ON THE RIGHT TRACK: CLIENT EXPERIENCE OF NARRATIVE THERAPY*

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ABSTRACT: This article presents an ethnographic research on eight families' experience of narrative therapy and discusses six major themes found in the interviews including externalizing conversation, developing the alternate story, personal agency, reflecting/consulting teams, building a wider audience, and the helpful and unhelpful aspects of the therapy. The findings and the notation that families found the therapy to be very effective are also included.

KEY WORDS: narrative; client experience; ethnographic; families.

One of the clients who participated in the research presented here described her experience of narrative therapy as being "on the right track." She found that both the team behind the one-way mirror and the therapist "noticed something that we said and then built on what I or my son had said." The noticing, the understanding of what was said, and the building on it empowered this client and her son to reduce the family problem. Before beginning therapy, the family felt

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defeated by the family problem, the mother questioned her perceptions, her resources, and her ability to overcome the problem. Therapy helped her to realize that she was "on the right track." The mother also used this metaphor to describe her experience of the therapist and therapy team. She believed that they were "on the right track" in their approach to the problems in her family. This metaphor of being "on the right track" was a theme present in five of eight interviews on clients' experience of narrative therapy.

THEORETICAL FRAMEWORK OF NARRATIVE THERAPY

The narrative approach is based on the work of Michael White and others (White, 1986, 1988a, 1988b; White & Epston, 1989; Tomm, 1987, 1989; Pickering, 1993; Gerkin 1984, 1986, 1988). This is called an approach rather than a theory because it describes certain ways of thinking about families rather than an adherence to a series of well-defined concepts about healthy and dysfunctional families. A narrative approach is based on the idea that therapy occurs through a co-constructed therapeutic conversation between the therapist and family (Anderson & Goolishian, 1988). Clients are viewed as the experts on their own lives. Both therapist and family are viewed as experts in the area of their own experience. The therapist seeks to help the family construct an alternate view of their problem emphasizing solutions that they have already utilized but that were unrecognized (White, 1988a; Tomm, 1989).

Families most often seek help from a therapist when they view their lives as problem-saturated and feel powerless to overcome their problems. At the beginning of therapy, clients usually relate a "dominant" story of pain and distress which often focuses entirely on the failure to overcome the problem. The narrative therapist helps families overcome their problems by engaging in therapeutic conversations that include externalizing the problem (White, 1984; Tomm, 1989), eliciting the alternate story (White, 1988), assisting families in recognizing their personal agency (Tomm, 1988; Pickering, 1993), and broadening the audience to the family's success (Pickering, 1993).

Externalizing the problem refers to the therapeutic process of co-constructing the problem as separate from and residing outside any individual in the family. The externalized problem, however, is acknowledged to exert negative influence on all family members, on

their relationships and life within the family. Awareness of the family's use of language about their problem leads to the use of nouns to identify the problem as "temper," "worries," "fear," "troubles," and other metaphors. Similarly, we have used phrases such as the "habits of drinking" or the "effects of the separation" as co-constructions for family difficulties. When clients are able to identify how the "problem" has invited them to act and to identify the negative effects of their actions, the process of externalization has begun. Externalization of the problem appears to be helpful in limiting the negative effects of criticism, blaming, and the assumption of guilt on the part of family members (Tomm, 1989).

The process of building an alternate story begins with the search for an unique occurrence. The unique occurrence is any situation when the problem invited the usual negative behaviours but was avoided either partially or completely. An exploration of how family members were able to short-circuit the negative influence of the problem over the family helps to break the cycle of hopelessness. This also heightens the family's awareness of its capability as problem-solvers. Therapeutic focus on the development of an alternate story in which the family continues to develop expanded abilities to limit the influence of the problem continues throughout therapy.

Personal agency is developed in family members through the use of questions that elicit from family members what their positive problem-solving actions suggest about their own characters, abilities, or skills. Facilitating clients to identify their own strengths in dealing with the problem empowers the personal agency of clients. This also aids in opening space and promoting new opportunities to exercise personal agency for a variety of problems (Tomm, 1989). Focusing on the unique outcomes also aids in clients' recognition of their personal agency.

