"Seeing Things in a New Light"

Reframing in Therapeutic Conversation

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ABSTRACT

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This is a study in the theory and philosophy of psychotherapy. The focus is on the psychotherapeutic technique of *reframing* – a technique for helping clients to see their situation in a new light, from a new perspective. This technique is used in many forms of psychotherapy, especially in most forms of family and brief therapies.

In this study an attempt is made to clarify the assumptions and presuppositions involved in the use of reframing in psychotherapy. This is done through several theoretical perspectives and especially the perspective of *frame theory*. In order to illustrate the usefulness of the presented theoretical positions, examples of the use of this technique in psychotherapy are explored in the light of these theoretical perspectives. Some suggestions are then given on how therapists can improve their ability to use reframing.

Finally, some epistemological, ontological and ethical issues involved with the use of reframing are explored. In the concluding chapter the results of this study are summarized and discussed.

Key words: reframing, psychotherapy, philosophy, cognitive science, psychiatry, brief therapy, family therapy, solution-focused therapy, frame, schema

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CHAPTER 1

Introduction

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> Words, Socrates says, have the power to reveal,
> but they also conceal…(Hoy, D.C., 1978)

The theme of multiple points of view or multiple perspectives has recently emerged in many fields within our culture. Several philosophers have seen it as a central theme in their thinking, for example Rorty (1980; 1989), Wittgenstein (1953), Gadamer (1960), Rescher (1980), Ihde (1993, 1998) and Vattimo (1989; 1993).

Many practitioners of the new helping profession of *philosophical counseling* see opening new points of view as central to their practice (Achenbach, 1984; 1997; 1998; Boele, 1995; Lahav and Tillmans, 1995). Postmodern approaches to psychology emphasize their *multiperspective* starting point (Kvale, 1992; McNamee and Gergen, 1992; Gergen, 1991; Neymeyer and Mahoney, 1995). In the field of psychotherapy we find many practical applications of this idea of seeing things from many points of view. In family and brief therapy this practice is called *reframing* (Watzlawick, Weakland and Fisch, 1974) and it is the central focus of this study.

If we want to place the study of reframing into the field of psychotherapy studies, it should be part of studying how change in psychotherapy is possible. Psychologist Barbara Held (1995) has pointed out that any theoretical description of a psychotherapeutic approach should include three main parts: theory of problem causation (component A), theory of problem resolution (component B) and some ways to classify clients or problems (component C). These components of the theory are not independent of each other. For example, views about how problems are solved might presuppose certain views about the causes of those problems. However, since problem resolution is the main aim of psychotherapy, only component B is essential for a theory of psychotherapy (Held, 1995). The examination of psychotherapy in this study will also focus mainly on component B: how psychotherapeutic change is possible.

It is essential to note here that the actual practice of psychotherapy requires several other skills and knowledge, skillful reframing is not enough. Psychotherapists need interactional skills, listening skills, rhetorical skills and other skills related to *emotional intelligence* (Goleman, 1995, 1998). Furthermore, knowledge of the normal functioning and development of individuals, families and social systems is valuable for a therapist. Of course, a lot of common-sense knowledge is needed as well, about

causes and effects, time, purposeful behavior, processes, language and communication, mind, world, etc. The theoretical perspectives reviewed in this study will therefore *not* be immediately useful in the daily practice of psychotherapy. In fact, in their daily practice therapists probably operate more on the intuitive levels of *case-based reasoning* and *casuistry*, than through conscious theoretical analyses. The examination of our theoretical and philosophical presuppositions can, however, be crucial when developing new approaches and interventions, a process which the best therapists in the field are in fact engaged in constantly. Theoretical perspectives can also serve as heuristic tools: they can enlarge our collection of possible alternative inter-pretations/descriptions in psychotherapeutic practice and thereby enhance our flexibility as therapists.

One more general point is important to note in order to place this study in a proper context. Philosopher D. Jopling (1993) has made a useful distinction between two different ways to approach and study social and interpersonal relationships and interactions. These two approaches start with different presuppositions and different questions. After the initial question "What is going on when interpersonal interactions happen?" these approaches formulate the next, more specific question differently. The first approach, *The Philosophy of Subjectivity* as Jopling calls it (1993), formulates the next question as "What is going on inside the mind?". This approach is represented by philosophers such as Descartes, Locke, Husserl, and many cognitive scientists today. The second approach, *The Philosophy of Intersubjectivity*, asks the next question "What is going on between people?" Wittgenstein, Mead, Buber and Levinas represent this approach. In the field of psychotherapy, this second approach has been popular in recent years in the form of postmodern and social constructionist movements (Kvale, 1992; McNamee and Gergen, 1992; Shotter, 1993). The approach in this study will go against this trend. I will defend the need for both of the above-described approaches. The interactional nature of people's problems is important to take into account, but we cannot understand these interactions or reframing without the mind. To reframing applies what philosopher of science Thomas Kuhn has noted about *gestalt switches*, sudden changes in perception: they happen to *individuals* (Hoyningen-Huene, 1993).

Many postmodern thinkers would rather not talk about the mind at all (Gergen, 1991; Kvale, 1992), but a persuasive case can be made for the need of *mentalistic talk.* For example philosopher D. Dennett (1988) has emphasized that people attribute to each other beliefs, desires and other *intentional* states in order to make sense of each other's behavior in daily interaction. This kind of *intentional stance* is the cornerstone of *folk psychology* – how we relate to and interact with each other and how we talk about that interaction. At the same time Dennett notes that such attributions are ineliminably indeterminate – i.e. they are like guesses. I agree with cognitive scientists Holyoak and Thagard (1994, p. 177), who argue that the hypothesis that other people have minds is currently the most convincing, and that no credible alternative is in sight.

This study is an attempt to clarify the many confusions that still haunt the theory and practical use of reframing interventions in psychotherapy. First, a

preliminary account and definition of reframing and problems involved is given. Second, the methods and materials of the study are described. Third, several theoretical perspectives relevant for understanding reframing are explored. The last one of these, the frame theory, takes into account and covers most of the relevant aspects of the other perspectives. It is therefore the most suitable perspective for understanding reframing.

After this, I will review some ways that reframing interventions have been used in psychotherapy. Examples are drawn from psychotherapy literature and videotaped therapy sessions. The cases are explored in the light of the theoretical perspectives introduced earlier. Next, several suggestions are given for therapists to improve their reframing skills.

Finally, some epistemological, ontological and ethical problems related to reframing are considered. As a whole, this is a study in the theory and philosophy of psychotherapy. The study is *philosophical* in the sense that the main *goals* of the study and the methods used are philosophical.

The *goals* of the study can be summarized as follows:

1. To call into question the prevailing view of reframing, which seems to be muddled in several respects.

2. To achieve a more coherent and clear understanding of the use of reframing in psychotherapy with the help of theoretical and philosophical perspectives.

3. To clarify the presuppositions and assumptions behind the use of reframing.

4. To give some theoretical and practical suggestions for psychotherapists to help them to improve their ability to develop and use reframing interventions more consciously, more flexibly and more ethically.

5. To show how the problem of reframing is connected to several theoretical positions in cognitive sciences and philosophy.

CHAPTER 2

Reframing: An introduction

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Reframing is an important therapeutic technique in most forms of family therapy (Nichols, 1984, p. 86) and brief therapy (Cade, 1992, p. 163). Some therapists even see it as the most basic operation for the process of change in all therapy (Cade, 1992, p. 163).

The term *reframing* was introduced to the psychotherapy field by the therapists and researchers at the Mental Research Institute (MRI) in Palo Alto, California in the 1960s (for the history of MRI see Bodin (1981) and Lipset (1982)). One of the earliest explicit uses of the term appears in an article by Don D. Jackson and John Weakland from MRI in 1961:

> …the therapist may frame his own message, and equally important, he may reframe and reinterpret the messages of family members. By this means the positive side of difficult or provocative behavior in the family can be shown… (Jackson and Weakland, 1961/1968, p. 238)

At the time Jackson also used the term *relabeling*, by which he meant the technique of restating the client's problem situations so that they could be seen in new ways (Jackson, 1961). At that time both Jackson and Weakland were involved in the famous "Double Bind" -research group in Menlo Park, California. The group studied different aspects of communication under the leadership of Gregory Bateson between 1952 and 1962 (Lipset, 1982). The team began by studying the role of paradoxes in human and animal communication, but in the mid 1950s the studies were focused on psychotherapeutic communication. One of the crucial influences for the group were the curious therapeutic techniques used by the psychiatrist Milton H. Erickson. When several members of the "double bind" group founded the MRI in 1959 and began to further experiment with psychotherapeutic methods, reframing among them, the crucial influences came from the work of Erickson (Zeig and Geary, 1990; Protinsky, 1987).In an interview with Jay Haley and John Weakland in 1959 Erickson was asked:

> W: How did you ever develop the ability to get such a view of the positive side of a whole lot of things that everybody else would probably be considering difficult as hell? (Haley, 1985, p. 182)

Erickson answered that most people in the field of psychiatry are too fascinated by Freud and they forget that there are other books on the shelves:

> E:…You also ought to wonder what Jung and Adler say about it, and what would Westermark say about it?
> H: How is this relevant to the positive attitude?
> E: Then when a patient comes into your office and presents you an awfully negative thing, you're always looking at this side of it, and that side, above it and below it, beyond it and in front of it. Because there's always obverse and reverse to a coin. (Haley, 1985, p. 182)

Milton H. Erickson developed his skills in reframing (although he did not use this term) in connection with his experiments with hypnotic techniques. He viewed hypnosis as a collaborative relationship between the client and the therapist. In order to develop and retain such cooperation, the hypnotist needed to be very flexible in his/her responses to the client's actions. It was clear to the therapists at the MRI that reframing technique is rooted in such hypnotherapeutic skills:

> …reframing is involved in all successful trance work; in fact, the ability to reframe whatever the subject does (or does not do) as a success and as evidence that his trance is deepening is the hallmark of a good hypnotist. If, for instance, hand levitation can be induced, this is an obvious sign that the subject is entering a trance. But if the hand does not move and remains heavy, this can be framed to prove that he is already so deeply relaxed as to be ready to go to even deeper levels. If a levitated hand begins to come down again, this movement can be reframed as evidence that his relaxation is increasing and that the moment the hand again touches the arm rest of the chair he will be twice as deeply in trance as some time before. If, for whatever reason, a subject threatens to interrupt the induction by laughing, he can be complimented for the fact that not even in a trance does he lose his sense of humor; if somebody claims that he was not in a trance, this can be reframed as the reassuring proof that in hypnosis nothing can happen against a person's will. Every single one of these many possible interventions thus stands in the service of preparing, inducing, or strengthening hypnotic relaxation. (Watzlawick et al. 1974, p. 101-102)

It would require a whole book to describe all the cases in which Milton H. Erickson used techniques similar to reframing interventions. Therefore, only a few examples will have to suffice here. Brief therapist Jay Haley, who has largely been responsible for making Erickson known by writing about him (Haley, 1963; 1967; 1973; 1967/1993), has described Erickson's ability to see things in a new (usually positive) light:

> If a patient points out that he always tries and fails, Erickson will emphasize his determination and his ability to try. If a patient behaves passively, Erickson will point out his ability to endure situations. If a patient is small, he finds himself thinking about how fortunate it is to be small and agile instead of large and lumbering as he talks to Erickson. If a patient is large, his solidity and strength are emphasized. (Haley, 1963, p. 46)
> Typically what the patient defines as a defect or a sign of unsavory character will be redefined by Erickson. The large nose on a female becomes that which gives her

individuality and the gap between the teeth of a young lady provides her opportunity to squirt water playfully at a young man. A major skill of Erickson is the way he enforces a positive view without it appearing mere compensation or reassurance. To Erickson, the positive view is the realistic one. (Haley, 1967/1993, p. 18)

Brief therapist Steve de Shazer (1982) defines the features that allow him to recognize an Erickson procedure or intervention when he sees one, as an *Erickson fingerprint*:

Simply, this fingerprint involves transforming through reframing at least some aspects of the complaint from an involuntary, painful part of life into a deliberate, more useful part of life. This reframing changes the entire meaning of the person's situation, and a behavior change will follow. (de Shazer, 1982, p. 96)

For more examples of Erickson's flexible therapeutic techniques, see Erickson and Rossi (1985), Haley (1963; 1967; 1973; 1985; 1993) and Gordon and Meyers-Anderson (1981).

I Definitions of reframing

The notion of reframing was more carefully defined by brief therapists from MRI in 1974. In their book *Change* Watzlawick, Weakland and Fisch introduced what could be called the *classical* definition of reframing, which has been used by most commentators since:

To reframe, than, means to change the conceptual and/or emotional setting or viewpoint in relation to which a situation is experienced and to place it in another frame which fits the "facts" of the same concrete situation equally well or even better, and thereby changes its entire meaning. (Watzlawick et al., 1974, p. 95)

As an example of reframing Watzlawick et al. cite a passage from Mark Twain's book *Tom Sawyer's Adventures*. In the story, Tom Sawyer is sentenced to whitewash thirty yard of board fence on a Saturday afternoon, while other boys are going swimming. His friend Ben starts making fun of Tom, because Tom has to WORK on a day like this. Tom answers:

-What do you call work ?
–Why, ain't *that* work ?
Tom resumed his whitewashing and answered carelessly:
-Well, maybe it is, and maybe it ain't. All I know, is, it suits Tom Sawyer.
–Oh come, now, you don't mean to let on that you *like* it ?
–Like it? Well, I don't see why I oughtn't to like it. Does a boy get a chance to whitewash a fence every day? That put the things in a new light… (Twain, 1970 [1876], p. 18)

Soon all of Tom's friends want to try this *opportunity to whitewash* and they are even willing to pay for it.

Watzlawick at al. (1974) also gave additional descriptions of reframing. The first one of these descriptions emphasized the central role that *categorization* plays in the process of reframing:

> In it's most abstract terms, reframing means changing the emphasis from one class membership of an object (Object should be taken in it's most abstract connotation, as including events, situations, relationships between people and objects, patterns of behavior, etc.) to another, equally valid class membership, or especially, introducing such a new class membership into the conceptualization concerned. (Watzlawick et al., 1974, p. 98)

It was clear to Watzlawick et al, that any set of objects can be classified in many different ways, depending on our purposes. We can, for example, classify human beings according to their age, sex, color of the skin, language, wealth, etc. Watzlawick et al. note:

> A red wooden cube can be seen as a member of the class of all red objects, of the class of cubes, of the class of wooden objects, of the class of children's toys, etc… (Watzlawick et al., 1974, p. 97)

Secondly, the members of the research group at the MRI were very much aware that reframing resembled *psychological interpretation*, but that it had different goals. In 1974 they wrote:

> However, in addition to suggesting or prescribing changes in overt behavior, we do utilize interpretations. Our aim, though, is simply the useful relabeling of behavior. Patients often interpret their own behavior, or that of others, in ways that make for continuing difficulties. If we can only redefine the meaning or implications attributed to the behavior, this itself may have a powerful effect on attitudes, responses and relationships. (Weakland et al., 1974/1977, p. 287).

II Uses of reframing in psychotherapy

Reframing has been used in a variety of ways in psychotherapeutic conversations. First, it can be used to define the problem situation in new ways, usually in such a way that the problem will be easier to solve. As Haley has noted:

> There is a class of therapeutic situations in which the problem presented must be redefined as another problem before it is resolved. (Haley, 1976, p. 121)

Secondly, it can be used in reduction or intensification of clients' emotionality in order to produce mobilization toward the goal (Minuchin and Fishman, 1981). Thirdly, with the help of reframing the client can be motivated to do the therapeutic tasks that are suggested in therapy (Fisch et al., 1982, p. 119). Fourthly, with the help of reframing the client's motivation for therapy can be relabeled: "only strong people can admit

problems and weaknesses" and have courage to seek help (L'Abate, 1975). Moreover, family therapist J. Bogdan has noted:

> Positive reframings can be used to express concern or empathy, to flatter, to redefine the meaning of a behavior and therefore to change another's response to it, to provoke a therapeutic crisis by encouraging the temporary escalation of a problem – maintaining solution, or to induce one or more people to change their behavior in order to show that the therapist has the wrong idea about them. (Bogdan, 1984, p. 378)

Sometimes reframing can be used to confuse, startle, or shake up the client (Selzer, 1986, p. 107). It is important to note that reframings are not necessarily positive, as Haley has noted:

> Any act that is defined in one way by the client, can be redefined in a less acceptable way by the therapist so that it is something the person doesn't like. For example, something the client describes as vengeful can be redefined as protective and encouraged by the therapist. Or an act that the client defines as independent of the therapist can be redefined as done for the therapist, thereby reframing it in such a way that the person would rather not continue it. (Haley, 1993, pp. 69-70)

The most important use of reframing is, however, as a part of the therapeutic conversation itself. The therapist suggests, through questions, comments, redescriptions, etc., alternative ways to see and talk about the client's situation. (Berg, 1994a; Davies, 1988; Cade, 1992)

Reframing still has a central and important role in most variants of family and systemic therapies, though often under a different name. Reframing played an important part in the four most important schools of family therapy in the 1980s: the Mental Research Institute model of brief strategic therapy (Watzlawick et al., 1974; Fisch et al., 1982); Strategic family therapy (Haley, 1987; Madanes, 1982); Structural family therapy (Minuchin and Fishman, 1981) and Milan systemic family therapy (Selvini, 1988; Boscolo et al., 1987). One could argue that most of the new approaches to family and brief therapy that have been popular in the 1990s are relying even more on reframing than the schools in the 1980s, but this would require another study. These new approaches include Solution-focused brief therapy (De Shazer, 1982; 1985; 1988; 1991; 1999; Berg, 1994a); Solution-oriented brief therapy (O'Hanlon and Weiner-Davis, 1989; O'Hanlon and Cade, 1994; Furman and Ahola, 1992); Narrative therapy (White and Epston, 1990); Collaborative language systems therapy (Anderson and Goolishian, 1992); Neuro-Linguistic Programming (NLP) (Bandler and Grinder, 1982) and Single-session therapy (Hoyt, 1994; Talmon, 1990).

III   Problems with reframing

The effective use of reframing as a tool in therapy has been hampered by inadequate theoretical understanding of the processes behind the technique – many therapists have

expressed their concern about this and demanded more clarity (O'Hanlon, 1984; Coyne, 1985; Jones, 1986; Grunebaum and Chasin, 1978; Wilder, 1979; Wynne, 1988). Experienced clinicians have, of course, had intuitive ability to use reframing. There are plenty of case descriptions in family and brief therapy literature, in which reframing is used. No one has, however, been able to clarify the basic presuppositions and assumptions involved in the process. Inexperienced therapists have been left to learn and apply reframing by relying on erroneous assumptions. Descriptions of reframing have been vague and muddled and no useful guidelines have been available on how to come up with new reframings in practical therapy situations. Coyne notes:

> The family therapy literature is rich with examples of the use of reframing. Yet there are limits to our ability to replicate these examples or generalize from them. (Coyne, 1985, p. 337)

CHAPTER 3

Methods and materials of this study
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This is a study in the *theory* and *philosophy of psychotherapy*. It focuses on the presumptions and assumptions behind the use of reframing interventions.

Seeing things in a new light or from new perspectives – the ability behind reframing interventions – belongs to the area of epistemology or theory of knowledge within philosophy. Of course, these problems share domain with several other areas in philosophy: philosophy of mind, philosophy of language, philosophies of psychology and psychiatry. Many considerations related to this ability can be traced back to Immanuel Kant´s "Copernican revolution" in epistemology. According to Kant, the human mind is not a passive receiver of knowledge in perception, but the mind is active and selective in that process.

In recent decades a new interdisciplinary field of study has emerged – cognitive science – that strives for empirical investigation of the old epistemological problems (Gardner, 1985, p. 6). In cognitive science several disciplines combine their forces: philosophy, psychology, linguistics, artificial intelligence, neuroscience and anthropology. Since cognitive science is empirical epistemology, theories developed in this field are potentially relevant for understanding reframing. Especially frame theory, which is an outgrowth of Kant´s schema theory, is suited for our purposes here.

This study is *philosophical* in the sense that the *goals* of the study and the *method* used in it are philosophical. The *method* in this study is philosophical and includes three main parts: First, current ways of thinking and self-evident starting points and assumptions in the field are called into question. Secondly, relevant background assumptions are formulated, clarified and systematized. Thirdly, these views are evaluated through arguments and counterarguments.

This study also aims to show how the problems of reframing, like many problems in psychology, are actually "rooted in traditional philosophical problematics" (Kamppinen et al, 1993, p. 1). In fact, we can only begin to explore the philosophical assumptions involved, as Lakoff and Johnson have noted:

> Living a human life is a philosophical endeavor. Every thought we have, every decision we make, and every act we perform is based upon philosophical assumptions so numerous we couldn't possibly list them all. (Lakoff and Johnson, 1999, p. 9)

The *case examples* of reframing interventions analyzed in this study serve only *as illustrations of the theory* presented in this study. The examples are collected from psychotherapy literature. In each case, the writer was an associate of the Mental Research Institute, where the term reframing was first introduced. It is important to demonstrate that our theoretical perspectives are applicable to these *original* ways of using reframing in therapy. In each case, the writer has claimed that the case is, specifically, an example of reframing intervention. The cases show several different and commonly used examples of reframing. The selection does not try to be representative of all the possible ways of using reframing. The role of these examples is simply to illustrate the theoretical perspectives. By looking at the cases in the light of the theories presented in this study, we can gain new insights about the aims, objects and specific details of reframing interventions used in psychotherapy.

The same considerations apply to the four *vignettes from videotaped brief therapy sessions*. They serve to illustrate the usefulness of the theoretical perspectives introduced in this study. They also show the varieties of reframing interventions in practice. The videotapes are from Solution-focused brief therapy sessions, which was the approach to therapy that was used at the Rehabilitation Foundation's Brief Therapy Center, where I worked as a research associate in 1997-1998. In this study, these videotaped examples of reframing also serve as examples of non-MRI uses of reframing.

All data is interpreted in terms of prior theories. This approach resembles the "theory-led" approach used increasingly in qualitative analysis in psychology (Hayes, 1997, p. 87). In this approach, "prior theory provides the themes, which then structure the way that the data is explored." (88)

CHAPTER 4

Theoretical perspectives: How is reframing possible?
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In this chapter I shall first explore some points about the nature of language, thought and their relation to reality, which can help us to understand why reframing is possible at all. These questions are among the most difficult in philosophy and cognitive science, because they relate to *everything* in human experience. Sharp distinctions between language, thought and reality cannot be made, they are always entangled and enmeshed. A good example of this is what cognitive scientist John Haugeland (1987) has called the *enthymematic* nature of language. This is an old Greek term, which he uses to refer to the phenomenon that many of our presuppositions are not explicitly stated when we use language:

> If the sequences of utterances in ordinary text and discourse cannot plausibly be regarded as formally "valid", that's because we're only seeing the tips of the icebergs. For various practical reasons, natural language use is wildly enthymematic; many intervening steps and presuppositions are not expressed, but only thought. "Thoughts", of course, are the rest of the iceberg. (Haugeland, 1987, p. 80)

We will notice similar entanglements of language, thought and reality when we explore, from several theoretical perspectives, our ability to see things in a new light. These are the perspectives of *categories, analogies, metaphors, "seeing as", dialectics and interpretation*. Finally, *frame theory* is presented as an integrative *meta*perspective on these phenomena.

It is important to explore all these theoretical perspectives, because they all reveal different aspects of and different presuppositions behind the problem of reframing. Only frame theory is capable of accounting and integrating these other viewpoints. Of course, these perspectives do not exhaust the possible perspectives that are open to us. As the Finnish philosopher Lauri Rauhala has noted:

> Even if a human being is described and explained as thoroughly as possible, it is always possible to describe and explain him in a new way. (Rauhala, 1974, p. 18, trans. AM)

I Categories and concepts

> Labels in philosophy and cultural discourse have the character that Derrida ascribes to Plato's PHARMACON: they can poison and kill, and they can remedy and cure…. But we must also be wary of the ways in which they can blind us, and can reify what is fluid and changing. (Bernstein, 1986, p. 90)

The therapists at the MRI saw clearly that *categorization* is closely related to reframing. When using language, we continually classify. Most of our words do not refer to single, particular objects, but to classes of objects. These classes are usually called categories (Lakoff, 1988). A category has been defined as "a number of objects that are considered equivalent." (Rosch, 1978, p. 30) Therefore, categorization is a process in which things or people are seen as members of a group or a category (Fiske and Morling, 1995, p. 94). By using a certain category, we focus attention on those features of an object or situation that are equivalent between the members in the category.

The idea that every object or situation can be categorized and described in several alternative ways is actually very familiar to us. In fact, alternative descriptions are so commonly used that it is difficult to notice that we do it all the time. We might, for example, give the following comments about a house:

1. This house is ugly.
2. This house is for sale.
3. This house is the oldest one in the street.
   (Graumann, 1990, p. 113)

With these comments, we place the house in a (1) aesthetic, (2) economic, or (3) historical perspective (Graumann, 1990, p. 113). So, a choice of perspective is always involved when we categorize. Each act of categorization answers the question: "In what aspects/perspective are the members equal?" (Rosch, 1978, p. 30) In this sense categorization deals with the ancient problem of universals – "the fact that unique particular objects can be treated equivalently." (Rosch, 1987, p. 151) Alternative categorizations are, therefore, one possible way to understand reframing.

Concepts are closely related to categories, but there is lot more controversy over what concepts are. Many philosophers and linguists have defined the term *concept* in terms of "categorization rules" or as "information that allows people to discriminate members of a category from non-members." (Barsalou, 1992b, p. 153) This is the *classical view* of concepts: objects that have a set of defining attributes, i.e. properties or features in common, are grouped together as members of a class. Modern cognitive science has found this classical view problematic in several ways. Rosch (1973) noticed that some members of categories are often more typical than others (e.g. Tarzan is not a good example of a bachelor). People often disagree on the defining attributes of many concepts (e.g. game), as Wittgenstein (1953) has noted. In addition, the boundaries of many categories are fuzzy (e.g. are bookends furniture or something

else?). These features cannot be explained by the classical view of concepts. (Eysenck and Keane, 1990, p. 258)

The purpose of categories is not only to identify similarities, but also to provide the user with "a tremendous amount of knowledge that is relevant to interacting with category members." (Barsalou, 1992b, p. 154) This information must be included in concepts. Such *conceptualizing* of categories serves at least three tasks: comprehension, prediction, and action. When we have placed something into a category, we may want to comprehend its behavior, predict what it will do next or interact with it appropriately. (Barsalou, 1992b, p. 154) This is the *frame view* of concepts that is based on Kant's, Bartlett's and Piaget's views on schemas. According to this view, held by many cognitive scientists (e.g. Thagard, 1990; Eysenck and Keane, 1990), concepts are identified with frames. Moreover, concepts are related with one another to form clusters of concepts. Such concepts and clusters of concepts are mental structures, not abstract entities. (Thagard, 1990, p. 258) These structures represent general knowledge/beliefs about "events, sequences of events, precepts, situations, relationships, and even objects." (Eysenck and Keane, 1990, p. 275)

Barsalou (1992b, p. 167) has noted that our conceptualizations for a category can vary from one context to another. We can activate or employ different parts of our knowledge associated with that category in different contexts. For example,

> …the sentence "To clean up the spilled paint, Marsha got a newspaper" activates ABSORBENT for NEWSPAPER. In contrast, the sentence, "To start a fire, Marsha got a newspaper", activates FLAMMABLE for NEWSPAPER. (Barsalou, 1992b, p. 167)

Categorization is one of the most fundamental of our cognitive activities. It can be said to serve two main purposes, both of which are relevant for reframing: *cognitive economy* and *information management*.

Categorization serves cognitive economy by decreasing the flow of information we have to handle each moment. (Eysenck and Keane, 1990, p. 252) Categories help us to "simplify the world." (Fiske and Morling, 1995, p. 94) This frees the cognitive system from analyzing all aspects of the current situation. We could call this the filtering function of categorization. "If we responded to everything as being unique, we would be swamped by the variety in our world…"(Helman, 1988, p. 3) The other side of this filtering function is that our understanding of any situation is always partial, we notice just a *slice* of reality at each moment (Arbib, 1985, p. 24; Hautamäki, 1986, p. 7; Arbib and Hesse, 1986, p. 31).

From this angle, it is no wonder that reframing can be so effective in conversation: different descriptions of a situation help us to notice different *slices* of the situation. This is just what Lakoff (1987) means when he notes:

> …categorization does enter into our experience of seeing, and not all of us categorize the same things in the same way. Different people, looking upon a situation, will

notice different things. Our experience of seeing may depend very much on what we know about what we are looking at. (Lakoff, 1987, p. 129)

The other main function of categorization is that it helps us in each situation to "go beyond information given" (Bruner, et al., 1956). By choosing or evoking a category, we, in a way, open a gate to a library of information in our memory that is connected to that category. This information includes not only categorization rules, but also all the information we need to live with the category members: to understand, predict and act with them (Barsalou, 1992b). This information is stored in concepts or frames. We can now better understand the power of reframing: when we use different categories, different information becomes available or activated in our mind, and it influences our perceptions and actions in that situation.

II   Analogical thinking

Many situations in politics, ethics, medicine, and psychotherapy are too complex to be handled by using rules of logic (Holyoak and Thagard, 1994). In these situations we often use *analogical reasoning* instead, reasoning that is *case-based*, like using precedents in legal reasoning. Reframing is related to analogical reasoning, in which new descriptions of the current target domain are generated by mapping a different/alternative source domain to the current situation. Thereby different aspects of the situation are highlighted.

Different recommendations for action result from different analogies: during the Persian Gulf crisis the military intervention was defended by comparing president Saddam Hussein to Adolph Hitler. The critics of the intervention compared the situation with Vietnam to argue for a hands-off policy (Holyoak and Thagard, 1994, p. 101).

Often the most difficult part of analogical reasoning is finding a suitable source analog, a useful *case* from our memory. In each situation, it is possible to see similarities with many different earlier situations, depending on how we conceptualize the situation. As Bernstein has noted: "Resemblance is always resemblance in some respect, resemblance under some description." (In Messer, Sass and Woolfolk, 1988, p. 101) Some researchers of analogical thinking emphasize that "structural correspondences" are most important in analogical mapping, others stress the importance of superficial similarities and people's purposes in contributing to the process (Thagard, 1996).

Holyoak and Thagard (1994) state that *the analogical connection is between concepts* and therefore it is possible to interpret *sameness* at different levels of abstraction in each situation (p.125). Since every situation can be conceptualized in a variety of ways, many different analogical connections can be established. G. Bateson used to refer to analogical connections as "a pattern which connects" (Bateson, 1972).

Focus on a single analogy can easily narrow our set of goals and possibilities. Therefore, it is often useful to construct multiple analogies, multiple mappings to different source analogs. Thereby different options and possibilities open up. (Holyoak and Thagard, 1994) This is just what reframing is, seeing a situation as analogous to other situations.

Holyoak and Thagard see metaphors as based on analogical thinking. Therefore, metaphorical correspondences are not fundamentally between words, but rather between systems of concepts. "Mentally, analogical and categorical connections...are the same KIND of connections." (Helman, 1988, p. 4) "Metaphors and analogies make connections not yet captured by category structure." (Helman, 1988, p. 14)

Thagard's (1996, p. 90) recommendations for educators for a more successful use of analogies can be adapted for the purposes of reframing:

1. *Use familiar sources*. Thagard notes that it is not useful to explain the structure of atoms to young children by analogy to the solar system if they do not know the structure of the solar system. This is paralleled by Milton Erickson's, MRI's and other brief therapists recommendations that the therapist should start from what the clients bring in, the patient's "position", his/her view of the situation and then use the clients language to construct reframings.

2. *Make the mapping clear*. It is perhaps more important in educational settings to specify the analogy, for example which aspects of mind correspond to similar aspects in computers. In therapy, it might be more important to explore the specific practical implications of the analogy. For example, how would things be different if the situation were to be seen from this new angle?

3. *Use deep, systematic analogies*. Thagard notes that "the most powerful analogies use systematic causal relations" (p. 90). In therapy, this would mean that the analogy should fit, as well as possible, to the clients experience of his/her situation.

4. *Describe the mismatches*. Thagard emphasizes that "any analogy or metaphor is incomplete or misleading in some respects" (p. 90). In therapy, it might be useful to explore where the new point of view "breaks down" or does not fit. Such an exploration could help the therapist to understand better the clients unique view of his/her situation.

5. *Use multiple analogies*. Several alternative perspectives can highlight different aspects of the situation and open up different ways to think and act.

6. *Perform analogy therapy*. Clients might be using some misleading old analogies that need to be challenged. Thagard calls this *analogy therapy*. O'Hanlon has called it *deframing* (O'Hanlon, 1984).

Since analogical connections and inferences between concepts are possible at different levels of abstraction, it becomes important for the psychotherapist to find out how

his/her clients conceptualize and see their situation. This was already clear to the originators of reframing in Palo Alto:

> ...successful reframing needs to take into account the views, expectations, reasons, premises - in short, the conceptual framework - of those whose problems are to be changed. ”Take what the patient brings you” is one of Erickson's most basic rules for the resolution of human problems. (Watzlawick et al., 1974, p. 104)

III Metaphors

Some recent approaches to the study of metaphors can inform the study of reframing. Recent developments in linguistics and philosophy emphasize the central role metaphors play in our everyday language (for overviews on this research see Johnson, 1981 and Ortony, 1993). Metaphors are often dismissed as highbrow literary or poetic means of expressing ideas, which can also be expressed more honestly with more simple, literal language. According to this view, metaphors are like useless ornaments or indirect substitutes for more direct expressions.

There is, however, a research tradition in philosophy and linguistics that sees metaphors as central to the task of accounting for our perspectives on the world (Schön, 1979/1993). This line of thought extends from philosophers Ernst Cassirer´s (Cassirer, 1946) and Max Black´s (Black, 1954-55; 1979; 1977/1993) studies to recent work in cognitive linguistics (Lakoff and Johnson, 1980; 1999; Lakoff, 1987; 1988; 1993; Johnson, 1981; 1987; Ortony, 1993). According to this tradition metaphors and points of view are related in the following way: metaphorical utterances, like ”Man is a wolf”, use familiar descriptions in new situations. These borrowed descriptions carry over new perspectives to the new situation. This highlights certain aspects in the new situation, e.g. *wolfishness* in man. Black calls metaphors *cognitive instruments* that create new perspectives on the world for us (Black, 1977/1993; Johnson, 1987) – influencing which aspects we notice.

In this tradition *metaphor* refers to a process – ”a process by which new perspectives on the world come into existence” (Schön, 1979/1993, p. 137) - and a product - ”a perspective or frame, a way of looking at things” (Schön, 1979/1993, p. 137). Metaphorical utterances like ”Man is a wolf” are described as ”a particular kind of SEEING AS, the ”meta-pherein” or ”carrying over” of frames or perspectives from one domain of experience to another.” (Schön, 1979/1993, p. 137)

Black's *Interaction theory* of metaphors is particularly relevant for our concerns (Black, 1954-55; 1977/1993; 1979). According to Black, when we use a metaphor “*A is B”* (e.g. ”Man is wolf”), *a system of associated commonplaces* or *system of implications* that we associate with A (e.g. ”man”) interact with those of B (”wolf”). With this interaction, Black means that we use the *implicative system* of B (e.g. ”wolf”) to *filter* or *organize* or *transform* our conception of A (e.g. ”man”). This process gives us a new perspective on A, it highlights and emphasizes certain aspects

of it. In a later article Black calls metaphors *cognitive instruments*, by which he means that metaphors can in a sense *create* new connections in the world we perceive (Black, 1977/1993, p. 39). Black avoids, as Johnson points out, "the view that metaphors create new *referents*, in favor of the view that they create new *perspectives* or reality that exists only via the metaphor" (Johnson, 1987, p. 70).

Cognitive linguists, like Lakoff and Johnson, have later developed Black's insights into a more specific theory of metaphors. They have extended it to a more general view of how our everyday language works (For a review see Lakoff, 1993; Lakoff and Johnson, 1999).

D. Schön (1979/1993) clearly sees the importance of metaphors for problem solving – different descriptions open new ways of viewing the situation.

> [Schön]...describes how society's ills receive conflicting descriptions often couched as metaphors. These descriptions, these "stories people tell", carry with them, often covertly and insidiously, natural "solutions". Thus the way in which a social situation is viewed constrains the set of problem solutions in a sometimes wrong or inappropriate way. (Ortony, 1993, pp. 5-6)

Expressions such as *seeing things in a new light*, *ways of viewing things*, *new ways of looking at things*, etc. are, of course, themselves metaphorical. Such expressions borrowed from the field of vision and seeing are used to talk about understanding, i.e. about the workings of the mind. Lakoff and Johnson (1980) have called this widespread metaphor "Understanding Is Seeing", and they give such examples as "I *see* what you're saying"; "I *view* it differently"; "Now I got the *whole picture*" (Lakoff and Johnson, 1980, p. 48).

