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TOWARD CO-COMPOSING AN EVIDENCE BASE: THE NARRATIVE THERAPY RE-VISITING PROJECT

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In this article, we will report on the Narrative Therapy Re-Visiting Project. Narrative ways of thinking shape research in ways that strive to center the voice of the therapy participant. We will present qualitative research findings that bring to the forefront the personal thoughts of the participants about what was meaningful and useful in therapeutic conversations. This contribution moves away from solely interpreted understandings of professionals and toward co-composed understandings between professionals and therapy participants. In a follow-up meeting, persons who have come to us for single session therapy/consultation, return to re-visit videotape of the earlier session. All of the sessions took place in a walk-in clinic and in single session consultations; therefore the feedback is about narrative practice in a single session encounter. The authors systematically document the participants' accounts and descriptions of meaningful moments and experiences of the

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therapeutic process using qualitative methodology and attempt to discern from them themes and implications for therapeutic practice.

This article reports on the research[1] project "Narrative Therapy Re-visiting Project," an approach developed in order to learn from therapy participants what is meaningful and significant in narrative therapy conversations. We began this exploration to add to our learning and practice by analyzing the transcripts from re-visiting sessions over a two-year period from 2004 to 2006. Because the sessions took place at a walk-in clinic and in single session consultations, the article also provides us with information about what is important and can happen in one therapeutic conversation.

Psychotherapists utilize a variety of therapeutic practices to serve therapy participants (clients). Much of the evidence base for these practices derives from research and discourse that is based on professionals' voice and interpretations of what is meaningful and useful in practice (White, 1997). Over the past two decades many have brought into question "the long standing Western tradition of privileging institutional knowledge and holding it up as the royal standard, the unassailable truth . . ." (Paré & Larner, 2004, p.1). This truth expresses itself as professional expertise or what Gadamer refers to as "expertocracy."[2] Our interest is in moving toward dialogic mutuality in research. This involves composing information *with* therapy participants as opposed to imposing our truth on therapy participants. This practice of co-composing relates to our preference to create space for participants' voices, impressions, and feedback, which then serve to shape our therapy practice. We hope this article provides a step toward including participants' perspectives about what is meaningful and significant in therapeutic practice.

Indeed, research demonstrates that participants' perspective is highly correlated with treatment outcome (Hubble, Duncan, & Miller, 1999). Qualitative inquiries into psychotherapeutic processes and outcomes are growing in frequency and diversity. However, more qualitative studies are needed to explore specific therapy models especially in relation to services for children and their families (Maione, 1999). Gaddis (2004) begins to fill a research gap, by adding clients' knowledge to the knowledge of professionals. The focus in this research was on couple therapy. Further qualitative research by Rennie (1992, 1994a, 1994b, 1995) has made a significant contribution to the study of psychotherapy from a qualitative perspective by analyzing clients' experiences of therapy. However, this research primarily examines adults' perspectives of experiences of family therapy modalities

[1]We endorse an expanded understanding of research to include any systematic attempt to generate knowledge that is useful to both therapy participant and practitioner. Similar to White (1995) we view our practice as "ongoing private research . . . [that] includes consulting families about their experience of therapy." We are interested in "uncovering patients' experiences . . . in order to gather clinical wisdom" (Rennie, Watson & Montero, 2000, p. 7).

[2]As described by Gadamer, expertocracy refers to the tyranny of those who claim to be "in the know" (Madison, 1997, p. 7).

St. James-O'Connor, Meakes, Pickering & Schuman (1997) provided important information on client perceptions of what was helpful, not helpful, and the overall experience of narrative therapy. The study used interviews to review families' experiences of longer-term therapy. However, it did not use videotaped re-visiting of specific sessions by participants and was not focused on single sessions.

