

## Feed-Forward: Future Questions, Future Maps

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*"Feed-forward" is a technique that encourages families to imagine the pattern of their relationships at some future point in time. Questions about the future, in conjunction with positive connotation, put families in a metaposition to their own dilemmas and thus facilitate change by opening up new solutions for old problems.*

What does e.e. cummings say? "Always the most beautiful answer, who asks the more difficult question." You see I am not asking another question each time. I am making the same question bigger.

<sup>3/4</sup>Bateson, Gregory 1980

This paper describes a technique I call "feed-forward," which is based on the family's consideration of how the pattern of their relationships will continue in the future. Since the maps for the future are not yet set, the family are free to construct or imagine a different set of alternatives to their dilemma. The consideration of these future maps places the family in a metaposition to their own dilemma, and the system increases its view of its own evolutionary potential.

Pragmatically, future questions, in combination with positive connotation, promote the rehearsal of new solutions, suggest alternative actions, foster learning, discard ideas of predetermination, and address the system's specific change model.

In particular, future questions are useful in working with families with a chronic illness, whose concept of future time is often frozen. The questions contrast and separate the system's ongoing pattern from the illness by comparing the present relationships with the relationships that predated the illness and the relationships the family anticipate on recovery or stabilization.

Two years ago I wrote a paper, "Circular Questioning" 9, in which I analyzed the Milan associates' technique of circular questioning. One of the questions asks the family to describe to the therapists the changes in their relationships before and after an onset event. I used the image of an arc suspended between the "before" and "after" of the event, connecting the onset of the problem to the present dilemma, and vice versa. I would now like to move that arc and connect the present and the future, asking questions of now and when, now and if, or now and suppose, etc.<sup>1</sup> For example, "If your parents were divorced, who would you live with?" Or, "When you go to college, which parent will miss you most?" In this way, new information about the future is introduced into the system. One can easily recognize that these questions have a loose hypnotic structure; if one accepts the first proposition of the question—"When you go to college"—the second part, containing the question—"which parent will miss you most?"—may be entertained as new information based on the understanding of the present plus the consideration of that particular future. These questions elicit relationship information and introduce ideas into the system about the stability, endurance, or change in its patterns over time.<sup>2</sup>

According to the Milan associates, future questions break the pervasive rules that govern communication in the family—i.e., the rules for who is allowed to say what. Since the future is often indicated but not "set," no one is bound by formal contextual rules, and a different pattern may be imagined. For example, if you ask a family member a hypothetical question regarding future events, because the event is only now being considered, the system is free to create a new map. Then the communication of these new ideas about the future becomes important information introduced back into the present "time" of the system. They include fantasies, wishes, opinions, hopes, etc., all a part of the ongoing system and now unexpectedly called into play as part of the family's expressed interactions. In fact, repeated hypothetical questioning of an outcome—if this or that event obtained—gives the family a sense of their own potential to imagine new solutions. At that moment I would say the family are in the process of feed-forward. In considering how things could turn out if, you are addressing a basic descriptor of the system: its capacity to evolve. It is that much harder for the system to restabilize when its evolutionary potential is evoked. The question is how (through what therapeutic mechanism) can one leave context-bound experiences and move ahead to new organizations.<sup>3,4</sup>

### Positive Connotation

One of the most important propositions of Milan systemic therapy is the use of the positive connotation, a technique that describes positively the current organization of the system (11). Blaming in any form is omitted, and instead a perception is offered that defines positively the family's dilemma, regards it as context-bound, and implies that contexts themselves are relative and changeable. I emphasize the importance of using positive connotation in constructing future maps, for a

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negatively defined context is impossible to leave. It tends to accompany you—"I will always dislike her"; "He didn't stand up for me"; etc.—whereas a positively defined context contains the option of leaving for another context—"If they liked me, I expect others will"; etc. The positive connotation creates a place where one may stand meta to the system itself. Ordinarily that is the therapist's position. Outside the system, the observer or therapist is freer of the alliances or pulls from within the system. But through the use of positive connotation, the family, too, can achieve a view of their experiences as context-bound—for standing outside one's own context alters its meanings.<sup>5</sup>

### **Learning to Learn**

Future questions illuminate the present conditions of the system as context-bound. When you consider your own condition in the future, you are automatically fitting another context around your present context. In this manner, a future idea or communication becomes a metacommunication about the context that presently obtains. This is similar to what Bateson calls Learning II, a context of contexts (2). Supporting the configuration of a "context of contexts," the future questions you ask a family are systemically recursive. That is, they are the system's own thoughts about itself in a new place, a new time, a new context.

