What Is a Good Question—and What Does It Do? A Forty-Year Reflection on Inquiry in Narrative Therapy

David Epston

This paper is based on David Epston's keynote address delivered at the 2025 Contemporary Narrative Therapy Conference in San Diego, California.

Part I: Inquiry, or the asking of questions

Inquiry, or the asking of questions, to my way of thinking, is the primary instrument for our work. If a scalpel might be said to be essential to the work of a surgeon, should considerable care be given to whether such an instrument is sharp or blunt? A dull scalpel would have serious consequences … it would tear flesh, wounding and scarring. Compare a scalpel with a keen edge, which would do less harm and lead to a far quicker recovery. In the same way, we must assume responsibility for our questions in that any response to them is mediated by the question itself. I believe it is predictable that a dull question will likely invite a dull answer; a heartless question will likely invite a disheartened answer; a poetic or metaphorical question will likely lead to a poetic or metaphorical response; and what I intend to speak at greater length today is that an imaginative question will be responded to in an imaginative way. It just might find a way that hasn't been taken before to what Michael referred to as 'the not yet known'.

As well, I believe our questions disclose—whether we like it or not—how we are endeavouring to 'understand' the other. Some questions, as you know, are asked for their own administrative or diagnostic purposes. Such questions are often prescribed and even manualized. They are fixed and require very little of us other than to utter them audibly. In fact, such questions have nowhere to go other than where they have gone before. Unsurprisingly, asking such questions is devoid of the excitement of what might lie ahead and is a pale imitation of a lively encounter. In fact, in such pre-scripted and prescriptive inquiries, it would be an

infidelity to consider anything other than that which has been considered by the manual designers or the algorithm.

One of the matters that Michael and I saw eye to eye from almost the very first day we met was our dissatisfaction with the professionalisation of the interview. We both began our careers in child psychiatry, Michael in Adelaide, Australia, and myself in Auckland, New Zealand. We were frustrated by how such 'interviews' allowed us to both know and regard those who sought our assistance and, as well, how they came to know us through such interview questions. In fact, Michael soon renamed the inquiries we were adopting and inventing by substituting 'therapeutic conversation' for the commonplace term 'interview'. Why did he do this? It was to characterise something very different … conversation, yes, but a very particular form of conversation for a very particular purpose: therapeutic. By contrast, the interview positioned the professional as an elevated outsider, in a manner of speaking, looking down upon the other. We sought a means to share in the making of the conversation, a kind of 'train of thought' on which both of us travelled alongside one another.

Many of our inquiries may have been regarded as heretical at the time according to the taken-for-granted assumptions of psychotherapeutic inquiry, and that still may be so. Although then, I very much doubt we would have been able to articulate what we were embarking on in the way I propose to do so now, for I have the benefit of the wisdom of hindsight to assist me. This address has had me reminisce, which is appropriate to those of my age, looking back on our efforts to realise our intentions some 40 years later.

What did we seek our questions to do? That is the question I posed to myself in my reminiscences. In the 1980s, whenever I taught a workshop in Australia, often in Adelaide, Michael would invite me to stay another week so we could work together. He would seek consent from his clients—as he put it, "my best friend and colleague is with me today, and I wonder if he might join us." No one I can recall refused. Michael would start the interview off by bringing us all up to date.

After 10 minutes or so, he would indicate that it was my turn, and I would do the same. And we would continue to alternate until near the end; Michael would summarise and arrange the next appointment time. When Michael was in conversation, I would write down any question of his that took my interest, and there were indeed many. From my perspective, he was indeed prolific. I would then take my notes home with me, transcribe his questions word for word, and practice or rehearse them first in my imagination. It did not take long for them to start showing up in my conversations. And as well, I took a keen interest in the effects of such questions. This encouraged me to start inventing questions of my own which I could take back to Adelaide on my next trip and trade Michael for more of his originals. One of Michael's greatest achievements in the 1980s was studying and cataloguing the wide range of his inventions with the help of a student researcher. They compiled, in my opinion, his most important paper of the 1980s on what became known as narrative therapy by the end of that decade. It was titled *The Process of Questioning: A Therapy of Literary Merit?* with a question mark after this proposal, suggesting that these questions might lead to something that had literary merit. I will propose 'aesthetic or poetic merit' for 'literary merit'. I believe narrative therapy has had, from its very beginnings, a commitment to imbuing such therapeutic conversations with a poetics or an aesthetics alongside its ethics. And I fear that is being lost, and my address seeks to have us all explicitly consider this.

Michael would often characterise narrative therapy as 'a therapy of inquiry' in the late 1980s and the early 1990s. And I would like to do so as well in 2025.

Specific memories started flooding back to me of those times and events in my reminiscences. However, there was one encounter that continually returned, day after day. It concerned four meetings in the early 1980s with Dustin, then sixteen years old, and his parents under the most dire of circumstances. Fortunately, I had retained videotapes of those meetings, as well as transcripts, in my archives and was able to revisit them some forty years later.

In many respects, this encounter became the genesis of my lifelong intrigue and study of two closely associated matters: *What is a good question? And what does a good question do?* I remain engaged with these matters to this day.

What follows is Dustin's story.

Part II: Dustin's story

I had been collaborating with Dr. James, a pediatric respiratory physician, with a well-earned reputation both as an international researcher and locally as a medical healer, to consult to young people and their families from around the North Island of New Zealand whose medical advisors, despite their best efforts, feared for their lives. These young people and their families would be accommodated here in Auckland over the period of a week while every effort was made to offer the best our public health services had to offer. Dr. James would seek my assistance when she thought any remedy might have to be found beyond even the best of conventional medicine. I took leave for the week from my workplace so I could devote all my available time and thought to Dustin, aged 16, who was expected to soon perish as a consequence of a rare form of asthma.

Moreover, prior to introducing me to Dustin and his parents, she informed me that, from her daylong consultation with Dustin the previous day, that in her opinion he had given up any hope for his survival. Regretfully, she expected him to perish in the very near future.