The Re-visiting Project provides opportunities for participants' voices to be heard in examining the therapeutic process. This recognizes that the participants' (children and adults) knowledge and understanding of the therapeutic process is at least equally as important and valid in the research process as the perspective of psychotherapists. The participants' knowledge and perspectives should serve to inform ongoing practice and research. The project attempts to bring together the professional and the participant in partnership to co-compose evidence-based information about therapy. The remainder of this article will outline our current conception of narrative practice, assumptions about research and the direction this research project moves toward in adding to the knowledge base. Further, the specific methods of the project and results are outlined including verbatim excerpts from the therapy participants that speak to emerging themes relevant to our practice as therapists. Lastly we will discuss the potential implications of this information and pose further questions for exploration.

NARRATIVE PRACTICE

The theoretical frame for this project is influenced by the works of Michael White and David Epston (1990), as well as by our own ways of thinking about and practicing narrative therapy. There is a key philosophical shift that informs narrative practice. This shift reflects the movement from structuralist[3] thought to poststructuralist thought. Poststructuralism places an emphasis on interpretation and meaning, inviting interest in the context in which ideas emerge. It proposes that "meaning generation takes place as we talk with someone else or as we talk with ourselves and that language is the tool we have for thinking of experience, for making meaning of experience to ourselves, and for speaking of it to someone else" (Walter & Peller, 2000, p. 22). Poststucturalism leads to therapist activities such as listening, noticing, asking questions, wondering, reflecting, and witnessing. The metaphor of story, and ideas such as identity being relational, experience being subject to interpretation, interpretation being influenced by the many aspects of context, problems and persons being separate and in relationship, persons being

[3]Structuralism was first embraced within the scientific movement and has to do with beliefs that we must reduce phenomena to its building blocks; that we cannot know the truth about anything until we get under the surface to the underlying realities. It has to do with ideas such as: people have needs, motives, traits, strengths, deficits, resources, properties, characteristics, and drives. Therapist practices informed by structuralist thought can lead to therapist activities such as observation, analysis, comparison, assessment, diagnosis, advising, and educating (Young, 2006, Appendix 2).

engaged in conscious purpose and actions, and actions being connected to peoples' commitments, intentions, principles, and so on, emerge from poststructuralist thinking. This type of thinking invites a posture—a way of being in the conversations, transparency, collaboration, partnership, respect, and "poststructuralist curiosity."[4] We step away from claiming to be "in the know about what they should do."

From a narrative therapy perspective, when people consult therapists they tell stories. In doing this, people link the events (daily experiences) of their lives in sequences that unfold across time (past, present, future) according to a theme (meaning), all of which is influenced by broader culture context (White, 1991). Within these accounts, when we think of conversations as a process of authoring, an expanded story can emerge between the therapy participant and the therapist. Story expansion helps people to renegotiate previous meanings and understandings, which may then serve as the foundation for future actions. It provides a dialogue that assists people to move from the known and familiar of their lives to what is possible to know and do (Riddle, 1999).

OUR ASSUMPTIONS ABOUT RESEARCH

Gadamer has said that truth is not merely waiting to be "discovered" and "represented" (White, 1991). "Truth" and "meaning" are instead seen as "creative operations on the part of human understanding itself, which is always interpretive" (Madison, 1997, p. 11). No one can step outside of oneself and one's preunderstandings. We all interpret and develop understandings from an *influenced* (by our context, history) position, and there is no possibility of a neutral standpoint from which to interpret. "In this respect, all interpretation, even of the past, is necessarily 'prejudiced' in the sense that it is always oriented to present concerns and interests" (Malpas, 2005, p. 5). Therefore we recognize that our responses to the feedback from participants in the re-visiting sessions are not neutral—are not "the truth," but represent our meaning making of their words. Our understandings of the feedback are influenced and, even before that, the research questions chosen reveal what we conceptually value, our epistemology. We are "engaged in a hermeneutic endeavour in which we are interpreting oral text about matters of human experience" (Rennie, 2006, p. 8). We are cautious about our interpretations of the participant feedback, and have, therefore, as much as possible, included the exact words of the participants.

