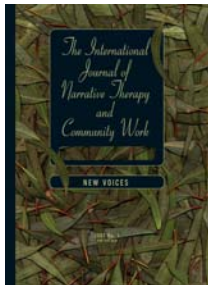


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Re-positioning traditional research: Centring clients' accounts in the construction of professional therapy knowledges

by
Stephen Gaddis¹

As a boy, I was subject to the ideas that therapists had about how to help me. In my experience, the ideas they used were not helpful to me and may have inadvertently created more suffering for my family and me. This experience and my interest in narrative therapy led me to want to challenge the sources that shape what therapists think is helpful for clients. One important source that constructs therapists' ideas about therapy is research. One of my greatest concerns has to do with how traditional research practices privilege professionals' interpretations and understanding over those of clients. I have attempted to re-consider therapy research so that its main purpose is to honour clients' accounts of therapy. My hope is that this will enable us as therapists to be taught as much by clients as by other professionals. The research project I undertook resulted in the participants (i.e., 'therapy clients') reporting that their experience of the project helped them with the problems they struggled with in their lives and relationships. This was an outcome I had not anticipated but is quite exciting to consider.

Keywords: *narrative research, professional knowledge, embodied research, client-centred research*

Introduction

My main intention for writing this paper has to do with my strong belief that therapy research needs to promote clients' accounts of therapy. I am very critical of traditional research that privileges researchers' methods and accounts over individual clients' particular lived experiences and perspectives. The problem for me is that this has resulted in a therapy field full of ideas and practices that are not informed by local client knowledges.

When professionals use traditional research-generated knowledge to guide them, I believe they are at great risk of subjugating and marginalising the clients who consult with them. By traditional research, I mean any quantitative or qualitative research method that produces 'findings' that reflect researchers' inferences and interpretations instead of subjects' descriptions of their own therapy experiences. I am committed to research that constructs therapy knowledge according to the stories that clients have to tell.

I wish to write a highly personal account of my reflections on these ideas. I want to tell my story to illustrate the important role research-generated knowledge can play in negative identity development for clients. I also want to describe how my lived experiences and knowledge of narrative therapy have led me to develop and practice research that is congruent with my narrative preferences for understanding. What is most exciting for me are the reports that research participants have shared with me about how helpful it was for them to participate in this kind of research, which I describe at the end of this paper.

I believe ideas and practices about therapy have traditionally been constructed by professionals and not by the people who become subject to those knowledges. Moreover, research-generated knowledge seems to have achieved the highest possible status when it comes to making claims about what is true. In my experience, research traditions have been more concerned with promoting institutional and discipline interests than the interest of the people who are 'studied'. It is fitting, in my view, that researchers typically refer to participants as subjects, and not consultants.

I have not been exposed to many challenges to the assumption that institutional research is a good idea. Yet, I am not at all certain this assumption has had positive effects on scores of people who have studied to become therapists. Nor am I certain the assumption has had positive effects when many traditional research practices seem to support the

pathologising, normalising, and internalising discourses that currently dominate western thinking about psychotherapy. I am partly writing this paper with the hope that my story may be useful for some readers, including clients, therapists, and researchers, who may have suffered from the effects of traditional research assumptions and research-generated knowledges.

In my opinion, there is a real danger when therapists rely too much on professional ideas to guide them in therapy because those ideas can obscure the particularities that make up the individual lives of their clients. I would like to suggest that one of the forces that keeps therapists' eyes and ears on professional ideas, and less attentive to those of clients, has to do with the truth claims about the power of research to generate superior levels of knowledge.

As therapists, many of us were taught that research has the power to generate the most legitimate, accurate, and unbiased truths about people, problems and solutions. We are then left to find ways to think about laying these knowledges over our clients' lives as a means for helping them. I believe this effectively de-centres the client from being the primary author of his/her life. Instead, professionals' ideas, which often do not include clients' perspectives, are held up in the field as the basis for therapeutic conversations and relationships.

My narrative worldview leads me to assume that clients do not make sense of therapy in the same way that I do. My life experiences tell me never to assume that I know what is most helpful for clients. I worry constantly that understanding therapy without including clients' accounts of therapy makes it possible for me to inadvertently contribute to the problems that are oppressing my clients' lives and relationships. My experiences in therapy as a young person may help illustrate this point.

