



## **Recursive Frame Analysis: A Practitioner's Tool for Mapping Therapeutic Conversation**

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*Recursive frame analysis (RFA), both a practical therapeutic tool and an advanced qualitative research method that maps the structure of therapeutic conversation, is introduced with a clinical case vignette. We present and illustrate a means of mapping metaphorical themes that contextualize the performance taking place in the room, recursively enacted to produce a lineal progression from an opening act to a closing act. RFA is offered to therapists, supervisors, teachers, and researchers as an exit from impoverished ways of framing both the choices we have in how to work with clients as well as the ways in which pedagogy is structured and research conducted. Keywords: Recursive Frame Analysis, Metaphors, Plot Lines, Recursion, Therapeutic Conversations*

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Recursive frame analysis (RFA) is both a practical therapeutic tool and an advanced qualitative research method that maps the structure of therapeutic conversation (Keeney, 1991; see also Chenail, 1995). In its simplest form, it presents the plot line or storyboard of a session, indicating whether there is movement through a beginning, middle, and end phases. For instance, if a client presents a beginning complaint about a problem, the therapist can move the session plot line toward an ending that underscores problem resolution. Getting from the start to the finish, however, requires a transitory middle phase that teeters between leaning back into problem maintenance versus advancing into a successful outcome. This is not the only form a session may traverse; it is simply a common idealized structure for therapeutic work.<sup>1</sup> What is more important is whether a session is moving anywhere different – hopefully in a more resourceful direction - or whether it remains stuck in the presenting situation or worse, goes backwards into a spiraling escalation of making things worse.

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<sup>1</sup> This is the same form as a fairy tale that begins with a setup of characters, proceeds to enact and heroically endure a crisis, and ends with “they lived happily ever after.” All evidence-based therapies (that essentially “prove” to have happy endings), as well as strategic, problem-solving, and solution-focused orientations are organized by the same literary genre. On the other hand, a more existentially inspired therapy might see this as naïve romanticism that masks the absurdity of believing that life, or any of its episodes, can be solved. For the latter, therapy might be regarded as providing a stage to experience the awareness that important existential concerns cannot be solved and that this realization is in itself a release from suffering brought about by thinking there is anything that can or should be done. In this case, there is still a progression of themes that begins with a problem to be solved and transitions toward an ending of being more humble about the difference between what can be changed and what cannot be altered.

Therapists easily get lost in conversation and typically do not gauge whether the therapeutic encounter is recycling the same order of discourse, understanding, and action for a client or whether it is responsive to promoting therapeutic change. It matters less whether a therapist's theory or practice model advocates for the therapist to be an active agent of change. Whether the intention is to be dynamically active or quietly passive, a therapeutic conversation will either stay stuck in the domain a client presents or it will go in a different direction, hopefully one that is helpful rather than a waste of time or a concretizing of abstractions that impoverish through pathologizing any aspect of their life, from their personality to the culture in which they live.<sup>2</sup>

RFA aims to map the metaphorical themes that contextualize the expressive action that actually takes place in the room. The latter includes all communication, from speech to nonverbal expression. However, the themes ascribed to live performance should not stray from the metaphors actually spoken by clients and therapist, as opposed to hypothetical abstraction. In other words, if a client starts a session by saying, "I have a problem with scratching my head too much," the beginning theme may be identified as "scratching my head too much," or "I have a problem", or even the whole utterance of, "I have a problem scratching my head too much." On the other hand, it should not be named "working with an obsessive person", "assessment and diagnosis", or "a victim of cultural oppression" if these phrases have not been offered by the client. The latter are abstractions construed by an observer's internal narration, not communication expressed in real time. RFA limits itself to analyzing the performed communication rather than non-spoken interpretation.<sup>3</sup>

The subsequent interactions with a client's initial presentation will shape the form that the beginning of a session takes. If the discussion focuses on problem definition – why it's a problem, who says it's a problem, what solutions are attempted, a history of

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<sup>2</sup> Here we find the contradictions in therapies that de-emphasize a therapist's responsibility for helping evoke change, preferring instead to be an equal conversational partner with the client. What is overlooked is that the client is motivated to change, and has most likely sought a professional who can help them change rather than be an equal conversational companion. In other words, there is no equality when the client wants the therapist to activate change, while the therapist refuses. In addition, non-active or "imperceptible" therapy uses case studies that have successful outcomes in order to demonstrate the validity of their orientation. What this implies is a different order of strategic therapy in their presumed non-strategic approach: act in order to not change in order to facilitate change.