### **Alternative Solutions**

Most models in family therapy relate problems to present and past events and feel unsure accepting information about the family's future as if it were "real data." However, in interviewing a family you could ask, "When did you begin to have this explanation of your problem?" then, "When will you have another explanation?" or, "Yes, I see this is how you think today, but who will think differently about it tomorrow?" Since concepts of the future and concepts of change are married, all future questions suggest that change is possible—it's just a matter of who will venture it first, and at what time.

There are times when the therapist may use future questions to suggest alternative solutions, in effect, rehearsing change: "When you go away to school, do you think your mother will be tempted to go to work?" Sometimes a future question does not tempt a future answer, and the family answers it from an "old map": "We don't know which of us will miss John the most when he goes to college, since none of us has ever gone anywhere before." Perhaps everyone will be glad to get rid of Johnny, the troublemaker; perhaps it will become apparent that no one can leave the family now while father is still recovering from his heart attack; perhaps mother is secretly hoping to go to work when her youngest child comes of age; etc. Once the underlying idea or premise in the system is discovered, then the therapist may project that premise into the future: "If no one leaves the family right now, will father's recovery be faster or slower? If Johnny does not leave, will he and father discover a new relationship? Is mother's opportunity to work postponed if Johnny remains at home?"

Finally, future questions cut into ideas of predetermination. Exclusively past-oriented questions imply you are as you are because your past has ordained it. Including concepts of the future as a part of your interview addresses the question of how you would like to be and serves to counter-weight the myths and logic of the family's past.

### **The System's Change Model**

Future mapping may include the system's change model itself. I often ask a family to tell me a story about a time when change was necessary and how it was accomplished. Together we determine the family's relationship to change through the investigation of their change model. In that investigation, we discover a premise: "We always turned to an outsider to help—my sister, his boss, you," etc., or "It seems I have always gone into a depression when a change was needed, and it didn't occur." These responses tell me how they have formed solutions to their dilemmas. Together, we construct a premise about their specific change model and consider its adequacy for the change they are currently requesting. If it is not adequate, I ask them if they wish to reshape it in the future.

### **Premises**

Recently, I have attempted to develop a question that embodies an important premise in the system that is attached to the problem and that projects it into the future. This premise becomes a question to the family about the continuation of their pattern. The question or premise is positively connoted; this may include a change of participants or a reversal of circumstances or it may present an entirely new idea. These questions are not so much to be answered as understood by the family as a solicitation of their potential for change. Because the questions pose the continuation of the problematic premise in some form for an indefinite period of time, they have increased portent for the system and the power to call into question or contradict the way the pattern in the family is currently being demonstrated.

I am using the term "problem premise" to describe a shared stance or a larger proposition of the system. I believe a problem premise to be a more inclusive contextual *idea* in a system that seems to organize or constrain the behaviors linked to a problem. I am differentiating it from a "rule," which I see as a repetitive punctuation in behaviors but not necessarily linked to a problem. I also do not wish premises to be confused with family myths, which I understand as shared stories in families about their changes and rituals over time. A premise also differs from a hypothesis. The hypothesis belongs to the

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therapist and is his or her working assumption about how the pattern of relationships has changed over time. To me, the term "premise" describes what Bateson considers to be a habitual response, layered in at the level of deep structure and usually, for adaptive reasons, out of awareness (2, p. 470). In this sense, premises can be understood as the transformational grammar of the system.<sup>6</sup>

When a family complains of symptomatic behavior, we can assume there are both known and unknown ideas, or premises, that are either contradictory, covert, or in opposition to the presenting context. The most significant feature of any premise is that it generates a logic for the behaviors of the individual components of the system.<sup>7</sup> For instance, in one family there may be an explicit or implicit premise that elders are respected and their centrality is strongly maintained. If everyone in that family more or less follows that practice, it could be considered an effective nonproblematic premise. The behaviors selected by various family members fall under the logic of "respect" in that particular system. In another family, the premise around elders may be that they are to be ignored and not to be treated as full participants in the family's main events. Again, if all members of the family follow that premise, there is no difficulty. Either premise could become problematic if members of the family behave differently, and other members object to the deviation in behavior.

