

Circular Questioning as a Therapeutic Tool: Theoretical Basis and Application to Couple Therapy.

Kevin Standish

BSocSci (Social Work) MA (Clinical Psychology) PG Dip (Psychotherapy) PG Dip (Couple therapy) PGCert HE

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Introduction: What is Circular Questioning?

Circular questioning (Penn, 1985) is a clinical technique introduced by Selvini Palazzoli, Boscolo, Cecchin, & Prata, (1980) in their paper highlighting hypothesising, circularity, neutrality as central guidelines for conducting a session. It is a core therapeutic technique around which the other aspects of the session interact. It is the action focused point of the hypothesising process and a way of maintaining neutrality as well as generating curiosity (Cecchin, 1987). Tomm describes it as “a systemic enactment in the relationship between therapist and family” (1985, p 34). Penn (1985) sees the aim as being to understand the change in the coalitions over time that caused the problem in the system, thereby creating an arc of time between present and past in the here and now of a session. Boscolo & Bertrando (1996) regard circular questions as one of the most important interventions for systemic therapists.

Circular questions seek information about the differences in the relationships before and after the problem began (Penn, 1985; Burnham, 1988; Tomm, 1985, 1987, 1988, 1998; Boscolo & Bertrando, 1996; Jones, 2000). The transmission of “information that makes the difference” (Bateson, 1972) aims at changing the couple’s thinking about themselves (Burnham, 1988). Circular questioning is in line with the key axiom: “one cannot not communicate” (Watzlawick, Weakland, & Fisch, 1974) in that one cannot not give a relational description to a circular question (Penn, 1985).

This paper focuses on circular questioning’s theoretical basis (Penn, 1985), as a second order cybernetic process (Tomm, 1985, 1988, 1998), and its relationship to the other guidelines of hypothesising and neutrality (Selvini Palazzoli et al, 1980). A brief review of

the various types circular questions described by Penn (1985) and Tomm (1985, 1987, 1988, 1998) will clarify how the questions are applied in couple therapy. Circular questioning has influenced my therapeutic approach to couples, changing and evolving into greater curiosity about the couple's "narrative" (Freedman & Combs, 1996; Dallos, 2006) about the problem.

Circular Questioning: Theoretical basis

The guidelines introduced by Selvini Palazzoli et al (1980) have come to be described as "circular interviewing" (Tomm, 1985; Burnham & Harris, 1992) of which circular questioning is one part in conjunction with hypothesising and neutrality. Burnham & Harris (1992) succinctly describe the circular interview as follows:

"A circular interview begins when a hypothesis is formulated and circular questions are selected to explore this systemic speculation. Linking questions to a hypothesis creates a purposeful and coherent interviewing pattern wherein information is revealed to the therapist and the family simultaneously. ... A circular interview recycles these stories through circular and reflexive questions into patterns which connect them into a systemic understanding. If the therapist has insufficient data circular questions can elicit general information to create specific systemic hypotheses."

Circular causality or circularity (Bateson, 1972; Penn, 1985) is the fundamental concept upon which circular interviewing is based (Selvini Palazzoli et al, 1980; Cecchin, 1987; Penn, 1985; Tomm, 1985, 1987, 1988, 1998; Burbatti & Formenti, 1988; Burbatti et al, 1993; Boscolo & Bertrando, 1996; Jones & Asen, 2000; Dallos & Draper, 2005). This is a both/and view of a problem, moving away from a linear to circular description of causes e.g.: she is depressed because her partner shows her no interest but he shows no interest as she is depressed. They can both said to be involved in a circular loop where one person's behaviour triggers the others response and vice versa. This is Bateson's "double description" (Penn,

1985, p 267). Circularity reduces the idea of blame and helps couples to alter their interactions and belief systems away from a cause / effect view of a problem. Circularity is a bridge that connects systemic hypothesizing and neutrality by means of the therapist's activity of circular questioning (Tomm, 1985).

Hypotheses formulated in line with systemic epistemology guides the therapist's circular questions (Selvini Palazzoli et al, 1980; Burnham, 1988; Tomm, 1985, 1987, 1988, 1998). Hypothesising is an attempt to explain the symptoms within the context in which they occur, including all the significant participants, events and relationships in an interactive pattern that offers a both an explanation and a solution (Burbatti & Formenti, 1988; Burbatti et al, 1993; Boscolo & Bertrando, 1996; Jones & Asen, 2000). Cecchin says that using the word "hypothesis" introduces a scientific connotation that implies there is a "truth" somewhere and suggests using the idea of "fantasy" about the problem to remain curious (Bertrando, 2004, p 219). Circular questioning and hypothesizing form an important feedback process between theory and praxis in understanding what is going on in a family.