My embodied interest in the effects of research on clients' lives

I was sent to therapy when I was eleven years old. My parents had divorced the year before after twelve years of marriage. There was a great deal of violence and abuse in my home while I was growing up. My father occasionally hit my mother, my three younger siblings, and me. I witnessed and experienced regular verbal and emotional abuse. I was assaulted and terrorised by criticism, rigidity, and impossible

expectations. To that point in time, I would characterise my life as one primarily filled with fear.

After my parents split up, and my father moved out of our house, I started to express my feelings of anger in a variety of ways, including swearing at my mother, hitting my sister and brothers, and other acts that are too difficult for me to re-tell publicly. I would express outbursts of rage that upset everyone in the house. I found punching someone younger, smaller, and more vulnerable both satisfying and terrifying. In the moment, it helped me express my anger, but simultaneously left me with feelings of shame and guilt.

My mother became very concerned and thought it would be a good idea for me to see a therapist. Over the course of my adolescence, I would meet with many different therapists. Typically the 'presenting problem' was that I was angry and/or insubordinate. Upon reflection, it seems to me that my therapists made sense of my anger by placing their understanding into popular professional knowledges that were supposed to accurately explain why adolescent boys like me were angry. These explanations seemed to revolve around certain themes. For example, one idea was that my anger reflected the poor modelling my father gave me, which I now felt compelled to display as the new 'man of the house'. Another idea was that my anger was a misguided attempt on my part to draw attention to myself.

Though these stories represent plausible and legitimate ways of understanding my anger, I do not believe they were helpful. None of the accounts my therapists used to understand my anger led to any significant or satisfying change. Each story, however, held a certain implicit assumption that my anger had to do with some essential flaw in me. Interestingly, my experience of anger never felt like a problem to me. The fact that I was hurting people I loved, on the other hand, was very upsetting.

I cannot say for sure, but I doubt the professional ideas that were available to my therapists at the time were generated by direct accounts and perspectives of various adolescents who had experiences with anger. I doubt that researchers were making it their business to learn from young men about what was important about anger and how it connected with their lived experiences or intentions, or how young men had successfully changed their relationships with anger. Moreover, I am confident that few therapists and researchers were paying lots of attention to how their professional knowledges might be negatively influencing the young persons who were subject to their thinking.

In my case, no one introduced the possibility that my anger was appropriate and potentially healthy given what I had endured and witnessed as a boy. No-one appeared to challenge the assumption that my anger was bad or I was flawed. I wish someone had asked me when I was young whether anger reflected a way I liked to be in the world, instead of assuming it did. I wish someone had wondered if my anger may have reflected my personal outrage at the injustices I had experienced and witnessed, instead of some essential pathology. I wish someone had been curious about my ideas for how to change my relationship with anger, instead of assuming I had nothing relevant to say on the subject. I wish someone had been curious about the times I was not angry, instead of assuming I was always only angry.

I do not believe the problem was my therapists, however. I am certain they were all incredibly well-intentioned and kind people who were genuinely concerned about me. The problem was that nothing in therapy 'helped'. And each therapy failure confirmed for my family and me that I was a bad person who was not able or interested in change. In addition, the simple act of having to attend therapy confirmed for me that I was a problem person. I believe the problem was that my therapists were attempting to use their professional knowledge to help me instead of learning about my life's particularities and context.

I wish there had been some means for identifying and understanding how therapy was insidiously and inadvertently crystallising the idea that I was a bad person. I wish that somehow this negative development could have been exposed and challenged in the course of therapy. If that had occurred, I think it would have been possible to decrease the amount of subsequent suffering that my family and I experienced.

The more I came to view myself as a problem person who was bad, the more I performed that story. And my performing the story more frequently made it possible for greater numbers of people in my life to contribute to an account that I was a bad kid. I became very isolated as fewer and fewer people were interested in allowing me to live with them or attend their schools. As a result, on my eighteenth birthday I was homeless and had dropped out of high school.

These reflections on my therapy experiences led me to conclude that therapy may be inadvertently dangerous for clients who seek our help. Assumptions that therapists' training, knowledge and good intentions can only have positive effects are unfounded in my personal experience.

This realisation is the basis for my interest in re-considering how knowledge about therapy is constructed.

My view of myself as a bad person has affected my life in ongoing, difficult and painful ways. In my early adulthood, I acted very poorly in relationships with women and generally felt hopeless and helpless about life. One of the best things that happened to me was that I almost drowned when I was twenty-eight years old. I had an accident while surf-kayaking in San Francisco. The experience was so dramatic that when I woke up in the hospital I had the idea that every day was now a bonus. I was dissatisfied with my life, and I decided to return to therapy since that is the place I thought one is supposed to go for help with change.

