 23 for the circular questioning group (M= 19.261, SD= 2.094) and from 17 to 23 for the cognitive-behavioral group (M= 19.308, SD= 1.761). All of the circular interviews resulted in total evaluation scores above 12. A t-test for independent means was computed to test the difference between the two treatment groups on this variable; the difference was not significant (t = -0.0850, n.s).

The hypothesis that circular questioning would be feasible with individuals was also tested through the analysis of scores from the interview rating scale. Table 1 shows the means and standard deviations for four rationally-derived subscales from this measure: general interviewing characteristics (GIC), interviewee's reactions (IR), interview evaluation (IE), and essential characteristics of a circular interview (ECQ; see Table 1). Subscale means were obtained for each type of interview by adding the judges' ratings for each session and dividing this sum by the number of judges. Circular questioning scores for the first three

subscales ranged from 18 to 43 (M = 30.4), from 12 to 20 (M = 18.4), and from 17 to 21 (M = 14.4) in that order. Cognitive-behavioral scores ranged from 24 to 45 (M = 33.5), from 17 to 22 (M = 19.2), and from 11 to 16 (M = 14.0) for GIC, IE, and IR variables respectively. T-tests for dependent means yielded no significant differences between groups on any of these subscales (GIC t = .7796, n.s.; IE t = .7016, n.s.; IR t = -0.2710, n.s.).

Table 1. Means and Standard Deviations for General Interview Characteristics, Interview Evaluation, and Interviewee's Reaction Subscales Obtained from the Interview Rating Scale.

	Circular questioning (n = 5)		Cognitive-behavioral (n = 5)	
	M	SD	M	SD
GIC	30.4	6.58	33.5	4.60
IE	18.4	1.67	19.2	1.92
IR	14.4	1.67	14.25	2.22

Note. Maximum score = 45.

The mean ratings for each item in the essential components of circular questioning subscale are shown in Table 2. T-tests for dependent means on each of the items yielded one significant difference on item 1 (t = -2.5298, $p < .05$). No other difference was significant (item 2 t = -

.4264, n.s.; item 3 t = -1.7889, n.s.; Item 4 t = 1.095, n.s.).

Table 2. Means and Standard Deviations for Items Included in ECQ Subscale from the Interview Rating Scale.

	Circular (n = 5)		Cognitive (n = 5)	
	M	SD	M	SD
1. Invites thoughts about others' opinions in relation to the problem or concern	4.6	1.09	2.8	.89
2. Encourages comparison between present, past, and future situations related to the problem	4.6	.89	4.4	.55
3. Assumes that problems are related to many sources, one of which may be the client	4.6	.83	3.8	.55
4. Explores interpersonal relationships associated with the problem or concern	3.8	1.09	4.4	.55

Note. Maximum score = 5.

Table 3 presents the results of the validation of the ECQ items. These data were obtained from ratings made by a group of professionals with training experience in circular questioning. They were asked to judge the importance of each item to a circular interview using a scale in which "1" was "irrelevant" and "5" was "essential".

Table 3. Means and Standard Deviations of Social Validation Ratings.

Items[a]	M (n = 5)	SD
1	4.6	.5477
2	4.4	.5477
3	4.8	.4472
4	3.0	1.412

Note. Maximum score = 5.
[a]Items are the same as in Table 1.

The hypothesis that circular questioning would facilitate a change in peoples' perspectives on their problems was initially tested through the analysis of the perspective questionnaires. First, two raters with previous experience in the circular questioning procedure, and blind to the purposes of the study, were asked to sort posttreatment questionnaires (from both the C.Q. and the C.B. conditions) into one of two groups; those suggesting an overall systemic problem perspective and those not suggesting such a perspective. These raters were dealing with descriptions such as the following:

"I am concerned about maintaining a close relationship with both of my parents, and keeping an active interest in their life and vice versa...both of my parents are

involved (in this problem), obviously my mother, but also my father because they are close friends and most of my discussions with him revolve around her." (from a participant in cognitive-behavioral interview)

"My boyfriend and I have been so inconsistent lately. We seem to never get along for more than 24 hours at a time. I am not sure if it is me or him. I am leaving the area in June.... I wonder if our not getting along has something to do with anticipating leaving each other." (from a participant in a circular interview).

There was little agreement between the classifications made by the raters; moreover, with both raters, no differentiation between experimental conditions was possible.

