

Recursive Frame Analysis: Reflections on the Development of a Qualitative Research Method

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The origin of recursive frame analysis (RFA) is revisited and discussed as a postmodern alternative to modernist therapeutic models and research methods that foster hegemony of a preferred therapeutic metaphor, narrative, or strategy. It encourages improvisational performance while enabling a means of scoring the change and movement of the contextual organization of communication. Here we revisit the origin of RFA, its subsequent development, and new directions it may pursue both in the domains of organizing therapeutic discourse and post hoc critical analysis. Key Words: Therapy Research, Qualitative Methods, Cybernetics, Recursive Frame Analysis, Improvisational Therapy.

In the mid to late 80's Bradford Keeney developed a qualitative research method named "recursive frame analysis" (RFA). A brief history and summary of its development can be found in Chenail (1990, 1991, 1995). Here we provide some reflection on its early development and propose some ways in which the tool can be further elaborated and utilized by researchers, practitioners, and clinical teachers. Our intention is to highlight the unique way in which RFA is a contribution to both organizing the whole of therapy in real time, and in critically dissecting a clinical case in post hoc analysis.

Semantics vs. Politics

The original inspiration for creating RFA came when Keeney was teaching family therapy graduate students at Texas Tech University, and was struck by how clinicians, beginners and teachers had no practical way to clearly summarize a clinical session. In clinical grand rounds, clinicians would either get lost in retelling the details of what was said and enacted in a session, or they resorted to clinical abstract shorthand that too often relied upon stereotypical categorizations, whether voiced as clinical diagnosis or systemic hypotheses. The same is as true today as it was decades ago – clinicians easily get lost in their discourse when they try to communicate about a session.

Part of the problem is traceable to the ways clinicians habitually lean more upon theoretical explanation rather than action description when discussing casework. One is more likely to hear a clinician discuss problems, attempted and imagined solutions, coalitions, differentiation, hierarchy, enmeshment, family constellations, narratives, gender, culture, triangulation, and other abstract notions than a more behavioral – and less abstract – account of who is doing what to whom in a play-by-play account of what takes place on the therapeutic stage of performance. Theoretical narration, rather than

action description, has dominated therapeutic discourse. The result is a glut of explanatory metaphors and maps with little attention given to the performance itself.

In his extension of Bateson's dialectic of form and process as a model for the construction of experiential reality (Keeney, 1983), Keeney proposed the idea that there is a primary distinction underlying therapeutic discourse, whether it is construed inside or outside a case. This difference concerns semantics versus politics. Here meaning or semantics is a different order of abstraction than the flow of action (the political scene of who-is-doing-what-to-whom-when-where-and-how). Note that semantics and politics can be regarded as an isomorph of the difference between interpretation and performance, analysis and behavior, or narration and experience.

Recognizing that any indication of a frame that is distinct from semantics requires using semantics to name it, Keeney chose the term "politics" because of the way it would guide the reader into more uncertainty about its meaning. Detailing that the word is equivalent to the early Greek definition of cybernetics (the art of both steering nautical vessels and government), politics provided a way to point toward cybernetic (circularly organized) patterns of interaction. Throughout the history of psychotherapy, theoretical and pragmatic arguments centered around this distinction, from the early debates between psychoanalysts (emphasis upon interpretation: semantics) and behaviorists (emphasis upon action contingency rather than meaning: politics) to later differentiations between narrative (the new analysts – where early psychic trauma is replaced by cultural trauma, though arguably handled in a similar manner) and interactional systemic therapists (the neo-behaviorists – where action of one person is linked to the action of others).

Keeney started working with this primary distinction in the mid 1970's when he served as Communication Analyst at the Menninger Foundation, one of the early bastions of psychoanalysis. Dr. Karl Menninger permitted him to invent his own job title, which he chose as a way of distinguishing that he was not oriented by interpretation, but the organization of communication. Keeney's work at the Menninger Foundation was to analyze clinical videotapes of its senior practitioners. There he began viewing the organization of a psychotherapy session in the way one would watch a theatrical performance. A clinical session, for him, became a special genre of theatrical performance – a typically one-hour play where the roles are differentiated between client(s) and therapist(s), with the opening act usually being a lament over the suffering or stuck situation in a client's life. Sessions either remained stuck in the opening act or they moved forward toward other themes and scenes.