Thankfully, I had a very positive experience with therapy on this occasion. My therapist was very curious about my life. She was especially interested in *my ideas* about what I thought my purpose might be in this life. She was curious about why I thought events in my life were unfolding in certain ways. My experience with her was so inspiring that I eventually decided to become a therapist myself. Recently, after not being in touch for many years, I asked her what she remembered about meeting with me. She said, 'I never really accepted the idea that you were a bad person'.

Incongruent traditions for knowledge construction

To pursue my interest in therapy, I initially studied psychology and became very confused. My idea about being with people in therapy did not fit with what I was taught in my classes. I could not understand how learning about operant conditioning, psychopathology and statistics were helping me know how to be with people. I was very troubled until I learned about family therapy, which I studied formally for the next eight years. In my first family therapy course, I was introduced to narrative therapy ideas and practices (Epston & White 1992; Freedman & Combs, 1996; Freeman, Lobovits & Epston 1997; Monk, Winslade, Crockett & Epston 1997; White 1989, 1991, 1995, 1995; White & Denborough 1998; White & Epston 1990).

Narrative ideas resonated for me in deeply personal ways. I was floored by the idea that lives and relationships were co-constructed and that problem-saturated stories could be re-authored. For the first time in my life, I had a sense of personal agency about my own life. I was thrilled by the idea

that I might be able to experience some relief from my view of myself as a bad person. I became inspired to reflect more critically on the forces that contributed to my view of myself as a problem person.

I immersed myself into the world of meaning-making mostly through my own reading in narrative therapy. I was required in my training program, however, to learn about and practice traditional research methods. It was clear there were significant distinctions in these two traditions. Poststructuralist and narrative ideas were leading me to conclude that knowledge was constructed subjectively. Positivist ideas were leading me to conclude that it is possible to discover knowledge that applies independent of socio-cultural or historical context.

I was taught as a researcher to think about truths, norms, and laws. I was taught to believe the best way to acquire knowledge was to practice science because that technology could generate findings that were less subject to bias. The technology included a variety of different procedures and practices, like randomisation sampling, independent coding techniques, inferential statistics and observation.

The assumptions behind the science technologies were rarely exposed, contextualised, or located in their historical perspectives. Certainly, we were not presented with any critiques of this form of knowledge construction. It was apparent to me that my preferences for narrative ideas about knowledge were in conflict with what I was learning in my research classes.

While learning and reading about narrative therapy, I was always struck by how many descriptive accounts of the approach were provided by 'professionals' and how few were given by 'clients'. I thought it was strange that an approach that placed clients' views so much at the centre of therapy conversations seemed to have so few accounts of therapy directly from clients.

Of course, I believe narrative therapists have every right to account for narrative therapy in their own ways, and I hope I have explained how these accounts have been immensely important to me as a person and therapist. My curiosity and concern, however, had to do with the ways our professional accounts could be enriched and expanded if clients were included as co-authors of therapy knowledge.

I wondered how clients might describe, in their own words, what they found meaningful, useful, and important in therapy. I became interested in what aspects of their accounts would be consistent with narrative therapy and

how their language would be similar or different from the language often used to describe the approach. The questions appeared endless to me, and I was excited about the potential that clients' perspectives held for my own thinking about therapy.

I began to fear that if clients' accounts of narrative therapy were neglected, the professional discourse about narrative therapy could run the risk of creating the kinds of truth claims that are oppressive. Therefore, I thought it would be useful to use research as a way to learn about and document clients' stories about therapy. I imagined it would be ethical and congruent to practice research as a means for understanding how clients make sense of their therapy experiences.

As a budding professional, I was being taught in most classes that research-generated knowledge mattered most. Yet, as a narrative therapist I was learning that the knowledge that mattered most was the subjugated and neglected knowledge in clients' lived experiences. Since I was required to conduct research as part of my formal training, I decided to find out if I could practice research that honoured clients' stories more than traditional research accounts about therapy. My efforts took me to territories of research that are new and exciting for me.

Moving clients' descriptions to the centre of research interests

My first attempt to practice client-centred research was based on some simple questions that were informed by narrative ideas. What would clients say was important to them about therapy? What stories would they tell if asked? How would they describe what was meaningful to them? I decided I would explore one client's experience of three therapy meetings (Gaddis 1998). I became excited by the idea that I could practice research and help clients' stories occupy a more central place in professional discourses about therapy.