We have had to search for themes and summarize the feedback in ways that can be understood by us, written about, and conveyed easily to readers. The themes

[4]This type of curiosity is one that is in search of meanings of people's conscious purposes and actions. The questions that arise from this "poststructuralist curiosity" are aimed at story expansion and the development of detailed descriptions and rich meanings within "unfamiliar" conversational territories. Because these conversations fall outside of the usual ways of thinking and speaking, they open up new possibilities (Young, 2006).

or categories we have developed are in themselves interpretations (Rennie, 2006). This means that a great amount of detail has been reduced down to what we could "see," unfortunately not including what we did not see. We are mindful that our social location influences what/how we "see." As both Canadian authors, one female and one male, who teach and practice narrative therapy locally and internationally, we have shared curiosities about the narrative perspective and its usefulness. We both are White middle-class employees at different Children's Mental Health Centres, where we tend to meet with populations of lower to middle socioeconomic status, primarily who are Caucasian, and who receive services for free. All participants in this project received service for free.

Our understandings have been both shaped by and are expressed through language. They have evolved through a process of communication and since conversation takes place by means of language, "all understanding then involves something like development of a common language" (Malpas, 2005, p. 6). We have developed a language to describe themes and tried to ensure that they are "user friendly" and practical to the therapist. We hope this invites other therapists, as it has us, to consider "what could this mean for my practice?"

There is a place for research as a telling. Therefore, we are not writing about the re-visiting feedback as a way to create an authoritative position on how therapy should be done. However, we are interested in what the participants told us was important, useful, or meaningful to them as a way to pay attention to the real effects of our practices. A telling by those who consult us can shine a light on particular instances and the effects of those instances. This research is a process that invites us to strive to pay further attention to and examine the effects of our practices on the lives of people. "It is crucial for maintaining integrity to our practice" (Gale & Lawless 2004, p. 126).

METHOD AND OBJECTIVES

The research objectives for this study were to: (1) learn from the participants what they consider meaningful and significant in a single session narrative therapy approach; (2) investigate how participation in the research may affect the participants in itself; and (3) to determine if what we learned can be included in our day-to-day practice, teaching, and writing.

Qualitative research does not provide the same theoretically secure address as empirical knowledge and quantitative research. It is outside the realm of numbers and quantifiable facts. However, "within qualitative inquiry lies the richness of the world, where there is complexity, contradiction, the detail of story, and the knowledgeable voices of individuals" (Irving, 1999, p. 46). We have engaged in this type of qualitative research as a means to stay as true as possible to our practice ethics of collaboration, respect, and inclusion. Although we do recognize the useful contribution of quantitative kinds of inquiry, we

wished to find ways to include the participant's voice in the research itself. Participants have "enjoyed few opportunities to participate in research" (Duncan & Miller, 2000, p. 181).

The qualitative methodology we used was as follows. Participants were selected by opportunistic sampling, which involved selecting those people who had relevant information and were available (St. James-O'Connor et al., 1997). People attended either a walk-in therapy clinic without an appointment or booked ahead for a single session consultation. Therapy participants met with one of three available narrative therapists for approximately one and a half hours. The therapy sessions were video recorded with permission and written consent from the participants. Twelve clients ("client" used here to describe individual and family sessions) were contacted to participate in the project. Their sessions provided the pool of available videotapes. Of those 12 families/individuals contacted, eight consented to participate.

Demographically, the eight participant clients represented six families with at least two adults and one child (children ages 8 to 17), a single parent family, and an individual adult. All participants were middle class and Caucasian.

In a follow-up meeting, therapy participants watched the entire videotape of their earlier session with a research assistant present. We call these "re-visiting sessions." Therapists were not part of this feedback meeting in order to ensure that their presence did not influence the participants' commentary. Participants were asked to pause their tapes at any time they saw, heard, or otherwise noticed a significant or meaningful moment. If more than one family member was viewing the tape, they were all invited to pause and comment on their own accord. This strategy was used to ensure the therapy participants were selecting the meaningful moment for commentary. The re-visiting sessions varied in length depending on the amount of commentary given by the participant and ranged from two to four hours. Each time the tape was paused, the person (or persons) who stopped the tape was asked a series of set questions meant to elicit his or her thoughts and understandings of the moment he or she selected (see Appendix). Participants' accounts and descriptions of these meaningful moments and experience of the process were audio recorded, later transcribed, and time coded to correspond to the videotape. The commentary was then reviewed and analyzed for themes separately by two of the participating therapists. After both of the therapists had reviewed and analyzed the commentary individually, they met to analyze the data for common themes that emerged in their separate analyses. The emergent themes follow in the results section.