When Keeney became Director of Research at the Ackerman Institute for Family Therapy, he continued this work of analyzing the clinical work of senior clinicians in the field. With Jeffrey Ross, Keeney (1985) published *Mind in Therapy: Constructing Systemic Family Therapies*, where a set of primary distinctions were used to indicate the basic patterns underlying diverse therapies, including those of John Weakland, Jay Haley, Olga Silverstein, Charles Fishman, Luigi Boscolo and Gianfranco Cecchin. Following that book, Keeney created a book series for The Guilford press that was entitled, *The Art of Systems Therapy*. The first volume, *The Therapeutic Voice of Olga Silverstein* (Keeney with Silverstein, 1986) was an analysis of a whole case conducted by Olga Silverstein. Though other volumes were in preparation – including analyses of Carl Whitaker, Robert Shaw, and others, Keeney abandoned the project because he became more interested in inventing therapies rather than re-producing them through analysis.

In the above books, Keeney mapped the contextual organization of therapy, showing how the therapist's (and client's) general handling of metaphor enabled the context of conversation to shift (or not shift) in a session. His work enabled a whole session or case to be summarized on one page, depicted as a movement of frames in real time. These maps of frame progression, whether depicting forward lineal movement or circular turns that were recursively embedded, were the earliest presentation of what later would become the more elaborated method of RFA.

In summary, the distinction between form and process, recast as semantic and political frames, was used to map the movement of a therapeutic conversation – indicating whether the uttered metaphors emphasize meaning (semantics) or an action scenario (politics). If a particular frame shifted the contextual theme and organization of the conversation, this could be seen as equivalent to moving the dramatic performance forward into a subsequent scene of action, distinct from where it had been. Of course, sometimes therapists cannot move the contextual organization of a client's communication and experience forward. In such a case the whole session appears stuck, much in the same way that the client's life was stuck before the session – organized by problem saturated (or attempted solution or other non-transformative) discourse.

Therapy as a 3-Act Play

While Director of the Texas Tech University family therapy graduate programs, Keeney started teaching clinicians to map their sessions with “storyboards,” the schematic layout used in the making of screenplays and theatrical performances. Here the basic paradigm is a three-act play – movement from an opening act to a final act that requires a middle fulcrum to bridge the beginning to the ending. Of course there can be more than three acts, but there still remains a beginning, middle, and end for therapy to fulfill its movement from impoverishment to enrichment. This latter way of indicating the movement of therapy already showed that Keeney was moving past problem and solution focused therapies, preferring to more generally map the client's presenting situation as one organized by “stuck” or “impoverished” experience and its movement to a context where they could experience enrichment and resourceful engagement. The latter could include utilizing what was formerly regarded as impoverished. RFA also hinted that therapy itself risks being a non-resourceful frame, whereas the absence of any contextual marker of therapy could be therapeutic.

The value of the three-act screenplay structure is that it enabled therapists – arguably for the first time - to ask themselves in the course of a session whether they were stuck in act one, had made any movement to a middle act, or more importantly, had transformed the client's context to one that was a virtuous rather than a vicious circle of interaction. Here a therapist could deliver a new form of case notes in terms of mapping their session as a simple storyboard.

Mapping therapeutic conversation in terms of the movement of its performance does not imply that therapy is only a story line or narrative form, absent of the here and now of performed interaction. Prior to 1988, Keeney presented this fully ripened and practiced work to various family therapy institutes, including several venues in Adelaide, Australia where Michael White attended his workshops (White sponsored one of the workshops). Keeney made the argument that therapy should be contextualized as a

performing art akin to theatre. (Keeney started framing therapy as a performing art rather than social science in the early 80's.) Furthermore, he proposed that it would be tempting, but erroneous, to frame his work as a "narrative therapy" (this was before that name had been used to describe any clinical work). Keeney argued that an emphasis upon "narrative" would miss capturing the richness of the live performance of therapy as theatre – performed dramatic action rather than dissociated narrative commentary and editorializing. He proposed that drama and theatre were more suitable metaphors than narrative and the telling of story. Of course drama and narrative are intertwined, but the primacy of performance helps prevent the reification of narrative and its being turned into an "object" for correction, subjugation, or elaboration.