Moitoza (1982) notes the close relationship between metaphors and reframing. He underlines the importance of knowing the clients interests:

> Metaphors and reframings drawn from maritime phenomena – fishing, whaling, ocean storms, aquatic life, and all manners of experience, common to coastal people – can also prove extremely useful in the therapeutic work with the Portuguese. So, too, can reframings based on folk medicine and folklore. (Moitoza, 1982, p. 433)

Davies (1988) has noted that there are similarities between reframing and metaphors as described by Black (1962). Unfortunately, she does not specify this similarity more closely for it to be useful for therapists. She notes, however:

> To summarize, reframing and metaphor are similar in that both devices carry that potential of modifying the way in which a situation is viewed and understood. (Davies, 1988, p. 88)

Davies goes on to argue for the use of myths and fairy-tales in therapy as a form of reframing:

> …myths and fairy-tales could function as extended metaphors, providing a vehicle for reframing so that the participants recognize alternative ways of acting, so enabling them to deal with the problematic situation differently. (Davies, 1988, p. 89)

Berlin et al. (1991) explore the implications of Lakoff, Johnson, Schön and Black's view of metaphors for how the therapist sees his/her own work. For example, they warn therapists using the metaphor "Psychotherapy As War", as it might "discriminate against the therapist being more passive, reflective, and in tune with his or her own feelings. " (Berlin et al., 1991, p. 362) They also point out that the metaphor "Seeing Is Understanding" is commonly used in psychotherapy. When family therapists talk about "seeing the family interactions from a new perspective" they are using visual metaphor to talk about understanding in a new way (Berlin et al., 1991, p. 363).

Berlin et al. (1991) also have a good understanding of the close relation between reframing and metaphors in psychotherapy:

> Metaphors may simplify an idea or behavior by emphasizing certain elements more than others. Highlighting certain issues often reframes a problem in a novel way that disrupts previously held ideas and behaviors. Therapists' willingness to try out new ways of looking at a situation by using different metaphors may also provide patients with new models of behavior for solving problems since the patients may then try out new metaphors for assessing their behavior. (Berlin et al., 1991, p. 364)

Johnson (1992) explores different variations of the "Mind As Body" metaphor and shows how each aspect of our cognitive activity (e.g., thought, reason, memory, communication, creativity) are structured by source domains from our bodily activities (Johnson, 1992, p. 351). For example, *ideas* are often conceived as perceived physical objects (e.g. "I saw the facts immediately" or "Can you grasp the main idea?"). We talk about thinking as perceiving or observing (e.g. "I see what you mean" or "From my viewpoint his assumptions aren't clear") (Johnson, 1992, p. 351).

Johnson goes on to produce interesting examples of this "Mind As Body" metaphor:

> Remembering is re-perceiving or re-viewing an idea-object that one has previously perceived (e.g. "I *reviewed* the relevant argument," "Let's *see* if we can *see* the main concepts *again")*. Communication is sending of an idea-object through a conduit or medium to a receiver (e.g., "She *got* her idea *across* to me," "His intentions *came through* loud and clear," "Don't *hand me* that nonsense again"). Creativity is perceiving an idea from a new perspective (e.g. "You've made me *look at things from a new point of view*", "His theory realigned my *perspective* on the subject of continental drift," Feminism *changed my view* of rationality entirely"). (Johnson, 1992, p. 353)

Johnson (1992) shows clearly that our frames or concepts never capture all of what happens at a given moment. Frames and concepts are always partial and open to change. They highlight only certain dimensions of situations and hide others (p. 363). He calls for a study of schemas, concepts and metaphors. This sort of inquiry

> …reveals how choices of frames and conceptual schemes may limit our understanding of who we are and what is possible in our lives. It can show us that no person is ever captured by any particular frame, metaphor system, or set of categories. Once we realize the existence of such partial schematizations, we may be able to entertain

alternative conceptions of who we are and who we might become. (Johnson, 1992, p. 363)

IV "Seeing as"

It has become common knowledge in the philosophy of science, after N.R. Hanson introduced the idea in 1958 (Hanson, 1958), that our perceptions are *theory-laden*: perceptions only occur in the context of the observer's prior knowledge. Our theories, or knowledge structures in our memory, shape our perceptions and observations of the world. This way of thinking stems back to Immanuel Kant's so called Copernican revolution in philosophy. According to Kant, our mind plays an active part in constituting the world that opens to our experience. In perception, the human mind is not passive, like a camera, but plays an active part. According to Kant, the world is seen in categories of space and time, etc. that the mind supplies from its own structure.

For Kant these categories were constant qualities of our mind, but in modern cognitive science, categories are seen as historically changing and within the reach of man's conscious choice (at least partially) (Niiniluoto, 1990). Our distinctively human way of perceiving our environment is influenced also by our needs and practical interests: we perceive those aspects of our environment that are somehow interesting and important to us (Habermas, 1971). Our perceptions are, then, not only *theory-laden*, but also *practice-laden* (Niiniluoto, 1990, p. 51). We notice different things as our goals change.

An important part of the effectiveness of family and brief therapies has been their use of action-oriented homework assignments between sessions. Part of the effectiveness of these interventions might be linked to a change in point of view, in other words reframing, that follows from these actions. As Nardone and Watzlawick (1993) point out:

> Reframing can be achieved either purely verbally or by certain actions that lead persons to change their view of reality, just as reframing effects can be produced by means of behavioral prescriptions...(Nardone and Watzlawick, 1993, p. 57)
> ...if we manage to get clients to undertake actions that in and by themselves were always possible, but that the clients did not perform because in their second-order reality there was no sense or reason to carry them out, then through the very performance of these actions the clients will experience some thing that no amount of explaining and interpreting may never have revealed or made available. And with this we have arrived at Heinz von Foerster´s imperative: If you desire to see, learn how to act. (Nardone and Watzlawick, 1993, p. 11)

Greg Dillworth, a philosopher of science, has presented some interesting ways to describe how our perceptions depend on language. In his book *Scientific Progress* (Dillworth, 1981) he examines, influenced especially by Ludwig Wittgenstein's remarks concerning seeing and "seeing-as" (Wittgenstein, 1953), the well-known duck-rabbit gestalt switch diagram (see Fig.1). Dillworth develops a useful way of

speaking about a change in point of view or perspective. He points out that when we are seeing this figure *as* a duck or *as* a rabbit, we are *applying* either the *duck* or the *rabbit* -concept to the figure. By applying different concepts, different aspects of the figure are seen. Therefore, the same figure can be perceived in a completely different way without the figure itself changing. According to Dillworth, the ability to see a given figure as different things involves an imaginative activity partially subject to the will. Wittgenstein says that aspect seeing is "half seeing, half thought" (Wittgenstein, 1953).
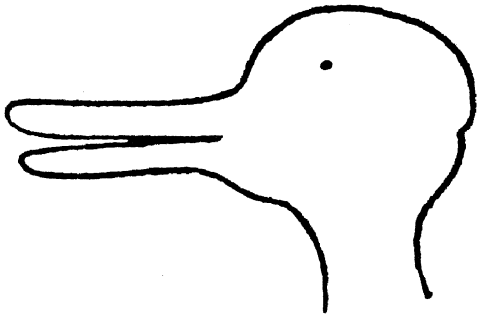
Figure 1. Duck-rabbit.

Dillworth emphasizes that the two concepts *duck* and *rabbit* are not incompatible in and of themselves as concepts: they conflict only when they are given the same referent at the same time. Both aspects, the *duck* aspect and the *rabbit* aspect, cannot be seen at the same time in the same figure. Dillworth goes on to compare this kind of gestalt switch to a change between two scientific theories. In both instances there is, as he says, "a shift in conceptual perspective" or "a shift of intellectual point of view." (Dillworth, 1981)

> More generally, a conceptual perspective of the more complex form is a sort of intellectual point of view, i.e. it is a conceptual system or framework, which provides a structure in which one's thought about some particular aspect of the world can be organized. (Dillworth, 1981, p. 80)

Psychologist Carl Graumann (1960) has developed a cognitive theory of perspectivity. Graumann and Sommer (1988) review how perspectivity has been explored especially in phenomenology. In phenomenology the term *perspective*, taken from the theory of art, has been used as a term for "the structure of the inner representation of the outer world." (Graumann and Sommer, 1988, p. 194) It was also in phenomenology, especially as developed by Edmund Husserl (1859-1938), that perspectivity was seen to characterize any cognitive experience, not just perception. Also nonsensory objects

of thought, like a problem, can be seen or understood from a certain perspective (Graumann and Sommer, 1988, p. 195).

The notion of *noema* in Husserl's phenomenological theory is designed to account for our ability to take different points of view and see things in a new light. Here I will follow philosopher Dagfinn Føllesdal's (1972; 1979; 1981; 1982; 1990a; 1990b) explication of Husserl's ideas. The notion of noema was Husserl's answer to difficulties in philosopher Franz Brentano's (1838-1917) theory of *intentionality*. All mental activity is, according to Brentano, directed toward something. This act-object schema was, however, too simple and involved major difficulties. For example if we try to apply this principle to someone having hallucinations or to someone who thinks of a centaur, we are forced to presuppose that such objects really exist.

To overcome these difficulties Husserl, following Gottlob Frege's (1949-1925) earlier ideas, introduced a trichotomy: act-noema-object. Therefore, noema has a similar function as meaning has in the schema of name-meaning-reference in language theory. Husserl wrote: "The noema is nothing but a generalization of the idea of meaning to the field of all acts." (Føllesdal, 1972, p. 422) For our purposes here, the noema has an interesting property. Although to every act belongs a particular noema and to every noema a particular object (if an act has an object – hallucinations do not), still "to a particular object may belong several different noemata and acts." (p. 422) This means that a particular object can be approached from many perspectives. Husserl's phenomenology was designed to be "a science of noema", the study of the structure of the noemata of our acts.

Føllesdal (1990b) illustrates noemata with the help of psychologist Jastrow's duck/rabbit picture, made famous by Wittgenstein:

> When we see this silhouette against the sky, we may see a duck or rabbit. What reaches our eyes is the same in both cases, so the difference must be something coming from us. We structure what we see, and we do so in different ways. The impulses that reach us from the outside are insufficient to uniquely determine which object we experience, something more gets added. (Føllesdal, 1990b, p. 125)

That something more that gets added is noema. The noema is Husserl's way to describe the subjective perspective:

> Two people can face the same things, but nevertheless experience them quite differently, as different as duck and rabbit. But even where they agree on what kind of an object they see, there may be enormous differences between the ways they see it. (Føllesdal, 1990b, p. 126)
> …acts with a common object but with different noemata can be said to focus on different aspects of their object, to grasp it from different points of view. (Føllesdal, 1982, p. 79)

Sometimes the expectations we have for an object are not fulfilled when we actually face that object. In such cases the noema might *explode* and a new one replaces it – we

come to see the situation differently. As philosophers Seppo Sajama and Matti Kamppinen describe it:

> The perceived "man" may turn out to be a statue, the perceived "house" may turn out to be a stage setting. In these cases the noemata <man> and <house> explode, as Husserl puts it, because they acquire new determinations that are incompatible with the old ones. (Sajama and Kamppinen, 1987, p. 98)

Following this line of thought we could say that in therapy situations there could be many possible ways to describe the client's problem situation. By applying different concepts, by using different descriptions, different aspects of the situation are seen. This is what happens when we use reframing interventions

V Dialectic and rhetoric

Watzlawick et al. (1974) recognized the similarities between their theory of change and Hegel's dialectics. (Weeks and L'Abate, 1982, p. 21) Weeks (1977) has even proposed that dialectics could serve as a theoretical foundation for paradoxical therapy and Weeks and L'Abate (1982) use the point of view of dialectics extensively to review the use of paradoxes in therapy. Unfortunately, they confuse things by seeing reframing as a type of paradoxical intervention. (Weeks and L'Abate, 1982, p. 59) We will take a closer look at the problems concerning this view later in this study.

Philosopher Antti Hautamäki (1983) analyzes the dialectical method used by Hegel and Marx and gives an exact definition of the concept of *point of view* (p. 218). He sees dialectic as a method of using contradictory abstract concepts to consider "a subject from opposite *points of view"* (p. 218). One of the presuppositions behind this view is seeing concepts as abstractions that highlight only some features of reality and omit others. "Because of this, an abstraction always simplifies reality. Every abstraction is a one-sided point of view of reality." (Hautamäki, 1983, p. 220)

Hautamäki goes on to define *point of view* using the so-called "possible worlds semantics" from propositional logic. His first definition is that a point of view is "a mode to conceptualize a subject within a given theoretical framework." (Hautamäki, 1983, p. 221) He seems to identify *point of view* with concepts, descriptions or theories that consider the subject matter in "different respects" (p. 221). In a footnote Hautamäki explicitly refuses to take sides whether the points of view are "by nature linguistic entities, mental states or acts." (p. 224)

Some teachers of rhetoric in ancient Greece were called the sophists (see Kerferd, 1981 for an overview). They developed an interesting rhetorical technique called "antilogic" (*antilogiké).* In *Phaedrus* Plato credits the Eleatic thinker Palamedes for this:

> Socrates: Then can we fail to see that the Palamedes of Elea has an art of speaking, such that he can make the same things appear to his audience like and unlike, or one

and many, or again at rest and in motion? (Plato: Phaedrus, 261d8-11) (In Hamilton and Cairns, 1963, p. 507)

This sounds very much like reframing. And indeed sophists seemed to think that antilogic can be applied to whatever things men speak about. (Kerferd, 1981, p. 61) This made it possible to simultaneously set up opposed arguments about the question at issue (p. 66):

> At one time the same man, for example, is both tall and short, depending on whom he is compared with. (Kerferd, 1981, p. 66)

Since the ancient times, this kind of ability to set up opposed arguments in order to persuade people has been the cornerstone of *rhetoric*.

As Watzlawick (1978, p. 8) and Nardone and Watzlawick (1993, p. 59) have pointed out, "the art of reframing" was already familiar to the ancient rhetoricians as a technique of persuasion. In his textbook on *Rhetoric* Aristotle (384-322 BC) describes how the speaker can enforce his thanks and blames in a speech by using different words:

> We must also accept things very close to the norm as being the same for praise and criticism – the cautious man is cold and deliberate, the stupid man is honest or the imperturbable man mild – and we must describe each according to the best of the things that are close to him, as that the irritable or unbalanced man is open and the haughty man magnificent and proud, and those in the excess are described as those in virtue, and that the rash man is courageous and the spendthrift liberal…(Aristotle, 1990, p. 107) (1.9,1367a35-b2)

Contemporary rhetoricians emphasize that it is a "well-known staple" of persuasion theory that "there are many different ways to see the world." (Keith and Cherwitz, 1989, p. 197) There are always different possibilities available for naming and describing reality. For example, a table can be described in several different ways:

> This table is a work of art.
> This table is my den.
> This table was my Grandmother's.
> This table is of a fine-grained wood.
>   (Keith and Cherwitz, 1989, p. 205)

Reframing is also needed in diplomatic rhetoric. The entry in *the Encyclopaedia Britannica* (1998) on *Diplomatic tasks* describes a diplomat's most demanding activities as "reporting" and "negotiation". One of the tactics a negotiator can use is reframing.

> The negotiator must be persuasive, flexible, tenacious, and creative in describing new solutions or reframing issues from a new angle to convince the other party that agreement is in its interest. (Encyclopaedia Britannica, 1998)

Reframing is also very much part of the rhetoric used in today's advertising industry. (see O'Connor and Seymour, 1990, p. 135)

VI Interpretation and understanding

> … knowledge, a well-stocked mind, is clearly the key
> to the practice of interpretation. (Gombrich, 1969, p. 37)

In this chapter, we will explore some aspects of *interpretation* and *understanding* that are relevant for reframing. First, we take a look at general definitions of interpretation, and then at the way interpretation has been defined in psychotherapy.

A. Von Wright on interpretation
Philosopher Georg Henrik von Wright has emphasized the importance of understanding as a starting point for human sciences. For him every act of grasping or describing what a certain thing "is", is *understanding* or *interpretation*:

> The results of interpretation are answers to a question "What is this?"…With every act
> of interpretation the facts at hand are colligated under a new concept. (von Wright,
> 1971, pp. 134-135)

Understanding linguistic and other actions also requires interpretation, but in another sense. According to von Wright, every action has its *outer* side (empirically observable behavior) and its *inner* side (the will or intention "behind" the action). Identifying or guessing this *inner* side is a matter of interpretation in this other sense. Thereby the item of behavior

> …is described (understood, interpreted) as action, as the doing or trying to do
> something by the agent under consideration. (von Wright, 1971, p. 121)

This leaves it open for the observer to describe the same observed behavior in different ways:

> …behavior which is intentional under one description of it, need not be intentional
> under another. (von Wright, 1971, p. 26)

For example, when the observer describes some behavior as "opening the window" or as "ventilation of the room", s/he imagines the *inner* side of the action in two different ways. By reference to certain *beliefs*, *thoughts* or *reasons* that the agent had, von Wright has called such accounts of actions as *intentionalist explanations*. (Martin, 1990, p. 205)

B. Føllesdal on interpretation

Out of many possible definitions of interpretation, philosopher Dagfinn Føllesdal's (1981) account is one of the most consistent and sensible. Firstly, he asks, "What kind of items are the appropriate objects of understanding?" (154). Without attempting a full taxonomy, he lists

> (A) Persons, perhaps including some animals…;
> (B) The actions of such persons, including "speech acts";
> (C) Some products of such actions, like: linguistic expressions (words, sentences, etc.); Meanings of linguistic expressions; proofs; scientific theories; and all other "manifestations of human spirit", to speak with Dilthey, like paintings, sculptures, compositions, various kinds of human activities, games, dances, etc. and various institutions;
> (D) Also various other objects that are said to have meanings, like signs in the sky, etc.; further things that function in certain ways and the functioning of them; like complicated machinery (a pocket calculator), likewise various processes like osmosis, and also situations and so on.
> In addition to these direct object constructions comes "understanding that" constructions and all the cases of understanding *why*, which comprise everything that calls for an *explanation*. (Føllesdal, 1981, pp. 154-155).

Following this, Føllesdal asks what all these above-mentioned items have in common. He ends up concluding that appropriate objects of understanding are "man-made products" that manifest the power of the human mind (p. 155). Moreover, while such objects can be objects of understanding, they can also be approached differently, as for example physical objects.

Next, Føllesdal asks, "What is it to understand?" and his answer is radical. Rather than making a sharp distinction between knowledge and understanding, he sees understanding as a subspecies of knowledge. For Føllesdal understanding is just knowledge, which objects are items listed above, i.e. "meaningful material" (p. 157). By *knowledge,* he means "justified true belief" (p. 157). Therefore he sees hermeneutics as "nothing but the hypothetico-deductive method applied to meaningful material " (p. 157).

He further distinguishes understanding from interpretation on the basis of how explicitly we use hypotheses:

> Understanding is similar to perception in that we directly grasp the object understood, e.g. the meaning of an utterance or the person in front of us, without the use of thematized hypotheses. Interpretation is similar to theory-building, where we form hypotheses about something that we do not yet understand in order to fit it in with what we do understand. (Føllesdal, 1981, p. 157)

Since Føllesdal sees interpretation as a special case of theory building, i.e. explanation, our interpretations are also *underdetermined* by data – just as theories are. This opens up the possibility of alternative points of view:

> ...in seeing an action, as in seeing anything else, there is an hypothetical element. If my theories of the world or my understanding of the person I have in front of me were to change, I might come to see a quite different action where I now see this one...(Føllesdal, 1981, p.162)

From Føllesdal´s perspective, it is possible to describe the use of reframing in psychotherapy in terms of *hermeneutic method*. Suggesting a new reframing to the client would be introducing a new interpretive hypothesis to the client, who would then go on and test it, i.e. to compare it to her/his experiences of the given situation. If the suggested hypothesis do not fit her/his situation, s/he will discard the hypothesis. If the hypothesis fits, it gains inductive support. Philosophers Leila Haaparanta and Ilkka Niiniluoto have described this process as follows:

> Testing the hypotheses means that the researcher tries to see his/her data in the light of his/her hypothesis. If the hypothesis fits with the data, s/he has succeeded to find the essence of those phenomena and gained a synthesis. (Haaparanta and Niiniluoto, 1997, p. 76, trans. AM)

C. Interpretation in conversation

Analysis of conversation (Brown and Yule, 1983; Tannen, 1993) has distinguished several aspects of the process of *interpreting* the speaker's intended meaning in conversation. All of these aspects can influence our interpretation. These aspects are:

1. Linguistic content itself. Words and symbols don't refer directly, all by themselves, to the world. Someone has to be there to make the connection. "There is no magic land of meanings outside human consciousness. Whenever meaning is connected to words, a person is making the connection." (Hirsch, 1992, p. 13) Understanding is needed to connect the symbols with the world:

> ...meaning is always FOR some person or community. Words do not have meaning in themselves; they have meaning only for people who use them to mean something. (Johnson, 1987, p. 177)

2. Linguistic and extralinguistic context. Context is a key concept in the field of pragmatics, the study of language use. Goodwin and Duranti (1992) explain how context and contextualization play a part in understanding and interpretation of events, especially language:

> We will therefore use the term focal event to identify the phenomenon being contextualized. More generally, an analyst can start with the observation…that participants treat each other's stream of activity (talk, movement, etc.) in a selective way. The question then becomes what in each other's behavior do they treat as "focal" and what as "back-ground"…
>
> When the issue of context is raised it is typically argued that the focal event cannot be properly understood, interpreted appropriately, or described in a relevant fashion, unless one looks beyond the event itself to other phenomena (for example cultural setting, speech situation, shared background assumptions) within which the event is

embedded, or alternatively that features of talk itself invoke particular background assumptions relevant to the organization of subsequent interaction. The context is thus a frame (Goffman, 1974) that surrounds the event being examined and provides resources for its appropriate interpretation. (Goodwin and Duranti, 1992, p. 3)

We can see the relevance of context to reframing. In each situation, several ways to contextualize are possible. Goodwin and Duranti (1992) go on to distinguish dimensions of context. Firstly, they call *setting* "the social and spatial framework within which encounters are situated" (p. 6); secondly, *behavioral environment* refers to how the participants bodies and behavior can frame and organize the situation (p. 7); thirdly, *language* as context; and fourthly, *extrasituational context*, which refers to the "background knowledge that extends far beyond the local talk and its immediate setting" (p. 8). Obviously, all these dimensions of context can be relevant for reframing.

3. Communicative function. In his study *Frame analysis* (1974) sociologist E. Goffman explored how we make sense of situations. He wished to isolate "the basic frameworks of understanding" or "perspectives" or "schemata of interpretation" we use to define situations and in answering the question: "What is it that's going on here?" (Goffman, 1974). Obviously, how we define the situation can influence our interpretations of messages received in that situation, i.e. is it "joking", "playing", "fighting", "lecturing", "imitating", or "chatting" (Tannen, 1979, p. 141) which is going on. Goffman's study (1974) is full of interesting examples of how situations can be fabricated to look as something else or modeled after some other activity. His examples include variations of "make-believe", contests, ceremonials, "technical redoings" like practicing or experimenting, and benign or exploitative fabrications. Goffman reminds us that we should be aware of many situations not being what they seem to be, but merely *framed* as something else. Of course, how we see the situation can very much influence how we act in it, what our responses are.

4. Background knowledge. Recent studies in linguistics support the view that cognitive constructs like frames are needed to understand even singular words. For example, the word *bachelor* is understood only against the background of ideas of a certain kind of society and ideas about *normal* men (why are the "Pope" or "Tarzan" not considered to be proper bachelors?) (Eysenck and Keane, 1992; Barsalou, 1992b; Johnson, 1987). Frames are needed to understand most stories, texts and conversations, even the simplest ones (Tannen, 1985). Understanding even small stories requires accessing relevant frames from our memory. We also need to fill in gaps in the story. For example, when people hear the following story "John went to a restaurant. He asked the waitress for coq au vin. He paid the check and left" (Schank and Abelson, 1977, p. 38) they can answer many questions like "Did John Eat?" or "Did the waitress bring the food?" eventhough the answer is not to be found in the story. In hermeneutics, the principle of *hermeneutic contextualism* means that interpretation always takes place

within some context or background: "webs of belief, a complex of social relations, tradition, or the practices of a form of life." (Hiley et al., 1991, p. 7) There seems to be widespread consensus among cognitive scientists that most of the information relevant for language use is not codified in the visible or audible message, nor is it provided or expressed in the text or in communication. Instead, words are like tips of icebergs; the iceberg itself that is not visible is the *background knowledge* that the users of language have. This information must be accessed or retrieved from memory (Haugeland, 1987; Arbib, 1988; Dreyfus, 1992; Schank and Abelson, 1977). In other words, "every meaningful utterance presupposes a vast network of propositions and a massive background of nonpropositional, preintentional capacities, attitudes and orientations." (Searle, 1983, quoted by Johnson, 1987, p. 218)

5. Speaker's point of view. Johann Martin Chladenius (1710-1759) was the hermeneutic philosopher who, following ideas of Augustine (354-430), introduced the problem of *sehepunkt* (viewpoint) into hermeneutics. According to Chladenius, if we want to understand language, we need to trace it back to the viewpoint that underlies it – we need to take into account the individualized ways people conceive things (Grondin, 1994, p. 55). For him to take viewpoints into account is "unavoidable if one is to do justice to the countless ways people conceive things." (Quoted in Grondin, 1994, p. 55)

6. Guessing. Very often we have to guess what others are trying to say. Hermeneutic philosopher Friedrich Schleiermacher emphasized that we need interpretive *divination* to understand other individuals. By this he did not mean a sacred gift, but simply the process of guessing (divinare). (Grondin, 1994, p. 71)

To sum up, interpretation of what other people are saying in a conversation requires taking into account all the aspects described above. They are linguistic symbols (words, sentences), context (social and spatial setting, behaviors, linguistic context), background knowledge, communicative function (what is done by talk) and the speakers point of view. Changes in any of these aspects can result in different understandings or interpretations in conversation.

D. Interpretation in psychotherapy
Levy's (1963) characterizations of *psychological interpretation* are very similar to Watzlawick et al.'s view of reframing. Levy thinks that interpretation is called for, when

> …we have run out of alternative courses of action. We are looking for a different tack to take with a client or to suggest to a client and we seek to accomplish this through the interpretation of certain material. (Levy, 1963, p. 5)

For Levy interpretation is like saying,

The way in which we have been looking at this situation has led us to a dead end. Let's see if there isn't some other way of looking at this thing. (p. 5)

He goes on to give his definition of interpretation:

[Interpretation is] a redefinition or restructuring of the situation through the presentation of an alternative description of some behavioral datum. (p. 5)
…interpretation occurs whenever a new or different frame of reference, or language, is brought to bear upon some problem or event. (p. 5)

Levy's view of interpretation is therefore quite similar to reframing.

In his excellent review of the role of interpretation in counseling, Claiborn (1982) argues that interpretation is an essential part of counseling, regardless of the counselor's theoretical orientation. He notes that the counselor's behaviors perform *interpretive functions* (p. 439) and goes on to define the essential feature of interpretations:

…they present the client with a way of labeling or construing events that is discrepant from the client's own way. (p. 439)

The basic definition of interpretation Claiborn gets from Levy (1963) and it serves as a background for his arguments:

[Psychological interpretation] consists of bringing an alternative frame of reference, or language system, to bear upon a set of observations or behaviors, with the end in view of making them more amenable to manipulation. (Levy, 1963, p. 7)

It should be noted that this definition has strong resemblance to the definition of reframing presented in this study by Watzlawick et al. (1974). Claiborn restates Levy's definition:

Here the essential feature of interpretation is that it presents the client with a viewpoint discrepant from the client's own, the function of which is to prepare or induce the client to change in accordance with that viewpoint. (Claiborn, 1982, p. 442)

In any case, the function of interpretation is "to change the way the client views the world." (Claiborn, 1982, p. 444)

Claiborn sees the origins of interpretation as a therapeutic technique in psychoanalysis:

There the concept is much like interpretation in literature or science: It is the use of a theoretical system to perceive and describe the meaning of material or data. (Claiborn, 1982, p. 439)

In psychoanalysis, interpretations were originally mainly used to redescribe certain client's behaviors as "the patients resistances to treatment" or "transference in the relationship with the analyst." (p. 439) Since then more emphasis has been put on

"resistance interpretations as the primary mode of treatment." (p. 440) In Claiborn's opinion, however, most counseling approaches use some version of interpretation technique.

The literature on interpretation in psychoanalytic tradition is extensive, and will not be explored in this study. Therefore, the following comparisons between reframing and interpretation serve only as tentative suggestions that might encourage someone to explore these differences further.

Watzlawick (1978) has tried to make a distinction between reframing and interpretation:

> To avoid misunderstandings, however, it should be emphasized at this point that a reframing is not an interpretation in the classic psychotherapeutic sense; it "deciphers" nothing and does not uncover the "true" meaning hidden behind allegoric, symbolic, or bizarre facades. (p. 119)

Psychologist C. W. Jones (1986) has attempted to find differences between reframing and *interpretation*. Firstly, he claims that psychological interpretation tends to be primarily negative or uncomplimentary to the client(s), suggesting connections between present symptoms and past traumatic experiences, whereas the content of reframing is usually more positive (Jones, 1986). Secondly, in reframing the new descriptions are not constructed on the basis of the therapist's theory (e.g. psychoanalytic or behavioristic theory), but the clients own ideas and vocabulary are utilized (Jones, 1986). For example Ivey and Authier (1978) define interpretation in psychoanalysis as: "A declarative statement by which the counselor reconceptualizes client material in terms of the counselors theory." (quoted in Claiborn, 1982, p. 440) Thirdly, the use of reframing is grounded on the idea that every situation can be described in many possible ways, instead of there being just one right and true interpretation (Jones, 1986). Fourthly, Jones claims that the *truth* of a reframe is considered to be less relevant than its "power to foster problem resolution." (Jones, 1986, p. 57) He also claims that truth is considered more important in psychoanalysis.

Jones's first three points are quite convincing, but his fourth claim needs to be challenged. Reframings are more closely designed to *fit* the facts of the client's situation than psychoanalytic interpretations and therefore reframings might be *more true* than psychoanalytic interpretations.

F. Hermeneutics

In order to make the differences between interpretation and reframing clearer, we need to turn to Hermeneutics, the philosophical study of interpretation. Hermeneutic sciences that use hermeneutic methods are for example, history, jurisprudence and theology. Some basic hermeneutic questions are "What is understanding and how is it possible?"; "What is the meaning of X ?"; "What does X mean ?"

Following Shaun Gallagher's (1992) typology of hermeneutics, philosopher Jussi T. Koski (1995) differentiates four types of hermeneutics and interpretation:

Conservative or classical hermeneutics; Moderate or Gadamer's Hermeneutics; Critical hermeneutics and *Radical Hermeneutics*. These approaches will help us to clarify the difference between psychological interpretation and reframing:

1. Conservative or classical hermeneutics. According to this view the interpreter can and should try to reach the original, author's meaning of a text or picture or situation. Objective meaning can be reached using hermeneutic methods of interpretation. This view was held by hermeneutic philosophers F. Schleiermacher (1768-1834), W. Dilthey (1833-1911), E. Betti (1890-1968) and E.D. Hirsch (1928-). (Koski, 1995, p. 34)

2. Moderate or Gadamer's Hermeneutics. The goal of this type of hermeneutics is to "phenomenologically" (i.e. in its main outlines) describe the conditions of the lives of human beings in the world. How does a human being understand himself and the world?. Such a view was held by M. Heidegger (1889-1976), H.-G. Gadamer (1900-) and P. Ricoeur (1913-). (Koski, 1995, p. 34) According to this view, we cannot reach an *objective* interpretation, because our historical situation and our language influence our understanding. Still, Gadamer thinks that there are some interpretive claims that are right and some that are wrong. (Hoy, 1997) The texts and the readers *horizons* melt together in a dialogue between them. Both the text and the reader contribute to the meaning understood. This view is a middle ground between conservative and radical hermeneutics. Interpretation is seen as neither wholly objective, nor wholly subjective. (p. 35)

3. Critical hermeneutics. J. Habermas (1929-) and K.-O. Apel maintain that it is possible to reach an objective perspective and objective interpretation and overcome what Gadamer calls the *historicity* of our understanding. Critical hermeneutics emphasizes that such a critical stance requires that we take into account some factors that influence our thinking and acting, such as economic and power relations in society. The goal of critical hermeneutics is individual and social emancipation from these power relations.

4. Radical Hermeneutics gains inspiration from the thinking of Nietzsche and Heidegger and is represented by deconstructivist and postmodern thinkers, such as M. Foucault (1926-1984) and J. Derrida (1930-) (Koski, 1995, p. 36). According to radical hermeneutics, there exists only texts, and texts refer only to other texts (intertextuality). Derrida goes even further by saying that there is nothing outside the text. According to this view interpretation is only *play with words*. All interpretations are equally good (or bad) and "anything goes." (p. 37)

These characterizations help us to formulate the basic difference between psychoanalytic interpretation and reframing. The psychoanalytic position subscribes to the view that one objective interpretation of client's actions can be attained, as the

representatives of Conservative and Critical Hermeneutics believe. This is seen to be possible by seeing the data to be interpreted through psychoanalytic theory. Reframing, on the other hand, is based on the view that any action or situation has many possible, alternative interpretations that can be equally *true*. This is the view behind Moderate and Radical Hermeneutics.

CHAPTER 5

Frame theory

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The most promising theoretical approach to reframing is *frame theory*. For overviews see Hastie (1981), Fiske and Taylor (1991) and Barsalou (1992b). In this study frame theory will serve as a unifying perspective that helps to take into account the characteristics and background assumptions described above under the perspectives of *categorization*, *concepts*, *analogies*, *metaphors*, *"seeing as"*, *dialectics* and *interpretation*. We will now review some basic information about frames. These theoretical perspectives will be used later in this study to analyze concrete examples of reframing and to formulate practical guidelines for the use of reframing interventions.

It needs to be noted here that there is another *Frame problem* in Artificial Intelligence research. It has been called *the problem of relevance* or *Robot's dilemma* or even *Hamlet's problem* (See essays in Pylyshyn, 1987; Pylyshyn and Ford, 1996). This problem poses the question of how a robot should be built so that it can distinguish what is relevant or irrelevant information in a new situation. A robot should not continue reasoning endlessly before taking action (Hamlet's problem). Obviously, this research has several connections to the study of reframing. We will not explore this frame problem here.

A. History of frames

The idea of *schema* is an old one in psychology. It can be traced back at least to Immanuel Kant, who proposed schemas as mediating representations that link particular images from sensory experience to abstract categories in the mind. (See Gardner, 1985, p. 58; Johnson, 1987) Other major figures in the history of psychology, who have studied schemas, include Frederick C. Bartlett (1932) and Jean Piaget (1971). However, in the first half of this century, when behaviorism flourished, this approach remained marginal. (Gardner, 1985)

Bartlett (1932) based his use of the term *schema* on neurologist sir Henry Head´s (1911) ideas about how we build a mental model of our body's posture, movement and locality. This body posture *schema* serves as a standard, a reference that enables us to notice any changes in our posture.

> For this combined standard, against which all subsequent changes of posture are measured before they enter consciousness we propose the word "schema". By means of perceptual alterations in positions we are always building up a postural model of ourselves which constantly changes. (Head and Holmes, 1911, p.187)

In the mid 1900´s it became increasingly evident that behaviorist psychology was inadequate in accounting for many important human skills: our ability to use language; imagination; perception etc. Along with the new sciences of artificial intelligence and cognitive science, it became again possible to postulate and talk about mental states and mental representations, such as "ideas", "thoughts", "plans", "goals" and "schemata" (Gardner, 1985). In the 1970s the idea of *knowledge structures* such as frames and schemata was taken up in many disciplines at the same time: in cognitive science (Minsky, 1975; Rumelhart, 1975; Schank and Abelson, 1977), in linguistics (Fillmore, 1975; 1976; Tannen, 1979; Lakoff and Johnson, 1980), in social psychology (Abelson, 1975; Fiske and Linville, 1980; Taylor and Crocker, 1981), and in discourse analysis (Kintsch, 1977).

B. Definitions

We can use the term *frame* as a general term to cover all *cognitive constructs*, such as *schema*, *script*, *cognitive model*, etc., as do Fillmore (1982), Minsky (1975), and Barsalou (1992b). On the basis of the considerations introduced above, we can add *concepts* to that list, as "concepts are like frames." (Thagard, 1990, p. 266) Since all these authors emphasize and highlight different aspects of *knowledge structures*, and their definitions therefore differ, we will adopt for this study Barsalou's (1992b) definition of *frame*: For him frame theory is an approach to representing the structure of concepts. (Barsalou, 1992b, p. 155)

C. Ontological status of frames

What *are* frames? This is a rather difficult question, because in cognitive science in general the status of psychological entities (such as images, thought, unconscious mental processes) is still quite controversial. (Brewer and Nakamura, 1984, p. 132) Neisser (1976) has taken a realist position and sees schemas as physiological entities, part of the nervous system. (quoted in Brewer and Nakamura, 1984, p. 132) Hastie (1981) emphasizes the similarity between frames, theories and hypotheses:

> More precisely, we think of a general schema as having a status like a hypothesis or theory in science and a specific event as a data or evidence that has been related or connected to the hypothesis. (Hastie, 1981, p. 43)

Rumelhart (1984) agrees:

> ...it is useful to think of a schema as a kind of informal, private, unarticulated theory about the nature of events, objects or situations, which we face. (Rumelhart, 1984, p. 166)

It is also possible to see schemas in terms of "neural networks" - theory:

> In our case, nothing stored corresponds very closely to a schema. What is stored is a set of connection strengths which, when activated, have implicitly in them the ability to generate states that correspond to instigated schemata. (Rumelhart et al, 1986, p. 21)

Many writers who have written about schemas and frames have created considerable confusion by not being very clear about their ontological assumptions regarding frames/schemas. Arbib (1985) makes the distinction between a schema as an *internal* structure or process (it might be a computer program, a neural network, a set of information processing relationships within the head of the animal, human or robot) and a schema as an *external* pattern of overt behavior that we can see when we look at someone "from the outside." (Arbib, 1985, p. 54) This confusion is constant in Piaget's writings, as Arbib has pointed out (Arbib, 1985, p. 54), and also in the texts of Bateson (1972) and Goffman (1974).