Building an audience for change enables families to replace the dominant story of problem-saturation with the alternate story of problem resolution. A family is supported in maintaining and improving positive changes when others notice that the family is managing problems more effectively. Certainly, family members need to notice and recognize changes in their own behaviour and that of other family members in order to be motivated to continue therapy efforts. An important aspect of narrative therapy is widening the audience so that changes are recognized within the clients' community. Usually, clients are asked whether extended family members, baby-sitters, teachers, principals, and friends have also noticed the changes. The

clinical team itself becomes part of the audience for change. This takes place through the use of a reflecting or consulting team and through certificates, letters, and celebrations of clients' successes.

METHOD

Purpose of the Study

Our research examines clients' experience of narrative therapy as practised by one of the therapy teams in an university hospital child and family outpatient clinic. The purpose of the research is to discover clients' perceptions and the meaning that they attribute to their experience of narrative therapy. In particular, the research aims at discovering what clients found helpful and/or unhelpful. The result of improved understanding of clients' perceptions and meaning can aid therapists in developing practices that are more helpful. Improved understanding about helpful practices may in turn lead to modifications in current theories of psychotherapy.

Until recently, the field of family therapy offered few descriptions of clients' experience of therapy (Kuehl, 1990; Newfield & Joanning, 1990; Love, 1992). Therapists have made claims about what they believe is effective therapy with clients, but there is little research from the clients' perspective. The field of family therapy is now beginning to use qualitative research methods (Moon, Dillon, & Sprenkle, 1990) in discovering clients' experience of family therapy (Sells, Scott, Smith, Coes, Hoshioka, & Robbins, 1994). Ethnographic research has been utilized in discovering both therapists' and clients' opinions of reflecting teams (Sells et al., 1994; Smith et al., 1992) and therapy effectiveness in a university-based clinic (Sells et al., 1996). The ethnographic interview is one form of qualitative research that focuses on the meaning that clients make of their experience (Berg, 1995; Gale, 1993; Gilgun, 1992; Daly, 1992; Handel, 1992; Sells et al., 1994).

This research was guided by the question "What is the family's experience of narrative therapy?" In order to answer this question an ethnographic research design was utilized. This methodology was chosen for a number of reasons. First, the research question required the possibility of a complexity of responses. Ethnographic research utilizing a conversational interview offered an optimal way of obtaining complex, nuanced experiences of therapy. Second, the practice and process of narrative therapy has many similarities with an ethno-

graphic interview. This qualitative research methodology is isomorphic with narrative clinical practice. Furthermore, persons interviewed in ethnographic research are not regarded as subjects, but as participants and co-researchers (Gale, 1993). This view is consistent with the role of clients in narrative therapy.

Participants agreed to an interview through informed consent. The interview was semi-standardized in format (Berg, 1995). The questions were checked for fairness and open-endedness with other professionals who were not part of the research team. The interview questions were designed to develop a rich description of clients' perceptions of narrative therapy. Four general questions were utilized: 1) What has been helpful in the therapy? 2) What has not been helpful in the therapy? 3) What is your overall experience of narrative therapy? 4) What is an image or symbol to describe your experience of therapy? Each of these research questions includes subsequent questions that could be used to facilitate a rich description of the experience. The goal of the interview was to invite an exploration of families' experience and the meaning of that experience for them.

Description of Participants and Setting

Participants were selected by opportunistic sampling (Sells et al., 1994). Opportunistic sampling means selecting those people who have the information and are available (Honigman, 1970). In this research, eight families were selected for ethnographic interviews based on the fact that they were currently being seen in family screenings by the narrative team. Five of the families were sole-parent families while three were nuclear families. Families came for treatment for a variety of serious problems based on the problems of children between six to 13 years of age. Problems included conduct, family violence, attention deficit/hyperactivity disorder (ADHD), school problems, aggressive behaviours with siblings and others, grief over parental divorce and death, and refusal to obey rules and directions. These problems were manifested by inappropriate behaviours in a variety of contexts (home, school, community).