Being a jazz pianist, Keeney was inclined to create the equivalent of a musical score, a map that indicated the unfolding of a therapy performance, enabling it to be held in a concise way for both analysis and reproduction. Whereas musicians have musical scores, dancers have scored choreographies, and playwrights have storyboards, therapists had no equivalent way of scoring their conversational performances. Drawing upon the structure of a screenplay, Keeney introduced a way of scoring conversation, especially those aimed at transforming the contexts that organize the experience of their interlocutors.

Does a musical score suggest that music is solely the indication of its notes? Of course not, because music is first and foremost a performance. A score is only a tool that helps one know where one is in the moment of a performance, or that which enables examination of the movements it traversed after the performance. Similarly, a storyboard or screenplay structure does not imply that a film, theatrical play, or novel is merely a string of narrative content. They are all primarily a performance where the score is a secondary tool that helps organize our relations with it. The same holds for therapy. Scoring therapy does not indicate that therapy is only a score, a narrative structure, or story. It is a performance, and RFA provides a tool that helps reveal this both inside and outside its real time enactment.

Therapists are easily seduced by interpretation and analysis, forgetting that they are inside the action scene of a therapeutic performance. Early psychoanalysts did their best to not interact with their clients, preferring an avoidance of direct contact as the client was prone, while the therapist droned on with feigned neutrality and separation from what was happening in their present engagement and interaction. This same posturing is sometimes fostered by post-systemic therapy models that suggest therapists should not be too involved in the immediacy of interactions that foster change, but should distance themselves as outside consultants offering editorial commentary and reflection. What is lost by the position of sideline narration is the recognition that communication holds and promotes both interpretation (semantic) and interactive inclusion (politics). While therapy includes both narration and dramatic performance, in its real time delivery narration is always inside the frame of performance. Similarly, the map is inside the territory, as our ideas about experience are part of our experience (Keeney & Keeney, 2012).

RFA was originally intended to help therapists emphasize the performance side of their presence inside the interactivity of therapy. When used during a case, it challenges a therapist to move past the presenting act, acting in any way that makes a difference for forward movement – or any kind of movement away from the vicious circles in which

clients find themselves trapped. After a session, a RFA score enables therapists to look at the patterns that organized their conversation, rather than regress into a theoretical exposition that drifts away from what took place in the performed session.

The first publication that set forth RFA was published in Italian (Keeney, 1990a). The following year, RFA made its appearance into the English publication (Keeney, 1990b), *Improvisational Therapy: A Practical Guide for Creative Clinical Strategies*. It is important to highlight that Keeney chose to first contextualize RFA as a way of creating therapy, rather than as a research method, even though it is also the latter. This constructivist orientation moved him inside second order cybernetics where the therapy being studied or the data being analyzed is shaped by how one draws the distinctions that bring it forth. Of course cybernetically speaking, this is the case with any research method, but RFA makes explicit and utilizes the circular (recursive) relationship between researcher and data. Keeney contextualized his research method as a clinical method - not a school of therapy, but a tool for inventing therapies. Improvisation became the key metaphor, a way of moving away from the stasis of the modeled approach to therapy. In this groundbreaking book, therapy was liberated from having to be allegiant to any particular model.

Unfortunately, few therapists recognized the postmodern liberation that was being announced. Instead, more and more models proliferated with little to no awareness of the critical distinction between narration and performance, interpretation and interactivity, semantics and politics. However, one of the founders of postmodern anthropology, Stephen Tyler, former endowed chair at Rice University, recognized the importance of Keeney's contribution. Declaring that the book was a "therapy of therapy," (Tyler & Tyler, 1990) noted its postmodern sentiment:

Improvise (in-pro-videre), the un-for-seen and unprovided-for is the negation of foresight, of planned-for, of doing provided for by knowing, and of the control of the past over the present and future. Doing, unguided by 'how -to,' and unformed by 'knowing' - those other names for the past, the already seen - makes the opening for an art that is neither a craft nor a technology capable of being mastered. No mystagoguery of mastery encumbers the improvident being-now, and no history in-forms it. (p. x)

