The Unanticipated in Qualitative Inquiry

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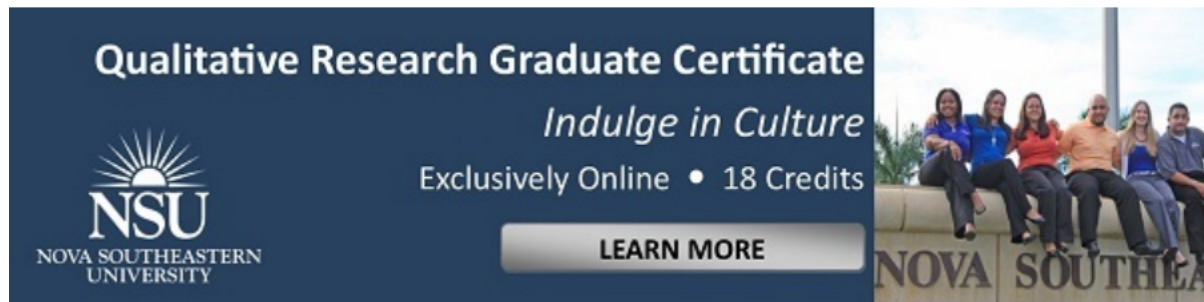
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by
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Introduction

By definition, when you are investigating the unknown you do not know what you will find. The Ultimate Principle

When we agreed to help a graduate student with her independent study, we had no idea that we would become the beneficiaries of some unintended and unexpected outcomes. What follows is our story of Jodi, her research project, our involvement in that project, the surprises that emerged, and what we learned.

Jodi was a second year master's student in a counseling education program, specializing in marriage and family therapy. Sally was Jodi's advisor, her practicum supervisor in the counseling center on campus, and the instructor for her independent study. Jodi desired a research-focused independent study because she had some undergraduate experience as a research assistant, she was enrolled in a research methods class during that semester (taught by Sally), and she planned to eventually pursue a doctorate. As we discussed how to design this independent study, it became clear that Jodi wanted to study the effectiveness of therapeutic work with couples. She proposed conducting some research with the clients she was seeing at the campus clinic. She sought guidance from both Sally and Dan (who was her clinical supervisor in an off-campus practicum) to help formulate her research question.

Jodi was particularly interested in learning more about couples who were court ordered to receive counseling for domestic violence. She had a number of such couples on her caseload at the time and she was feeling uncertain and anxious about her work with them. All three of us agreed that an independent study focusing on court ordered couples therapy for domestic violence was timely and a valuable learning opportunity.

Sally and Dan suggested that Jodi review articles on the topic to introduce her to a variety of perspectives on how counselors have addressed the issue of violence in intimate relationships as well as the effect of court mandated counseling for these couples. Jodi examined a number of such articles and discussed them with Sally. She was frustrated in what she read because she had hoped to find specific information that fit her clients, that is, their precise situations and contexts. Probabilities of what works derived from large samples of clients did not give her confidence

that those conclusions would work with her clients. Jodi continued to be most curious about what her clients thought was beneficial (and conversely, what was unhelpful) in therapy and in particular, their therapy with her.

After further discussions with Sally and Dan, Jodi decided to directly ask her clients for their opinions and devised a system by which she would interview them. Jodi interviewed three couples, asking them to reflect on their work together and to talk about that experience, especially what was helpful. These interviews lasted from 15 to 30 minutes and were scheduled as a part of their final session of therapy. Audiotapes were made of each interview and Jodi repeatedly reviewed the tapes in order to derive themes based upon her clients' comments.

