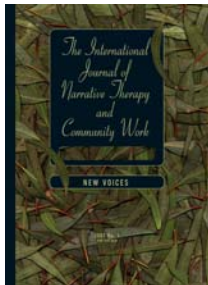Dulwich Centre
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Working for ethical research in practice

by

Kathie Crocket, Wendy Drewery, Wally McKenzie,
Lorraine Smith, John Winslade[1]

As counsellor educators, therapists, and researchers practising from social constructionist understandings within a university context, we are called frequently to think about the interrelationships between practice and research. In this paper, we suggest that as practices, research and therapy have much in common. Furthermore, we explore the possibilities that are created when both therapy and research are considered to be ethical relational practices.

Keywords: *research, therapy, social construction*

Beyond primary and secondary

In an interview published eight years ago, Michael White asserted his agreement with Karl Tomm that 'those people who are practising therapy, along with the 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' (White 1995). While acknowledging that he did not wish to 'totalise secondary research', Michael White also suggested that secondary researchers in therapy might 'go further in relinquishing the moral high ground and in revisioning research along the lines of recent developments in ethnomethodology – 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' (p.78). There are many points here with which we want to engage. We understand Michael to have been calling here for researchers to join (narrative) therapists in 'rendering transparent [of] the socially-constructed nature of their enterprise', a position call to which we ourselves work to respond. In working for research practices that serve the therapeutic endeavour, we want our work to be relevant to, useful for, and of service to therapists and those who consult them: we agree that research has not always worked to serve practice.

However, we want to interrogate further the construction of researchers as *primary* (therapists and those who consult them) or *secondary* (those traditionally thought of as researchers). We suggest that such an ordinal ranking can work to position research practitioners poorly to have our work respected within and therefore of service to therapy practitioners. It is our wish to produce accounts of interrelationship between research and practice communities, and those who inhabit them, that offer ground for all participants to produce themselves as moral actors. If we work to practice research, in, of, and for therapy out of the same concern for relational ethics as the therapy itself, what is primary and what is secondary might be thought of as fluid.

A story of therapy as research

First let us offer an example of a story of therapy that draws therapeutic value from thinking in terms of research. This story emerged in a Friday afternoon conversation in which we grappled with the relations between therapy and research and recorded the perspectives that emerged. In the process, Wally McKenzie offered an example from his therapeutic practice in which he found it useful to engage clients who are struggling with their relationship in a research process. We represent this in something like the form taken by that conversation.

Wally: But what do we mean by research? In my therapy practice I have clients doing research. Here's an example. I think of couples who come for counselling after one partner has done something that really upsets the other, to the extent that trust has been broken. Yet the 'offending' partner does not understand the sense of injury the other partner continues to experience. I take it to be that person's responsibility to work to understand the ongoing sense of injury without the person whose trust has been damaged having to do all the work to restore the relationship. My responsibility is to work with the one who has done something hurtful, to find ways for him or her to do some research.

Lorraine: So Wally, tell us how you come to understand this as research?

Wally: Research means finding out, gathering information, making meaning, challenging existing explanations. I see that one partner could find out information they didn't know before. Research grows out of the question, really, the question of how come trust is still not restored even though the 'offender' has apologised a hundred times!

Kathie: So that's the research question that one will start with: How come each of them understands this differently, and in particular how come the other partner might have an understanding that is not shared – and what might the researcher learn about their partner's understandings?

Wally: Yes, and the point is that it's the responsibility of the person who broke the trust to do the work to come to understand. This is what I mean by research. I ask him (often it is a him!) to think about what questions he might want to ask to help understand things from his partner's perspective.

Wendy: I can see here the research ethic of attending to the social relations of knowledge production that Chris Weedon (1987) wrote about in terms of feminist post-structuralist research – but more than this: it challenges the idea that we know how it is for others. Your invitation to do the work of finding out attends to the power relations of knowledge production, and offers respect to the other partner. Is that how you see it?