In a second effort to evaluate the hypothesis that circular questioning would facilitate a change in peoples' perspectives on their problems, an attempt was made to differentiate between the two interview conditions on the basis of differences between the pretreatment and the post-treatment questionnaires. Two raters--the same ones from the previous task--were told to use their clinical judgement to classify pre-post questionnaire combinations as representing the circular questioning or the cognitive-behavioral group condition. Across both conditions, there was wide variability in differences between pretreatment and post-

treatment descriptions. In some cases the differences were hardly noticeable. In a few others, the differences were quite marked. The following example is somewhat typical of this latter type of difference:

"I have fairly recently, 4 months ago, began a relationship with someone who has recently asked me to live with him in Amherst for the summer rather than me return to my home in Georgia. I have not yet decided what I will do. Also, I am concerned with how this relationship may interfere with my own growth. (How did the problem begin and when did it begin?) It began a few weeks ago as our relationship has been deepening. (Who is involved with this problem or concern and in what ways?) Myself and my mate. (pre-treatment)

"My boyfriend, whom I have been dating now for almost 4 months, has suggested that instead of me returning to Atlanta, my home, for the summer, I stay with him here in Amherst. If I can find a good paying job to progress my studies in psychology on campus, then I will consider the offer. (How did the problem begin and when did it begin?) He suggested this plan soon after Christmas vacation. That is when I knew for sure that he was serious about our relationship in general. (Who is involved with this problem and in what ways?) John, my

> boyfriend, and myself are the only 2 persons concerned. It is our lives that will be concerned. More so for me, however, because I must make a separation from family whereas he has already done so. (post-treatment)

While there were exeptions, the changes, although noticeable, were not substantial and reliable enough to differentiate between the two experimental conditions. Also, as had been the case in the previous rating task, there was little agreement between raters; in neither case was reliable discrimination possible.

In a final effort to test for the hypothesis that circular questioning particularly facilitates a change in peoples' perspectives on their problems, the author repeated both procedures, this time in an attempt to differentiate between the circular questioning condition and the non-interview control condition. In neither of these attempts could better than chance differentiations be made. There was one more attempt to test the hypothesis, by having experts in systems approaches to family therapy select those pre-post questionnaire pairs from the circular questioning condition best illustrating the sort of movement that would be expected within the systemic model; the aim of this analysis was to identify a few "exemplars" of systemic change, which could lead us to discernible criteria useful for differentiation.

After an initial trial, however, this procedure proved to be impractical given the limited resources of this study.

It was possible to minimally test the hypothesis that circular questioning would facilitate a change in peoples' perspectives on their problems through the analysis of three perspective items included in the post-treatment questionnaire. The first one of these items asked participants to rate how much the therapist's questions encouraged them to look at their problem from a different perspective (on a 10 point scale in which 0 represented "not at all" and 9 represented "a great deal"). The remaining two items asked them to describe the ways in which the changes were encouraged, and to further describe these changes.

Although the experimental conditions did not differ significantly in quantitative terms (Item 1, circular questioning $\underline{M}$ = 4.333, $\underline{SD}$ = 2.5268; cognitive-behavioral $\underline{M}$ = 3.7826, $\underline{SD}$ = 2.6792; t = -0.741, n.s.), 83% (44 out of 50) of the participants across conditions reported some change. A qualitative analysis sugested that different people described their perspective changes differently. And in particular, some participants in the circular questioning condition explicitly associated their perspective changes to talking about their families in relation to their problems:

"I didn't realize how much my parents contribute towards

my decisions.... My father is the one who pushes me more toward achievement while my mother is more content with how I am now."

"He (therapist) asked me who would be happy with my decision. This made me think about the effects (of my decision) on my family.... I learned that I respect my parents opinion more than I thought."

"I never thought of my problem in terms of my family life. I always viewed it in terms of stepping out of my "class" (social class) into a new one."

For at least two other participants it was viewing the problem within the context of time which made the difference:

"(The therapist) mentioned in 5 years or in 10 years, 'how do you see the situation?'".... I had been looking at the problem with relation to how it affected me now. I didn't think of how time will naturally improve it.

"(It was helpful) to describe my problem as being a moral struggle between my past and my present.... It is nice to think that my problem is due to having a good family who instilled lots of values that I find important."

The therapists' written comments after each session provided further qualitative data suggesting that circular questioning facilitated a change in peoples' perspectives on

their problems, at least in some cases. The following comments, for example, were written written after two circular interviews:

> "It seemed to go pretty well--seemed to be some change in the extent to which she felt the decision about whether to go to graduate school had been made or not...."

and,

> "Well, I think I did a pretty good job...all things considered it seems like she did get a new perspective on the problem."

CHAPTER VI

Discussion

The results of this study provide partial support for the hypothesis that circular questioning, used primarily in the interview of families, can be used for the clinical interview of individuals. The results also suggest that some of the components considered essential for family circular interviews are also present when circular questioning is used with individuals. In addition, evidence is provided in partial support of the hypothesis that circular questioning particularly facilitiates a change in peoples' perspectives on their problems.

Evidence for the applicability of circular questioning in the interview of individuals was obtained from the therapists' self-evaluation scores. These scores indicated that, in general, therapists are as comfortable and confident conducting circular interviews with individuals as they are when conducting more traditional cognitive-behavioral interviews with individuals. Additional evidence is found in the interview rating scores which showed the circular interview applied to individuals to be characterized by components considered essential for any clinical interview.

The interview rating scores also provided evidence that circular questioning with individuals includes some of the

most salient features found in circular family interviews. Features such as asking about others' opinions in relation to the problem, encouraging comparisons between past, present and future situations in relation to the problem, assuming multiple sources or determinants of problems, and exploring interpersonal relationships associated with the problem were all found to be present when circular questioning was used with individuals.