Jodi brought her analyses to Sally for feedback. As Sally listened to the interviews, the clients' comments seemed incomplete or unclear to her. For example, when Jodi asked one of her couples to reflect on and comment about their therapy experience, they replied that they had learned to communicate better. Rather than asking for more specifics about this, Jodi had moved on to other questions, tacitly giving the impression that she knew what their response meant. When Sally asked Jodi to more specifically describe her understandings of the clients' meanings, her efforts to explain or interpret revealed that Jodi did not know precisely. As anyone would be after working hard and thinking that a project had been in large measure finished, Jodi was discouraged with Sally's observation that the interview data seemed sketchy and incomplete. Though disappointed, Jodi came to see how the interviews that she had conducted had not produced much that was specific-the comments could easily be construed in a number of different ways. Ironically, Jodi's complaint about the research articles on domestic violence treatment being non-specific enough to her clients was being revisited in her initial attempts at interviewing her clients which also led to information that was not specific enough. As Jodi reflected on her interviews, she recognized that her desire to study her clients' experiences would require more from her in terms of asking more generative questions and pursuing clarity by follow-up questions.

Jodi's experience does not seem to be unusual for beginning therapists or researchers-they are trying to appear knowledgeable with their clients/participants, fearing that going over questions in great detail may convey that they do not understand or that they are questioning the veracity of their clients' comments. Also, it is not atypical for beginning or inexperienced therapists/researchers to rush to a quick understanding, making interpretations prematurely that fit the therapist's/researcher's ways of understanding rather than the clients'/participants' logic and sense of coherence.

Because the data were non-specific and unclear, they also rendered the emergent themes rather bland and lifeless. For example, one of the original emerging themes was "better communication." Themes in qualitative inquiry garner vividness from responses that are substantive, clear, distinct, and sharp (Dey, 1993). Jodi decided to ask her three couples for more specific and detailed information that would hopefully lead to a richer analysis and more useful understandings.

As Jodi conducted the next wave of data collection and analysis, she was most conscious of constructing questions that would elicit more descriptive and richer information. What we as

clinical supervisors noticed most during this time was our first unanticipated occurrence. There was a corresponding change in Jodi's clinical interviews-they were becoming more focused and specific. As she conversed with her new clients she stayed with topics longer in order to gain as much clarity about the client's ideas about their situation(s) as possible. She asked questions that opened up discussions and encouraged clients to speak candidly rather than those that simply merited yes or no responses. Harry Goolishian often advised therapists to "never ask a question unless the answer to that question requires that you ask another." Her questions required client elaboration and were linked in a narrative flow-no more dangling questions that led nowhere. She conversed in ways that resonated with the clients' efforts to explain themselves more completely and coherently without quick, partial, or erroneous understandings.

We do not think that the link between Jodi's revised data collection/analyses and her dramatic change in clinical interviewing occurred randomly. We believe that her tasks as a researcher spilled over into her clinical work. Her researcher role, in our view, freed her to attend to interviewing without the need to promote, or be responsible for, change. The benefits in terms of a superior understanding of her clients encouraged Jodi to employ the same interviewing style in her clinical role as well.

It has been commonly thought that clinicians make good ethnographers in qualitative research projects because of their proficient clinical interviewing skills. Also, many clinicians have shown a preference for utilizing ethnographic research over quantitative approaches due to its close fit with clinical practices. Our experience with Jodi has suggested that the reverse is also the case; working deliberately on ethnographic interviewing skills can improve clinical interviewing skills and processes. Focusing one's attention on developing an understanding of another person (rather than trying to induce change behaviors) is a context change that frees a clinician to just listen. It sets the task to comprehend what a client is expressing and no more.

By asking her clients to comment on their work together, Jodi could talk with her couples without feeling a need to make the talk go to some therapeutically advantageous location. Consequently, she learned to feel secure with following a client's lead, behaviorally acknowledging their legitimacy as persons with feelings, thoughts, and directions in life (Sampson, 1993). Jodi remarked later that the less-than-clear conversations she initially had in her interviews led her to intensively examine her style of asking questions, listening, and conversing. It seemed to us that no amount of supervisory consultation or video review could have done better in facilitating Jodi's clinical interviewing skill development.

Jodi's metamorphosis with regard to interviewing was unplanned and was our first surprise. Our second unanticipated experience was to see in Jodi the common-sensical nature of the practitioner-researcher. Jodi's research activity (ethnographically interviewing her own clients) furthered her own professional clinical work in a direct way. According to Jarvis (1999), this is the ideal-the practitioner who utilizes research processes seamlessly to improve one's own clinical work. Lack of time is usually an argument raised against conducting research, but it seems to us that the time Jodi expended in collecting and analyzing data served her clinical development.