<sup>3</sup> A separate RFA could be done on the interpretive narration of a therapist, that is, their post-hoc theoretical commentary or what they assume they thought during real time delivery. If linked to the actual transcription of what was spoken in a session, the two domains of discourse can be co-analyzed. This allows an examination of whether they are in synch with one another, out of synch, or have anything necessarily in common. In this way we find whether a therapist's theoretical interpretation is isomorphic to how they actually perform in a session. We have done this to cases published in clinical books or recorded on videotapes, and have found instances where the asserted theory is not necessary to explain what was accomplished in the casework. It is merely an interpretive glossing that enables a particular form of explanation to give the clinical work a more preferred type of meaning, political correctness, ideological significance, or mystification. The work of White and Epston is one example. The basic procedures of strategic therapy that first organized White's work with children's encopresis were later explained by interpretations that point to pathological cultural narratives. This resulted in subsequent clinical work that aims to set up an interaction with clients that elicits commentary about dynamics of cultural privilege and oppression, so as to validate that the formerly strategic therapy is now actually an example of a preferred, more abstract and ideological interpretation of both client's experiences and therapy itself.

the problem – then it is clearly a problem theme beginning. However, if the conversation centers on “scratching” without attending to its problematic nature, the beginning quickly has less of a problem emphasis and more of a curious exploration of a simple action. Here an inquiry can include which finger is used, the method of scratching, history of observing and learning about other ways of scratching, and perhaps a loosely associated examination of whether the client is bothered by someone scratching their finger nails on a blackboard. Here the phenomenology and theatrics of scratching override an emphasis on problem connotation.

The theme that starts a clinical encounter, what we call “act one” of a therapeutic session, is identified by selecting a metaphor that best characterizes its focus. Once a beginning has been formed and indicated, RFA then follows the course of a session’s performance and notes whether the contextual theme ever shifts. If it does change, is it able to maintain the shift? Does it resort back to the beginning theme, stay in a related theme, or continue moving forward? Whenever a session is able to move along a clearly differentiated beginning, middle, and end (a three-act play), we can say that it is well formed. This is when observers note that something has happened in a session, or that it is moving, things have come to life, and change has been experienced.

Of course, both theatrical plays and therapy may have more than three acts. The middle may involve more bridges and themes and the plot line hold more differences. However many themes comprise the middle, it is still a collective midpoint holding the fulcrum that determines whether things move backwards or project forward. In other words, you typically need a transition phase to get from the beginning to the end.

Before proceeding, we must quickly interject that neither a clinical session nor life itself is a straight ahead lineal plot line. People go back and forth between frames, take side road exits, and most importantly, go in circles. We have previously proposed that the circularities of interaction underlie the progression of a plot line (Keeney & Keeney, 2012).<sup>4</sup> Getting a virtuous circle of interaction in motion is the first goal of therapy. Keeping it moving is the second goal. The final goal is leaving it alone to continue feeding itself in a positive and resourceful manner.

Clients arrive stuck in a vicious cycle – whatever they try or do not try does not help. Both their attempted solutions and their restraint from trying to solve anything result in problem maintenance or escalation. The goal of therapy is to either short circuit the vicious cycle that liberates clients from their entrapment, or to initiate a virtuous cycle that makes the former circularities irrelevant. Of course both can be accomplished at the

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<sup>4</sup> The indication of a plot line or storyboard does not imply an emphasis on narrative. While all human interaction can be *seen*, punctuated, or interpreted as having narrative structure (as opposed to lived as narrative), it is a mistake in abstraction to reify a narrative as the whole context that determines human experience. A narration is our story of what happened after the performance. The plot line itself is unknown in its creation. It arises out of interactivity, with no one knowing what might take place next, even when stereotyped responses are preferred. What clients (and therapists) seek liberation from is narrative, including the narrative of narrative. As Zen Buddhism dramatically puts it, “Open mouth, already a mistake!” In other words, whatever story we have about our living is already removed from its being lived. The shift that is required is one to interactivity, performance, and dramatology – the here-and-now unfolding of the dynamic, processual Tao. Here narrative resides as a part, subject to constant change, inside the contextual frame of interactivity. The performed play, not the screenplay, is the context that orchestrates, performs, and lives.

same time or in a sequenced strategy where the short-circuiting of a vicious circle is followed by the startup of a virtuous pattern of interaction.

Let's turn to a simple example of mapping a session with RFA. We will start with a description of a simple three-act session. The client begins by announcing that she is unable to live in a house that has any cockroaches. Almost impossible to interrupt, she makes a list of all the things that happen to her when she sees the bug, whether it is dead or alive. From physiological reactions to anxiety and panic, she clearly makes the case that, in her own words, "I am living inside a prison of fear and the worse thing about it is that I cannot sleep at night knowing that they are crawling around the house."

Here the presenting act can be named "cockroach prison." In this actual case, we asked whether she would prefer learning how to have a better life inside that prison or whether she'd like to open the locked door and live elsewhere. She replied that since there are roaches everywhere, especially in the city of New Orleans where exterminators cannot always completely get rid of them, she has no exit. "I'm not able to adapt!" We agreed that the roaches were everywhere and wanted her to know that although we could try to help her have less fear inside prison, there still might be an escape door she hadn't noticed before. Without discussing the latter, we proceeded to list all the kinds of things she could do in order to feel less anxiety about the cockroaches. We pushed this discussion into the absurd, to help new possibilities be welcome. "You could make a paper doll roach and put a crown on its head, calling it the King or Queen of roaches. If you gave it a name, it might make it possible for you to have a friendship with an imaginary roach and this might distract you from the other subjects of its kingdom. Make sure your roach is five times the size of the ones that have been bothering you."

Here we are building a middle act, where the question is choosing between doing something to make prison life better versus finding a secret exit. After building the first scenario, we proceeded to the search for an exit. "We want you to close your eyes and imagine that your house is inside a larger house, a huge house that goes all the way to the sky. From the perspective of the fantasy house of immense proportions, the house with roaches is small, so tiny that the roaches inside it are negligible." In this fantasy work, we built a situation where the roaches became smaller while her living space expanded. She said with a giggle, "Then I will need to take the roof off my house so I can see the sky. And I need a ladder to climb to a cloud where I can rest in peace and dream again."

