"Seeing Things in a New Light"

Reframing in Therapeutic Conversation

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CHAPTER 6

Reframing in practice

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 stuttering 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 an unusual advantage[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 they set certain behavioral limits, if it is framed as "a need to get tough with him". They might comply, however, if the same suggested behavior is framed as "filling a need to supply structure to his otherwise disorganized life[2]". A husband angry with his wife is more likely to accept a suggestion framed as a way of getting "one-up on her" than one framed as "helping her[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 requiring an exceptional person for its execution, than as one involving an easy task that anyone can do[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 "I know you understand the importance of this task, so I needn't explain the obvious to you[5]". A prankish or unconventional person might cooperate less with a suggestion described as "reasonable" than one framed as "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[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 a task that the therapist manifestly regards as important is likely to fail. However, if the task is suggested as an unlikely pursuit[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 hurtful and destructive behavior was simply a result of limited opportunities to learn how to respond more positively[8]. (Andreas, 1991, p. 5)

Instead of these being bad things, they only tell us what we had an opportunity to learn[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. A mother's nagging became evidence of how much she cared[10]; a father's punishment for curfew violations became loving protectiveness[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 abandoning her in this way was the father's ultimate gesture of love[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 the father's angry behavior as "some way that he brings out his thoughts[13]". (Andreas, 1991, p. 11)

I've heard that Virginia once said to a teenager who had gotten two of his classmates pregnant, "Well, at least we know you've got a good seed[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 stubborn. 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 you've taught her how to be stubborn and how to stand up for herself, and that that is something priceless[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 running after his wife with an axe because he was trying to reach out to her[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 depression as a beneficial force, by explaining to the patient that his depression was forcing him to stay away from work and take it easy at home[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 a couple's argument as a miscarried effort to get close[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 reconciliatory gestures – such as the use of humor – are now seen as attacks[19] strengthening the unwanted frame of "This is an argument." (p. 339)
>
> Has it occurred to you that you are protecting your wife by reacting so angrily toward her[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.