Decentring research practice

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by
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This article presents a brief account of one therapist's journey to develop a research approach that was consistent with their values and practice as a therapist. This journey led to the development of a 'De-centred research practice' based upon an ethic of collaboration and equity, which seeks to document the 'local' skills and knowledge of the research participants.

Keywords: *research, therapy, de-centred practice*

Introduction

Four years ago I took the step into the land of post-graduate research and enrolled in a Masters of Clinical Science (Psychotherapy) in Adelaide University's Psychiatry Department. From the beginning I was determined to find (or invent if necessary) a research approach that was consistent with my values and practice as a therapist. It was the 'Ethic of collaboration and decentred practice' (White 1997) which acted as a set of guiding principles for me, towards developing a research practice that was in alignment with my approach to therapy. The core of these practices for me was that it was the experience, awareness, knowledge, values and skills of the person(s) who consulted me that were at the centre of my work as a therapist. My job as therapist as I saw it, was to help persons access and connect with these preferred aspects of their life and relationships. I use my own experience, awareness, knowledge and skills to assist persons with this therapeutic process.

This article presents a brief account of my journey to make this goal a reality. It tells the story of how I invented a research design to explore the experience of persons in their respective roles as clients and therapists of participating in a reflecting team process, and discusses some of the implications of this research.

The research setting

At the time I began the research I worked in a Child & Adolescent Mental Health Agency. The agency happened to have a team of very experienced therapists who met together one morning per week to work as a reflecting team. It was a closed team and they had worked together for over ten years and had developed a high level of trust and a good understanding of working together as a team.

My research question was simple: 'How do persons in their respective roles as clients and therapists experience their

participation in a reflecting team process?' All team members agreed to participate in the research. The families who participated in the research were selected using opportunistic sampling; that is, I invited each therapist to nominate a family who I could contact to participate in the research. Having found my research site, and clarified my research question, the next step was to review the literature.

Review of relevant literature

My review of the literature included both research studies into individual counselling and psychotherapy as well as specific research and literature on family therapy and reflecting teams.

My reading became a search to find methodologies that were congruent with my values and practice as a therapist, and that would enable me to research the *experience* of the participants. These two interests led me into the area of 'qualitative process research', of which there are four main approaches (Macleod 1999, p.33):

- Textual analyses of therapy transcripts;

- Post-session or post-termination interviews with persons in their respective roles as clients and/or therapists;

- Post-session or post-termination open-ended questionnaires; and

- Interpersonal Process Recall (Elliot 1986), which involves the researcher playing back a full audio or videotape recording of a session (or excerpt from a session) to the participants (clients and therapists) and then interviewing the participants about the session. The interview will often focus on participant's experience of aspects of the therapeutic interaction which they found helpful or hindering. This is later transcribed and analysed.

I finally decided to adapt the post-session interview method because this allowed a greater focus on the participants' experience of the overall course of the therapy and helped to keep the research conversation separate from the therapy conversation.

Following my literature review I identified five lines of inquiry:

- Experience of the participants before meeting each other for therapy. What were their expectations or preconceptions?

- Their experience of the first session.

- Their experience of self (personal and/or professional).

- Their experience of therapeutic relationship.

- Their experience of therapeutic practices and their outcomes.

These domains of experience have been consistently referred to and identified as important in shaping person's experience of therapy (Elliot & James 1989; McLeod 1990; Rennie 1992). I then wrote a semi-structured interview guide along these five lines of inquiry and included a number of suggested questions under each domain. I remained open to exploring the full range of experience identified by participants as significant. However, I did have a special interest in understanding what participants found uniquely helpful about their experience of meeting in the context of a reflecting team process and participating in this kind of research project.