The middle theme now suggests a direction for a more resourceful ending. We picked up on her metaphors and imagery. "Why don't you hang a ladder on your bedroom wall and paint a cloud on your ceiling? It would be a first step toward getting closer to the peace and dreams you desire." To our surprise, she said that she had a ladder she had purchased on a trip to Santa Fe and that it was leaning on the hall wall outside her bedroom. This enabled us to advance the final theme, "It seems your dilemma is that you have left your ladder outside. Bring it inside your bedroom and get it closer to the clouds. By the way, how would your life be different if you were able to find peace at night?"

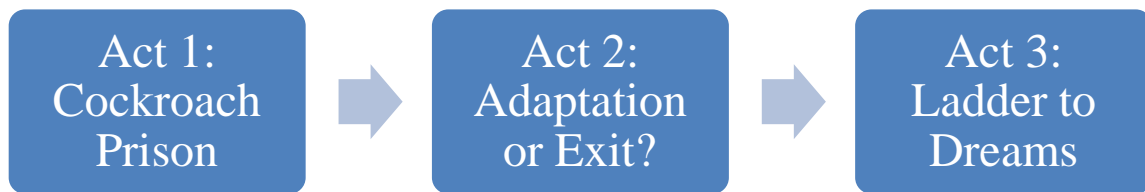
She responded, "I'd be able to dream again. I've lost track of my mission in life. I'm an artist and I don't have enough confidence in my skills, so I don't bother to paint. I let that distract me from even trying." We replied, "So your lack of confidence is like a cockroach, distracting you from the ladder you need to climb in order to reach your

dreams?” Inside the final act, she continues with its theme, “Yes, that feels true to me. I allow any distraction to hold me back from dreaming.”

At this point we were able to assign her the task of hanging her ladder on the wall and painting a cloud on her bedroom ceiling. We told her that she did not have to stop with one cloud. She could consider painting as many clouds as she wished. The woman who arrived terrorized by cockroaches was now energized to get her brush out and paint a new theme and direction for her life, one that aimed for the clouds of dreaming rather than being distracted by pests on the ground. The contextual frame of her life expanded, allowing more room for other choices and possibilities.

In terms of an RFA, we have this simple plot line (see Figure 1):

*Figure 1. Simple RFA Plot Line*

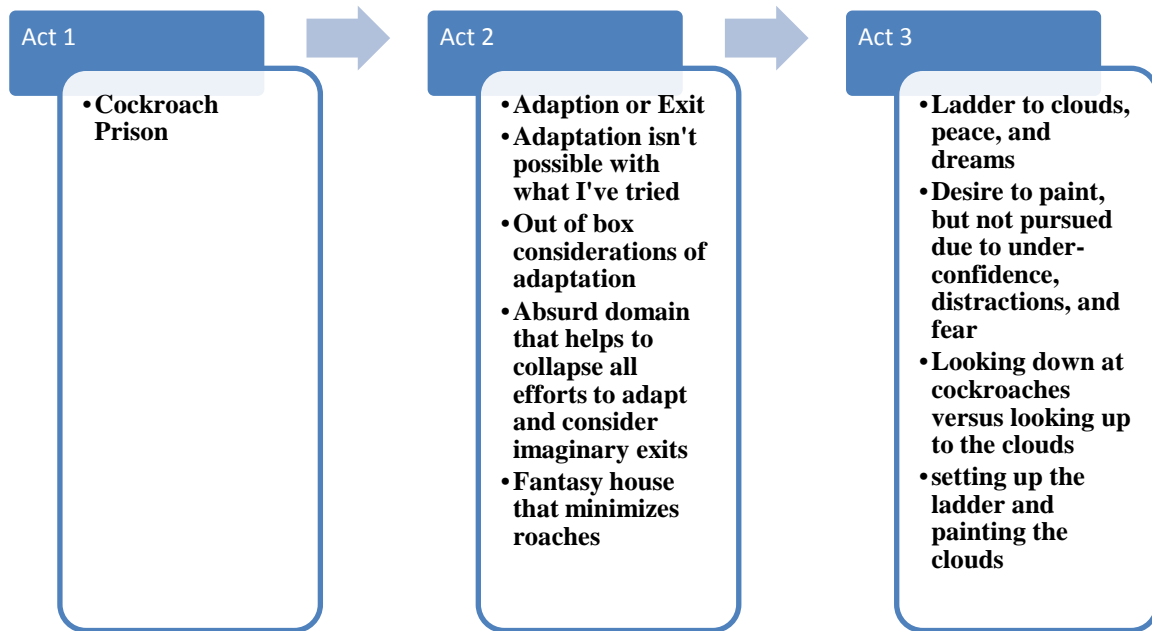


The session moved from one theme to another and progressed from a beginning that was an impoverished context for her life, to an ending that enabled her to reach for dreams again. The middle provided a fulcrum that was both connected to the beginning and ending. It alone was not able to advance her movement forward. The middle could swing either way, but as long as a middle ground was established, a return to its fulcrum always provided an opportunity to propel things forward.