To offer a simple example: In a marriage, the problem premise may be, "You will rescue me, and I will be rescued by you." Perhaps this premise is not overt, but active nonetheless. If, over time, new experiences do not alter that premise, it will obtain. Only when the premise becomes problematic—such as when one partner becomes too strong to be rescued, or the rescuer now needs rescuing, etc.—will the system run into trouble.

Behaviors dangle from a premise as participles from a clause; change the clause, and all the behaviors fall down. When therapy succeeds in introducing a new premise, the behaviors connected with the old premise fall down, in domino fashion, like an old regime. That is why descriptions of change like "leap" or "discontinuous" seem to fit.

### **Developmental Premises**

Our general premises tend to concern developmental issues shaped by our own experiences—e.g., adopted families have special problems in separating; retirement seems to be harder on men than on women; marriages tend to have one family of origin that is dominant over the new couple; families managing a chronic illness tend to "freeze" future time; etc. These are all relevant working premises therapists use in the consideration of any system. But though every family passes through developmental stages, they all do so differently. A problem leaving home in one family may take an entirely different form in another, even if both are within the same ethnic or cultural parameters. In order to discover what assumptions hold for the family, the problem itself must be challenged. The therapist must stimulate the family's explanation about their own dilemma.

### **Examples of a Question Built on a Developmental Premise**

In a family I supervised, there was a new addition to the nuclear family—a grandfather who had lost his wife and suffered a stroke moved in with his daughter and her family. Sheila, his daughter, had two teenaged daughters of her own, and since her husband worked late, their upbringing had been left to her. About a year after the grandfather's arrival, the oldest daughter, Amy, 16, began to cut school, stay out late at night, and keep what her family considered to be bad company. Sheila and grandfather became the pair who decided how to handle Amy's problems. They sat together in the therapy sessions—grandfather looking very much in charge and Sheila appearing quite subdued. Amy's father attended the session but remained quiet. After some information was collected from the family, it became clear that a problematic premise in this family was: "Mother alone is in charge of the girls' upbringing." We surmised that this was harder on her than she admitted and that she had turned to her father for additional help—and he, needing an occupation, had given it. The therapist said to Amy, "When you are grown and have children of your own, if you have problems with your children, which of your parents will you choose to help you? Will you choose your mother because she is experienced, or will you choose your father, as your mother did?" The question was meant to challenge the incongruent hierarchy by projecting the problematic premise into the future. The result was remarkable. Amy's father stood up, with tears in his eyes, saying, "I hope she won't choose either. She must choose her husband"

### **Example of a Ritual Built Around a Developmental Premise**

Two therapists in their mid to late sixties came into therapy because of increased bickering and disappointment with each other. They had met five years ago and, after a romantic courtship, married, with the idea of growing old together. Instead, they were spending more time apart. She continued to work long hours, and though he missed her, he had other interests that claimed his time. I asked about other members of their families. In the last two years, Harriet's only daughter had moved to California with her own family, and Dan's children lived in Europe. He saw them only on infrequent visits. The problem was that they were not "growing old together" she was working more, and he was depressed and missed her. The premise of their marriage was that it would be good to grow old together. When I asked how each of their parents had grown old, Harriet said she had been the companion of her mother until she died, and Dan always regretted not being with

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his father during his last and very ill years. It seemed that one of the unspoken ideas between them was that they missed their children and were experiencing some confusion over whom it would be better to grow old with, each other or their children. I could see their current disappointment as a form of loyalty to Harriet's attachment to her mother and Dan's regret about his father. I commented that two people as passionate as they were about work and interests were probably still too young to grow old together. However, therapy was a way of anticipating and preparing for that eventual time. I asked them to prepare for a family meeting next session so that we could plan how their future could go. This meeting was to include the imaginary presence of their children and their parents. I would have to know how their children and their parents might agree on what was best for them. Would they feel growing old went best when a child was attached to a parent, or did it go better between two spouses? I stressed the need to air all the differences both their children and their parents might have in agreeing about their future. At the end of this session, Dan said he felt ten years younger, and Harriet commented that she was sure her mother agreed with her daughter, who was very pleased she had found Dan.