A related question is how would circular questioning with individuals compare against other traditional forms of individual interviews. The interview ratings provided some basis for differentiation between circular questioning and cognitive-behavioral interviews. There was a significant difference between the two methods in how often the therapist asked about others opinions in relation to the problem, suggesting that circular questioning places greater emphasis on exploring the semantic environment of client problems--client assumptions about others' points of view in relation to the problems--than the cognitive-behavioral approach. A near significance difference was also found in whether the therapist seemed to assume multiple sources or determinants of problems. This near difference, which might well have been significant with a larger sample, may suggest that the circular interview is perceived as more descriptive and

exploratory, and less prescriptive and evaluative, than the cognitive-behavioral interview.

It is worth noting that the differences between the circular questioning scores and the cognitive-behavioral scores on the essential components of a circular interview are in accord with the differences expected on the basis of theory alone. A cognitive-behavioral therapist would be likely to place clients at the center of their problems and unlikely to be interested in others' opinions about those problems. He or she would typically focus on past and present situations associated with clients problems, and would explore interpersonal relationships as specific cases of various contingencies shaping their behaviors. The author knows of no other study of circular questioning attempting to identify and document some of its distinguishing features. Of course, much needs to be known about circular interviews and about the extent to which they differ from other clinical interviews.

Turning our attention to the hypothesis that circular questioning may particularly facilitate a change in peoples' perspectives on their problem, we find evidence, obtained from both therapists' and participants' comments, suggesting perspective change associated with circular questioning. Although there was no clear direction of movement, some

answers to the perspective items of the post-treatment questionnaire (see result section, pp. 35-36) suggested an attempt to view problems within a relational context--that is, an attempt to recontextualize problems congruent with the expectations of this approach.

However, our attempts to systematically analyze the "problem descriptions" failed to substantiate these findings. In one sense it could be argued that this difficulty may have been due to the overall vagueness of the descriptions; so, if we wanted to fully address the question of perspective change, we would have to ask for more detailed descriptions. An alternative explanation for our difficulty in asertaining shifts in perspective through the written descriptions may be found in the form rather than the specificity of the descriptions. Indeed, the descriptions tended to follow stereotyped story-telling formats rather than revealing particular perspectives. In hindsight, it seems that the relationship between perspectives on problems and their written descriptions is more complex than we anticipated. Perspectives are realized in conversation--between two people or by one person in conversation with him or herself. They have to do with personal experiences in the context of a conversation. On the other hand, written descriptions are realized as much by grammatical conventionalisms, writting

skills, and participants' expectations of their role in the study, among other things, as they are through conversation. In other words, perhaps written descriptions arise in different kinds of conversations than the ones in which perspective changes arise.

Obviously, there is no easy way out of this situation. We could, however, attempt studying the effects of circular questioning on people's perspectives without using post-hoc written descriptions by recruiting the participation of interviewers and interviewees in the analysis of videotaped interviews. Each interviewer-interviewee pair could be asked to identify particular instances of changes in perspective during the course of their sessions. In this way, we could not merely document the presence and direction of perspective changes, but also explore the conditions under which these changes arise. Moreover, we could look at the relational contexts or the sequences of interaction characteristic of circular interviews and their relationship to changes in perspective. This kind of research could further our understanding of circular questioning while also providing the basis for comparative studies.

There were other limitations of this study. Participants, unlike most clients, were not at a critical stage in their lives when they came into the study. They

were for the most part experimenting with interpersonal relationships. Under these conditions their concerns are likely to have a short "half-life", so to speak; moreover, because they are experimenting, or essentially trying out new ways of relating and thinking about their relationships, they are less likely to have settled on a characteristic perspective on their problems. In the absence of a somewhat set perspective, it is difficult to detect perspective change. In terms of circular questioning an increased number of interviewers would have allowed greater confidence in its applicability to individual interviewing. Likewise, additional comparative conditions would have allowed greater confidence in the general comparability of circular questioning and traditional interviews.

I would like to add to the discussion some of my impressions as an interviewer in the study. Generally speaking, using circular questioning with individuals turned out to be more comfortable than expected. To my surprise most people would almost naturally talk about their problems in relational terms.[6] Most participants would "bring in with them" a host of characters associated with their problems, thus making the generation of questions somewhat smooth. However, circular questioning was not always easy

to conduct. There were cases, for example, in which circular questioning was difficult to sustain through the session; in particular, this difficulty happened when participants were interested in figuring out alternatives as to what to do or had some plans for action and just wanted the therapist's opinion of those plans. The most difficult cases were those in which participants were highly emotional about their concerns (i.e., death of a family member). Naturally, it was difficult to maintain in these cases a somewhat orthodox circular questioning position. In this context, circular questioning seemed to put an unwanted distance between the therapist and the participant which made for an uncomfortable experience for the therapist. It is worth noting, however, that these "uncomfortable sessions" were evaluated favorably by the participants.

To ask under which conditions is circular questioning possible and appropriate is an empirical question relevant not only for the practice of it but also for training. It would be particularly useful for newcomers to this method to know beforehand some of its limitations; this knowledge could avoid potential confusion and prevent trivializing the process of therapy to the mere application of yet another technique.

