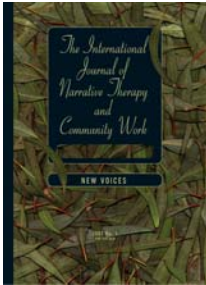


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Living a more peopled life: Definitional ceremony as inquiry into psychotherapy 'outcomes'

by

Jane Speedy (with Gina Thompson and others)¹

This paper raises questions about the current European and North American culture of 'evidence-based practice' and troubles the conventions of 'psychotherapy outcomes' research. Outsider witness practices and definitional ceremonies are suggested as collaborative re-search processes that sit more congruently with narrative, post-structuralist and feminist ideas and with narrative therapy practices that may, equally, be effective ways of influencing policymakers and shaping future services. Narrative practitioners and the people consulting them are invited to contribute to an international narrative therapy outcomes re-search conversation.

Keywords: *Narrative practices, therapy outcomes research, practice-based research, collaborative research, definitional ceremony, outsider witness practices.*

In this paper I (Jane Speedy, the principal author) intend to briefly outline some of the ways in which narrative practitioners and researchers have contributed to rich descriptions of therapeutic processes but have left the literatures of psychotherapy outcomes research in the hands of traditional positivist researchers. We (Gina and Jane) hope to argue for less certain, but more engaging input from narrative practitioners and the people who consult them. We want to make inroads into the therapy research domains that attract the attention of policy-makers and funding agencies. We suggest that the co-research methods of narrative therapy, in particular outsider witness practices and definitional ceremonies, are valuable ways of making this contribution that are easily accessible to both narrative practitioner-researchers and the people consulting them. These practices also have much to offer the wider world of collaborative

'human science' research and can do much to usefully trouble the edges and muddy the waters between so-called 'research' and so-called 'therapy' practices.

In the UK and the North Americas, at least, there is a rich and increasing variety of thickly described qualitative, storied, creatively written 'psychotherapy process research' studies and psychotherapy history and context studies. These multi-storied texts describe the experiences both of therapists and of the people who consult with them and of the cultural contexts of therapy. These kinds of texts have been produced right across the spectrum of therapeutic schools of practice, giving voice to many people's local accounts of their experiences in therapeutic conversations (see, for example, Toukmanion & Rennie 1992 or McLeod 2001 for general overviews; Etherington or Sands 2000 for more personal stories from the 'inner state psychologies'; Perry 1999; Behan

1999 and White 2001 for narrative practitioner's writings about the process of therapy or Farmer [forthcoming] for a client's account of narrative therapy process).

'Outcomes research'

Psychotherapy outcomes research, however, (that is to say the kind of research that governments, health authorities and medical insurance companies tend to refer to when deciding which kinds of 'treatment' to sanction and which kinds to remain sceptical about) has been dominated by 'quantitative' (statistically-based) research studies, occasionally supplemented by traditional thematically arranged qualitative (language-based) studies. In these texts the particularities of therapy outcomes, the local stories, cultural belonging and personal voices of participants, have been 'smoothed' out of the text, subsumed into 'grand narratives' about, for example, addiction, abuse or eating disorders. These 'outcomes research' texts are almost invariably written in the 'one-voice-fits-all' style, which has been critiqued by feminist researcher Donna Haraway (1988) as the 'voice of god', as if the writers are speaking from a position of all-seeing authority. These studies, by way of contrast with narrative therapy practices, are not uncertain, incomplete, non-commensurate, contingent, tentative or ambiguous, but rather are designed to supply sufficient firm 'evidence' on which to base the accepted and funded practices of, in the example of the United Kingdom, our National Health Services.

Most of this 'evidence' about which therapy works for whom in the UK is based on reports of 'anonymous' random-controlled trials or of structured end-of-therapy questionnaire-based reports in which the questions have been constructed by University researchers, clinicians and/or health service managers with very occasional input from client groups (see: Roth & Fonagy 1996; Rowlands & Goss 2000). These essentialist versions of scientific legitimacy seem to take little account of views of 'science' as a human endeavour and cultural practice. These ways of researching do not seem remotely to fit with narrative ideas about 'de-centred therapy', or with post-structuralist discussions about the representation of other people's stories or, for example, with the political imperatives from feminist and post-colonial researchers and activists towards making 'voices from the margins' more audible in society.

