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Provocations for Researching Clinicians and Clinical Researchers

Ronald J. Chenail
Nova Southeastern University, ron@nsu.acast.nova.edu

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1. What are your root metaphors as a therapist?

If you "interpret" as a therapist, explore types of research which are based on a similar metaphor (e.g., hermeneutics or phenomenology). If you are a "story- er" as a therapist, try looking at narrative analysis, narratology, literary theory, or literary criticism for ways to understand, challenge, or change your ways of therapy (and research). Try choosing these approaches to inquiry based on a sense of coherence: Does it make sense to examine my work this way? Is there a good fit between this particular lens and my work? Will I be persuaded by the results of such a juxtaposition?

2. Have you shopped around in the research market?

There are probably more research methods and styles than there are researchers. If you are basing a "Research is not for me" position on a familiarity with only quantitative research or scientific qualitative research, you don't get out very often. Try Nick Smith's (1981) book, *Metaphors for Evaluation: Sources of New Methods*, for a starter and then go from there. If after you have examined twenty or thirty methods or analyses (e.g., ethnographies, ethnomethodology, ethnonursing, conversation analysis, discourse analyses, frame analyses, case study, participant observation, thematic analysis, feminist critiques, etc.) and you still can not find anything relevant to your practice, see Provocation 3.

3. If "research" is not your thing, have you tried "reflection"?

If the metaphor of "research" is not informative to you or your work, take a look at Donald Schön's books, *The Reflective Practitioner: How Professionals Think in Action* (1983) and *Educating the Reflective Practitioner: Toward a New Design for Teaching and Learning in the Professions* (1987). Both works suggest ways in which the professional (i.e., both researcher and clinician) can study and reflect on their style of professional knowledge and how that context shapes their work and vice versa. Another take on this approach to research can be seen in Dorothy Scott's (1990) recent paper, "Practice Wisdom: The neglected source of practice research."

4. Try writing an autobiography about your clinical life.

In researching this text, ask yourself some questions like: What helped to make you the therapist you are today? What made so much sense to you that you decided that working the way you did had to change? What was so persuasive that you decided to keep doing what you were doing? Somewhere along the line you re-searched or re-examined your practice. Try to re-experience

that experience again and see what happens to your way of being in the clinic and then record your story.

5. If you have a curiosity about therapy, itch it.

Take a closer look at what perplexes or surprises you about therapy and let that curiosity lead you to an extended scrutiny of that which you are just not sure. Just about everything in life deserves or calls for a second or third look, even therapy.

6. When did therapy and research become so different from life?

Why do researchers and therapists defamiliarize life so much when it comes to understanding therapeutic interaction and use such strange terms like "therapeutic interaction?" How would you study clinical practice, another defamiliarizing term, if it were just plain old life? How do you make important decisions in life? How do you make important decisions in therapy? Compare the two patterns and note the similarities and differences.

7. Have you ever heard of artistic qualitative research?

Most of what is termed "qualitative research" should be more correctly called scientific qualitative research because these researchers are still being informed by scientific, as in quantitative research, philosophies and practices (e.g., validity, reliability, generalizability, etc.). There is another qualitative research tradition which is based not on a scientist's way of knowing, but on an artist's way of knowing. Elliot Eisner's (1981, 1985) work has helped to define this approach to qualitative research and is highly recommended. Of special note are his concepts of connoisseurship and criticism (Eisner, 1985). Also, if scientific or artistic approaches to qualitative work seem uninformative, read Mary Lee Smith's (1987) paper, "Publishing Qualitative Research," because she presents still other styles of qualitative inquiry.

8. Work on developing some interesting questions about therapy and ask them.

This is my latest favorite question: If scientific or experimental research is so good for clinicians to follow, why haven't researchers designed experiments comparing outcome and/or process of scientifically-informed therapists with clinically-informed therapists and publish the results rather than just telling clinicians to read research and change? Following Kerlinger (1986, pp. 4-5), we must go beyond such "common sense" notions of "therapists should be informed by scientific (i.e., controlled experiments) research" and as scientists, we should "systematically and consciously use the self-corrective aspect of the scientific approach" (p. 7) to pursue this relationship. In doing so, the rhetoric of scientists/researchers can move from a "method of authority" (p. 6) to a "method of science" (p. 6) in their conversations with therapists.