Improvisational Therapy (Keeney, 1990b) included a chapter of invented therapies, showing how it was more generative to invent many therapies rather than spend a career caught inside one. This arguably was the first postmodern moment in therapy, an invitation to "cast off these armors of the ready" (Tyler & Tyler, 1990, p. xi; i.e., the prescriptions of a therapeutic model). That which is now called "postmodern therapy" is actually modernist in that it assumes a single philosophical orientation and replicable form (Anderson, 1997). Truly postmodern therapy, in contrast, is inventive, playful, and fully on stage. A postmodern therapist interacts with the other without assumptions about what constitutes appropriate manners of speech or action (e.g., therapist must always interact with the client as a "conversational partner" [Anderson, 1997, p. 95]; always defer to the client as "expert", and so on [Anderson, 1997, p. 95]). As Tyler and Tyler (1990) described the improvisational nature of a postmodern therapy:

“A therapist and client respond to one another without benefit of a script or even of a narrative” (p. xi). Therapists and clients “per-form without being in-formed” (p. xi).

On the other hand, the dominating models (the model dominates the course of therapy and restricts any improvisational drift) of so-called narrative therapy (White & Epston, 1990) and postmodern therapy (Anderson, 1997), among all the other modernist models (note: all models are inherently modernist), in-form therapists and clients in ways that negate the very goals they seek of liberation and freedom from imposed bias and ideology. As models of therapy that do not foster improvisation, they remain another example of the mind-control that characterizes any school of therapy, independent of its good intentions.

As Tyler and Tyler (1990, p. xi) suggested, postmodern liberation “does not enable “doing” by means of efficient repetition, but by a kind of inefficiency, a being-unready that prepares beforehand only by making ready to respond in tune, tempo, and theme”, again, “in order to per-form without being in-formed.” When a therapist predictably follows clichéd ways of talking to clients and constantly relies upon a reified technique such as “externalization”, “circular questioning”, or “the miracle question”, they are imposing a form that controls rather than liberates.

RFA was a call to transform therapy as a postmodern theatrical art, rooted to the circular interactivity of improvisation that includes story as part of the performance, not as a reified thing to fix. Contextualized as a tool that helps therapists improvise and invent therapies, it erases the line separating practice from research. RFA is a *tool* that brings research and practice together as one cooperative activity: improvisational invention, the creation of performance that utilizes the unfolding movement of whatever happens between therapist and client. Its avoidance of being either a model of therapy or a model of research makes it a postmodern invitation to be free from premises that dictate and perpetuate the distinctions that separate, reify, and control therapy and research.

It is as if RFA brings a kind of sheet music to therapy. It enables us to replay in our minds what was performed, showing the movements that got us from the beginning to the end of a session. It enables us to quickly see when a session is going nowhere and when it has moved somewhere. Without a tool like RFA, therapists too easily drown in discourse where it is all but impossible to separate signal from noise. Again, this fosters the never-ending game of theoretical commentary that tries to convince client and colleagues that something actually took place when, too often, it most likely didn't. Without improvisational freedom, therapy serves models rather than clients or therapists. Sessions are exploited to prove the model's veracity, whether it is claims to be systemic or narrative, strategic, communicational, psychoanalytic, or whatever.

Recursion

RFA presents an exit for therapists, showing them the way outside of models. It invites improvised invention and authentic cooperation where therapists collaborate with the circular interactivity moving improvisation, rather than their theory or model. Not only is practice revolutionized by RFA, the same holds for research. Here the constructivist implications of the distinctions drawn by the researcher are more clearly identified and shown to enter into the domain of study. Research includes, and sometimes emphasizes, a study of how the researcher draws distinctions that identify the

primary distinctions drawn in a session by therapist and client. However, here the researcher must utilize what took place in the session, rather than remove themselves from the metaphors it presents. This assures that the researcher remains closer to grasping the data (the actually spoken metaphors) rather than slip away into the type of abstractions that are required for qualitative or quantitative methodologies to operate their routines.

It is important to note what is recursive about RFA: the re-entry of a distinction into its own form is a circularity that constitutes more than what was the previous marking, and yet is not distinct from the original form. Here we find recursion, the creation of difference from circulated re-entry. It is important to realize that therapy aims to be both lineal and circular. It is lineal in the sense that it must seek movement from a beginning to an end – an initial departure from impoverished experience toward a transformative middle that culminates in more resourceful experience. However, if therapy were as easy as saying “stop doing that and do this instead”, it would take less than one minute and would not be believable by either therapist or client. We move forward by going round and round a circle. Vicious circles must be transformed into virtuous circles, doing so through a middle ground that enables circularity to tinker with being either.