I did not know how to structure my research interest, so I did what I had been taught and looked to established research approaches to guide me. In my search, I found David Rennie's publications (Rennie 1992, 1994, 1995a, 1995b) on his research into clients' descriptions of one hour of therapy. I became so excited by his work that I adopted his approach for my own research project. The design combined Interpersonal Process Recall interviews (Elliott 1986) and

Grounded Theory analysis (Glaser & Strauss 1967; Strauss & Corbin 1990).

Interpersonal Process Recall, or IPR, is a special type of interview procedure that employs the use of audiotapes or videotapes to stimulate recollections of past experiences. Participants in IPR interviews watch tapes of some past event and describe the experiences they recalled during those events. Applied to psychotherapy, IPR interviews are typically structured so that clients review and describe their experiences of their most recent therapy meetings.

Grounded Theory is a research method that attempts to develop theories that are grounded in research participants' experiences. A common procedure in grounded theory involves what is called the constant comparison method (Strauss & Corbin 1990). This practice has researchers reflecting on participants' experiences in ways that allow the researcher to develop themes and categories that subsume those experiences. The belief is that the researcher can develop a coherent account or theory that is connected to the participants' descriptions.

I liked Rennie's research design because the IPR interviews allowed me to have the client be the primary author of what was meaningful to her about therapy. In addition, I liked that the analysis was based on the transcripts of the research meetings. Rennie's accounts of his research were so thorough and compelling I was certain that he had discovered the best possible way of doing research, even though I doubt it was ever his intention to make such a claim.

I had some difficult struggles recruiting a club of academic professionals to support this project. I had to convince them that my interest in learning about one client's reflections on therapy was no less sophisticated, worthwhile, or legitimate than traditional research perspectives. I explained that I thought each client has something unique and important to contribute to understanding therapy and that we should not devalue any one person's individual perspective because we may otherwise miss important nuances in the name of global knowledge. Fortunately, I received enough support to proceed, and I am particularly grateful to Dr Toni Zimmerman, Dr Ronald Werner-Wilson, and Dr Linda Stone Fish.

I valued the lessons I learned from my first research effort. The client reported the experience was valuable to her as well and the therapist explained the project helped him significantly. I learned that clients may have a lot to say

about their therapy experiences when reflecting on their meetings.

I also learned that clients' reflections on therapy may help in assisting the therapy process. For instance, I asked the client if she would be interested in a meeting with her therapist where I shared what I was learning from her about therapy. She agreed and when we met together I explained to the therapist that Melinda (the client) appreciated so much how her therapist 'just knew' what was helpful in therapy. This was startling to the therapist, who identified himself as a narrative therapist. He said, 'I thought you were leading me in therapy'. This led to their subsequent intention to co-lead therapy.

Another lesson I learned was that a client's participation in the research process might be directly meaningful and useful for her. On many occasions, while watching tapes of the therapy, the client remarked: 'This is so amazing!' I wish I had asked her more questions about what amazed her.

Shortly after the research was complete, significant changes occurred for the client. Her life moved rapidly in a direction more appealing to her. I do not know what role the research may have played in this development, but the research experience seemed very important to her. Perhaps her participation was helpful for the reasons described by Epston & White (1992): *When persons are established as consultants to themselves, to others, and to the therapist, they experience themselves as more of an authority on their own lives, their problems, and the solution to these problems.* (p.17)

During my doctoral training in family therapy, I was required to engage in a second and much more extensive research practice. Initially, I thought I would simply recreate and extend my earlier research using the same design. However, by this time I had spent more years exploring narrative therapy and when I reflected on my earlier research some aspects of the design bothered me. I began to be concerned that Grounded Theory's goals of generating theory fit more with scientific and reductionistic intentions than with documenting clients' perspectives about therapy.

I also was concerned that my research findings were not close enough to the client's descriptions of her experiences in therapy. Instead, they reflected more of *my* interpretations of her descriptions, even though the design supposedly grounded my interpretations in her descriptions.

Re-considering research based on a narrative worldview

It finally became clear to me that I was no longer interested in doing research that constructed disembodied knowledge used for general application. I was much more interested in research that allowed clients' richly described stories about therapy to stand on their own without unnecessary professional interpretation.

Suddenly, it occurred to me that I had never thought about approaching *all* aspects of research from a narrative perspective, which was startling given that I had spent the previous six years experimenting with myself as a narrative therapist. I realised that, until that time, I had only subjected my research question to my narrative perspectives. I had assumed that the rest of my research design *should be based on an established and legitimate* research method. I assumed the right or best approach existed 'out there' in the professional literature, and I had failed to consider the ways those methods might not fit (and in a real sense, could not fit) with my personal views about research and knowledge construction.