Narrative therapy re-research

The 'narrative therapies' present new ways of working, particularly new in Europe, and are mostly unknown or regarded as 'untried and untested' by national policy makers. Practitioners and writers engaged with narrative practice have been occupied, for the most part, with evolving these ways of working and describing these practices to others, rather than with re-researching the outcomes of their work in any detail (see: White & Epston 1991; White 2001; Monk, et al. 1996; Payne 2000; Morgan 2000; Speedy 2000; Carey & Russell 2002, 2003; Russell & Carey 2002; for various overviews). These texts, particularly those by David Epston and Michael White, the original developers of the narrative therapies, have been professionally highly influential, but policymakers are not always that interested in the details of the process so much as the social impact of the various therapies. Curiously, a number of the 'formal' research studies that are becoming available within the narrative, and related therapies, seem to have been conducted within a traditional, often large scale, essentialist model, using q-sorts, client questionnaires and presenting themed 'smoothed' texts (see, for instance: Wallis 2003; Tsun On-Kee 2003). Indeed, the Just Therapy Centre have put forward the argument that these ways of researching are more appropriate if we want to influence policy makers, since: 'People like stories, but governments want statistics' (Waldegrave 2001).

I would not want to start 'othering' particular research stories or technologies, nor to argue against the political value of 'situated' statistics, such as, for example, those that shed light on the 'growing numbers of pacific island clients being treated within the mental health area' (Tamasase 2003, p.195), particularly in a context that also tells the stories of, and invites broader responsibilities towards issues of language and culture. I would want to question an assumption that policy makers, albeit more inclined towards outcomes than process, are not also influenced by 'stories'. Policy makers are often credited with being solely interested in 'quantities': in whether it works, for whom and for how long although, in the European Union, at least, policy makers also seem interested in funding research that 'sees things that would not otherwise have been seen and thinks about problems in ways that provide nuances and challenges to what is taken for granted' (Popkewitz 2004, p.74).

In a recent discussion between British education researchers and policy makers, for instance, one government

spokesperson maintained that whilst statistics were useful, what brought issues alive and engaged their attention was the 'killer case study'. This would not, perhaps, be the expression that most of us would choose to describe the stories of the people who consult with us as therapists or the outcomes of those experiences. Nonetheless there is certainly a history of powerful documentary films and fictionalised accounts influencing both public and political opinion in the UK. The impact of 'transporting' stories like *David Copperfield*, *Nicholas Nickleby* and *Oliver Twist* (Dickens 1838, p.50) on child welfare, criminal justice and educational legislation is well documented (see Sanders 2003), and a century later a series of televised docu-dramas in the 1960s including 'Cathy come home' (Loach 1966) and 'Edna: the inebriate woman' (Sandford 1971), had a similar policy-shifting impact on British attitudes towards homelessness.

Having talked right up to the dizzy heights of Dickens' novels, I need to quickly back down to make more diffident claims for this particular paper which represents an incomplete account of the telling and re-telling of one woman's story of some of the outcomes of her experiences in narrative therapy. Our more modest aspirations in publishing this paper are to demonstrate how one account of the outcomes of narrative therapy might be presented, and to encourage others to use the co-research practices of narrative therapy to produce their own accounts and to contribute to what might become a multi-storied, internationally available, archive. David Epston's oft-quoted informal research (cited in White 1995, pp.199-214), which suggested that the production of a therapeutic document was the equivalent of four therapy sessions, has had quite an impact on the working practices of therapy agencies. The accumulated stories of narrative therapy outcomes on people's lives might have a similar impact on service provision.