D. Structure of frames

Frames are postulated to have *slots* or *variables*, i.e. designated places that can be filled with representations of certain kinds of stimuli, e.g. "people, props, events, states, sources, goals, etc." (Johnson, 1987, p.28) Relations between the parts can be varied: "causal relations, temporal sequences, part-whole patterns, relative locations, agent-patient structures, or instrumental relations." (Johnson, 1987, p.28)

> ...frames represent spatial, temporal, causal, and intentional relations between entities and events in familiar situations. (Barsalou, 1992, p. 126)

For example a frame for *commercial transaction* could have slots like *Buyer, Seller, Merchandise, Payment, Buy, Sell,* etc. These slots can have different "fillers" in different situations, like *Peter, Bill, Car, $2000*, etc.

E. Types of frames

Frames have been postulated to represent and organize our beliefs about *objects* (Piaget, 1971; Cohen and Ebbesen, 1979), *persons* (Fiske and Taylor, 1991,), *oneself* (Fiske and Taylor, 1991; Fiske and Morling, 1995), *roles* (Fiske and Taylor, 1991), *events* (Schank and Abelson, 1977), *actions* (Schank and Abelson, 1977), *communicative contexts* (Tannen, 1979), *situations* (Beaugrande, 1991), *complex social information* (Cohen and Ebbesen, 1979), *stories* (Howard, 1987), *abstract patterns of experience* (Johnson, 1987). These general knowledge structures can range from "conceptual networks to scripted activities to narrative structures and even to mental theoretical frameworks." (Johnson, 1987, p. 19)

Fillmore (1987) makes the distinction between *cognitive frames* and *interactional frames*:

> When we understand a piece of language, we bring to the task both our ability to assign schematisations of the phases or components of the "world" that the text somehow characterises, and our ability to schematise the situation in which this piece of language is being produced. We have both "cognitive frames" and "interactional frames", the latter having to do with how we conceptualize what is going on between the author and the reader. (Fillmore, 1987, p. 32)

Tannen (1985) makes a similar distinction between *Frames of interaction* and *Schemas*. Frames of interaction are

> ...the implicit or explicit superordinate message about "What is going on here" (Goffman, 1974), or what is being done by talk (Gumpertz, 1982) without which no utterance (or other behavior) could be interpreted.... (Tannen, 1985, p. 327)

Tannen and Wallat (1987) call this "the anthropological/sociological notion of interactive frames of interpretation. (p. 215) *Schemas* for Tannen are "knowledge structures in the minds of participants in interaction - expectations based on prior experience about objects, events, and settings." (p. 328)

How many frames do we possess? Cognitive scientist Michael Arbib has estimated, that we possess a personal *encyclopaedia* of thousands of frames, and he has coined the notion of a *schema assemblage* pointing to the combination of schemas that will be activated in any given situation. (Arbib, 1985; 1988) Cognitive scientist Marvin Minsky believes we have millions of frames. (Minsky, 1985, p. 244) Arbib also speaks of "networks of schemas" that form "individual personality, a scientific paradigm, an ideology, a religious symbol system." (Arbib, 1985; 1988)

F. Experts' frames

The theory of frames has been used to study the differences between experts and novices in problem solving (Dreyfus, 1992). Many studies in cognitive science have pointed to the fact that experts have more frames available than novices do. Experts possess more links between frames, better organized systems of frames, better cross-referencing between frames (Dreyfus, 1992; Howard, 1987). This makes the expert a more flexible and efficient problem solver in her/his area of expertise. This *cross-referencing between frames* seems to be close to what in this study is called the ability to reframe.

G. Frames and alternative points of view

A theory of frames is especially suited to describe how alternative points of view in the same situation are possible. Alternative frames are simply activated. For example humor relies heavily on reframing. In humor "a scene is first described from one view-point and then suddenly - typically by a single word - one is made to view all the scene-elements in another quite different way..." (Minsky, 1983, p. 183)

Fillmore is very conscious about the possibility of alternative framings of a single situation:

> From a frame semantics point of view, it is frequently possible to show that the same "facts" can be presented within different framings, framings which make them out as different "facts". Somebody who shows an unwillingness to give out money in a particular situation might be described by one person as STINGY (in which case the behavior is contrasted with being GENEROUS), and by another as THRIFTY (in which case a contrast is made with being WASTEFUL). The speaker who applies the STINGY: GENEROUS contrast to a way of behaving assumes that it is to be

evaluated with respect to the behaver's treatment of fellow humans; whereas the speaker who evaluates the behavior by applying to it a THRIFTY:WASTEFUL contrast assumes that what is most important is a measure of the skill or wisdom displayed in the use of money or other resources. (Fillmore, 1982, p. 125)

Fillmore goes on to clarify the relationship between frames and scales, when he makes the distinction between *contrast within frames* and *contrast across frames*:

> The fact that a single situation can be "framed" in contrasting ways makes possible two ways of presenting a negation or an opposition. Using the contrasts introduced in the last paragraph, if I say of somebody, "He's not stingy - he's really generous", I have accepted the scale by which you chose to measure him, and I inform you that in my opinion your application of this scale was in error. If on the other hand I say "He's not stingy - he's thrifty", what I am doing is proposing that the behavior in question is not to be evaluated along the STINGY: GENEROUS dimension but along THRIFTY: WASTEFUL dimension. In the first case I have argued for a particular standard in the application of accepted scale; in the second case my utterance argues for the irrelevance of one scale and appropriateness of another. (Fillmore, 1982, p. 125)

In a similar vein, we should note that perspective and frame are not interchangeable concepts. Grauman and Sommer (1988) demonstrate changes of perspective inside a frame. For example, we can distinguish within the BUY-SELL frame the different perspectives of the buyer and the seller, e.g. "The SELLER, then, meets the buyer" (seller's perspective) and "The BUYER, then, meets the seller" (Buyer's perspective) and "THEY meet" (neutral perspective) (Grauman and Sommer, 1988, p. 203). Many other "linguistic indicators" can tell us about the speakers perspective, e.g. "The buyer COMES to the seller" (sellers perspective) versus "The buyer GOES to the seller" (buyers perspective) (Grauman and Sommer, 1988, p. 204). Even the choice of single words can indicate that choice of perspective, e.g. SALE (seller's perspective) versus PURCHASE (buyer's perspective) (Grauman and Sommer, 1988, p. 204). Grauman and Sommer therefore note that:

> ...perceiving or recalling an event not only means matching input with "neutral" knowledge structures (schemata, scripts): it depends on the perspective which elements of the script are taken into the macro representation and how these slots are filled. (Grauman and Sommer, 1988, p. 206)

H. Reframing and Piaget's assimilation
Developmental psychologist Jean Piaget used the concept of schema to describe how people try to make sense of new situations. He made the important distinction between *assimilation* and *accommodation*. (Piaget, 1971) When people try to make sense of a new situation in terms of the schemas they have available, it is called assimilation. They try to assimilate the situation to what they already know. However, in situations in which these schemas are inadequate, and the new data cannot be assimilated to what is known, accommodation is needed. In accommodation the schemas need to be changed, updated or expanded. This is learning. (Arbib, 1985, p. 37)

As Bruner has noted, Piaget was unfortunately not very specific about the processes of assimilation and accommodation:

> ...the former a process of shaping experience to fit one's mental schemata, the latter changing one's schemata to fit experience. You can look high and low in the dozens of Piaget's book, but you will have great difficulty finding anything more concrete than this description of these two central psychological processes. (Bruner, 1983, pp. 137-8)

We can now say that reframing belongs to the area of assimilation, of making use of the available schemas in making sense of situations. This gives us an important limit to the use of reframing. Our schemas need to be updated and expanded frequently, there is a lot to learn as the world changes. But reframing is a more modest activity: It involves *recycling* the schemas we already have.

Piaget (1971) discusses the processes of *assimilation* and *accommodation* in a child's development by comparing the adaptation of intelligence during its development in childhood to the adaptation of an organism to its environment (p. 703). First, he compares assimilation to the digestion of food:

> From a biological point of view, assimilation is the integration of external elements into evolving or completed structures of an organism. In its usual connotation, the assimilation of food consists of a chemical transformation that incorporates it into the substance of the organism. (Piaget, 1971, 706-707)

So, in assimilation external elements are ingested while the structure of the organism is not changed. New elements are merely integrated to existing structures. If this were the only process in child development, no variations would be possible. Accommodation is the process that enables such variations:

> …we shall call accommodation any modification of an assimilatory scheme or structure by the elements it assimilates. (p. 708)

Therefore, cognitive adaptation requires, like its dialogical counterpart, both assimilation and accommodation. In addition, some sort of equilibrium between these two is also required.

> If assimilation outweighs accommodation (i.e. when the characteristics of the object are not taken into account except insofar as they are consistent with the subject's momentary interests) thought evolves in an egocentric or even autistic direction. (p. 709)

We can say that reframing is mostly a matter of assimilation, because in it some of our old schemes are employed to the current situation.

J. Frames and learning

When the frames themselves change, we call it learning: "Scripts change over time, therefore, and embody what we have learned." (Schank, 1990, p. 9) Rumelhart has

distinguished three ways in which frames themselves can change: 1) Learning by *accretion* happens when we record a new instance of an existing schema; 2) *Tuning* the frame involves elaborating and refining the concepts in the frame through experience; 3) *Restructuring* is creating new frames by analogy or by induction. (Eysenck and Keane, 1990, p. 280)

J. Links between frames
Minsky (1983) has some interesting ideas about *links* between frames that have direct relevance for reframing. According to Minsky, each frame includes *terminals* to which some other frames are attached (p.179). Through these terminals, related frames connect to one another. This makes it easy to shift to another frame if the current one is not working (p.180). When one of the active frames fails - "that's not a door, only a big window"(p.182) - and gets corrected, we learn "to attach to the failing frame a "pointer" to some other frame that has been found to work in this circumstance." (p. 182) The pointer must also contain a description of the failure circumstance. Minsky calls a family of frames connected in such a way a *difference network* (p. 182).

K. Critiques of frame theory
Some researchers have criticized frames on the ground that they are good at accounting for results in an ad hoc fashion, but that they are not as predictive as they should be. The possible variability from one individual to the next is too big. Frames are impossible to specify in each specific case and they are difficult to operationalize for research purposes. (Fiske and Linville, 1980, p. 545) This, however, is a more general problem that we face with many concepts in cognitive science that are *cognitive constructs*. Therefore, we face the same problems also with the older and similar concepts like *attitudes* and *attributions*. (Fiske and Linville, 1980, p. 545) The schema concept has also been criticized for not being falsifiable (Fiske and Linville, 1980, p. 545), meaning that the concept can be evoked to explain almost any result and its opposite.

Philosopher Hubert L. Dreyfus (1992) has emphasized that the *preunderstandings* or *prejudices* or *frames* we bring to the situations we seek to understand, are usually *not* completely conscious for us. A major part of such *background* are rather *inarticulate* or *preconceptual* skills for dealing with things and people. (Dreyfus, 1992, p. xii) This view, which Dreyfus develops from Edmund Husserl's and Martin Heidegger's ideas, is the basis for Dreyfus' critique against the *information-processing* approach in Artificial Intelligence (AI) research. According to Dreyfus, the efforts to create really intelligent machines have failed., because such preconceptual skills can not be described with explicit rules in a computer program.

Dreyfus' critique also touches the frame theory of Minsky (1975). In 1972 Dreyfus pointed out that a major weakness of AI programs at the time was that they did not use expectations. Dreyfus made his point using Husserl's notion of *noema*. Husserl sees intelligence as a goal-directed activity, as a *search* for facts. For Husserl

the noema, or mental representation of any type of object, provides an "inner horizon" of expectations for structuring the incoming data. The noema is then a "symbolic description of all the features which can be expected" (Dreyfus, 1992, p. 34) when exploring a certain type of object.

Dreyfus notes that the structure of *frame* that Minsky (1975) uses is remarkably similar to Husserl's notion of noema. For Husserl noemata were, like shapes in geometry, *timeless* abstract entities. In this respect, he was a Platonist. For Minsky, frames are structures in human mind and memory. This was a step forward in AI techniques from a passive model of information processing. But just as Husserl's project of *explicating* the noema for all types of objects ran into trouble, Dreyfus anticipates problems with the frame approach. Husserl found that when trying to spell out the components of everyday objects, he had to include more and more of a subjects total *background* knowledge of the everyday world. (Dreyfus, 1992, p. 35)

Dreyfus' main point is that such a *background* of cultural practices and institutions that intelligent behavior presupposes, is perhaps impossible to program into a computer program. It consists of partly preconceptual and inarticulated skills and practices. Just as Dreyfus predicted in 1972, the attempts to program common sense background knowledge into intelligent machines has thus far failed. Dreyfus (1992, p. 36) anticipates that the incorporation of the background of cultural practices and institutions that intelligent behavior and its understanding require will be even more difficult.

Minsky claims that his frame idea is in the tradition of the paradigms of Kuhn and writes:

> Major changes result from new "paradigms", new ways of describing things. Whenever our customary viewpoints do not work well, whenever we fail to find effective frame systems in memory, we must construct new ones that bring out the right features (Minsky, 1975, p. 261)

Here Dreyfus criticizes Minsky for misrepresenting Kuhn's point. Kuhn states that a paradigm or exemplar is not an explicit descriptive scheme, but a *concrete case*. The thinking of scientists themselves cannot be described using explicit formal rules; part of it remains *tacit*.

This critique, however, is not disastrous to the theory of reframing. After all, it is not the job of a therapist to create explicit models of client's thinking. If a scientist can use a paradigm in his/her work even if it is not explicitly described, then a client can just as well use frames in his/her life. The point of reframing is to help the client to learn to apply the frames s/he ready has to new situations.

CHAPTER 6

Reframing in practice

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After Watzlawick et al's book *Change* (1974), the term reframing quickly became part of the everyday language and practice of family therapists. In this chapter, I will review several concrete ways of using reframing in therapeutic practice and in everyday life. The purpose of this chapter is to give the reader a sense of how widespread the use of reframing interventions is in various psychotherapeutic approaches. Of course, this list does not attempt to be exhaustive, since almost every practitioner in the field has published examples of reframing. Many of the following examples are cited specifically as long quotes. This is done to convey the nuances of specific situations. Editing out such nuances would change the cases considerably.

It should also be noted that the aim of this chapter is *not* to give comprehensive or general introductory reviews of the therapeutic approaches presented, nor does it aim to site each and every instance of reframing ever published. Just a few examples of the use of reframing in each approach will suffice here. The aim is for the reader to gain a sense of how widespread the use of reframing is across the psychotherapeutic field.

The first 20 examples of reframing in these case descriptions will be underlined and numbered with index numbers for further analysis in Chapter 7.

I Family and systemic therapies

A. Mental Research Institute (MRI)
The therapists at the MRI gave many examples of reframing in their book "Change" (1974). Their example of a <u>stuttering</u> salesman is famous:

> …a man with a very bad stammer had no alternative but to try his luck as a salesman. Quite understandably this deepened his life-long concern over his speech defect. The situation was reframed for him as follows: Salesmen are generally disliked for their slick, clever ways of trying to talk people into buying something they do not want. Surely, he knew that salesmen are trained to deliver an almost uninterrupted sales talk, but had he ever really experienced how annoying it is to be exposed to that insistent, almost offensive barrage of words? On the other hand, had he ever noticed how carefully and patiently people will listen to somebody with a handicap like his? Was he able to imagine the incredible difference between the usual fast, high-pressure sales talk and the way he would of necessity communicate in that same situation? Had he

ever thought what <u>an unusual advantage</u>[1] his handicap could become in his new occupation? As he gradually began to see his problem in this totally new – and, at first blush, almost ludicrous – perspective, he was especially instructed to maintain a high level of stammering, even if in the course of his work, for reasons quite unknown to him, he should begin to feel a little more at ease and therefore less and less likely to stammer spontaneously. (Watzlawick et al, 1974, p. 94-95)

In a later book the therapists at the MRI (Fisch et al, 1982) developed many ways of tailoring therapeutic tasks to the clients way of thinking by careful reformulations of the therapists suggestions:

> The parents of a "schizophrenic" son who is taking advantage of them are not likely to follow a suggestion that <u>they set certain behavioral limits</u>, if it is framed as "<u>a need to get tough with him</u>". They might comply, however, if the same suggested behavior is framed as "<u>filling a need to supply structure to his otherwise disorganized life</u>[2]". A husband angry with his wife is more likely to accept a suggestion framed as <u>a way of getting "one-up on her"</u> than one framed as "<u>helping her</u>[3]". An individual who regards himself as unique, as one who raises above the crowd, will be more amenable to a suggestion framed as one <u>requiring an exceptional person</u> for its execution, than as one involving <u>an easy task that anyone can do</u>[4]. An individual who regards himself as "cool", as being in the know of things, can be induced to accept a task with the simple reframing "<u>I know you understand the importance of this task, so I needn't explain the obvious to you</u>[5]". A prankish or unconventional person might cooperate less with a suggestion described as "<u>reasonable</u>" than one framed as "<u>I know this is going to sound crazy to you, and probably makes no sense. But you might want to see what happens when you do it</u>[6].
>
>   Some patients convey an interest in disadvantaging the therapist, a desire to get "one-up", preferably by pulling the rug out from under him. Urging such a patient to undertake <u>a task that the therapist manifestly regards as important</u> is likely to fail. However, if the task is suggested as <u>an unlikely pursuit</u>[7], the client is more likely to undertake it: "I know some people have done [whatever the therapist wants the patient to do], but I really don't think it would apply to you. It's simply not down your alley. (Fisch et al, 1982, pp. 119 - 120)

Family therapist Virginia Satir was one of the founders of MRI. She was a master of reframing interventions. Steve Andreas (1991) has described several examples of Satir's skills in using reframing in her practice:

> She [Satir] presupposed that <u>hurtful and destructive behavior</u> was simply <u>a result of limited opportunities to learn how to respond more positively</u>[8]. (Andreas, 1991, p. 5)
>   Instead of these being <u>bad things</u>, they only tell us what we had an <u>opportunity to learn</u>[9], that's all. (Andreas, 1991, p. 9)
>   Virginia was justly famous for her ability to change people's perceptions of events so that they saw things more positively. This made problems easier to resolve. <u>A mother's nagging</u> became <u>evidence of how much she cared</u>[10]; <u>a father's punishment for curfew violations</u> became <u>loving protectiveness</u>[11]. (Andreas, 1991, p. 10)
>   Once she worked with a woman who had been abused by her father when she was young. He had beaten her severely with a bullwhip, then took her to her grandparent's house, dumped her, and never came back. Virginias reframe was that <u>abandoning her</u> in this way was <u>the father's ultimate gesture of love</u>[12]. He realized that he was out of

control, so he left her at the grandparent's house and never saw her again to avoid any possibility of hurting her further. (Andreas, 1991, p. 10)

Often Virginia would reframe simply by using different words to redescribe a problem behavior. The connotations of the new description would result in more positive perceptions. Virginia redescribed <u>the father's angry behavior</u> as "<u>some way that he brings out his thoughts</u>[13]". (Andreas, 1991, p. 11)

I've heard that Virginia once said to <u>a teenager who had gotten two of his classmates pregnant</u>, "Well, at least we know <u>you've got a good seed</u>[14]." (Andreas, 1991, p. 11)

Bandler and Grinder (1982) have also given a good example of Satir's skills:

The father's [who was a banker] repeated complaint in the session was that the mother hadn't done a very good job raising the daughter, because the daughter was so <u>stubborn</u>. At one time when she made this complaint, Virginia interrupted what was going on. She turned around and looked at the father and said
-You're a man who has gotten ahead in your life. Is this true?"
-Yes.
-Was all that you have, just given to you? Did your father own the bank and just say "Here, you're president of the bank."?
-No, no. I worked my way up.
-So you have some tenacity, don't you?
-Yes.
-Well, there is a part of you that has allowed you to be able to get where you are, and to be a good banker. And sometimes you have to refuse people things that you would like to be able to give them, because you know if you did, something bad would happen later on.
-Yes.
-Well, yes. But, you know, you can't let this kind of thing get out of control.
-Now I want you to turn and look at your daughter, and to realize beyond a doubt that <u>you've taught her how to be stubborn and how to stand up for herself, and that that is something priceless</u>[15.]. This gift that you've given her is something that can't be bought, and it's something that may save her life. Imagine how valuable that will be when your daughter goes out on a date with a man who has bad intentions. (Bandler and Grinder, 1982, pp. 8-9)

Madanes (1990) remembers Satir's special abilities in reframing:

Virginia Satir, however, probably made the most memorable contribution in her famous reframing of a murderous husband who, she said, had been <u>running after his wife with an axe</u> because <u>he was trying to reach out to her</u>[16]. With reframing magic is introduced. Hatred becomes love, avoidance protection, and rebellion submission. (Madanes, 1990, p. 213)

Fisch et al. (1982) further developed the MRI approach to brief therapy. Reframing is still an important aspect of their work. In their view reframing is especially valuable as a way to persuade clients "to adopt a course of action they would otherwise refuse to take." (p. 119) This can help shorten the treatment. For example, sometimes it can be useful to redefine the unwanted symptom as beneficial:

For example, a depressed man described himself as a "workaholic". He admitted that he pushed himself mercilessly, never took more than two or three day's vacation and then only rarely, and so on. The therapist was able to reframe his <u>depression</u> as <u>a beneficial force</u>, by explaining to the patient that his depression was <u>forcing him to stay away from work and take it easy at home</u>[17] – a luxury, if not a necessity, that he would never purposely allow himself. The patient found this explanation a profound and useful "interpretation" and stopped trying to force himself to feel more lively and outgoing. Predictably, his depression diminished. (Fisch et al., 1982, p. 135)

B. Coyne and the Interactional view

In his influential article *Toward a theory of frames and reframing* brief therapist James C. Coyne (1985) from MRI takes the *interactional view* of reframing. As many others, Coyne's starting point is Watzlawick et al's (1974) definition of reframing. Coyne states that the process of reframing means "shifting the perspective within which a client experiences a situation" (p. 337). He gives several excellent examples of reframing the interactional situations between family members:

> As an example, framing <u>a couple's argument</u> as <u>a miscarried effort to get close</u>[18], involves suggesting that they take a different attitude to what has happened than when it is construed as an expression of personal incompatibility. (Coyne, 1985, p. 338)
>
> As an example, partners in troubled marriages often work hard and unsuccessfully to maintain a framing of their interactions as being something other than an argument, with a single ambiguous or badly timed comment capable of shifting what is happening to an escalating pattern of attack and counterattack. The reframing of their interaction provided by such a comment may be engulfing in that a wide range of what might generally be seen as <u>reconciliatory gestures</u> – such as the use of humor – are now seen as <u>attacks</u>[19] strengthening the unwanted frame of "This is an argument." (p. 339)
>
> Has it occurred to you that you are <u>protecting your wife</u> by <u>reacting so angrily toward her</u>[20]? When you respond in that way, she can focus on your vehemence and excuse herself from heeding the content of what you have to say. Routinely you are letting her off the hook and encouraging her to do as she pleases. (p. 340)
>
> Getting angry Wednesday night was an excellent way of justifying going out by yourself for a few hours. I know that you want to be right by your wife's side to give encouragement and constructive criticism as she works on her dissertation, but everybody needs to allow themselves a break now and then. I would like to suggest that you owe it to yourself – if you can't just take some time off for yourself next Wednesday night, get angry and take some time off for yourself. (p. 341-341)
>
> …it is routine to instruct parents that if they are having any success at all in being firm and consistent in dealing with their adolescents, then the adolescents will test their resolve with more outrageous behavior. (p. 343)

We can see that in Coyne's examples it is the current interactional behaviors that are redescribed. These are fine examples, but they show a limitation in Coyne's view of reframing. For him the object of reframing can be "problematic behavior" (p. 337), "pattern of interaction" (p. 337), "events that are occurring" (p. 338), "an interaction" (p. 338), "interactions" (p. 339), "couples…first encounter" (p. 339), "an activity" (p. 339), "an action" (p. 340), "father's death" (p. 341), or "situation" (p. 341).

Coyne's interactional bias can be understood if we take a look at the theoretical sources he refers to. He relies heavily on Gregory Bateson's (1955) and Erwin Goffman's (1974) notion of frame:

> Bateson is generally given credit for invoking the term "frame" to indicate the organization of interaction such that at any given time certain events are more likely to occur and certain interpretations of what is going on are more likely to be made. Undoubtedly, Bateson was strongly influenced by Burke (1936) and perhaps Mills (1940), and his work has been elaborated in Goffman's excellent "Frame Analysis" (1974). Taken together, these sources provide a basic background for understanding and use of reframing. (Coyne, 1985, p. 338)

Following Bateson, Coyne defines a *frame* in terms of *metacommunication*. He states that "…the posing of a frame may be seen as metacommunication" (p. 338) and that "…any metacommunication may be construed as a frame" (p. 338) and sees "…a frame as metacommunication" (p. 339). Bateson defined "metacommunication" as "communication about communication" (Bateson, 1951, p. 209). This has led Coyne to look at reframing as *a redescription* (communication) of *interactional situations* (about communication).

Linguist Deborah Tannen has distinguished the Batesonian *Interactive frames* from K*nowledge structure schemas* (Tannen, 1985; 1986; Tannen and Wallat, 1987). For Tannen the Batesonian interactive frames involve

> …a superordinate definition of what is being done by talk, what activity is being engaged in, how a speaker means what s/he says. (Tannen, 1986, p. 106)

Examples of such definitions of situations include "joking", "playing", "fighting", "lecturing", "imitating", "chatting" (Tannen, 1979, p. 141). Tannen notes that knowledge structure schemas are in a sense superordinate to interactive frames, i.e. there are schemas also for our expectations about interactional situations:

> Thus, knowledge structure schemas refer to sets of expectations about people, objects, and situations, including expectations about which linguistic and paralinguistic features are to be used to signal interactive frames, that is, how any given utterance is intended. Thus we have, to complicate matters, two somewhat different but clearly related senses of the knowledge structure sense of schema: one set of expectations about objects, people and situations (as in the restaurant script or my friend's taking care of a dog), and the other a set of expectations about how language is used in interaction, how interaction works (as in how my friend would talk to me or a dog). (Tannen, 1985, pp. 329 – 330)

Psychologist C. W. Jones (1986) acknowledges this distinction and sees it as a difference in focus:

> Both cognitivists and interactionists have suggested that experience tends to be organized into clusters or packages of meaning that are bound together by common thematic content or common premises. Cognitivists (e.g. Fiske and Linville, 1980; Taylor and Crocker, 1981), focusing on the internal representation of experience, term

> these packages of meaning "schemas", while interactionists (e.g. Bateson, 1972; Goffman, 1974), focusing on the communication of these representations, have termed them "frames". (Jones, 1986, p. 59)

Jones' formulation is confusing and illuminating at the same time. It is illuminating in the sense that cognitivists and interactionists can talk about the same situation, but focus on different aspects of it. At the same time, the formulation is confusing in the sense that it does not acknowledge the difference in the object that is being discussed – interactionists talk mainly about interactional situations, cognitivists also about everything else.

Bateson's view of metacommunication is problematic in still another way. For Bateson, metacommunication originally involved not only defining what activity is going on, but also defining "the relationship between the communicators" (Bateson, 1951, p. 209). That a special part of a message – the metacommunicative part – is responsible for defining the relationship between the communicators, as Bateson's definition has sometimes been interpreted, seems to be erroneous. Watzlawick (1990), for example, still thinks that metacommunication includes that part of everyday communicative behavior, that "…consists of a never ending process of offering, accepting, rejecting, disqualifying, or redefining relationship definitions" (Watzlawick, 1990, p. 26). Studies in communication and conversation analysis indicate, however, that the whole communicative act in its context takes part in relationship definitions (Sebeok, 1986, p. 610; Bavelas, 1992). Verbal and nonverbal acts are completely integrated in ordinary communication (Bavelas, 1992, pp. 23-24). Bavelas' reasonable suggestion is that the term metacommunication should be used only to refer to explicit communication about communication, for example expressions like "This is an order", or "I am only playing." (Bavelas, 1992)

Coyne willingly admits that despite his efforts to clarify the notion of reframing, we still don't have sufficient theoretical understanding of it. We are unable to "identify the common elements of successful reframes." (Coyne, 1985, p. 338) He also writes that

> Admittedly, the term "frame" has a frustrating polymorphous quality. It sometimes refers to a label that participants apply to an interaction, sometimes it has a metaphorical or "as if" quality, and sometimes its use is a matter of an observers convenience or efforts to get control of an interaction. (Coyne, 1985, p. 340)

The account of frames and reframing presented in this study will try to shed light on all of these aspects of reframing.

C. Structural family therapy

In 1974 family therapist Salvador Minuchin described how he used "relabeling the symptom" in his work:

A reconceptualization of the symptom in interpersonal terms can open new pathways for change. In one case, a girl's anorexia is redefined as disobedience and as making her parents incompetent. (Minuchin, 1974, p. 155)

Relabeling a predominant affect may also be helpful. If a mother is overcontrolling, the therapist may use the technique of calling her controlling operations "concern" for her children. Such relabeling is frequently only a way of highlighting submerged aspects of the woman's feelings toward her children. (Minuchin, 1974, p. 156)

Berger (1984) tries to answer the question "How do you come up with the ideas for a good reframing?" As a starting point, he sees reframings as means to accomplish particular therapeutic goals. He also emphasizes that a good therapist will take into account and utilize the client's language. Berger notes that it is a common practice to relabel a symptom "from mad to bad":

Minuchin persistently relabels the anorectic's not eating as being not the inevitable concomitant of an illness…but rather as a willful refusal to eat which the parents must oppose successfully. This reframing (sickness to disobedience, a form of badness) is useful because it places the symptom in the context in which parents can be expected to be competent. It is reasonable to expect parents to collaborate to override the actions of disobedient kids when that is necessary. (Berger, 1984, p. 23)

D. Strategic family therapy

In strategic family therapy, developed by Jay Haley and Chloé Madanes, reframing is used especially to redefine the client's current problems so that they will be easier to solve. As early as 1963 Haley himself emphasized the role of *relabeling* as a general strategy in couples therapy:

…in general, whenever it can be done, the therapist defines (labels) the couple as attempting to bring about an amiable closeness but going about it wrongly, being misunderstood, or being driven by forces beyond their control. (Haley, 1963, p. 139)

And Madanes explains:

In two of the cases presented in this chapter, the problem of the child was redefined by the therapist before proceeding with a strategy for change. In the case of the boy who stuck pins in his stomach, the problem was changed so that it no longer stood for inflicting wound - it stood for sticking pins in the wrong place. In the case of the depressed boy, the refusal to go to school was changed from consequence to cause of the child's depression. In both cases, the problem was not as drastically redefined as it was in two cases of adults presented in chapter Three: the woman with hysterical paralysis, whose symptom was relabeled a muscular-cramp; and the depressed man, who told that he was irresponsible rather than depressed. (Madanes, 1982, p. 113)

Redefining the problem, as used in this approach, does not necessarily involve positive connotation or a positive relabeling of anyone's behavior. The point of redefining is to change the definition of a problem so that it can be solved. Irresponsibility is perhaps more negative than depression but is easier to resolve. A muscular cramp is more amenable to change than a hysterical paralysis. A child who refuses to go to school can be coped with more easily than a child who is depressed

can. Thus, redefining should be approached with the intention defining the problem that can be resolved rather than with the intention of minimizing the problem or of interpreting the behavior in positive ways. (Madanes, 1982, p. 114)

Richard Rabkin (1977) was one of the first family therapists to incorporate reframing into his work. He was trained in family therapy and systems theory by Salvador Minuchin and Edgar H. Auerswald. He was also much influenced by Jay Haley's strategic therapy and MRI. Rabkin gives some examples of reframing:

> The most common such reframing in psychotherapy is to convince a patient that a disastrous event was really a "learning experience". As another illustration, a depressed patient was severely distressed by the fact that his mother did not react with sympathy on hearing that he was contemplating suicide. The therapist's response was to be pleased with the mother's reaction, or lack of it, because it did not reinforce talking about suicide. The patient, seeing the lack of sympathy in a different light, became less distressed about his mother's indifference. (Rabkin, 1977, p. 125)

Family therapist Gerald Weeks (1977) also collected many examples of how to turn usually negative labels into positive ones:

> reclusive – exploring one's own consciousness;
> withdrawn – taking care of oneself;
> passive – ability to accept things as they are;
> [anti]social – carefully selecting one's acquaintances;
> submissive - seeking authority and direction to find oneself;
> insensitive – protecting oneself from hurt;
> seductive – wanting to attract other people and be liked;
> wandering – exploring all possibilities;
> oversensitive – tuned in to other people; very alive and aware;
> controlling – structuring one's environment;
> impulsive – able to let go; be spontaneous;
> oppositional – searching for one's own way of doing things;
> self-depricating – admitting one's own faults to oneself;
> crying – ability to express emotion, especially hurt. (Weeks, 1977, p. 286)

Family therapists Henry Grunebaum and Richard Chasin (1978) try to make a distinction between reframing and relabeling. By *reframing,* they refer to a change in the frame of reference we use to look at some particular behavior. "For example, in looking at an individual's symptomatic conduct, we may shift from a moral to a medical frame. An inevitable consequence of reframing is a change in label…."(p. 453) By *relabeling* Grunebaum and Chasin refer to those instances in which "there is a change in label with no change in frame of reference." (p. 454) For example one could label someone *neurotic* instead of *psychotic* and stay within the *health frame*. The distinction made by Grunebaum and Chasin has not gained wider usage, probably because such a distinction is very difficult to make in specific cases. If we were to apply this distinction, most examples of reframing to be found in literature, like those by Weeks (1977) above, would no longer be examples of reframing. This is connected

to the issue of levels and hierarchies in our conceptual system, and at which level we focus our attention.

Grunebaum and Chasin (1978) also defend the use of pathological diagnostic labels in some cases. They view cases from a family systems perspective and argue that the use of a pathological label applied to a family member may have a beneficial impact on the family system. As an example, Grunebaum and Chasin (1978) describe cases where placing the psychiatric diagnoses such as *manic depressive psychosis* or *schizophrenia* lead to a feeling of relief in other family members. Of course, when the blame is put on one family member, others get off the hook, so to speak. However, we must ask how the scapegoat will be able to get rid of the label later in life? As Grunebaum and Chasin point out, labeling the whole family pathogenic can be equally unfair and inaccurate and lead to guilt feelings. Perhaps this illustrates the potential dangers of using any pathological label – feelings of guilt, blame and resentment are easily the side effects of such practice.

E. Milan systemic family therapy

The Milan team of systemic family therapy (Selvini-Palazzoli, et al., 1978) developed their own variety of reframing, which they called "positive connotation". It was first introduced in English in 1974 by Selvini-Palazzoli et al. (1974/1988), where it was defined as "approving all observed types of behavior of the identified patient or the other family members, and especially those types of behavior that are traditionally considered pathological". (Selvini-Palazzoli, 1974/1988, p. 133) In accordance with the systemic view that client's problems usually involve the whole family system, the Milan team emphasized the need to include all family members, when the situation is redescribed in a positive way. (Simon et al, 1985, p. 262)

An example of the Milan team's "positive connotation" message to a client family is described in Weeks and L'Abate (1982):

> A ten-year-old boy developed psychotic symptoms following the death of his grandfather. The message given to this boy and his family at the end of their first session demonstrates both positive connotation and symptom prescription. The male therapist said, "We are closing this first session with a message to you, Ernesto. You're doing a good thing. We understand that you considered your grandfather to be the central pillar of your family…he kept it together, maintaining a central balance…without your grandfather's presence, you are afraid something would change, so you thought of assuming his role, perhaps because of this fear that the balance in the family would change…For now you should continue this role that you've assumed spontaneously. You shouldn't change anything until the next session.…(Weeks and L'Abate, 1982, pp. 105-106)

Bergman (1985) describes a similar "systemic paradox":

> One of the most powerful and general reframings I use is when I elaborate to a family how a child's symptom protects the family, and how it particularly protects the parents or the marital couple by bringing the couple together and/or deflecting the couple's attention away from the marriage or the couple's parents. When parents come into

treatment with a kid whom they see as "mad" or "bad", the last perception or explanation they expect from a therapist is that the symptomatic child is protecting them. Once they even consider the reframing as a possible explanation, the system begins to change. (Bergman, 1985, pp. 41 - 42)

Bowman and Goldberg (1983) apply the Milan style "positive connotations" to school problems. For example a 12 year old boy's fighting, lying, and defiant attitude at school are reframed "in a positive light by focusing upon his underlying motivation: that is, to help his family by uniting them in their concern for him." (p. 212) Even a 16 year old girl´s truancy and disagreements with her parents were reframed with a positive connotation in terms of the underlying motivation, as "Jan's desire for greater closeness to her family, despite what appeared to be efforts at pulling away." (p. 214) It seems that such "you really love your family" type reframings were really pushed to the limits by Milan style family therapists even in cases where they did not fit very well.