Dr. James then introduced me to them with the utmost respect, informing them that she was turning over his care to me for the rest of their weeklong stay. Still, I had to wonder what in the world they might be thinking of being transferred after day one from a high-status professional and esteemed pediatric respiratory physician to a relatively low-status professional as a social worker? Could they possibly have regarded this as some kind of demotion, some indication of the hopelessness of their son's predicament? Might I be there to speak of palliative care and what they might have to anticipate? After all, they must have banked on something life-saving coming from such medical investigations at the largest

hospital and under the care of the most learned and prestigious physicians in New Zealand? They justifiably seemed baffled by this turn of events.

We were provided with an office right across from the nursing station; the nurses had been alerted that we would be meeting there. We made ourselves as comfortable as we might by going through the customary social introductions: “How was your flight up?” “Is your accommodation suitable?” “When are you expecting to fly home to New Plymouth?” The same cannot be said for Dustin, who sat downcast, his eyes directed at the floor beneath his feet.

Session 1

This is about a half-hour into the interview … I start by having us interrogate what Dustin had going for him and what might be possible as a consequence of that. First, his parents told me he had a good mind … how might he use it, I wondered?

David: Can I tell you about a girl your age whom I met not so long ago?

This piqued his parents’ curiosity, judging by their watchfulness of me.

David: She had very similar problems to the ones that Dr. James told me are bothering you. She started using her mind, sort of like mental karate, and started to get the better of her problems with asthma. And when she learned how to do that, you might be interested to know that her school marks improved by 1/3.

Both parents nodded with interest.

David: I don't know about you, but I found a lot of the kids with serious problems like the ones that have been bothering you, it also held their thinking back. They can do better thinking than what they were doing. Too much worry! Do you follow me?

Dustin: Yah …

I wouldn't say his response was overly enthusiastic, but at least he responded.

David: Do you feel that has happened to you in any way? Do you think your thinking could be better if you didn't have so many problems?

Dustin: Yah.

Once again stated with an ample measure of uncertainty.

David: You end up thinking about your problems a lot, but you don't get a school certificate for asthma … do you?

His parents are amused and try to muffle their laughter.

David: Do you follow me, Dustin?

Dustin: Yah.

David: And what I noticed was that their thinking grew and sometimes their parents were quite shocked by that. They seemed more intelligent. Does that excite you in any way, Dustin?

Dustin: Yah.

Once again, his reply is somewhat lukewarm.

David: Is what we are talking about too much for you? Are you still keeping up?

I check with him to see if he has wholeheartedly joined the conversation yet or if he is just along for the ride.

Dustin: Yep.

David: OK. Do you want me to slow down or am I going right for you?

Dustin: No, that's alright.

David: You're sure. You'd tell me if I was, wouldn't you? *(Our eyes meet and I seek to reach some sort of agreement.)* Promise? You're being truthful with me, aren't you?

Dustin: Yah!

He laughs to accompany his nodding in agreement to reassure me.

David: OK … Dr. James told me this asthma has got worse this last little while and has given you (*referring this comment to his parents*) some real frights and given you some frights as well, Dustin?

His parents state unequivocally that this is so.

We speak briefly about the most recent dangerous episode, but in doing so, I learn that he has a lung function appropriate for his age and, in fact, similar to my own. One might have expected that his recurrent illnesses would have compromised his lung function. This is a contradiction that my inquiry takes up …

David: Really, you get over 400? *(I am indeed surprised.)* You've got pretty good lungs, don't you?

Dustin: I suppose so.

He seems somewhat reluctant to accept my conclusion.

David: Did you know that you've got good lungs?

Dustin: Yep. *(He now states this with a measure of conviction.)*

David: Well, in a lot of people with chronic asthma, it starts doing things to their lungs. Your lungs must be strong because they are equal to a person without asthma … right? And your parents earlier told me you had a strong mind as well. By the way, did you think you were a weakling? Did you think you had a weak mind and weak lungs?

Dustin: Not much … but they could be stronger.

David: I didn't know this about you, but it's pleasing for me anyway to hear that your lungs are not weakened.

Then Dustin's mother tells me, somewhat uncomfortably, if her tone of voice was anything to go by, of her response to his endangerment.

Mother: I've got into the habit of hovering over him, listening to his breathing.

David: Do you think he listens to himself much or do you think he mainly gets you to do the listening for him?

Mother: I do most of the listening.

David: Do you agree with that, Dustin?

Dustin: Yah.

David: Well, what percent do you think your mum and dad listen to your asthma, and what percent do you think you listen to it?

Dustin: I've never thought about it.

David: Can you think about it? I am curious what you think. Maybe they would like to change the balance a bit?

Dustin: About 30/70, I suppose. *(He took considerable time and thought to reach his conclusion.)*

David: So, Dustin, 30; parents, 70. *(Dutifully writing this down on my pad.)* What would you say it is, Marie?

Mother: I think he relies on his father and me to look out for him.

David: Has he become parent-reliant?

Mother: I would say so. *(His father thoughtfully nods in agreement.)*

David: Dustin gets parents to look out for him. *(Once again dutifully writing this down on my pad.)* Oh dear, this is dangerous … unless he can always have either or both of you around?

Mother: That's what we tell him. We won't always be there. In fact, I don't think he really looks out for himself.

David: Can I tell you something, Dustin? If you get your mum and dad to do all the detective work on your asthma, asthma will very likely trick you. Do you follow me? It will out-trick you. It will play tricks on you, and some of those tricks could be deadly tricks. Do you know what I mean?

Dustin: Yah. *(Uttered with what seemed to me to be a measure of agreement.)*

David: Did you think it was better to rely on your mum and dad instead of relying on yourself? Or you've just never thought of it?

Dustin: Yah, I've never thought about it. *(Spoken somewhat ruefully)*

David: Say you were playing football right now *(I had learned he played football.)* and you've got asthma on one side and Dustin on the other side. It's the end of the first half, what would the score be?