Neutrality as defined by Palazzoli et al (1980) was a circular process whereby the totality of the therapist's interaction with the family was neutral by being aligned with all but none at the same time. Cecchin, (1987) reformulated neutrality into a position of curiosity that leads to an exploration of alternative views in a co-evolutionary manner. Circular questioning allows for neutrality and curiosity to be maintained by ensuring that the questions are inclusive "both/and" in their formulation. However Scheel & Conoley (1998) found the violation of neutrality was dependent upon the intention of the question, with interventive circular questions being more violating than descriptive circular questions.

The social constructionism of second order cybernetics (Freedman & Combs, 1996) includes the therapist in the description as part of the system and not as an observer (Tomm,

1985, 1988, 1998; Cecchin, 1987; Betrand, 2004; Dallos & Draper, 2005). The family per se is no longer the problem anymore, but how you understand the family, the way you talk to, with and about the family, as well as the “problem”. There is no absolute “truth” but only the way in which you hold a therapeutic conversation with the family, thereby co-creating a reality that is more or less useful. This links into the importance as therapists to “recognise the self-reorganising properties of the system” (Penn, 1985, p.268). This allows for new narratives to be constructed through the process of therapy that enable change to occur (Dallos, 2006).

Types of Circular Questions

The practise of circular questions follows a circular pattern where the feedback to the therapist’s question will influence and shape the next question (Jones & Asen, 2000). Both therapist and couple together construct a new understanding of the situation in this purposive and responsive interviewing style. The intent is predominantly exploratory, based on interactional and systemic presuppositions to highlight the patterns that connect (Tomm, 1985, 1987, 1988, 1998). There are broadly two types of circular questions: difference questions, and contextual questions within which there are several subtypes: category-difference questions, temporal- difference questions, category-context questions, and behavioural-effect questions (ibid, Penn, 1985). Brown (1997) identifies the process and pattern of questioning as more important than the category of question to maintain circularity. By constructing questions in terms of “creating differences” and “drawing connections”, the circularity principle is maintained (ibid, p 111). This falls in line with Tomm’s difference and contextual questions. Scheel & Conoley (1998) raise the importance of balance in questions as the family may feel overwhelmed and misunderstood by too many interventive circular

questions whilst on the other hand if there are too many descriptive circular questions the session is experienced as bland and ineffective.

Application of Circular Questions to Couple Therapy

The simplest way to use circular questioning is to ask one partner what the other thinks, or how the other feels about a particular issue. Circular questions help each partner to think the issue through from the other person's perspective. The advantages of this are: the silent partner may see that the other partner actually does understand where he /she is coming from; the person talking may better understand the motives of the silent partner; it is a way of fostering positive communication; and it facilitates communication as it is often easier to talk in the third person than in the first person (Bobes & Rothman, 2002).

It is a way of involving a partner who is attending sessions reluctantly and is physically present without actively participating. As one "gossips" in the presence of the other person he/she cannot help but become active - even if it is only by listening to what is being said. Of course, if something is said with which they disagree, they have choice to correct the misinformation thereby engaging.

Another important issue is that the couple is usually not "alone" with you in the room. The issues they have brought with them invariably involve outside parties. The questions need to involve at least one generation down and up (ie parents and children), as well as family scripts and beliefs. This helps widen the landscape of the problem by asking a question like: "what do you think he would do with his son if he stopped drinking?" or "if her mother were still alive, would she be coping any differently with her depression and if so, how?"

Circular questioning can gain information about how it was before and after the problem, connecting the past and the present, for example: "Did you have these kinds of arguments before or after the illness began?" It is important to come full circle, and relate the "then" behaviour to "now" by asking what has changed, e.g.: "What is it, Mary, that has caused John to react so differently now than he would have ten years ago?" Taking heed of Burbatti et al (1993) and Scheel & Conoley (1998) warnings of when working with couples, circular questions asked too insistently and frequently can lead to vicious circles being created, and "disturbing both partners, causing them to become less collaborative, and ultimately provoking them to become rigid in their view points" (Burbatti et al, 1993, p 71). When using intensive interventive circular questions, it is important to respond in an empathic manner as you do not have the rest of the family in the room to whom you can direct questions.

As the extended family is absent, the coalition alignments are not obvious. Circular questions help to identify these in a non-threatening way by using imagined responses from family members, which can validate any hypotheses held in respect to triads which might exist. For example: "If your mother were here, would she say John is closer to Mary or Andrew? What would your father say? Would you tend to agree or disagree with this assessment?"

Careful questioning can enlarge "the story" that the couple bring. Explanation questions, agreement questions, time questions, comparison questions and problem definition questions are all tools in which difference is introduced into the "reality" which has been painted by the couple. It is the difference you create in the couple's minds about the reality they have created for themselves that is therapeutic.

Reflexive Curiosity in the Development of Practise

Like many other therapists, I have been grappling with the problem of how to develop beyond thinking, perceiving and acting as if relationship is a linear and two-dimensional, rather than a circular and multidimensional affair. I began to search for the kind of therapeutic interventions and experiences which will be most effective in helping people truly grasp - perceptually, cognitively and affectively – the systemic reality of their relationship. Burnham's (1993) Approach-Method-Technique (AMT) framework structures the reflexive journey on a case study showing developments in my practise.