The current rhetoric within British National Health service patient's charters and public consultation forums is a drive to increase patient's choices (see: BBC 2003) but at the moment the choices available in the therapeutic domain are largely restricted to those 'inner state' psychologies that have presented 'therapy outcomes' research studies. Currently this information is particularly favourably skewed towards traditional research studies and cognitive behavioural therapy practices, not least because this work has been so well documented (see Rowlands & Goss 2000).

So why haven't narrative practitioners documented the outcomes of their work? Is this just something we haven't got

around to yet? Is this because narrative and other post-modern practitioners have been busy developing and describing their work, rather than its outcomes, as suggested above? Is this because therapy practitioners are interested in individual people in the context of their families and communities and don't see the relevance of influencing the broader domains inhabited by policy makers and fund holders? Is this because narrative practitioners cannot find any ground to stand upon within the apparently exclusively structuralist domains of therapy outcomes research which has hitherto been dominated by a narrow 'physics envy' (Flyvbjerg 2001, after Freud) version of scientific legitimacy? Is this because therapy practitioners in general have constructed the world of research as 'other' and/or beyond, their remit?

Co-research, rhizomatic practices and re-presentation

From where I sit, it seems unlikely that a lack of interest in the politics of therapy and/or the discourses influencing policymakers would fit with narrative practitioners. It seems much more likely that I am not alone in my dis-ease with the ways that most participants are re-presented in traditional research studies. I am more interested in the ways that the co-research practices of narrative therapy might address some of these concerns. Both Johnella Bird (2000) and David Epston describe their work as co-research and David Epston (2001, p.181) speaks of anthropological thinking, ethnographic imagination and 'a responsibility as a co-researcher to utilise a rigorous ethnographic practice' in relation to his work.

Narrative therapists tend to speak of strong commitments towards embedding their ways of working in the histories and archives of their practices and in the knowledges of the people consulting them. Many have also located their work within the traditions of post-structuralist inquiry and have found post-colonial and feminist ideas reinforcing of these practices. They have been influenced and heartened by, for instance, descriptions and metaphors of narrative landscapes and open spaces and ideas about de-centred positioning, co-constructing the stories that shape and are shaped by us, not knowing, de-construction, discourses, power relations, marginality and invisibility (see Drewery & Winslade 1997; Bird 2000; White 2001; White 2002).

Unsurprisingly, considering they are emerging within the same moment in history, much new co-research practice

outside the therapeutic domain has also been enriched by these ideas. The 'new ethnographers' are constantly wrestling with issues of position, decentred-ness, re-presentation and voice (see Gergen 2001; Richardson 1997, 2000) and auto-ethnographers with personal/professional discourses and the excavation of local knowledges (Ellis 1995; Bochner & Ellis 2002). The work of feminist researchers like Lather and Smithies (1997) excavating unheard and unhearable voices and conducting 'rhizomatic' co-research studies that disappear under the surface and then burst up in unexpected, yet connected, ways to 'frame narratives that work against the terrain of controllable knowledge' (Lather 2000, p.221), seems very closely allied to some of the double listening practices and opening of conversational spaces advocated by narrative therapists.

Bronwyn Davies (2000), in particular, has developed traditions of collective biography, practices of telling and re-telling stories in communities in ways that highlight the edges and spaces between cultures and agency. These practices fit very closely with definitional ceremony (see White 2000). Further explorations of this 'fit' are beyond the scope of this short paper, but community projects combining outsider witness practices and these collective writing practices have been described elsewhere as collaborative co-research experiences (see Speedy 2003, in press). There is also increasing interest in the uses of reflecting teamwork in collaborative re-search practice outside the therapeutic domain (Gergen 2003).

So how might these narrative co-research practices emerging from therapeutic conversations contribute to the body of research about the narrative therapies themselves? The second half of this paper, wherein one woman's experience of narrative therapy outcomes is described to outsider witnesses, represents a small contribution to this domain.