It is important to note that the purpose of this project was *not* to explore positive or negative outcomes. Nor was it to ask clients what was positive or negative about their therapy session. Rather, it was to ask participants what, if anything, was meaningful and useful in the therapy session they attended. Participants were not encouraged or discouraged by the research assistant to stop the tape at any point. Therefore, it could have been possible for a participant to not stop the tape

at all, however all participants in the project found moments to stop the tape and comment. We do recognize there was always an influence in the room even with the therapist not present during the re-visiting session, however we tried to reduce this by having the research assistant conduct the interviews following the set questions (see appendix). We also recognize that the set questions may have not created space for participants to express negative experiences of the session. Again it was not the focus of this project to enter into dichotomies such as good/bad, positive/negative, but rather to create space for and elicit what therapy participants experienced as meaningful and significant.

RESULTS

At the time of writing these results we had commentary from eight different sessions, with 12 participants—3 children, 3 youth, and 6 adults. All of the sessions took place at a walk-in clinic or in a brief consultation context; therefore the feedback we are reporting is about what was meaningful and useful in a single session of narrative therapy.

Data was transcribed and reviewed by the authors to begin to draw forward themes. The authors collected and grouped excerpts from the various transcripts that seemed to speak to common aspects of the therapy. These were then given a theme name that strives to reflect what the participant's excerpts spoke to. Four common, most frequently described themes are presented in this article.

Understanding that there is no neutral standpoint from which to interpret has influenced how we thought about and responded to the re-visiting feedback from the participants. We have presented much of the feedback in the participants' own words. In keeping with narrative practices that "archive" people's words accurately, we have included parts of the transcribed audiotapes from re-visiting sessions. This is a movement toward a collaborative knowing a *knowing-with* rather than a *knowing-that* position of certainty, truth, and reality (Paré & Larner, 2004, p. 3). Therefore we strive to practice "collaborative knowing" in our therapy and in our research (Paré & Larner, 2004, p. 3). We present the feedback grouped into four themes that caught our attention reflected in the words of the participants. We have titled the themes as, (1) effects of the posture, (2) giving people back their words, (3) externalizing conversations, and (4) learning from the re-visiting. We invite you to read the words of the participants, explore your own interpretation and what it could mean to your practice. The names of the participants have been changed to protect their privacy.

Effects Of The Posture

Chris (14-year-old male) viewed the session tape along with his mother. They had both attended walk-in clinic with a presenting concern about his lying. In his

re-visiting Chris commented, "*I liked hearing that she was accepting that if I didn't want to answer a question then she would be fine with that, and the fact that she asked if I was . . . comfortable with talking about it before telling me or asking me about it, that was really impressive to me*." When asked about the impact of this he replies, "*Well, at the time what I was thinking was, wow, this person really cares and I, I can trust them. And I just sort of, I guess from this point on is when I really opened up*."

Often people come to therapy and have experiences of therapists asking them very highly personal and intrusive questions, perhaps, based on an assumption that if people come to therapy they are giving their permission to do this. The excerpt from Chris reminds us not to assume this, and to check in with people about whether a particular area of inquiry is really okay with them or not. This is something that is often done in narrative practice. Chris experienced this practice as "accepting" and that it was evidence to him of caring and trustworthiness, which contributed to a turning point for him "really opening up."