Jessee et al. (1982) discuss aspects of using reframing with children. They start by a warning, that the use of common diagnostic labels with children is dangerous. Especially children in the "preoperatory period of thinking (approximately ages 2 to7) tend to overgeneralize from a perceived strength or weakness in one area of their functioning to other areas." (p. 315) Therefore the reframing of the child's difficulties as having not only negative, but also positive aspects is recommended. This can lead to an elevation in the child's self-esteem. (p. 315)

The case examples presented by Jessee et al. are varieties of paradoxical symptom prescriptions. They suggest that reframes might work – produce change – even though children verbally disconfirm the reframing. "Once they learn that the classification of their behavior is not fixed, they apparently can no longer see it in the same light in spite of their best efforts to invalidate the reframing." (p. 317) They suggest that reframing involves "the mental manipulation of classificatory concepts" and this ability is not achieved, according to Piaget's theory, "until the concrete operatory stage of cognitive development, which emerges at about the age of seven or eight". Therefore, they suggest that reframing interventions are not applicable with children under that age.

This argument does not seem convincing. Surely, if reframing is more about refocusing attention on different aspects of the situation by describing it differently, such age restrictions do not apply. In fact, one of the founders of the international *Philosophy for Children* movement, Gareth Matthews, has argued that especially children between 3 to 7 years are prone to philosophical thinking. Matthews (1994) has observed that many children at that age naturally raise questions and make comments from surprising perspectives – and that many of them loose this ability in school. The therapist's ability to communicate at the level of the child and the child's ability to understand the therapist's language would be more relevant restrictive factors for the use of reframing. Furthermore, since reframings affect the whole social system

involved, and not just the child, the therapist should find plenty of opportunities to use reframing in the family context.

F. Solution-focused therapy

Solution-focused brief therapy was developed in the United States at the Brief Family Therapy Center (BFTC) in Milwaukee, Wisconsin. This approach is based especially on Milton H. Erickson´s and MRI´s ideas. Reframing plays an important role in the BFTC approach. One of the developers of this model, Insoo Kim Berg (1994a), defines reframing as a new interpretation of troublesome behavior:

> Reframing is a gentle, yet potent way to help clients see their predicaments in a different light. This paves the way for them to find a different way to conceptualize the problem and helps to increase the possibility of finding new solutions to old problems.
> Reframing is simply an alternate, usually positive interpretation of troublesome behavior that gives a positive meaning to the client's interaction with those in her environment. It suggests a new and different way of behaving, freeing the client to alter behavior and making it possible to bring about changes while "saving face". As a result, the client sees her situation differently, and may even find solutions in ways that she did not expect…. Helping the client reframe her own behavior will increase the possibility that she will think, feel, and act differently. (Berg, 1994a, pp. 173-174)

Berg also sees the whole context of therapy in terms of reframing:

> [Therapy]…is a context the therapist offers the client for evolving new meanings, new ways of looking at the vexing problems that brought him to the therapist. The therapist, through raising questions, opens up the possibility for new ways of looking at problems. This is the beginning of solution building. (Berg, 1994b, p. 13)

Reframing can be used to deal with angry and hostile clients:

> When the client begins to calm down, indicate your admiration for her fierce independence and desire to protect her privacy. Explain that it is an indication of her desire to run her own life and you absolutely agree with her wish not to be told what to do. Then, casually ask if she has always been such an independent person or is this something new for her. Where did she learn to be such an independent-minded person?
> As you are saying this make sure that you sound sincere; the best way to do this is to really believe what you are saying. This is called "reframing", a technique borrowed from family therapy. Sit back and watch your client calm down and start to cooperate with you. (Berg, 1994a, p. 25)

Talking about the client's strengths and successes instead of weaknesses can also be seen as reframing. Insoo Kim Berg notes:

> ...identifying strengths and successes and enhancing them are much more respectful of the client and less exhausting for the worker than dealing with weaknesses. For example, take the case of a 22-year-old single parent with a five-year-old child. This woman was able to raise a child while she herself was still going through adolescence. It means that she had to solve hundreds of the large and small problems of daily living

at a young age. This reframes her as being a competent woman, rather than an irresponsible, unwed teenage mother. (Berg, 1994a, p. 40)

Berg gives several examples of reframing:

For example, anger is labeled as intense caring, fighting can be a sign of one's independence, etc." (Berg, 1994a, p. 174)

Following are some examples of reframing:
Lazy: laid back, mellow, relaxed, taking it easy
Pushy: assertive, in a hurry, action-oriented
Impatient: action-oriented, has high standards
Uncaring: detached, allows room for others
Depressed: overwhelmed, quiet, slowing down
Aggressive: forceful, unaware of his own strength
Nagging: concerned, trying to bring out the best in someone
Withdrawn: deep thinker, thoughtful, shy, quiet" (Berg, 1994a, p. 174)

The so-called *First Session Formula Task* intervention in solution-focused therapy (De Shazer, 1984; 1985) could be called a reframing intervention, as sociologist G. Miller (1997, p. 57) has noted. Miller defines reframing as "suggesting that clients pay attention to previously ignored aspects of their lives and/or thinking about the positive aspects of their lives." (Miller, 1997, 57) He thinks that such a "disrupting of interpretative patterns" is often enough for the clients to "get them started again" and for new behavioral patterns and social relationships to start to emerge. The *First Session Formula Task*, often given at the end of the first meeting with the client, is carefully formulated:

Between now and next time we meet, we [I] would like you to observe, so that you can describe to us [me] next time, what happens in your [pick one: family, life, marriage, relationship] that you want to continue to have happen. (De Shazer, 1985, p. 137)

This formulation was chosen, as De Shazer recounts, to help the clients shift their focus from the past to present and future events. It also promotes client's expectations of change. (De Shazer, 1985, p. 137)

De Shazer (1985) includes reframing as one of the few basic assumptions of solution-focused brief therapy:

Assumption Five:
A new frame or new frames need only be suggested, and new behavior based on any new frame can promote client's resolution of the problem. (p. 39)

In this connection De Shazer describes an old Gestalt psychologist's problem solving experiment (Duncker, 1945) and concludes:

As suggested by Duncker's experiment, frames (ways of seeing or defining situations) and labels attached to them dictate (to a greater or lesser extent) what we can see and do: Our point of view determines what happens next. This seems clear not only in art

and science but also in everyday life: Frames and their labels affect paradigm- or frame-induced expectations and enable us to articulate and measure the world. Any concrete "fact" can have several different labels implying different frames (Watzlawick et al, 1974). (De Shazer, 1985, p. 40)

Solution-focused therapists Alex Molnar and Barbara Lindquist (1989) define reframing as a way "to formulate a positive alternative interpretation of the problem behavior" (p. 46). In their example, the teacher solved a problem with two students, Bob and Pete. The boys were best friends and they disturbed the class and irritated the teacher by talking with each other constantly. The teacher explains:

> I decided to try reframing. My interpretation of the problem had been *that Pete and Bob were trying to waste time, get out of doing their work, and cause a rough time for me*. In thinking about the situation, I came up with another explanation of their behavior. My positive alternative interpretation was that Bob and Pete were good friends who wanted to spend time together first thing in the morning as a way of affirming their bond of friendship.
>
> The next morning when Bob came in and stood at Pete's desk, I said, "Bob, I think it is really great to see you have such a strong friendship with Pete that you want to spend time with him every morning." He looked at me, raised his arms, and said, "Okay, okay. I'm going to my seat." He obviously did not think I was serious.
>
> The next morning, as Bob stood next to Pete's desk and began talking, I said, "Bob, you go right ahead and spend some time with Pete; sometimes a strong friendship is more important than anything else." He looks at me as though I was being sarcastic, and Pete began to giggle. As I maintained my matter-of-fact composure, their doubt turned to amazement. Bob spoke to Pete only about fifteen seconds more and went to his seat and completed his work.
>
> Bob still stops at Pete's desk to chat for two to three minutes each morning, but then he goes to his seat and begins his work. He is getting more work done. I am starting the day in a much better mood, and I find myself being more tolerant of all my students. (Molnar and Lindquist, 1989, p. 48)

G. Solution-oriented brief therapy
Solution - Oriented Brief Therapy includes various approaches influenced by Solution - Focused Therapy and Milton H. Erickson. Bill O'Hanlon (1990) often uses reframing in his practice:

> First, we [brief therapists] attempt to change client's views of their "problematic" situation. I put problematic in quotation marks to indicate that even the idea that there is a problem is a view that is open to change and negotiation … The situation might be seen as a "challenge" or a "signal for growth" or an "unowned part expressing itself" or an "unavoidable part of life, nothing to be concerned about" as opposed to a "problem". Included in the category of "changing the viewing" is altering the client's perception, focus of attention, and frame of reference. (O'Hanlon, 1990, p. 86)

Brief therapist Brian Cade is one of the most enthusiastic proponents of reframing. In 1992 he wrote:

> …reframing can be seen as a generic process in therapy. In fact, I would go much further and propose it to be the single most basic and necessary operation in the

process of change and therefore of all therapy. Everything else is subordinate and either aids or, alternatively, impedes this process…It is not that "…a new frame may be an essential setting…for change"; I would argue that it is the only setting for change…(Cade, 1992, p. 163)

Cade and O'Hanlon (1993) give an example of the importance of reframing for therapy: a 17-year old girl was brought to therapy by her mother. Lorraine had become depressed, introverted and anxious over the past months. She had started to feel different from all the other girls in the school. Her mother explained that Lorraine had been sexually abused by her father a number of times until about a year ago. And Lorraine explained: "When I look at the other girls at school, I know that I am not like them. I am abnormal." (112). At the end of the discussion the therapist said:

> It seems to me, Lorraine, after talking to you, that you are actually quite normal. It's the thing that has happened to you that is abnormal, not you. You are a normal person trying to deal with an abnormal experience. (Cade and O´Hanlon, 1993, p. 112)

After this session Lorraine's behavior changed dramatically, it was a turning point for her. She returned to school and did not encounter any problems in reintegrating with her friends (p. 113).

Cade and O´Hanlon (1993) report another case:

> A young unmarried mother, who had been deserted during her pregnancy by the man she had loved, brought her nine year old son to see a therapist. She reported that, whenever she brought home a male friend, the son would behave atrociously, swearing, sometimes behaving aggressively towards the man, and refusing to leave them alone. She had become afraid to take anyone home. The son was also described as being close to his grandmother who lived nearby and who remained, according to the woman, overprotective towards her daughter, tending to disapprove of her various male friends. Toward the end of the first session, the boy was described by the therapist as extremely sensitive and aware of his mother's underlying fear of becoming emotionally involved again and of being hurt, in the way that his father had hurt her. He was also aware of his grandmother's concern for her daughter and so, perhaps partly on behalf of his grandmother but particularly because of his own love for his mother, he seemed to have decided to protect her from her own emotional vulnerability. Therefore his apparently "bad" behaviors were an attempt to be helpful by both protecting her from becoming overinvolved and by giving her an outlet for her own tension and anxiety through anger at him. Only a man who truly loved her would be prepared to tolerate what the boy was doing. The therapist solemnly commended the boy for his concern and recommended he continue to care for his mother.
>
> At the next session the mother reported vast improvements in her son's behavior. At a follow-up several months later, she confirmed that improvements had continued...(Cade and O´Hanlon, 1993, p. 117)

Brief Therapists Tapani Ahola and Ben Furman have developed a variety of reframings in their book *Solution Talk* (1992). They show that we can reframe anything from present, past or future.:

> Our history is an integral part of ourselves. As long as we think of the past as the source of our problems, we set up, in a sense, an adversarial relationship within

ourselves. The past, very humanly, responds negatively to criticism and blaming, but favorably to respect and stroking. The past prefers to be seen as a resource, a store of memories, good or bad, and a source of wisdom emanating from life experiences. (Furman and Ahola, 1992, p. 18)

Discussing positive visions of the future can be useful in many ways. They give people something to aspire to, they foster optimism, and they help in the setting of goals. With a positive vision of the future we are able to view our past as a resource, to recognize and value progress that is already underway, to see other people as allies rather than adversaries, and to think of our problems as ordeals that can contribute to the struggle to reach our goals. (Furman and Ahola, 1992, p.106)

H. Narrative therapy

Many age-old stories and proverbs witness that ordinary people have always been able to find new points of view to their everyday problems. As Paul Watzlawick (1990, p. 89) has noted, the telling of stories, fairy tales and poems have since ancient times been, and perhaps still are, the most widespread techniques of opening new perspectives and facilitating change. Simon et. al (1985) also note that the telling of stories is a therapeutic strategy used in "communication therapy, hypnotherapy, and NLP." (Simon et al, 1985, p. 334) They also think that stories can induce change through reframing.

Narrative therapy, as developed by Michael White and David Epston (White and Epston, 1982), relies heavily on reframing, which is here called "re-storying" (Held, 1996, p. 41). One of the central ideas of the approach is to develop "an alternative story or narrative" (White and Epston, 1982, p. 16) of the clients life. White and Epston call this "re-authoring" or "re-storying", whereby the clients find new and "unique redescriptions" (White and Epston, 1982, p. 41) of themselves and of their relationships.

> Re-authoring involves relocating a person/family's experience in new narratives, such that the previously dominant story becomes obsolete. In the course of these activities, people's own lives, relationships, and relationships to their problems are redescribed. (White and Epston, 1982, p. 127)

Epston's approach includes writing a letter to the client after each meeting and redescribing from a new point of view what was talked about in the session. A recurrent theme in the letters is how the client really *never gave up* completely to her difficulties, but always *resisted* in some way or another. O'Hanlon (1994) gives examples from Epston's letters to a client who had been abused in her youth:

> …you were, over time, strengthened by your adverse circumstances. Everyone's attempts to weaken you by turning you into a slave, paradoxically strengthened your resolve to be your own person. (O'Hanlon, 1994, p. 20)
>
> I believe you always, always, had some sense that evil was being done to you and, for that reason, you were never made into a real slave. Rather, you were a prisoner of war, degraded, yes, but never broken. To my way of thinking, you are a heroine who doesn't know her heroism. (O'Hanlon, 1994, p. 20)

Sometimes this emphasis on resistance seems to be a sort of "invariant prescription" that can be applied to almost any case. As White explains in an interview:

> There is always a history of struggle and protest – always," says White. He finds the tiny, hidden spark of resistance within the heart of a person trapped in a socially sanctioned psychiatric diagnosis – "anorexia nervosa", "schizophrenia", "manic-depression", "conduct disorder" – that tends to consume all other claims to identity. (Wylie, 1994, p. 43)

Narrative therapists David Nylund and Victor Corsiglia (1996) have developed ways to talk in new ways with children labeled *ADHD*, *Attention-deficit/Hyperactivity Disorder*. They see ADHD as a *social construct* that depends greatly on the ways we talk about it. They want to encourage multiple perspectives, *deconstruct* expert knowledge and *co-construct* healing stories with the clients. They encourage their clients to describe their own views about their condition. John, 15 year old, described his ADHD as "being able to watch two TV-channels at the same time…I pick up something from each channel." (p. 167). Basically Nylund and Corsiglia's approach aims to help the clients reconsider their belief that they are incompetent:

> …we suggest instead that they are much more intelligent than they believed, but according to different standards than those privileged in our society. Many of these young persons possess many creative talents (e.g. capacities for music, sports, dance, spatial awareness) that fall outside the narrow band of skills our society most values. (Nylund and Corsiglia, 1996, p. 168)

They also try to encourage their clients to *reclaim* their talents and gifts that this problem has *hijacked* from them:

> At this point, many children begin to view their so-called "deficits" (distractibility, short attention span, hyperactivity, impulsivity) as special abilities, such as flexibility, being able to monitor their environment, being independent, and/or being tireless. (Nylund and Corsiglia, 1996, p. 169)

The purpose of such new descriptions is to help the clients to get in touch with their unique abilities, so that they can generate their own solutions to their problems.

I. Paradoxical interventions

Since some researchers (e.g. Weeks and L´Abate, 1982) have erroneously identified the so-called paradoxical interventions with reframing interventions, it is important to try to clarify the differences between the two. Paradoxical interventions have been used in many different psychotherapeutic approaches such as Logotherapy, Adlerian therapy, Ericksonian therapy, strategic family therapy and systemic family therapy. Mozdzierz et al (1976) consider the psychoanalyst Alfred Adler (1870-1937) to be the first therapist to use paradoxical interventions in psychotherapy. He was influenced by Nietzsche's and Hegel's ideas of dialectical thinking. For Adler the basic idea in

dialectical thinking was that "any statement may contain its opposite." (Mozdzierz et al, 1976, p. 169)

Dowd and Trutt (1988) summarize Adler's views on this point:

> Specific paradoxical strategies used by Adler included prophesy, in which the therapist predicts a relapse or an exacerbation of a symptom with the expectation that it will not recur; antisuggestion, such as advising depressed patients never to do anything they dislike; prescription, in which the patient is directed to engage in the symptomatic behaviors; and prosocial redefinition, in which symptomatic behavior is reinterpreted in a positive manner (Mozdzierz et al., 1976). (Dowd and Trutt, 1988, p.99)

Mozdzierz et al. (1976) also describe Adler's technique of *permission*, in which the client is given permission to have symptoms and appreciate them – to see the "symptom as a friend" (p. 179):

> As "a friend", the symptom developed in time to prevent the patient from making a serious mistake in his life such as impending marriage, getting a divorce, changing jobs, etc. The symptom thus gives the patient more time to prepare for such a move. (Mozdzierz et al., 1976, p. 179)

Mozdzierz et al. (1976) describe Alder's technique of *pro-social redefinition* by quoting Wexberg (1929/1970):

> We have an example of these tactics when Adler answers a patient's complaint of, say, sleeplessness, by no means with regret, but with an expression of the greatest satisfaction, saying that sleeplessness is a sure sign that an improvement is in sight…during the sleepless night he must have had plenty of time to think over the subject of the last interview in the treatment and so considerably to help cure. (Wexberg, 1929/1970, p.90)

Mozdzierz et al. (1976) describe how they put this *pro-social redefinition* into practice with a man who complained that he was not as verbally aggressive, "fast", and quick-witted with young women as other men.

> The therapist suggested that what the patient thought was a handicap was indeed an asset in establishing good rapport with young women. The therapist pointed out that his girlfriends did not feel threatened, overwhelmed, "put-on" and primed for being taken advantage of by his style of communicating and relating. At this suggestion the patient beamed with delight at the prospect of his "differentness" being a positive unique quality rather than a negative quality. (Mozdzierz et al., 1976, p. 181)

Psychiatrist Victor Frankl, the founder of Logotherapy, developed his famous technique of *paradoxical intention* as early as the 1940s. (Frankl, 1960, p. 521) He had observed that with many personal problems, such as blushing, insomnia or impotence, the patients excessive *intention*, focusing of his/her attention to the problem and anticipatory anxiety before the problem appeared, were making the problem worse.

To counteract such tendency, the technique of *paradoxical intention* involves an attempt to reverse the patient's attitude toward the problem by persuading her/him to

do or wish to happen, the very things he fears. (Selzer, 1986, p. 56) Frankl describes one of his cases:

> A young physician came to our clinic because of a severe hidrophobia. He had for a long time been troubled by disturbances of the autonomic nervous system. One day he happened to meet his chief on the street and, as the young man extended his hand in greeting, he noticed that he was perspiring more than usually. The next time he was in a similar situation he expected to perspire again and this anticipatory anxiety precipitated excessive sweating. It was a vicious circle; hyperhidrosis provoked hidrophobia and hidrophobia, in turn, produced hyperhidrosis. We advised our patient, in the event that his anticipatory anxiety should recur, to resolve deliberately to show the people whom he confronted at the time how much he could really sweat. A week later he returned to report that whenever he met anyone, who triggered his anticipatory anxiety, he said to himself; "I only sweated out a litre before, but now I'm going to pour out at least 10 litres!" What was the result of this paradoxical resolution? After suffering from his phobia for four years, he was quickly able, after only on session, to free himself of it for good by this new procedure. (Frankl, 1960, p. 522)

Paradoxical interventions could be defined as directives for clients "to engage in the problematic behavior (or symptom) they are seeking to relieve." (Katz, 1984, p. 703) In order to persuade the client to engage in such an absurd, illogical, paradoxical task, new points of view or perspectives are usually needed.

The therapeutic technique of *symptom prescription*, that resembles the logical "reduction ad absurdum" arguments, usually seeks to reduce the symptoms. This "reductio ad absurdum" aspect is most explicit in Milton H. Erickson's *ordeal therapy* as described by Haley (1984). This approach involves encouraging the problematic behavior, while adding an aversive element to it. For example Erickson treated insomnia by directing the client to stay awake and make use of the extra time by useful activity such as waxing the floors all night (Haley, 1984).

One possible rationale why paradoxical interventions work is that in these cases the client's situation is viewed from a different point of view, a new perspective, i.e. that reframing is involved. As Haley (1976) explains, the clients normally anticipate and expect that their therapist will help them to change. When the therapist does the opposite, it creates a confusing situation for the client. It is actually a "no lose" situation, where the outcome is beneficial either way, – wether the client complies or defies – a therapeutic "double bind" (Bateson et al, 1956). If the client complies with the directive, s/he has gained some control over the symptoms. If s/he defies the directive, s/he no longer has the symptoms.

With clients who are likely to defy the directive, the therapist might design the intervention with this possibility in mind. For example:

> …therapist might instruct a depressed client who is resentfully dependent upon, and enmeshed with, his family to continue his depressive behavior. The explanation would be given that in so doing, he would show his appreciation of his family by continuing to be such a considerate and helpful son to his parents, whose job of caring him would be simplified. Stating it this way, the client would be most likely to resist. (Katz, 1984, p. 712)

However, such a play with client's resistance seems like playing with fire. Most brief therapists today no longer seek to provoke resistance in such a way. Such tactics place the cooperative relationship between therapist and client in danger. Instead, approaches like solution-focused therapy (DeShazer, 1985; Berg, 1994) are gaining popularity. In these approaches resistance is seen as a sign that the therapist has not yet found the way to work co-operatively with the client (DeShazer, 1984).

Family therapist Peggy Penn (1981) describes the use of "redefining" as a part of "paradoxical interventions", where the goal is for the client family *not* to follow the therapist's suggestions:

> The purpose of redefining is to change the family's perception of the problem. The symptom is redefined from a foreign element outside the system to an essential part of it. Behavior that maintains the symptom is defined as benignly motivated to preserve family stability. Anger is defined as caring, suffering as self - sacrifice, distancing as a way of reinforcing closeness, and so on. Rather than trying to change the system directly, the therapist supports it, respecting the inner emotional logic on which it runs. (Penn, 1981, p. 246)

Dell (1986) has noted that these interventions are often said to be *paradoxical* to the clients, but not for the therapists themselves. He wonders why then are such paradoxical interventions often explicitly framed to make sense to the client? Dell calls for a theory that would integrate these interventions so well with our thinking that they would no longer appear to be paradoxical. (p. 224)

> …our failure to completely explain these interventions (so that their paradoxicalness absolutely vanishes) may mean that we are protecting (or, at least acting in accordance with) some important assumptions. (p. 225)

Dell seeks answers from the radical constructivism of Humberto Maturana, but from my point of view the frame theory seems to suffice here. Perhaps the paradoxical interventions seem surprising and puzzling to the client, because s/he assumes that these suggestions arise from the same premises and from a similar view of the situation as her/his own. But actually, these suggestions arise from another set of premises and from a different point of view. Looking at the situation from such a position makes completely opposite suggestions possible. Now the therapist has two possibilities in giving the client a rationale for such a suggestion. S/he can either leave out the rationale and let the client figure it out for her/himself, or the therapist can suggest a new perspective behind her/his suggestion.

Several authors have doubts about seeing reframing as a paradoxical technique. For example Ridley and Tan (1986) write:

> The problem, as we see it, resides in whether or not reframing is an outcome or a method of psychotherapy. We contend that most therapies have reframing as an anticipated outcome (i.e., perceiving reality more objectively as in psychoanalytic tradition or perceiving self more accurately "congruent" as in the client-centered tradition). Even those therapies that have elements of reframing as methods (i.e.,

cognitive therapy) should not be automatically classified under the rubric of paradoxical psychotherapy to avoid confusion. (p. 304)

I, however, agree with M. Johnson (1986), who sees the difference between paradoxical techniques and reframing as follows:

> …although techniques of symptom prescription, restraining, and positioning are clearly paradoxical, reframing has become such a widespread technique that I question its inclusion in the group of paradoxical interventions. Reframing is really a generic intervention, which also presents old wine in new bottles and may have little or nothing of the paradoxical about it. Its use does not require the directive, sometimes deceptive element exemplified in the other paradoxical techniques. (Johnson, 1986, p. 300)

II Reframing-like interventions in other psychotherapies

Next, we will review a variety of ways in which other psychotherapeutic approaches use techniques that resemble reframing. Perhaps the use of ways of introducing new perspectives, new points of view, is what makes psychotherapy possible. It must be emphasized again that only a few examples of the use of reframing or similar interventions in each approach is given here. The aim therefore in *not* to give any basic theoretical overviews of the approaches themselves.

A. Personal construct therapy
Psychologist G. Kelly (1955) applied schema theory to psychotherapy in his *Personal Construct Therapy*. One of the basic assumptions in this theory is that people develop problems when their *personal constructs*, i.e. *schemas* are "too rigid to accommodate changing events or new and validating information." (Pace, 1988, p. 152) To overcome such rigidity, something like reframing is used in Personal Construct Therapy. (Dowd and Pace, 1989, p. 222)

Feixas (1995) quotes Kelly describing how he started to experiment with alternative interpretations – reconstructions of the client's experience:

> So I began fabricating "insights". I deliberately offered "preposterous" interpretations to my clients. Some of them were as un-Freudian as I could make them…My only criteria were that the explanation account for the crucial facts as the client saw them and that it carry implications for approaching the future in a different way.
>   What happened? Well, many of my preposterous explanations worked, some of them surprisingly well. (Feixas, 1995, pp.308-9)

Thus Kelly developed his theory of *constructive alternativism*, according to which "there are always alternative ways of looking at any event." (Fransella, 1995, p. 7) According to Kelly we always have many alternative ways to interpret the world available, some of which can be more fruitful than others. (Feixas, 1995, p. 309)

In his interesting discussion on the nature of *complaints,* Landfield (1975) based his approach on Kelly's (1955) theory of personal constructs. Landfield defines *complaints* as psychological phenomena, as feelings of distress generated by the client's capacity to differentiate between "what is" and "what could be, should be or must be." (p. 3)

Landfield (1975) gave many examples of how behavior that is usually seen in a negative light, can be seen positively. Rigidity can be seen as a steadfast purpose, immaturity as aggressive exploration, and hostility as involvement (quoted in Weeks and L'Abate, 1982, p. 108). Landfield also suggested labeling confusion as a preparation for new growth, or as a step in the process toward new growth (quoted in Weeks and L'Abate, 1982, p. 107).

When discussing how psychotherapists ought to evaluate their clients complaints, Landfield challenges the customary diagnostic model as too negative. He proposes two more helpful questions for evaluation: "What are the client's strengths?" and "How can the client's weaknesses be reformulated into strengths and constructive characteristics?" (Landfield, 1975, p. 9) He goes on to suggest how the therapist can reformulate weaknesses into strengths:

> For example, rigidity could be translated into steadfast purpose. Immaturity might be reinterpreted as aggressive exploration. Hostility could be related to involvement. Anxiety and guilt could be seen as aspects of value. Rationalization allows one to step back from a problem rather than being overwhelmed by it. Great certainty can be viewed as a factor in belief and strong motive. Exhibitionism, reconstructed as one's desire to feel important, might be observed in areas other than sexual. Finally, confusion may be constructed as the breaking down of old structures in preparation for new growth…. (Landfield, 1975, pp. 9-10)

B. Cognitive therapy

Some cognitive therapists have wanted to see a change mechanism similar to reframing as a *general therapist factor* common to all psychotherapies. Strupp (1988, p. 76) and Stiles et al. (1986, p. 172) emphasize two sets of such general factors: "(1) warm involvement with the client and (2) communication of a new perspective on the client's person and situation".

Cognitive therapists like to see psychotherapy as a learning experience for the client, which includes *cognitive reorganization* of some sort. (Strupp, 1988, p. 77) The patient can learn

> …to see his or her "assumptive world" in a different light and, based on these experiences, begin to act, feel, and behave differently with significant others. (Strupp, 1988, p.77)

For example, Beck et al. (1979, p. 134) suggest that if the patient fails at a homework task, it can be seen positively as a source of data for devising other projects. Aaron Beck has even argued that also other therapies may produce change through *cognitive restructuring.* (Weishaar, 1993, p. 136)

In his recent work with client's who have Post Traumatic Stress Disorder (PTSD), cognitive therapist Donald Meichenbaum has emphasized the use of reframing techniques. He has become interested in narrative approaches to therapy and a constructivist perspective:

> Individuals do not merely respond to events in and of themselves, but they respond to their interpretation of events and to their perceived implications of these events. (Meichenbaum and Fong, 1993, p. 489)

Meichenbaum uses reframing to normalize the symptoms of PTSD. He sees PTSD as a *stuckness* problem in the sense that the symptoms might have originally been useful for coping with the traumatic situation, but they tend to persist when they are no longer needed. In a recent interview Meichenbaum explains:

> It is my task as a therapist to help clients understand and appreciate the adaptive value of how they responded. But I also help them appreciate what is the impact, what is the toll, what is the price to them and others of continuing to respond in this fashion when it is no longer needed. This approach helps clients reframe their reactions (their "symptoms") as adaptive strengths, rather than as signs of mental illness. (Hoyt, 1996b, 127)

Meichenbaum tries to reframe each symptom of PTSD in terms of strengths and coping efforts:

> …I help people who have PTSD to appreciate that their intrusive thoughts, hypervigilance, denial, dissociation, dichotomous thinking, and moments of rage each represent coping efforts, and metaphorically reflect the "body's wisdom". For example, intrusive thoughts may reflect ways of making sense of what happened, as attempts to "finish the story", to answer "why" questions. Denial may be an attempt to "dose oneself", dealing with limited amounts of stress at a given time – a way to take a "time out". Hypervigilance may be seen as being on continual "sentry duty" when it is no longer needed. (Hoyt, 1996b, p. 129)

C. Cognitive-behavioral therapy

Goldfried (1988) describes some basic ideas and techniques in cognitive-behavioral therapy that are similar to reframing. This approach is based on the works of Beck (1970), Mahoney (1974), and Meichenbaum (1974). One of the basic tenets of this approach is that the individual's assumptions and expectations influence their reactions and behaviors considerably.

> To the extent that individuals are responding appropriately to a situation that they mislabel as dangerous…the treatment of choice would be to alter the labeling process and not the response to it. (Goldfried, 1988, p. 51)

One of the techniques in this approach is called *rational restructuring*. It aims to change basic underlying assumptions or *schemas* that clients bring to different life events. For example, the belief of the need for approval from others ("If I am not liked

and approved of by others, then I am no good") and perfection (If I don't do a perfect job in everything I attempt, then I'm a failure") (Goldfried, 1988, pp. 51-52). Goldfried is quite clear about the goal of rational restructuring:

> Most forms of therapy are alike in that they provide the opportunity for clients to obtain a different perspective on problematic aspects of their lives. The goal of rational restructuring is not only to accomplish this objective but also to teach clients a procedure by which they may do this for themselves. (Goldfried, 1988, p. 54)

The therapist might go on to challenge the client's *unrealistic* beliefs that are postulated to underlie the clients problems.

Alexander et al. (1996) write openly about reframing in cognitive-behavioral therapy. They have also integrated other aspects of family therapy literature in their work.

> We are using the concept of reframes in a very general manner, referring to therapeutic maneuvers that cast a family member's (or members') behaviors and sequences in an alternative (usually more benign) light, one that increases the likelihood of positive change. (Alexander et al., 1996, p. 189)

They give several examples of this technique which they call "interpretation of motives or patterns of behavior" (p. 189). For example, a daughters oppositional behavior could be seen as her having a "mind of her own". (p. 189).

D. Rational Emotive Behavior Therapy

Rational-emotive behavior therapy (known as Rational-Emotive Therapy before 1993) is an approach originating mainly from the studies of Albert Ellis (1962). Ellis sees human problems as resulting from *irrational* beliefs. The therapist's task is to *dispute* those beliefs. For example, a client's belief that s/he is a worthless person can be disputed by pointing out her/his virtues and successes.

Ellis started to develop this approach as early as the 1950s and in his book *Reason and emotion in psychotherapy* (1962) he was the first to point out the relevance of stoic philosophy for psychotherapy:

> [The client]…is rarely affected (made sad or glad) by outside things and events; rather: he is affected by his perceptions, attitudes, or internalized sentences about outside things and events.
> This principle, which I have inducted from many psychotherapeutic sessions with scores of patients during the last several years, was originally discovered and stated by the ancient Stoic philosophers, especially Zeno of Citium (the founder of the school), Chrysippus, Panaetius of Rhodes (who introduced Stoicism into Rome), Cicero, Seneca, Epictetus, and Marcus Aurelius. The truths of Stoicism were perhaps best set forth by Epictetus, who in the first century AD wrote in The Enchiridion: "Men are disturbed not by things, but by the views which they take of them". Shakespeare, many centuries later, rephrased this thought in Hamlet: "There's nothing either good or bad but thinking makes it so."(Ellis, 1962, p. 54)

Ellis based his therapeutic approach on these ideas by trying to help his clients to find different ways to respond to situations. For example, instead of becoming upset over frustrating situations, his client could change his *internalized sentences*. Instead of saying to himself: "Oh, my Lord! How terrible this situation is; I positively cannot stand it!", the client should challenge such *catastrophizing* by saying to himself: "It's too bad that conditions are this frustrating. But they won't kill me; and I surely *can* stand living in this unfortunate but hardly catastrophic way." (Ellis, 1962, p. 71) Another way of responding to difficult situations is:

> Whenever possible, he should try to make the most of frustrating situations: to learn by them, accept them as challenges, integrate them usefully into his life. (Ellis, 1962, p. 71)

It was in the 1980s that Ellis adopted the word reframing to his vocabulary. In 1995 Ellis uses the term reframing explicitly:

> REBT clients are encouraged to reframe some of the "awful" and "horrible" things that occur in their lives and to see that these often have "good" sides as well. Thus they are shown how being quickly rejected by someone can save them time and energy vainly trying to win that person's approval; and they can be shown how failing to get a job may lead them to get more education and to find better employment (Ellis, 1988a; Ellis and Abrams, 1978). They are also shown how to reframe "bad" events so as to stubbornly refuse to make themselves depressed and miserable about them, and instead only make themselves feel healthily sorry and disappointed. (Ellis, 1995, p. 20)

Jeffrey Guterman (1992) has explored the similarities and differences between RET's disputation technique and reframing as used by the Mental Research Institute therapists. He criticizes Russell and Morrill's (1989) attempt to integrate and combine these two techniques. According to Guterman, the differences between the theories behind each technique are incommensurate, they cannot be combined.
Russell and Morrill's (1989) proposal to combine the disputation technique and reframing was based on their focus on similarities between the approaches:

> Reframing involves transforming the problem situation and presenting it in a new way that is less rigid and more workable for the family. The same cognitive tool can be used in the RET process of actively disputing the family's irrational beliefs. The father states that the problem is the son's refusal to obey his parents. The counselor might reframe the problem situation by pointing out that the father has a strongly held belief that children must obey their parents at all times. (Russell and Morrill, 1989, p. 190)

Guterman (1992), however, points out that reframing does not challenge client's beliefs that are deemed irrational as RET does. Instead, therapists at the MRI are really accepting the client's basic premises (p. 442). Here seems to be a fundamental difference between these approaches. Whereas RET tries to challenge, either mildly or forcefully, clients irrational beliefs, MRI tries to enhance client's cooperation in every way. Guterman cites Weakland et al., (1974):

> …the therapist's aim is to get enough information to understand what is happening, for which he [or she] needs cooperation, not to confront people with their mistakes. (p. 153)

Another major difference is that RET openly teaches its language to clients, whereas MRI therapists try to learn the clients language and try to fit the interventions to the client's worldview (Guterman, 1992, p. 448).