Dustin: 5-2 for asthma. *(Spoken softly and humbly)*

David: Say you were playing and someone from the other team came towards you dribbling the ball and you said: "Look … I've just got to ask my mother what to do. I'll just get my mother to come on to the field here." What would happen, do you think, in this game? Do you think you'd win much? Or lose?

Dustin: Lose. *(Forlorn)*

David: Would it out-trick you? Slow you down … asthma is a very cunning thing. Do you think asthma respects you? Do you think it wants you to have a good life?

Dustin: No. *(Shaking head sadly)*

David: Do you think it's a friend of yours?

Dustin: No. *(Shaking his head again)*

David: If you said it was a good friend, I would wonder what you want for an enemy. Do you figure if you are playing football, it is not such a great idea to call out for your mum or dad to come on to the field and defend against them for you?

Dustin: (*Shakes his head 'no' …)*

David: Marie, do you think Dustin asthma-watches and looks out for himself 30%, and he gets you to look out for him 70%? Would that be about right?

Mother: I would probably say about 10/90.

David: What would you say, Tim *(father)*?

Father: Yah, about 10/90. *(Nodding thoughtfully)*

David: *(to parents)* Now do you think you would like a different kind of balance between him relying on himself more and relying on you less?

Mother & Father: *(Nodding and grinning … with Mother stating unequivocally: "Very much so.")*

David: Would you consider this, or would you rather play on asthma's side? Who do you want to play for—asthma or your family? Do you follow me?

Dustin: Myself. *(Stated with some assurance)*

David: Great! Great! Say you started playing for yourself and against asthma, what would you do differently than you are doing now? What skills would you use and how would you rely on yourself more?

Dustin: Try to build up my lungs. *(Now speaking with a measure of sincere interest and playful engagement.)*

David: What if asthma told you to listen to it? Would you still listen to your own advice?

Dustin: Yah.

David: So your advice is to strengthen your lungs and strengthen yourself?

Dustin: Yah.

David: What about strengthening your mind? Do you think that would help?

Dustin: Yah.

David: *(writing)* Strengthen my mind! That could be mental karate, eh? Do you like these ideas or do they seem a bit silly to you?

Dustin: No, I like them … I want to do more for myself and not rely on my mum and dad so much.

David: This could be very hard, you know. You have very capable parents. Good parents, right? Don't you think you've got great parents?

Dustin: Yah! *(Very enthusiastically)*

David: Say you started to rely on yourself more, you might have to rely on some good ideas, and maybe you have been depending on your parents' good ideas?

Dustin: Yah.

David: Would you like some good ideas?

Dustin: Yep. *(Stated enthusiastically)*

David: You sure? Say we came up with some good ideas, would that be OK?

Dustin: Yep. I would do that.

I now turn to his parents and ask them one of Michael White's classic inquiries—a unique outcome question and am stunned almost to disbelief by their answer.

David: Has there been a time, Marie or Tim, when Dustin played around with being more self-reliant? Was there a time he had a try at it and it didn't work out … he had a go … but he didn't stick at it long enough?

Mother: *(After some reflection, she replied thoughtfully, trying to find the words to express herself.)* How will I put it? He wasn't playing around with being more self-reliant, but if he had in his mind that he wanted to do something, even if he was a bit wheezy, he could make his asthma go away.

David: *(I am shocked to hear this …)* Pardon, am I hearing things? Hold on! Did you hear what your mother said? She said you could make your wheeziness go away when you really wanted it to.

Dustin: Yeh. *(In no way contested his mother's comments)*

Mother: And likewise, if he really doesn't want to do anything, he can make himself have an attack too.

David: *(Uttered with unrestrained excitement)* Oh … great! He can give himself asthma; he can stop asthma. This is great news.

Mother: Mind you, he hasn't done that lately. That was when he was younger.

David: *(Once again amazed by what I am hearing)* Why did you give up on that? That must have been good to have. Did you know you could do this?

Dustin: *(Somewhat surprised to learn of this, shaking his head)* No.

David: Well, it's a shame, isn't it? Here it is. You've been made miserable by asthma, haven't you? Your life isn't as happy or free as it should be! And then I find out from your mum and dad that you can make your asthma come to you and you can make it go away. It's news to you what I am saying? Is it sinking in a bit?

Mother: *(Very amused, considering this)* I think he had an inkling.

David: Does that excite you, Dustin?

Dustin: Yah. *(Stated with very limited excitement)*

David: How much? You don't seem overjoyed! Look, give me your right hand … don't do it until I say so. This is a bit of a test here. Now I am going to say, "one, two, three, go!" When I say "go", I want you to squeeze my hand to show me how good you think it is that you can make asthma come and make it go. And I will tell by the strength of your handshake whether you mean it or not. But this will be true, like a lie detector test. Ready? Let me just say what I need to say to you. Well, a minute or two ago, you and I—your mum and dad have known it for a fair while—found out something: that you can make asthma come. Or you used to be able to make it come, and if you really want something, you can make it go. OK, that's quite good news, isn't it? It is a lot better finding out that asthma just attacks you all the time and beats you. Are you ready?

Dustin: *(Seems engaged in my proposed test)* Yah.

David: One, two, three, go! Ow! Ow! So you mean business; this is serious? *(I admit to somewhat exaggerating the pain he had submitted me to, squeezing my hand, but nevertheless it was a forceful squeeze.)*

Dustin: Yep. *(Grinning in response to my ow … ow …)*

David: So, tell me all about this. I am all ears. *(I could not hide my enthusiasm, anticipating him providing me with his account of these times in the past.)*

Dustin: I didn't have asthma for a while … for about a year or so … when I was 12 and 13.

Mother: It was the result of a bet.

David: Pardon. *(I think I have misheard Marie)*

Mother: *(Repeats herself)* The result of a bet.