Without a sketch of a session’s plot line, it is easy to get lost when we talk about a clinical case. We too easily are tempted to make generalizations that remove us from the actual metaphors that were expressed. For instance, we might write case notes that emphasize treating an under-confident woman or a phobia, thereby setting up a self-fulfilling prophecy that orients us to remain inside an impoverished, pathology oriented context we ourselves create through our introduction of metaphors which may be more vicious than the ones introduced by the client. Clients typically enter therapy speaking through their own problem metaphors so we don’t need to contribute any new ones.

A sketch of a plot line whose themes are limited to the actual metaphors spoken in a session keeps us more literally connected to what actually took place. When movement away from a limiting frame is achieved, we are reminded that we want to emphasize whatever is most associated with transformative change. If the case notes of this session emphasized a three-act RFA, then the therapist will be more attentive to returning to the final act in the next session, working with a ladder to dreaming rather than a cockroach phobia. When we detail more of the communication movement in the session, including an expression that was not included in our previously shortened rendition, we find the case having more transitions and complexity (see Figure 2).

Figure 2. More Complex RFA Plot Line



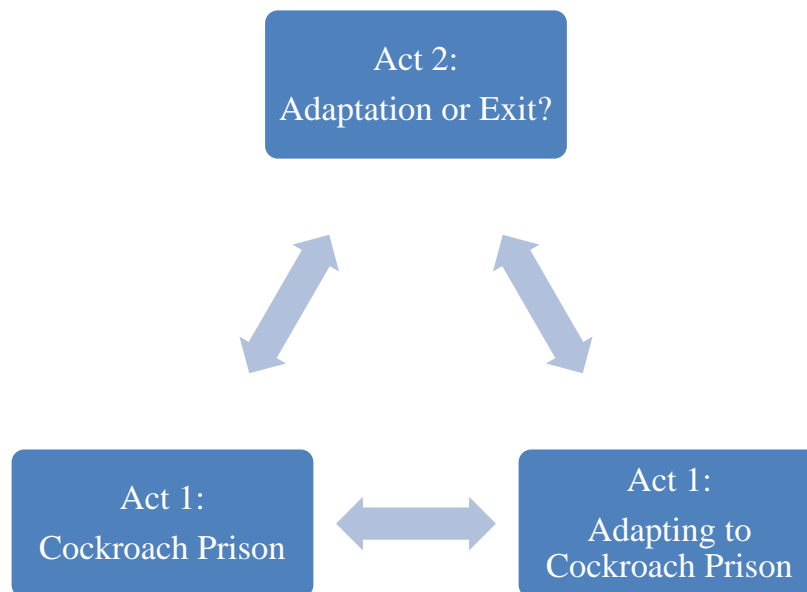
A more detailed analysis of the session indicates the finer communicational shifts that underlie the progression of its major themes. For example, the construction of a middle act required going back and forth between the beginning theme of a prison and a consideration of how she might explore ways of adapting (see Figure 3). This was done so as to push the limits of what had constrained her previous considerations, especially with the introduction of the absurd. As the limits of new adaptive action are stretched, we find ourselves at the door of an exit. This exit is the consideration of a previously not imagined form of departure. In this case, fantasy was utilized. As the theme of an imagined exit was created, it led to finding how elements of it were already concretely present in her home. The ladder in her hall and her wish to paint were utilized to firmly ground the final act, with a prescription for action that maintained presence in the new contextual frame.

Practically most phases of this session's progression did not march forward without a step or two backwards from time to time. What often takes place is a circulation of one theme inside other themes, done in a way that enables earlier frames to be more integrated with subsequent frames. As a progression recycles back to the beginning, it reorganizes the former frames to become a part of the new frames. What was once a whole context is now a part of a more encompassing contextual whole. This circularity points to the recursive aspect of RFA.<sup>5</sup> A session moves forward by re-

<sup>5</sup> We use the term "recursive" to indicate a complexity that is more than a back and forth binary oscillation, dialogue, or dialectic. Contextual frames act more like Chinese boxes where any box can be inside another or suddenly shift to holding what previously held it. Recursion points to a circularity that is always in motion, where the motion itself perpetuates further motion and circularity. Like the mythological Ouroboros, it continuously chases its own tail in order to devour it. As it re-enters its own circularity it generates more circularity, self-inclusion, and the paradoxes of autonomy where the more it changes

circulating contextual frames, with frames recursively shifting to become a part of another more expansive – and less limiting - frame. In the end, the cockroach is a distraction from picking up a paintbrush and moving toward her dream. It is a metaphor for the ways she trips herself out of the virtuous circle required for personal growth and fulfillment. It matters not whether the cockroach is a symbol of her fear of failure or her concern that her art will not be as aesthetically satisfying as she hopes. It functions as a distraction in the evolved theme, enabling it to paradoxically become a resource that helps free her to reach for a greater mission – becoming an artist versus exterminating a cockroach problem.