The research interviews went ahead and the interviews were transcribed, generating what I thought was data worthy of reflection and documentation. However, it was at this point that I started to hit some barriers instituted by dominant ideas of how research is to be structured. In all the literature I had read, it had been the principle researcher(s) rather than the research *subjects* that had done the 'analysis' part of the research. However, this dominant practice did not fit with my aim of designing research that was more collaborative, not only at the data gathering end but also at the analysis end of the research journey. This had also been noted by other researchers in different fields:

In traditional scientific enterprises the theoretical meaning of events is almost wholly controlled by the principle investigator. Subjects serve as reactive pawns for manipulation, control or observation. They are not encouraged to reflect on their situations within the study, nor to offer their interpretations of events. They are simply used as vehicles to enhance the power of the investigators voice. This voice remains effectively closed. By taking a reflexively dialogical approach to research, a new form of scientific work can be developed ... The foremost feature of this type of work is the sharing of power between researchers and subjects in order to construct meaning. 'Subjects' become 'participants', and the number of interpretations (or theoretical possibilities) generated by the research is expanded rather than frozen.
(Gergen & Gergen 1991, p.86)

Fortunately, I was already familiar with the notions of therapy being a form of 'primary' research involving close collaboration with the client from White (1997), Bird (2000) and Law (2000). I was also familiar from my training in narrative therapy with the idea of 'Training as Co-Research' (White 1997, pp.172-190). This led me to think more about how the practices I had learned in my narrative therapy training could help me in designing my research method.

Narrative therapy practices and research

When I started to think how I could apply these narrative therapy practices to research purposes I began to think of how to design a research process where the role of the principle researcher was decentred from that of someone who 'collected and analysed the data' to that of someone who facilitated a process which allowed for the research participants to articulate their own experience, knowledge, values and skills.

This orientation to practice is for me one of the distinguishing trademarks of narrative therapy. What is more, the practice of interviewing persons who consult therapists about their experience of therapy had already been identified in the literature:

> It is also a common narrative practice for therapists to consult persons about their experience of these conversations after the event – persons are encouraged to reflect on their experience of particular meetings and on series of meetings, and on the outcome of these meetings, by reviewing the subsequent developments in their lives. In this way, persons contribute to distinguishing the more helpful conversations and relational practices from the less helpful, and to a determination of those that were of a hindrance. It is in these consultations about therapeutic conversations and practices that therapists' expressions of this work are formed and reformed. It is in these consultations that therapists' knowledges and skills become more thickly described (White 1997, pp.139-140).

In considering how narrative therapy practices could be utilised in this research project, it became clearer that I did not want to take an expert position as researcher in which my analysis of the data represented the 'results' of the research. Rather, I wanted the process of gathering the 'data' to contribute to further rich description of the knowledge and skills of the participating therapists.

A decentred approach to research

In most qualitative research studies the research results or findings are based upon the analytical skills of the researcher(s). The pathway from data collection to data analysis to results needs to be carefully validated according to criteria that have become acceptable to the community of experts employed in universities to carry out research. I decided to develop an alternative approach to doing research. I named this a decentred approach to research following the decentred approach to therapy practice as outlined by White (1997). A decentred research approach is based upon the ethic of collaboration and equity, and seeks to document the 'local' skills and knowledge of the research participants (co-researchers). In this approach to research it is the research participants rather than the principle researcher that do the 'analysis'.

I saw my role as principle researcher to involve the following tasks:

• To research the academic literature on the research topic in order to formulate lines of inquiry;

• To interview the participants;

• To transcribe the interviews and summarise the interviews;

• To document the reflections of the therapists on the transcripts of the first interviews and to re-present these as the 'results' section of the research in the form of a letter written to the participating therapists;

• To discuss the implications of the findings for clinical and research practice.

In this particular piece of research, it was the persons participating in their roles as therapists, who gave more of their time than the persons participating in their roles as clients. For example, I justified not inviting persons who participated in their role as clients to a second interview on the grounds that:

• I didn't want the research to intervene too radically into the process of therapy; and

• That the persons participating as therapists had a professional interest in reflecting on their work as a reflecting team, whereas the persons who participated as clients had a personal interest in their own lives but not necessarily the finer details of therapy and research practice.

This could be seen as unbalanced, but I felt this honoured the different life worlds and interests of the participants.