If a marksman aims a rifle at the evening sky and tries to hit the moon, she will miss because in the course of the projectile’s movement toward the target there will be constant unexpected influences that can throw it off course. One must take aim and then repeatedly assess the difference between the projectile being on and off course. This difference, in turn, must re-enter, re-adjust, and re-steer the subsequent direction. This circular feedback loop is the cybernetic circularity that enables one to get from the beginning to a desired end, doing so by utilizing difference as a means of governing self-correction. The same holds true for therapy. To get to the transformed ending, we must be inside a circularity that creates and honors difference (also called “error” or “mistake”), utilizes it to make subsequent differences, and continue doing so until we are able to move from here to there, that is, get from the troubled beginning to the resolved ending.

RFA plots the course of this trajectory, indicating the metaphors that contextualize present interaction. Its circularity or recursion involves the back and forth movements that re-circulate previous frames, doing so in ways that foster differences that make a difference in the client’s contextualization of their experience. We go round and round in order to move forward. Or we don’t. When we go round and round to perpetuate a stuck situation, we are part of the clients’ vicious cycle and may even be making matters worse. Getting to a transformative context requires that our participation in an interaction contribute to fostering higher order change. [Here we see that RFA holds both structuralist and non-structuralist concerns: therapy, like all performance, has structure, but also can be free from any fixed form; it can improvise. At the same time, an improvisation, when examined afterwards, moves from a now to a later (a here to a there), inviting an observer to punctuate a pattern, melody, choreography, or structure.]

RFA operates in different domains of analysis and performance. It may be simple and only show a one-page map of a session’s conversational movement. Or it may be more detailed and devote a lengthy text to analyzing one session. The purpose at hand determines which is more appropriate and relevant. The future development of RFA

should attend to both scales of its operation – making it more conveniently accessible for a therapist in real time clinical work, both in a session and for case reporting, as well as a highly developed set of distinctions that enable more elaborate post hoc inspection and analysis of a clinical conversation.

Frame vs. Content

In the spirit of recursion, let's begin our discussion of RFA all over again. This time we want to emphasize that RFA builds upon the simple idea that one must distinguish a context and the content it holds. What is most fascinating about human communication is how we are able to reverse context and content and to change them in a variety of logical and illogical ways. Bateson (1972) used the notion of "frame" to indicate the way a context holds or frames the content of experience. He saw, early on, that any piece of content is able to jump from the inside and become the frame, thereby setting the conditions for paradoxical experience. A road sign that says, "Don't look at this sign" may throw us into an oscillation that cannot settle on whether the sign itself or the message on the sign is the frame or context for the other. Similarly, a couple that asks for help with their communication risks being caught in a vicious circle that does not recognize that commentary about communication distances them from the desired immediacy of non-interrupted communication.

With the idea that context and its content are a primary distinction, we can indicate context as a frame. When clients come in and say, "We need to tell you about our problem", they are setting forth a frame called "my problem." As they proceed to report about their life, this frame becomes filled with content. It might include a description of how fearful they are of expressing what they really think about their children. They might also talk about whether their problem is a sickness, a cultural display, or a metaphysical proposition. What matters is whether it contributes more content for that particular frame. Any elicitation of discourse that brings forth more content that fits inside a problem frame keeps them inside that context. However, if a therapist were to say to one of the clients, "Did you notice the way you just said what you said? You spoke with clarity and certainty. Are you always this clear when you speak?" Should the client pick up on this theme and start offering examples of whether he is clear or not, then the frame or context shifts to being about the metaphor of "clarity."

The mission of RFA is to keep track of what is the frame and what is being held and contextualized by it. As content and frame reverse themselves, shift, re-enter, and move in endless ways, we find that the circular, recursive, and lineal movement (among other dynamic forms) of their frames can take place. Helping clients move from impoverished frames to nourishing frames is our ethical responsibility. Having the flexibility to both invent and creatively handle distinctions and the way they are framed, unframed, reframed, misframed, as well as moved in roundabout ways helps the therapist be a more able facilitator of change.