Re-presenting people's stories

This project developed from a chance meeting between Gina and myself in the centre of Bristol (the city in the South West of England in which we both live and work). Gina is an experienced 'client', herself a counsellor, well versed in a range of therapeutic practices. She had consulted me some time ago about various concerns in her life. When we met, she started talking about how different her experience

of this work had been from previous therapeutic encounters and about how much she had been noticing and thinking about these differences. I was intrigued. After some discussion we agreed that I would interview Gina about these different outcomes and aftermaths and that we would invite an outsider witness group to join us.

The 'definitional ceremony' that we propose to write about lasted quite some time, so the re-presentation here can only provide a small glimpse into these events. This included a conversation with Gina, reflections from outsider witnesses, further reflections or re-tellings from Gina, some subsequent de-briefing and further research and writing exchanges. The ideas and practices of definitional ceremony, proposed originally by anthropologist Barbara Myerhoff (1982, 1986) and extended into the therapeutic domain by Michael White (1995, 2000, 2003) have been reviewed extensively elsewhere in the literatures of narrative therapy, which I can only touch on here. In engaging with each other and myself in re-tellings of what they experienced and what struck a chord for them in Gina's stories, the outsider witnesses sustained a sense of identity as a public and social process and contributed to richer and perhaps unexpected descriptions. In many ways the 'unexpectedness' described here speaks also to the 'rhizomatic' research practices described earlier: alternative re-tellings as a means of constructing alternative narratives, connected under the surface and re-appearing in unexpected ways elsewhere.

Further re-tellings, in the shape of this paper, have been written, in the main, by Jane Speedy, but have gone backwards and forwards across the e-mail between Jane and Gina many times during the last few months and more recently backwards and forwards between Jane and Gina and the outsider witnesses (Barry, Gina's partner and Sue, Gina's friend and colleague). The original re-telling in written form was undertaken by Jane, transcribing sections of the conversation from videotaped recordings. This re-telling would have been different had it been undertaken collaboratively, but Gina and Jane had different amounts of time available to engage with this study. This made a difference. Subsequently, in the re-editing and re-telling that has gone backwards and forwards there has been a process of 're-engaging with the history of the present' as the text has moved backwards and forwards across from Gina to Jane.

Jane and Gina have had some discussions about whether to place these conversations within the context of the concerns in Gina's life that had initially brought her to

therapy. In the first draft of this paper, Jane added quite a lot of information about issues that had been troubling Gina, off and on, for much of her life. Gina argued that this came from Jane's 'professional' archive, not Gina's experience-near outcomes stories. In the end we took all of this out. Gina did have quite a number of things troubling her in the past and these same issues might well pop up again in her life, but this paper is not concerned with that. This paper is more concerned with what happened next in Gina's life.

E-mail editing exchanges with the two outsider witnesses did not make such a difference to this text, although, having decided to opt for pseudonyms rather than given names, much careful thought and a considerable amount of humour has gone into the naming of all the participants. This took some time and was an interesting subplot in itself.

Here is the short story that we have come up with:

Jane: So where would be a good place to start?

Gina: Well, we started in Park Street really. In a way I hadn't thought of it, but bumping into you made me realise how different that experience had been in comparison to other therapy experience that I have had, and not just for me, for everyone really.

Jane: Would you be interested in talking about those differences?

Gina: Yes, very. I mean I'm not saying better or worse, but very different. I suppose one thing's a bit odd, which is that it doesn't seem much like 'therapy' really, or at least, you're not exactly ...like a 'proper' therapist. Is that all right to say? You won't get struck off or anything?

Jane: Mmm ... 'the gods of therapy' might try striking me down I suppose, but this building's got a lightening conductor, so I think we're safe. I'm not too comfortable with the claim of 'therapist' anyway these days. I think 'practitioner' might be my preferred description. What kinds of things got you thinking that this was a bit odd? If this time we spent together, quite a while on and off, that was 'not at all like therapy'; do you have any kind of sense of what it was like? Is there another way of describing what we were engaged in that might fit better for you?

Gina: I'm not sure what you mean.