The problem of validity

According to McLeod (1997), practitioner researchers into therapy will always have trouble validating their findings. This becomes even more problematic when the researcher wanders off the well-trodden path of traditional qualitative methods. McLeod believes there are special criteria that are applicable to all practitioner research regardless of the specific methodology they have developed or chosen for their study:

> *It has already been suggested that to be able to develop knowledge that enriches practice, it is necessary to be as explicit as possible about the organisational and personal context within which the research was carried out. This principle leads to the following criteria for practitioner research:*
> * *A good practitioner research study will provide sufficient descriptive detail of clients, counsellors, the counselling approach, setting, social and political context, etc., for readers to be able to make informed judgements regarding the similarity and applicability of the study to their own practice;*
> * *A good practitioner research study will provide sufficient information on the personal engagement of the researcher(s) in the study, and their heuristic process, for the reader to be able to make a judgement concerning authenticity, 'ownership' and personal integrity.* (McLeod 1999, p.18)

While agreeing wholeheartedly with these sentiments, I also felt I needed to develop an alternative approach to traditional notions of validity.

Decentred research practice and questions of validity

Research methodology is usually premised on the need to eliminate subjective judgement, however, I argue that in a decentred research practice, subjectivity is not of concern if it is rendered visible, and does not in any way reduce the possible pragmatic usefulness of the research. This decentered research makes no claim of 'objective knowledge' and 'realism'. Instead it involves an exploration and description of particularities of local knowledge which I felt to be more relevant to practitioners. As the principle researcher, I was not central to analysing the data[2] and therefore did not seek to counteract my subjective prejudices by using a method such as grounded theory. I did, however, seek to acknowledge and highlight my subjectivity in a number of key ways such as using writing as a method of reflexive inquiry and developing a two-way account of research.

Using writing as a method of reflexive inquiry

Most journal articles give a idealised picture of the research process in much the same way that presentations of therapy stories are 'glossed' and 'do not adequately represent the disorderly process of therapy' (White 1993, p.22). This is often encouraged by editorial requirements that 'promote a distorted technical picture of scientific research as a logical, linear process – which is far from the continually changing actual research process with its surprises, design changes, and reformulations of concepts and hypotheses' (Kvale 1996, p.83). I therefore wanted to write about my research in an experience-near style to which narrative lends itself, rather than the experience-distant style of most paradigmatic research reports. I was committed to personalising and telling the story of my research journey as part of my methodological commitment to decentred research and writing as a form of discovery. Decentred research, as a form of reflexive research, is by definition inclusive of the self of the researcher(s) in the final write-up of the research report (Steier 1991). The style in which I chose to write my dissertation therefore deliberately aimed to make my subjectivity visible, unlike traditional academic writing which aims to render the subjectivity of the researcher invisible.

A two-way account of research

Traditional accounts of research are predominantly one-way accounts in which the researcher, through the use of various 'methods', extracts knowledge from the research subjects. The research subject is constructed as the 'other'

that these methods act upon. Michael White (1997, p.130-132) describes a 'two-way' account of therapy, whereby the therapist acknowledges the contribution the person who has been consulting them has made to the development of their skills and knowledge. In the same way, I thought a two-way account of research would discuss the effect on the researcher(s) of entering into a research relationship. Research subjects in two-way accounts of research are constructed as 'participants' or 'co-researchers' who act to influence or change the understandings of the principle researcher(s). A two-way account of research challenges the traditional power relations inherent in most research discourse. A two-way account of research both foregrounds the interpretations of co-researchers and contributes in significant ways to the professional development of the principal researcher. It helps to clarify, refine and re-story the principle researcher's own way of thinking about and practicing therapy and research. This process was evident throughout the dissertation as I described my research journey, and in the next section of this article I describe how participating in this research contributed to the enrichment of my own professional identity as a practitioner researcher.