The families who agreed to be participants in the study were at various stages of treatment. Four were in the early stage (one to three months); two were in the middle stages (four months to nine months); two were in the process of terminating therapy after a year or more). The number of session for each family ranged from four sessions to 16 sessions a year. The interview of the clients' experience involved the

whole family in four of the interviews. In four interviews, only the parents(s) attended.

This study was conducted by an interdisciplinary team of clinicians who practise narrative therapy in an university hospital outpatient clinic. The clinic is a regional centre for child psychiatry and pediatrics, which is a tertiary health care unit, receiving referrals from family physicians and other social agencies. The narrative therapy service is a situation within the child and family clinic where psychiatric services are provided within a medical context. The researchers are clinicians on the narrative team. The team has been working together since January, 1990 because of their common interests in the values inherent in the narrative approach. The team includes a child psychiatrist, social workers, family therapists, chaplaincy/therapists, a child and youth worker, and their respective students.

The practice of the narrative team includes the use of the one-way mirror for team screenings of family therapy and the use of videotapes to monitor their work. The narrative team is often used as a resource at the beginning of therapy with families and also with therapists who request more support in their work with particular families. However, the majority of family sessions take place without the benefit of team screenings. Team screenings often include the use of a reflecting team which offers reflections and observations in the presence of the families. Sometimes, a consulting team is used instead of a reflecting team. This consists of observations that the team behind the mirror offers to the family through the therapist. With a consultation, the team does not come into the room with the family.

Data Collection and Analysis Strategies

The interviewers in this research were not from the clinical research team but were students who completed a graduate course in qualitative research and had training in interview skills. The interviews were audiotaped and transcribed verbatim, offered to the clients for editing and correction, and then analyzed by the research team. The research team also utilized an outside expert in ethnographic research who examined the analysis of the data.

Coding of the data from the interviews utilized both latent and manifest content analysis (Berg, 1995). These codes were developed through an inductive grounded-theory approach to the written interviews (Miles & Huberman, 1984). Such an approach examines the

written texts and begins to note themes, commonalities, differences, and concepts and clusters these together in order to make sense of the data (Miles & Huberman, 1984). The researchers developed common codes that encompassed the richness and complexity of the informants' descriptions. The agreement on the common codes by the researchers and the outside expert strengthened the analysis using the principle of triangulation (Berg, 1995; Moon et al., 1990; Sells et al., 1994; Miles & Huberman, 1984). After an agreement was reached on the coding of the data, the researchers returned to the data for analysis using a deductive approach. Every time a code was identified in the data, the relevant section of the interview was underlined and noted in the margin. This deductive method offered a nominal measurement of the codes and focused on the number of times that each code appeared within the data.

FINDINGS

The data from the participants lent itself to organization around six areas (Table 1). The first code encompassed family discussion and perceptions on the externalizing conversation. This code occurred 15 times. The second code involved any discussion of the unique occurrences and reference to uncovering and/or developing an alternate story. This occurred 21 times. The third code was characterized as mentioning any development of personal agency in the clients and appeared 45 times. The fourth code was any discussion of the reflecting and consulting teams. This appeared 46 times. The fifth code involved any reference to the audience-building that is part of narrative therapy and was present 26 times. The final code was any mention by the clients of helpful and unhelpful aspects of the therapy. This code appeared one 117 times in the data.

There were a few sections of the data that could not be classified using these six codes. These elements were intensely examined by the researchers and viewed as unnecessary parts of the interviews. The information from these uncoded areas had to do with other matters not related to the research question.

1. References to the Externalizing Conversation($n = 15$)

This code included any reference by the informants to the Externalizing conversation. For example, FEAR, TEMPER, VIOLENCE,

TABLE 1
Frequency of Codes in Interview

Code	*Number of Times in Interview*
Externalizing Conversation	15
Unique Occurrence & Alternate Story	21
Developing Personal Agency	45
Consulting & Reflecting Teams	46
Building The Audience	26
Helpful/Unhelpful Aspects of Therapy	117

WORRY, and AGGRESSION were mentioned and the informants described the way that these influence family members. This code also consisted of conversations that separate the person from the problem and do not identify the person as the problem. Such a view does not rob the person of responsibility for his or her behaviour. Rather, the problem is constructed as being present in the family system and having effects on everyone.