To conclude, we remind the reader that the value of

circular questioning for psychotherapy must ultimately be measured in terms of clinical effectiveness. The method must be used in clinical settings and its effectiveness substantiated, in terms of both perspective change and therapeutically significant movement. Analogue studies of the sort presented and suggested here provide guidelines for later clinical trials.

NOTES

1. It is worth noting that the original Milan team evolved into two related but distinct teams in the early 1980's. While Palazzoli and Prata have continued working together in Milan, Italy, Checchin and Boscolo have been more active in the international circle spreading the word about their work. Although for many people "circular questioning" is more easily associated with this latter group, in this study we are not concerned with this distinction. For additional information about the history and development of this group see Tomm (1984a) and Cecchin, Boscolo, Hoffman, and Penn (1987).

2. For a more detailed analysis of Bateson's ideas see Dell (1985).

3. For a more critical perspective of systemic family theory and practice see the articles by Wynne et al. (1987), Mackinnon and Miller (1987), Bernal and Ysern (1986), and Golann (1988).

4. The main difference between our position and the position presented by these authors, in particular by Tomm (1987b), is that they choose to talk about change in perspective in relation to particular types of questions whereas we prefer to point out the relational context

encouraged through the interview. From our point of view, their emphasis on the type of questions above the therapy context betrays the essence of systemic thinking. Also, it seems to reflects the convergence in their work of different philosophical traditions. See Golann (1988) for a discussion relevant to this topic.

5. Descriptions of a circular interview and a cognitive-behavioral interview can be found in pages 18 to 21 of this thesis. For a more detailed description of circular questioning with individuals see appendix G.

6. The psychological literature in "attributional processes" suggests a tendency for people in the United States to attribute their situations or problems to "situational" or "external" factors rather than to "dispositional" or "internal" factors--that is, when people describe their own situations they tend to use the surrounding world as a referent rather than their actions or their motivations to act.

APPENDIX A

Interview Rating Scale

Instructions: Please answer each of the following questions by putting an __X__ on top of the line which most accurately represents your response.

In this interview, the interviewer...

1. was accurately empathic.

______	______	______	______	______
strongly agree		agree		strongly disagree

2. tracked the interview well.

______	______	______	______	______
strongly agree		agree		strongly disagree

3. seemed disengaged from the interview.

______	______	______	______	______
strongly agree		agree		strongly disagree

4. communicated unconditional positive regard/caring.

______	______	______	______	______
strongly agree		agree		strongly disagree

5. seemed genuine.

______	______	______	______	______
strongly agree		agree		strongly disagree

6. did not seem to be respectful of the interviewee.

______	______	______	______	______
strongly agree		agree		strongly disagree

7. was easy to communicate with.

______	______	______	______	______
strongly agree		agree		strongly disagree

8. was rude.

______	______	______	______	______
strongly agree		agree		strongly disagree

9. seemed at ease with the interview

______	______	______	______	______
strongly agree		agree		strongly disagree

Overall in this interview, the interviewee...

10. seemed relaxed.

______	______	______	______	______
strongly agree		agree		strongly disagree

11. did not seem to feel understood.

______	______	______	______	______
strongly agree		agree		strongly disagree

12. was at ease with the interview.

______	______	______	______	______
strongly agree		agree		strongly disagree

13. seemed to be disengaged from the interview.

______	______	______	______	______
strongly agree		agree		strongly disagree

This interview was...

14. cohesive ____; ____; ____; ____; ____; ____ fragmented
15. terrible ____; ____; ____; ____; ____; ____ excellent
16. relaxed ____; ____; ____; ____; ____; ____ tense
17. cold ____; ____; ____; ____; ____; ____ warm

Overall, in this interview...

18. the interviewee was invited to communicate thoughts about others' opinions in relation to his or her concern.

____ strongly agree	____	____ agree	____	____ strongly disagree

19. the interviewee was <u>not</u> encouraged to make comparisons between present, past, and future situations in relation to the problem.

____ strongly agree	____	____ agree	____	____ strongly disagree

20. the interviewer seemed to suggest that the interviewee was the source of the problem.

____ strongly agree	____	____ agree	____	____ strongly disagree

21. the interviewee was invited to talk about interpersonal relationships associated with his or her concern.

____ strongly agree	____	____ agree	____	____ strongly disagree

Now, go back and read over the descriptions of the interviews that you were given at the begining of the session. What type of interview did you just see?

circular interview ________ cognitive interview________

Please check that all items are completed. Thanks.

APPENDIX B

Social Validation Scale

Instructions: Please judge the relevance of each of the following items for the conduct of a circular interview by putting an __X__ on top of the line which most accurately represents your response.

Overall, in a circular interview...

1. clients are invited to communicate thoughts about others' opinions in relation to clients' problems or concerns.

____	____	____	____	____
1	2	3	4	5
irrelevant				essential

2. clients are encouraged to make comparisons between, present, past, and future situations in relation to their problems or concerns.

____	____	____	____	____
1	2	3	4	5
irrelevant				essential

3. clients are <u>not</u> assumed to be the main source of their problems.