Gillian (mother) viewed the session tape alongside her 11-year-old daughter Valerie. The tape was of a single session they had attended along with the child's father to discuss ADHD. They were considering increasing her medication. Commenting on her session Gillian said, "*I think that everybody was keeping it on the same level, not overbearing or talking down. It seems very, like peers, it was almost like peers talking to one another. There was no talking down to her* [*11-year-old daughter, Valerie*], *I really appreciated that . . .*"

Narrative posture is one of collaboration and partnership with both adults and children. The conversations are guided by poststructuralist curiosity which helps to keep us focused on what knowledge, understandings, skills, and so on, the person(s) consulting have. Gillian seems to have experienced this collaboration as treating her daughter as an equal—a peer.

Katie (13 years old) viewed the session tape on her own. She had attended the walk-in clinic with her foster mother and case manager. The presenting concern was about self-harm (cutting). She highlights, "*I think that she was really reassuring and she was asking a lot of questions and seeing what everyone thought, and she didn't just, like, talk back like some therapists do, she . . . listened."*

Bill (adult) attended a single session consultation in a teaching context to talk about his struggle with depression. He noted in his re-visiting, *". . . she's actually listening. A lot of people just don't do that. And a lot of people, they'd make assumptions. She wasn't trying to put words in my mouth."*
Research Interviewer: "*What was she doing that let you know she was listening?"*
Bill: *"She was asking the right questions . . . She was guiding the conversation."*
Bill continues: "*. . . sometimes I think counselors or psychiatrists are pigeonholed*

by their own knowledge. So their mind is just not open anymore, it's like, 'Oh yes, I've been taught that, I've been taught this, and this is the way this goes and that is the way that goes,' and it's like they forget about everything else. She wasn't doing that, and I think that was really important."

We understand this to be feedback about how people experience being listened to. Katie connects being asked questions to being listened to. We understand Bill to be commenting that it is through careful attention to what people are saying in combination with questions that "guide the conversation" that people come to know that the therapist is listening. He's experiencing being listened to as evidenced by the questions, remaining close to and curious about what he is saying, and not driven by a metamodel or coming from preconceived notions.

We believe that how we are, our posture, in conversations with people is crucial and foremost in our narrative practice. Chris, Gillian, Katie, and Bill seem to be telling us that being respectful—checking about what is all right to ask about, treating people as "peers," and listening and guiding the conversations in ways that are not assumption driven are important.

Giving People Back Their Words

Sandra (11 years old) watched the videotape with her mother of the walk-in session she and her mother attended because of concern about peer interactions. She tells the research assistant: ". . . *cause it's a lot in a session; so a lot had been said and a lot had been reviewed . . . like, ideas had been put in and so it, it just helped me to review those and just put them back in my brain, cause some of the stuff that everybody said at the very beginning I didn't quite remember. Then with her reviewing the stuff I said, it just really helped me 'cause it was in my brain more*."

Andrea (17 years old) came to the walk-in clinic by herself because of distress from a relationship breakup. She offers the following, "*saying it out loud maybe made me kind of realize it more than just kind of not talking about it.*"

Gillian: ". . . *repeating her verbatim and using her name . . . I think . . . this allowed Valerie to open up a lot more."*
Gillian Continues*:* "*It's not what I said, it was what I heard. So I got to discover a lot of things about her sitting there during the session.*"

Many lines of inquiry in narrative practice have people speaking out loud about what usually would not be spoken of, putting words and names to what were previously only glimpses of ideas, preferences, commitments, knowledge and so on. Sandra, Andrea, and Gillian seem to be saying that this reviewing of what had previously been spoken of—giving people back verbal summaries of what they said facilitated openness and realizations. Below, Jan expands on this theme further.

> Jan (mother) watched the session on her own. She had attended the walk-in clinic with her 8-year-old son due to concerns about severe fears. She says: ". . . *the summarizing is really important . . . she's quickly getting some information out of him (son) and then going through it sort of with him. . . . The effect of the moment again is more of that building trust with her. . . . There's a couple of things I think she's actually doing at this moment . . . remaining calm . . . she's like, 'okay, ya, well let's write that down then,' so it's her calm demeanor . . . that's quite calming for me . . .*"

> Jan continues: "*So at the end of the session I'm actually experiencing such a relief that I'm near tears . . . that she's connected with him, he's feeling really positive . . . she's/he's documenting it for me and she's talking about next steps . . . I'm feeling a sense of hope and relief . . .*"

Jan is noting the importance to her ("for me") of the documentation that was collaborative between her son and the therapist ("she's/he's documenting"). Doing this contributed toward building understanding ("getting information"), trust, relief, and hope.