Client 2: The therapist always had a game type thing where the family was fighting against violence so that violence would not hurt anyone.

Client 4: They did not go back to the beginning and say "whose fault is it that the marriage broke up?" I like the way the therapy started with the immediate problem. I could see them in individual sessions asking my son what happened and did he feel to blame for the marriage ending. I think that now I could go back to the ending of the marriage and talk about it . . . if that would be helpful to him to know that it was not his fault.

Client 8: The therapist was not into blaming anyone for the problem. I like that. In our situation what was found was not one person in particular.

Client 5: I found that by talking about the problem as aggression it took out the emotional material from the issue and we could talk about this thing out here and what it is doing to the family and what the potential for hurt in the family is.

2. Unique Occurrence and Alternate Story(n = 21)

This code recognizes mention of a specific incident when the problem was overcome and/or efforts were made to overcome the problem. This code also involved any discussion by family members of their strengths or other resources. As such, it was a focus on solutions as opposed to problem saturation. In this code, participants notice positive change and behaviours.

Client 6: In the past week we have got along a lot better. There hasn't been so much bickering with each other. My son has not been so demanding and has been more talkative towards me. It has been easier and I see both of us trying really hard. That has been a change.

Client 7: . . . actually I've seen a big change in my son and me. My son is maturing. I see a big change in him and he's doing really well in school now . . . I've found I changed my tone. I learned how to change my voice.

Client 3: The air is not so thick in the house anymore. It's more like a home . . . It's nice to hear her laugh and play like a kid should, instead of sitting there watching TV.

3. Personal Agency(n = 45)

Personal agency in this data refers to clients recognizing that their behavior may be maintaining the problem as well as overcoming or helping to overcome the problem. Personal agency encompasses any reference to qualities in oneself or others in the family, celebrating their strengths. In this research, the titles and symbols that the informants use to describe their experience of narrative therapy underline their personal agency.

Client 6: I have been thinking that I have been solving my own problems and it is helpful to talk to someone about them. No one on the team is giving the answers to my problems. I am answering my own questions and the therapist is helping me to do that. I am basically doing my own work and figuring out things for myself through talking to my therapist.

Client 1: Perhaps if nothing else it's nice to be reassured that I'm doing everything I can. So there is a sense that at least I'm on the right track . . . I guess my sense is I've had to cope with this all on my own, now that I'm here, I'm hearing that what I'm doing is right.
Client 2: My therapist and the team behind the mirror told me that I was doing a good job and that I had a lot of solutions myself. I received a lot of compliments from the team and I believed them after a while.

Titles and symbols that informants gave to their experience of narrative therapy also depict personal agency:

Client 2: The Violence Taming Club
Client 3: The Poseidon Adventure
Client 4: Chapter 2
Client 5: Tenacity
Client 8: Earning . . . Earnings Toward the Goal

4. Reflecting and Consulting Teams(n = 46)

This code included the comments on the experience of being watched by a team behind a one-way mirror. Clients discussed the messages that came from the consulting team, or the reflecting team that came into the room, and their opinions about the messages. Clients also commented on the videotaping of sessions. The mirror, itself, was the source of much commentary, especially from the children.

Client 4: I found the team helpful behind the mirror. They gave us feedback and could see the whole picture and I liked what they said.
Client 2: I found that they sat around together and talked to each other about what they saw instead of discussing it directly with me. They discussed it as if we were not there.
Client 6: The team never told me you should do this or you should do that. I felt better about myself and I guess that is fine.
Client 8 (Child): The Mirror People

5. Audience(n = 26)

Clients noted the audience, consisting of the therapist and the team behind the mirror, as part of their experience. The code includes any reference to awareness by family members, extended family, school personnel, and others of family success in overcoming the problem. This also included references to certificates, parties, or therapeutic letters that commented on growth in the informants.

Client 1: So there is a sense that at least I'm on the right track. That is helpful. Solutions may come because there is a process to involve the family, the school.