There is also a difference in dealing with client's resistance to treatment. While RET interventions would aim at disputing irrational beliefs behind resistance, Watzlawick et al (1974) recommend that the therapist develop his style and methods so that client's opposition and resistance is minimized or utilized:

> …resistance to change can be turned into an important vehicle of change. This can best be accomplished by reframing the resistance as a precondition for, or even an aspect of change. (Watzlawick et al., 1974, p. 133)

In solution-focused therapy, a variant of MRI style brief therapy, client's resistance is actually renounced *dead* (De Shazer, 1984). Such behaviors are reframed as clients way of *cooperating*, their way of

> ...educating therapists as to the most productive and fitting method of helping them change. Every client is seen as having a unique way of cooperating and it is the task of the therapist to identify and utilize this form of cooperation. (O'Hanlon and Weiner-Davis, 1989, pp. 21-22)

Guterman seems to be right in his doubts about integrating RET and MRI approaches – their background assumptions are very different.

E. Neuro-Linguistic Programming

Richard Bandler and John Grinder, the founders of NLP (Neuro Linguistic Programming), make extensive use of reframing that they adopted after they studied the work of Milton H. Erickson and Virginia Satir (Bandler and Grinder, 1975a; 1975b; 1979; 1982; Grinder and Bandler, 1976). For example, Bandler and Grinder (1982) describe how a man complained about his wife: "My wife takes forever to decide on things. She has to look at every dress in the store and compare them all before she selects one." (p. 13) This complaint is then reframed by the therapist: "So she's very careful about decisions. Isn't it a tremendous compliment that out of all the men in the world, she chose you!" (p. 13) Andreas and Andreas (1987) have collected Richard Bandler's therapeutic ideas. They show how reframing can also be understood quite literally:

> 1. Think of a situation that makes you feel bad when you think of it. This could be an old memory, a current problem situation or limitation, or whatever.
> 2. Take a good look at the visual portion of that problem experience, and step back out of it, so that you see yourself in that situation. If you don't visualize in consciousness, just have a "sense" of doing these visual changes, or pretend to do it.

3. Now put a large baroque frame, about six inches wide, around that picture, and notice how this changes your experience of that situation.
For most people this will anchor a lighter and more humorous set of feelings that is much more useful for going on to develop new choices in that problem situation.

There are also many other alternative literal frames you can use. You could use an oval frame such as were used years ago for old family portraits, mirrors, and religious pictures. A hardedged stainless frame, a natural or weathered wood frame, or a colored plastic frame might be more useful for someone who doesn't respond to the baroque gold one.

You can also add a number of embellishments after a frame is selected. A shielded museum light mounted over the picture "puts a different light on the subject" than does a votive candle on a stand below it. Actually seeing the framed picture on a museum wall among other pictures, or in someone else's home or office, can add a "different perspective".

You can even go on to pick a favorite - or least favorite - artist and transform your picture into a work done in the style of that artist. What happens if you see it as a Rembrant, or a Monet? (Andreas and Andreas, 1987, pp. 180-181).

Bandler and Grinder have realized that reframing is not necessarily a positive new description. For example *success* can be seen as a "most dangerous human experience, because it keeps you from noticing other things and learning other ways of doing things" (Bandler and Grinder, 1982, p. 33). Consequently, *failure* can be seen as an "opportunity for you to learn something that you wouldn't otherwise notice" (p. 33). Bandler and Grinder note that being *stupid* can be a good thing, because for them "stupidity can be a way to get people to do things for them" or "stupidity can be a way to learn a tremendous amount" or stupidity can be seen as an "ability to ask questions." (p. 60)

Dilts (1995) describes his principle of *positive intention* as one of the most important and useful principle for managing change. This principle states that: "At some level, all behavior is intended or has been developed for some positive purpose." For example, the positive purpose behind the client's idea "it is not desirable to be successful" may be to *protect* the client from oversaturation or failure.

The positive intention behind a resistance such as, "It is not possible to change", might be to prevent "false hope" or to avoid unrewarded effort. (Dilts, 1995)

Now, underlying the principle of positive intention Dilts sees the deeper assumption that "makes the best choices available to them given the possibilities and capabilities that they perceive to be accessible within their model of the world." The technique of reframing is a way to help the client widen her/his map of the situation and to open up other choices and options.

Dilts (1996) describes the NLP technique of *6-Step Reframing*, originally presented in Bandler and Grinder (1979, p. 160), formulated as a self-help procedure. :

1. Identify the problematic behavior.
2. Communicate with that part of yourself that is responsible for the behavior.
3. Find the positive purpose/intention behind the problematic behavior.

4. Find three other ways to satisfy that positive intention, but which do not have the negative consequences of the symptom.
5. Have the part of yourself that creates the symptoms agree to implement the new choices.
6. Ecology Check. Does any other part of yourself object to the choices? (Dilts, 1996)

This therapeutic strategy is an example of reframing in the sense that the problematic behavior is redescribed as serving some positive purpose. And after this, when more effective ways to achieve the same purpose are explored, the problematic behavior is seen in a positive light and connotations of blame and criticism are avoided.

F. Philosophical counseling

Many philosophers have been extremely talented in reframing. Perhaps this is one of the most important skills in philosophy: seeing things in a new light.

The stoic philosopher *Epictetus* (AD 55-135) can be called the father of reframing. His own writings have not been saved, so we have to rely on secondary sources. One of the central goals of the stoic school was to maintain one's peace of mind in every situation, however difficult. This was achieved through quick changes in point of view, as the following examples illustrate. Epictetus' most famous principle was:

> It is not the things themselves that disturb people but their judgments about those things. (Epictetus, Handbook, §5, in Gill, 1995, p. 289)

A good example of Epictetus' skill in taking a more positive perspective is:

> (1) You are impatient and discontented, and if you are alone, you call it isolation, but if you are with people, you call them plotters and bandits, and you even criticize your own parents and children and brothers and neighbors. (2) But when staying alone, you ought to call it peace and freedom and regard yourself as like the gods; and when you are with a number of people, you should not call it a crowd or a mob or an unpleasantness, but a feast and festival, and so accept everything contentedly. (Epictetus, Discourses, I.12.20-21) (in Long and Sedley, vol I, 1987, p. 418)

In fact, through roman stoic and medieval traditions, such a stoic ability to stay calm in front of ordeals, has become an integral part of our western cultural tradition. It is often called the *philosophical* attitude (Thesleff and Sihvola, 1994). Stoic philosophy had a very practical aim, it had a medical function: *toning up* the soul, developing its muscles, helping people to use their own mind more effectively (Nussbaum, 1994, p. 318). The stoics recommended *spiritual exercises* for developing the abilities of the mind. Epictetus notes:

> Right from the start, get into the habit of saying to every harsh appearance, "You are an appearance, and not the only way of seeing the thing that appears". Then examine it and test it by the yardsticks you have (Ench 1.5) (Nussbaum, 1994, p. 328).

Nussbaum (1994) sees this as "the most general strategy of Stoic therapy": that the pupil must be watchful and critical of the way in which s/he sees the world. In her/his control is "the most powerful and dominating thing of all, the correct use of appearances" (Epict. 1.1.7). (Nussbaum, 1994, p. 327)

One of the central tenets of postmodern thought, that "literary texts can be interpreted equally well in vastly different and deeply incompatible ways" (Nehamas, 1985, p. 3) can been traced back to Friedrich Nietzsche (1844-1900). Nietzsche went even further and claimed that the same holds for the world and all the things within it. Nietzsche's view is called *perspectivism*, according to which "every view is only one among many possible interpretations" (Nehamas, 1985, p. 1).

Without going further into Nietzsche's theories here, a quote from one of his aphorisms gives us a useful reframing:

> From the military school of life. – What does not kill me makes me stronger (Nietzsche, 1990, p. 33).

Contemporary philosopher Dries Boele, who specializes in philosophical counseling, has described the changes he himself experienced when he was a client at the office of a philosophical counselor:

> One surprising outcome of these discussions was that my way of looking at the problem changed. In retrospect it seemed as though my thinking had been previously clogged up and had not grasped the complexity of my experiences and feelings. The reason this new perspective is surprising is that one suddenly feels that a new way of dealing with the problem opens up, that many things suddenly fall into place, and that new insights into previously ignored facets of the issue come into view. Such a new vantage point can produce liberating feeling, as though some inner knots are being disentangled. (Boele, 1995, p. 40)

Boele describes his own practice of philosophical counseling in terms of "presenting different perspectives." (Boele, 1995, p. 43)

Philosophical counselor A. Prins (1997) has also described her work in similar terms:

> …the purpose is to give the counselee a clearer view and/or larger view of his problem or question and to offer him new (philosophical) perspectives, to enable him to deal with his future questions and problems on his own. (Prins, 1997, p. 88)

Gerd Achenbach, the founding father of the international movement of *Philosophical Counseling* or *Philosophical Practice*, describes one of the fundamental rules of his practice in terms of "enlarging of perspectives" (Achenbach, 1997, p. 14):

> Try to make the story that is told to you as correct as possible, try to amplify it – a conception which I came to like – and try to enlarge the frame of the story. The most ancient inside wisdom, that was already known to the Stoics, is that man suffer not from things and circumstances about which they tell and of which they complain, but they suffer in the first place while they see things and circumstances the way they see

them. In a classic way quoting Epictetus: ""Not things themselves worry people, but the ideas of these things.

  Nothing changes the way of viewing things more than the attention for detail and the enlarging of perspectives. (Achenbach, 1997, p. 14)

In another article Achenbach emphasizes that *practical wisdom* should be the goal of philosophical practice. One aspect of such a practice is to help the client achieve different perspectives:

  By looking at the world in a different way, he [the client] has become someone who now has different perspectives. Having become someone who looks at things in a different way, who hopes and fears in a different way, he himself has become somebody else. (Achenbach, 1998, p. 11)

A similar point is made by philosophical counselor Eckehart Ruschmann:

  …in the dialogical context of dealing with the clients the development of different, alternative viewpoints, conceptions, and convictions plays an important role. (Ruschmann, 1998, p. 25)

III Coping with difficulties in life: Optimism or pessimism?

In this section, I will describe a few examples of the use of reframing outside the therapeutic context. These examples show the importance of reframing in coping with difficulties in life. Family therapist Frank Pittman (1993) has an excellent example of reframing in John Steinbeck's novel *The Grapes of Wrath* as adapted into a movie version in 1940. During the Depression-era a family of Oklahoma farmers move to California, where they experience many drawbacks. The other family members suffer, but Ma Joad thrives under adversity. In the film Pa Joad ponders:

  PA JOAD: You're the one that keeps us going, Ma.. I ain't no good no more. Seems like I spend all my time these days thinking about how it used to be, thinking of home. I ain't never gonna see it no more.
    MA JOAD: Well, Pa, a woman can change better than a man. A man lives sort of – well – in jerks. A baby's born and that's a jerk, he gets a farm or loses it and that's a jerk. But for a woman it's all in one flow like a stream – eddies and waterfalls, but the river goes right on. A woman looks at it that way.
    PA JOAD: Maybe, but we sure taken a beating.
  MA JOAD: (Laughing) That's what makes us though.
                          (Quoted in Pittman, 1993, pp. 144-145)

A whole new field of research in psychology has emerged in recent years (Zeidner and Endler, 1996) that studies people's reactions and responses to stressful and upsetting situations. The field has transformed from analyzing freudian *defense mechanisms* toward an interest in *conscious coping strategies* used by an individual in upsetting situations. (Parker and Endler, 1996, p. 9)

Two coping dimensions have been differentiated: *emotion-focused coping* includes strategies that involve self-preoccupation, fantasy or other ways of affect regulation; *problem-focused coping* involves attempts to solve, reconceptualize, or minimize the effects of a stressful situation. It is clear that reframing skills can be ideal tools in problem-focused coping. And indeed, many studies taking a new perspective on crises and upsetting situations have recently emerged.

> The painful aspects of life crises cannot be denied; yet, individuals often emerge from a crisis with new coping skills, closer relationships with family and friends, broader priorities, and a richer appreciation of life. (Holahan et al, 1996, p. 32)

Such research has found many other positive aspects of life crises, as can be seen from the following examples: "resilience develops from confronting stressful experiences and coping with them effectively" (p. 33); "novel crisis situations promote new coping skills, which can lead to new personal and social resources" (p. 33); "Crises may also lead a person to search cognitively for the positive aspects of a situation and to find some deeper meaning in it" (p. 33); "many women who experienced a marital break-up became more assertive, developed more realistic views of themselves, and experienced increased self-esteem with successful new careers" (p. 33); "for many cancer patients, their illness brought a new attitude toward life and reordered goals and priorities" (p. 33).

Janoff-Bulman (1989) points to several studies that show how victims of traumatic events often reinterpret their experiences in a positive light (p. 123):

> Victims often report benefits gained from their traumatic experience, including self-knowledge, a reordering of priorities, and a reappraisal of their life. By emphasizing benefits derived or lessons learned from the experience, victims can continue to believe that the world is a benevolent, just place and that they are worthy people. (Janoff-Bulman, 1989, p. 123)

The journal *Nurse Educator* dedicated one of its guest editorials to advice on how to handle manuscript rejection (Cohen, 1989). The Editor introduces some useful ways to look at the situation when a medical journal does not accept your manuscript: "The secret to getting published is to reframe rejection and make it work for you." (Cohen, 1989, p. 4) First of all Cohen recommends that you save the rejection letters. Professional writers use them to prove to the Internal Revenue Service (IRS) that they really are authors. One can also see the rejection letter as "a medal won in the battle to get published" (p. 4); as "free editorial advice" from experts in the field, which you can use to make your text better; or "a gold mine of free advice" (p. 4); or as a possibility to improve your writing skills; as an opportunity to "develop a network of nurses who help each other's writing." (p. 5)

An excellent application of reframing to handling drawbacks in sport psychology is by Grau et al (1987). Their approach is derived from the MRI model. They suggest several reframings suitable for the Trainer after the team has lost a game.

Instead of saying "We have to forget this game as quickly as possible", the trainer could use the following reframings (Grau et al, 1987, p. 28):

"Staggering performance of many players"	=>	"Unbreakable defence"
"Dissatisfaction of substitute players"	=>	"They show strong will to contribute"
"Key player is injured"	=>	"Opportunity for younger players"

Eisendrath (1986) seeks ways to apply reframing in making rapid and effective "psychosocial interventions" (p. 91) as the staff's consultant in a general hospital. According to Eisendrath, to help patients view their circumstances in a different light is especially valuable when the medical condition itself cannot be altered (p. 91). Reframing can also help the hospital staff see their difficulties with patients from a different viewpoint and this can improve staff morale and patient care. For example, in the following case nurses at an Intensive Care Unit (ICU) were frustrated with the slow recovery of Mr. B from Guillan-Barré syndrome. The situation was reframed by the ICU Medical Director:

> Patients with severe Guillan-Barré syndrome required intensive *nursing* support for their survival. Autonomic instability, respiratory failure, and the severe emotional trauma of the disease required maximal support. In contrast to surgical cases, with Guillan-Barré patients, the nurses were the main agent for treatment. It was also pointed out that although the progress was slow, their patient had an excellent prognosis. In many ways their patient typified the ideal ICU patient: highly salvageable and requiring intensive nursing care. Following this discussion the nurses developed an organized care plan which they carried through with enthusiasm during the patients stay. (Eisendrath, 1986, p. 94)

Following Watzlawick et al. (1974) Shutty and Sheras (1991) apply reframing in consultations to encourage patients with chronic pain to participate in conservative pain therapies. Normally the consultations include only one or two sessions. They try to utilize the patient's own beliefs and attitudes and to help them "to consider alternative viewpoints and coping strategies" (Shutty and Sheras, 1991, p. 638).

They note the study by Rybstein-Blinchik and Crzesiak (1979) in which pain patients were asked to respond to pain experience in one of three ways: either "focusing on specific somatic sensations (somatization)", "thinking of important events in their lives (attention diversion)", or "reinterpreting their experience in cognitive terms inconsistent with pain complaint (reframing)" (Shutty and Sheras, 1991, p. 638).

> More specifically, the latter group of patients were taught to reinterpret their pain sensations using nonpain language such as numbness or warmth. Following training,

patients in the reframing group reported pain of less intensity and exhibited significantly fewer pain behaviors such as grimacing, inactivity, and touching the painful area. (p. 638)

Clark (1977) applies reframing in a nursing context. She wants to develop skills the nurses have in noticing adaptive aspects of patients behavior, not just the maladaptive, as is customary. For example, a three-year old child who is slow to enter into new experiences and clings to his mother is usually seen as having *separation anxiety*:

> Reframing will enable the nurse to pick out the adaptive portions of the child's behavior from his point of view. The child does not know what the new experience holds. He only knows he has been taken to a strange place for some unclear purpose. He is actually to be commended for sticking close to the one familiar object in the environment, his mother, until he can figure out what is happening. In this sense, the child's behavior is quite adaptive… (Clark, 1977, p. 840)

Another example in Clark (1977) is a patient who gets out of bed while on bedrest. This is likely to make the nurse angry, frustrated or helpless and the patient is seen as "help-rejecting" or as "a problem patient". However,

> A patient who refuses to accept the "sick role" may harm himself physically in the short term, but he may be taking steps to preserve his long-term self-image. In other words, refusing to accept the "sick role" can be adaptive. (Clark, 1977, p. 840)

LaClave and Brack (1989) explore ways to use reframing to circumvent client resistance in therapy. They base their view of reframing on Watzlawick et al.'s (1974) definition and summarize:

> …at the core of reframing is the simple belief that one can find a more adaptive, and less painful, means of viewing the world. Reframing-oriented therapists seek to develop such skill in their patients. (LaClave and Brack, 1989, p. 69)

Still another way in which they formulate the essence of reframing is that

> ..the meanings attached to certain problem areas are changed so as to motivate the development of new methods of adaptation. (LaClave and Brack, 1989, p. 70)

LaClave and Brack (1989) give an example of dealing with client resistance in *failure-to thrive* cases:

> Often, mothers will say that they are not "doing anything different from other mothers". Even when such is clearly not the case, we have found it futile to try a direct approach. Instead, mothers are simply told: "What you are doing now would work for 99 out of 100 kids, but your child is unique and needs a different approach." The reframe removes the threat of a pathological label being attached to mother of infant. Second, the reframe refocuses the mother's attention from her present actions to more adaptive future behaviors. Third, the reframe is a "face-saving" device for the parents to present to the world. (LaClave and Brack, 1989, p. 73)

Still another excellent example is from a Bone Marrow Transplant Unit (BMT):

> One adult patient was particularly "difficult during the evaluation phase, and this trend continued through the treatment. Complaints, lack of compliance, and persistently poor moods were common. Some staff quickly reframed the patient's behavior as "spunky" and "assertive". Other staff just as quickly saw the patient as "cranky" and "resistive". Staff who reframed these behaviors as signs of internal fortitude in the face of massive trauma grew to like and work well with the patient. Those who did not reframe the patient's behavior had a much more difficult time when the patient was on the unit. The day the patient left the ward, she thanked the staff. When asked why, the patient responded, "For my life"! That day was a particularly bright occasion on a unit where brightness was a rarity.
>
> Unfortunately, as is frequently the case on a BMT unit, the patient soon died. Staff hopes for success were once again dashed. Reframing then was once more utilized by some staff. They chose to celebrate the patient's dignity in the face of death and her continued hope for a remission of her disease until the end. Other staff simply saw the "loss" as one more example of futile medical procedures. It is easy to see that for reframers, the BMT unit was a significantly different environment than for those who would not reframe. Hope on a BMT unit is paradoxical by its very nature. Seriously ill and dying patients are offered the tremendous gift of hope for the remission of the disease. (LaClave and Brack, 1989, pp. 70-71)

A *pessimistic* way of looking at the world, the ability to see everything in a negative light, also requires reframing skills. However, reframings as used by pessimists seem usually less a matter of conscious choice than the positive reframings described above. Perhaps we can talk about reframing ability only when a person is able to *change* his view between these positions. A pessimistic outlook is likely to be classified as a symptom of depression.

Watzlawick et al (1974) were aware that *every coin has two sides*, when they quoted the saying:

> QUESTION: What is the difference between an optimist and a pessimist?
> ANSWER: The optimist says of a glass that it is half full; the pessimist says of the same glass that it is half empty.
> (ANONYMOUS) (Watzlawick et al., 1974, p. 92)

Psychiatrist Victor Frankl has made a similar point:

> Victor Frankl, the founder of "logotherapy", has compared the pessimist to a man who observes, with fear and sadness, how his wall calendar grows thinner and thinner as he removes a sheet from it everyday. The kind of person whom Frankl admires, on the other hand, "files each successive leaf neatly away with its predecessors" and reflects "with pride and joy" on all the richness represented by the leaves removed from the calendar. Such a person will not in old age envy the young. "No, thank you," he will think. "Instead of possibilities, I have realities in my past." (Edwards, 1981, p. 129)

But brief therapist James Coyne has managed to dig out the positive side even in pessimism:

…voicing pessimistic thoughts is nested in being depressed, and – depending upon one's perspective – this can in turn be framed as training one's spouse to be an optimist. (Coyne, 1985, p. 339)

CHAPTER 7

Seeing examples of reframing in the light of theory

_____

In order to illustrate and illuminate the theoretical perspectives presented in chapters 3 and 4, I will first explore four concrete examples of reframing as it is used in actual therapeutic practice. All the examples are excerpts from videotaped *solution-focused therapy* conversations conducted at the brief therapy center of the Rehabilitation Foundation, in Helsinki, Finland, between 1994 and 1998. These examples of the use of reframing were collected during the time I had the opportunity to work as a research associate at the Rehabilitation Foundation in 1997-1998, where the main therapeutic orientation was solution focused brief therapy. Details in the conversations have been altered, so that the identification of the clients is not possible.

In the second part of this chapter I will analyse 20 examples of the use of reframing interventions that were included and underlined in Chapter 6 (pages 64-70) of this study. These examples are from the writings of the therapists at the Mental Research Institute, where the term reframing was first used. The theories introduced in this study should help us to understand these examples of reframing.

I   Solution-focused brief therapy: Four videotapes

I will be exploring these examples of reframing in the light of the theoretical perspectives reviewed in Chapter 4 and 5 of this study, and especially in terms of the *frame model*. This version of the frame theory as a general model of concepts has been developed in the works of cognitive psychologist Lawrence Barsalou (1992a, 1992b) and applied to Kuhn's philosophy of science by Chen et al (1998) and Andersen et al. (1996). Barsalou's frame model tries to capture the structural aspects of human concepts and highlights three important *structural relations* within concepts.

1. Features within a concept are divided into two hierarchical levels: *attributes* and *values*. Values are instances of attributes. Now, although the relation between attribute and value is "instantiation" or "exemplification", the links between concepts and attributes need not be homogenous (Andersen et al, 1996, 353). For example, while in a frame for a *bird* the attributes *neck* and *beak* are clearly

parts of a bird, but *color* is not a part of the bird in the same sense. Or attributes *size* and *gait* are not parts at all. (353) [See Figure 2]

2. The frame model captures stable relations between attributes that hold across most exemplars of the concept. They are called *structural invariants*. For example in the frame for *bird*, a neck is usually associated with a beak.

3. The frame model also captures constraints that produce variability in the values of attributes. In the frame for *bird*, for example, the value *long* for attribute *neck* might usually go along with the value *large* for attribute *body size* (Andersen et al, 1996, 354). This is not a logical consequence, our concepts for ducks, geese etc, just happen to be like this.
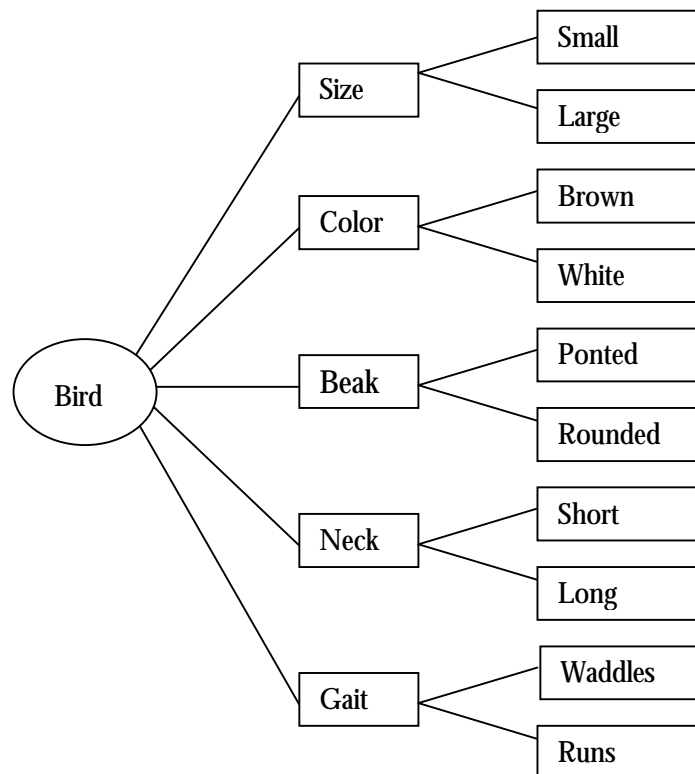
Figure 2. Partial frame for "bird".

A. Case #1

A hardworking man in his 30s had been suffering from anxiety and panic attacks for the past 3-4 years. At the end of his first session in solution-focused therapy the man was first complimented for already having found ways to help himself. After this the following homework assignment was given:

[1] *01 Terapeutti*: Sit mä haluaisin antaa sulle sellaisen tehtävän, et voitko ajatella et sä tekisit…me annetaan usein tämmösiä miettimistehtäviä…et voisit sä ajatella et sä keskityt siihen et mitä kaikkea on sellasta sun elämässä minkä sä haluat jatkuvan…
02 Asiakas: Joo, just, joo…
03 Terapeutti: …pieniä, hyvin pieniä asioita, ihan vaikka kotipiirissä, työpaikalla, omissa ajatuksissa…mitä sä haluat et sun elämässä jatkuu…voit tehdä vaikka listaa.
04 Asiakas: Kyllä, joo…[1]
05 Terapeutti: Hyvä…ja sit seuraava aika.

01 Therapist: And then I would like to give you homework. Could you picture yourself doing…we often give such assignments that require some thinking…could you focus your mind on everything in your life that you would like to continue to happen…
02 Client: Yes, okay, yes…
03 Therapist: …small, very small things, perhaps at home, at the office, in your thoughts…which things in your life you want to continue to happen…you could make a list perhaps.
04 Client: Yes, okay…
05 Therapist: Good…and then the next appointment.

This is an example of the well-known *Formula First Session Task*, a *generic* reframing intervention described by De Shazer and Molnar (1984). It aims to redirect the client's attention from negative, problematic aspects in his life to resources, strengths and positive aspects. A presupposition behind this intervention is the observation that most people who are stuck with a problem tend to notice only or mainly negative aspects of their situation. With this assignment a small, but often useful shift in the way the client sees her/his situation is attempted. S/he will notice again some of the things in her/his life that are already working and some of the resources and strengths s/he already has. This, in turn, can help to reduce the feelings of self-disappointment often associated with problematic situations.

This intervention is a simple way of helping the client step out from his current restrictive perspective or point of view that often prevents people in distress to notice many useful aspects of their situation. The simple suggestion of noticing the things the client would "like to continue to happen" in his life can help him notice these other aspects. The therapists at the BFTC call this a shift from *problem* talk to *solution* talk. We could say that it is a shift from a *problem frame* to a *solution frame*. A good example of a problem frame is the psychiatric diagnostic classification system DSM-IV, which gives descriptions of people in terms of syndromes, i.e. as collections of symptoms. All their strengths and resources are edited out.

B. Case #2

A woman in her 20´s came to solution-focused therapy because she was suffering from depression. The therapist and the team took a break at the end of the second session and came up with the following feedback for the client:

"*01 Therapist:* Tota, jotenkin tämmönen ajatus meillä nyt oli tässä sulle sanottavaksi, että on hyvä että sä et kiirehdi…Se on tuskallista ja me nähdään että ei tää helppoa ja herkkua oo sulle…vaan se on niinkun työtä ja tuskaa ja…surullista. Kuitenkin me ajatellaan että joku tällainen hyvä…et on kysymys [siitä] et sä oot tekemässä jotakin inventaario tyyppistä itsestäs…et sä niinkun katot et "hei mitä mä haluan säilyttää"…ja "minkälaiseksi ihmiseksi minä haluan tulla". Sä oot jonkunlaisessa semmosessa elämänvaiheessa, jolloin haluu pysähtyä ja katsoa että hei mikä minä olen ja tehdä… sitä aika jotenkin rauhassa…sit kun saa kiinni siitä, niin sit mihin haluu satsata. Et jotenkin tämmönen ajatus, et kaaoksesta syntyy selkeys…

02 Asiakas: Hmmm….
03 Terapeutti: Joo, siinä se…"

"*01 Therapist:* Well, we had this idea for you that it is good that you do not hurry…Your situation is painful and we see that this is not easy or delightful for you…but it is a lot of work and pain and …sad. Still we think that something good…that this is about…that you are making something like an inventory of yourself…you try to see "what I want to keep"…and " what kind of human being I want to become". You are in such a phase in your life, when you want to stop and see who you are and what you want to do…and that is done in peace..and when one figures that out, one concentrates on what one wants to do next. This was our idea, that from chaos comes clarity…
02 Client: Hmm..
3 Therapist: Well, that's it…

Here is an example of the use of a metaphor from the world of business, *inventory,* to describe the client's situation. This highlights quite different aspects of the situation than *depression*, which is replaced. These two frames could be illustrated using Barsalou's (1992a) notation described above.
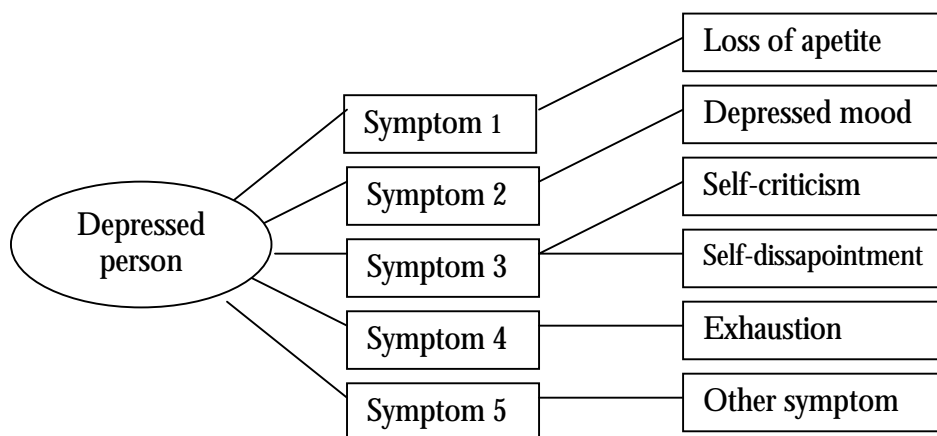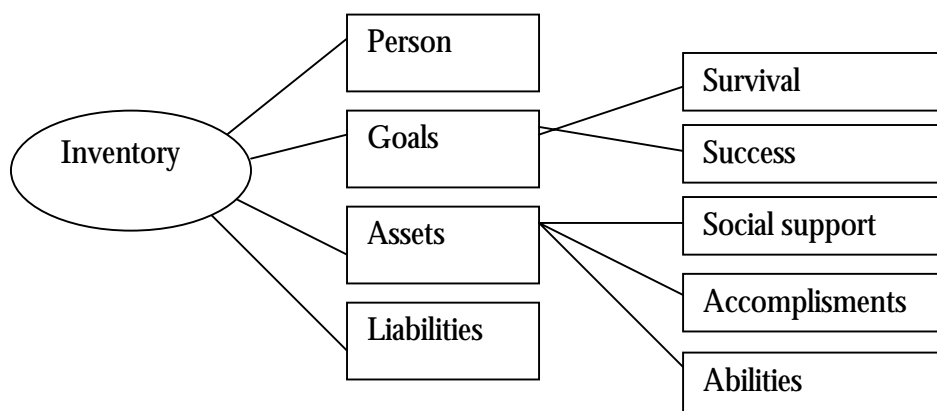

Figure 3. "Depression-frame".

Figure 4. Part of the "Making Inventory frame".

C. Case #3

An approximately 30 year old woman was complaining about anxiety and depression when she came to solution-focused therapy. In the middle of her second session, she revealed that the past weeks since the last session had been very good:

> "*01 Asiakas:* Mä voisin ensin sanoo siihen taustaks sen, että mulla on nyt viimeisinä viikkoina, niin mun mielestä mulla on mennyt kauhean hyvin.
> *02 Terapeutti:* Onko?
> *03 Asiakas:* On.
> *04 Terapeutti:* Ahaa, joo…ootsä tehnyt jotain erilailla?
> *05 Asiakas:* No mä oon nyt töissäkin mä oon ollu ja mä oon taas monta kertaa huomannu et mä oon ollu aika niinku koosteinen ja produktiivinen…ja mä oon saanu kauheesti hyviä juttuja tehtyy ja jotenkin mä en oo ollu liikenteessäkään niin kärttynen ja vittuuntunu ku mä yleensä oon…
> *06 Terapeutti:* Mitäs on tapahtunut?
> *07 Asiakas:* En mä tiedä, ehkä mä oon näitä juttuikin funtsinut ja sit mä oon siihen X:n [kuolemaan] liittyen funtsinut sitä, et se oli aika vapauttavaa ku täällä kerran sanottiin että niinku, tai en mä tiedä sanottiiks sitä suoraan, mut mä luin rivien välistä, että eihän sitä ollenkaan tiedä et johtuuko mun hajanaisuus sitten siitä X-traumasta, et jos se trauma voi myös itsestäänkin alitajuisesti mennä…et ehkä mä oon voinu tehdä siitä suuremman jutun kuin se loppujen lopuks onkaan, et sitäkään ei tiedä…"

> "*01 Client*: First I could say as background information that the last weeks, I think, have been very good for me.
> *02 Therapist*: Really?
> *03 Client*: Yes.
> *04 Therapist*: Okay, yes…Have you been doing something differently?
> *05 Client*: I have been working and I have been noticing how I have been quite composed and productive..and I have been able to do many good things…and somehow I have not even been so irritable and pissed of in traffic as usually.
> *06 Therapist*: What has happened?
> *07 Client*: I don't know…maybe I have been thinking about these things and what comes to X:s death I have been thinking that it was quite liberating when it was said here once that, or I don't know if it was said directly, but I read between the lines, that we can't know if my dissension is caused by X:s death…that if the trauma could also unconsciously resolve itself…that maybe I have made a bigger issue out of it than it really is…this we can't know.

The client had somehow received the message in the first session that had challenged her former view of her problems. According to that former view her problems were closely connected to the death of X and her feelings of guilt about it. This was "deframed" (O'Hanlon, 1984), i.e. her current view was challenged and a little doubt was introduced.

When the first session was reviewed from the videotape in order to find such a message, the following exchange was recovered. Close to the end of the first session, the client spoke about her visits to a psychologist a few years before. She had found those visits useful, because she was encouraged to talk about X:s death. During the Solution-focused therapy session the therapist challenges the causal connection between X's death and the client's current problems. This is done partly through a question and partly non-verbally (underlined words were emphasized):

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"01 Terapeutti: …tuntuuks susta että siinä on joku selvä linkki sen välillä, että sulla on vähemmän vitutuksia kun sä saat puhua tästä asiasta ja jollakin tavalla käsittelet sitä muistiaukkoa. Onks siinä niinkun selvä..[terapeutti piirtää kädellä kaaren ilmaan]
02 Asiakas: Ymmärrän kysymyksen…tota…mun mielestä mä voin aavistaa, että se on yhteydessä siihen, mut mulla ei oo mitään sellasta välttämättä kuvaa et niin olis. Mä en <u>tiedä</u> sitä asiaa…
03 Terapeutti: Just joo, sitä ei varmasti tiedä.
04 Asiakas: <u>Varmasti</u> ei voi sanoo.
05 Terapeutti: Just joo…Mä luulen et mä pidän lyhyen tauon nyt."

"01 Therapist: ..do you feel that there is some clear connection, that you feel less pissed off when you can talk about this issue and somehow work out that lapse of memory. Is there like a clear…[the therapist makes an arch with his hand].
02 Client: I understand the question…well…I think I can imagine, that they are connected, but I do not necessarily see that there is. I don't <u>know</u> that…
03 Therapist: Oh yes, one can not know for sure.
04 Client: One cannot be <u>certain</u>.
05 Therapist: Okay…I think we'll have a short break now."

So the therapists question did indeed challenge the alleged causal connection, the client's *script* of the causal connection between her symptoms and her traumatic experiences with X's death.

D. Case #4

A young woman who was suffering from depression and was receiving antidepressant medication came to the therapy center. She had come across difficulties in her studies. (£ sign means that the client was smiling).

"01 Terapeutti: Mitä sä luulet et sä ajattelet viiden vuoden päästä täst vaiheesta sun elämässä missä sä nyt elät siellä myllerryksessä tai siellä putkessa [asiakkaan käyttämiä sanoja] ?
02 Asiakas: £ Jaa…varmaan mä ajattelen et se oli kauheeta aikaa. £
03 Terapeutti: Hmm…Olisitko sä oppinut jotakin siitä ajasta ?
04 Asiakas: No, kyl varmaan aina semmonen opettaa, mikä ei tapa.
05 Terapeutti: Hmm…mitä sä olisit oppinut?"