David: Bet! *(I still think I am mishearing)*

Mother: The next-door neighbour … the lady next door … she used to get asthma, didn't she? And she said: "Right, Dustin, I'll bet you whoever of us goes into the hospital first pays the other." It was a hundred dollars or something, wasn't it? So they had this bet. And that was a year and a half he didn't go to the hospital.

David: How much do you think it costs the public health system for a day in hospital … $300 or $400?

Mother: Yah, around about that.

David: Dustin, if the people at your hospital said: "We will give you money equivalent to 2 days in hospital …"

Mother: *(Interrupting in good humour)* He wouldn't have any more asthma.

We are all laughing now …

David: You'd do it, wouldn't you? You'll do it for money. (W*riting once again carefully recording what I have just heard)* One and a half years free of asthma.

Mother: *(Interrupting)* Never hospitalised; he controlled it himself. *(Then smiling to herself, nodding in a kind of disbelief at what she is recalling.)* She lost because she had a baby and had to go to the hospital. He let her off the hook and didn't demand any money … the baby was unexpected.

David: Look, if I said to you right now, "I'll give you a hundred dollars if in one year's time you continue or bring back this skill … this control you had, would you do it?"

Dustin: I'd try to, yah! *(Very enthusiastic response)*

By chance, on the way to this meeting, I had just been to the bank at the hospital and had withdrawn $50.

David: Well, look, what about if I gave you $50 right now? I'm serious, OK? Do you believe me?

Dustin: Yah. *(But judging from the incredulity on his face, he wasn't yet convinced I was serious.)*

I reach into my wallet, take out a $50 bill, and offer it to him. He looks at me with disbelief in what his eyes are seeing. He hesitantly takes it from me.

David: To keep it, you've got to do something for it. OK? You've got to figure out how you did what you did over that year and a half when you were 12 and 13 and didn't go to the hospital even once. Would you be willing to do that?

Dustin: Yah. *(He has retained his enthusiasm seemingly with the prospect of retaining my $50 offer.)*

David: Then we would make a video with you talking about it so I could show it to other kids and their parents. Did you know I am going to America early next week?

Mother: Yes, we do.

David: Do you think you can do it by then, Dustin?

Dustin: Yah. *(Spoken with eagerness)*

David: Are you sure?

Dustin: Yah.

David: You'll do it for money? Well, money is a very good motivator. It motivates a lot of people.

Mother: It sure does.

David: So, how you could earn this is to teach me and through me, and this *(pointing to video recorder)*, you can teach many other people around the world, because I will take it with me. I will show it, with your and your parents' permission, to people I will be teaching in Texas and California about children's problems. And one of the worst and most costly problems for children is asthma, as you all know only too well. Is that OK?

Dustin: *(Grinning in anticipation)* Yep.

I also seek his parents' consent for such a project, and they are only too happy to give it. As we have now been meeting for almost two hours, we resolve to take this matter up first thing the next day. I suspect that each and every one of us found it somewhat hard to sleep at night. That was certainly the case for me. I could not wait to find out how he could have possibly gone for such a period of time without any hospitalisations, as well as controlling any symptoms of asthma such as wheezing.

Session 2

This is about 20 minutes into the second interview. Despite everyone's best efforts to develop some sort of descriptions of Dustin's breathing and how he had experienced a remarkable period of a year and a half of 'asthma free-ness', all of us found ourselves straining to find any specific forms of expression. We just didn't have the vocabulary to serve such purposes. I attempt something entirely different, as you will learn.

David: What about this? My questions will take you back a few years in time. You will still have your 16-year-old intelligence. But it will be a 12-year-old memory. Is that OK with you?

Dustin: Yep.

David: Is that OK with you folks? *(Addresses parents)*

Parents: Yep.

David: Well, probably best if you close your eyes. Then you can cut off from here, and you can go back into your memories. Is that OK?

Dustin: Yeah.

David: OK. OK. OK. I just wondered if you could imagine that you have a TV set inside your mind, alright? Is it a colour or a black-and-white? … Just tell me which it is.

Dustin: Mmm, colour.

David: So on your colour TV screen, I'd like you to see a boy there, alright. Ahhh, it's a 12-year-old boy, going on a 13-year-old boy. Can you see that boy on the screen? He looks a lot like you do now but about 4 years younger. I also know something about that boy that you probably know too that … he's got some real problems with his asthma. This is very, very bothersome to him and can make his life pretty miserable, but he's the kind of boy who decided to not let it

rule his life, right! Looks a lot like you; he's got black hair, and he's a little bit shorter than his age. But he's got good lungs. And he's got a friend, Robert, who lives next door, and Robert's mum is called Jan. And Jan has an idea to help him. She sees that he's ready to grow up. She thinks that he may be ready to take control of his asthma out of his mum and dad's hands and into his.

Right!? She really believes in him, and she believes in him so much that she does something seemingly ridiculous. She says this to him, "Dusty, I'm going to make a bet with you that the first one who goes into hospital with an asthma attack pays the other person $100." Now, I know, because she's a nice person, that she must have really believed in the 12-year-old Dustin. Otherwise that would have been stealing a young person's money if she thought that you couldn't do it. She must have known you could do it!

Now . . . can you see that boy? He's a very determined young person, and he's decided, thanks to Jan's incentive, to fight against his asthma. Something quite remarkable happens. He doesn't quite know how he did it. But what happens is when he starts wheezing, he … stops his wheezing. And for all this period of time, 12-year-old Dustin and 13-year-old Dustin stop his wheezing.

Now, the 16-year-old Dustin thinks about this and says to the 12-year-old Dustin whose picture is coming up on the screen there … he says to him: "Look, look, I'm in trouble. I'm in trouble, my earlier person, and I know that when you were 12 and 13 that you solved my problem. I really need to solve that problem right now because I'm in some danger. I just thought that it would keep going, but here I am in trouble again. So could you tell me how it was that you were able to stop your wheezing?"

And the 12-year-old Dustin thinks about it and says: "Well, I don't

know. I just sort of learned, and I guess the $100 helped, but I don't know. I just did it."