Jane: Well I was just interested, if it wasn't like therapy and

I wasn't like a proper therapist, was there anything else that it was a bit like, or anything else that our conversations reminded you of then, or any other kind of image that perhaps springs to mind now, looking back ...

Gina: Detectives!! It was more like I had hired myself a private detective. No, that's not quite right. It was more like we were detectives together in the CID, on the trail, looking for clues, partners on the trail. I don't mean Sherlock Holmes and Doctor Watson, nothing quaint, more like 'the Bill' [a BBC police series]. So that's the image, quite fast moving, not messing about, both researching issues in my life. I had the 'local archive' as you put it, but you had more questions, no, more practice at asking interesting questions, and the archives of other people's experience to draw on, even other people to e-mail or bring along. I guess that's another thing, it wasn't very hush hush. I mean, not only did I tell quite a lot of people about our conversations, there were a hell of a lot more people in them and that made a difference, no locked doors. Actually I had fewer conversations with you than I expected, but many more with other people like Barry and Sue and my mum of ALL PEOPLE. And that was a very different way around from sorting it all out with your therapist and then trying it out in real life later.

Jane: And do you have some ideas about what those conversations with Barry and Sue and your mum and others contributed to their lives, what difference it made to them and to their lives to be in those conversations?

Gina: I was thinking more of what they had to offer me actually.

Jane: Well yes, I'd be really interested in exploring that too, in a moment, but I was also just wondering what this 'way round' of having many more conversations with people like Barry and Sue, do you think that might have contributed towards a different account of those relationships at all? It might not have; of course, I might be way off beam here ...

Gina: I think more people, particularly my mum who'd always felt I was cross with her about stuff – which I was – to have her in that time as a witness. I think it blew her socks off really. We communicate differently now. Not all the time, we can still go for weeks and months talking about the weather, but I think this all contributed to having conversations with each other that we never expected to

have. Conversations about my father, about me and Barry and I think that that is a contribution to her life. For Barry and Sue though, I think I was a bit 'full on' and it was more 'what did they contribute to my wellbeing' ...

This conversation continued with explorations of the ways in which Gina's life was more 'peopled', or at least the ways in which the connections with and commitments towards some of the key people on her team (particularly Barry and her mother) had shifted. We had had a conversation, some months previously, about my 'critical and hopeful' outlook on the world and the ways in which narrative therapy practices fitted with this position. Gina had always understood a critical outlook to be rather negative and nihilistic. My version placed a critique of the way things often were in the world alongside hopes for future possibilities within all sorts of life's domains. This conversation had stayed with Gina in relation to her mother in particular and had supported her in re-aligning her relationship with guilt in respect of her critical thoughts about her mother. This had all taken place some time after Gina's therapy had ended, in what she described as 'the slow 'drip drip drip' way that ideas that lingered in your mind gradually informed actions you took in your life'.

It began to occur to me that this idea of 'criticalness' linking with 'hopefulness' had been at the heart of all our conversations – yours and mine, I mean – and it could really help out with mum and me ...

If we both got to a place where we were more critical of past muddles then we might both be hopeful about what happens now. We'll see. I'm not sure if this was entirely the result of our conversations, but then I'm not sure if anything is, But it was certainly somewhat connected with those ideas we talked about and it is 'in the spirit' of our time together, I think.

Knowledge of the practice

We also talked about the ways in which during the course of our exchanges I (Jane) would routinely discuss what I might ask and why and also, on occasions, e-mail my online narrative practice group for suggestions when Gina and I were not sure where to go with things. All this had given Gina access to some of the ideas and many of the practices of working in narrative ways. She was pretty interested in all

this and also in reading some of the books and journals exploring narrative practice. Sometimes she had come up with some questions that had sustained us in our co-research endeavours. In fact she had continued to ask these kinds of questions of herself and of other people, in other situations in her life. She particularly liked the question:

Who in your life would not have been surprised to hear that about you?