Wally: Yes, and then having identified what the questions are that might be asked, I then ask the couple to think about who might make a good informant in answering these research questions. And I can think of some really effective recommendations some partners have made in such situations, selecting carefully from amongst their friendship networks people who are invited to stand in for a knowledge community in engaging with these questions.

Lorraine: You're interested in the couple selecting from and engaging with people who are in the same discursive environment?

John: I can see how that might help with issues of credibility and validity in terms of what comes out of the inquiry. The data are more likely to be believed if they are made available in this way?

Wally: It's harder to dismiss what you hear when you hear it from someone in your own networks. You are putting your own assumptions up to some kind of test in your own community. And in doing this you are finding out information you have never had before. You have to go beyond your own thoughts in this research, and hear things that trouble your own assumptions. You are going beyond your own subjective experience, and in that sense there is some objectivity in this research. I've known some people come up with some amazing discoveries.

Kathie: Wally, if we are saying these practices of investigation are research, what about what might be seen as the next step in what I think of as a traditional research process? What happens with this information? How are the answers to these research questions interrogated? When the data having been gathered, what kind of analysis is offered those data? I'm asking this because I think this is a common problem counselling practitioners encounter when we become research practitioners in an academic context, the processes of making data meaningful, producing a story from our data that has some

narrative coherence as we report it. Steiner Kvale (1996) wrote about having our analytic purpose in mind as we construct the terms of our inquiry. Are these thoughts relevant here in any way?

Wally: If we go back to the intentions of the person's research – Wendy spoke earlier about the social relations of knowledge production – the purpose of the research was to disrupt power relations around knowledge, to invite them into a position of inquiry where they would need to go beyond the bounds of their own current ideas. Once they have had the research conversation, the next step in the process is our investigation of the knowledges that have been generated. How to make sense of these ideas? How to make sense of what the other partner had been saying in the light of these ideas? What new understandings are now available that were not before? So there is very much a purpose in gathering the information. They will bring that information to our next therapy conversations and we will investigate it together.

Wendy: Wally, you offered this example to answer the question you posed, but what is research? When I'm working with students who are doing academic/ professional research I find it helpful to think of research and research reports as following a cognitive map. In some ways our questions of and comments to you have reflected that map, and we might be seen to be 'measuring' your idea, that what your clients are engaged in is research, against this map. What do you think of that?

Wally: That's okay, if research is putting one's assumptions to some kind of test, that's what we are all doing now in this conversation.

Kathie: There's another question that interests me, too. That's the social nature of research: if I pick up Wendy's idea of a cognitive map, I might think in terms of offering new knowledge into the public domain. How does research – and in particular this client research – get to be seen as legitimate? More familiar with counselling practice than research practice, I was quite bothered by this question when I was working at producing myself as a doctoral researcher. I held onto a phrase from Donald Polkinghorne as a guide for myself to help with a sense that my work was 'legitimate research': the criterion for the acceptability of a knowledge claim is the fruitfulness of its implementation (Polkinghorne 1992). When I think about

your work here, Wally, I can see that perhaps that idea might be relevant? You talked about a client's research – and the couple's understanding of the findings and their implications.

John: Yes, who is the audience who decides the criteria for the relevance of research? In modernist science this is decided with reference to a generalised audience of researchers/academics. In Wally's story, the criteria of relevance are decided by the two partners who are key stake holders in the purpose of the research. So I would say that research becomes legitimate when it is taken into a place where it wasn't readily accessible before and is judged relevant against some criteria.

Wally: Yes, and so the researcher is accountable to the partner and to the criteria they develop together. In that way the criteria come out of local knowledges. The whole process is about the serious investigation of local knowledges. I think that if we are to take local knowledge seriously in our counselling practice we need to think of our clients as researchers, and to think of the tasks of inquiry in which they engage as research.

Lorraine: Clients are engaged in producing new knowledge for local problems and in evaluating the usefulness of that knowledge. So if we think about clients as researchers, how, then, do we think about counsellors?

Wally: I suggest that if counsellors thought of their work as research they would get into a lot less trouble.

