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It Will Never Be the Same Again

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Abstract

This paper describes the Conversations Led by Clients (CoLeC) model as practiced at several Bulgarian and Russian helping institutions as a development of Solution-Focused Brief Therapy (SFBT). The model emphasizes therapeutic conversations as something that has to follow step by step from the clients' enquiries. The questions include the mind-activating Question (MAQ): What do you think is the most useful question you can hear from me now? (or at our next session?); the time-oriented question: What do you think is most useful to talk about now: past, present or future?; the multiple-choice question: Which of these questions do you think is best for you right now? (from a list provided by the therapist); and the delayed-answers question: If client has no current answer, ask them to think about the question until the next session and propose self-questioning activities. CoLeC, being a step beyond some therapeutic models, is an initial effort to assist helping professionals find answers to this quite different question, "How should this client's conversation with me be?" This makes it the beginning of a qualitatively new attitude to what we, as professionals, do. We hope that many, young and new to the profession, will not only join in, but also help further this way of thinking and doing as we see these types of conversations with clients, useful.

Keywords: client, conversations, help, questions, usefulness, therapy

Introduction

This paper is about what we believe could be the future of helping professionals' conversations with clients – which are conversations organized by professionals and led by clients. It is a step beyond traditional SFBT, and shares its basic belief in clients, their abilities to be their own best helpers, their good will and resources for change. Our approach is a step

beyond SFBT because it emphasizes the client's feelings and personal knowledge pertaining the best time for therapeutic-interventions. The client chooses the appropriate time to discuss any issue, the most useful questions to be asked by the therapist, and the answers they need when creating future change. However, our approach still shares the basic SFBT beliefs about clients' abilities to be their own best helpers through their good will and resources for change.

Once Upon a Time...

If we take a closer look at therapeutic conversations, we shall notice that therapy can be understood as a specific kind of socially constructed Language game (Wittgenstein, 1953), which is very similar to somatic medicine. Going to a doctor, patients expect many and seemingly different activities from him, all aimed at discovering the nature of their problem, which is intended to create a pathway for effective interventions. Most of these activities, however, are in fact improvisations of the same game: asking questions. The conversation usually includes a discussion about the patient's medical history and reason for visit. This kind of conversation is usual for directive and/or problem-focused health care approaches. Even when we ask clients about their best hopes from therapy in a solution-focused way we start to play our roles as professionals in asking questions, thus reflecting the traditional Language game of asking.

If we look at the ancient roots of this approach, we find Socratic debate as a method for finding the hidden knowledge leading the opponent to an insight when he finally contradicts himself, through a series of questions. Started as a medical activity by a neurologist, Sigmund Freud, psychotherapy has been traditionally perceived and practiced in the cause-and-effect medical frame of thinking. Since rational and cognitive therapies started to develop, the problem in therapy was often seen as a clients' enmeshment in illogical beliefs. So the therapist takes a stance of a curious questioner and leads the client out. Though this Socratic method model is widely known and accepted in many modern therapy approaches, it sometimes leads to possible ignorance of clients' intentions, nuances, causing resistance and "non-participative" style of therapy where clients feel themselves as not understood.

Even within this framework, however, Dr. Albert Schweitzer noted (in Norman Cousins' *Anatomy of an Illness as Perceived by the Patient*, 2005, p. 78), "Each patient carries his own doctor inside him. They come to us not knowing that truth. We are at our best when we give the doctor who resides within each patient a chance to go to work."

Now...

The therapeutic tradition is maintained today by many professionals who believe that 'therapy' should be the therapist's job just like a violinist's job is to play the violin. In SFBT, for example, there is a metaphor that compares a therapist to a taxi-driver. This is because a taxi-driver asks his passenger "Where to?" when inquiring about the final destination (Bannink & McCarthy, 2014), implicitly admitting that the person behind the wheel is the real worker, the

professional.

Sometimes we just forget the fact that a majority of therapy is initiated by clients (or others important persons in their lives – relatives, neighbors etc.), and less often by caring professionals. We should clearly realize that every professional encounter is a result of a series of steps previously taken by clients: they have asked themselves "Do I need to talk to someone about my situation?", then obviously replied "Yes" to it; then they asked themselves "Who should I talk to?", and in response to this have made a preliminary study, asking other people, preferably ex-clients in their families, among friends, at their workplace, at the hairdresser's, on the Internet, in diverse media... in this way they find the professional they would like to discuss their situation with. And then they ask the next question (appearing to the professional as if being the first one), quite often containing its answer: "Can I come to see you on Wednesday at 10:30, as this is the most convenient time for me? A wish to speak within a session is a client's personal initiative.

Some Tools in Brief

In CoLeC, the professional is engaged in what we call now the Questioning for Most Useful Questions (QUQu). It is a set of techniques that try to keep, maintain, and support the clients' lead by helping them develop their own abilities in the art of asking useful questions. This has not been overlooked by solution-focused therapists, so we are supposed to make some additional accent to these points.

We also suggest the use of clients' self-questioning. We often invite the client to think specially about those questions that involve most clients' interest, and about possible answers. We can use these self-questioning techniques in different ways, in direct or paradoxical manner (changing and reformulating them in a creative way). The process of asking oneself brand new and unexpected questions and trying to find answers is a process that develops dialectically balanced views (Mikhalsky, 2014).