Figure 3. More Detailed RFA Shifts



In Figure 4, we have displayed the recursivity of the three acts, showing the Opening and Middle Acts as Chinese Boxes<sup>6</sup> within the Final Act, which is yet another Chinese Box. Each act hosts the possibility for its theme re-entering itself inside any act, while each theme simultaneously provides an exit from wherever it resides. Hence, no matter which act is being performed in the session, the therapist and client can exit out of one act while exiting into another act. RFA helps to remind us that all three acts are in

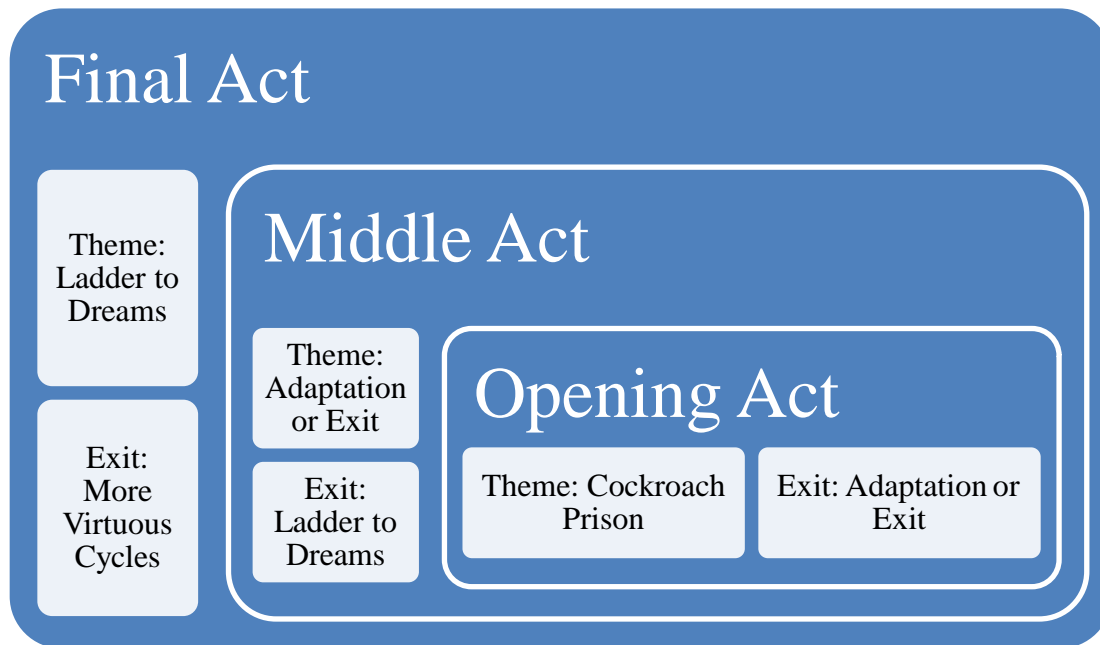
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(devours itself), the more it remains the same (is hungry for another meal). Change changes in order to not change (the ultimate change of change is not changing), which in turn, must change to keep the cycle that dances change and stability ongoing. With these circularities of recursion, we move past the simple lineal plot line. The latter is an artifact, or perhaps an eigenvalue derived from underlying dynamics that may be partially glimpsed as back and forth motions, circular feedbacks, spirals, hyper-geometrics, or other more complex patterns of movement. What recursion underscores is that there is always the possibility for an unexpected change whenever change is present. And if change is not present, that situation will eventually change.

<sup>6</sup> By Chinese box, we mean that any box on the inside of another box can expand and become the outside box holding what previously held it. This can change at any moment, meaning that any box can serve as either an inside or outside of other boxes. For our application, frames may re-enter themselves or other frames and change any part-whole relations.

recursive motion within the same play. For instance, if the plot line returns to the theme of the Opening Act, its recursive interplay with the other acts enables the subsequent flow of themes to move forward again, this time returning to deeper imbeddedness inside the virtuous cycle of the Final Act. This takes place provided the therapist and client do not get lost in conversation and recycle the same vicious discourse. With RFA, the therapist and client aim to continually keep a virtuous circle of interaction in motion where the recursive embodiment and interactive re-entry of acts, themes, exits, and transitions continues feeding upon itself (re-circulating) in a positive and resourceful manner.

Figure 4. Recursive Interaction of the Acts Displayed Recursively



RFA enables as complex an analysis as the purpose at hand requests. As a means of clinical note keeping, the sketches should be simple. A practitioner benefits when an RFA keeps her on track – reminding her whether change is being fostered, ignored, forgotten, or impeded. A post hoc analysis can provide more detail for the practitioner, enabling a supervisor (which can include the therapist supervising her own work) to point to the actual performance of a session rather than get bogged down in interpreting. Specific moments can be highlighted, with attention focused on eliciting what other communications might have been offered that would have made a possible difference in the session.

RFA is analogous to a musical score that provides an outline of the progression of music in real time. In its simplest form, scored music lays out the melodic notes and its underlying chord progressions. A more elaborated score indicates more about the ways in which a song is to be embellished and performed. In jazz, a simple sketch of a song is called a “cheat sheet” because it summarizes the whole score on a single page or half-page. A conductor’s score of a Broadway musical or opera, on the other hand, will be a thick text showing all the notes played by all the instruments.