9. Do some soaking.

Of course a good bubble bath is always nice, but what I mean here by soaking is a concept first introduced by Norman McQuown and his colleagues, Frieda Fromm-Reichmann, Henry Brosin, Charles Hockett, Gregory Bateson, Ray Birdwhistell and others, (1971) in their Natural History

Method. In their analysis of human interaction, they would view a filmed sequence over and over again so that they could "soak in" as much of the details of the interaction as they could (see Chenail, 1991 or Leeds-Hurwitz, 1987 for more information about this project, or order the original study from the University of Chicago). As they were doing these soakings, they would choose sequences of special interest to them and then produce elaborate, multi-layered transcripts of the event sequences. In suggesting soaking, I am not saying that you view a tape of your clinical work a thousand or more times, which some conversation analysts do in their analyses, but what I am proposing is that you sit down with a tape of one of your therapy sessions and give it a decent soaking, pick out some segments which intrigue you, and try your hand at transcription. Close scrutiny of your own work produces an interesting demystification / defamiliarization effect as the therapy style you knew so well becomes something new again through your re-searching.

10. Realize as a clinician that you already have ways of knowing and doing: If you can re-search in therapy, you can research therapy.

Just as there are ways of doing research based upon scientists' and artists' ways of knowing, so are there ways of study based upon clinicians' ways of knowing. There is great research potential in conducting research from a Milan perspective of knowing. For example, what would data collection be like if it was done with circular questioning? What about a structural analysis based upon Minuchin's work? The possibilities are endless, especially if you examine your own way of knowing in the therapy room and try that approach as a way of re- searching. A good paper to read which examines ways of knowing that relate to clinical styles is William Firestone and Judith Dawson's (1988) "Approaches to Qualitative Data Analysis: Intuitive, Procedural, and Intersubjective." Systemic family therapy as shared logical intuition is an interesting concept.

11. Can family therapy research have a human-ities face?

In a must-read special issue of the *Dulwich Centre Newsletter* on research and therapy (1990, No.2), Melissa and James Griffith (1990) wrote a fascinating article entitled "Can Family Therapy Research Have a Human Face?" In playing with their title, I am suggesting that those frustrated with social and physical science metaphors may have some success in exploring disciplines such as "history; philosophy; languages; linguistics; literature; archaeology; jurisprudence; the history, theory, and criticism of the arts; ethics; comparative religion; and those aspects of the social sciences that employ historical or philosophical approaches" (National Endowment for the Humanities, 1990, p. 1). In returning to the Griffiths' original article, one way in which family therapy research can have a human face is to call upon humans to "validate" our findings in research, as well as in therapy, instead of only subjecting these results to the scrutiny of computers and to the authority of therapeutic models (Atkinson, Heath, & Chenail, 1991). Such a suggestion would harken back to Heinz von Foerster's (1984, p. 60) adage, "Reality = Community" and would suggest a possible world of research and therapy different from the one we have now.

12. Embrace the following question: What is the thisness of a that and the thatness of a this?

Kenneth Burke (1945/1969), in *A Grammar of Motives*, gave one of the best and most useful definitions of metaphor: "Metaphor is a device for seeing something in terms of something else. It brings out the thisness of a that, or the thatness of a this" (p. 503). When considering a research approach to therapy, Burke's definition makes for a very effective measure: Will this study bring out a meaningful thisness (i.e., something persuasive, informative, or new) of my that (i.e., my approach to therapy). The converse would also hold: Does what I learn from researching therapy (the thatness) tell me anything about my research approach (the this)? If there is not any meaningful exchange of information (i.e., Did the metaphoric relationship allow you see anything new or different?) try another metaphor.