"01 Therapist: What do you suppose you will think five years from now, about this phase in your life, where you now live in chaos or in a tube [client's own words]?
02 Client: £ Well…I suppose I will think that it was a terrible time. £
03 Therapist: Hmm…Would you have learnt something from that period?
04 Client: Well, surely always what does not kill you, teaches you something.
05 Therapist: Hmm..what would you have learned?

This seems to be an example of the client herself doing the reframing! However, it was the therapist's question that introduced the theme of learning to this situation, which was the reframing in the form of a question. Then the client seems to realize, that the old saying can be applied here. The idea is already familiar to us from one of Nietzsche's aphorisms: hard times are seen as opportunities to learn. We could say that the concept of learning is a *relational concept* that could be represented propositionally as a two-place predicate: LEARN(Person, Situation). It clearly implies a more active relationship with the situation than *being depressed*. And it involves a wider perspective that includes not only the situation, but the situation plus the person.

Therefore, this example shows how the infinitely many perspectives that are possible in hermeneutic contexts can also be applied to how we view any situation. By widening the descriptions to include also the people (and ourselves) experiencing or talking about these situations and the interactions between these situations and the people, an infinite variety of possible perspectives open up. This points to the possibility of "expanding hermeneutics" and recognizing multiperspectivity as a "universal" human possibility, as suggested by Gadamer (1960) and Ihde (1998).

II Examples of reframing from literature

In this section I will look at 20 examples of reframing from the case descriptions of the therapists from the Mental Research Institute (underlined and numbered in Chapter 6 of this study) in the light of the theories presented in Chapters 4 and 5 above. In each example I will evaluate the following:

1) What *frame* is replaced by which other *frame* ?
2) What is redescribed, i.e. what is the *object* of reframing? Following Follesdal's list of the objects of understanding and interpretation we can come up with four main classes of objects: persons, actions, products of actions and situations.
3) Is the new description more *positive or negative* in connotation than the former?
4) What might the *aim* of that particular intervention be?

I will give the best guess of the frames involved in the two descriptions, before and after reframing. This will help us to see more clearly the "point" of that particular redescription. Of course, other observers might end up with different interpretations – usually there are several possible ones.

1) Stuttering salesman" (see pp. 43-44 in this study)
Stuttering as a handicap => Stuttering as an advantage
Frame shift: From *handicap* frame to *advantage* frame
In this case, many characteristics of a normal salesman are first seen in a negative light: normal, slick and clever salesmen are often *disliked*, fast talk is *annoying* and *offensive*, etc. After this, the stuttering salesman is seen in a positive light: he will have the opposite effects on his clients: people will listen carefully. In short, his *handicap* is seen as an *advantage*. This reframing involves seeing the client's symptom in a wider interactional context.
Object of reframing: Symptom
Connotation: - => +
Aim of the reframing: To change the salesman's negative self-image into a more positive one.

2) "Setting limits" (see p. 44)
"A need to get tough with him" => "Filling the need to supply structure to his otherwise disorganized life"
Frame shift: From *discipline* frame to *helping* frame
The suggestion of setting limits to the parents of a schizophrenic son is formulated differently, not as a *discipline*, but as *helping* by "supplying structure to his life". This formulation might fit better to the

parents attitude towards their son labeled as *sick*. The reasons for following the suggestion are formulated differently and therefore different action is suggested (although it involves the same behaviors).

Object of reframing: Behavioral suggestion

Connotation: Better fit with the clients way of seeing things.

Aim of reframing: Persuasion – to increase compliance for the intervention

3) "Angry husband" (see p.44)

"Helping" => "a way of one-up on her"

Frame shift: From *helping* frame to *power struggle* frame

For a husband who is angry with his wife, a suggestion could be more acceptable that is motivated in terms of his current mood. In this case, it meant siding with the husband in the marital struggle. Different reasons for following the suggestion are given; therefore different action is suggested. Of course, it might sometimes be ethically problematic if the therapist in this way sides with the husband against the wife – for example, if family violence is involved.

Object of reframing: Behavioral suggestion

Connotation: Better fit with the clients way of seeing things.

Aim of reframing: Persuasion – to increase compliance for the intervention.

4) "Unique person" (See p. 44)

"Easy task" => "Challenge"

Frame shift: From *easy task* to *challenge.*

For someone who regards himself as *a unique person* a task is tailored by framing it as a challenge that requires *an exceptional person*, rather than an *easy task* that just anyone could do. The perspective involved includes both the task and the clients relation to the task.

Object of reframing: Behavioral suggestion.

Connotation: Better fit with the client's way of seeing things.

Aim of reframing: Persuasion – to increase compliance for the intervention.

5) "Cool person" (see p. 44)

Explaining the task => Not explaining the task

Frame shift: From *one up* relationship to *one down* relationship.

For someone who regards himself as *cool*, as being "in the know of the things", starting to thoroughly explain *why* the task might be useful could work against cooperation. Such a client would take it as the therapist trying to take a *one up* position against him, and feel it as belittling. So the new formulation is part of the *one down* strategy, a persuasion technique in which the late John Weakland from the MRI was famous form (De Shazer, 1999).

Object of reframing: Behavioral suggestion

Connotation: Better fit with the clients way of seeing things.

Aim of reframing: Persuasion – to increase compliance for the intervention.

6) "Crazy task" (see p. 44)

"Reasonable task" => "Crazy task"

Frame shift: From *reasonable* to c*razy***.**

Again, framing the task as *crazy* rather than *reasonable* could fit better for a client who likes to think that way – "a prankish or unconventional person".

Object of reframing: Behavioral suggestion

Connotation: Better fit with the clients way of seeing things.

Aim of reframing: Persuasion – to increase compliance for the intervention.

7) "One-up" client (see p.44)

Task as "important" => "An unlikely pursuit"

Frame shift: From a *one up* relationship to a *one down* relationship

This is another *one down* persuasion strategy designed to fit a client who takes a *one up* position with the therapist. If the therapist says to such a client that this IS the right task for you, the client will not try it, because he thinks that he himself knows best what is best for him. He will not follow "orders". Therefore, the new formulation is sensitive to the client seeing the relationship between himself and the therapist.

Object of reframing: Behavioral suggestion

Connotation: Better fit with the clients way of seeing things.

Aim of reframing: Persuasion – to increase compliance for the intervention.

8) "Destructive behavior"

Hurtful and destructive behavior => "A result of limited opportunities to learn…"

Frame shift: Focus from *present action* to *past causes of the action*.

From seeing the current behavior as an action with bad intentions, the reframing shifts the attention to the "limited opportunities in the past to learn how to respond more positively". This formulation takes away part of the blame that comes with the initial description. The new formulation also suggests that the person in question might have good intentions after all, only his ability to respond is limited.

Object of reframing: Behavior

Connotation: From negative to positive

Aim of reframing: To change the interaction between people.

9) "Opportunity to learn"

"Bad things" => "Opportunity to learn"

Frame shift: From *bad situation* to *learning relation (situation+person)*

The same situation can be seen from different perspectives – as focusing on "bad things" or focusing on how the persons in the situation can "learn" from it so that the final impact of the "bad things" could after all be positive for these people. The horizon is expanded from the situation to the situation-plus-persons talking about it now.

Object of reframing: Situation

Connotation: From negative to positive.

Aim of reframing: To trigger optimism and hope and to counteract the paralyzing effects of the "bad things".

10) "Nagging"

Mother's nagging => Caring

Frame shift: Same behavior is seen as a different action with different motives.

The term *nagging* is defined in the Oxford Dictionary as "to annoy or irritate (a person) with persistent faultfinding or continuous urging". The same behavior can be seen in a different light when positive, "caring" motives are postulated behind it. In this light it looks like a desperate attempt to get someone to change for the better.

Object of reframing: Behavior.

Connotation: From positive to negative.

Aim of reframing: To change the interaction between the family members.

11) "Punishments"

Father's punishments => Loving protectiveness

Frame shift: From *punishment* frame to *loving* frame

Again, when positive motives are postulated behind "bad" behavior, it becomes a different action. In this case it is an attempt to teach the children useful things.

Object of reframing: Behavior

Connotation: From negative to positive.

Aim of reframing: To change the interaction between the family members.

12) "Abandoning daughter"
Father abandoning daughter => Gesture of love
Frame shift: Different motives, different action.
Positive motives are postulated behind the father's behavior and it becomes different action.
Object of reframing: Behavior
Connotation: From negative to positive.
Aim of reframing: To help the daughter win her bitterness toward her father.

13) "Angry behavior"
Angry behavior => "He brings out his thoughts"
Frame shift: Different motives, different action.
Object of reframing: Behavior
Connotation: From negative to positive.
Aim of reframing: To change the interaction between the family members

14) "Unresponsible teenager"
Unresponsible teenager => "You've got a good seed"
Frame shift: From *moral* to *health* frame.
In order to make it clear that the therapist does not judge the boy as strictly as other adults and to build up the cooperative relationship with him, the therapist focuses on one of the positive aspects of the situation.
Object of reframing: Behavior
Connotation: From negative to positive
Aim of reframing: The therapist is building a cooperative relationship with the client by shifting attention away from the initial blaming description.

15) "Stubborness"
Stubbornness => to stand for herself
Frame shift: From one *situation* frame to another.
Object of reframing: Behavior
Connotation: From negative to positive
Aim of reframing: The same behavior becomes a different action in another situation. The therapist aims to challenge the father's negative view of the daughter and thereby to change the interaction between the family members.

16) "Axe"
Man with an axe => "trying to reach out to her"
Frame shift: Different motives, different actions
This is a very situation specific reframing. However, it is possible to imagine a situation where it makes sense and could be useful. In cases of family violence, it is usual that the spouses have mixed feelings about each other. Feelings of caring and hating can alternate and be present at the same time. In such cases it is common that attempts to prevent the other from leaving the relationship can turn into violent acts that seem to serve the opposite purpose. By using this kind of reframing at some point in psychotherapy does not have to mean that such violent actions are accepted or approved by the therapist. It is important that the therapist makes it clear that such actions are in no situation acceptable.
Object of reframing: Behavior.
Connotation: From negative to positive.
Aim of reframing: For example, if the wife still wants to or must have something to do with such a husband, this reframing can increase her abilities to cope with the situation. Perhaps the intentions of the husband were not altogether negative, even though his actions were inexcusable.

17) "Depression"

Depression => Forcing him to take it easy

Frame shift: From *medical* frame to *work* frame.

Depression is seen as a *friend* who helps the man to counteract his *workaholic* habits and to get needed rest after overworking.

Object of reframing: Symptoms

Connotation: From negative to positive

Aim of reframing: To help the man accept his situation and see it in a positive light. This could counteract the feelings of self-disappointment that are typical for depressed clients (Power and Dalgleish, 1997).

18) "Argument"

Couple's argument => "A miscarried effort to get close"

Frame shift: Different motives, different actions.

Again, positive intentions are ascribed to the couples behavior – it becomes a different action, an attempt to get closer, not a sign of incompatibility.

Object of reframing: Behavior

Connotation: From negative to positive.

Aim of reframing: To improve the interaction between people.

19) "Gestures"

Reconciliatory gestures => Attacks

Frame shift: From *conversation* interactional frame to *argument* interactional frame.

A badly timed or ambiguous comment might work as a negative reframing in a couple's conversation and activate the "This is an argument" frame. After that, even humorous comments might be seen as attacks within that new frame.

Object of reframing: Behavior

Connotation: From positive to negative.

Aim of reframing: A not so well placed word during a couple's conversation can make all the difference and start an argument.

20) "Anger"

Husband's angry reaction => Protecting the wife

Frame shift: Different motives, different actions.

The husbands´s behavior is here described as "protecting his wife" by letting her focus on his angry reaction and not having to talk about the real problems between them. The husband's behavior is described in a negative light compared to his own way of viewing the situation in order to encourage him to try something else.

Object of reframing: Behavior

Connotation: Describing the husband's behavior differently than his way of seeing the situation.

Aim of reframing: To get the man to do something different.

A. Summing up the reframing cases

What can we conclude about these case analyses? Typical reframing involves a redescription of someone's behavior, whereby it is seen as another action. This also changes the role and meaning of the behavior in the interactions between people. A very common use of reframing is also to persuade the client to undertake some homework task by describing the task as an action that fits the clients way of thinking. Sometimes the client's behavioral symptoms are reframed by seeing the symptom's

role and meaning in interaction with others in a new light. Only one of these cases (number 9 "Opportunity to learn") represented the frequently used reframing of the client's situation. This often involves the widening of perspective to include the client's view of the situation and/or their possible reactions to the situation.

Why are the client's actions so commonly the object of reframing interventions? Answering this question could be the subject of a separate study, as there are several possible ways to approach the question. Perhaps the client's actions are just the part of their whole situation that is most useful to focus on. Perhaps it is easiest to introduce new ways to *read* the situation by focusing on actions. It might be easier for the clients to accept new perspectives in that area. Another possible explanation can be drawn from the traditions of psychotherapy, where the focus on clients actions has been prominent, as we saw in the case of family therapy. Perhaps the real innovations behind such new approaches to psychotherapy as Narrative therapy, Solution-focused therapy and Solution-oriented therapy has been the application of reframing interventions not just to the client's current behavior, but also to their situation, and to the ways their future and past are described.

CHAPTER 8

Is it possible to improve one´s ability to use reframing?

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In this chapter, I will explore whether there are means available to improve the ability to use reframing. In this context, the fields of heuristics, creativity, problem solving and humor are relevant.

I Heuristics

Heuristics is the field of study that seeks to improve our problem solving skills, especially with scientific problems (Groner et al., 1983). Much of the history of heuristics has been a search for *algorithms*. Algorithms are step-by-step procedures that *mechanically* produce a solution to a certain class of problems. Descartes believed that algorithms would some day be found for all mathematical problems, perhaps also for philosophical ones. Some of the heuristic rules Descartes recommended were: changing the representation or description of a problem (like transforming geometrical problems into algebraic ones), using external representations of the problem, and practicing the mind by trying to solve many problems that have been solved by others (Groner et al, 1983, p. 6).

The Gestalt psychology movement was a research tradition that dominated German psychology between about 1912 and 1933. It's main figures were M. Wertheimer (1880-1943), K. Koffka (1886-1941) and W. Köhler (1887-1967). Their studies focused on problems of perception and consciousness (Murray, 1995, p. 18), especially memory and problem-solving. Wertheimer's famous idea was that successful solutions to many problems involve a *restructuring* of the elements of the problem. By *reconceptualizing* the problem, its elements are seen in a new light (Murray, 1995, 134). When one's mind is *fixated* (Einstellung) on a previously successful strategy of solving similar problems, this can prevent the re-structuring needed in a new situation. (Murray, 1995, p. 134)

Gestalt psychology introduced the term *restructuring* to the study of problem solving (Eysenck and Keane, 1990, p. 371). For example Duncker (1926; 1945) studied creative problem solving that involves the ability to *reconceptualize* some elements in the problem. For example, in order to solve a problem, a nailbox can be seen as a candleholder (Eyseck and Keane, 1990, p. 373). The failure to *reconceptualize* was called *fixedness*, i.e.

…the failure of the subject to re-describe the problem situation so that these objects are conceived of as having different properties, the sort of properties that solve the problem. (Eysenck and Keane, 1990, p. 405)

Restructuring and reconceptualizing used by Gestalt psychologists are evidently forms of reframing.

II Creativity and problem solving

A common view among creativity researchers has been, until recently, to see human creativity as a Darwinian process of random generation and selective retention. A similar idea was expressed in the philosophy of science by Karl Popper, who thought that new ideas in science are always generated irrationally (Boden, 1994a, p. 7). Cognitive scientist David Perkins (1994) disagrees strongly with such conceptions. He has postulated that experts in a field have internal (largely unconscious) *Klondike maps* that guide them into the most promising areas of "the relevant conceptual landscape" (p. 7). This map helps them to guess where to look for the solution. Such maps are formed when the expert has solved similar or analogous problems in the past or studied the solutions of others, thus becoming familiar with the territory.

Perkins sees the process of arriving at novel ideas as a search through a "space of possibilities" (Perkins, 1994, p. 121). He defines true innovation as a move beyond a given "rule set", an outcome that was not possible within the paradigm defined by those rules (p. 120). To illustrate his points, Perkins employs the metaphor of a *Klondike Space*. If you are searching for gold in the Klondike, you face four basic *Klondike problems* of creative systems. These can be applied also to reframing.

(1) *The Rarity Problem*. Gold is scarce and therefore difficult to find. Useful reframings are also scarce. If the therapist were to consider all the possible points of view s/he can think of, s/he would be completely paralyzed.

(2) *The Isolation Problem*. Gold often lies in isolated pockets here and there, and some regions are hard to get to. In the world of reframing a fruitful point of view might also lack close precedents.

(3) *The Oasis Problem.* During a gold rush regions of payoff or even promise are hard to leave. In the world of reframing, points of view that have worked before are hard to give up. It is tempting to stay and try to make it work anyway, to do "more of the same".

(4) *The Plateau Problem.* In what direction should one seek the *mother lode*, if one finds small promising signs? When using reframing, many alternative ideas may seem equally promising.

Perkins explains how each of these characteristics can work against the discovery of adaptive novelty (p. 124). In his studies of great inventors in science Perkins has found the following principles to handle the four Klondike problems described above:

(1) *The Rarity Problem.* Many inventors deal with this problem by following promise. Some sort of heuristic principle is used to ignore large parts of the possibilities. For example, many inventors try to combine something with its *inverse* to form a single invention. "The claw hammer joins the nail-driving mechanism with the nail-removal mechanism. The pencil with eraser combines marking and unmarking functions" (Perkins, 1994, p. 133). Perhaps the widespread use of *paradoxical* interventions in brief therapy is related to this: to prescribe the symptom introduces the *inverse* point of view to the situation. Such an opposing point of view is also easy to come up with – just do the opposite of what you have been doing so far. It can be expected to *fit* with the clients situation, since it is on the same *scale* or within the same *area* that is already familiar to the client.

(2) *The Isolation Problem.* It is necessary to ask how genuine mental leaps are possible. Perkins talks about *the prepared mind* effect, following Louis Pasteur's remark that "Chance favors the prepared mind" (p. 134). In therapeutic conversation this would mean the therapist´s ability to recognize new and potentially useful points of view, when they "pop up" during the conversation, and to emphasize and highlight them. To develop such a prepared mind, familiarity with previously used reframings is essential.

(3) *The Oasis Problem*. Inventors solve this problem by deliberately considering "odd angles" (p. 134), i.e. deliberately approaching the situation from unusual directions. Perkins calls this "problem finding", which includes "reframing of the problem pursued" (p. 135). Perkins writes:

> Problem finding can be seen as a way of escaping from oases of promise or partial payoff. The reconstruction of what is construed as *the problem* amounts to *the finding of new entry points* in the search process, entry points perhaps quite different from the original initiative. (p. 135)

(4) *The Plateau Problem*. Which way should one proceed, if one sees promising signs everywhere? Sometimes *systematized chance* is the answer: the inventor goes through a large number of possibilities. This is actually what Milton H. Erickson recommended for therapists trying to come up with new reframings:

> I go over the possibilities and pick out a nice one. (Haley, 1985, p. 4)

Perkins concludes that the creativity of the inventor does not follow the Darwinian model; the search for new ideas is not completely random. Rather, the mind "moves through Klondike space". Perhaps we can say that a good therapist builds for him/herself a *Klondike map* of possible alternative points of view or descriptions of possible client's typical problematic situations.

III   A Reframing Thesaurus

The philosopher Max Black has noted that the nature of metaphors is "breaking the rules", bringing about new perspectives in new situations. Therefore, it is not possible to give a dictionary of metaphors:

> ...a metaphorical statement involves a rule violation: There can be no rules for "creatively" violating the rules. And that is why there can be no DICTIONARY (though there might be a thesaurus) of metaphors. (Black, 1977/1993, p. 24)

A thesaurus is, as the philosopher A.I Richards has noted, the opposite of a dictionary. You need a thesaurus, when you do *not* yet have the word and the words you have will not do.

> They say too much or too little. They haven't the punch or have too much. They are too flat or too showy, too kind or too cruel. But the word which just fills the bill won't come, so you reach for the Thesaurus. (Richards, 1946, p. xx)

The idea of developing a *Reframing Thesaurus* does indeed seem possible. This thesaurus could include alternative descriptions that therapists have used to describe similar situations before. It would, of course, be a constantly growing collection of possible alternative descriptions - a collection of examples of the use of reframing. *The Reframing Thesaurus* could be a useful training tool for therapists, who wish to develop their reframing skills. In the form of computer *hypertext,* it could be possible to include in the thesaurus the descriptions of the original cases, in which each reframing was used. Such a Thesaurus can be seen as a "postmodern" or "neopragmatic" (Polkinghorne, 1992) database of "summary generalizations of which type of action has been successful in prior like situations....of what might be tried in similar situations." (Polkinghorne, 1992, p.152)

An entry in *The Reframing Thesaurus* might look like this:

> DEPRESSION. -*N. Depression*, balancing the accounts of life, inventory of life, smooth waters in the stream of life, possibility to rest, gaining strength before some trial or test, to mature important plans, reflection before action, a mussel developing a pearl, "Everything that doesn't kill you, helps you to grow", hitting the brakes, Phoenix rising from the ashes, stream of life seeking a new bed, placing one's values and goals in a new order.
>   *Adj. Depressed*, overwhelmed, quiet, discouraged, slowing down, normal moodiness, laziness, stubbornness.

IV   Humor

Perhaps one of the best ways to cultivate one's ability to reframe is to explore the varieties of humor. When introducing reframing in their book *Change*, Watzlawick et al (1974) point out in a footnote:

> Reframing plays an important role in humor…(As already mentioned, Koestler (Koestler, 1964) has written extensively on this subject)…(Watzlawick et al., 1974, p. 95)

In his book, *The Act of Creation* Arthur Koestler (1964) develops his own theory of humor. It is typical for humor that "a flash of insight shows a familiar situation or event in a new light, and elicits a new response to it." (p. 45). For Koestler, what happens when we understand humor, is a *bisociation* of two *conceptual matrices*. By this he means that the same situation is viewed from two different angles at the same time – two "frames of reference", "associative contexts" or "universes of discourse" get entangled or confused (Koestler, 1964, p. 40). By bisociation Koestler means something close to "association, exploration, or analogical thinking" (Boden, 1994b, p. 520) and he interchangeably uses the expressions *associative contexts*, *frames of reference*, *mental sets*, *universes of discourse*, and *schemas*.

Norrick (1986) has analyzed humor in terms of frame theory. He starts from Koestler's (1964) idea of bisociation, perceiving of a situation or idea in two incompatible frames of reference simultaneously. For Koestler bisociation is the basis of humor. The sudden bisociation forces cognitive attention from one frame to the other – laughter results from giving up reason in the face of "rationally unresolvable dichotomy." (Koestler, 1964, p. 60)

Following Minsky's, Rumelhart's and Schank's notions of frames, schemas and scripts, Norrick describes bisociation as schema conflict (Norrick, 1986, p. 230). Norrick goes on to apply his view to verbal humor: retorts, quips, one-liners and jokes. He ends his analysis with the idea that really funny humor requires "method in madness, sense in nonsense" (p. 237). By this he means that the schemas that conflict on a lower level, should achieve some kind of fit on a higher level, in order to elicit laughter from adults. (p. 243). For example,

> How old are you? – Old enough to know better
> (but too young to care/resist).

> The question in [this example] evokes a standard schema of requesting objective information; it presupposes an answer in years, months and days. The retort imposes a new schema of subjective judgment about maturity, experience and desires. The higher-level schema fit here involves the realization that age can be regarded in two different ways. (Norrick, 1986, p. 234)

Cognitive scientist Marvin Minsky has analyzed humor in terms of frame theory (Minsky, 1983). He concludes:

> The element that seems to me most common to all the different kinds of humor is that of unexpected frame-substitution, in which a scene is first described from one viewpoint and then suddenly – typically by a single word – one is made to view all the scene-elements in another, quite different way. (Minsky, 1983, p. 183)

Jonathan Miller (1988), a medical doctor who is now a film, theatre and opera director, clearly sees that the value of humor lies in the fact that "it involves the rehearsal of alternative categories and classifications of the world in which we find ourselves" (Miller, 1988, p. 11) He also sees how humor can develop our mental flexibility and why humor can be seen as politically dangerous:

> Nevertheless, by having gone through the delightful experience of humor, we have prevented ourselves from becoming the slaves of the categories by which we live. This is why humor is so often regarded as a dangerous and even subversive thing. (Miller, 1988, p. 15)

CHAPTER 9

Reframing and reality

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In this chapter, I will explore some basic epistemological and ontological considerations that are relevant for understanding reframing. The possibility of seeing the world from different perspectives, of which the phenomenon of reframing is one example, immediately suggests some variant of *epistemological relativism*. This involves the basic presupposition that we can not attain knowledge of the world "an sich", only about what the world looks like from different perspectives (Goodman, 1978; Putnam, 1981).

Indeed, varieties of the so-called *constructivist* positions have frequently been associated as prerequisite conditions for reframing. For example, psychologist Barbara Held has noted:

> Indeed, as Efran et.al. (1988), among others, have pointed out, one rationale for reframing, a prominent intervention in strategic/systemic therapies, is based upon an antirealist (i.e. constructivist) epistemology. (Held, 1990, p. 180)

And Held restates her point:

> ...reframing (or redefining) the meaning of the client's problem, the most prominent intervention of strategic therapy, has always been based more or less explicitly on an anti-realist or constructivist epistemology (see, for example, Cade and O´Hanlon, 1993; Coyne, 1985; Eron and Lund, 1993; Reamy-Stephenson, 1983; Watzlawick, 1984; Watzlawick, Weakland and Fisch, 1874). (Held, 1996, p. 27)

There are, however, other possibilities, one of which Dreyfus has called *plural realism*. It means that we can somehow get in touch with the world, but only a small slice at a time, depending on which perspective we start from (Dreyfus, 1991). "Different ways to think brings different aspects of nature to show up" (Dreyfus, 1991). As plural realists Dreyfus counts Heidegger, Nietzsche, Kuhn and himself (see also Hiley et al., 1991, p. 37). Wachterhauser (1994) attributes a similar view to hermeneutic philosopher Hans-Georg Gadamer and calls it *perspectival realism*. Georgia Warnke (1992) calls Gadamer's position *hermeneutic pluralism*.

Accepting the technique of reframing does not, therefore, *force* us to accept *non-objective reality* or *radical constructivism*, as some commentators like Reamy-Stephenson (1981), have insisted. We don't have to subscribe to *solipsism* ("Only my

thoughts exist"), nor to *phenomenalism* ("world is my perceptions"). It is still reasonable (as Bertrand Russel once pointed out) to believe that there is a world out there, even though there is no way to be absolutely certain about it.

Accepting antirealist epistemological positions in order to account for reframing is really not necessary. As Held (1995) and others have pointed out, doing therapy from a strictly antirealist position could even be dangerous. It can easily lead the therapist to ignore or minimize the importance of extralinguistic reality (Held, 1995) for the client. After all, there are many kinds of situations the therapist needs to take seriously, e.g. abuse, poverty, illness, death, etc.

There is, however, a psychological sense in which we can and should be *constructivists*. Philosopher Margaret Boden (1989) promotes *constructivist psychology*. By this she points to the importance of "top-down" -processing for the human mind. People are active in building (constructing) structures (concepts/ schemata/ frames/ representations) in their mind and these constructs inform and influence perceptions, thinking and behavior.

The other extreme, naive realism, is represented by Collier (1987) when he states that

> …different accounts may both (or all) be true, but may select different aspects of the situation. On this interpretation, "reframing" becomes simply recommending that attention be paid to other aspects of the situation than it had. (Collier, 1987, p. 123)

Such an account seems to ignore the whole issue of the "theory-ladeness" of perception. But Collier is on the right track when he warns us that the constructivist view of reframing makes it impossible to talk about the truth or falsehood of our descriptions.

> This is the idea that to describe a situation is *ipso facto* to change it, so that there is no situation independent of the description, against which the description could be measured for truth or falsehood. (Collier, 1987, p. 120)

Most people are quite aware that lying is a very real possibility in every situation. It is quite reasonable to expect our theories to be such that they allow this possibility and can account for it. Collier (1987) presents an example in which the family therapy team gave the clients the following feedback: one member of the team was emotionally disturbed by what the patient was saying (Collier, 1987, p. 122). Collier points out that "to give out a false description in order to alter the situation is manipulative" (Collier, 1987, p. 121).

I would argue that if we do not take seriously the position of the radical constructivists, there is nothing in the technique of reframing that would necessitate lying. On the contrary, even Watzlawick et al. (1974) emphasize that the new description must "fit the facts" of the clients situation as well or better than the one it replaces, if it is to be effective or even to be accepted by the client.

Efran and Fauber (1995) are constructivists, but they still emphasize *honesty*.

> In our view, some workers have stretched the meaning of such terms as reframing and positive connotation…to the breaking point. They underestimate the solidity of a constructed reality and assume that because something is language dependent, it is insubstantial and can be easily modified by relabeling problems willy-nilly. They feel free to portray faults as virtues, failures as successes, and selfishness as altruism. Some therapists will say almost anything for strategic effect. Critics have attacked such ad hoc conceptualizations as superficial and manipulative – an uncomfortable melding of the roles of therapist and con artist…We tend to agree. (Efran and Fauber, 1995, p. 291)
>
> For most therapeutic purposes, *honesty* is still the best policy. Good therapy, constructivist or otherwise, is not verbal sleight of hand. It should be built on a bedrock of trust, solid reliability and conceptual clarity. (p. 292).

Philosopher Antti Hautamäki (1985) calls *cognitive or conceptual relativism* the epistemological view that our knowledge is relative to different frameworks, linguistic schemas and cultural backgrounds (p. 22). He sees the roots of such epistemological relativism in Immanuel Kant's view of mind as active in constituting our experience and knowledge. For Kant, however, the forms of perception and categories of reason were constant and unchanging for all men, typical for our species. After Hegel it became possible to see concepts and categories as historically changing and varying.

Hautamäki summarizes two central ideas in *modern relativism*: 1) It is not possible to comprehend reality without some framework; 2) we can use many alternative frameworks. (Hautamäki, 1985, p. 23) Proponents of such a view in philosophy have been Kuhn, Feyerabend and Goodman (1978). Hautamäki wants to distinguish his position from *radical relativism* where "anything goes" and which does not give us any ground to change the world. According to radical relativism there is no objective criteria that would make one framework better than others. Hautamäki emphasizes that according to his version of relativism there can be *pragmatic* criteria to compare frameworks and to evaluate them in relation to goals. Some frameworks can serve us better in reaching certain goals (Hautamäki, 1985, p. 37).

To sum up, there is no need to give up ontological realism, the view that there is some reality independent of our mind and actions. This is simply the best available hypothesis we have to explain many of our experiences. Of course, it does not rule out the possibility that people can view reality differently. Even if we admit that there is plenty of disagreement about reality and different perspectives, it does not force us to give up our hypothesis of reality. Philosophers Theodore Schick and Lewis Vaughn (1995) show how this is done:

> As long as we don't take truth to be relative to conceptual schemes, however, we need not reject the notion of alternative conceptual schemes. An analogy may be helpful here. Instead of viewing conceptual schemes as cookie cutters, we can view them as maps. The countryside can be mapped in many different ways. For example, there are road maps, topographical maps, relief maps, and so on….So changing the nature of

representation doesn't change the nature of what's represented. Different conceptual schemes represent the world differently, they don't create different worlds.

Since different maps are used for different purposes, it makes no sense to say that any map is absolutely better than any other. Some maps are good for some things, and some are good for others. The goodness of a map will be determined by how well it helps us accomplish our purposes… (Schick and Vaughn, 1995, p. 78)

It is clear that the therapist needs to somehow be *in tune* with the way the client sees her own situation, when reframing is used. The client is not going to buy just any story. Watzlawick et al (1974) emphasized that the new viewpoint introduced by reframing should somehow enable the change process and fit the client's way of thinking:

Successful reframing must lift the problem out of the "symptom" frame and into another frame that does not carry the implication of unchangeability. Of course, not just any other frame will do, but only one that is congenial to the person's way of thinking and categorizing reality. (Watzlawick et al., 1974, pp. 102-103)

CHAPTER 10

Ethical perspectives

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The importance of taking into account the possibility of alternative points of view when thinking about ethical and moral issues will be the subject of the first part of this chapter. After this, the important issues of ethics involved with the use of reframing interventions are considered.

I Reframing in Ethics

Des Autels (1996) explores how different points of view influence our moral evaluations and decisions. She argues that gestalt shifts, alternative ways to describe and see moral situations, play an important role in moral perception. She gives a dramatic example of such *re-seeing* of a moral situation from Stephen R. Covey's book *The Seven Habits of Highly Effective People* (1989):

> I [Covey] remember a mini-paradigm shift I experienced one Sunday morning on a subway in New York.. People were sitting quietly – some reading newspapers, some lost in thought, some resting with their eyes closed. It was a calm, peaceful scene.
> Then suddenly, a man and his children entered the subway car. The children were so loud and rambunctious that instantly the whole climate changed.
> The man sat down next to me and closed his eyes, apparently oblivious to the situation. The children were yelling back and forth, throwing things, even grabbing people's papers. It was very disturbing. And yet, the man sitting next to me did nothing.
> It was difficult not to feel irritated. I could not believe that he could be so insensitive as to let his children run wild like that and do nothing at all. It was easy to see that everyone else on the subway felt irritated, too. So finally, with what I felt was unusual patience and restraint, I turned to him and said, "Sir, your children are really disturbing a lot of people. I wonder if you couldn't control them a little more?"
> The man lifted his gaze as if to come to a consciousness of the situation for the first time and said softly, "Oh, you're right. I guess I should do something about it. We just came from the hospital where their mother died about an hour ago. I don't know what to think, and I guess they don't know how to handle it either."
> Suddenly I saw things differently, I behaved differently. My irritation vanished. I didn't have to worry about controlling my attitude or my behavior; my heart was filled with the man's pain. Feelings of sympathy and compassion flowed freely…Everything changed in an instant. (Covey, 1989, pp. 30-31)

This is an excellent description of how the change that results from a reframing can happen very quickly. Des Autels argues that such perceptual shifts are not uncommon. In fact, they are possible in most moral situations.

> More specifically, I argue that gestalt shifts range form shifts between "unmergeable" or "rival" details of a perceived situation to shifts between entire organizing perspectives of a situation; and these shifts play a significant role in the mental processes used to determine the moral saliences of particular situations. (Des Autels, 1996, pp. 130-131)

As possible shifts in moral perception, Des Autels describes shifts between justice and care. Following moral psychologist Carol Gilligans ideas, Des Autels sees that using such concepts as *fairness/unfairness* or *equality/inequality* is to describe situations from a *justice perspective*. This kind of thinking, according to Gilligan and Des Autels, is more typical for men. On the other hand, using concepts like *attachment/detachment* or *responsibility/irresponsibility* would arise from a *care perspective*, which they see as more typical for women. They go on to compare the shift between justice and care perspectives to visual gestalt shifts.

Other possible moral perceptual shifts can arise from the fact that any task or situation can be described at "any number of levels of generality or complexity" (De Autels, 1996, p. 136). Our currently relevant goals and tasks can also influence which aspects of the situation are highlighted or emphasized:

> My point is this: to the degree that our perceptions are task guided, we will shift our perceptions and the organized saliencies of our perceptions when we shift tasks. Thus, switches to significantly different tasks will often involve what I consider to be gestalt shifts in perception. (pp. 136-7)

One could switch from a moral task of trying to figure out the most fair thing to do in a situation to the moral task of seeing things from another person's point of view (p. 137). Related to this is the important moral ability to see the situation "through someone else's eyes" or by applying a different analogy or metaphor (p. 141).

Philosopher Mark Johnson (1996) gives pertinent examples of different points of view that we can take into moral situations depending on the vocabulary we choose. He emphasizes that "our basic concepts in virtually every aspect of human experience are defined by systems of metaphors" (p. 51). Each conceptual metaphor is a mapping of conceptual structure from some source domain.

Johnson presents several basic metaphors of morality that we can see as different points of view to moral situations. Each metaphor highlights and hides different aspects of the situation, for example

> MORAL ACCOUNTING: This metaphor involves talk about "moral credit", "repaying kindness", "moral debt", etc. (p. 57)

MORALITY IS HEALTH / IMMORALITY IS SICKNESS: We use words like "bad deeds are sick", "We must strive for purity by avoiding dirty deeds, moral filth, corruption, and infection from immoral people" (p. 57)

BEING MORAL IS BEING UPRIGHT: We use words like "being morally upright", "The Fall (into sin and wickedness) is caused by the force of evil" (p. 58).

MORAL STRENGTH: We use words like "morally strong", "Willpower is essential to maintaining the proper control of our passions and baser desires" (p. 58).