____	____	____	____	____
1	2	3	4	5
irrelevant				essential

4. clients are invited to talk about interpersonal relationships associated with their problems or concerns.

____	____	____	____	____
1	2	3	4	5
irrelevant				essential

5. the session is conducted mainly through questions, limiting the use of interpretations, reflections, and direct comfrontation.

____	____	____	____	____
1	2	3	4	5
irrelevant				essential

APPENDIX C

Instructions and Consent Form for Raters

General instructions: For the next hour and a half you will be seeing two video taped analogue psychotherapy interviews. Each interview will last between 35 and 45 minutes. After each interview you will receive a short questionnaire which should take you approximately 15 minutes to complete. This questionnaire will ask, primarily, for your impressions about the interview, the interviewee, and the interviewer. We want you to pay attention not merely to the content of the interview but also to the interview process (questions, answers, the therapist/interviewee interaction, et cetera.)

Interviews: In addition to your impressions of the interviews, in the questionnaire you will be asked to differentiate between the following two styles of interviewing:

Circular questioning: Overall, this interview style focuses not only in the interviewee's concern but also in finding out about other people who may be associated with the problem and how they may be related to the problem. The aim of this interview is to understand how the interviewee and others behave in relation to the problem and what their perspectives or opinions about the problem are.

Cognitive interview: Overall, this interview style foçuses in the interviewee's appraisal of his or her problem. The aim of this interview is to understand the interviewee's thoughts in relation to the problem (i.e. worries), the events which may lead to the problem, and the consequences of the problem for the interviewee.

A note on confidentiality: The video taped sessions you are about to see are real interviews. Although these interviews were recorded for research purposes with the interviewees' consent, we would like to protect the confidentiality of the interviewees by asking those raters who may be friends, aquantainces, or relatives of the interviewees not to see these tapes. If you have any reasons to believe that you may know anyone of the interviewees, please let us know. If it turns out to be this way for you, we want you to know that your participation in the study will be terminated without any penalty whatsoever. Also, we want you to know that if you wish to stop your participation at any moment in the study you may do so without any penalty.

Written consent: My signature below signifies that I have agreed to participate in this study after my responsibilities and my rights as participant have been explained to me.

name (print) :_________________ signature: _________________

APPENDIX D

Certificate of Informed Consent

University of Massachusetts
Clinical Interview Study: F86-14
Etiony Aldarondo/Psychology Department

I understand that I may agree to participate or decline to participate in this study without any penalty whatsoever. Furthermore, I recognize that I may withdraw my participation at any point, or refuse to answer any question without any penalty. I understand that my participation in this study may be videotaped and/or audiotaped and that the psychology department will hold all legal rights over those tapes. I understand that if these tapes are ever used for educational or scientific purposes, care will be exercised to maintain my anonymity. I also understand that I am entitled to a copy of this consent document, if I desire one.

My signature below signifies that the project above for which I volunteered has been explained to me, that the confidentiality of my participation have been guaranteed, and that all my questions have been answered.

Social Security #: ________________________

Sex: Male _____ Female _____ Race: _________

Academic Major: _______________ Grade Point Average: ________

Student Status: Freshman ____ Sophomore ____ Junior ____
Senior ____

Age: years ____ months ____

Participant's Signature: ____________________________

Date: ____/____/____

APPENDIX E

Announcement

Clinical Interviews Study

This is a study of the comparative effectiveness of different clinical interviews for psychotherapy. In this study you will have the opportunity to talk with a therapist about matters of concern in your life. As part of the study you will also be asked to complete some easy forms. The experimental session should take no more than two hours. If you wish to participate in the study please write your name and telephone number below and we will contact you to arrange an appointment.

APPENDIX F

Circular Interview

I. Problem Definition

a. What would you like to tell me about your problem or concern?
How is this a problem/concern for you now?
If you could change something about the situation what would it be?

II. Operational definition

b. In addition to you, who else knows about this situation?
How go X, Y, and Z know?
Who knows more/or less about the problem or concern?; and next?
Who would be more surprised to know that you are concerned about ...?
When do you show....?
Who notices first/or last when you show....?; and next?

c. (elaborate on others' operation in relation to the problem)
When you do this what does Z says?; What does s/he does?
Is she more ore less expressive than X and Y?

d. (changes over time)
How does this differs from what used to occur before you started college?
In which ways is it simmilar to what used to occur...?
Five years ago where you more or less...than now?

III. Subject theory

e. How do you explain...?
Two years ago what would your explanation had been?

f. (from others' perspectives of the problem)
If X were here what would his/her opinion be?
What would it had meant for you?
If things continue the way they are, five years from now, would you be more or less concerned than what you are now?

IV. Logical Complementarity

g. (hypothetical)
If X weren't this way how would s/he be?
What would you think if next week X does this instead of that?

h. (positive connotation)

APPENDIX G

CIRCULAR QUESTIONING MANUAL

This is a treatment manual designed as part of the training of the circular questioning procedure in individual work. It is intended to provide you with some preliminary notions concerning the theoretical basis of this technique, and with suggestions for how and when to use what type of questions. The manual is intended to be used in conjunction with other training materials such as demostration videotapes and training exercises such as role plays. The manual is based on the training material of Fleuridas, Nelson, and Rosenthal (1986), Tomm (1984b; 1985), Campbell, Reder, Draper, and Pollard (1985), and on the analysis of 10 exploratory individual interviews made by the author.

