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Using circular questions as a tool in qualitative research

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Abstract

Background Circular questions are used within systematic family therapy as a tool to generate multiple explanations and stories from a family situation and as a means to stimulate the curiosity of the therapist while avoiding their temptation to seek a one definitive explanation.

Aim To consider the potential for using this approach in qualitative research, with researchers using carefully crafted questions to invite respondents to provide information about the meanings behind a phenomenon or consider how relationships between people contribute to it.

Discussion Drawing on examples from a study into children's mental health services, this paper discusses the application of the technique of

Introduction

A technique in systemic family therapy is to use circular questions. These invite participants in a conversation to consider relational aspects of the topic being investigated. This paper considers the potential for using this approach in qualitative research, with researchers using carefully crafted questions to invite respondents to provide information about the meanings behind a phenomenon or to consider how relationships between people contribute to it. The paper includes data from a study investigating the organisation of a child and adolescent mental health service (CAMHS) to illustrate how the circular questioning technique can be used in research.

Theoretical background

In systemic family therapy, the focus of therapeutic work is understanding relationships between individuals and their situations. Interest is paid to circular questioning from systemic family therapy to qualitative research.

Conclusion The use of circular questions is a technique that qualitative researchers could employ in the field when conducting interviews with individuals or groups, or when engaged in participant observation as a means to obtain rich sources of data.

Implications for practice Circular questioning can help to promote curiosity in the researcher and invite responses that illuminate relational issues between participants in a study.

Keywords circular questions, qualitative research, interviews, research methods, child and adolescent mental health, family therapy interviews

the contexts, the inherent rules and boundaries, and the communication in a relationship. This is to understand the presenting problem or difficulty and look for alternative ways of coping with it.

Systemic thinking is a meta-discipline derived from systems theory (von Bertalanffy 1968) and addresses relationships in a group of people, rather than looking at cause and effect. A distinguishing feature of systemic thinking is that it focuses on 'dynamic complexity' (the relationships between people in the group) rather than 'detail complexity' (detail about members of the group) (Senge *et al* 1994).

Selvini-Palazzoli *et al* (1980) introduced the guiding principles of Milan-style systemic family therapy, including 'circularity'. The theory of systemic thinking introduced the idea of 'circular' connections between people, their environment and outcomes, rejecting the central positivist view of linear cause and effect between individuals and outcomes being the only way to examine a process. ()

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Interviews

Cecchin (1987) later articulated the notion of curiosity as the fundamental aspirational position a therapist ought to adopt when working with a family. Neutrality and curiosity are interlinked, as neutrality creates a state of curiosity that 'leads to exploration of alternate views... with a concomitant nonattachment to a particular position' (Cecchin 1987). Thus if a therapist is curious and wonders about a family's situation, multiple explanations and stories can emerge without the positivist need to look for a definitive answer.

One strategy to maintain curiosity is to use circular questions informed by a presupposition of the value of exploring the relationships in a family. Circular questions are used by family therapists and systemic psychotherapists with individuals, couples and families (Selvini-Palazzoli *et al* 1980) for an 'exploration... of other views' (Cecchin 1987) and to enable family members to 'see new options and possibilities' (Dallos and Draper 2005).

Fleuridas *et al* (1986) noted that it was difficult to understand and acquire the skills of circular questioning so developed a taxonomy of circular questioning techniques to help. They categorised circular questions into four groups:

- 1. Questions that help to define the problem for the family.
- 2. Questions that evoke responses indicative of a sequence of interactions such as how situations have changed over time (temporal questions).
- 3. Comparison or classification questions, including 'triadic' questions, which invite consideration of how two family members' interactions might affect a third.
- Interventive questions, included hypotheticals, based on inviting the family to change their behaviour.

Differentiating between linear and circular questions

An 'interactionist' epistemology drives the generation of knowledge by circular questioning (Tuson 1985). The underpinning assumption is that the unit of investigation is social interaction and that the investigator interprets it so it is socially constructed. Attention is paid to the positioning of the family therapist in relation to the family. In this respect, the epistemology of circular questioning stems from the same interpretivist paradigm that underpins most qualitative research (Bryman 2012).

'Second-order cybernetics' (von Foerster 1984) provides a theoretical explanation for the influence a family therapist has on the composition and behaviour of a family simply by being present. The family's cybernetics or feedback

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mechanism is affected by the therapist's presence, and communication patterns or feedback mechanisms are moderated because of this influence. The therapist has joined the family for that period of time.

Second-order cybernetics resonates well with research reflexivity - both pay attention to the effect that observing a system has on its behaviour and pattern (or structure). In ethnography, the presence of a researcher can affect the field, making a reflexive stance necessary (Allen 2004). Reflexivity can be understood as an exploration of 'how the field of study is filtered through the very particular interpretative lens of the researcher ... reflects their individual history and biography as well as their theoretical perspective... the researcher will have an effect on the phenomena being researched... field will have an effect on the researcher' (Allen 2004). This differs from positivism, where researchers try to detach themselves from the research context through objectivity. However, in qualitative research and family therapy, the subjectivity or positioning of the researcher or therapist needs to be acknowledged to address the transparency of interactions and the trustworthiness of the process.