Immediately, I wondered how much the natural science discourses insidiously influenced many, perhaps most, research methods, including qualitative ones. To understand how this gaze might influence my own thinking, I realised I needed to be clear about what I meant by research. I concluded, for me, that research meant any systematic attempt to generate knowledge. By systematic, I meant any plan for inquiry that intended to result in the documentation and dissemination of knowledge for public or professional use.

I concluded that whatever research method one uses to generate knowledge represents only one possible way of answering any particular research question. There must be infinitely many ways to 'story' research that have yet to be written. Thus, what I have come to care about is how research knowledge influences the people who are directly affected by the knowledge itself. I value whether research 'subjects' and research consumers find the knowledge useful, relevant, and helpful for them. I am not very interested in proving that some knowledge is innately more accurate, legitimate, superior, or truthful than others.

I committed myself to constructing a research project that was *congruent* with my narrative preferences for understanding knowledge construction. I committed myself to using my narrative sensibility to not only shape the research

question, but also data collection, data analysis, findings, and implications. I also decided to write-up the research in as transparent a way as possible so that my subjective assumptions and conclusions were explicit and available for critique.

I was no longer interested in doing ethnographic, phenomenological, or grounded theory research, for example, because doing so meant adopting someone else's ideas and assumptions about how to practice research. I do not mean to diminish or discount the very important contributions that various research traditions have made to knowledge construction. I simply did not want to be beholden to tradition over my personal perspectives.

I started to believe that documenting clients' ideas about therapy might open therapists to new perspectives that were both helpful and generative. In this way I imagined research as *provocative* in the sense that it *might* fit with the struggles and dilemmas that are alive for practitioners and clients in their own unique conversations. I thought learning from clients about what they experience in therapy might at least help therapists think about questions they want to ask clients in their own practices.

As I began to think more about research from a narrative perspective, I remembered Epston & White's chapter, *Consulting Your Consultants: The documentation of alternative knowledges* (1992). They describe inviting clients to a 'special meeting' at the end of therapy for the explicit purpose of focusing on learning about therapy and how the clients contributed to their success in getting free of problems. White (1995) wrote: 'Viewing my work as ongoing private research [italics added] ... includes consulting families about their experience of therapy, and this is always invigorating' (p.80).

Many therapists, like Tom Andersen (1997) and Marjorie Roberts (1997), have started to invite their clients to reflect on their experiences as a form of research. Giurelli (1999), however, argues: *Most of the research in client expectations or preferences has been based solely on the perspective of the researcher as expert. Research based on data gathered from the clients' perspectives is sparse* (p.19-20).

Along with many narrative therapists, I regularly inquire with our clients about how our conversations are affecting them. I am also curious about what clients have to say about therapy when the sole purpose of meeting with them is to have them teach us about what is meaningful for

them about therapy. I trust that clients have lots more to teach us about therapy, but they need our invitations to share.

My first attempt at practicing narrative-informed research

Once I decided to view all aspects of research through a narrative lens, I had to figure out how to construct and structure my research project (Gaddis 2002). I started with two questions: Who should be included and participate? And, how can I access and honour clients' stories about therapy in the most respectful ways? I attempted to use my narrative knowledge to answer these questions. Those answers generated the research practices that I put into place for my project. In my view, the final structure for the research is really quite simple. The effects, however, appeared to be quite profound.

I could not imagine how to value one person's experience/story over any other person's. I believe that all clients have unique and important stories to tell about therapy and that every telling matters. I decided, therefore, to learn from clients in my most immediate therapy 'community' for four reasons. First, I wanted to participate in the community where I live. Second, I believed it would be easiest for me to access those clients. Third, I am more interested in local research than I am in global research. Fourth, I am not interested in making claims about what is generally true based on the clients who participated in this study.

I decided to ask two close therapy colleagues of mine to participate. They agreed and included members of their reflecting teams, who were drawn from a training program that I help direct called The Salem Center for Therapy, Training, and Research in Salem, Massachusetts. I decided to limit the clients to couples who were seeking help from my colleagues and their teams. Limiting the project to couples helped provide constancy and coherency across the research project. I did not select couples for any theoretical reason.