### **Intervention Built on a Future Premise**

Recently, along with friends, I had the good fortune to visit Crossroads, a community mental health center in western Massachusetts, where we spent the afternoon talking with Alexander Blount, its director. Later, we were invited to join the discussion of a case that proved interesting. The case presented was of a family in which there was a daughter with advanced anorexia who had, in addition, made several suicide attempts. The therapist had been seeing her alone, but felt it would be important to have the parents attend some of their meetings. They were not disposed to do so and had agreed to come that afternoon only on a one-time basis. The young woman was cadaverous and whispered in response to any questions addressed to her. The family (the mother and father) had brought along the next-door neighbor, and they sat together in grim, disapproving silence. Some of us were curious about the presence of the neighbor, and the therapist inquired why the parents brought her. It turned out that she was a member of the same church the parents attended and, in that sense, "understood" their point of view very well. It was clear that these parents disapproved of the therapy and were not planning to cooperate in its execution. As far as they could see, their daughter was not improving—she was not eating, nor was she looking any better. Skipping many necessary steps in this sensitive interview, I remember at one point the mother, in trembling protest, saying, "God gives us children and only one instruction. He says, 'Feed your children!'" The father nodded in assent. Behind the mirror, we realized that the therapy stood in direct opposition to God's plan—it was not getting the girl fed! We realized that if the family continued to hold this premise, that the therapy prevented the feeding of their child, it would never work. The girl would be caught in an impossible loyalty bind, and the parents would have a righteous and unassailable position against the therapy. The issue was how to join the parents (and God's plan) to the therapy. A plan to deal with God's plan was devised. The therapist asked the family if they felt God had a plan for this daughter. They said that He had, but she just didn't seem to know it yet. The therapist then asked if God's plan might include this therapy, and the parents said that it might. The father volunteered that God spoke to him in his left ear, also telling him to feed his daughter—and that's what should be happening! The therapist commented that since God may indeed have a plan for this young woman, but since she (the therapist) might not know it—not being a member of the church—would the parents consider attending future therapy sessions so that they might instruct her as to whether the therapy was in accordance with God's plan. Of course, they agreed. The session ended with the father asking why Prednisone had made his daughter so crazy when she took it. Before the therapist could answer, he volunteered that he had also gotten crazy when he took it a few years ago for his asthma.

This is an example of a family's negative premise about the therapeutic context. By positively connoting their "map"—God's plan—the therapist becomes the lowly servant of the family's value system if, in the future, the family will assist her in the rendering of this plan. She, in turn, gets their participation in the long negotiation to come.<sup>8</sup>

### **Future Mapping in Families with Chronic Illness**

In my experience, these ideas about newness and the future work very well with most systems, for concepts of change are concepts about the future. The one exception is families with a chronic illness, where often their concept of time is frozen. They remind me of characters in fairy tales, where everyone gets stopped in their tracks. Looking at the future involves change, and for families with a chronic illness, that can often mean deterioration and death. The result is that the hierarchical organization of the system, the central triangles, becomes etched in stone and deeply resistant to change.

Families with chronic illness have difficulty imagining their future because of its potential loss or deterioration. They can lose the systemic flexibility that allows the future to hold new meanings. For a system to calibrate ideas of newness, it must use time. I have often felt that a more apt description of the old idea of homeostasis versus change would be change and time between changes. Time is the critical ingredient for the integration of all new information, reframing, goals, insights, healing, etc. We could say, following the Keeney/Ross designations of Time 1 and Time 2, that a future question is Time 1 in the process of regarding Time 2 or that it is the hypothetical possibility of intervening in a new way, which would, perforce, alter a present situational meaning, for each new way of looking alters our consensual design (7).

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In addition to their particular concepts of time, families with chronic illness raise unusual dilemmas that are remarkably responsive to future mapping. However, we must assess several challenging questions: How is it possible to advocate change in a system already so stressed? Is the change in coalition structures wrought by the illness a solution to a relationship problem that predates the illness? As the system adjusts to the illness, new relationships emerge that, in the future, may endure, be challenged, or disperse. Finally, systems experiencing a chronic illness have difficulty separating the demands the illness makes on its relationships from its expectable, ongoing pattern. I have found that if I can identify the premise that describes the family's relationship predating the illness and the premise describing the current adaptation to the illness, I can anticipate with the family whether the future needs to keep the current relationship pattern, go back to the old one, or shape an altogether new one.

