

EMOTIONS AND SCALING QUESTIONS

Although emotions are most usefully described interactionally within the context which is their home-base, most often clients (and many therapists) describe emotions as inner states or processes - which, as Wittgenstein points out - stand in need of outer criteria. Of course clients tell therapists that they want to feel "better" and at least in part this is the purpose of therapy. However, when questioned about this - "How will you know you feel better?" or "Once you feel better, what will you do that you don't do now?" or "How will other people know you feel better?" - many find it difficult to describe and say things such as "I don't know how I'll know, I'll just feel better." Scaling questions can be quite useful in helping to clarify and bring these inner states and process into view.

For instance, in the first session, a scale can be established that can simply and easily help give a context for these rather vague inner states. The therapist might set it up this way: "Let's say that "10" stands for how things are the day after the miracle and "0" stands for how things were when you made the phone call arranging this first session: Where are things now between "0" and "10"?"

Most often, in the first session the client will say that things are at "3." Since "3" is closer to "10" than "0" is, this means that between the initial phone call and this point in the session things have already gotten better; they already feel better. I will then ask for details about how things moved from "0" to "3" and frequently clients will talk about how just having made the appointment increased their hopes for themselves and their situation. Some clients will also say that our conversation has helped them to see that it is possible that things will get better. Others will be more vague and have difficulty describing the shift from "0" to "3" and yet will be quite sure that they feel better at this point without being able to describe any changes in behavior or in their situation. Of course, like any feeling state, "better" is quite vague and subjective and "3" will give the therapist and client at least a starting point for talking about further improvement.

I will then ask them how they will know that they have arrived at 4, without talking at all about how getting to 4 came about. Some clients are able to answer clearly and easily while others will say that they will just know it because they will feel so much better. Sometimes the client can say what sort of things they will be doing when they feel this much better, but often times not. The next questions about the contexts in which they will know that other people know that they are feeling better: "How will your best-friend, (their co-workers, spouse) know that things have significantly improved (up one on the scale)?" Usually clients find this easier to describe than it was to describe how they themselves will know that things have improved. Frequently, when the clients are talking about their interactions with their best-friends when they are noticeable feeling better, they will also notice that their friends too are feeling better and thus the clients' better feeling will further improve.

T: And at “3” what other differences would your best friend notice?
C: I’m able to smile sometimes.
T: So, what would you two be doing when you are smiling sometimes?
C: We’d probably be sitting in a café having coffee - which is something we’ve not done lately because I just simply felt too damn down to bother.
T: So, just getting together would be different for you at “3”?
C: Yeah, particularly if I were to initiate it ... that might even be a “4”!
T: This would be a sign to your friend that you’ve changed?
C: Yeah, she’d know immediately - if I called - that I was feeling better.
T: And how will she react?
C: She’d be pleased.
T: And ... you’d be pleased she’s pleased.
C: Certainly.
T: So, as a result, what would you two do?
C: Probably have a dessert which neither of us should have (said while laughing).

It seems useful and important for the therapist to help the client develop a broad range of possibilities to allow for more and different signs of progress, more and different signs that the miracle has happened. Clients seem to easily recognize that the “miracle” is like a “wish” about the future and that, as Wittgenstein (Philosophical Investigations) put it,

the question of whether I know what I wish before my wish is fulfilled cannot arise at all. And the fact that some event stops my wishing does not mean that it fulfills it. Perhaps I should not have been satisfied if my wish had been satisfied (PI, #441).

Although 10 stands for the day after the miracle and is often or usually seen by many therapists as a goal, clients are usually satisfied when they reach 7. Of course, as Wittgenstein might argue, if they had reached 10 then they might not have been satisfied, so the main thing here is for them to be able to say that things are clearly “better enough” and that they are confident they can maintain the improvement and thus they are satisfied and therapy is finished.

Interestingly, even though we almost never talk about the “problems” but talk mainly about progress toward 10, most clients at 6 month follow-up will tell us that the problems that brought them to therapy are gone; no new problems worth going to therapy about have developed; and other problems that had not been talked about at all in the therapy are also gone. Frequently, clients who are satisfied at “7” will report having moved up to “8” since the end of therapy. All this in just an average of 3.5 sessions. Longer term follow-up (4 years) suggests that these changes are quite stable.

Recently a couple said that things at that particular moment were at “5”. At the time of the phone call she was “hopeless” and at “0.” She started to move up the scale when he agreed to come to the session with her. They had again talked about coming to the session immediately before making the trip across town and so she said that coming into the office she was at “3,” and that remembering that there had indeed been some good times and the whole conversation had moved her up to “5.” I then asked where on the scale they would put last Thursday evening - when things were sort of like the day after the miracle - and they both said “10.” Simply put, this means that they know how to do “10,” the miracle is possible since they already did it last Thursday. The future began in the past!

T: How will you know you’ve reached “6?”

H: We might walk out of here holding hands.

W: Some peace and quiet on the drive home.

It is important to remember that this sort of scale is a system¹ not a yardstick. Scales are not measuring anything but rather they are designed to help both therapist and clients simply talk about complicated and vague topics. Scales help both therapists and clients make comparisons concerning the clients’ internal states and processes. These internal states and processes are quite private and therefore they need somehow to be made public in order to talk about them. That is, 3 clearly means that the client is feeling better about things and things now are not 0, not 1, not 2 and also not 4, 5, 6, etc. Since 3 is better than 0, then 4 must be better than 3 - and also better than 2, 1, and 0. Thus the meaning of the scale is established between therapist and clients.

In some ways all the conversation in the session around solutions, miracles, better, etc is just one extended metaphor, a language-game. Since problems, the usual focus of therapy, are seldom talked about and never initiated by me, all the topics can be seen as metaphors for “problems.” As a Japanese researcher said 20 years ago when first seeing one of our videotapes: “Ah ha! It is very clear what you are not talking about.” Although the problem the client brought to therapy was never mentioned or talked about at all explicitly, all the observers knew what it was. This is frequently the case in my work.