Unlike linear questions underpinned by a positivist assumption that knowledge can be objectively determined, thought-provoking, circular questions can encourage reflexivity. In the illustrative example below, a linear question and a circular question are asked in relation to a woman's memory problems. Linear questioning is very useful for asking about definitive facts, to elicit content and detail about a situation. Circular questioning enables an exploration of how the issue is connected, in this example, to the relationship between illness and people's responses. Details about matters such as onset are not directly asked.

- **Linear question:** How long has your mother had problems with her memory?
- **Circular question:** Who is most affected in the family by your mother's memory problems?

The linear question helps to determine information about the situation and orientate oneself to it (Tomm 1988). In this case, an open-ended approach using 'how' is used.

However, the circular question invites a consideration of relationships in the family, as well as the relationships family members might have to memory loss; the focus is less on the facts of the situation, more on its impact. This questioning is less directive and is not governed by the therapist's desire to identify the facts of the situation. By implication, it involves investigating the relationships of the person being questioned,

January 2016 | Volume 23 | Number 3 29

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Nurse Researcher

the mother and important other individual, as well as the relationships that people have with the perceived problem (the memory difficulties of the mother).

Demonstration of circular questions Using Fleuridas *et al*'s (1986) taxonomy of circular questions, three of the commonly used types of circular questions are demonstrated below, using data drawn from a study looking at the organisation of a children's mental health service (Evans 2014).

Temporal questions Temporal questions evoke responses that indicate how situations have changed or might change over time. This enables reflection on what might have happened in the past that was more or less useful or helpful, and consideration of a time in the future when things might be different or improved. Apart from eliciting detail about an event or situation, it invites an exploration of optimism or pessimism, and consideration of how the involvement of different people at different times has influenced the context.

In the following extract, a 15-year-old boy is asked to compare the system in the clinic to the one he experienced previously. This allows him to elicit what the differences were that were more helpful or acceptable to him.

Researcher: I wonder if there was anything different about the service before compared to now?

Teenager: I wouldn't change anything because I'd say it's now better than the old way because it does seem to analyse you first session and that's much better than going through say 10 sessions and then just realising you're in the wrong place.

Triadic questions Triadic questions invite comparisons of how the actions of two people might affect the mood or behaviour of a third. In the context of a family, these questions typically provide an opportunity to explore how a family responds to its members in normal circumstances, such as asking children what their fathers do when their mothers cry. This invites the reporting of perceived facts about behaviour, coupled with information about how those relationships might work.

In the extract below, a 16-year-old girl is being asked a triadic question about how she thinks her social worker ought to work collaboratively with CAMHS. She is drawing on her knowledge and perceptions of her social worker and her experiences of CAMHS, to report how they interact in relation to her. The triadic relationship is therefore the respondent, her social worker and the mental health service. Researcher: So what would be your advice to somebody else who had a social worker, for example, and was involved with school or Sure Start or a service like that?

Young person: I was involved with them but they never actually came to meetings... I had separate meetings with them in the school... it was more helpful because I got more help with the school than with them...

Researcher: What do you think made the difference between the two approaches?

Young person: With the school there was just me, the psychologist and Mrs Brown (pseudonym) who was head of the girls' department in school then – she was very helpful to me. If I ever had any worries, I could always go to talk to her and ask her and she would keep it confidential from mum. The psychologist never said anything either. Anything brought up was kept within those four walls... but after seeing the social worker, as soon as they left, everyone was going on about it, my mum, my gran.

Mindreading questions Interventive questions cause a change in the thinking and then the behaviour of the family. As the name suggests, hypothetical or 'mindreading' circular questions invite respondents to guess what other people are thinking, what they might do or what they might say. Respondents draw on their knowledge of people, sharing their perceptions of how they might think or act. This enables an exploration of how that relationship between the respondent and the other person might work.

In the extract below, a healthcare professional is asked how they perceive the team leader allocates a case after a child's initial assessment. The respondent alludes to the vagaries of this process, that it is not simply matching the child's needs to a healthcare professional's skills.

Researcher: What would happen if a child was referred and it wasn't clear who had the skills to match the child's needs. How do you think the case would be allocated?

Healthcare professional: Obviously, there must be other ways to decide on who has a case not just based on skills. You could have some kind of subconscious type of feeling that would go with how you feel that it doesn't have to be about knowledge and skills. It may be a matter of thinking that somebody may have more time for a certain case than other ones, or he may have seen the client before and may think that because of personality. I'm just theoretically thinking of things. I'm not very sure how you would deal with that unusual type of client. It may be a matter of trial and error.