Research implications

Distinguishing research conversations from supervision and therapy conversations

How to distinguish research conversations from therapeutic conversations was an ongoing question I struggled with throughout my involvement in the research process. I think it is an important question because a research conversation can so easily become a therapeutic conversation and this can be problematic from a research ethics point of view. I therefore sought to separate my research conversations from the therapy conversations and this became a guiding principle in my research. For example, I did not write my research finding letters in the same way as I write therapeutic letters. Therapeutic letters are not just a summary of what was said in a therapy session. The therapist is conscious of searching for unique outcomes and metaphors as possible lines of inquiry for future re-authoring conversations. Because my relationship to the research participants was not that of a supervisor or therapist, I did not see it as appropriate for me to enter into re-authoring conversations around their professional

identity, but rather to try and come to an understanding of what was said. I therefore took an ethical position to distinguish research from therapy conversations.

However, I can appreciate how easy it would be for these distinctions to become blurred. For example, even attempting to understand what was said may prove to have a therapeutic effect. Also, I think it would be a legitimate position to combine research and therapy conversations if this was agreed to by all participants. I think this would be the case if the researcher and the therapist were one and the same person. I could see how research conversations could transform into therapy or supervision conversations with the consent of the participants. I can also appreciate how narrative therapy conversations can be framed as a form of re-search (Bird 2000). However, I was clear that for this particular research project I did not have consent to do this.

Research as personal and professional transformation

Through engaging in this research project I discovered that research, like therapy, can be a reflexive-dialogical process. The documentation of research in academic journals is currently dominated by one-way accounts of the research process in which the subjectivity of the researcher and the voices of the research subjects are excluded from the presentation of the 'results'. Decentred research seeks to develop a two-way account of the research process.

The act of engaging in this research project taught me how reflexivity worked on a personal level, as well as inviting the research participants to interpret the 'data'. It disclosed to me the intimate relationship between therapy, research and (self) supervision. The primary level at which reflexivity worked was on a personal level. Entering into dialogue with persons in their respective roles as clients/therapists and then with texts, required me to reflect on my own horizon of understanding. It also showed me how decentred research, like narrative therapy, can be experienced as a two-way process. In turn, the act of doing research invited me to re-story my professional identity as a practitioner researcher committed to developing a research design which fitted with my therapy practice (Crocket 2003).

One of the discoveries of doing research has been the realisation that it inevitably transforms. The ongoing internal dialogue, and the endless sleepless nights, led inevitably to a crisis point and then a resolution. As I entered my fourth year of the journey this crisis began to influence my professional identity. I felt on a personal level that the radical days of

family therapy seemed to be fading away and I felt that the medical model was tightening its grip on the child and adolescent mental health agencies I worked within. This was felt even more keenly when I moved in November 2002 from Adelaide in South Australia to the isolated regions of tropical north Queensland, where I found myself conforming to requirements to write up assessments in the medical model mode and growing further away from my narrative therapy roots. Fortunately, reading Lynn Hoffman's intimate history of family therapy (2002) fired my passion again and helped me realise that I needed to be more up-front about my professional identity to both clients and colleagues.

Therapist experience of the research

I hoped that one of the benefits to therapists of participating in the project would be the opportunity to reflect on their own practice and identify new knowledge and skills they were developing. In short, an opportunity to reflect back not just on their work with the family selected for this project, but also on their professional identity, including discussing how their personal and professional experiences of self were interdependent. I was excited to find that this indeed did happen.

Client experience of the research

Unlike the therapists, the involvement of persons in their role as clients was limited to participating in the interview and reading the transcript of the interview. I was very pleased when one client, Jane, made the following comments when asked what it was like to be interviewed:

I guess it's like an added session, added therapy. When you sent me a transcript of what went on and I read it, it clarified things, it refreshed thoughts and ideas ... it's another form of reflection and re-looking. It's like opening the box and having another look! So yes it's good.

This again illustrated to me how closely decentred research and narrative therapy practice are intertwined and how research conversations can have therapeutic effects. I think also all the clients appreciated the opportunity to give something back in the form of this research. They hoped that sharing this knowledge would be of benefit to therapists who may read the research.