By way of example, let me talk briefly about a case at the Ackerman Institute for Family Therapy (12).<sup>9</sup> In 1981, a single mother and three teen-aged children requested treatment for "family fighting." The issue in the family was the objection of the oldest daughter, Jane, to being treated as the family caretaker. She had devotedly cared for her brother, Ben, during a long hospitalization for cancer that resulted in the amputation of his left leg. The parents had been divorced five years prior to Ben's cancer, and the three children had remained with their mother. The father lived alone and was alcoholic. The children had different relationships with their father: Ben remained angry with him, Jane was warmly connected to him, and the middle child, Mary, was warmer than Ben and not as close as Jane. Mary also suffered from diabetes. We saw the family for two sessions, in which we moved Jane out of her caretaking role, and began a rapprochement between Ben and his father.

Once these "recovery" adjustments were made, the family stopped treatment and on follow-up were doing well. Last spring, they called us again to say that the youngest daughter, Mary, had leukemia, and she and her mother wanted to have therapy because they were fighting. Neither of the other children wished to attend the therapy: Ben was away at school, and Jane didn't want to be the caretaker again. The mother objected to the chemotherapy and wished Mary to opt for holistic practices. She felt Mary was an adult (now 21) and should manage her own regimen. Mary objected to having the same therapist, who (as she saw it) had paid more attention to Ben and Jane, leaving her out. This was a direct replication of the feelings she had about her place in her own family. Her premise was that she had come in third in the competition with her siblings for her mother. Now it was different, however. Mary's relationship to her mother, though presently stormy, was closer since the onset of her cancer. Perversely, this relationship became the dominant relationship in the family. When we asked whether this new, albeit stormy, relationship would continue after recovery—in other words, is this the way they wanted it to be?—Mary said she hoped so, but her mother equivocated. Following the positive reasons for that equivocation, we found that the mother had grown up with an invalid sister who occupied all her mother's attention. Her father was a gambler and unavailable to the children, just as the man she married was an alcoholic. The premise these two women had in common was an interesting one—they both had lost their mother to a favored and ill sibling. This mother felt that her sister had used her illness to manipulate her mother, and so was extremely sensitive to the demands Mary made on her. Mary felt she had lost her mother to her other siblings, mostly Jane, and only now that she was so ill did she feel her mother was finally close to her. Mary's mother felt she was doing with Mary what her mother should have done with her ill sister—meeting her demands, but not excessively, thereby preserving some independence for both of them. However, it was hard for Mary to conceive of their relationship remaining close without the illness. Working with the premise that described their relationship before the illness, we assessed the positive aspects of distance—independence being the main one. In their present quarrelsome but close relationship, we explored how this closeness, combined with their capacity for distance and independence, would meet both their needs in the future. If each woman could give what was needed to the other and look forward to having what she wanted, both could be satisfied—not at the same time, but ultimately satisfied. If, in giving time and attention to her daughter, this mother felt she was protecting her own independence, she would afford it; if the daughter received the nurture she wanted from her mother, then both could maintain some independence. This combination helped them begin to separate the illness from the relationship. In the beginning, this took careful monitoring. We watched for responses from the other siblings as well as the mother's competition with her own sibling (10).

In this last excerpt, you will see a couple whose presenting problem was the woman's life-threatening illness, which had changed the balance of the marriage. Shortly after her second abortion, she contracted a rare form of cancer and their entire lifestyle changed dramatically. The couple were in their mid-thirties and were both advertising executives currently not working. She had a successful career, but he had not been successful to date with any of his endeavors and is supported by some income from his family. They had both been married before and had met one another soon after leaving their former marriages.

Each had a long and intriguing history, but in this excerpt we are only going to observe their present dilemma and the dynamic premise of their relationship. We observed that each member of this couple felt trapped in the relationship because it had failed to produce the changes they desired; she had wanted a strong caretaking husband and children; he had wanted a wife who was an equal partner. What occurred instead was that the woman felt both dependent and controlling, and the man felt dependent and controlled; even the event of her illness managed to control his behavior. The dynamic between the couple resembled sibling competition; they competed to win but in fact felt more equal in losing. The following excerpt is

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from a special session they requested because they were upset over a fight. For the first time in months, she felt better physically and expressed her happiness and need for celebration. He had taken this occasion to talk about his resentments, which he ordinarily bottled up. She felt he was killing her in this relationship, and he felt he was dying. During the course of the session, you will see the therapist introduce the couple's premise—they must compete to win by losing—and, with a positive connotation, project that premise into the future.<sup>10</sup>

*Bob:* I—I have no sense of the future.