Keep in mind that a musical score is not simply an analysis of music; it is a prescription for performing it. Similarly, RFA not only maps a session, it implicitly prescribes a way of conducting therapy. Namely, it encourages a therapist to move a conversation toward a less impoverished context. It has little concern over the theoretical ideas a therapist uses to interpret. Instead, it focuses on what is being done, expressed, communicated, and performed. It does so while discerning whether anything is moving at all, that is, generating the kind of difference that can precipitate, mobilize, and activate a virtuous circle of interaction. Again, we are not examining any hypothesis about what may be taking place inside a psyche, social system, or culture. RFA's attention is on the domain of live performance – a strict focus on what is taking place in the session.<sup>7</sup>

RFA enables us to present a score - whether simple or complex - of a session or whole case. In a glance, a practitioner or researcher can tell what happened or did not happen in the communicative performance. The level of magnification can be changed from whole frame progression to the more micro level of circular interactions and recursive interplay that enables the former to generate a plot line. With RFA, a practitioner can have a more concretely relevant and empirically grounded relationship to a session. It demonstrates outcome in the same way that a musical score shows the outcome of a particular configuration of notes. The outcome is either a well formed song or it is a performance that goes nowhere other than resting on one note or stuttering back and forth between a few measures. Perhaps the most relevant outcome studies would involve assessing how many sessions are well formed by a particular therapist and allowing this tally of actually performed change to be compared to other therapists. We question whether evidence-based therapies would be able to show sessions where any movement of contextual frames takes place. Change is theoretically assumed rather than empirically demonstrated.<sup>8</sup>

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<sup>7</sup> Here we find that RFA is arguably more empirical than social statistical analysis. The latter requires leaps of assumptions and abstraction in order for its analytic machinery to work. What does it really mean to conduct an outcome study on a school of therapy? For instance, is the operationalization of solution-focused therapy anything more than the detection of a handful of phrases like miracle questions and scaling? What does such an articulation say about the sequence of interaction which holds it? Without inclusion of the interactional pattern, the utterance itself is meaningless. Suffice it to say that most empirical research is questionably empirical. It reduces an orientation of therapy to being little more than a few clichéd lines, with no specification of the organization of communication that handles its delivery. There are few outcome studies that give the reader the slightest clue as to what actually took place in a single session of any of the therapy being evaluated. It has no empirical component; only logically mistyped and confounded abstractions that render variables that can be subjected to statistical manipulation. Traditional empirical outcome studies are less grounded to data than inflated abstraction, closer to hallucination than sensory percept. They strip away context, interaction, and provide no detail concerning what actually takes place in the phenomena that is presumed to be analyzed. In other words, there is no subject nor data that is related in any obvious way to real life.

<sup>8</sup> They might be found guilty of using statistics to cook their data, that is, imply that there is evidence for a successful therapy where in fact nothing has taken place that can be recognized as anything different from a casual conversation or worse, a clichéd psychotherapy session that appears to be a parody of itself. Most beginning students and practical therapists we know agree with this assessment. The latter hypothesis is born from our empirical pilot study of how therapists, beginning and advanced, assess social science assessment. The only disagreement from this evaluation, for the most part, comes from researchers who make a profit selling the idea that their research is relevant, or that it constitutes undisputable science (note: statistical outcome studies have little to do with science; they are simply applying the same statistical

We call for kind of experience-based empiricism that demands that a researcher be accountable for showing us what exactly is being studied, measured, and evaluated. If it is a number abstracted through a long series of cognitive operations that strips away all context and relationship to the structure of therapeutic performance, then it fails to pass the smell test. It simply is a research study on an abstraction far removed from the phenomena of interest, while accompanied by irrational assumptions regarding its validity. A summarized test score can never be an indication of pattern, interaction, or context. It's a number game, having more to do with the nature of combining numbers than the subject claimed to be examined.

RFA provides an exit from impoverished contexts that frame both the choices we have in how to work with clients as well as the ways in which pedagogy is structured and research funded. It is time for the field to dream of an art that too many practitioners have felt under-confident that they can achieve. Imagine a music conservatory closing and being placed in a school of social science. We would then have scientist-practitioner musicians. Performance would be minimized, musical scores abandoned, all in favor of statistical outcome studies. You would be encouraged, even required, to only play a few stereotyped notes, doing so over and over in every concert hall. Audience members would fill out a questionnaire whose probabilistic analysis would determine what notes of an instrument would be prioritized.

Such an environment would fill us with fear, wondering what the correct assessment and intervention must be. We would stop thinking for ourselves and forget creating, in favor of placating the demands of an authoritative system that claims to have good reasons for having predictable therapeutic performances. We would be no different than our client who feared cockroaches, allowing herself to never pick up a paintbrush and dream. We need to ask whether we should find a way of adapting inside a prison that banishes creative performance or dream of an exit where we can feel free to build a dream practice. To find the exit, it helps to express the absurdity of our situation.

Perhaps it is you who could benefit from hanging a ladder in your clinical office. You might also want to paint a cloud or two on the ceiling. Do it to avoid being paralyzed by fear of a cockroach, whether it goes by the name of a school of therapy that demands allegiance or a researcher who demands unquestioned obedience. We once had a client who was a therapist. He found himself consumed by anger toward a particular school of interpretive therapy. He had been trained to be responsible for change and was successfully strategic, while effectively utilizing a client's communication. At the same time he was mistrustful of grand interpretations that are applied to all clinical situations. He could not stop ranting about what he called the toxicity of this interpretive school of therapy. We suggested that he go attend the workshop of the orientation he despised, adding that if it is as bad as he thinks it is, it might be liberating to experience its mediocrity firsthand. He said it would only make him more upset, but he agreed to go to only a couple of hours of the workshop. The following week he arrived with a big grin on his face. "Did you go to that workshop?" we asked. "Yes, I did and you were right.