13. Create your own research class and take it for credit.

Believe it or not, but research fields are a diverse, vibrant, and ever growing and expanding lot. Keeping up with, and exploring these new frontiers is a massive and intimidating undertaking. What also makes a study of this expanded view of research scary is that most of this expanse was probably not covered or even mentioned in your formal research training. Strange and exotic qualitative research worlds like hermeneutics and phenomenology, and equally mysterious realms such as action and/or participatory research (see Provocation 14 for more on these approaches) can be profitable for clinicians and researchers alike only if their "secrets" can be unlocked. One way to do this is to create your own research curriculum and try it out. Lisa Hoshmand's (1989) paper, "Alternative research paradigms: A review and teaching proposal," is a good starter for any would-be research explorer. Other ways to delve into this area is to journey into the deepest, darkest corners of the library, "scan the stacks" of journals and books, pick a new journal or shelf each day to study, just peruse the pages, and slowly but surely, you will begin to familiarize yourself with these new worlds of research. From there, a natural selection process will take over and you will go on to study certain areas, which seem more pertinent to your questions and curiosities, in greater depth, while ignoring other methods and models which do not seem as relevant. Eventually, you will build up the courage to actually try out some of these approaches to research, or be in a better position to know that they are not for you. For more ways to reach out to these new research worlds, see Provocation 15.

14. Have you tried action research, participatory research, participatory action research, action science, or emancipatory research?

These approaches to research offer some interesting contrasts to the kinds of quantitative and qualitative investigations with which clinical researchers are most familiar. Whereas many researchers focus on phenomena which are stable in nature, action-type investigators study change processes in systems and see how policy innovations shape, form, and restrict organizational transformations (e.g., Argyris & Schön, 1989; Brown & Tandon, 1983; Whyte, Greenwood, & Lazes, 1989). Another potentially pertinent aspect of these research styles is an emphasis on including the people of the system being studied in the planning, analysis, and reporting of the research project (see Whyte, Greenwood, & Lazes, 1989). Rather than studying "subjects," these researchers attempt to design studies which foster emancipatory possibilities for all involved in the study (Lather, 1986). The balancing of rigor and imagination with relevancy in these types of research certainly offers many new research avenues for researchers and therapists.

15. Visit new and exotic communities and experience difference.

Besides visiting heretofore unexplored reaches of the library, another way to get out and to meet new research approaches, is to go and speak with researchers in such strange and exotic places as other programs, departments, and schools at your university. A great many clinicians who have solid backgrounds in alternative approaches like qualitative research first learned of these ways of investigation from places like sociology, anthropology, communication, and nursing programs. Another way to interact with these researchers and ideas is try out new and interesting conferences and professional meetings like the annual get-togethers of groups such as the International Communication Association, the Qualitative Research Interest Group at the University of Georgia, or American Anthropological Society. Seeing and experiencing how meaning is constructed and studied in these cultures can be very informative and eye-opening to the clinical researcher-as- explorer.

16. What do you remember about the clients, therapists, supervisors, teachers, and researchers you remember?

There once was a junior high history teacher who began each school year off with a question, "Do you like history?" Whether or not the students would reply with a "Yes, I do" or a "No, I don't" invariably their next response would start something like "I had a teacher one time..." Somewhere along the line their feelings about history had been shaped by meaningful interaction with an important person in their life. This same junior high history teacher asks a variation of the old history question when he teaches graduate research classes or when he supervises family therapists, and the responses are very similar to ones he had heard earlier in his American and world history classes: "I had a client one time," "There was this professor," "When I worked with this supervisor," and so forth. Somewhere along the line, someone helped these clinicians and researchers re-search and re-evaluate their ways of knowing and doing, because somehow they were now different therapists and investigators then what they had been. Tracing your own history as therapist and as researcher, and re-calling those who made a difference, can make for interesting clinical research.