Table 1. *CoLeC Questioning Techniques*

Eliciting clients' own questions	What questions did you want to ask me in this session? Answering what questions would be most useful for you today? What questions did you ask to yourself often but not finding the answers?
Mind-activating question	What do you think is the most useful question you can hear from me now (or at our next session)?
Time-oriented question	What do you think is most useful for you to talk about: your past, present or future?
Multiple-choice question	Which of one of these questions, if any, do you think is best for you to discuss right now? (From a list provided by ConCon)
Best therapist question	When the dialogue gets stuck, it could be very useful to ask in this way: 'What question would the best therapist ask now?'
Delayed-questions question	If the client doesn't have questions or hesitates which will be useful, we can ask him to think about the Most Useful Question for the next session.
Delayed-answers question	If clients have no current answer, ask them to think about the question until the next session, or until they find a high quality and useful answer. As Dr. Alasdair Macdonald (2019) states: "The Delayed Answers question above draws on the original MRI model which often mentioned 'going slow'. A useful variation mentioned by Steve de Shazer was 'Think about possibilities but don't do anything until we next meet.' Telling clients to do nothing often leads to some action.
If clients ask 'Why does this happen?'	Then ask them 'What do you think is the simplest possible and most useful explanation of this situation?'
If they have no answer	Suggest they choose from this list: it happens first and then becomes a habit; because you love each other (in cases of conflict); because you are a living person; it is your energy; because you say so.

Discussion

Encouraging clients to ask questions and to develop new ones considerably changes both the usual narrative form these situations are described, as well as clients' perceptions of them. The ongoing tough life situation becomes *under question*, in other words, manageable, and clients become much more creative trying to state whatever they want to say in a question form. As Steve de Shazer (1994, personal communication) said, "If a client has already stated her situation for seventeen times in the same way, try not to be the eighteenth person hearing the same story, but do everything possible to be the first one who hears at least a little bit different story!" Stating one's situation (no matter if past, present, or desired) as a narrative is dramatically different from questioning it. This move from narration to dialogic co-construction *based on self-questioning* changes its framing and its perception by clients and professionals.

Conversation Led by Clients (CoLeC) tries to challenge expert-centered, medical and Socratic habits of structuring human conversations, thus tending to be perceived as strange and unusual within the existing 'normal' psychotherapy setting. These changes, however, require non-automatic use of their language from clients, helping them to develop their own new style of communication and thinking. As a client recently noted at the end of her single-session consultation, "I never expected that we shall talk in my algorithms and not in yours."

Practicing the Questioning for Useful Questions (QUQu) also touches upon George Herbert Mead's (1913) concept of the internalized conversation. G. H. Mead argues that we regularly engage in unspoken internalized conversations as we reflect upon practical issues in our everyday lives. The questioning practices described here, promises to expand clients' skills and options in conducting their internal conversations, far beyond their encounters with a therapist or a counselor.

What do we need second-order changes for?

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

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

Miller (June 7, 2016) in personal communication, however, proposes another important aspect of focusing on clients' own questions:

I would say that clients' own language appears to be understandable to them (this is a good reason for asking them to form their own questions) but that upon further reflection clients might discover that they misunderstood what they were asking. I think the key word here is *discovery*. When the client asks a seemingly understandable question that turns out to have really been a misunderstanding on the client's own part, it is a discovery and potential

source of insights into one's self that immediately expands clients' sense of personal agency, knowledge, skills, and perhaps strengths (Miller, personal communication, June 7, 2016).

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

3. The more clients practice asking useful questions, the better they become in this. The ability to do it effectively helps clients not only find solutions to their present problems, but also to deal effectively with tough situations in their future. As Einstein is supposed to have said (as cited in Quote Investigator, 2014):

If I had an hour to solve a problem and my life depended on the solution, I would spend the first 55 minutes determining the proper question to ask, for once I know the proper question, I could solve the problem in less than five minutes (Quote Investigator, 2014).

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

Conclusion

Therapeutic conversations cannot evade the times of radical shifts in meaning. CoLeC is just one of the many possible and coming changes in therapeutic conversations. These changes do not come too fast. People often have their own pace for making changes. They can usually tell you what pace they prefer, which can inform expectations about progress in your work together.

The above-described sequence of clients' activities clearly defines them as the initiators, owners, and main change-agents in therapeutic conversations to follow. In the Conversations Led by Clients (CoLeC) approach, we use the metaphor of the professional who acts as the Conversations Conductor (ConCon). He is not supposed to sound, but to organize the best possible sounding of the conducted musicians. The professional tries not only to keep the clients' ownership and leadership, but also helps the client develop her language skills. The ConCon therapist does not focus on algorithms, and instead of asking himself "How should *my* conversations with clients look like?" tries to ask "How should *this client's* conversation with me look like?", "How can I *help* the client to formulate *his* questions and answers?"

If we define our approach to helping activity as a kind of assisted self-help therapy, the professional's role drifts towards following, encouraging, and assisting the already started process of clients asking themselves useful questions, finding answers to these, and helping to develop on this basis their next steps. The steps can lead towards their desired situations

(Switek, 2014) or thoughts and emotions, or states of mind and body, whatever. In our opinion, the final goal of this assisted self-help Conversations Led by Clients (CoLeC) is not only in helping clients in co-constructing solutions to their current hardships, but also in preparing and equipping them with specific language tools they can use in the future for managing other tough situations. Practicing the art of asking useful questions within their sessions with us, clients learn how to handle other difficulties they will further encounter. That sounds similar to the original intention of Solution Focused Brief Therapy to focus on clients as able to create their own solutions and to live the lives they truly want to live (de Shazer, 1994).

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