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machinery that was created to study agricultural crop yield to that of human behavior and social interaction, where the latter is not easily reduced to as simple an outcome as the sprouting of a seed). There are also a handful of timid clinicians, often lost in their sessions, who may support the idea of evidence based strategies, especially faculty teaching therapy in an academic setting where any other conclusion would be regarded as heretical.

The speaker was so clichéd and robotic, that I couldn't take him seriously. He was simply a cockroach and not worth getting upset over."

The session we just described actually took place and the previously annoyed therapist was a university professor. He found liberation in discovering that he had been upset at something he had blown up to be bigger than life. As he put it, "I never heard anyone as boring and uncreative as this therapist. He did nothing but recycle clichés and then tried to argue that his theory was correct because he kept repeating the same words and expression that matched his theory. It was embarrassing. I was actually embarrassed for him and anyone in the profession who thinks this is important."

We responded by utilizing his choice of metaphor, "It's amazing how upset we can get by a single cockroach." We went on to discuss his concern about our profession's obsession with interpretation. We worked to elaborate a middle transitory act, as we continued to argue that in our profession, interpretation began with an obsession with the belief that sexual trauma of some form underlies all psychological suffering. Interpretation then became more generalized so that any kind of trauma could qualify as the causative agent of pathology, whether it be found in a family relationship or a cultural narrative. We asked our client a strange question, "Can you imagine if you went to see an eccentric psychoanalyst who listened to all that has happened to you. After long contemplation, he offers a question which, of course, reveals an interpretation. He asks, '*Cockroach* is an interesting choice of word. What part of that word troubles you the most?' If you trusted this analyst you might be easily led to re-inventing a historical narrative that explores whether a cock is about the rooster or father figure in your life, whether it alludes to the mechanical valve that releases pressure, the part that supports the balance mechanism in a clock, an addictive desire for a mixed drink, or a repressed memory concerning a sexual organ. Of course, if you went to someone who prefers cultural trauma, the same interpretations would be reframed so that it would become a concern about the message your culture gives you about fathers, pressure valves, balancing time, drinking, and the organ that fascinates all interpretive therapists."

We went on to prescribe some homework for our client that not surprisingly involved a ladder and a cloud or two. When he came back the following week, he reported on what had happened to him, "I had a dream about a cockroach, but it wasn't your typical bug. It had a human head on it – the head of the therapist who used to annoy me so much. In my dream, I noticed that no one paid attention to it, not even offering it a drink of water. This is when the dream got really weird. The head fell off of that cockroach, but the bug continued to live without a head. A voice spoke to me saying, 'A cockroach can live for one week without a head, but then it will die if it gets no water.'" I woke up so startled that I was dizzy. I went to my computer and did a search and to my great surprise I found that a cockroach can actually live for a week even if it doesn't have a head. It dies in a week because it doesn't get any water."

We were as startled as our client. Without thinking we asked, "Do you think it's more important to worry about whether a cockroach has a head or whether it gets water?" We did not know why we asked this. He showed immediate satisfaction and quickly responded, "That's amazing that you ask, for I have been thinking of the same question. I don't have an answer." We all laughed together and then decided that something extraordinary had happened in this case. We didn't understand what, but things had

changed and we were all a part of the change. He then asked us to do something, “Would you sprinkle some water on my head? I think this would be a good thing for me.”

Without hesitation, we arranged a ceremony to sprinkle some water on his head. Without being guided by any model of therapy, we improvised this prose, “We water your head so you will have life and not lose your head over a cockroach who already lost its head. You have been feeding that headless and mindless insect by all the attention and life that you gave it. You have done so at the expense of not feeding and watering your own life. Yes, the headless cockroach offers a therapy of death, and its over-presence in your everyday can bring an absence of life in your own work. It is time for you to water your life, your mind, your creativity, and bring forth some dreams that will arise the next time you choose to look at a cloud in the sky rather than be concerned about whether a headless cockroach is running around on the ground.”

The client wept and laughed at the same time. “Yes, it is true. I have been losing my life as I gave too much attention to how others have been deliverers of death. It is time that I stop worrying about cockroaches and enjoy what is higher in the sky. I think I shall start listening to birds sing their song and watch them fly gracefully from one tree to another.”

Ten months later, our client sent us a letter saying that he wanted to tell us about a case he had worked on since seeing us. He described a man whose family had experienced four suicides, including that of his grandfather, father and brother, and was worried that his sister would do it next. His client was depressed about his profession and life, his marriage was in trouble, and he was experiencing financial difficulties. For some reason, he asked his client a question that popped into his mind, “Did you ever go fishing with your father?” The client answered, “Yes, that is my most positive memory of him. I haven’t fished since he passed away.”