I limited the project to three heterosexual couples, and each couple was asked to reflect on one therapy meeting. I based these decisions on my previous research experience and my belief that attempts to account for lots of stories risk losing the important nuances, dilemmas, and contradictions that exist in individual stories. I had to argue that a legitimate criterion for deciding on the number of research participants is the degree to which I can do justice to each individual story

in the amount of time available for the project. Based on my earlier research experience, I decided that I could realistically conduct a detailed research project with three couples.

The research meetings were structured so that each couple met with me within two weeks of their most recent therapy meeting. In each case, we met two times to completely review the videotape of the therapy session. Each research meeting was also videotaped. I began each research meeting by explaining the purpose of the research, which was for their therapists and reflecting team members to learn about therapy from their clients' honest reflections. I then spoke with each couple about their preferences for our research conversation. I explained that my hope was to watch the videotape of their therapy meeting and have them recall what was important and unimportant, helpful and unhelpful, useful and not useful.

I added that I found that watching videotapes of therapy sessions seemed to help people reflect on and remember some of what they were thinking and feeling during the meetings. I also explained an additional research purpose was to disseminate this information to a wider audience so that other therapists and therapists-in-training could learn from their therapy accounts.

I explained that some people seemed to like to stop the videotape themselves, while other people preferred for me to stop the videotape when something interests me, and some people like a combination of the two. I tried to help them understand that I did not have any expectations for how we watch the tape, and that my only hope was that they had a chance to speak about their experiences.

Once we decided together on how to proceed, we met for two hours per meeting (four hours in total). After two hours, it seemed like we were all ready to end a meeting. I reminded couples at the end of the research meetings that I intended to review the tapes of our research conversations and draft letters to them about what I thought they described. I explained that it was my wish for them to edit the letters so that the letters better reflected their personal experiences in therapy.

I decided to use the skills I had learned in narrative therapy to construct the letters from the research transcripts. I was not immediately certain what form these letters would take before writing them, however. Each couple agreed to read and edit the letters. Two couples reviewed the letters within a month of our final research meetings, and the other couple took longer to review their letter. I incorporated all of their edits into the final letters.

I explained to each couple that I planned to send their edited letters to their respective therapist and team so they could have a chance to reflect, learn, and respond. I explained the purpose for sharing these letters with the teams was based on the teams' desire to learn more directly about therapy from the couples' experiences.

After the couples returned the edited letters to me, I scheduled meetings with the therapy teams to reflect on the letters with them. I then videotaped and transcribed my meetings with the therapists. In the following matrix, I attempt to illustrate the various steps in the structure of the research design.

STEPS	OBJECTIVES	TECHNIQUES	DATA GENERATED
Step 1 Couple meets with Therapy Team	Therapy	Conversation	Videotape
Step 2 Couple meets with Researcher	Learn about Clients' Experiences	Reflections via IPR	Videotape and Transcripts
Step 3 Researcher reviews Transcripts	Write a letter to couple based on their descriptions.	Letter Writing	Research Letter
Step 4 Couple edits Research Letter	Accountability	Editing	Edited Research Letter
Step 5 Researcher meets with Therapy	Team's Responses to Edited	Conversation	Videotape and Transcripts

Team	Letter		
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In my actual research meetings with the couples I used my narrative therapy skills to guide my conversations. I did my best to de-centre myself. The most frequent question I asked as a researcher was: ‘Do you remember what you were thinking and/or feeling at this point of the therapy meeting?’ I often asked clarifying questions after clients described an experience, like: ‘Is there anything more you can say that would help me further understand what you are describing?’

I chose not to conduct any analysis across couples. For each couple, I organised the transcript of our research meeting so that I could write a letter that stayed as close to the clients’ words as possible. I quoted the clients’ actual words as much as possible, but I did use my own personal understanding to organise and construct the letters.

My research ‘findings’ consisted of three letters I wrote to the couples, which they had edited. There is not sufficient space in this paper to include the texts of these letters as they were many pages long (Gaddis 2002). Instead I will include some brief extracts from a letter I wrote to Molly and Rob (not their real names).

I included in these letters reflections from the couples about what had been significant to them in the therapeutic conversations. For instance:

Molly described: *Well, like I felt like we didn’t have any respect towards each other, but [The team] would say, ‘Well we can see examples of respect ...; Rob was concerned about you speaking first;’ or something like that. They were picking up that there was respect where we were not noticing.*

I also included descriptions by clients of their experience of therapy:

Molly said: *Dagmar (the therapist) is good at getting right into what needs to be asked and what we need asked of us.*

Rob added: *She has a way of extracting information, but she has a way where I don’t feel defensive when she is asking probing questions. She gives me the feeling...*

Molly interrupted: *She genuinely cares.*

Rob agreed: *She genuinely cares, but the best feeling I can tell you, and I felt like this after the second session, she could bring you to a place and I feel like she is with you, in trying to get it out of you. Not that anyone else is not equal, but I feel like she can bring you there and get to the root of it and get it out of you, but she is kind of in the middle of it with you, sort of, you know. As opposed to*

somebody just sitting there and me feeling kind of defensive. And wanting to defend myself and my actions.