And had recently used this to particularly good effect during certain tricky exchanges at her daughter's school. Gina was not at all comfortable with the expression 'externalising'. It sounded to her like a medical term for removing internal body parts, but she did like the idea of scrutinising or interrogating issues and concerns in respect of the ways that they were 'dogging her life'. She was especially struck by 'remembering' conversations as she had continued to have these with herself, by herself at home, and to write letters and journals keeping accounts of these exchanges. These were all conversations with people that were dear to Gina's heart, but conversations with them about some of her life's experiences that she had not routinely talked to them about before and this also added to her sense of a 'peopled life'. She appreciated my transparency about some of the practices of narrative therapy, although she found my love of 'post-modern hyphens' quite irritating and did not hesitate to remind me of a question that I had asked (and had had trouble letting go of) to do with 'dis-ease and dis-comfort' that had ended in absolute 'dis-aster'.

The witnesses

Barry (Gina's partner) and Sue (Gina's friend and colleague) were subsequently interviewed as 'outsider witnesses' to Gina's stories and invited to recall expressions from Gina's life that struck a chord with them in some way and/or took them to unexpected places. Sue was most struck by the ways in which this kind of conversation had probably influenced Gina's ways of being in the workplace. She was especially interested in the kinds of questions Gina often seemed to ask people who had 'got themselves in a pickle' at work and how Gina often made connections between people's responses to things happening at work and other domains of their life. Sue recalled a time when she had been stuck with a report and Gina had sat down and talked to her about other

times outside of work when she had been in a jam with something and the kinds of resources and supporters that she had called on. Sue had ended up phoning old friends up and behaving in quite unexpected ways in relation to her 'pickle'. Sue remembered thinking that she never knew what to expect from Gina.

Barry recalled that Gina had had quite a history of clarity about and expertise with regard to her concerns and that this hadn't always been well received. According to Barry, she had been seen as 'Something of a stropmy cow' in the eyes of the mental health system. He was struck by Gina's image of the two detectives and the images of the 'maps and clues' that the detectives had pieced together. This particularly appealed to him as an ex-policeman whose previous work experience had taught him that police work was most effectively undertaken by interdisciplinary teams. These images gave him the sense that Gina's considerable wisdom about her own life's concerns was a legitimate part of the conversation and this reminded him of Gina's encyclopaedic knowledge of anti-depressant medications, tranquillisers and their side effects, which we had not yet mentioned.

He was particularly touched by the way that she described her world as a 'more peopled place to live' as he had begun to consider himself as one of those people. He now considered himself to be 'on the cast list' of those who also had some know-how about Gina and had a part to play in sustaining her at times of trouble in her life. This was different from previous times because he had had the distinct impression that he had been discouraged from even asking her about her therapy sessions before, let alone be invited along to take part in some of them. He said:

I knew it had to be private and confidential and so on, but it also seemed quite exclusive, not only that I was shut out, but also that I couldn't be part of it, that Gina had to do it all by herself all the time, in secret, with an 'expert'.

We've been through quite a lot of experts in our time and I've had my doubts about a fair few of them, including you. I suppose I began to be heartened by the e-mails you sent. Some of them had her roaring with laughter ... and I remember thinking ... well, at least this one's got a sense of humour ...

But the main difference for me has been that I wasn't shut out. In a way, I've always preferred the 'pill pushers' before, because they've often included me and other people in the family in discussions, maybe too much

sometimes, but the 'talking cure types' on the other hand, that was all 'private, no entry, she's on her own with this'. I've never felt comfortable with that ... it's not that I'M NOSY ... WELL I am actually (laughter) ... it's that I want to be part of the cure not just the problem.

This conversation left Barry pondering on the difference it made to him being 'on the cast list' and that this was quite a different place to stand in relation to Gina's concerns and also in relation to Gina in the 'day-to day, vegetable chopping, have you let the dog out?' sides of life.