Conceptual Overview

Circular questioning refers to the operational aspects of a method for therapy that was originally proposed by a group of four clinicians from Milan, Italy (Palazzoli, Boscolo, Cecchin, & Prata, 1978). The Milan team, as this group has come to be known, developed this technique in an effort to provide a pragmatic expression for therapy of a systemic epistemology (Hoffman, 1981; Tomm, 1985). A systemic epistemology highlights the social nature of human beings. It provides an understanding of human beings in reference to the organization and operation of the social contexts in which they exist. Moreover, a systemic epistemology recognizes the recursive interaction between behavioral patterns and belief systems as a distinctive feature of social systems.

A systemic epistemology also assumes that social systems are active rather than reactive. These systems are constituted by multiple communicative interactions which always occur in a spiraling process where different parts of the system affect each other, while maitaining their basic identity as a system. Within this theoretical framework all conduct--overt and covert--is communicative. Thus, there are no trivial behaviors in the operation of a system--that is, all conduct has its place in the interaction patterns which constitute the system.

The situation may arise, however, in which the patterns of interaction may evolve to produce a system characterized by its rigidity. This may become problematic if demands are made on the system that it could not meet or if the members of the system in their own development come to a point in

which they can't meet the demands of the system. When this happens dysfunctional interactions or symptomatic behaviors may occur within the operation of the system. Thus, within this framework symptoms are thought to arise as natural results of the histories of interaction of the system and its members, and are better understood by taking into consideration the interrelational contexts in which they arise.

Circular questioning is a technique designed to generate information about the relational patterns of systems with symptomatic behaviors or dysfunctional interactions. It attempts to elucidate connections concerning peoples' behaviors, ideas, perceptions, feelings, and their patterns of interaction which may in one way or another be related to the symptom. Its therapeutic goal is to enable the system to find a path of greater freedom to discover alternative solutions (Tomm, 1985). To this end the so called "circular questions" are instrumental because they increase the systems' potential for change by introducing new information into the system; they suggest alternative ways of thinking about the problem; and they facilitate a change in individuals' perspective on their problems (Hoffman, 1981; Tomm, 1985).

Circular Interview

The circular interview consists of four major components: definition of the problem, operational description of the system, exploration of client theory about the problem, and interventions.

A. Problem Definition

The process of circular questioning entails a progressive definition of the interaction patterns (behaviors & beliefs) which constitute the problem. In this way, the definition of the problem becomes isomorphic to the therapy process. At the begining of the therapy it will be sufficient for the therapist to ask the client for his or her definition of the problem. Here, it will be useful for the therapist to know why the client considers the issue to be a problem or, what the client's view is of why the problem exists (Fleuridas et al., 1986); or what does this problem prevents the person from doing. If people have trouble defining the problem, the therapist should transpose the questions into a question about change. Instead of asking could you tell me more about the situation, you could ask something like, if you could change something else in the situation what would you change?

B. Operational Description of System

In using circular questioning, the therapist is always moving along dimensions of time and space. He explores the organizational connections of the system at the present time, before the onset of the problem, and invites the subject to make projections for the future.

During the first part of the session the therapist is interested in generating information about the operation (behavioral interactions) of the relational contexts related to the problem. This information is used first in formulating hypotheses about the organization of the relational contexts, and later in making interventions. In a sense, the therapist needs to generate sufficient detailed information to visualise a motion picture about the client's concern.

Unfortunately, when people come to the session they don't bring a videotape of their situation to show to the therapist. Instead, they come and talk about their problems or concerns. Some people will say "I am an alcoholic" or "I am depressed" or "I am timid." The systemic therapist, however, always remember that concepts such as "alcoholic", "depressed", and "timid" are not merely attributes of self-concept; they are abbreviations for relational data as well as important precursors for action in operating relational contexts. Concepts such as these have limited descriptive value and leave us handicapped in attempting to elucidate the organizational connections of the relational contexts related to the client's problem. The therapist has to transform these concepts into questions about the operation of relational contexts. This is easier to do than to say! All the therapist does is to ask the client questions about who does what and when in relation to the problem or concern.

Imagine a subject saying "I am a shy person ...." Instead of asking him/her to elaborate the definition e.g., Why don't you tell me more about it?, the therapist should ask for the interactional contexts and the specific interactive behaviors summarized in the concept of "shy person" e.g., When do you act shy? How do you show that you are shy? Who notices first when you are being shy? Who knows that you are shy? Likewise, when clients use adjectives to describe others you should invite him/her to provide specific examples of behaviors (Fleuridas et al., 1986) e.g. You said that your brother gets angry at you when you are being shy, what does he do when he gets angry at you? or, How does your brother show that he is angry at you?

Clients will repeatedly offer their most meaningful words for you to explore in their relational contexts. Which data (words) you choose to explore would be determined primarily by your "hypotheses" (see page 61 for discussion of hypotheses).