The 16-year-old Dustin says: "Yeah, yeah, I can see you on the screen! But I'm in some trouble, and I'd like to know how to do that. Could you just tell me what skills you used, or what sort of breathing you did, or what thoughts you had in your mind, or what?"

And the 12-year-old Dustin says back: "Well I don't really know." So, the 16-year-old Dustin says: "Look, I'm a little bit desperate, I really need this. My family and me have flown up to Auckland because they are worried about me! Could you just remind me?"

And the 12-year-old says: "I'd like to do it. I can see you're in trouble. I want to help the you that is still part of me. But I seem to have forgotten, and I don't know what I can do about that." The 16-year-old says: "Look! I'm even more desperate now! I really, really need you to kind of tell me. Please!"

And 12-year-old Dustin says: "Well, I can't remember, but what about if I get a bit wheezy … imagine getting wheezy and then, you can see what I do."

And the 16-year-old agreed that that would be fair, so the 12-year-old Dustin started thinking really, really hard about wheeziness, right? And maybe even started thinking about some of the things that make him wheezy. What sort of things made him wheezy?

Mother: There's a little plant that the neighbours have got. When he walks past it, he always sneezes.

David: OK, can you see the 12-year-old Dustin and tell him to go by the plant next door, to get wheezy and sneezy … I know that you wouldn't

really do this in real life, but go right up close to it, really, really close and inhale. Can you do that in your imagination?

Dustin: *(Inhales deeply)*

David: OK, does that make the 12-year-old Dustin sneezy or wheezy? I can't see him there. If you can just tell me if he's getting any wheezier? Can you see him?

Dustin: Mmm, yeah.

David: A bit wheezy, right? Is he making that noise—that sort of rusty gate noise? Can you hear him on the screen?

Dustin: Sort of …

David: OK, well look, now he is getting a little bit wheezy, can you just say to him: "Look, could you breathe a little bit deeper into that flower? Just do it for me, just in your imagination?" When the 16-year-old Dustin thinks that the 12-year-old Dustin is wheezy enough, can you tell him in your mind, just tell him to stop it. Stop the wheeziness.

Some time goes by …

David: Did you tell him to start doing his anti-wheeze control programme on it?

Dustin: Yeah …

David: OK, now watch, OK, you gotta watch, very, very carefully! What is he doing? What is he doing? Get right into his mind. Get right into his body because he is also part of you. It's the 12-year-old you; get right into him. You don't have to put words to it. You could just do the same sort of breathing, or whatever, just so that you can show us what it is that he is doing. When you think he's got back to normal, let us know. Is he back to normal yet?

Dustin: Yeah.

We all had witnessed Dustin arrest an asthma attack by stopping the wheezing before our very eyes. We had in some way witnessed a miracle. He had perhaps saved his life right then and there and made it possible to do so in the future.

David: Maybe it would be better to show us because it's hard to describe your breathing, right? What did the 12-year-old Dustin do? How did he breathe? Keep watching so you can still see. Show us by your breathing.

Dustin: There's a sort of rustling in the throat. Yeah … my mouth is clenched. Um … all tightening up and my chest feels sort of all like you'd squeezed it really hard and I was sort of listening to my chest or something … *(He struggles for the vocabulary to express these physical sensations.)*

David: Really, this is worth $50, I'll tell you! What did the 12-year-old Dustin do to get back to breathing clearly and calmly in a relaxed way? What did he do?

Dustin: Well, he … just went off and tried to relax. He tried to slow down his breathing as long as he could …

David: Slow down his breathing … Mmmm … Do you know I could actually see you doing that? *(Dustin smiles with pride.)* When he found it hard, how did he keep going to make sure he did it?

Dustin: He did it over and over again.

David: Over and over again, persistence. Didn't stop. How long did he take before he got the breathing slowed down to the right way, to the relaxed way?

Dustin: 10 minutes.

David: 10 minutes! Is that all, 10 minutes! Gosh, that is pretty good, don't you think?

Dustin: Yeah.

David: You know when the 16-year-old was looking at the 12-year-old doing that, did you find you were kind of proud of him for doing it?

Dustin: Mmm. Yeah.

David: Because that's a fair bit of self-reliance, isn't it? And did you know that the 12-year-old could relax himself? Or did you just find that out just now?

Dustin: *(With a measure of excitement)* I just found it out.

David: Right. So, the 16-year-old now knows that there is a history, right? There's a history there of standing up to asthma and learning ways to overcome it, and manage it, and direct his own life. That's pretty good, isn't it? Do you think that's pretty heroic?

Dustin: Yeah. *(Some excitement)*

David: Could you show your mum and dad, and me how the 12-year-old breathes? Could you show when he's asthma-fighting how he breathes?

Dustin re-enacts this again, but this time, with his consent, I place his father's hand on his chest to feel his son controlling the onset of wheezing. This had the profundity of a secular ritual. It was a joy for me to see the expression of curiosity mixed with relief on Tim's face … and then on Marie's face as she took her turn. Those are unforgettable memories of mine.

David: Good. OK. Well, you have been watching a pretty interesting character on that TV. Right? That character on that TV is 12-year-old Dustin going on 13-year-old Dustin. That boy had a lot of strength, right, a lot of power and a lot of skill and a lot of knowledge. The only

> trouble was he didn't know that he knew. So, what is so good about this is that now he knows what he knew. Because we really don't ever forget anything that is worth remembering. It just gets stored away like in a library. Dustin's breathing approach. It's there, and you are able to recall that, and practice it, and enjoy it, and appreciate it, and also be proud of the abilities that you did have and that you could have again, but that you just sort of forgot. You can always bring it out whenever you want. But it might be worthwhile in the next few days to practice this. All you have to do is recall the 12- or 13-year-old boy who used to be you, and still is a bit of you, pretty much the same person. When you open your eyes, right, you are going to have a great big smile on your face, OK? So whenever you like, you can just open your eyes.