So this is a story of therapy as a form of research. However, it would be presumptuous to reduce all therapeutic purposes to research purposes. Similarly, research (even research designed to inform therapy) cannot always be reduced to therapeutic purposes. Otherwise it would have only very narrow relevance. Let us now turn our focus to research which seeks to draw upon knowledge and practices that have been developed in the therapeutic domain.

Deploying the metaphor of a conversation

In the domain of therapy, a narrative perspective has been marked by the effort to establish some fresh articulations of the ethics and politics of care that accord clients' positions of agency in their own lives, as well as in the therapeutic

discourse. In relation to research, perhaps this kind of ethic has not yet been as fully developed as it is in the literature on narrative therapy. One way to address this gap is to interrogate the relations around research through using the metaphor of a *conversation* and asking some questions about the positions that might be accorded to people in such a conversation.

What are the advantages of thinking of both research and practice in terms of a conversation? By conversation, we mean two or more people joining in an exchange of utterances that produce understanding. Such understanding should inform to some degree (not necessarily always equally) each of the participants in ways that would not be possible without engaging with the other, but which avoid subsuming or colonising the other.

From this perspective, there are some parallels that come into view in the relation between research and therapy, especially when we take a deconstructive approach to both practices. Conceptualising the practice of therapy and research in deconstructive ways accentuates these parallels. First, the aim of both therapeutic conversation and research conversations is to produce knowledge, or knowing, that did not exist before. A deconstructive approach to this task in research (the concept of deconstruction began as a research tool and is also applied in narrative practice as a therapeutic tool) invites us to engage with and interrogate the discursive context as part of the construction of knowledge. If this principle is held in mind then our research practice would not treat those who participate with us in the production of knowledge in a functional way as providers of data who have no voice worth hearing in making sense of the data. Rather we accord research participants' agentive status in the research conversation as commentators, or even theorisers, through inviting them to make comment on the meaning of the data.

Practices of knowledge production

An interrogation of the discursive context in research also means that as researchers we do not just treat empirical data as objective reality rather than as a product of the work done by discourse in the production of both research and reality. As Foucault (1980) and others have argued, discourse and knowledge are entwined, they are produced in and by power relations and they often work to legitimate the

workings and the products of power. Deconstructive research seeks to uncover the hidden work done by discourse in the construction of power relations so that it can be contested.

In many of these things there are parallels for us as therapists. When we work with families or individuals, if we take a deconstructive perspective, we are also interested in the production of knowledge or understanding. We seek to engage in a conversation in which knowing the path forward is a valued outcome. In the process, we may need to engage deconstructively with the discourses that are offering people positions in stories or trajectories that they are experiencing as problematic. Consciousness of the power that attaches to utterances made from the position of therapist in this conversation invites us to be carefully reflexive in this work. We are careful to avoid positioning ourselves as 'knowing better' on the basis of our professional experience or on the basis of academic reading. Rather, we invite our clients into positions that have been described as 'co-researchers' or 'co-participants' in the process of producing whatever knowing will come from this conversation. This use of this term 'co-researchers' signals the parallels between research and therapeutic conversations as sites where knowledge is being produced and, as Foucault (1972) reminds us, power relations are always in process of production. Bird speaks of 're-search', emphasising the active production of new knowledge from interrogating and re-working familiar but problematic stories (Bird 2000), in a process that we might otherwise name deconstruction. These usages draw attention to the idea that people are active participants in producing knowledge; and further, that we are not blank slates to start with either, waiting to be informed by expert practitioners.

But there is another major implication of these understandings, and this is quite evident in Wally's description of his expectations of his client. Quite clearly, Wally is seeing the learning of this new knowledge as crucial in changing the person's experience of their world and, in so doing, changing their relationships in the world. How does this come about? Because Wally is treating the acquisition and embrace of this new knowing as a transformative, *experiential process*, rather than a 'prize' or attribute to be added to his arsenal of skills. This is quite a different positioning from that taken up by modernist researchers, where there is no expectation that anyone, and especially not the researcher, will change personally as a result of this kind of work. Thought of this way, such knowledge generation *is* practice.