In the next excerpt, Jan comments further on the narrative practice of documenting and giving back the speaker's words. This process involves writing down what is being said during the conversations in an open way, checking with the person about accuracy, and reading the speaker's words out loud, which contributes to a collaborative process that is respectful and engaging. In giving her son back his words, he is invited to be a partner in the conversation, shaping the conversation as a collaborator. As Jan witnesses this practice of "checking in" with her son about his words, she comments the following:

> Jan further adds: ". . . *she's writing down making note of what's important but making him part of that process. I think it's a very interesting way to try and get him to the table, to get him to be a participant. . . . It's respectful of him as a human being, it's not 'but you're a kid,' she gives him equal footing . . . letting it be about him . . . I'm starting thinking, ya this might work. I begin to have confidence. . . . I'm learning in this moment* [*in the session itself*] . . . [*it's*] *making me understand him better . . . so I can be more effective in helping him at home and also more sympathetic as well. . . . It's huge things I'm learning in this*."

As reflected in Jan's comments, witnessing her son as a collaborator in the conversation and the richness of the information that this brings out gives her new knowledge and confidence that this can work.

Externalizing Conversations

> Gillian: "*That was a brilliant request, just brilliant, asking her* [*11-year-old daughter*] *to put a face on ADHD. ADHD all of a sudden had a face in my mind, and it didn't look as bad as it had felt to me before. I stopped seeing ADHD as some dis-*

ease or some obscure hurdle that had to be jumped . . . now all of a sudden it was helped brought down to size . . . and I have felt differently about the ADHD since."

Gillian's comments indicate a strong impact both during and after the session that relate to externalizing practices. The externalizing conversation about the ADHD helped Gillian to "see" the problem differently and to "feel" not as bad about it and that it was no longer as big. This seems to imply that after this conversation there were new possibilities about how to think about and respond to the ADHD.

Laura (mother) attended the walk-in with her 8-year-old son, Tom, who was concerned about anxiety. Laura tells the researcher: *"What she was doing, in terms of how she was phrasing things, because she said, 'The worry puts thoughts in your head'* [*and*] *I was feeling hopeful, because he* [*son*] *was immediately saying, like echoing back what she was saying. He was saying, 'The worry does this,' and 'The worry does this thought in my head,' so I was starting to feel . . . that this was looking good*" (laughs).

The process of engaging her son in an externalizing conversation about the worry and what it does/says to him, appears to have been hope generating for Laura. She sees him stepping into the conversation and making some "discoveries" about what he "knows" as he responds to the questions.

Tom (8 years old) said: "*Well, she asked me . . . to try to find out things, like to kind of . . .*" (trails off) and Laura asks "*like being a detective*?" to which Tom says, "*yeah, like she tried to get me in the kind of mood for being okay with saying things about it. . . .*"

Tom seems to be commenting on an approach to externalizing conversations where the person is invited to "investigate like a detective" about the problem. It is interesting that Tom is saying that this approach helped him to get "in the kind of mood" to talk about the problem as earlier in the session he had been quite reluctant to talk about the problem of "worry." In fact he later says: "*It sort of seems like I wouldn't say all the things I said on the day, like, some of the things I wouldn't always say in there, but I did."* It sounds like he surprised himself with all he ended up saying about the worry. It seems that being involved in an externalizing conversation made speaking about the problem and learning about it possible for Tom.

Learning From the Re-visiting Session

Gillian comments that coming to rewatch the session was, "*comforting, reassuring, and eye-opening*." She notes, "*It's funny, I'm learning so much more now watching it. At the time I was getting the feeling, the . . . reassurance. At the time I remember more feeling the emotional end of it, and now I am recognizing seeing how this came about, why I felt reassured, why I felt more confident*."