In fact, we all shared the joy of this experience, which each of us had deeply experienced with smiles on all of our faces.

Session 3

In the third session, Tim and Marie realised that Dustin's revered grandfather, her adored father and his highly respected father-in-law had died not long after the so-called "bet" had been called off because Jan, their neighbour, had given birth. They impressed on me how unexpected his death was and how it had left all of them at a loss as to how to proceed.

We reminisced about this esteemed man, an agricultural mechanic, who spent most of his day in his workshop behind his house where he also brewed beer and where Dustin spent every day after school in his company. Marie described them as "the best of friends."

At the end of this session, Tim and Marie insisted on speaking with me privately. I really wondered what they were going to disclose to me on this occasion. They requested a page out of my notepad and wrote down the following:

"A cripple taught me how to dance, a blind man taught me how to see, a fallen angel taught me how to fly, and a prisoner taught me to be free."[1]

They told me that Dustin's grandfather played this pop song incessantly. It seems he was never tired of it. And they had an intuition that it was important for me to know, but wished to inform me in private as they were concerned it might be too upsetting for Dustin to be reminded of it.

That night, Dustin stopped an episode of wheezing and did not require an intensive care admission as had been expected. Quite a remarkable success. We all knew this would be the last time we would be meeting together as I was flying overseas, and they were returning home the very next day.

David: What do you think? Do you think your granddad supported your growing up?

Dustin: Yeah. *(Fairly enthusiastic and we are now somewhat at ease with his being imperilled. We are all breathing easier and more relaxed …)*

David: How do you think he did that?

Dustin: Oh, he probably showed me a lot of different things and …

David: Did he do things for you, or did he get you to do things for yourself?

Dustin: No, he would probably get me to do it!

David: Right. And what if you invited him to do something for you? What if you said: "Oh, this is too hard for me, I'm just a 13-year-old, I can't do it, what would he say?"

Dustin: Probably, um, leave it, or … have another try later or something.

[1] The Simple Image released "Spinning, Spinning, Spinning" in 1968.

David: What do you think he would have said if he knew that you had got into trouble with your asthma again even after you'd been an asthma winner? What do you think he'd say to you right now?

Dustin: I don't know.

David: Say that in your imagination you went right back there, and you could see him there in his shorts, smell a little bit of oil and grease and some of his home brew and his mentholated cigarettes, and machine bits and tools were all over the place. What if you said: "Granddad, granddad, I'm in trouble with my asthma! I'm really in trouble with it! For a couple of years, you knew I was hospital-free and was in wheeze control and all that. I realise now that it slipped away. But it was just gradual, and I just didn't notice it happening, but now I am in serious trouble. What do you think I should do?" What do you think he'd say to you?

Dustin: Probably say, beat it next time.

David: Beat it next time. OK. Let me just be you, and you be your granddad, OK? *(He seemed somewhat surprised by the prospect of such a conversation but nevertheless engaged in it without any hesitation.)*

David: *(enacting Dustin) "*Well, I'd like to beat it next time, but how can I do it? I really am a beaten person right now. I feel really beaten, beaten down, beaten up by asthma. How do I get out of trouble, granddad?" What would he say?

No reply. He seems transfixed by his remembering. I gently persist.

David: Would he look at you with his piercing eyes?

I speak softly and slowly … pausing before my next comment. Dustin seems in a hypnotic daze.

David: Would he have a puff on his cigarette or what?

Dustin: Yeah, probably, puff on his smoke and lean his head to one side—or … *(He is speaking as if he is seeing him with his own eyes, mimicking the gesture of leaning his head to one side)*

David: So, what if I said to you, who are being your granddad: "Granddad, I know you have been thinking about the trouble I have got myself into with asthma. What would you do if you were me to get out of it? What would you do, granddad?"

Dustin: He would just say, "Make sure you don't get it again! Say, practicing, or, you know, like a game, practicing."

David: Yeah. And what if I said to you, being your grandfather, "I find practicing hard, granddad, I would rather just play …" What would he say?

Dustin: "You don't do it that way." *(Stated firmly but kindly.)*

David: Yeah. What if I said: "Well look, what if I get my mum and dad to practice for me? They are much OLDER than me, bigger and stronger."

Dustin: "Be a waste of time." Something along those lines.

Once again stated firmly but kindly.

David: Right. And would he give you a talking to in order to encourage you in any way?

Dustin: Oh yeah, but then he'd probably just leave it there, I think.

Mother: *(Pipes up)* Sometimes he would tell stories.

David: *(Addressed to mother)* Marie, do you remember a story from his stock of stories you think he might have told Dusty about a situation like this? Does a particular story come to your mind?

Mother: He would tell a story from World War Two when he was an aircraft mechanic in Guadalcanal in the Solomon Islands. You'd get the idea that they were pretty self-sufficient because there was no outside help. They had to make up their own solutions.

David: Dustin, can I ask you some questions? What do you think he meant because he used to have a song that he listened to? I wonder if you remember the words: *"A cripple taught me how to dance, a blind man taught me how to see, a fallen angel taught me how to fly, and a prisoner taught me to be free."*

Dustin: Yeah, I remember the words, yeah. *(Seems to be a very pleasurable memory, but he nods and tears trickle down the corner of his eyes …)*

David: Have you thought about those words?

Dustin: Mmm, no! Well, I haven't!

David: You probably knew the tune and the song. You were probably too young to know what the words meant. I just wonder if you would like to think about them. Because I wonder if he was planning to give them to you as your inheritance. Can I just read it over again to you to see what you now think about it? *"A cripple taught me how to dance, a blind man taught me how to see, a fallen angel taught me how to fly, and a prisoner taught me to be free."* Lots of teaching in there, isn't there—teaching and being taught. I just wonder if your 12- or 13-year-old self has taught you how to be an asthma-fighter? Do you remember how you learned that from yourself?

Dustin: Mmm … *(He assures me of his recollections)*

David: Did that surprise you, that you could learn from yourself? *(We are speaking in soft, confidential tones from hereon)*

Dustin: Yeah.