The Future of RFA

The future of RFA should also include further innovations in the kinds of indications it draws upon as a research method. There is no end to the distinctions that

can be used to more finely indicate distinctions in the construction of therapeutic realities. The work of Chenail and his associates (see Chenail, 1990) have made numerous contributions in this regard. In addition, the application of RFA to other conversational forms concerned with transformation can be explored, from the structure of theatre, film, diplomacy, classroom teaching, mediation, and so forth. Keeney and Keeney (in press) are presently using RFA to examine the structure of discourse concerning gender issues.

In the domain of clinical practice, RFA offers a teaching tool enabling student and supervisor to more accurately keep track of what is taking place in a session. If a particular model is being taught, a case score can show what distinctions need to be made in order to move the case toward being an example of that kind of therapeutic model. Here a model or school of therapy is seen as a collection of distinctions that must be brought forth, typically in a particularly choreographed way, in order to weave them together so as to reveal a therapeutic reality that self-verifies its construction. [Note: In a previous work, Keeney (1990c) created a “periodic table of therapeutic forms” that shows all the possible forms models of therapy can prescribe.]

RFA and the conceptual tools associated with it can do more than identify the basic forms that construct a particular therapeutic model. It can also be used to encourage trainees to invent unique therapies that more fully utilize the frames clients and therapists present in a session. This is where RFA holds promise as a therapy of therapy, a tool that helps free clinicians from being stuck in the habituated routines of a model’s non-changing form.

RFA can be applied to itself. One can score one’s scoring. Here it becomes a second order methodology that helps reveal the investigator’s inclusion in the creation of the experienced. However, unmanageable complexity can easily arise as one maps mapping, as this can become an infinite regress. This reminds us that RFA does not assure that it can always separate the signal from the noise, nor does it promise any more clarity that is already found in the clinician’s way of knowing. The value of RFA is found in the way it can help a therapist and research take more responsibility for the distinctions they use and the discernment and participation they bring forth. Its refusal to create any hegemony of method or model, in both research and practice, invites the therapist and researcher to become more responsibly and creatively included in the constantly shifting sands of performed experience.

Finally, Chenail (1990) has accurately portrayed how RFA avoids an a priori metaphor from which discourse can be organized. As he describes it, “RFA can be said to be based upon a *metaphor as metaphor* orientation. This emphasis on *process* allows for the construction of unique metaphors from each conversation’s *content*” (p. 12). RFA moves us from being modernists with hegemonic metaphors (like narrative, system, problem, solution, power, and postmodern) and instead shift us to being weavers and improvisationalists who work with the metaphors (not stories or narratives) that arise in a session.

Most importantly, RFA invites us to creatively *play* with metaphor, rather than freeze frame any pre-chosen metaphor or frame. The same goes for any narrative including the narrative of narrative. The trap of therapy is the same for all schooled approaches – their models are freeze frames that lead to various forms of frame disorder, including the obsessive ordering of preferred frames.

A therapist must remember that life is not a problem that can be solved. Yes, we are free to frame our metaphors as “problems”, “solutions”, “narratives”, “family structures”, or “neurolinguistic programs” and pretend that we are fixing people, but our deeper poetic mind and heartfelt wisdom knows this is absurd nonsense. Similarly, researchers and scholars must be reminded that life’s complexity cannot be understood. Meaning is as meaningful as our ability to frame our frames as meaningful. This does not mean that life is meaningless or that it is meaningful in any fixed way. The performances of our life are both dramatic and comedic, depending upon the frame at hand. We increase the number of choices for the revitalization of ongoing change when we accept everyday life – including therapy sessions and scholarly conversation - as improvised performance rather than scripted narration. The former encourages us to reinvent our roles as clinicians and researchers. This includes not having to accept any distinction that separates these roles, nor any relational metaphor that connects them in a way that inhibits our being more playful in service to the aesthetics of transformation.

It is time that therapists and scholars recognize that they do not have to be framed by social science and all the presuppositions that the latter name carries. We are free to move to an imagined academy of performing arts. There we recognize that we are performers striving to bring forth contexts wherein resourceful experience may thrive. Our knowing is invented through the choices of distinctions we cast and the way we re-distinguish and extinguish them. Our being arises inside the contexts that either constrain or liberate our generativity. When we move away from limited models, theories, narratives, and grand schemes of framing, we find ourselves not only inside a more open-ended literary play, we discover that we experience our work as play, a comedy that brings heart and soul to the dramas people bring to our performance stages.

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