*Ann:* I think it's our central problem. I need to have a strong sense of the future, to get well and to keep going. I always have had it in the past, and I've always been angry that you don't.

*Ther:* Could we change your description of this blowup to say that you, Bob, felt free to express some of the resentment you had been feeling?

*Bob:* Yeah. I—I felt that Ann had been gaining a lot of strength while I had a lot bottled up in me that I—I haven't expressed.

*Ther:* Did you think she was strong enough at this point to hear it?

*Bob:* I don't know—I didn't rationally select that moment.

*Ther:* Ann, when you begin to feel good and strong, that's when you feel that Bob pulls the rug out from under you and gets mad at you?

*Ann:* Yeah. That's what I accused him of this time too.

*Ther:* But let's just look at this a little differently. Is that when he begins to feel that you're strong enough, and then he can complain? What happened this time?

*Ann:* Okay. I came in, and I had just seen this movie, and they had done this wonderful old movie, and I came in, and I was singing it, and I was dancing around—

*Ther:* So you were in a great mood.

*Ann:* Yeah. And I put on Tony Bennett records, and Bob was getting more and more morose. I had been to thrift shops, and I had found some clothes, and I was—I was feeling like climbing out of the woods for the first time, and so I said, "Why are you getting so morose?," and (*crying*) he said, "you get to express everything you feel. I have to bottle everything up because you're sick." And he said, and these were his exact words, "I am never happy when you are around." I thought I'm not going to let him wreck my health again—I thought this time, dammit, he is not going to do it. I said, "Okay, you're never happy when I'm around? I'll tell you the truth, I'm never happy when you're around. But I'm going to get well, and you can stay here, or do whatever the hell you want." and, you know, there was relief all over his face. I felt like something very important and precious had been—it was like a talisman for the future—had just been wrecked. I felt like my whole future had been shattered. I found out that my husband didn't want to be around. I said, "Your 'resentments' are going to kill me."

*Ther:* Are you going to let it kill you? (*Pause*) I remember that part of your idea of the future included a romantic future, included romance in the future, and that your response to a lot of what's happened has been the shattering of the possibility of romance in the future with Bob. A romantic future with him.

*Ann:* I guess.

*Ther:* Let me ask you this: Can you conceive of a future with Bob without romance?

*Ann:* I said that night I hoped we could be friends.

*Bob:* It's like the word "friends" is—is—is a deep dark code word for bitter enemies. Lonely, apart.

*Ther:* Is it the code word for lonely and apart, or is it the code word for an agreement that it would be a future together without romance?

*Ann:* As a marriage?

*Ther:* Um-hum.

*Ann:* No, I'm too romantic.

*Bob:* I can't conceive of that. (*Ann laughs*) I really can't conceive of that kind of future. That's not the kind of agreement it is.

*Ther:* So for you to have a future together, it must include romance?

*Ann:* Yeah.

*Bob:* I think—yes, dammit. I mean I think—that's an important dimension. I can't conceive of a—of a—a kind of business relationship.

*Ther:* Well, it could be warm and friendly, without a sexual life. Which one of you do you think will see yourself as more interested in romance in the future? Which one of you will be the most interested in having a romantic relationship?

*Bob:* I think we both will.

*Ther:* Who will get there first?

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*Bob:* I don't know.

*Ann:* I feel damaged and ask myself who will have me. You know, I'm not marketable anymore. I'm a feminist, but I'm talking about marketability.

*Ther:* So do you think that Bob will have more of an opportunity to express his romance, his sexuality, than you will?

*Ann:* Yeah. I've got this ass-crippling illness.

*Ther:* You feel that Bob will be more likely to find someone than you will; he would find someone faster than you would at this point?

*Ann:* Yes. He's able to have a child.

*Ther:* So, in fact, Ann may have maybe fewer opportunities, as she describes it, because of her circumstances.

*Ther:* And you, Bob, will have difficulty because you may not be able to consummate your romantic exploits. So which one of you will be better equipped in the future? (*laughter*)

*Ann:* So we better make this work.

*Ther:* You each have your own, as you described it, your particular handicaps and attributes, so who's going to have the better time?