Limitations of decentred research

As with any research methodology, decentred research has its difficulties and limitations. Firstly, there is clearly no basis for generalisation from the research findings and hence they can not easily be used to justify policy decisions or argue that one form of therapy is more efficient or effective than another. It does not claim to provide evidence for practice claims. The understandings presented in decentred research will either enrich the understandings practitioners already have or they will not. Secondly, it is difficult to find the right balance between including the self of the principle researcher and the voice of the participants. Given that decentred research is a subjective, two-way process (affecting all participants), one possible danger is that the research can become overly centred on the principle researcher (the writer) to the detriment of the participants. The act of writing gives the principle researcher enormous influence over the construction and content of the text. Therefore this is a balancing act that requires the principle researcher to be mindful of this danger in much the same way as a therapist needs to be mindful not to centre themselves when giving reflections in a reflecting process (White 1997).

Suggestions for future research

There is a lot to do. For example, in the area of the production of 'truths' about people's experience of therapy, 'evaluation' of the 'outcome' of therapy services is currently a prescribed practice in government and most non-government agencies. The politics of truth production have real effects on the funding of services. It is not surprising that these studies are still dominated by positivist notions that evaluation research can be value-free. How to resist and challenge this current state of affairs? How do we find ways of conducting evaluation studies that are congruent with narrative and poststructuralist theories of the self?

I would argue that evaluation processes are integral to therapy and are an extension of the therapeutic conversation. What's more, evaluation conversations are a crucial part of narrative therapy conversations in which we regularly invite people to take up agentic subject positions, where they are given the opportunity to perform new identities or bear witness to others' preferred identities. This is in contrast to psychometric outcome measures, which regularly invite persons to take up passive subject positions by the 'taylorist' method of ticking boxes. In this way people are reduced into categories. Can we find methods of analysing discourse that are both congruent with our ethics and through which we can develop alternative methods of evaluating outcomes? I believe this is the challenge that lies ahead.

Conclusion

Four long years of researching! What an adventure, there and back again! Like all adventures, it was not always easy sailing. There were times when I felt like I was shipwrecked for good, and there where times when I felt like hiding away on a desert island never to be seen again. Now that the journey has come to an end, it is almost difficult to say goodbye. I believe the journey has been worthwhile on a personal level and I also believe it was beneficial to my co-researchers. I have summarised what I believe were the benefits to the clients and therapist who participated above, so I will devote these concluding comments to the benefits that I have gained from participating in this project.

Firstly, I became acquainted with some of the contributors to the massive field of counselling and psychotherapy research. I believe this is an invaluable process of knowledge acquisition for any practising therapist. Secondly, I believe it is crucial to develop research methodologies that are both congruent with one's own therapeutic orientation and produce research reports that both are relevant and interesting to read. I believe I have accomplished this objective and will continue to mine the rich resource of alternative research methods that are out there. Thirdly, it was a privilege to be able to interview persons about their experience of being clients of other therapists. This was an opportunity that is rarely experienced and I am grateful for it. Fourthly, the partnership that I forged with the therapists in the research project continues to inform and enrich my work. The opportunity to interview therapists with more experience than myself was a delight.

For me, writing a thesis has been like the completion of my 'apprenticeship' as a therapist. I believe that through writing a thesis I have given myself the knowledge and skills to be a reflective practitioner, capable of doing self-supervision. I also look forward to doing more practitioner research on a smaller scale, and in particular continuing to consult with my clients on a regular basis about what they found helpful.

Notes

1. Andrew can be contacted via email at: tootell@wave.co.nz

2. I would like to acknowledge and express my gratitude to a number of people who read drafts and shared freely with me their ideas in relation to the topics covered in this paper: *Annie Quirk, Rob Barrett, Jon Juriedini, Andrew Wood, Carole Meech, Geoff Watson, Ian Law, Stephen Gaddis, Wendy Drewery, Kathie Crocket and David Denborough.* Although I have done the work of writing this paper, it would never have been completed without their support and collaboration.

3. There were a number of forums for interpretation in this de-centred research. The first being between respondent and interviewer; the second being the actual transcription and summary process; and the third being my co-researchers' interpretation of transcripts.

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