17. Sit with accountants and commit a science of data management for clinicians.

With his paper, "Sit with statisticians and commit a social science: Interdisciplinary aspects of poetics," Colin Martindale (1978) opened a lively debate in literary circles regarding the value and persuasiveness of a quantitative approach to studying texts. With the words above, I am following the line of thought, originally presented by Brad Keeney and James Morris (1985), and am suggesting that for some clinicians' purposes, research, qualitative or quantitative, is not the answer for their problem. I am specifically speaking about those times when therapists are most interested in accounting for their actions (e.g., for licensure, certification, third-party reimbursement, case documentation). If this is the case, much can be learned from the practice of accounting as well as the rhetoric of accounting (see Nelson, Megill, & McCloskey, 1987 and Simons, 1989). We all know how persuasive numbers can be and accounting is an interesting variation on the types of narratives therapists usually tell about their work.

18. Make a contribution to the basic study of listening-and-talking in therapy.

Walker Percy (1954/1987), in his book, *The Message in the Bottle*, lamented that "It is a matter for astonishment, when one comes to think of it, how little use linguistics and other sciences of language are to psychiatrists. When one considers that the psychiatrist spends most of his [or her] time listening and talking to patients, one might suppose that there would be such a thing as a basic science of listening-and-talking, as indispensable to psychiatrists as anatomy to surgeons" (p. 159). He went on to say that "Surgeons traffic in body structures. Psychiatrists traffic in words" (p. 159). What Percy observed in psychiatry holds well for family therapy and other clinical fields. At a recent presentation (Chenail, 1991, May), I asked a group of about thirty therapists if any of them had any formal training in their graduate education on language, or linguistics, or even literature in the context of clinician training. Not one person acknowledged any such training. Given that psychiatrists can prescribe drugs along with talking to their patients, the lack of basic education and research in therapeutic language, especially with non-psychiatrists, is a glaring gap in our fields: All we have to work with is language and we do not study it in any great detail! This is not to say that there have not been any of this type of project in family therapy [e.g., Jerry Gale's (1991) book, *Conversation Analysis of Therapeutic Discourse: The Pursuit of a Therapeutic Agenda*, Richard Buttny's (1990) "Blame-accounts sequences in therapy: The Negotiation of relational meanings," or Buttny's and Jack Lannamann's (1987) "Framing problems: The hierarchical organization of discourse in a family therapy session"], but there are plenty of worthwhile projects to explore in this all-to-ignored clinical area.

19. Have you considered a research of particularity?

Alton Becker (1984, 1988) has spent his professional life looking at particularity in language or linguistics of particularity. His method, based upon ideas expressed by Kenneth Pike, Gregory Bateson, Paul Ricoeur, Clifford Geertz, Erving Goffman, and Hans-Georg Gadamer, allows him to examine how pattern is shaped by multiple contexts which involve both the observer and the text. By considering the multiple contexts at play, Becker is able to bring a sense of texture to the text and to the reader.

20. Learn how to deconstruct and reconstruct research and therapy.

When you first experienced formal research approaches and clinical models the emphasis was on pre-existing forms: The methods, models, and philosophies had already been constructed for you and you might have been a bit passive (or intimidated) to play with the concepts to see how the approaches to inquiry could be adjusted for your needs. Deconstruction and reconstruction, especially those approaches practiced in architecture and design (see Papadakis, Cooke, & Benjamin, 1989 or Papadakis, 1989), can be a useful method in taking apart methods and putting them back together again, or creating new or interesting variations. Deconstruction in architecture means to reflect on our constructions (e.g., buildings, walls, floors, lighting systems, doors, windows, etc.), to questions the assumptions, relationships, and purposes of these configurations, and to re- construct new and different buildings, doors, or windows, or to re-cycle parts of these structures to re-create or build new buildings. For some there is fear and confusion with deconstruction because they may see "deconstruction" and read "destruction." For others though, "deconstruction" is a way to learn and play with ideas, methods, and structures, mental and physical, and to see relationships and connections that had been hidden,

obscured, or even impossible to imagine before undertaking the construction-deconstruction-reconstruction process.

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Ronald J. Chenail, Ph.D., is the Dean of the School of Social and Systemic Studies at Nova Southeastern University, Fort Lauderdale, Florida 33314, USA. His e-mail address is ron@nsu.acast.nova.edu.