*Ann:* I can't answer that, because now I'm beginning to feel like maybe I'm not going to die, for the first time.

*Ther:* That's not bad, is it? But you feel—that he may end up doing better than you. Now, who's going to have the worse time, as far as you're concerned?

*Bob:* I don't know.

*Ther:* Well, if you were to have a power struggle in the future, would it be over which one of you is doing better or would it be over which one of you is doing worse?

*Bob:* That's interesting. Jesus!

*Ann:* It would be over which one of us is doing worse—better, but it might be couched in terms of which one of us is doing worse, because it's more definable. It's more acceptable to say, "I feel like shit," than it is to say, "You are more successful than I am."

*Ther:* What do you think, Bob?

*Bob:* (*stating premise*) We've both got this reserve that says: I could have done much better if you hadn't gotten sick, or, I could have done much better if you hadn't made me sick. Both of which are true.

*Ther:* What would have to change for it to become a struggle over who does better in the future?

*Ann:* You mean an out-in-the-open struggle?

*Ther:* Um-hum. (*long pause*)

*Ann:* Do you want to answer that? I know what the conventional wisdom is. I'd have to get well.

*Ther:* You'd have to get well.

*Ann:* Yeah.

*Ther:* Um-hum.

*Bob:* I think that there will just have to be some—some clear-cut expressions of feelings for me.

*Ther:* That's just about what's taken place. Hasn't it?

The couple's affect changes with the recognition of their own "game," and they define behaviors that would indicate positive change, which turn out to be the very behaviors that brought them to this "special" session. You also see how they struggle away from the illness and toward their non-ill relationship. In this way, future questions embody an important premise in the system and serve as interventions. Certainly they can be used at the end of the session in Socratic fashion, but I find them more useful during the course of the session because they have the potential for upheaval—they can loosen ideas and behavior. The feedback from this form of feed-forward allows the therapist to assess in the session the capacity of the family to change their former map and produce new information.

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<sup>1</sup>My first introduction to the idea of future questions was at a conference sponsored by the Ackerman Institute for Family Therapy in 1980, New York, N.Y., attended by Luigi Boscolo and Gianfranco Cecchin.

<sup>2</sup>Dr. Karl Tomm, in a plenary session presentation at "Symposium '84: Focus on the Family," given in Toronto, Ontario, December 8, 1983, presented important distinctions between circular questioning and reflexive questioning. The title of his presentation was "Conducting a Systemic Interview: Circular Questioning and Reflexive Questioning."

<sup>3</sup>Sebastian Kramer (8) writes about the inability of a system to move forward to a new organization in an article about a psychosomatic symptom in a child that serves to postpone the future. "The psychosomatic symptom ... is all alone ahead of the field. Even its owner, the child, cannot say what is going on, but the symptom has become a sort of early warning device for the family as a whole. In the short term this works quite well so that any anxieties about the future are quickly replaced by anxieties about the child" (pp. 53-54). The symptom is secretly used to control or postpone time.

<sup>4</sup>In an article called "The Death of Resistance" (5) Steve de Shazer offers an interesting discussion of the application of a future focus in therapy.

<sup>5</sup>These ideas are well described in Alexander Blount's "Toward a 'Systemically' Organized Mental Health Center" (3).

<sup>6</sup>Jeffrey Bogdan's (4) description of "Family Organization as an Ecology of Ideas" fits my use of "premises."

<sup>7</sup>Bateson (2), writing about the durability and flexibility of the premise, states: "It is commonly the more generalized and abstract ideas that survive repeated use. The more generalized ideas thus tend to become premises upon which other ideas depend. These premises become relatively inflexible.

"The same process determines that these hard-programmed ideas become nuclear or nodal within constellations of other ideas, because the survival of these other ideas depends on how they fit with the hard-programmed ideas. It follows that any change in the hard-programmed ideas may involve change in the whole related constellation" (p. 502)

<sup>8</sup>I spoke recently with the therapist, who said she is no longer seeing the family. At the time of termination, anorexia was no longer a problem for the young woman, and she was doing well.

<sup>9</sup>Our team consisted of Marcia Sheinberg, Peggy Penn, and Gillian Walker. Marcia Sheinberg was the therapist.

<sup>10</sup>The therapist was Marcia Sheinberg, and the team was Gillian Walker and Peggy Penn.

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