David: Yeah, I thought it did. What surprised you the most about the fact that you could learn from yourself?

Dustin: Um, being able to. Yeah, because I've usually learnt stuff from someone else.

David: Yeah. Yeah. Did you like being your own teacher? Do you remember we talked about if we showed this videotape to people in Dallas and San Francisco, you could also teach them a thing or two?

Dustin: Mmm. *(He smiles, seemingly thinking about the prospect of that.)*

David: Do you like the idea of becoming a teacher to yourself and others rather than just a student?

Dustin: Yeah.

David: You know when you learnt what you'd already known the other day, what do you remember about that?

Dustin: Um, you can actually beat something by not actually thinking about it.

David: Yeah. Yeah, just doing it?

Dustin: *(Nods)* Yah.

David: And do you think you had learnt something, but you didn't know that you knew it?

Dustin: Yah.

David: So that when you needed it again you couldn't call it up? It wasn't written down or anything, was it?

Dustin: No.

David: I guess when you teach yourself something, usually you don't write it down, or sometimes you don't even tell other people. I wonder if you even realised what you had done? I know that you had a bit of pride that you were sort of winning a bet, but did you ever realise then that you were becoming something of an asthma expert—an asthma-fighter at the same time?

Dustin: Humph … *(Smiles)* No, no … *(Breaks into a low rumble of laughter)*

David: So, you know when you found out, what was it like to find out? How differently did you feel on the inside when you found out that you had some anti-asthma ability?

Dustin: Quite good.

David: What percentage better did you feel about yourself as a person than you did before when you were in trouble with asthma?

Dustin: 50% better.

David: 50%. Well, that's pretty good, isn't it? And do you think that if you developed and practiced that ability and used it when you needed it, do you think it might go up to 100%?

Dustin: Yeah. *(Seems excited by such a possibility …)*

David: OK, well that would be pleasant to be 100% better. Do you think it might lead to growing up in any way?

Dustin: Yeah.

Dustin was very short for his age. I had asked Dr. James if this was an irreversible consequence of his steroid use. She had reassured me that this was a consequence of constant illnesses due to his asthma, and with any luck, he could reach a normal height for his age.

David: And do you think if you were growing up on the inside, right, that it could lead to you growing up on the outside? *(Turning to his parents.)* I am referring to his physical size because sometimes when young people have chronic illnesses, they grow up on the inside first, believe it or not. Have you known of others without illnesses growing up and at first their physical size is bigger than their psychological size?

Both his parents confirm this by nodding.

David: It's probably the reverse here. Your growing up might be on the inside first—your mind growing up, your emotions growing up, then your body will follow on. Do you know what I mean by maturity?

Dustin: Yeah.

David: *(to parents)* Do you wonder if Dusty's maturity is just around the next corner?

Parents: We sure hope so.

David: So do I. Well, our paths have crossed in wonderful ways over these four days, and you will soon return home, and I will soon leave my home for overseas. But I want you to know, Dusty, I will be taking you with me in these videos so that others may learn from you and follow in your footsteps and the footsteps of your granddad. Tim, Marie, and Dusty, it has been an honour to know each of you …

We ritually embraced and saluted one another as we took our leave. Little did I know at that moment that meeting this young man in peril and his parents would begin a concerted effort to learn what a good question is and what such questions do, and here I am, 40 years later, telling you our story.

Afterwards: What makes a good question?

The first generation of narrative therapy—by which I refer roughly to the period between 1985 and 2005—largely apprenticed itself to the practice of narrative therapy by a very particular means, a means that is now virtually impossible to recreate. This pedagogical tradition was known as *an intensive*. Most often these intensives took place over the course of a week in Adelaide, Auckland, or elsewhere around the world. What characterised them were live interviews and the careful review of videotaped therapeutic conversations.

Michael found ways, especially through what later became known as outsider witnessing practices, to engage and immerse participants in these conversations as an antidote to the traditional tendency of professionals to sit in judgement of those who sought consultation. We wanted people to enter the conversation rather than stand outside of it. We wanted them, in a manner of speaking, to travel alongside those whose lives had brought them to us.

What strikes me now, looking back, is that while we immersed ourselves in these inquiries, relatively little explicit attention was given to the questions themselves. We learned inquiry by participation, imitation, rehearsal, and apprenticeship. We listened closely to one another's questions, borrowed them, altered them, rehearsed them in our imaginations, and gradually invented our own. Yet, I do not recall much sustained consideration being given to the questions themselves. Or, to put it differently in the terms of this paper: *What makes a question good?* And perhaps equally importantly: *What does a good question do?*

The matter became personal for me following a reproach from a workshop attendee many years ago. They expressed disappointment in my failure to explain the intentions of my questions. I confess that, up until that very moment, I had naively assumed that all one had to do was hear a question and, somehow, one would simply take possession of it as one's own. I took this critique seriously and found myself reconsidering how one might learn and teach what I came to think of as the craft and artistry of narrative inquiry.

And so began what might best be described as an informal co-research over a period of more than five years.

Every so often—and increasingly as time went by—after asking a question, my respondent (I prefer this term to *client* for reasons that may already be obvious), before answering, would pause, blink, perhaps smile quietly to themselves, shake their head ever so slightly, and spontaneously utter: *"That's a good question."*

I noticed something else as well. Such questions often seemed to slow time. People took longer to answer them. They appeared engaged in thought, perhaps even surprise. Their responses often struck me as more reflective, more layered, and more substantial than I might otherwise have anticipated. Rather than simply receiving these remarks as compliments, I found myself increasingly intrigued by them.

What, precisely, made a question *good*?

To learn more, I began pursuing such moments rather zealously. I would immediately write the so-called "good question" in my notebook. At the end of the session—having intentionally left a half-hour between appointments—I would often ask:

"I am trying to learn how to ask 'good questions,' and today you identified one (or perhaps two). Would you have a few moments to tell me why you thought that particular question was a good question?"