Researching one's own clinical practice has implications for both research and practice. We have asserted that if knowledge from research is to be useful in assisting a therapist to improve her/his clinical work, that knowledge must be specific and directly linked to each therapist's situation. Generalizing from large studies that do not adequately reflect the therapist's specific circumstances was insufficient for Jodi. We fully support the idea that research processes and applications must be adapted to the local (Geertz, 1983) situation and context. Research must be tailored to a therapist's needs in order to develop and maintain the connection to real world applications. Failure to do so renders research products detached from clients and communities, negating any positive influence in the world where we live and work.

In terms of practice, research that delves into one's own work taps information that is idiosyncratic and local-it has meaning for the participants (practitioners and clients). It is possible that one's sample is, in fact, the entire population (e.g., one's caseload). The results of this research may apply to no one else. It reveals information that may be contradictory, inconsistent, or undesirable if applied elsewhere. The data are allowed to emerge regardless of their theoretical consistency, level of complexity, or even desirability-Jodi's data were grounded in the experiences of those involved.

Jodi's interviews with her clients provided information regarding how they viewed/experienced the role of the therapist. These observations allowed Jodi to compare them to what she was being taught about the role of the therapist in her coursework. A prevailing societal view of psychotherapy rests upon the notion of the therapist as the expert who explains why individuals are dysfunctional and what they must do to regain health or balance in their lives (Garfield & Bergin, 1986). It is inviting for a therapist, especially one who wants to be extraordinarily helpful, to use the metaphor of illness, diagnosis, and cure. Jodi was fairly good at resisting this temptation, but after conducting her research interviews and analyzing the clients' responses she saw that she had on many occasions followed the prevailing therapeutic logic that says "I can fix you." Seeing elements of that in her work and hearing her clients describe how ineffectual that was for them served as a potent form of feedback. This experience of hearing her clients express their views of "therapies that fix" made the issue more vivid than when discussed rather abstractly in class or in supervision.

The opportunity to see Jodi grapple with her learning and find clinical relevance in doing ethnographic interviews was an elegant demonstration of how practice and research are not incompatible domains. The value of Jodi's experience encourages us to find ways to stimulate this kind of effective learning experience with our other students-not to try to replicate Jodi's experience exactly, but to learn some principles that we might use to develop generative experiences in other students' learning paths. We are thinking about having each practicum/internship supervisee learn how to conduct ethnographic interviews with at least some of their own clients in order to assess and develop her/his ability to understand their client(s). We believe that this would be a concrete example for our students to see how research processes fit into good practice (Schön, 1983).

The story doesn't end here. When Jodi presented her work at our state conference, the principal interest of the audience (mainly therapists) was the content-what she found that "worked" with her clients. (Ironically, the conference's theme was "What Works?") The process of how she did

her study was only briefly discussed at her presentation and the realization and articulation of her interview skill improvement did not come into focus until we set pencil to paper (Frankfurt & Penn, 1998).

As the three of us were discussing how we might envision writing this experience into a professional article, Dan and Sally had many questions for Jodi regarding what she learned about herself, therapy, domestic violence, and conducting her own qualitative inquiry. Then we asked ourselves what we learned. We learned, among other things, that we must be alert to what our students learn which often is not what we had envisioned ahead of time or intended (Shor & Freire, 1987). Becoming too self-assured as to what students may experience or how it may affect them is unwarranted and unwise. Student growth and development may take any number of forms-from understanding a concept to deciding to change careers. Each student has a learning curve (and probably multiple learning curves) and the supervisor's task is to recognize them (as they become visible) and work with them.

What's Next?

It is customary in professional writing and research to discuss implications of the current study for future ventures. We see our experiences described in this article to be part of an ongoing process, only arbitrarily punctuated at this time by what we have written. The process of composing this article has stimulated new connections and loosened old ones. The unanticipated or unexpected in therapy is by definition events or experiences that catch us somewhat off-guard. In a world that continuously strives for constancy and certainty, we are reminded of the potentials of the unexpected and the unknown. Not knowing everything can be a blessing.

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