Gillian seems to have been able to learn more about the reasons for some of the effects she previously experienced, as she has been in a more "stepped-back" reflexive position in the re-visiting.

> Jan: "*I think we should all do this . . . it's unbelievable what he [her son] has been able to accomplish . . . to learn that the moment that I'm in is not forever, just because it's very much like this right now doesn't mean we won't be able to get past this . . . learning . . . that he does have skills—he can get over it and he can grow.*"

In a stepped-back position, Jan has "seen" what the major accomplishments have been since the session, and she is learning in the moment about their ability to get past things—to grow. Michael White points out for us that narrative structures appear to be intimately linked to the fantastic ability that people have for reflexive engagements with life (White, 2001). This reflexivity is a capacity to achieve distance from the immediacy of life. It is an ability to review the events of our lives from other vantage points. This provides opportunity and space for participants to distance from the experience-near effects of the story and discussion as they find themselves in a listening reflexive position. People are invited to be an audience to their own performance of the subordinate storyline. Participants can "render meaningful that which previously wasn't" and "re-conceive of that which has already been rendered meaningful" (White, 2001, p. 23).

These excerpts seem to us to speak to how the practice of stepping back or watching the conversation from another vantage point, in some way, facilitates learning. Rennie (1998) argues persuasively that reflexivity is crucial to personal change in therapy. In the research project, participants often noted the usefulness of participating in the re-visiting session itself. We speculate it provided a reflecting surface assisting participants to distance from the immediacy of their lives, assisting them to consider the events, meanings, and engage with those aspects on different terms, which they refer to as "learning."

DISCUSSION AND FUTURE IMPLICATIONS

Re-visiting words of the participants immediately touched our therapeutic practice in many ways and it is our hope they will touch your practice as well. It is a humbling experience to have your work/practice discussed and considered from many perspectives. It's the kind of process that further connects practitioner and participant in a relational ethics of sorts. This is the kind of ethics that holds practitioners highly accountable for their practices and invites critical examination of those practices and their potential effects on people's lives. It is the kind of examination that invites, into the field, practices of inclusion and learning from participants.

Much of the feedback points to the importance of how we are, the "being" with people. We are reminded that whatever the specific details of our approach to therapy, a critical factor lies in staying committed to working in respectful, collaborative, transparent, and curious ways. Practices of providing verbal summaries back to people and documenting people's words are an important aspect of narrative therapy and contribute to the kind of "being" with people in therapeutic conversations that most participants commented on as engaging, collaborative, and facilitating of learning/discovering.

We were also reminded of the significance of the impact of externalizing conversations on people's thoughts, feelings, and potential future actions. Separating people from their problems has become a way of thinking and speaking about problems that is so familiar to us and that we now experience with renewed enthusiasm. Through the words of the participants, the act of separating the person and the problem in language and thought has been brought home to us as an act siding with hope and possibility. As people adjust their relationship with the problem, they experience this as a very hope-friendly moment, conceiving of new options and experiencing greater personal agency.

Counter to the practices of pathologizing and diagnosing, it seems therapy participants experience externalizing problem discourse as significant and useful. We understand this to be a message to the professional to pay meticulous attention to where the problem is located and the effects of this on peoples' hopes for their lives, sense of personal agency, and identity conclusions, as these impact what people may conceive of as possible for themselves.

It struck us as inspiring that all the participant feedback spoke to experience with single session encounters in therapy, demonstrating that one conversation can make a difference in people's lives. Further, it confirmed for us that narrative practice, in the settings in which we practice most of the time—walk-in therapy clinics—provides a way to enter into rich, meaningful, and useful conversations with people quickly. In considering this finding, questions arise with answers that may move away from some modern taken-for-granted psychological understandings. What constitutes therapeutic rapport with the person(s) in front of you—the long-standing connection, genuine poststructuralist curiosity, or other factors? What does it make possible for people when they engage in conversation that reconnects them to their hopes, preferences, knowledge, and skills? What research could assist us to explore further the impact of conversations at our walk-in clinics on peoples' lives?