Client 2: I felt less isolated. He had us in a club called the Violence Taming Club and we received certificates in the mail and had a graduation party. We had three stages in the Club and the graduation party took place after Stage Two. We had coffee and cake and all these people from the team attending. The party was here at Chedoke. It was very nice.

6. Helpful / Unhelpful Aspects of Therapy (n = 117)

Clients' reference to their experiences of therapy was the most predominant code in the data. This code contained both helpful and unhelpful aspects in the therapy. Clients valued that the therapists respected their perceptions and experiences. This seemed to result in a sense of validation. Clients indicated that they felt listened to, acknowledged, and not blamed, and were respected by the therapist and team. Another helpful aspect of therapy, according to the clients/informants, was the fact that they were treated as experts on their own family experiences. The helpful code was found 101 times in the data.

Client 1: I think it's been very positive in the sense that there's been a lot of effort to listen and give some positive feedback.

Client 3: Both the therapists we had obviously cared. They were supportive and listened.

Client 5: The therapist was very balanced. She wasn't leaning towards one part or the other. There was fairness and support for everyone. She was encouraging and didn't allow herself to get

caught up in any of the details and was fair and respectful. She was a good listener and invited people to talk. She did a good job.

Client 8: I like the therapist coming up with ideas about what to do. She did hear much about everything that went on and she was able to come up with different ideas and I liked that.

Client 1: The therapist listened very attentively and was nonjudgmental. She can assess the situation without trying to allocate blame or cause. I think just the fact that she's very cognizant of everyone's feelings, she's been very understanding. It's gone well in the sense that appointments have been kept, all of that is a sign of respect.

Client 4: The therapist listened to the story and tried to understand all sides of the story. I never felt blamed by the therapist or the team.

Client 2: The therapy has been helpful in minimizing the violence. That is the main reason for coming and that has been successful. Over time, it settled down and in coming here, things changed.

At the same time, each client/participant mentioned some unhelpful aspects of the therapy. Some of these items are: "therapy was artificial," "slow process," "I wanted to talk directly to the team," "It was strange with the team behind the mirror," "some of the feedback was not helpful," "I didn't like the taping." These unhelpful aspects appeared 16 times in the data.

The clients were asked to rate the problem reduction using a scale from 1 to 10, in which 1 meant that the problem was completely reduced while 10 meant that the problem was very severe. This rating scale was familiar to the clients and used periodically in therapy to evaluate progress towards their goals. Figure 1 illustrates problem reduction as identified by the clients at the time of the research.

Discussion of Data and Recommendations

The results support the view that narrative therapy provides an excellent context for the ideas and practices that empower personal agency in family members. This means that clients were able to take responsibility and credit for change and successes in their lives. All the families reported some reduction in the presenting problem. The families that were involved for a longer period of time (more than a year) reported a greater reduction of the problem than those in the first few months of therapy. The study with these eight clients indi-

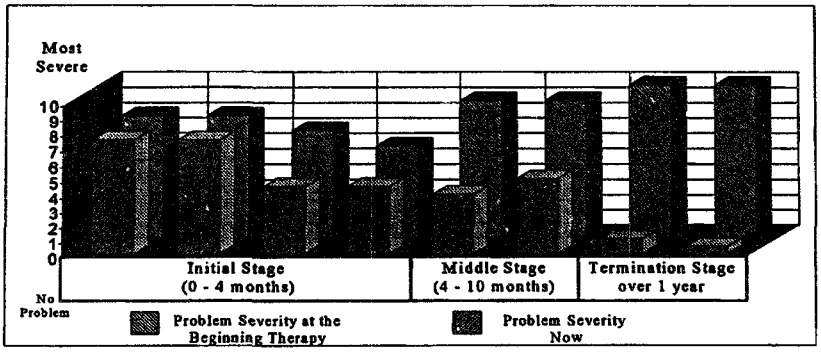

FIGURE 1

Client's Perception of Problem Reduction

cated that narrative therapy as practised at this institution was most effective over a year's time. For these families there was a smaller benefit in the early months.