Johnson (1987) notes the importance of frames in moral reasoning. Because in every situation there are many possible framings, different moral consequences follow. (Johnson, 1987, p. 9) Alternative framings are in fact at the heart of many everyday debates, controversies and misunderstandings between people:

> Alternative framings of the same phenomena...appear frequently in the public consciousness, as in mention of the difference between optimists and pessimists in the choice of half full versus half empty , or in preferences of "pro-choice" versus "pro-life" proponents for the terms "fetus" versus "baby" in identifying an unborn child... (Fillmore, 1985, p. 230)

II Ethics of reframing

Family therapist Lynn Hoffman (1981) has described the bad reputation that the MRI approach to therapy has had in some therapy circles. The charges seem to focus on the unethical aspects of reframing:

> For strategic therapists, the Art of Therapy becomes the Art of Rhetoric and strategic therapists indeed have the bad reputation that the Sophists had in ancient Greece. It does not matter, our Palo Alto friends say, whether we believe the ingenious rationale we give the client to make him change his ways; as long as he changes them, our job is done. This position has been objected to by more traditional therapists, who feel that the use of such currency debases the profession. Charges of "manipulation" and "social engineering" are heard in the land, and are cheerfully accepted by the strategic people. They claim only to be simple craftsmen, solving people's problems in the most expedient (and least expensive) way. (Hoffman, 1981, p. 277)

If we can see reframing from the point of view of *plural realism*, it does not have to involve manipulation or insincerity, as some critics have suggested (see Collier, 1987; Reamy-Stephenson, 1983; Watzlawick et al., 1974).

Accusations of lying, cheating, and manipulation have been frequently addressed to those who use reframing in therapy (Watzlawick et al., 1974; Collier, 1987). Looking from a naive realist viewpoint it has been difficult for many to see how alternative points of view can be anything else but lying. Subscribing to antirealist views has not helped, on the contrary. In fact, therapists who subscribe to antirealism

or *constructivism*, make themselves vulnerable to all these ethical criticisms. It becomes difficult even to tell the truth from a lie, or right from wrong. Such relativist positions are "self-referentially inconsistent and paradoxical" (Bernstein, 1983) in claiming to know that nothing can be known. Once we subscribe to *plural realism*, we see that the use of reframing, the use of alternative descriptions, does not require lying or cheating.

Of course, therapy relies on trust between the client(s) and the therapist, as Erickson notes:

> You must provide your client with the impression that <u>you</u> believe what you are saying, or run the risk of that client framing your communication as insincere and, so, ignorable. (Gordon and Meyer-Anderson, 1981, p. 75)

It must be made clear that the perspectives we take are always also evaluations of the situation - statements about what is relevant and what is not, what is important and what can be ignored. Every therapist must know the ethical responsibility that goes with this. All communication is influencing. This was already clear for Nietzsche:

> For Nietzsche, the most profound philosopher of the perspectivity of life, perspectives are intrinsically evaluative. To posit values is to set perspectives and horizons (Graumann, 1990, p. 117)

A. The two-edged sword

As with every powerful tool, reframing is a sword that cuts both ways. It can be used for both good and bad purposes. Therefore all the ethical guidelines and principles for the helping professions apply here. Levi (1981) gives an interesting example of how a professional killer starting his career adapts to his new role: he learns to see killing as "just a job" or as "just business". This enables him to deny responsibility for it. He sees himself as "a hired gun", and his victims as "targets", rather than people (Levi, 1981)

Attempts to excuse oneself from the responsibility for one's actions by renaming them can also be seen as an ethically problematic use of reframing. For example in the business world such language can make

> ..laying people off sound more like a scientific decision than a human tragedy: sacked workers are "downsized", "separated", severed", "unassigned" and "proactively outplaced". (In AT&T's case, it was carrying out a "force management programme" to reduce "an imbalance of forces and skills"). (Micklethwait and Wooldridge, 1996, p. 11)

In their discussion of paradox - based treatments, Tennen and Affleck (1991) distinguish between *implicit restraint*, *soft restraint* and *hard restraint* strategies. The first of these include suggestions of *starting slowly* what the client is already doing (p. 635), the soft restraint strategy suggests that the client should not change the behavior that brings them to treatment (635). Tennen and Affleck point out that restraining maneuvers are easily interpreted as insulting by the clients, especially the use of *hard*

restraint, that "requires the therapist to suggest that the patient probably cannot change" (635). They recommend that therapists should not use *hard restraint* at all. To illustrate their point, they give an example, borrowed from Greenberg and Pies (1983), of a client diagnosed as suffering from "borderline personality disorder":

> Ms. A: I want you to know I'm very sick.
> Th.: I realize that. I think it's going to be very, very, difficult for you to get well.
> Ms. A.: I think it's going to be very, very, very, very, difficult.
> Th.: I agree. In fact, I'd say the chances of your getting well are about 1 in 100.
> The patient grew increasingly suicidal... (Tennen and Affleck, 1991, p. 635)

B. Who's goals ?

One standard critique against reframing has been that a strategic therapist using reframing only serves her/his own goals. However, any therapist who talks with a client, cannot avoid influencing them. Therefore the only option for the the therapist is to try to do as well as possible. In a situation where the client comes in and asks for help, it is the obligation of the therapist to try to give help. To help is to influence. One way to help is to introduce alternative ways to see the clients situation – by using reframing.

C. Conservatism

It is easy to see how the therapeutic technique of reframing can be accused of a certain kind of political conservatism, just as the Stoics were accused of in classical Greece. The Stoics wished to develop ways of thinking to help people to stay calm and to adjust to the vagaries of life. Watzlawick points out that many situations are in themselves unchangeable, we can not get back a lost leg, or died loved one, but:

> What can be changed, however, are the ways in which people conceptualize and try to come to terms with immutable facts. What therapy can do is change the sense, value, and significance that we ascribe to such events and to the world in general. (Watzlawick, 1982, p.153)

There is, however, nothing in reframing itself that makes it useful only for conservative purposes. As Watzlawick has noted: "If the reframing is successful it can block the often desperate feeling: 'I should react, but I can't'" (Watzlawick, 1990, p. 148). Reframing can just as well be used to help people to do whatever needs to be done. It is a general tool for adaptation, and its user is responsible for choosing his/her own goals.

CHAPTER 11

Discussion and conclusions

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To conclude, the results of this study are summarized as follows:

I Defining reframing

We can now propose a new definition of *reframing* :

> To *reframe* means suggesting in a therapeutic conversation, either verbally or through behavioral assignments, a new description of the client's situation or some part of it. This description should invoke in the client's mind a new frame that s/he can apply to her/his situation as well or even better than the former frame s/he has been using. This new frame helps the client to see her/his situation in a new light and to see new possibilities for thinking and acting.

It seems that some form of reframing is part of the process of change in most psychotherapy approaches.

A. Utilization and pretending
From our new perspective we can see how Milton H. Erickson's *utilization* techniques (see for example DeShazer, 1988, p.140) and Cloé Madanes's *pretending* - interventions (Madanes, 1982) are connected to reframing. They can be seen as utilizing the clients existing frames or scripts to mobilize the resources and possibilities that the client already possesses. For example, Madanes once helped the mother of a diabetic girl to pretend to be a nurse, when it was time to give the girl her injections at home. By dressing and acting like a nurse the mother was able to overcome her fears and take care of her daughter (Madanes, 1986).

B. "Nothing" as reframing
In the light of frame-theory, we can see how also *nothing* can be reframing. Gregory Bateson has stated, how "In the world of mind, nothing - that which is not - can be a cause .... The letter which you do not write can get an angry reply" (Bateson, 1972, p. 452). Therefore, if a response is expected, then not responding at all is also a response. This way *nothing*, i.e. not responding as expected, can lead to a shift or re-evaluation of the expectation (frame) - reframing.

C. Different linguistic modes

We can now also see how reframing can be done by using different kinds of linguistic expressions. Questions, stories, metaphors and even actions can activate new frames as well as explicit intervention-messages. Homework tasks and behavioral interventions that were key ingredients of the early success of family therapy can now be seen as activating new *scripts* or *action frames* that are perhaps impossible to talk about. It means utilizing the *unspeakable* background of our skills, practices, habits, etc. (Dreyfus, 1992). We can agree with Nardone and Watzlawick (1993):

> Reframing can be achieved either purely verbally or by certain actions that lead persons to change their view of reality, just as reframing effects can be produced by means of behavioral prescriptions...(Nardone and Watzlawick, 1993, p.57)

D. Reframing as "mis-translation"

Reamy-Stephenson (1983) sees reframing as similar to translation. I would say that reframing is more like intentional *mistranslation*. The word *translate* originates from the Latin word *transferre*, meaning *bear across*. The goal of translation is to preserve or transfer the meaning of the original utterance. The goal of reframing is different. The goal of reframing is a new description that highlights different aspects of the situation and opens a new perspective. The goal is not to preserve something, but to help clients change.

E. Positive or negative ?

Most examples of reframing in therapy literature involve changing negative descriptions into positive ones. It is, of course, possible to use reframing the other way around, as Grunebaum and Chasin (1987) point out. Psychiatrists do this in the diagnostic labeling of patients. This might sometimes even be useful for the clients, for example in the form of reducing guilt feelings. Negative reframings can have unexpected negative side effects, however, and should usually be avoided in therapy. There are exceptions to every rule, of course. For example Bandler and Grinder have noted, that *success* can be "the most dangerous thing" for us, since it takes from us the opportunity to learn other ways of doing the same job. (Bandler and Grinder, 1982)

II   Alternative categories and concepts open new perspectives

The research into categories and concepts helps us to see some aspects of reframing ability more clearly. Concepts are mental representations of categories, i.e. classes of objects. Every object can be placed in several different categories, depending on which aspects of the object are emphasized. In this sense, alternative categorization is one way to talk about reframing.

Concepts include all the relevant information we need to interact with category members. Moreover, different parts of that information might be activated in different

situations or contexts. In *frame theory,* concepts are identified with frames, which form hierarchies. They form clusters of concepts that represent typical events or situations.

Categories serve cognitive economy by preventing information overload. The other side of the coin is that our understanding is always partial, we notice only a slice of every situation. Therefore, it is not surprising that reframing can be so effective in conversation: it helps us to notice different aspects of the situation and mobilize different background information to deal with that situation.

III   Analogies and metaphors open new perspectives

In many situations in real life, we use analogical reasoning to make sense of new situations. That is, we use some former situation or *case* as a source domain and transfer experiences or wisdom to the new situation. When different source analogs are used, different aspects of the new situation are highlighted. Metaphors are based on analogical thinking. The term metaphor refers to a process as well as to a product. Metaphor is *a perspective or frame, a way of looking at things* and the process by which such perspectives are created. In simplified terms metaphor means using some familiar description in a new situation, e.g. "Man is a wolf". Employing different metaphorical descriptions is just what reframing is about. By specifying the metaphorical mapping from the source to the target domain, we can obtain more specific understanding of reframing processes.

IV   "Seeing as" and dialectics are relevant for reframing

Our perceptions are *theory-* and *practice-* laden, i.e. the human mind is not passive in perception, but plays an active part. The concepts or goals we apply to situations influence what we perceive. This is just what happens when we use reframing interventions. The so-called *dialectics* can be seen as a process of applying contradictory concepts to the same situation and thereby considering the matter in different respects or from different points of view. This is the reframing strategy behind most of the paradoxical interventions in brief therapy.

V   Interpretation is the core of reframing

Linguistic and other actions have traditionally been the objects of understanding and interpretation. Thereby an item of behavior is described (understood, interpreted) *as action*, as doing or trying to do something by the agent. Behavior is seen as *intentional*. This alone opens up several possible alternative ways to describe such action, as the agent's beliefs and goals can be *guessed* differently.

The list of appropriate objects of understanding can be amplified, as Føllesdal does, by all *man-made products* that manifest the human mind. They include especially *persons, the actions of persons, some products of such actions* (e.g. sentences, theories, paintings, compositions, games, institutions, etc.). Also *machines, chemical processes* and *situations* can be objects of understanding, as well as everything that calls for an explanation – *the cases of understanding why.*

Understanding is knowledge the objects of which are items in the list described above, i.e. *meaningful material*. Interpretations are similar to theory building, that is, the forming of hypotheses about the material. By forming alternative hypotheses, we come up with alternative interpretations of these objects. Thereby we come to see them as different objects, actions or persons, etc.

All this connects to reframing, if we understand the implications of *frame theory*. According to this view we typically think in terms of *events* and our knowledge of events is encoded in complex representations like *frames, schemata* or *scripts.* Such structures include many *entities* (e.g. objects or persons) that are connected by *relations* (e.g. actions or causal relations). And here lies the real power of reframing: by applying different object concepts or relational concepts a different frame can be activated. This in turn makes available a whole variety of different causal and background knowledge and opens up new possibilities of thinking and acting.

Many theorists of interpretation in psychotherapy define interpretation in similar terms as Watzlawick et al (1974) define reframing. The use of interpretation in psychotherapy originated from psychoanalysis, where the focus was in redescribing patient's feelings or behavior in the light of psychoanalytic theory. It seems to rely on the traditional view of the proper objects of interpretation: persons and actions.

Reframing as described by Watzlawick et al (1974) seems to have a wider application: not just actions, but whole situations or some parts of it can be seen in a new light. Even though, as is evident in our analysis of examples of reframing, most objects of reframing have been the client's actions, nothing prevents us from expanding the use of reframing to other areas of life. Anything that can be described, can be described in several different ways, from several different points of view. Such skills are in fact already in use in different applications of *rhetoric.*

Several other differences between psychoanalytic interpretation and reframing are described in this study: one is usually negative and uncomplimentary, the other is positive; one uses explanations arising from a specific theory, the other uses clients own ideas and ways of thinking; one believes in one true description, the other in many possible ways to describe; one considers redescription as deeper the more it differs from the client's own description (Levy, 1963), the other designs redescriptions to *fit* closely to the client's way of thinking.

VI   Must reframings be true?

Although it might be wise to aim for truth when using reframing, it might also be wise to acknowledge that there are probably *degrees of fit* between our conceptions and the world. As Holyoak and Thagard (1995) note:

> For example, science writer Edward Dolnick explains why pandas, which are inefficient at both eating and reproducing, have managed to survive for millions of years: "In evolution, as in television, it's not necessary to be good. You just have to be better than the competition." (Holyoak and Thagard, 1995, p. 200)

VII   When *not* to use reframing in therapy: Contraindications

Possible *contraindications* for the use of reframing might be situations in which introducing different points of view can make the client unsure and unable to take the action s/he would like to take. For example, it would be ethically unacceptable to try to invent *new ways to take it*, when it is evident that the client should *not take it at all anymore*, as in the cases of family violence.

Many situations the therapist encounters with the clients call for other kinds of actions, not reframing. For example sending the client to a doctor's office for a physical check-up, reporting child abuse cases according to the law, stopping ongoing violence, etc. However, reframing can still be useful in these situations to help us to maintain a cooperative relationship with the client.

The issue of timing is also important for reframing. There are, of course, times when introducing new points of view can be offending as Furman and Ahola (1992) point out:

> In suggesting that client's consider the possible positive consequences of their situation, it is important to remember that this is not always easy to do when the problems are acute. For example, suggesting to people who have recently experienced loss that they look at the positive side may be considered offensive. The realization that there is very often a brighter side to our problems tends to come later, when we are able to look back and put things into a different perspective. (Furman and Ahola, 1992, p. 146)

VIII   How to find a reframing when one is needed? Guidelines for the use of reframing

Guideline 1: Learn to listen.
If the reframing is to make sense, or is to be in any way relevant for the client, the therapist has to *listen* and to really *hear* the client's point of view. This is where the therapist needs the skills of hermeneutics, of understanding the client. Not just any new

description will work; it has to somehow relate to the client's view of the situation. As Cade (1992) has noted:

> Any good brief therapist knows that no frame will be of any help unless it makes more than just an intellectual sense to the family, and reframes are not pulled out of the air (at least, not by good brief therapists) but guided by information often painstakingly gained from the family through the process of the interview and therefore involving the members "subjective truths". (Cade, 1992, p. 165)

This guideline gains even more importance if we acknowledge that every client is a unique individual. As Milton Erickson puts it, each individual brings with them a model of the world which is "as unique as his thumbprint" (Gordon and Meyer-Anderson, 1981, p. 381). This was very important for Erickson:

> Now the first consideration in dealing with patients, clients, or subjects is to realize that each of them is an individual. There are no two people alike. No two people who understand the same sentence the same way...(Gordon and Meyer-Anderson, 1981, p. 3)
>
> You try to understand what your patient is telling you. Your patient has an experiential language all his own and it is different from yours. (Gordon and Meyer-Anderson, 1981, p. 172)

To really listen, to really hear what their clients are saying, the therapists must be able to put themselves in the clients position, to take the clients point of view. One way to enhance this ability is by studying literature and stories, something that Montello (1995) recommends for medical practitioners:

> The other area of narrative competence which proves so essential to moral reasoning in medicine is the ability to adopt another person's point of view. This capacity, perhaps more significantly than any other, is strengthened through reading literary narratives. The essence of empathy is the ability to enter another person's world, to see from that perspective, to understand that experience from inside out. (Montello, 1995, p. 120)

The process of reframing must start from the client's perspective:

> ...successful reframing needs to take into account the views, expectations, reasons, premises - in short, the conceptual framework - of those whose problems are to be changed. "Take what the patient is bringing to you" is one of Erickson's most basic rules for the resolution of human problems. (Watzlawick et al. , 1974, p. 104)

Guideline 2: Learn analogical reasoning.
Milton H. Erickson's guideline for using reframing might sound a little too simple: "I go over the possibilities and pick out a nice one." (Haley, 1985, p.4) There are however two relevant points in this laconic statement. First, the therapist should train him/herself to be able to generate possible alternative descriptions of different client situations from which to choose. Secondly, the therapist must choose, somehow, which

reframing to pass to the client during the conversation. But which one of several frames is "nice"? Here Erickson seems to rely on some kind of aesthetic criterion or intuition. Perhaps he is referring to something like *analogical* or *case-based* reasoning.

Guideline 3: Generate alternative descriptions.

Bandler and Grinder (1982) have suggested a guideline for therapists who use reframing, which fits the present approach. They suggest that the therapist who is looking for reframing, should ask him/herself: "How else could I describe this same situation?" (Bandler and Grinder, 1982, p. 15)

Brief therapist Insoo Kim Berg gives the following guidelines:

> Use these steps when reframing a client's behavior or situation:
> 1. Think about what your current interpretation of the client's troublesome behavior [is].
> 2. Train yourself to think of a number of alternative interpretations of the same behavior.
> 3. Pick the one interpretation that seems most plausible and most fits the client's way of acting and thinking.
> 4. Formulate a sentence in your mind that describes the new positive interpretation.
> 5. Give the client feedback on what your thoughts are.
> 6. The client's reaction will let you know whether your reframing fit her or not. A good fit will bring a visible change in the client. Some clients look stunned, shocked, amused; they may even start to laugh. When You see any of these responses, you have found a good fit. (Berg, 1994a, p. 174 - 175)

New perspectives should be both new and familiar for the client:

> A family's "reality" will be but one way of making sense of the things and events they experience (real, to them) among the countless available. The therapist's skill lies in finding a way of viewing a family's reality that is near enough to its views to engage it, albeit briefly, in a "shared reality", yet with sufficient different perspectives to help bring about changes in meanings and thus in experience and in response. (Cade, 1992, p. 165)

IX We must cultivate our ability to use reframing

From problem-solving research we know that "chance favors the prepared mind". In other words, to cultivate our ability to use reframing, we must study and collect case studies in which reframing is used. One way to do this is to develop a *Thesaurus of Reframing* for oneself, as introduced earlier. In fact, we know that many successful family and brief therapists collect case descriptions, for example Salvador Minuchin, Steve De Shazer and Insoo Kim Berg. One should also develop the habit of deliberately considering *odd angles*, that is unusual points of view to situations.

X How to cope if a reframe fails

What should the therapist do, if the reframing introduced fails and the client does not find it useful? If this happens many times, the therapist might, of course, loose his credibility and the co-operative relationship with the client might suffer. Most therapist still try to see such failures as opportunities to learn and tailor their approach toward a more closer fit to this particular clients way of thinking.

Cade and O'Hanlon (1993) admit that finding reframings is difficult and that their use sometimes fail:

> Although, with hindsight, successful interventions appear obvious and relatively simple, our experience is that finding the "right" framing is often a complex task requiring considerable sensitivity, empathy, creativity and, at times, courage. We have many examples of ineffective reframings that have had little or no effect and about which we have decided not to write. However, our experience of "getting it wrong" is that the worst that usually happens is that the family or client rejects or denies the proposed frame, and so we go back to the drawing board. (Cade and O'Hanlon, 1993, p. 122)

It is usual for therapists to write only about their successful cases and reframes. Brack et al. (1992) are an exception. They reflect on reframing failures and try to see ways to utilize them in order to construct descriptions that better fit the client's situation. They start from Watzlawick et al's (1974) definition of reframing and see it as

> …altering an individual's system of categorizing and grouping their world. Therapists use this technique to change the meaning of an event so as to help the student to cope. (Brack et al, 1992, p. 105)

For example, a student having to make a speech in a class might try to see the situation as an *opportunity* or a *challenge* rather than a threat (p. 195). Brack et al. emphasize that when a reframe fails, then perhaps it did not perform the functions which the old frame did. This is an opportunity to learn to understand the client's situation even better. Brack et al. (1992) give a good example of this:

> A specific case example was a student majoring in pre-med who really wanted a career in art. The student entered counseling, because he had failed several of his advanced biology courses. Standardized testing, his high school performance, and grades in freshman and sophomore biology courses all suggested he would do well in advanced biology courses. When this proved not to be the case, he experienced emotional distress and feelings of low self-worth. He initially wanted to frame these problems as "test anxiety". An attempt to reframe the exams from threats to opportunities met with failure. Further exploration of the issues revealed the conflict between the student's lack of interest in this area and his greater interest in art, and his parent's desire that he becomes a doctor. Therefore, a new reframe was constructed which described his academic difficulties as a signpost that something was wrong and needed to be addressed. This reframe accomplished two tasks. First, it took the focus off of his academic deficit. Second, it focused his attention on several areas of conflict within his life. It was indeed true that if the student had applied himself, he could have

successfully completed the coursework. However, this would have carried him closer to a goal, which he opposed. Therefore, a second reframe was established that his current difficulties were actually a "mixed blessing" in that he now had the "opportunity" to face difficult issues before he committed his life to goals which he was not interested in pursuing. With much processing of these reframes over several sessions, he began to recognize the conflicts with his parents and moved to resolve these issues. Several months of conflict with his parents followed where he began to assertively voice his views. Ultimately, he decided to stay in pre-med but on his own terms and also began to establish a more adult relationship with his parents. At the last session, he was successfully completing the most difficult biology courses and was on his way to a medical career. The important point here is that processing of the rejected reframes allowed both the student and the therapist to have deeper insight into the underlying issues which facilitated more appropriated reframes and better coping. (Brack et al, 1992, pp. 108-109)

XI   Reframing is useful in our daily life

We have seen that reframing can be very useful in many areas of life. We have listed its applications in philosophy; in ethical evaluations and decisions; in the important moral ability to see the situation *through someone else's eyes*. We have considered the use of reframing in rhetoric, especially in pursuing and tailoring one's speech to the audiences as well as in diplomatic and advertising contexts; in problem solving and humor; in legal decisions; in conflict resolution and mediation as well as in sports psychology. We have also discussed the use of reframing in medical consultation, especially in helping medical personnel and patients to cope with difficult illnesses and to increase the personnel's co-operation with patients by seeing patient's problematic behaviors in a more positive light.

XII   Reframing is the key to mental flexibility

Reframing opens up alternative ways to understand a given action, situation or story. It is a skill that Rorty has emphasized as the goal of philosophical conversations in the new *post-philosophical* culture he envisions (Rorty, 1980) *Edification* or *Bildung*, that results from such conversations, includes, among other things the ability to understand that there are many possible ways to conceptualize and talk about the situations we encounter (Rorty, 1980, p. 360; Koski, 1995, p. 201). As philosopher Jean Grondin has noted, this idea of *Bildung* comes from Gadamer:

> …if one has to "build" or "form" oneself through Bildung, one will naturally be open to other points of view, to different perspectives than one's own. The main characteristic of humanism is thus this thankful openness to the enlightening perspectives of others. (Grondin, 1997, p. 164)

The role of reframing ability in understanding other people, their actions and the products of these actions is so important that it is amazing that our school curriculum does not even mention this skill. In order to understand, we need a "well-stocked mind" (Gombrich,1969, p. 37), a large collection of frames and the ability to use them. In addition, we need the flexibility to see alternative ways to use this collection of frames in new situations. If we do not have a "well-stocked mind", we will not really *hear* or *understand* what other people are saying: We need encounters and dialogues with other people and cultures in order to learn to notice our own frames and their alternatives.

We face a tide of information every second of our lives. This could overwhelm us, if we did not have some ways to filter and reduce the flow. As we have seen, concepts and frames help us to do this job of filtering, bring order to chaos. Concepts and frames reduce the amount of information that our brain has to deal with. But the other side of the coin is that the frames we use also always pose restrictions on us. We notice only a slice of what is going on, and even that slice tends to be distorted, biased, and full of errors. Therefore, it is perhaps only natural that people get stuck every now and then with the frames they have adopted. Pragmatist philosopher William James believed that people tend to protect their beliefs and keep unaltered as much of their old knowledge and as many of their old prejudices and beliefs, as they can. (Putnam, 1995)

Milton H. Erickson based his approach to psychotherapy on the idea that

> ….patients have problems because of learned limitations. They are caught in mental sets, frames of reference and belief systems that do not permit them to explore and utilize their own abilities to best advantage. (Erickson and Rossi, 1980, p. 38)

The ability to be flexible, to have more choices open to us in new situations is clearly connected to our ability to adapt to these situations. As Gordon and Meyers-Anderson (1981) have described Erickson's approach:

> The more choices (flexibility, variety) you have available in your behavior, the more likely it is that you will be able to successfully accommodate yourself to the vagaries of daily life. (Gordon and Meyers-Anderson, 1981, p. 28)

By flexibility, they mean precisely "the ability to regard a situation from different points of view." (p. 28)

The possibility for us to see things from different perspective, in a different light, is one of the central capacities that make us human. It makes possible many of the great things in life: play, humor, creativity, problem solving, coping, rhetoric, philosophy - and psychotherapy !

REFERENCES

Abelson, R. P. Does a story understander need a point of view? In R.C. Schank & B.L. Nash-Webber (Eds.) *Theoretical Issues in Natural Language Processing*. Cambridge: Preprints of a Conference at MIT, 1975.

Achenbach, G. *Philosophisches Praxis*. Köln: Dinter. 1984.

Achenbach,G. About the center of philosophical practice. In Vlist, W. Van der, (Ed.) *Perspectives in philosophical practice*. (pp. 7-15). Groningen: VFP, 1997.

Achenbach,G. On wisdom in philosophical practice. *Inquiry*, 17 (3): 5-20, 1998.

Alexander, J.F.; Jameson, P.B.; Newell, R.M. & Gunderson, D. Changing cognitive schemas. In Dobson, K.S. & Craig, K.D. (Eds.) *Advances in cognitive-behavioral therapy*. (pp. 174-192), London: Sage, 1996.

Andersen, H.; Barker, P. & Chen, X. Kuhn's mature philosophy of science and cognitive psychology. *Philosophical Psychology*, 9 (3): 347-363, 1996.

Anderson, H. & Goolishian, H. The client is the expert: A not-knowing approach to therapy. In McNamee, S. & Gergen, K.J. (Eds.) *Therapy as Social Construction*. (pp. 25-39) Newbury Park,CA: Sage, 1992.

Andreas, C. & Andreas, S. *Change Your Mind - and Keep the Change*, Moab, Utah: Real People Press, 1987.

Andreas, S. *Virginia Satir* . Palo Alto, CA: Science and Behavior Books, 1991.

Arbib, M. A. *In search of the person: Philosophical explorations in cognitive science* . Cambridge, MA: The University of Massachusetts Press, 1985.

Arbib, M. A. Schemas, cognition and language: Toward a naturalist account of mind. In Otto, H.R. &. Tuedio, J.A. (Eds.) *Perspectives on Mind*. (pp. 219-238) Dordrecht: Reidel, 1988.

Arbib, M.A. & Hesse, M.B. *The construction of reality*. Cambridge: Cambridge University Press, 1986.

Aristotle, *The art of rhetoric*. London: Penguin, 1991.

Bandler, R: & Grinder, J. *Patterns of the hypnotic techniques of Milton H. Erickson, Vol.1*. Cupertino: Meta, 1975a.

Bandler, R: & Grinder, J. *The structure of magic I*. Palo Alto: Science and Behavior Books, 1975b.

Bandler, R. & Grinder, J. *Frogs into princes. Neuro Linguistic Programming*. Moab, Utah: Real People Press, 1979.

Bandler, R: & Grinder, J. *Reframing: Neuro-linguistic programming and the transformation of meaning*. Moab, Utah: Real People Press, 1982.

Barsalou, L.W. Frames, concepts, and conceptual fields. In Lehrer, A. & Kitttay, E.F. (Eds.) *Frames, fields and contrasts*. (pp. 21-74). Hillsdale,NJ: Erlbaum, 1992a.

Barsalou, L. W. *Cognitive Psychology. An Overview for Cognitive Scientists*. Hillsdale,NJ: Erlbaum, 1992b.

Bartlett, F.C. *Remembering*. Cambridge: Cambridge University Press, 1932.

Bateson, G. Information and codification: A philosophical approach. In Ruesch, J. & Bateson, G. *Communication. The social matrix of psychiatry*. (pp. 168-211). New York: Norton, 1951.

Bateson, G. A theory of play and fantasy. *A.P.A. Psychiatric Research Reports*, 2: 177-193, 1955.

Bateson, G. *Steps to an ecology of mind*. New York: Ballantine, 1972.

Bateson, G.; Jackson, D.D. ; Haley, J. & Weakland, J. Toward a theory of schizophrenia. *Behavioral Science*, 1: 251 – 264, 1956.

Bavelas, J.B. Research into the pragmatics of human communication. *Journal of Strategic and Systemic Therapies*, 11 (2): 15-29, 1992.

Beaugrande, R de. *Linguistic theory: The discourse of fundamental works*. London: Longman, 1991.

Beck, A.T. Cognitive therapy: Nature and relation to behavior therapy. *Behavior therapy*, I, 184-200, 1970.

Beck, A.T.; Rush, A..J.; Shaw, B.F. & Emery, G. *Cognitive therapy of depression,* New York: Guilford, 1979.

Berg,I.K. *Family-Based Services. A Solution-Focused Approach*. New York: Norton, 1994a.

Berg, I.K. A Wolf in Disguise is not a Grandmother. *Journal of Systemic Therapies*, 13 (1): 13-14, 1994b.

Berger, M. Across the corpus callosum with Chris Columbus; or, how to put enough information in your left brain so that when your right brain intuits, it does so intelligently. Some ideas for the learning of reframing. *Journal of Strategic and Systemic Therapies*, 3 (2): 22-28, 1984.

Bergman, J. *Fishing for barracuda: Pragmatics of brief systemic therapy.* New York: Norton, 1985.

Berlin, R.M.; Olson, M.E.; Cano, C.E. & Engel, S. Metaphor and psychotherapy. *American Journal of Psychotherapy*, XLV (3): 359-367, 1991.

Bernstein, R. *Beyond objectivism and relativism.* London: Blackwell, 1983.

Bernstein, R. *Philosophical Profiles.* Oxford: Polity Press, 1986.

Black, M. *Models and metaphors*. Ithaca: Cornell University Press, 1962.

Black, M. Metaphor. *Proceedings of the Aristotelian Society*, 55: 273-294, 1954-55.

Black, M. How metaphors work: A reply to Donald Davidson. In Sacks, S. (ed.) *On Metaphor*. (pp. 181-192) Chicago: Chicago University Press, 1979.

Black, M. More about Metaphor, in: A. Ortony (Ed.) *Metaphor and thought* (2nd ed.) (19-41). Cambridge: Cambridge University Press. (Original work published 1977). 1977/1993.

Boden, M. *Artificial Intelligence in Psychology*. Cambridge,MA: The MIT Press, 1989.

Boden, M.A. (ed.) *Dimensions of creativity.* Cambridge, MA: MIT Press, 1994a.

Boden, M.A. Précis of "The creative mind: Myths and mechanisms". *Behavioral and Brain Sciences*, 17: 519-570, 1994b.

Bodin, A.B. An interactional view: Family therapy approaches of the Mental Research Institute, in: A.S. Gurman & D.P. Kniskern (Eds.) *Handbook of family therapy*. New York: Brunner/Mazel, 1981.

Boele, D. The training of a philosophical counselor. In Lahav, R. & Tillmans, M. (Eds.) *Essays in philosophical counseling.* (pp. 35-47). Lanham: University Press of America, 1995.

Bogdan, J. Family organization as an ecology of ideas: An alternative to the reification of family systems. *Family Process*, 23: 375-388, 1984.

Boscolo, L.; Cecchin, G.; Hoffman, L. & Penn, P. *Milan Systemic Family Therapy*. New York: Basic Books, 1987.

Bowman, P. & Goldberg, M. Reframing: A tool for the school psychologist. *Psychology in the schools*, 20 (April): 210-214, 1983.

Brack, G. ; Brack, C.J. & Hartson, D. When a reframe fails: Explorations into students' ecosystems. *Journal of college student psychotherapy*, 6 (2): 103-118, 1992.

Brewer, W.F. & Nakamura, G.V. The nature and function of schemas. In Wyer, R.S. & Srull, T.K. (Eds.) *Handbook of Social Cognition, Vol.1*. Hillsdale, NJ: Erlbaum, 1984.

Brown, G. & Yule, G. *Discourse analysis*. Cambridge: Cambridge University Press, 1983.

Bruner, J. *In search of mind*. New York: Harper & Row, 1983.

Bruner, J., Goodnow, J.J. & Austin, G.A. *A Study of Thinking*. New York: Wiley, 1956.

Burke, K. *Permanence and change.* New York: Norton, 1936.

Cade, B. A response by any other…*Journal of Family Therapy,* 14: 163-169, 1992.

Cade, B. & O'Hanlon, W.H. *A Brief guide to brief therapy.* New York: Norton. 1993.

Cassirer, E. *Language and Myth*. New York: Dover, 1946.

Chen, X.; Andersen, H. & Barker, P. Kuhn's theory of scientific revolutions and cognitive psychology. *Philosophical Psychology*, 11 (1): 5-28, 1998.

Claiborn, C.D. Interpretation and change in counseling, *Journal of Counseling Psychology*, 29 (5): 439-453, 1982.

Clark, C.C. Reframing. *American Journal of Nursing*, 77 (5): 840-841, 1977.

Cohen, C.E. & Ebbesen, E.B. Observational goals and schema activation: A theoretical framework for behavior perception. *Journal of Experimental Social Psychology*, 15: 305-329, 1979.

Cohen, L.J. Reframing manuscript rejection. *Nurse Educator*, 14 (2): 4-5, 1989.

Collier, A. The language of objectivity and the ethics of reframing. In Walrond-Skinner, S. & Watson, D. (Eds.) *Ethical issues in family therapy.* (118-126), London: Routledge and Kegan Paul, 1987.

Covey, S.R. *The seven habits of highly effective people: Restoring the character ethic.* New York: Simon & Schuster, 1989.

Coyne, J.C. Toward a theory of frames and reframing: The social nature of frames. *Journal of Marital and Family Therapy*, 11 (4): 337-344, 1985.

Davies,E. Reframing, metaphors, myths and fairy-tales. *Journal of Family Therapy*, 10:83-92, 1988.

Dennett, D. Précis of The Intentional Stance. *Behavioral and Brain Sciences*, 11: 495-546, 1988.

De Shazer, S. *Patterns of brief family therapy.* New York: Guilford, 1982.

De Shazer, S. Death of resistance. *Family Process,* 23: 11-21, 1984.

De Shazer, S. *Keys to solution in brief therapy.* New York: Norton, 1985.

De Shazer, S. *Clues: Investigating solutions in brief therapy.* New York: Norton, 1988.

De Shazer, S. *Putting difference to work.* New York: Norton, 1991.

De Shazer, S. John H. Weakland – Master of the fine art of "doing nothing". In Ray, W.A. & De Shazer, S. (Eds.). *Evolving brief therapies – In honor of John H. Weakland.* (pp. 30-43). Galena, ILL: Geist & Russell, 1999.

De Shazer, S. & Molnar, A. Four useful interventions in brief family therapy. *Journal of Marital and Family Therapy*, 10 (3): 297-304, 1984.

Dell, P. Why do we still call them paradoxes? *Family Process*, 25: 223-234, 1986.

Des Autels, P. Gestalt shifts in moral perception. In May, L.; Friedman, M. & Clark, A. (Eds.) *Mind and Morals*. (129-143) Cambridge, MA: MIT Press, 1996.

Dilts, R. The principle of "positive intention". Http://www.scruz.net/~rdilts/pattern2.htm. 1995.

Dilts, R. 6-Step reframing. Http://www.scrutz.net/~rdilts/pattern2.htm. 1996.

Dillworth, G. *Scientific Progress*. Dordrecht: Reidel, 1981.

Dowd, E.T. & Pace, T.M. The relativity of reality: Second-order change in psychotherapy. In Freeman, A.; Simon, K.M.; Beutler, L.E. & Arkowitz, H. (Eds.) *Comprehensive handbook of cognitive therapy.* (213-226). New York: Plenum, 1989.