30 January 2016 | Volume 23 | Number 3

27-11-2015 17:11:57

Interviews

Discussion

In the examples above, respondents could talk about the topic they had been asked, inferring relationships between important people in their lives. The 16-year-old girl's response to the triadic question 'mum and gran going on about it', suggests some tension in the family regarding the CAMHS service, which invites a possible line of further enquiry.

Circular questioning lends itself to respondents considering alternatives, thinking beyond the 'facts' they have experienced, and providing their explanation or meaning behind actions they have witnessed. This is evident in the second temporal example where the respondent imagines what happens after the assessment appointment, surmising that the children seen are 'categor[ised]... child health, communication' by the practitioners.

Engaging with children and young people's natural curiosity lends itself to circular questioning, but therapeutically, it is commonly used with adults with many presenting problems.

There is advice in the literature about how to use questioning techniques when conducting qualitative research. Questions can be organised by intention, such as whether they are seeking opinions (May 2001); non-directive, trying to encourage the respondent to lead the direction (Parahoo 1997); or seeking 'access to concepts, cultural understandings of the... world of respondents' (Kelly 2010). The strengths and weaknesses of using open or closed questions are frequently commented on (May 2001). However, there does seem to be an absence of guidance about how to carefully craft questions that invite responses about meaning, beliefs or relationships.

The use of circular questions mirrors a philosophical approach to qualitative research that recognises the position of the researcher in the research process. Furthermore, it can be a useful spur to undertaking a reflexive approach to qualitative enquiry and also enables the researcher to employ 'contrastive rhetoric' (Coffey and Atkinson 1996) a method commonly used in analysing qualitative data.

Family therapy research implicitly draws on data in which circular questions are evident. But beyond that speciality, there is no evidence that circular questioning has specifically been used in a study to investigate relationships. Integrating circular questions into a semi- or unstructured interview, when generating data as a participant observer or into a schedule of questions might also add depth to focus groups, revealing interesting relationships with respect to the research aim.

Despite the examples used in this paper having mostly been with children and young people, there are no age limitations to this approach. Circular questions are, by design, useful for conducting interviews with families and groups of people. They can be used with individuals, organisations and members of focus groups. The art of asking circular questions can be rehearsed before going into the field.

Lastly, circular questioning can help to promote curiosity in the researcher and invite responses that illuminate relational issues between participants in a study.

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Conflict of interest None declared

References

Allen D (2004) Ethno methodological insights into insider-outsider relationships in nursing ethnographies of healthcare settings. *Nursing Inquiry*. 11, 1, 14-24.

Bryman A (2012) *Social Research Methods.* Fourth edition. Oxford University Press, Oxford.

Cecchin G (1987) Hypothesising, circularity and neutrality revisited: an invitation to curiosity. *Family Process.* 26, 4, 405-413.

Coffey A, Atkinson P (1996) *Making Sense of Qualitative Data: Complementary Research Strategies.* Sage Publications, London.

Dallos R, Draper R (2005) An Introduction to Family Therapy: Systemic Theory And Practice. Second edition. Open University Press, Maidenhead.

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Evans N (2014) Improving the timeliness of mental health assessment for children and adolescents in a multidisciplinary team. International Practice Development Journal. 4, 1, 7.

Kelly SE (2010) Qualitative interviewing techniques and styles. In Borgeault I, Dingwall R, de Vries R (Eds) *The Sage Handbook of Qualitative Methods in Health Research*. Sage Publications, London.

May T (2001) Social Research: Issues, Methods and Process. Third edition. Open University Press, Maidenhead. Fleuridas C, Nelson TS, Rosenthal DM (1986) The evolution of circular questions: training family therapists. *Journal of Marital and Family Therapy*. 12, 2, 113-127.

Parahoo K (1997) Nursing Research: Principles, Process and Issues. First edition. Palgrave Macmillan, Basingstoke.

Selvini-Palazzoli M, Boscolo L, Cecchin G et al (1980) Hypothesising-circularity-neutrality: three guidelines for the conductor of the session. Family Process. 19, 1, 3-12.

Senge PM, Kleiner A, Roberts C et al (1994) The Fifth Discipline Fieldbook: Strategies and Tools for Building a Learning Organisation. Crown Business, London. Tomm K (1988) Interventive interviewing: Part III. Intending to ask lineal, circular, strategic, or reflexive questions? *Family Process.* 27, 1, 1-15.

Tuson G (1985) Philosophy and family therapy: a study in interconnectedness. *Journal of Family Therapy*. 7, 277-294.

von Bertalanffy L (1968) *General System Theory: Foundations, Development, Applications.* George Braziller, New York NY.

von Foerster H (1984) On constructing a reality. In von Foerster H (Ed) *Observing Systems*. Intersystems Publications, Seaside CA.