I asked how they knew these things about Dagmar.

Molly said: *I think it is the way she looks. Her eyes and expressions.*

Rob said: *There is a tone in her voice.*

Molly said: *The questions she asks.*

Rob suggested: *It is all of the above.*

I had expected that the research would focus on the clients’ experience of the therapy process and their feedback about this, and this did occur. However, I found it surprising that the vast majority of the clients’ descriptions didn’t have to do with the therapist or the therapy process but instead had to do with their own lives and relationships. Initially, I had intended to ask clients about what was helpful and unhelpful about therapy. In actual practice, however, I asked much more open questions, like: ‘What interests you most about what you are watching?’ I believe that my questions certainly had an effect on what the clients described. Had I asked more pointed questions about therapy I am sure their descriptions would have addressed therapy more directly.

I enjoyed constructing letters without having to force a single theme. I felt free of much temptation to interpret what the clients described. It was clear to me as I looked at the research transcripts that two roads were available to me. One road led to the land of interpretation, which would result in findings that reflected *my* thinking. The other road led to the land of expression and description where I was free to provide a close account of the clients’ lived experiences. I believe taking the road less travelled made all the difference because clients’ experiences could remain richly described without unnecessary dilution or foreclosed conclusions.

I do not mean to imply that interpreting is bad. On the contrary, I think interpretation is a skilful and useful practice in human interaction. For this project, however, I wanted the results to reflect the clients’ descriptions, so that readers can draw their conclusions from experience-near accounts.

My speculations about the potential value of these research practices

Potential benefits for clients

One of the most exciting outcomes of this research is

that couples reported they benefited directly from their participation in the project. In some instances they appeared to benefit dramatically. This was an unexpected development for me, which led me to new considerations about the value of this research approach.

It seemed to me that the clients developed richer understandings about their lives and relationships, and that this made possible for new ways of relating with one another. I wonder if these new understandings had something to do with being placed in a position where they witnessed on videotape their own behaviour, thoughts, and interactions.

Perhaps inviting people to be 'research consultants' rather than 'therapy clients' was useful because the positions involve distinct requirements. As clients, they may be situated in a discourse where they feel obligated to defer their own knowledge and perspective to those of the therapist. As research consultants, they may have more freedom to express their personal wisdom, perspective, and expertise.

Another thought I entertained was that watching the videotape put some distance between the clients and their performance of problem-saturated stories. In a sense, the research process itself might create a form of externalisation (White & Epston 1990). This may allow clients to view the taken-for-granted ways they act in new and strange ways that make them more visible for reflection. One client even said while watching himself on videotape: 'I know a person who is a lot more interesting than the one I am seeing on this tape'. Another client commented: 'I used to think I was objective. Now I know I am not.'

Clients seemed to volunteer what I imagined were difficult statements to make in our research meetings. I wonder if the research design allowed couples to have less contentious or competitive conversations because I continuously reminded them that my only interest was for them to describe their personal experiences. I was not asking them to interpret what they were telling me. Our conversations were about teaching me about their experience. Our conversations were not about arriving at a consensus or correct account of the problem. Perhaps this allowed simply for more rich story development to take place.

The research practices may also have slowed down the process of talking. It took some time to get through watching each therapy meeting. The reflections seemed to be a thickening agent for clients when talking about their relationships and lives. This, too, may have contributed to rich story development.

I have come to believe that the research practice may provide similar benefits as outsider witness groups. Clients can listen and watch without being engaged in the demands of dialogue. They are free to talk without having to come up with a solution. Their reflections provide multiple perspectives on the subject, which includes their own problems, lives, and relationships. What else could be more meaningful to them?

Potential benefits for therapists, teams, and training

The therapists who participated in the research also reported that it was helpful for them. For instance, one therapist stated: 'I just want to say this process is useful because it is an opportunity to look at what is going on and then begin to re-think how to go forward ... It really crystallised certain ideas that need to be further developed, explored, and possibly changed.'