The re-telling of the re-telling

Gina and I had a further conversation, reflecting on the contributions from Sue and Barry. Several of their expressions had made quite an impact on Gina. She had a sense that nowadays she had shifted the way she told herself and others about the issues that had concerned her throughout her adult life. This included talking at work in much more open ways. It was also a shift away from a search for the 'cure' and 'getting better'. It was a move towards living within a different 'spectrum of mental states' than most people and having a team of people to sustain that. It had only just come to her attention, in this conversation, that Barry had felt excluded from some of the other kinds of therapy that she had engaged with. This was important news as she had previously seen all her concerns as burdensome to others. To think of these conversations as a contribution to Barry's life was delightful in a way, but disconcerting too. Another disconcerting thing was my lack of interest in taking a stand against her medication. Gina (who continues to take a range of medications) had developed a very clear idea of the ways that certain balances of medication worked for her and been all set to 'do battle' with me over medication:

Gina: 'That's been my experience over the years, of the wars between the 'pill pushers' as Barry called them and the 'talking therapists'. The pill pushers are very matter of fact: 'take this dear, you'll feel better', sort of thing, which is true, I usually do ... but then as soon as I get the dose right and feel better, I'm curious about why I felt like shit in the first place ... it's that detective streak again ... and I kind of want to know why ... And so I'm on to the next talking cure ... and they are generally dead-set against medication, the talking ones ... as if somehow, taking

medication is for the ‘duds’ who don’t have enough brains to figure it all out ... that if I did enough proper ‘IN DEPTH’ talking and got to the bottom of things, then I’d be off medication for good. So I was a bit taken aback ...

Jane: So you were expecting a different response, is that right, and then you were taken aback ... where were you taken back to do you know?

Gina: Well yes, I just laid my cards on the table and made my position clear and all you did was check you’d got the right end of the stick and then ask me if I was interested in talking more about that or about something else, well ‘SOMETHING ELSE’ was the answer to that, and we’ve never even discussed it since, just in passing. So, well, I haven’t thought about it for a while, but it *was* discombobulating as if you just left all that to me because I was in charge of it, which is true. I bet I could train medical students about all this. What did you ask, where was I taken back to? Well just managing all that for myself, thank you very much and then you and I could explore what I was interested in, stuff I wasn’t already a world expert in!

Jane: Anything else that caught your attention?

Gina: Interestingly I’ve had all sorts of wobbles and things happening in life, how they do, in the subsequent months, well, well over a year. I’m still taking the tablets ... different combination, but that’s still part of life, but I haven’t been back to a counsellor or to a therapist or anything. I’m not saying I won’t want to, that I won’t get curious again. I’m sure I might find it helpful sometime in the future. I’m absolutely not suggesting I’ve found the holy grail here or anything, but for the moment, I’m feeling connected with the people in my life and we’re all much more part of this together than we used to be: ‘Quite a cast list’, to quote Barry, and with quite a lot of know-how.

Re-researching this conversation

Our time for reflecting on this conversation was very brief in the moment as we had run over schedule, but Barry, Gina and I did meet a week or so later at their house to look at the videotape again and reflect a little more on this conversation, positioning ourselves very much as researchers

and/or ‘outcomes detectives’. I wrote this paper on our behalf after this ‘re-research conversation’ and consequently, although the descriptions above give the illusion of a linear appearance, they were in fact, not particularly ‘chronological’. Much of the description has been thickened by our subsequent reflections. That which is quoted is ‘verbatim’ and is in temporal sequence, but the nuances and selection processes that took place in re-tellings in our reflections and also in the re-tellings in our subsequent writings and re-writings have shaped much of the final outcome.

Much of what caught our attention this time around was to do with the kinds of questions that I asked and the frequency with which I asked them. Mostly, for instance, they were not particularly ‘clever’ questions, apart from checking that we were talking about things that interested people, my most frequent response was to ask ‘what else’ or ‘anything else’. It was also apparent that I had asked the witnesses quite a lot of questions in relation to the guidelines that I had given them (see: White 2002a ‘outsider witness responses’). Barry felt that this kept things ‘on track’ and that it certainly maintained the ceremony as a ‘storytelling technology’ and a re-telling, rather than an opportunity to ‘go off on one’.