Purposes and their discursive contexts

It is tempting to conflate research and therapy to some degree and to speak of therapy as research. At times there is some leverage to be gained from this kind of emphasis on the conjuncture of these two practices. But before we accept this conflation, it might be wise to investigate also the points at which the practice of therapy and the practice of research separate. So let us ask the question, how does therapy differ from research? And how does research differ from therapy?

One consideration in this regard is to do with who are the participants in the conversation. Who has membership in the club of this conversation and what sort of status will be accorded to their membership? Who are we answering and to whom are our utterances answerable when we practice research and therapy? Mikhail Bakhtin's conceptualisations of utterances in any conversation as always responsive to multiple or 'heteroglossic' influences needs to be borne in mind (Bakhtin 1986). In response to their clients, therapists are always in some way responding both to the immediately present voices of the other person(s) in the room, and at the same time to those who people the many other conversations that the words being used have descended from, travelled through or been nuanced by. For example, in the context of a conversation with a separating couple referred by the family court the people in the room might be responding not just to each other but also to lawyers' advice in the background, to the urgings of friends and close family members, to the writer of an article in a magazine, to the author of a popular psychology text and to the latest Jerry Springer or Oprah Winfrey show. We can only speak by deploying the discourses that have shaped our understandings. Behind these voices, of course, lie many others without which we cannot make meaning or understand each other. Moreover, as a therapist speaks, she might be addressing, in some sense, not just the other person(s) in the room, and those persons' circles of significant others, but also her own supervisor, her trainer, the author of the latest professional book she read, and her own separated partner. All of these people, and many more, might be in some sense the addressees of what she says in her utterances.

All of this might also apply when researchers are speaking with persons as part of a research exercise. However, the allocation of membership status in the conversation might be a little different. Researchers are more likely to be conscious of entering into conversation with previous researchers, responding to what has previously been written in a research domain, anticipating what supervisors, editors and peer reviewers might be already poised to comment on and conscious of a wide audience of potential readers looking over their shoulders. Therapists, unless they are in the process of writing about their work for research purposes, may only have such people as peripheral interlocutors. The ethical questions that arise in research and in therapy are about which members of the array of potential audiences deserve paying what degree of attention to. Whose concerns should be privileged most? Whose should be taken more, or less, into account?

In order to make decisions in response to such questions, we need to consider the agreed purpose of the conversation. Purposes may often be multiple. And the purposes, or intentions, of each of the participants may not be the same. Some degree of negotiation of such purposes is therefore always either implicitly or explicitly relevant. The complicating point about research is that the purpose is often to take the understanding produced in one conversation and to situate it in a wider conversation with a much larger audience than the original participants, in order to produce understanding, or knowing, in that conversation. If researchers pay too much attention to addressing the members of the wider conversation and treat the immediate conversation and the participants in it as objects whose only value exists in the wider conversation, then such research may have some cost to those participants. On the other hand, if researchers *only* pay attention to the clients who participate in the immediate conversation and treat them as the *sole* arbiters of the value of the understanding or knowledge produced, then they could be turning their backs on other quite legitimate (and influential) participants in the research conversation. Researchers need to engage with this audience as well, and some of the purposes that might guide such engagement may or may not have relevance for the clients in the immediate conversation. Similarly, it is the responsibility of the therapist to manage the power relations within the therapy relationship at the same time as he or she is facilitating and managing processes of knowledge production in the personal sphere.

Therapy and research are both political practices. Like therapists, researchers have a wide range of methodologies to choose from, some of which objectify

persons in ways that maintain problematic power relations. Each practice has its own discursive history. Yet research practised ethically surely invites others into conversation about the kinds of questions that underlie therapy: what will make our world a better place? Ultimately, research and therapy might even have the same goal: a more just and peaceful world, brought about by persons in community, striving to work ethically.

Note

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    In company with a lot of others, including our students, colleagues and the wider research and therapy communities, we have all contributed to the development of the ideas offered in this paper. For correspondence please email: w.drewery@waikato.ac.nz

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