Case study: The internet affair.

The couple presented for therapy because the wife, Mary, had been having a “cyber affair” on the internet over the last year. This was the second such occurrence, the first one being 6 years ago, for which they had gone for therapy with the problem being apparently “solved”. The recent “cyber affair” was “discovered” by the husband John who became suspicious of the amount of time she was spending on the internet again. John had changed jobs a year ago that meant he spent more time at home. They presented in the first session with John having the view that “there was something wrong in Mary's head” and that she had an “internet addiction” as the result of her father's death and an abortion a few years ago. Mary was “confused” and did not know why this had happened again. She struggled to find an answer for John and had seemed to concede to his definition of the problem that she was “mentally ill”. She did concede that she enjoyed the pleasure of engaging in the “forbidden” as it was sexually exciting.

Approach (assumptions, values, theories, and working ideas)

My immediate sense on presentation was that I was being handed a narrative by the couple that defined “problem” in terms of linear “pathology”: ie Mary was “ill” and she

needed to be “fixed”. The multiple levels involved in this problem were informed by CMM (Cronen & Pearce, 1985) and because this was a repeated problem, it indicated a possible systemic problem. The approach was influenced by the following ideas:

- Why a cyber affair and not a real one?
- Why now and why 6 years ago?
- How had the previous one been “resolved” to set this one up?
- The meaning of a cyber affair for them as individuals and as a couple?
- How to de-pathologize the problem and define it as a relationship dynamic? To accept the couple’s linear definition was to keep a very narrow view that would not be workable in the session.
- Gender issues of power and control seemed to involved with male dominance and control over Mary’s movements and behaviour.
- Sexual issues were raised as the cyber affair’s sex had been “perverted and disgusting” for John but exciting for Mary. This raised thoughts about the nature of their sexual relationship.
- John’s life script about his parent’s divorce when he was aged six that had left him “devastated” and he had vowed to not allow this to happen to his marriage.

This circular view is different from my psychodynamic approach where I would be looking for deeper pathology within Mary to understand the need for an affair, and how this had then affected the relationship. The approach would have been finding the “answers” for couple by looking at circular connections as objective facts rather than co-created narrative with the couple in the session. I changed my lineal position by identifying the “recursiveness

in the sequence” (Tomm, 1985, p 42): The circularity of his controlling behaviour activated by her withdrawal via the cyber affair links to his “devastation” life-script and her caretaking life-script. By understanding circularity in couple therapy it has contributed to developing a better understanding of the patterns of behaviour that keep couples stuck in the “more of the same fight”, which breaks the blame game that occurs between couples: John was blaming Mary for the marital crisis that she accepted, as she could not find an adequate explanation for her behaviour.

Method (Organisational pattern, ways of working, hypothesizing)

The core hypothesis formulated from file data and their initial presentation was: His life script that “divorce devastates” has created an insecure attachment which he secures by behaving in a clinging, demanding and controlling manner, to which she responded by being a “passive perfect wife” making few demands on him. Following a change in work hours, meant John had more time around Mary demanding constant reassurance from her. John also hated his new job and was “depressed”. Mary was not able to claim the space that was previously available and used a cyber affair to create space as well as to create crisis indicating she was feeling smothered. By defining the “cyber affair” as a way of gaining space within the relationship, the circular process emerged in the story line that had been co-created with the therapist into this new narrative.

By retaining circular thinking throughout the process, empathic responses and even linear questions can be asked about the problem. It is necessary to be flexible and adaptable to the specific circumstances in a therapy session to enable the self-reorganising properties of the system, but also to be aware of my own omnipotent thinking (I can make them change) when working with clients.

Technique (Practise activities and tools)

Circular questions create a double description (both/and) for a couple allowing for true co-evolution. By exploring John's life script, a long-standing pattern of controlling behaviour around Mary was highlighted, starting even before they were married. This had suited Mary's life script of "being needed". The arc of time questions ("when did you first feel you could no longer manage John's demand to be the perfect wife?") identified the changes in John's job and his "depression" as a key elements in the loss of "space" for her.

Previously rather than allowing generativity of new patterns (Tom, 1985) and trusting in the couple-therapist interaction so a new story can emerge via curiosity, I was directive with a couple to help them find a solution which destroyed my neutrality as I have placed myself in the "expert position". I now know this is when I need to engage in a circular questioning to interrupt patterns without telling the couple them what to do: Trust the system to heal itself.

The ethics of second order cybernetics is important because if the truth is relative to the co-creation, then as a therapist I need to be even more respectful about what I am curious, so that therapy is more rather than less useful.

Conclusion

The intention of circular questions to highlight the relational descriptions allows for a deeper exploration with a couple in an empathic manner as part of the coevolving process of a new description of the couple. The stories emerge and are enlarged upon, allowing for a richness of life that as therapists we are privileged to be part.

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