Once some operational descriptions of the system are made, it is time to explore the differences or chages in the problem and in the operation of the system over time. For example, the therapist may explore differences in the past e.g., Five years ago were you more or less shy than what you show today? How does what happens now differs from what used to occur? The therapist may also explore differences in the future e.g., How does this differ from what will happen if you did this instead of that? Five years from now, will you show more or less "shyness" than what you are showing today?

It is worth mentioning that for some people the future is a difficult subject to talk about. Hypothetical situations may be more appropriate for these people e.g. What would happen if you (he or she) did this instead of that?

C. Client Theory

Now that the therapist has a basic idea of the evolution of the client's problem and its operating system, he is ready to further explore the individual's theory (or theories) in relation to the problem. The idea is for the therapist to lead the client into recognizing the recursive interaction between his/her theory and the interaction patterns, which may be perpetuating symptomatic behaviors or dysfunctional interactions. The therapist should ask clients to explain others' behaviors in relation to the problem e.g., How do you explain your brothers tendency to shout at you when he notices that you withdraw from others? What does it mean to you that your brother is screaming more now than he did two years ago? What did it mean to you that your brother did not talk to your mother about it? What would a more affectionate response from your brother mean to you?

Right until this point the therapist has demanded that clients generate descriptions from their own positions in the relational contexts. You may also invite clients to move around in space to describe certain behaviors and beliefs related to the problem from alternative perspectives e.g., If your mother were here now what would her opinion be about this? What was your brother's opinion two years ago? Five years from now your younger brother finds himself in a simmilar situation to yours, how would he handle it?

D. Interventions

Once the client's theory (or theories) are somewhat clear and some of the therapist's hypotheses have been tentatively confirmed, s/he may proceed to challenge some of the tenents of the client's theory. The therapist should not try to persuade the client to change his/her belief of the situation. He should, however, offer alternative descriptions of some behaviors and beliefs relevant to the problem.

Here the therapist is required to ask questions which complement the logic of the client's description of the problem. These complementary questions may take the form of "positive connotations" of the symptom and interactive patterns, or "hypothetical events" related to apparently absolute truths in the client's theory of the problem.

Hypothetical events are presented by asking about how would the client's life would be without the interaction patterns related to the problem or, without his/her theory of the problem e.g., If your sister did not react this way how would she react? If she reacted that way what would you do? How would you have reacted if your sister had done this instead of that? What would you think if next week your sister does this instead of that?

In positively connoting the symptomatic behavior or problem, the therapist suggests that the problem may have an instrumental value in conserving significant aspects of the client's well being and of the operating system as well. The therapist substitutes certain adjectives used to describe either people or relationships for other non-pejorative adjectives which would fit the operational description of the previous adjectives. Our "shy" client can be described as "respectful of others." S/he could be asked something like: Where did you learn to be so respectful of others? In what other ways do you show respect for others?

<u>Hypotheses</u>

Hypotheses are one of the most important aspects of the circular questioning procedure. They inform the therapist's choice of questions while reminding him to keep his attitude as a systemic investigator. They are simply the therapist's ongoing ideas about the operation of the system in relation to the client's concern. As the session develops new information is generated which may tentatively confirm or disconfirm the therapist's hypotheses. Since there are no "right" hypotheses, if the therapist doesn't find support

for his/her ideas then s/he should think of alternative hypotheses to fit the new information and proceed to seek further support for them.

Although the accuracy of your hypothesis is of limited importance, the general form of your hypothesis is not. To the extent that your hypothesis takes into account the operation of the system and includes two or more members of the problem-system, questions about relationship will be generated naturally. Also to the extent that your hypothesis differs from the client's theory you will increase your potential for generating new information about the relational contexts in which the problem exist.

Asking Circular Questions

Circular questions are not your everyday type of questions. People often find them surprising and difficult to answer. If this happens to you, you will know that you are doing a good job. It is important that you don't get involved in explaining to the client what you meant by asking particular questions.

Example: therapist: "Five year from now would you be showing more or less concern than you are showing now?"
client: "Do you mean that if I am still...?"
therapist: (either restate the question or ask another question e.g., On a scale of one to ten, how much concerned would you show in the year 1992?

If this occurs several times over the course of the session, the session may be too fast and/or overwhelming for the client. One obvious way to control the speed of the session is to take more time in asking the questions. Another way to control the speed of the session is to repeat the client's previous answer as a prelude to your question (Campbell, Reder, Draper, & Pollard, 1985) e.g., So your brother gets angry at you when you cry, how does he show that he is angry at you?

About the Therapist's Attitude

There are as many ways of caring as there are others to care for. Moreover, different ways of caring have different consequences. While using circular questioning the therapist should care enough for clients not to focus on their affect as the content of discussion. Clients are so

much a part of their relational contexts that it is very difficult for them to distinguish the forest from the trees, so to speak. From this perspective, that is the therapist's task. If the therapist focuses too much on the client's affect s/he would soon start to define the situation from a perspective similar to the clients' perspectives and would reduce his/her impact as an observer of the clients' social realities. To this end it may be helpful for the therapist to think of himself/herself as a playwriter who is writing a story based on the clients' life script.