Dowd, E.T. & Trutt, S.D. Paradoxical interventions in behavior modification. In Hersen, M.; Eisler, R.M. & Miller, P.M. (Eds.) *Progress in behavior modification (Vol.23)*. (96-130). London: Sage, 1988.

Dreyfus, H. L. Paper presented at the Department of Philosophy, University of Helsinki, Finland, September, 1991.

Dreyfus, H.L. *What computers still can't do*. Cambridge,MA: MIT Press, 1992.

Duncker, K. A qualitative (experimental and theoretical) study of productive thinking (solving of comprehensible problems). *Journal of Genetic Psychology*, 68, 97-116, 1926.

Duncker, K. On problem-solving. *Psychological Monographs.*, 58, No.5, 1945.

Edwards, P. The meaning and value of life. In Klemke, E.D. (Ed.) *The Meaning of Life*. (118-140) Oxford: Oxford University Press, 1981.

Efran, J.S. & Fauber, R.L. Radical constructivism: Questions and answers. In Neimeyer, R.A: & Mahoney, M.J. (Eds.) *Constructivism in psychotherapy*. (275-304) Washington, D.C.: APA, 1995.

Efran, J. S., Lukens, R. J. & Lukens, M. D. Constructivism: What´s in it for you? *The Family Therapy Networker*, Sept.-Oct.: 27-35, 1988.

Eisendrath, S.J. Reframing techniques in the general hospital. *Family Systems Medicine*, 4 (1): 91-95, 1986.

Ellis, A. *Reason and emotion in psychotherapy*. Secaucus, NJ: Citadel, 1962.

Ellis, A. *How to stubbornly refuse to make yourself miserable about anything – Yes, anything.* Secaucus, NJ: Lyle Stuart, 1988.

Ellis, A. Fundamentals of rational emotive behavior therapy for the 1990s. In Dryden, W. (Ed.) *Rational emotive behavior therapy. A reader*. London: Sage, 1995.

Ellis, A. &Abrams, E. *Brief psychotherapy in medical and health practice.* New York: Springer, 1978.

Encyclopaedia Britannica, *Diplomatic tasks,* CD-ROM, 1998.

Erickson, M.H. & Rossi, E.L. *The collected papers of Milton H. Erickson on hypnosis (Vol. I).* New York: Irvington, 1980.

Eron, J.B. & Lund, T.W. How problems evolve and dissolve: Integrating narrative and strategic concepts. *Family Process*, 32, 291-309, 1993.

Eysenck, M. W. & Keane, M. T. *Cognitive psychology. A student´s handbook.* East Sussex: Erlbaum, 1990.

Eysenck, M. W. & Keane, M. T. *Cognitive psychology. A student´s handbook (3ʳᵈ ed.)* Hove,UK: Psychology Press, 1995.

Feixas, G. Personal constructs in systemic practice. In Neimeyer, R.A. & Mahoney, M.J. (Eds.) *Constructivism in psychotherapy.* (pp. 305-337). Washington, D.C.: APA, 1995.

Fillmore, C. J. An alternative to checklist theories of meaning. *Proceedings of the First Annual Meeting of the Berkeley Linguistic Society*, 123-132, 1975.

Fillmore, C. J. The need for a frame semantics within linguistics. *Statistical Methods in Linguistics,* 5-29, 1976.

Fillmore, C. J. Frame Semantics. In: Linguistic Society of Korea (Ed.) *Linguistics in the Morning Calm.* (pp. 111-38). Seoul: Hansin, 1982.

Fillmore, C. J. Frames and the semantics of understanding. *Quaderni di Semantica*, 6 (2): 222-254, 1985.

Fillmore, C.J. A private history of the concept "frame". In Dirven, R. & Radden, G. (Eds.) *Concepts of Case.* (pp.28-36). Tübingen: Narr, 1987.

Fisch,R..; Weakland, J. & Segal, L. *Tactics of change.* San Francisco: Jossey-Bass, 1982.

Fiske, S.T. & Linville, P. What does the schema concept buy us? *Personality and Social Psychology Bulletin*, 6: 543-557, 1980.

Fiske, S.T & Morling, B.A. Categorization. In Manstead, A.S. & Hewstone,M. (Eds*) The Blackwell Encyclopaedia of Social Psychology*. (pp. 94-98) Oxford: Blackwell, 1995.

Fiske, S.T. & Taylor,S. E. *Social cognition(2nd ed.)* New York: McGraw-Hill, 1991.

Frankl, V. Paradoxical intention. *American Journal of Psychotherapy*, 14 (3): 520-35, 1960.

Fransella, F. *George Kelly.* London: Sage, 1995.

Furman, B. & Ahola, T. *Solution Talk*. New York: Norton. 1992.

Føllesdal, D. An introduction to phenomenology for analytic philosophers. In Olson, R.E. & Paul, A.M. (Eds.). *Contemporary philosophy in scandinavia.* (pp. 417-429). Baltimore: The Johns Hopkins Press, 1972.

Føllesdal, D. Hermeneutics and the hypothetico-deductive method. *Dialectica*, 33 (3-4): 319-336, 1979.

Føllesdal, D. Understanding and rationality. In Parret, H. & Bouveresse, J. (Eds.) *Meaning and understanding.* (pp. 154-168). Berlin: de Gruyter, 1981.

Føllesdal, D. Husserl's notion of noema. In Dreyfus, H.L. & Hall, H. (Eds.) *Husserl, intentionality and cognitive science.* (pp. 73-92). Cambridge,MA: MIT Press., 1982.

Føllesdal, D. Noema and meaning in Husserl. *Philosophy and Phenomenological Research,* 1, Suppl,: 263-271, 1990a.

Føllesdal, D. The lebenswelt in Husserl. In Haaparanta, L.; Kusch, M. & Niiniluoto, I. (Eds.) *Language, knowledge, and intentionality.* Acta Philosophica Fennica, 49: 123-134, 1990b.

Gadamer, H-G. *Wahrheit und Methode*. Tübingen: J.C.B. Mohr, 1960.

Gallagher, S. *Hermeneutics and education*. Albany, NY: State University of New York Press, 1992.

Gardner, H. *The Mind's New Science*. New York: Basic Books, 1985.

Gergen, K. *The saturated self.* New York: Basic Books, 1991.

Gill, C. (ed.) *The discourses of Epictetus* (Hard, P. trans.). London: Everyman, 1995.

Goffman, E. *Frame analysis*. Cambridge,MA: Harvard University Press, 1974.

Goleman, D. *Emotional intelligence.* New York: Bantam Books, 1995.

Goleman, D. *Working with emotional intelligence*. London: Bloomsbury, 1998.

Goldfried, M.R. Application of rational restructuring to anxiety disorders. *The Counseling Psychologist*, 16 (1), Jan.:50-68, 1988.

Gombrich, E.H. The evidence of images. In Singleton, C.S. (Ed.) *Interpretation: Theory and practice.* (pp. 35-104) Baltimore: Johns Hopkins Press, 1969.

Goodman, N. *Ways of worldmaking.* Ann Arbor: Harvester, 1978.

Goodwin, C. & Duranti, A. Rethinking context: An introduction. In Duranti, A, & Goodwin, C. (Eds.) *Rethinking context.* (pp. 1-42). Cambridge: Cambridge University Press, 1992.

Gordon, D. & Meyers-Anderson, M. *Phoenix. Therapeutic patterns of Milton H. Erickson.* Cupertino, CA: Meta, 1981.

Grau, U von; Möller, J. & Gunnarsson, J.J. Reframing von problemsituationen oder: Probleme einmal anders angepackt. *Sportspsychologie* 1: 27-30, 1987.

Graumann, C.F. *Grundlagen einer phänomenologie und psychologie der perspektivität.* Berlin: de Gruyter, 1960.

Graumann, C.F. Perspectival structure and dynamics of dialogues. In Marková, I. & Foppa, K. (Eds.) *The Dynamics of Dialogue.* (pp. 105-126) New York: Harvester, 1990.

Graumann, C.F. & Sommer, C.M. Perspective structure in language production and comprehension. *Journal of Language and Social Psychology,* 7 (3-4): 193-212, 1988.

Greenberg, R.P. & Pies,R. Is paradoxical intention risk free? A review and case report. *Journal of Clinical Psychiatry*, 44, 66-69, 1983.

Grinder, J. & Bandler, R. *The structure of magic II.* Palo Alto: Science and Behavior Books, 1976.

Grondin, J. *Introduction to philosophical hermeneutics.* London: Yale University Press, 1994.

Grondin, J. Gadamer on humanism. In Hahn, L.E. (Ed.) *The philosophy of Hans-Georg Gadamer.* (pp. 157-170).Chicago: Open Court, 1997

Groner, M.; Groner, R.. & Bishof, W.F. (Eds.) *Methods of Heuristics.* Hillsdale, NJ: Erlbaum, 1983.

Grunebaum, H. & Chasin, R. Relabeling and reframing reconsidered: the beneficial effects of a pathological label. *Family Process*, 17 (Dec): 449-455, 1978.

Guterman, J.T. Disputation and reframing: Contrasting cognitive-change methods. *Journal of Mental Health Counseling*, 14 (4): 440-456, 1992.

Haaparanta, L. & Niiniluoto, I.. Tieteellinen päättely. In Niskanen, V. (Ed.) *Tieteellisten menetelmien perusteista ihmistieteissä.* (pp. 64-77). Helsinki: Helsingin Yliopisto, 1997.

Habermas, J. *Knowledge and human interests.* Boston: Beacon Press, 1971.

Haley, J *Strategies of Psychotherapy.* New York: Harcourt Brace Jovanovich, 1963.

Haley, J. (Ed.) *Advanced techniques of hypnosis and therapy. Selected papers of Milton H. Erickson, M.D.* New York: Grune & Stratton, 1967.

Haley, J. *Uncommon therapy. The psychiatric techniques of Milton H. Erickson, M.D.* New York: Norton, 1973.

Haley, J. *Problem-solving therapy.* San Francisco: Jossey-Bass, 1976.

Haley, J. *Ordeal therapy.* San Francisco: Jossey-Bass, 1984.

Haley, J. *Conversations with Milton H. Erickson, M.D. Vol.1.* New York: Triangle, 1985.

Haley, J. *Problem-solving therapy* (2nd ed.). San Francisco: Jossey-Bass, 1987.

Haley, J. Commentary on Milton H. Erickson, M. D, In Haley, J. *Jay Haley on Milton H. Erickson.* (pp. 9-37). (Originally published in 1967) New York: Brunner/Mazel, 1967/1993.

Hamilton, E. & Cairns, H. (Eds.) *The collected dialogues of Plato.* Princeton: Princeton University Press, 1963.

Hanson, N. R. *Patterns of Discovery.* Cambridge: Cambridge University Press, 1958.

Hastie, R. Schematic principles in human memory. In Higgins, E.T.; Herman, C.P. & Zanna, M.P. (Eds.) *Social Cognition: The Ontario Symposium (Vol.1).* (pp. 39-88) Hillsdale,NJ: Erlbaum, 1981.

Haugeland, J. *Artificial intelligence: The very idea.* Cambridge, MA: The MIT Press, 1987.

Hautamäki, A. Dialectics and points of view, *Ajatus (The yearbook of the philosophical society of Finland)*, 39: 218-231, 1983.

Hautamäki, A. Epistemologinen relativismi. *Ajatus (The yearbook of the philosophical society of finland)*, 42, 22-40, 1985.

Hautamäki, A. *Points of View and their Logical Analysis.* Helsinki: Societas Philosophica Fennica. (Acta Philosophica Fennica, Vol.41), 1986.

Hayes, N. (Ed.) *Doing qualitative analysis in psychology.* Hove, UK: Psychology Press, 1997.

Head, H. & Holmes, G. Sensory disturbances from cerebral lesions. *Brain*, 34, 102-254, 1911.

Held, B. What´s in a name: Some confusions and concerns about constructivism. *Journal of Marital and Family Therapy*, 16 (2): 179-186, 1990.

Held, B. *Back to Reality.* New York: Norton, 1995.

Held, B. Solution-focused therapy and the postmodern. In Miller, S.D.; Hubble, M.A. & Duncan, B.L. (Eds.) *Handbook of solution-focused brief therapy.* (pp. 27-43). San Francisco: Jossey-Bass. 1996.

Helman, D.H. (Ed.) *Analogical Reasoning.* Dordrecht: Kluwer, 1988.

Hiley, D.R.; Bohman, J.F. & Schusterman, R. (Eds.) *The Interpretive Turn.* Ithaca: Cornell University Press, 1991.

Hirsch, E.D. In defence of the author. In Iseminger, G. (Ed.) *Intention and interpretation.* (pp. 11-23). Philadelphia: Temple University Press, 1992.

Hoffman, L. *Foundations of family therapy.* New York: Basic Books, 1981.

Holahan, C.J.; Moos, R.H. & Schaefer, J.A. Coping, stress resistance, and growth: Conceptualizing adaptive functioning. In Zeidner, M. & Endler, N.S. (Eds.) *Handbook of coping. Theory, research, applications.* (pp. 24-43). New York: Wiley, 1996.

Holyoak K.J. & Thagard, P. *Mental Leaps. Analogy in Creative Thought.* Cambridge,MA: The MIT Press, 1994.

Howard, R. W. *Concepts and Schemata: An Introduction*. London: Cassell, 1987.

Hoy, D.C. *The Critical Circle*, Berkeley: University of California Press, 1978.

Hoy, D.C. Post-cartesian interpretation: Hans-Georg Gadamer and Donald Davidson. In Hahn, L.E. (Ed.) *The philosophy of Hans-Georg Gadamer.* (pp. 111-128).Chicago: Open Court, 1997.

Hoyningen-Huene, P. *Reconstructing scientific revolutions. Thomas S. Kuhn's philosophy of science.* Chicago: The University of Chicago Press, 1993.

Hoyt, M.F. (Ed.) *Constructive therapies (Vol.1).* New York: Guilford, 1994.

Hoyt, M.F. (Ed.) *Constructive therapies (Vol.2).* New York: Guilford, 1996a.

Hoyt, M.F. Cognitive-behavioral treatment of posttraumatic stress disorder from a narrative constructivist perspective. In Hoyt, M.F. (Ed.) *Constructive therapies (Vol.2).* (pp. 124-147). New York: Guilford, 1996b.

Ihde, D. *Postphenomenology.* Evanston, IL: Northwestern University Press, 1993.

Ihde, D. *Expanding hermeneutics. Visualism in science.* Evanston, IL: Northwestern University Press, 1998.

Jackson, D.D. Interactional psychotherapy. In Stein, M.T. (Ed.) *Contemporary psychotherapies.* New York: Free Press of Glencoe, 1961.

Jackson, D. D. & Weakland, J. H. Conjoint family therapy: Some considerations on theory, technique, and results. In Jackson, D.D. (ed.) *Therapy, communication, and change* (Human communication, Vol.2). (pp. 222-248) (Original work published 1961), Palo Alto, Science and Behavior Books, 1961/1968.

Janoff-Bulman, R. Assumptive worlds and the stress of traumatic events: Applications of the schema construct. *Social Cognition,* 7 (2): 113-136, 1989.

Jessee, E.H.; Jurkovic, G.J.; Wilkie, J. & Chiglinsky, M. Positive reframing with children: Conceptual and clinical considerations. *American Journal of Orthopsychiatry,* 52 (2): 314-322, 1982.

Johnson, M. Paradoxical interventions: From repugnance to cautious curiosity. *The Counseling Psychologist*, 14 (2): 297-302, 1986.

Johnson, M.L. (Ed.) *Philosophical perspectives on metaphor.* Minneapolis: University of Minnesota Press 1981.

Johnson, M.L. *The Body in the Mind. The Bodily Basis of Meaning, Imagination, and Reason*. Chicago; University of Chicago Press, 1987.

Johnson, M.L. Philosophical implications of cognitive semantics. *Cognitive Linguistics*, 3-4:345-366, 1992.

Johnson, M.L. How moral psychology changes moral theory. In May, L.; Friedman, M. & Clark, A. (Eds.) *Mind and Morals*. Cambridge, MA: MIT Press (pp. 45-68), 1996.

Jones, C.W. Frame cultivation: Helping new meanings take root in families. *The American Journal of Family Therapy*, 14 (1): 57-68, 1986.

Jopling, D. Cognitive science, other minds, and the philosophy of dialogue, in: Neisser, U. (Ed.) *The Perceived Self*. (pp. 290-309). Cambridge: Cambridge University Press, 1993.

Kamppinen, M. Cognitive schemata. In Kamppinen, M. (Ed.) *Consciousness, cognitive schemata and relativism* (pp.133-168). Dordrecht: Kluwer, 1993.

Kamppinen, M.; Revonsuo, A. & Sajama, S. Introduction. In Kamppinen, M. (Ed.). *Consciousness, cognitive schemata and relativism* (pp.1-23). Dordrecht: Kluwer, 1993.

Katz, J. Symptom prescription: A review of the clinical outcome literature. *Clinical Psychology Review,* 4: 703-717, 1984.

Keith, W.M. & Cherwitz, R..A. Objectivity, disagreement, and the rhetoric of inquiry. In Simons, H.W. (Ed.) *Rhetoric in human sciences*. London: Sage, 1989.

Kelly, G. *Psychology of personal constructs*. New York: Norton, 1955.

Kerferd, G.B. *The sophistic movement*. Cambridge: Cambridge Univesity Press, 1981.

Kintsch, W. *Memory and Cognition*. New York: Wiley, 1977..

Koestler, A. *The Act of Creation*. New York: MacMillan, 1964.

Koski, J.T. *Horisonttiensulautumisia.* Helsinki: Helsingin Yliopiston Opettajankoulutuslaitoksen tutkimuksia, Vol.149, 1995.

Kvale, S. (Ed.) *Psychology and postmodernism*. London:Sage, 1992.

L' Abate, L. A positive approach to marital and family intervention. In Wolberg, L.F. & Aronson, M.L. (Eds.) *Group therapy 1975 – An overview*. New York: Stratton, 1975.

LaClave, L.J. & Brack, G. Reframing to deal with patient resistance: Practical application. *American Journal of Psychotherapy*, 43 (1): 68-76, 1989.

Lahav, R. & Tillmans, M.) (Eds.) *Essays in Philosophical Counseling*. Lanham,MD: University Press of America, 1995.

Lakoff, G. *Women, fire and dangerous things: What categories reveal about the mind.* Chicago: Chicago University Press, 1987.

Lakoff, G. Cognitive semantics. In Eco, U.; Santambroglio, M. &. Violi, P. (Eds). *Meaning and Mental Representation*. Bloomington: Indiana University Press, 1988.

Lakoff, G. The contemporary theory of metaphor. In Ortony, A. (Ed.) *Metaphor and thought* (2nd ed.) (pp. 202-251). Cambridge: Cambridge University Press, 1993.

Lakoff, G.& Johnson, M. *Metaphors We Live By*. Chicago: University of Chicago Press, 1980.

Lakoff, G. & Johnson, M. *Philosophy in the flesh. The embodied mind and its challenge to western thought.* New York: Basic Books, 1999.

Landfield, A.W. The complaint: A confrontation of personal urgency and professional construction. In Bannister, D. (Ed.) *Issues and approaches in the psychological therapies.* (pp. 2-25). New York: Wiley. 1975.

Levi, K. Becoming a hit man: Neutralization in a very deviant career. *Urban Life*, 10 (1): 47-63, 1981.

Levy, L. H. *Psychological Interpretation*. New York: Holt, Rhinehart & Winston, 1963.

Lipset, D. *Gregory Bateson. The legacy of a scientist*. Boston. Beacon, 1982.

Long, A.A. & Sedley, D.N. *The hellenistic philosophers.* Cambridge: Cambridge University Press, 1987.

Madanes, C. *Strategic family therapy,* San Francisco: Jossey-Bass, 1982.

Madanes, C. Integrating ideas in family therapy with children. In Fishman, H.C. & Rosman, B.L. (Eds.) Evolving models for family change. (pp. 183-203). New York: Guilford, 1986.

Madanes, C. *Sex, love and violence. Strategies for transformation*. New York: Norton, 1990.

Mahoney, M.J. *Cognition and behavior modification*. Cambridge, MA: Ballinger, 1974.

Martin, R. G.H. von Wright on explanation and understanding: An appraisal. *History and Theory*, 29 (2): 205-233, 1990.

Matthews, G. *The philosophy of childhood.* Cambridge, MA: Harvard University Press, 1994.

McNamee, S. & Gergen, K.J. (Eds.) *Therapy as Social Construction.* London: Sage, 1992.

Meichenbaum, D. *Cognitive behavior modification*. New York: Plenum, 1977.

Meichenbaum, D. & Fong, D.T. How individuals control their own minds: Constructive narrative perspective. In Wegner, D.M. & Pennebaker, J.W. (Eds.) *Handbook of mental control.* (pp.473-490). New York: Prentice Hall, 1993.

Messer, S.B., Sass, L.A. & Woolfolk, R.L. (Eds.) *Hermeneutics and psychological theory*. New Brunswick : Rutgers University Press, 1988.

Micklethwait, J. & Wooldridge, A. *The witch doctors.* London: Mandarin, 1996.

Miller, G. *Becoming miracle workers. Language and meaning in brief therapy.* New York: Aldine de Gruyter. 1997.

Miller, J. Jokes and joking: A serious laughing matter. In Durant, J. & Miller, J. (Eds.) *Laughing matters. A serious look at humour.* (pp. 5-16). Harlow,UK: Longman, 1988.

Mills, C.W. Situated actions and vocabularies of motive. *American Sociological Review*, 1940

Minsky, M. Framework for Representing Knowledge. In Winston, P. (Ed) *The Psychology of computer vision.* (pp. 211-277). New York: McGraw-Hill, 1975.

Minsky, M. Jokes and the logic of the cognitive unconscious, in: Groner, R.; Groner, M. & Bischof, W.F. (Eds.) *Methods and Heuristics.* (pp. 171-193) London: Erlbaum, 1983.

Minsky, M. *The society of mind*. New York: Touchstone, 1985.

Minuchin, S. *Families and family therapy.* Cambridge: Harvard University Press, 1974.

Minuchin, S. & Fischman, C. *Family Therapy Techniques*. Cambridge: Harvard University Press, 1981.

Moitoza, E. Portuguese families. In McColdrick, M.; Pearce, J.K. & Giordano, J. (Eds.) *Ethnicity and family therapy.* (pp. 412-437). New York: Guilford, 1982.

Molnar, A. & Lindquist, B. *Changing problem behavior in schools*. San Francisco: Jossey-Bass, 1989.

Montello, M. Medical stories: Narrative and phenomenological approaches. Using literature to teach moral reasoning in medical education. In Grodin, M.A. (Ed.) *Meta medical ethics.* (pp. 109-123). Dordrecht: Kluwer, 1995.

Mozdzierz, G.J.; Macchitelli, F.J. & Lisiecki, J. The paradox in psychotherapy: An Adlerian perspective. *Journal of Individual Psychology*, 32: 169-184, 1976.

Murray, D.J. *Gestalt psychology and the cognitive revolution*. New York: Harvester, 1995.

Nardone, G. & Watzlawick, P. *Art of Change: Strategic therapy and hypnotherapy without trance.* San Francisco: Jossey-Bass, 1993.

Nehamas, A. *Nietzsche: Life as literature.* Cambridge, MA: Harvard University Press, 1985

Neimeyer, R.A. & Mahoney, M.J. (Eds.) *Constructivism in psychotherapy.* Washington, D.C.: APA, 1995.

Nichols, M. *Family therapy: Concepts and methods.* New York: Gardner Press, 1984.

Nietzsche, F. *Twilight of the idols/ The Anti-Christ*. London: Penguin, 1990.

Niiniluoto, I. *Maailma, minä ja kulttuuri*. Helsinki: Otava, 1990.

Norrick, N.R. A frame-theoretical analysis of verbal humor: Bisociation as schema conflict. *Semiotica*, 60 (3/4): 225-245, 1986.

Nussbaum, M. *The therapy of desire: Theory and practice in Hellenistic ethics.* Princeton: Princeton University Press, 1994.

Nylund, D. & Corsiglia, V. From deficits to special abilities. Working narratively with children labeled "ADHD". In Hoyt, M.F. (ed.) *Constructive therapies, Vol.2.* (pp. 163-183) New York: Guilford, 1996.

O'Connor, J. & Seamour, J. *Introducing neuro-linguistic programming*. London: Mandala, 1990.

O'Hanlon,W.H. Framing interventions in therapy: Deframing and reframing. *Journal of Strategic and Systemic Therapies*, 3 (2): 1-4, 1984.

O'Hanlon,W.H. A Grand Unified Theory for Brief Therapy: Putting Problems in Context. In Zeig,J.K. & Gilligan,S.G.(Eds.): *Brief Therapy: Myths, Methods, and Metaphors.* New York: Brunner / Mazel, 1990.

O'Hanlon, W.H. The third wave. *The Family Therapy Networker*, Nov./Dec.:19-29, 1994.

O'Hanlon, W.H. & Cade, B. *The brief guide to brief therapy*. New York: Norton, 1994.

O'Hanlon, W.H. & Weiner-Davis, M. *In Search of Solution: A New Direction in Psychotherapy*. New York: Norton, 1989.

Ortony, A. (Ed.) *Metaphor and thought* (2nd ed.). Cambridge: Cambridge University Press, 1993.

Pace, T.M. Schema theory: A framework for research and practice in psychotherapy. *Journal of Cognitive Psychotherapy: An International Quarterly.* 2 (3): 147-163, 1988.

Parker, J.D.A. & Endler, N.S. Coping and defense: A historical overview. In Zeidner, M. & Endler, N.S. (Eds.) *Handbook of coping. Theory, research, applications.* (pp. 2-23). New York: Wiley, 1996.

Penn, P. Paradoxes. In Minuchin, S. & Fischman, H.C. *Family therapy techniques* (pp. 244-261). Cambridge, MA: Harvard University Press, 1981.

Perkins, D.N. Creativity: Beyond the Darwinian paradigm. In Boden (1994a).

Piaget, J. Piaget's theory. In Mussen, P.H. (Ed.) *Carmichael's manual of child psychology.(Third ed.).* (pp. 703-732). New York: Wiley, 1971.

Pittman, F. *Man enough: Fathers, sons, and the search for masculinity.* New York: Putnam's, 1993.

Polkinghorne, D.E. Postmodern epistemology of practice. In Kvale, S. (Ed.) *Psychology and postmodernism.* (pp. 146-165), London: Sage, 1992.

Power, M. & Dalgleish, T. *Cognition and emotion.* Howe, UK: Psychology Press, 1997.

Prins, A. Towards a companion to philosophical counseling. In van der Vlist, W. (Ed.) *Perspectives in philosophical practice.* (pp. 87-90) Groningen: VFP, 1997.

Protinsky, H. Special section on strategic therapy. *Journal of Strategic and Systemic Therapy*, 6 (3): 1, 1987.

Putnam, H. *Reason, truth and history*. Cambridge: Cambridge University Press, 1981.

Putnam, H. *Pragmatism. An Open Question*. Oxford: Blackwell, 1995.

Pylyshyn, Z.W. (Ed.) *Robot's Dilemma: The Frame Problem in Artificial Intelligence* . Norwood, NJ: Ablex, 1987.

Pylyshyn, Z.W. & Ford, K. (Eds.) *Robot's Dilemma Revisited*. Norwood, NJ: Ablex, 1996.

Rabkin, R. *Strategic psychotherapy. Brief and systematic treatment.* New York: Basic Books, 1977.

Rauhala, L. *Psyykkinen häiriö ja psykoterapia filosofisen analyysin valossa.* Helsinki: Weilin+Göös, 1974.

Reamy-Stephenson, M. The assumption of non-objective reality: A missing link in the training of strategic family therapy. *Journal of Strategic and Systemic Therapies*, 2 (2): 51-67, 1983.

Rescher, N. Conceptual schemes. In French, P.A.; Uehling, T.E. & Wettstein, H.K. (Eds.) *Midwest studies in philosophy (Vol. V). Studies in epistemology*. (pp. 323-345). Minneapolis: University of Minnesota Press, 1980.

Richards, A.I. Introduction. In Mawson, C.O.S. (Ed.). *Roget´s pocket thesaurus.* (pp. v-viii). New York: Pocket Books, 1946.

Ridley, C.R. & Tan, S.-Y. Unintentional paradoxes and potential pitfalls in paradoxical psychotherapy. *The Counseling Psychologist*, Vol.14 (2), April: 303-308, 1986.

Rorty, R. *Philosophy and the Mirror of Nature* . Oxford: Blackwell, 1980.

Rorty, R. *Contingency, irony and solidarity*: Cambridge, M.A.: Cambridge University Press, 1989.

Rosch, E. Natural categories. *Cognitive Psychology*, 4, 328-350, 1973.

Rosch, E. Principles of categorization. In Rosch, E. & Lloyd, B.B. (Eds.) *Cognition and Categorization*. (pp. 27-48). Hillsdale,NJ: Erlbaum,. 1978.

Rosch, E. Wittgenstein and categorization research in cognitive psychology. In Chapman: M. & Dixon R.A. (Eds.) *Meaning and the Growth of Understanding.* (pp. 151-166). New York: Springer, 1987,

Rumelhart, D. E. Notes on a schema for stories. In Bobrow, D.G. & Collins, A. (Eds.) *Representation and Understanding: Studies in Cognitive Science*. New York: Academic Press, 1975.

Rumelhart, D. E. Schemata and the cognitive system. In Wyer, R.S. &. Srull, T.K (Eds.) *Handbook of Social Cognition,Vol.1.* (pp. 161-188) Hillsdale,NJ: Erlbaum, 1984.

Rumelhart, D.E.; McClelland, J.L. & PDP Research Group. *Parallel Distributed Processing: Explorations in the Microstructure of Cognition (Vol. 1: Foundations).* Cambridge, MA: MIT Press, 1986.

Ruschmann, E. Foundations of philosophical counseling. *Inquiry*, 17 (3): 21-35, 1998.

Russell, T.T. & Morrill, C.M. Adding a systemic touch to rational-emotive therapy for families, *Journal of Mental Health Counseling*, 11, 184-194, 1989.

Rybstein-Blinchik, E. & Crzesiak, R.C. Reinterpretative cognitive strategies in chronic pain management. *Archives of Physical Medicine and Rehabilitation*, 60: 609-612, 1979.

Sajama, S. & Kamppinen, M. *A historical introduction to phenomenology*. London: Croom Helm, 1987.

Schank, R.C. *Tell me a story. A new look at real and artificial memory.* New York: Scribner, 1990.

Schank, R. C. & Abelson, R. P. *Scripts, Plans, Goals and Understanding: An Inquiry Into Human Knowledge Structures.* Hillsdale,N.J.: Erlbaum, 1977.

Schick, T. & Vaughn, L. *How to think about weird things.* Mountain View, CA: Mayfield, 1995.

Schön, D. A. Generative metaphor: A perspective on problem-setting in social policy. In A. Ortony (Ed.) *Metaphor and Thought (2nd ed.)* (pp. 137-163) Cambridge, Cambridge University Press (Originally published in 1979), 1979/1993.

Sebeok, T. (Ed.) *Encyclopedic dictionary of semiotics*. Berlin: Mouton de Gruyter, 1986.

Selvini Palazzoli, M.; Boscolo, L. ; Cecchin, G. & Prata, G. The treatment of children through brief therapy of their parents. In Selvini, M. (Ed.). *The work of Mara Selvini Palazzoli.* (pp. 121-135) London: Jason Aronson. 1974/1988.

Selvini Palazzoli, M.; Boscolo, L. ; Cecchin, G. & Prata, G. *Paradox and counterparadox*. 1978.

Selvini, M. (Ed.) *The work of Mara Selvini Palazzoli*. London: Jason Aronson, 1988.

Selzer, L.F. *Paradoxical strategies in psychotherapy*. New York: Wiley, 1986.

Shotter, J. *Conversational realities: Constructing life through language.* London: Sage, 1993.

Shutty, M.S. & Sheras, P. Brief strategic psychotherapy with chronic pain patients: Reframing and problem resolution. *Psychotherapy,* 28 (Winter): 636-642, 1991.

Simon, H.; Stierlin, H. & Wynne, L. *The language of family therapy.* New York: Family Process Press, 1985.

Stiles, W.B.; Shapiro, D.A. & Elliott, R.E. Are all psychotherapies equivalent? *American Psychologist,* 41: 165-180, 1986.

Strupp, H.H. What is therapeutic change? *Journal of Cognitive Psychotherapy: An International Quarterly*, 2 (2): pp. 75-82, 1988.

Talmon, M. *Single-session therapy.* San Fransisco: Jossey-Bass, 1990.

Tannen, D. What's in a frame ? Surface evidence for underlying expectations. In Freedle, R.O. (Ed.) *New Directions in Discourse Processing*, (pp. 137-181). Norwood,NJ: Ablex, 1979.

Tannen, D. Frames and schemas in interaction. *Quaderni di semantica,* VI (2) Dec.: 326 – 335, 1985.

Tannen, D. Frames revisited. *Quaderni di semantica,* VII (1) June: 106 – 109, 1986.

Tannen, D. (Ed.) *Framing in discourse.* New York: Oxford University Press, 1993.

Tannen, D. & Wallat,. C. Interactive frames and knowledge schemas in interaction: Examples from a medical examination/interview, *Social Psychological Quarterly*, 50 (2): 205-216, 1987.

Taylor, S.E. & Crocker, J. Schematic bases of social information processing. In Higgins, E.T.; Herman, C.P. & Zanna, M.P. (Eds.) *Social Cognition: The Ontario symposium (Vol.1)*. Hillsdale, N.J.: Erlbaum, 1981.

Tennen,H. & Affleck,G. Paradox-based treatments. In Snyder,C.R. & Forsyth,D.R. (Eds.) *Handbook of social and clinical psychology: The health perspective*. (pp. 624 - 643) New York: Pergamon, 1991.

Thagard, P. Concepts and conceptual change. *Synthese*, 82: 255-274, 1990.

Thagard, P. *Mind. Introduction to cognitive science.* Cambridge,MA: MIT Press, 1996.

Thesleff, H. & Sihvola, J. *Antiikin filosofia ja aatemaailma*. Helsinki: WSOY, 1994.

Twain, M. *The adventures of Tom Sawyer*. Baltimore: Penguin. (Original work published 1876), 1970.

Vattimo, G. *Läpinäkyvä Yhteiskunta*. (Original work *La Societá Transparente, 1989).* Helsinki: Gaudeamus, 1993.

Vattimo, G. *The Adventure of Difference*. Cambridge: Polity Press, 1993.

Wachterhauser, B.R. Introduction. In Wachterhauser, B.R. (Ed.) *Hermeneutics and thruth*. (pp.1-24). Evanston, Ill.: Northwestern University Press, 1994.

Warnke, G. *Justice and interpretation.* Cambridge, M.A.: Polity Press, 1992.

Watzlawick, P. *The language of change*. New York: Norton, 1978.

Watzlawick, P. Erickson's contribution to the interactional view of psychotherapy. In Zeig, J.K. (Ed.) *Ericksonian Approaches to Hypnosis and Psychotherapy*. (pp. 147-154) New York: Brunner/Mazel, 1982.

Watzlawick, P. (Ed.) *The invented reality*. New York: Norton, 1984.

Watzlawick, P. *Münchhausen's pigtail.* New York: Norton, 1990.

Watzlawick, P. ; Weakland, J. & Fisch, R. *Change.* New York: Norton, 1974.

Weakland, J. H., Fisch, R., Watzlawick, P. & Bodin, A. M. Brief therapy: Focused problem resolution. In Watzlawick, P. & Weakland, J.H. (Eds.) *The interactional view*. (274-299) (Original work published 1974) New York: Norton, 1974/1977.

Weeks, G. Toward a dialectical approach to intervention. *Human Development*, 20, 277-292, 1977.

Weeks, G. & L'Abate, *Paradoxical Psychotherapy.* New York: Brunner/Mazel, 1982.

Weishaar, M.E. *Aaron T. Beck.* London: Sage, 1993.

Wexberg, I. *Individual psychological treatment*. Chicago: Alfred Adler Institute, 1929/1970.

White, M. & Epston, D. *Narrative means to therapeutic ends.* New York: Norton. 1990.

Wilder, C. The Palo Alto group: Difficulties and directions of the interactional view for human communication research. *Human Communication Research*, 5 (2), Winter, 171-186, 1979.

Wittgenstein, L.. *Philosophical Investigations* (trans. G.E.M. Anscombe). New York, Macmillan, 1953.

Wright, G.H. von. *Explanation and understanding.* London: Routledge and Kegan Paul, 1971.

Wylie, M.S. Panning for gold. *The Family Therapy Networker*, Nov/Dec.: 40-48. 1994.

Wynne, L.C. The "presenting problem" and theory-based family variables: Keystones of family therapy research. In Wynne, L.C. (Ed.) *The state of the art in family therapy research: Controversies and recommendations.* (pp. 89-108) New York: Family Process Press, 1988.

Zeidner, M. & Endler, N.S. (Eds.) *Handbook on coping. Theory, research, applications.* New York: Wiley, 1996.

Zeig, J.K. & Geary, B.B. Seeds of strategic and interactional psychotherapies: Seminal contributions of Milton H. Erickson. *American Journal of Clinical Hypnosis,* 33 (2): 105-112, 1990.