This result might be due to the nature of such therapy. Utilizing narrative therapy from a family' s perspective often requires a number of cognitive shifts. Deconstructing unhealthy narratives and co-constructing more healthy ones require some time. Fine and Turner (1991) indicate that it is a difficult task for therapists to make cognitive shifts. Cognitive shifts seldom happen immediately. Similarly, the use of an externalizing conversation in conversing about the problem often requires a cognitive shift for clients. Once the shift has occurred, there is often a great reduction in the problem.

A second point that emerges from the findings is the number of times that families experience personal agency (n = 45) in the course of therapy. Personal agency is more noticeable to families than the externalizing conversation or the development of an alternate story. Somehow, families feel empowered by therapy as they come to recognize that they are able to make some change in the problem. The metaphor of "on the right track" captures this empowerment. This experience of personal agency might be also related to the therapist not taking an expert position with the families. A therapist who views the family as being an expert on their experience might foster personal agency more than one who does not. A reflecting or consulting team who validates the expertise of the family through positive con-

notation and tentative wondering language also might be another factor in empowering personal agency.

Families also notice the presence of the reflecting and consulting teams (n = 46) as well as the development of a larger audience in the community (n = 26). For these families, therapy is helpful because it is not an isolated event but includes the recognition by the team and wider audience of their success. Families appreciate the audience that notices this change. This audience includes friends of the family, other family members, the therapist, the therapeutic team as well as school professionals and other social agencies. In this practice of narrative therapy, the therapist often meets with professionals from the school and other community agencies with whom the family is involved. Sometimes, the other professionals are brought into the session with the family. Narrative therapy here not only helps the family make shifts but also helps the context in which the families are embedded to make shifts in meaning. Certainly, in this study, families often noticed the reflecting and consulting team as well as the wider audience. Families appreciated the emphasis on team work. The families also appreciated that the wider audience made some change in dealing with the problem.

This ethnographic research offers some recommendations for therapy and future research. First, the practice of narrative therapy should continue. Certainly this research shows how valuable it is to clients that their problems have been reduced and that they were empowered to make changes. A second recommendation involves the data on personal agency, reflecting and consulting teams and externalizing conversations. The areas that clients notice the most in narrative therapy are personal agency and reflecting and consulting teams. The area they notice the least is the externalizing conversation. What role does the externalizing conversation play in the therapy? Further research is needed.

A third recommendation came from one of the participants in this research. She suggested that she would like to talk to the team after a consultation or reflection. Traditionally this is not done. Why could it not be done? The comments and observations offered by the consulting team or reflecting team engage some clients in more reflection on their problem. This person was curious about some of the observations offered by the team. She wanted more discussion around the observations and believed that this discussion could be helpful to her family. A fourth recommendation concerns developing this narrative approach for therapists who work alone. This research has been done

with a team that uses narrative therapy. How could a therapist who works alone use this approach? This is another area for further research.

CONCLUSION

This ethnographic research demonstrates the richness of families' experience of narrative therapy. The transcripts of the interviews are full of stories, metaphors, and examples. Families use various narratives to describe their experience of narrative therapy. The description emphasizes the various aspects of narrative therapy that are most helpful to clients. These clients believe that the therapy helped reduce their problems.

This method of research is client/family centred. The research starts with the experience of family and uses that experience to evaluate the effectiveness of narrative therapy. Clients' experience in evaluating effectiveness of therapy is the core of the research. The research seeks to understand and explain that experience (Tracy, 1981, 1987). The goal is to evaluate the therapy from the families' point-of-view. The families' experience offers a template to researchers and clinicians in terms of what aspects of the approach have been noticed. The families have offered some suggestions about improving the therapy. Many of these suggestions have already been implemented.

The researchers are practitioners of narrative therapy or participant observers (Moon, Dillon, & Sprenkle, 1990; Daly, 1992). A benefit of clinicians doing research is that the gap between clinical practice and research can be narrowed. Occasionally, some research is not implemented by clinicians because it does not fit clinical practice. Implementation is easier and more effective when the researchers are also the clinicians. The ethnographic method is congruent with narrative therapy. The interview method utilized in ethnographic research is also used in narrative therapy. Clinical practice and research are isomorphic or as one of the clients said: "On the right track."

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