What happened next was simple and inspired. Our client asked his client to go get a cane fishing pole. He also asked him to bury one of his sister’s CDs. His sister had a large CD collection because she loved music, thus providing a potential resource for prescribing this action. The client agreed to follow our direction. Several months later, he received a letter from his client:

*I just wanted to briefly share with you a few things that have transpired since my work with you. To refresh your memory...I had the 4 suicides in my family. Your prescription involved getting a cane pole and keeping it by my bed and burying a CD from my sister's collection. I had some powerful dreams that night...*

*When I saw you I was not sure what specific issue to talk about. The suicides were obviously a big deal, but so were my finances, my relationship, and professional direction. You told me I was a fisher of men, that I would catch some ideas soon, etc...*

*Well, when I got home I felt quite depressed. But, a few days later I did make a small cane pole out of two sticks and tied them together to represent my wife and I. The power was very strong in the room when I did this. Over the next months our relationship improved to a much better*

*place, our love for each other became very strong! Then, I got a big raise at work, a big bonus and she got the job of her dreams and still feels like it is Christmas every morning. Our income has more than doubled...Yea!!! Personally, I feel more secure in my identity (walking with a foot in both worlds)... enjoy my work... and am quite inspired. Also, I have been able to develop a good relationship with my sister's daughters.*

*I just wanted to say thank you...thank you... thank you... and I hope to see you in again.*

*Peace and many blessings to you,  
Sam*

After reading our client's letter and the letter he received from his client, we pondered over how fascinating it is to note how a cockroach can show up in many forms. We began to feel sorry for the insect, as it has arguably taken on quite the burden of being the scapegoat for so many people's trouble and suffering. However, remembering that a cockroach is expected to survive a nuclear blast, we agreed that it is built to handle a lot of trouble. We decided to do something odd, doing so as both a celebration of the transformative sessions we had experienced that included a cockroach, and as a means of utilizing the ways all of this had touched us personally.

We drew a tiny cockroach framed inside the image of a cloud on the ceiling of our clinical office, making it so small that it cannot be seen unless you are up on a ladder close to it. We then took a pledge that every time we experienced a client trying to pull us into an impoverished frame, we would look up at the ceiling where that cockroach resides inside a cloud. It would be a reminder that there is no challenge, problem, symptom, or nuclear bomb that a cockroach can't handle. Of course, we shall never ever mention this to a client. The exception, of course, would be you should you decide to come visit us and tell us that you want to learn how not to fear, but utilize every annoying insect, critter, symptom, problem, and experience that comes your way.

We present this final RFA, invented for everyone who is interested in acquiring the skills to help others change. It shows how fear needs a gear to transform it into cheer (see Figure 5):

*Figure 5. An RFA for Everyone*



We can say no more and provide no interpretations, for you have to go on your own improvisational journey to find how this plot line is the map to the clinical treasure you

have been seeking. Do so for no reason other than inventing a more exhilarating way of inventing how you participate in bringing forth change.

In summary, RFA first provides a new way of keeping case notes. It does so by maintaining an emphasis upon the contextual organization of a session, particularly noting whether change has occurred. It helps a therapist maintain a focus that de-emphasizes pathology and impoverished experience, while mobilizing action that helps move toward resourceful re-organization of client-therapist interaction, and finally, improvement of the context that organizes a client's everyday life.

RFA is also more than a simple means of scoring sessions. When elaborated, it provides microscopic analyses of the communicational moves that underlie the progression of a plot line. Here the circularities and recursive nature of interactional complexity are made more evident. At this level, the techniques of skilled and masterful therapy require sufficient expertise in improvisational interaction to move a conversation from pathology to resourceful concerns.

Most importantly, RFA helps therapists, theorists, and researchers discern the differences between performed communication (i.e., metaphors spoken in therapy sessions) and interpreted narration (i.e., metaphors spoken about metaphors spoken in therapy sessions). Both domains can be subjected to an RFA analysis, as can a model of therapy that prescribes specific understandings and clinical practices. With these distinctions, RFA serves clarity, distinguishing how different orders of abstraction lead to either muddles of logical mistyping or to the aesthetics of respecting and utilizing the interactive complexity of communication and relational systems.

We invite you to keep better track of what you are doing in a session, or how you think about a session, as well as your relations with particular therapeutic ideas, theories, ideologies, and models. Do so to avoid falling into the trap of not knowingly using a session to merely prove that a particular therapy model is true. Take more responsibility for how you interact with a client so as to co-create a context that will serve change, or else risk doing little to advance the client's situation. The clarity required to be an effective performer of transformative change rests upon how willing and able you are to change with the changing that faces you in each moment of every session. As William Blake proposed, "in contraries lies progression." Contrary to what you might think this means, know that in change is found another change that includes changing you. This complexity of change assures that each therapeutic situation is filled with contraries and differences. These lie ready to be utilized and improvised in service of releasing interactions from self-perpetuated vicious cycles, stepping toward the circulation of virtuosity in the lives of others as well as our relations with their efforts to change and grow.

### References

- Chenail, R. (1995). Recursive frame analysis. *The Qualitative Report*, 2(2). Retrieved from <http://www.nova.edu/ssss/QR/QR2-2/rfa.html>
- Keeney, B. (1991). *Improvisational therapy: A practical guide for creative clinical strategies*. New York, NY: The Guilford Press.
- Keeney, H., & Keeney, B. (2012). *Circular therapeutics: Giving therapy a healing heart*. Phoenix, AZ: Zeig, Tucker, and Theiesen.
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