Summary

Circular questioning is an interviewing technique based on systemic principles of psychotherapy. The interview process moves along four basic dimensions; 1. problem definition; 2. operational description of the system; 3. exploration of client theory about problem; and 4. interventions. These dimensions were presented as a rough specification of the procedure. They are intended to inform therapists' conduct without constricting their clinical judgement and skills.

APPENDIX H

Pretreatment Perspective Questionnaire

social security number: ____-____-____ date: ____

Instructions: Please respond fully and candidly to each of the questions below.

Please describe the problem or concern that you plan to discuss with us today.

How did the problem or concern begin and when did it begin?

Who is involved with this problem or concern and in what ways?

What is (are) the reason(s) for this problem or concern?

Have you tried to solve this problem or concern, and if so how?

Are there any other ways to solve this problem or concern?

Please write an X on top of the line which most accurately represents ho much of a problem or concern is this to you now.

___; ___; ___; ___; ___; ___; ___; ___; ___; ___

"not at all" "a great deal"

APPENDIX I

Posttreatment Perspective Questionnaire

social security number: ____-____-____ date: ____

Instructions: Please respond fully and candidly to each of the questions below.

Please describe the problem or concern that you discussed with us last week.

How did the problem or concern begin and when did it begin?

Who is involved with this problem or concern and in what ways?

What is (are) the reason(s) for this problem or concern?

Have you tried to solve this problem or concern, and if so how?

Are there any other ways to solve this problem or concern?

Please write an X on top of the line which most accurately represents ho much of a problem or concern is this to you now.

___; ___; ___; ___; ___; ___; ___; ___; ___; ___

"not at all" "a great deal"

What do you think keeps (kept) this problem or concern going?

What conditions might lead to a change for the better?

What conditions might lead to a change for the worse?

Please write an X on top of the line which most accurately represents how much you think other people contribute to this problem or concern.

___; ___; ___; ___; ___; ___; ___; ___; ___; ___

"not at all" "a great deal"

If other people contribute to this problem or concern, how do they contribute?

Please write an X on top of the line which most accurately represents how much you contribute to the problem or concern.

___; ___; ___; ___; ___; ___; ___; ___; ___; ___

"a great deal" "not at all"

How do you contribute to the problem or concern?

Please write an X on top of the line which most accurately represents how much the therapist's questions encouraged you to look at the problem or concern from a different perspective.

___; ___; ___; ___; ___; ___; ___; ___; ___; ___

"not at all" "a great deal"

In which way(s) did he or she do that?

If you gained a different perspective, how would you describe this way of looking at your problem or concern?

Please write an X on top of the line which most accurately represents how much new information about the problem or concern did you find out while talking to the therapist.

___; ___; ___; ___; ___; ___; ___; ___; ___; ___

"a great deal" "not at all"

In relation to your problem or concern, what new information did you learn?

Please write an X on top of the line which most accurately represents how much you became aware of old information concerning the problem or concern.

___; ___; ___; ___; ___; ___; ___; ___; ___; ___

"a great deal" "not at all"

In relation to your problem or concern, what old information did you became aware of?

What or who is (was) responsible for the problem or concern?

Please write an X on top of the line which most accurately represents how much the therapist' questions encouraged you to look at cause(s) and the effct(s) of your problem or concern.

___; ___; ___; ___; ___; ___; ___; ___; ___; ___

"not at all" "a great deal"

In which ways did he or she do that?

What did you like the most about the interview?

What did you like the least about the interview?

Had you heard about this study before participating on it? If so, what had you heard?

Please check that all questions have been answered.
Thank you for your participation!

APPENDIX J

Therapist Self-evaluation Form

Date: month: ____ day: ____ year: ____

Therapist: ________________

Interview style: Circular Questioning: Cognitive Interview

Subject's social security #: _____-_____-______

Instructions: Please write an X on top of the line which best represents your preferred answer.

I think this session was:

excellent	____	____	____	____	____	____	terrible
fragmented	____	____	____	____	____	____	cohesive
relaxed	____	____	____	____	____	____	tense
cold	____	____	____	____	____	____	warm

Additional comments:

APPENDIX K

Feedback Sheet

Dear participant:

First, I want to thank you for your participation on this study. As you may know many of us at one time or another find ourselves involved in difficult situations for which we find limited alternatives. We feel "stuck" and often seek for the assistance of others to help us sort out how to deal with the situation. Psychotherapists are one such group of people dedicated to helping people getting "unstuck"of these situations. Research like this one help us understand better the strenghts and weaknesses of our methods.

As you know this was a study of the comparative effectiveness of of clinical interviews for psychotherapy. Two approaches were compared on their effectiveness to facilitate shifts on people's perspectives of their problems. The approaches used were cognitive-behavioral and circular questioning.

At this moment we are just collecting data. Should you wish to learn more about the outcome of this study, please write your name and address at the bottom of the page. We will mail you the results of the study. Thank you very much for your help on this study.

Sincerly,

Etiony Aldarondo Experimenter	Marian MacDonald, Ph.D. Experimenter

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