Some of the most striking comments during this project were noting how useful participants found the re-visiting session itself. We relate the usefulness of those experiences to the position of watching their conversation with the therapist that people found themselves in during the process. In a sense it was a position of being an audience to their own story from which they could get a different view of the initial experience. In this witnessing, distance from the immediacy of life is achieved, allowing participants to reflect on their actions

and words and to conceive of possible "next steps" for their lives. This in itself appears to be a useful process and begins to call for further ways to formalize the re-visiting process as a means of service delivery, progress review, and as a continuation of story expansion.

This project invites us to ask further questions of ourselves, to reflect back on our own practices and to learn from those reflections. What more can we learn from therapy participants about what may be most significant and meaningful to them? How can we quickly yet respectfully enter into rich detailed conversations with people that assist them to conceive of possibilities for their lives? Is the effectiveness of a single session encounter more of a reflection of our skill level rather then a reflection of the severity or longevity of the problem presented? In what ways can we use the re-visiting feedback to push the ceiling of our skill levels higher? It is through the questioning of therapy participants and ourselves, as well as through the examination of the effects of our practices that co-composition of information becomes fruitful, rich, and exciting.

SUMMARY

This article has reported on the Narrative Therapy Re-visiting Project, an attempt to learn from therapy participants what is significant and meaningful in single session narrative therapy encounters. The participants' feedback has been presented and the authors have attempted to collect their knowledge into useful categories for practitioners to learn from and incorporate into therapeutic practice.

We see this research project as a beginning step on a longer journey toward co-composed understandings about what is meaningful and significant in narrative therapy sessions. This initial project will serve as a foundation from which we will expand into larger qualitative coresearch. We will continue to do this in ways that strive to create space for participants' voices, as we believe that their views are important evidence about what is useful in therapy.

Participant knowledge provides an important contribution to what has been referred to as "evidence-based" information. We refer to this added contribution as "practice-based evidence," evidence collaboratively collected with therapy participants (Duncan & Miller, 2006). We are committed to this approach as it reflects values that we cherish such as respect, poststructuralist curiosity, and collaborative knowing. This knowledge informs and shapes our practice of narrative therapy. It contributes to our learning, teaching, and supervision practices. We hope that it opens the door for others to ask similar questions of participants in therapy, regardless of the therapy discourse they may ascribe to. This can move us all away from the us/them dichotomy and potential imposition of expert knowing. This article is a beginning—a step toward co-composing evidence of what is important in therapy.

APPENDIX. CLIENT-CENTERED VIDEOTAPED SESSION FEEDBACK

1. Introduction

Interviewer: Here the Interviewer will explain the purpose and process of the research to the client.

"The purpose of this research is to provide information that will assist therapists in learning more about what clients found to be helpful during therapy sessions. This information will be used for publishing in articles and chapters in books. You and I will watch a videotape of a session you and your therapist had together. During this time I would like you to remember things that you found meaningful, or important, or that you felt made some kind of a difference. These memories are thought to be significant moments in the session. When we are viewing the videotape of the session, I would like you to stop the tape when one of these significant moments occurs. I will then ask you some questions about the significant moment."

2. Viewing of the Videotaped Session

- Client is given the remote control for the video player
- Tape continues to play until client identifies a significant moment
- Tape is stopped and Interviewer speaks (Preamble)

3. Preamble

Interviewer: Here the Interviewer is preparing the client to recall the significant moment.

"At this point I would like you to try to take yourself back to this significant moment in the session as best as you can. I would like you to try to remember what was going on for you then, instead of what you might be thinking right now.

Questions:

1. How did this significant moment affect you?
2. What impact did this significant moment have on you at the time?
3. What impact did this significant moment have on you after the session?
4. What was the most helpful thing your therapist said during this moment?
5. What was the most helpful thing you said during this moment?
6. What has it been like to come back and do this?

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