

QUESTIONING IN THERAPY

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Little has been said so far about questioning as a technique (except in regard to the silent client), although textbooks on counseling and psychotherapy often give extensive space to the discussion of this topic. The reason is simple--questioning by the therapist has little place in counseling or psychotherapy. The topic would be omitted here except that counseling students must be explicitly warned against the use of questioning because so many of them fall into the trap of engaging in question and answer sessions with their clients. I have heard tapes of students nearing the end of an intensive practicum that are nothing but question and answer sessions. Interviews in which the client does little but respond to questions by the therapist are not therapy interviews. They are more like interrogations. Counseling should not be modeled after Sgt. Friday or Perry Mason interviews.

There are a number of reasons for avoiding questioning in therapy interviews.

1. Questions in therapy interviews can be threatening to the client, who may not be ready for the self-disclosure they demand.
2. The client may not know the answers to the questions, particularly early in the therapy process, when the questions may involve dynamics of which the client is not aware.
3. Questioning sets the stage for client dependency. Questioning places the initiative and the responsibility with the therapist. The message to the client is: "If you will only answer these questions, I will know what your problem is and will be able to give you the solution." The result is that the client does not take responsibility for the process and is discouraged from taking the initiative and prevented from engaging in the process of self-exploration.
4. Questioning frames the therapy as an externally oriented process, rather than one in which the therapist is attempting to assume the internal frame of reference of the client in the process of empathic understanding.
5. Questions raise the level of discussion from the affective to the cognitive. A favorite question of therapists, encouraged by many writers and instructors, is of the kind: "How did you feel?" or "How did that make you feel?" Answers to such questions are not expressions of feeling, but expressions of how the client thinks he/she felt; that is the response is a cognitive one.

Anything of significance for therapy can be achieved by the therapist without the use of direct or probing questions. The therapist must have the patience to wait for clients to disclose relevant material at their own time and pace. Therapist responses involving clarification of client statements may be framed in the form of questions when the therapist is not sure that he or she understands what the client is saying. Such questions as "Is this what you are saying. . . ?" or "Are you saying. . . ?" are of course appropriate. They leave the initiative with the client and avoid the problems of direct, probing questions.

Ornston and his associates found that beginning therapists ask more questions than experienced therapists. (14) Friel, Berenson, and Mitchell in a study of high-functioning and low-functioning counselors found one major factor for the low-functioning group. Carkhuff refers to it as the "stupid question" factor. (15)

It is relatively easy to get counseling students to avoid this nontherapeutic activity by simply instructing them not to ask questions. My statement to beginning practicum students includes three simple rules: (1) Keep your mouth shut-you can't listen to the client when you are talking; (2) Never ask a question, except when you do not understand what the client is saying, or when you have a silent client; and (3) Respond to the client--don't have the client responding to you.

Recognizing the principle of reinforcement also suggests that the questions of the counselor should be directed toward eliciting self-talk by the client rather than factual information or personal history material. It is not necessary--or perhaps even desirable--that the questions be of the type frequently recommended by instructors in counseling--that is questions directed at past or present feelings, such as "How do you feel about that?" or "How did that make you feel?" Contrary to the assumption that these questions lead to the expression of real or basic feelings, it is more likely that they lead to the expression of considered or intellectualized feelings. The direct focusing upon feelings introduces a cognitive element that leads to talk *about* feelings rather *expression of* feelings.

NOTES

14. P. S. Ornston, D. V. Cuchetti, J. Levine, and L. B. Fierman. Some parameters of verbal behavior that reliably differentiate novice from experienced psychotherapists. *Journal of Abnormal Psychology*, 1968, 73, 240-244.
15. T. Friel, B. G. Berenson, and K. M. Mitchell. Factor analysis of therapeutic conditions for high- and low-functioning psychotherapists. *Journal of Clinical Psychology*, 1971, 27, 291-293. R. R. Carkhuff. *Helping and human relations. Vol. II, Practice and research*. New York: Holt, Rinehart & Winston, 1969, p. 32.