It seemed to me that the therapists became very engaged in the research letters that documented the clients' experiences in therapy with them. The therapists started to develop lots of new questions they wanted to ask clients in their next meetings. I imagine the letters could provide wonderful entry points for narrative therapists to engage in further re-authoring conversations. The letters are full of clues to clients' intentional states, for example.

Therapists were offered information about the private experiences clients were having in their therapy meetings. In some cases, the information they received was difficult for them. They learned about experiences and conversations their clients said were unhelpful. Though this was painful for the therapists participating in this project to learn, each of them appreciated and deeply valued the knowledge because it allowed them to know more about the ways they were inadvertently unhelpful. I have yet to meet a therapist who is not interested in learning about how their clients experience them as therapists. What could be more meaningful to a therapist?

Professional trainees who were members of the reflecting teams also seemed to find the letters valuable. For instance, one trainee learned that his 'wordiness' left the couple feeling 'lost'. This inspired a conversation about the importance of keeping the clients at the centre of the therapy conversations. It also allowed the trainee to realise that it was actually his preference to become more curious and less directive as a therapist. The trainee's wish to 'point out the

positives' became available for reflection. Previously he had taken it for granted that pointing out positives was always helpful.

The stories the clients told about their experiences helped me in my therapy practice as well. For example, one couple lamented that it was difficult for them to not be invited to talk about what distressed them when they first arrived for the therapy meeting. To describe the difficulty, one of them said: 'It was like waiting in a dentist's office before having to have a tooth pulled'. Their description reminded me that I want to begin my therapy sessions by asking clients if there is anything they wish to talk about at the outset of our conversation. This is not a new practice but it has become more important to me having learned about this couple's experience in therapy.

Potential benefits for the field

This research may generate new ways of working with clients in general. I can imagine, for example, a group of therapists sharing responsibilities for clients together and taking turns in the roles of researcher and therapist for one another. I can also imagine a sole therapist taking turns with clients so that she is a therapist one week and a researcher the next. The possibilities seem endless to me. What is important I believe is the value that can emerge when clients are invited to teach us about what is meaningful for them in therapy.

Conclusion

I strongly hope the research I am attempting to promote fits with the following sentiment written by a former therapy consumer who also suffered as a therapy client:

Clients can never be entirely objective about their own therapy, but that does not mean that their point of view has no general value. Without it, any scrutiny of therapy will not be a truly balanced one. Therapists too cannot be entirely objective. They are not impartial observers: they are participants in a process which is intense and highly personal, and they have a stake in convincing us [clients] that what happens in therapy is good for us. (Sand 2000, p.vii)

As a researcher, I now see my role as one that can complement the therapy process. Michael White (1995) captures the spirit of my interest in the following quote:

Those people who are practicing therapy, along with persons who seek therapy, are the primary or basic researchers, and those people who collect data in a more formal way are the secondary or supportive researchers. I've always been interested in primary research, and find the continual demand from secondary researchers that primary researchers justify their existence to be quite tedious. If the secondary researchers in our field could go further in relinquishing the moral high ground ... which would include the rendering transparent of the socially-constructed nature of their enterprise - then what secondary researchers do might become more relevant to what primary researchers do. I am sure they could have a very enriching collaboration. (p.7)

This paper is an account of the developments that led to my interest in constructing a research project that was congruent with my narrative therapy perspectives. I cared about writing this paper because I want to promote research that centres clients' stories in the construction of knowledge about therapy. I also cared about explaining how I think research can play a vital role in helping therapists stay close to the effects they are having on clients. Finally, I was excited to share how the research I practiced seemed to be helpful and meaningful to the clients who participated.

I want to emphasise that this paper is in no way an attempt to claim that my ideas are the best or right ideas for thinking about or practicing research. Nor is my intention to claim that these ideas have not been considered or presented by others before me. I am simply excited about describing my account of how I came to think about research from a narrative worldview.

Last words

At times I thought I would never complete this paper as the problem-saturated story from my past continued to question the value of anything I was writing. And yet, it is precisely my awareness of the ongoing negative influence that a problem-saturated story has over my life and relationships that keeps me committed to protecting others from similar experiences. The idea that I can contribute in some way to assist others is keenly helpful for me in re-authoring my life.

I would like to acknowledge here the relationships that have helped support me in the completion of this paper. I

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Finally, my greatest satisfaction would be if this paper in a small way helped some readers honour *their* ideas, views, and lived experiences. Maybe some readers will develop new research and/or therapy practices that are congruent with their own views about what is helpful in therapy. If that occurs, I would be very excited to learn about those developments.

Note

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