It seemed that we had given Gina’s experiences of narrative practice ‘quite an airing’ and that she was left feeling that she had more ways of sustaining herself as someone living ‘with a wider spectrum of mental states than most people’ that were part of her ‘real life’ than she had had before. She had found my ways of working and the sorts of questions that I had asked ‘discombobulating’ and quite transparent and ‘easy to get a grasp of’ at the same time. In terms of being a ‘terrible expense to the British taxpayer’ she was continuing to ‘pop pills’, but had had the ‘longest time for many years’ off the books of the ‘talking therapists’. For the time being, at least, she was engaging in her own ‘detective work’, together with some of the other people on the ‘cast list’.

None of these outcomes can be attributed directly and solely to narrative practice. Other narrative practitioners might have asked some very different questions, or used less irritating hyphenated jargon, or found fewer things funny. At a different time in her life Gina might not have been interested in ‘engaging in her own detective work’ in quite the same way and Barry and Sue might have been less enthusiastic about their membership of the cast list. Similar ‘outcomes’ might equally have come about through other

kinds of conversations. These are nonetheless, the kinds of outcomes that in our conversations we attributed to some extent at least, to the narrative practices of critical hopefulness, the storytelling ceremonies and technologies and the collaborative detective work that we have tried to describe here. This is not an exhaustive description of narrative therapy practice, or its 'outcomes'. This is an incomplete version of one middle-class, middle-aged white woman's experience of working in these ways in a particular context, with a particular therapist from a very similar second-generation immigrant background.

It is also an attempt to further illustrate the ways that definitional ceremonies might be described and used as a form of collaborative research (see: Speedy 2003, in press). In particular, the extension of these tellings and re-tellings into a collaborative witnessing and writing practice about 'outcomes' was a very different process from versions of research where therapeutic encounters are 'written up' by professionals. I was privileged as the professional and principal writer and as a researcher and therapist, yet the impetus for this paper came from Gina, who remained at its heart. In our collaborative writing and putting together of this paper as co-researchers or detectives, Sue, Barry, Gina and I were all members of a community of de-centred practice with different degrees of participation and different relationships with time, computer technology and different purposes.

So, what are our outcomes?

This is one local story, put together by a therapist, one of the people consulting her and some of the witnesses from that person's 'cast list' of supporters. It is an exploration, not of the particularities of her concerns and the therapeutic conversations she engaged with about them (although this is all alluded to), but rather about the particularities of the outcomes and aftermaths and ongoing reverberations she experienced in relation to those therapeutic exchanges. These research conversations took place well over a year after the initial conversations. They blurred the edges between 'research' and 'therapy' practice quite deliciously (in the eyes of the principal author), partly through positioning narrative therapy practices as research methods and partly because all the participants described this opportunity to re-connect with their experiences of narrative practice, reflect upon them and write about them as therapeutic. To quote Gina:

I have found it quite restorative of my hopes really, really quite a therapy of itself, 'doing research' and writing this paper. We found we all had quite a lot to say. I knew a lot more about all this than I thought. A lot of it has stayed in my heart.

This would be enough of an outcome for us in some ways, but we have still higher hopes and dreams for this project: if each reader of this paper, whether a narrative practitioner and/or a person consulting them, were to make one small, local and particular written contribution around this theme, we would produce an extensive (cumulative rather than conclusive) narrative practice outcomes archive, which could be added to over time. This would not provide us with a definitive text about the outcomes of narrative therapy practice, for whom it works or for how long, but it might offer us some diverse and thick descriptions of the outcomes, aftermaths and reverberations of these experiences in the lives of different people at different times across different continents. This would be intriguing for us all, of course, but it might also provide policymakers with opportunities to (Popkewitz op cit) 'see things that might otherwise not have been seen'.

Note

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Gina Thompson does not want to be contacted in relation to this paper.

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