Unless people had to leave urgently, almost everyone welcomed such conversations and seemed as intrigued as I was by the inquiry itself. I did not formally tally these discussions, though I would estimate somewhere between five hundred and one thousand over this period of time. In spare moments, I studied these questions, rehearsed them imaginatively, and experimented with variations of them in future conversations.

Over time, I began to recognise several recurring ways respondents described what made a question "good." I have chosen to represent these largely in their own vivid language.

Urgent curiosity

Firstly, a good question arose out of what one respondent described as an "urgent curiosity."

This, of course, stood in sharp contrast to what might be called *idle curiosity*—questions asked merely because protocol, diagnosis, or professional custom demanded them. Such questions, many suggested, lacked vitality. They were often experienced as "flat," "monotone," or spoken as though they had already been asked a thousand times before.

Urgent curiosity was something else entirely.

It conveyed that something meaningful was genuinely at stake in the asking, that the questioner was deeply engaged in what this conversation might make imaginable, possible, or newly knowable. Many reassured me that such curiosity *cannot be faked*. It belongs, if I might put it this way, to the very soul of the question.

Looking back now, I suspect many of the questions asked of Dustin emerged from such urgent curiosity. Faced with circumstances considered perilous, I found myself less interested in gathering information than in wondering what capacities, knowledges, or histories might still exist beyond the certainty of his predicament.

Beyond current thinking, but within reach

Secondly, as another respondent once put it:

"A good question is beyond what I have been thinking, but still within my reach."

I have always appreciated this description.

Michael often referred to therapeutic conversation as entering *the subjunctive mode*: *What might be possible? What could be imaginable? What may yet become known?*

Good questions seem to invite people just beyond the boundaries of their current thinking without abandoning them to bewilderment. They move beyond what has already been thought while remaining within reach of what can still be imagined.

This, I believe, is especially important in conversations with children and young people. Questions may eventually take us beyond familiar horizons, but first they must remain close enough to permit participation.

Looking back, I suspect Dustin's conversation with his twelve-year-old self emerged in precisely this way. It was certainly beyond his current understanding of asthma, yet not beyond what he could imaginatively reach.

Questions that stay with us

Thirdly, one respondent memorably remarked:

"A good question is like giving a dog a bone—you just keep chewing over it."

I have never forgotten this description.

Good questions are not ephemeral. They do not disappear once the session ends. Instead, they remain companionable. They linger in one's mind and heart. One turns them over, revisits them, entertains them, perhaps even argues with them. In time, they may quicken the imagination.

Perhaps such questions remain alive precisely because they have not been fully answered.

Questions that promise surprise

And lastly, another respondent observed:

"A good question makes me suspect that if I pursue it, something surprising may be waiting just around the next corner."

I have always treasured this observation.

There is, in good inquiry, a sense of anticipation—of something not yet fully imaginable but somehow imminent. A promise, perhaps, that if one follows the thread of the question carefully enough, life may disclose something previously unknown.

This quality of surprise was always central to my experience of therapeutic conversation with Michael. And I have sought it ever since.

Seeking particularity: Strangeness, distinction, and thick description

Another quality of good questions is that they seek what I might call a person's *particularity*—their strangeness, extraordinariness, distinctions, and singularity.

By distinction, I refer to how someone differs from anyone else I have ever met. Good questions, to my mind, depend far more upon what I might call *local and fine distinctions* than universal or grand explanations.

Here I have often been influenced by Michael's early engagement with the anthropologist Clifford Geertz and his distinction between *thin* and *thick* description.

Thin descriptions are often those arrived at by distant observation, by outsiders studying the lives of others. Thick description, by contrast, brings us closer to interpretation, meaning, and the textures of lived life itself.

I would like to think that good questions take us toward such thickness. They seek not merely information but interpretation. They take us toward the heart of where a conversation has come from—and perhaps where it might yet be going.

The poetics of questions: Duende

One final matter.

Over many years of training interviews, I often invited workshop participants to formulate what they imagined might be *the next question*. After several minutes of consideration, three volunteers would offer their questions aloud. We would type them up, project them onto a screen, and ask the interviewed person a deceptively simple question:

"Which of these three questions would you most like to be asked?"

When someone selected one over the others, I would invariably ask:

"Do you mind telling us why you chose that question?"

More often than not, the response had something to do with *those words*, *that phrase*, or *the way it was put*.

In short: the poetics of the question. Its beauty. Its phrasing. Something difficult to reduce to technique alone.

I borrow here Lorca's notion of *duende*—something alive, soulful, and deeply human that exceeds formula or method. At times, certain questions seem to possess such qualities—not because they are especially clever, but because they arise from the particularities of the encounter itself. They carry something of the life of the conversation within them.

In a two-day workshop in Salamanca, Spain, in 2017, more than two hundred participants broke into small groups to study a transcript for the express purpose of interrogating my questions. I invited them to consider whether particular questions possessed what Lorca referred to as *duende*.

This was once again informal research, but attendees judged approximately 20 percent of the questions to possess it.

What I took from this was rather simple: good questions emerge from one's humanity, not from a manual. They belong to the uniqueness of the conversation itself.

And perhaps that is where I find myself now, some 40 years after meeting Dustin and his family. Looking back, I suspect the questions that shaped our conversations emerged less from expertise than from an urgent curiosity concerning what remained possible in circumstances that appeared increasingly perilous. Rather than confirming vulnerability, they sought histories of competence, forgotten knowledges, and possibilities not yet fully realised.

Perhaps, after all, this is something of what good questions do: they invite us into relationships with capacities that suffering has rendered difficult to know.

Let me finish with Lorca's account of what a guitar makes possible:

The Six Strings

The guitar
makes dreams weep.

The sobs of lost souls
escape from its round mouth.

And like a tarantula
it weaves a large star
to ensnare the sighs
that float in its black
wooden cistern.

—from *Cante Jondo*