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パート３：終結後：研究としての治療過程

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Abstract. The purpose of this short afterword is to offer a scientific framework for these two accounts of a therapeutic relationship and to consider how they might be used as evidence to inform other people who find themselves confronted with similar situations. Issues of validity and reliability are explored, and it is concluded that, ultimately, it is the responsibility of the reader to arrive at a subjective decision about the truth, accuracy and generalizability of the accounts.

Zusammenfassung. Die Absicht dieses kurzen Nachworts ist es, für diese beiden Berichte einer

Author Note. See page 78.
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Resumen. El propósito de este breve texto es ofrecer un marco científico para estos dos relatos de una relación terapéutica y considerar cómo pueden ser usados como evidencia para informar a otras personas que se encuentran frente a situaciones similares. Se exploran temas de validez y confiabilidad, y se concluye que, a fin y al cabo, resulta la responsabilidad del lector llegar a una decisión subjetiva sobre la verdad, precisión y aplicación general de los relatos.

Résumé. Le but de cette courte post-face est de proposer un cadre scientifique pour ces deux histoires ou expériences d'une relation thérapeutique et pour réfléchir sur la manière dont on pourrait les utiliser comme éléments de recherche pour informer d'autres thérapeutes pouvant se trouver confrontés à des situations similaires. En conclusion, une fois les questions de validité et de fiabilité étant examinées, il est postulé qu'il en va de la responsabilité du lecteur d'arriver à une décision subjective concernant la vérité, la précision et la possible généralisation de ces expériences.

Resumo. O propósito destas breves considerações finais é o de conferir um enquadramento científico a estes dois relatos de uma relação terapêutica e reflectir acerca de como eles poderão ser usados como evidência para outras pessoas que se vejam confrontadas com situações semelhantes. Exploram-se aspectos relativos à validade e à fiabilidade e sustenta-se que, em última análise, a conclusão subjetiva que possa retirar-se acerca da veracidade, da exactidão e da possibilidade de generalização dos relatos, é da responsabilidade do leitor.

要約：この“終結後”と題した短い論文の目的は、治療関係に関するこの2つの記録を理解するための科学的枠組みを提供すること、そして、同じ状況に直面している他の人々に対して、この記録を実証としていかに活用し得るかを考察することにある。つまり、妥当性と信頼性の程度を探っているのである。結局、これらの記録の真実性や厳密さ、そして他者性を決めるのは読み手の主観的な領域にあり、読み手自身が責任をもって受け止めるべきものである、という結論が導かれた。

Keywords: Evidence, case study, validity, reliability

The purpose of this afterward, in an increasingly evidence-based climate, is to make the case for these two accounts of a therapeutic encounter as reliable evidence that something useful and meaningful occurred from which the participants and others might learn. In a climate where “best evidence” is still widely regarded as deriving from empirical research, this means framing the accounts within a systematic research methodology. At best, however, any attempt to do so is a post-hoc rationalization. Despite our observation in the Introduction to this set of three papers that all therapeutic relationships are forms of research project, neither party to this particular relationship started out with a conscious intention of presenting it in such a formal and overt way. That decision, as we have seen, came later.
Despite these misgivings, however, there is some merit to this assertion. As Donald Schöhn (1983) tells us, all practice is indeed a form of research (or what Schöhn calls experimenting in action) which entails formulating and testing hypotheses, building theories and developing new knowledge by reflecting in and on practice. And we should not forget that practice entails a two-way partnership; that Mary and Rob together formed the research team for this particular project. We were perhaps also right to frame this particular work in terms of Peter Reason’s methodology of collaborative inquiry (Reason, 1988) or even counterpart role inquiry (Heron & Reason, 2001), although aspects of it might fit almost as readily into methodological frameworks such as ethnography, case study, phenomenology, or feminist research. However, the only aspect of the study that could legitimately be referred to as collaborative in the fullest sense of Reason’s definition is the writing-up process, which as we point out, involved a three-way premeditated, negotiated and agreed collaboration between client, counselor and academic supervisor.

Nevertheless, there is a strong argument that, more than any other aspect of the study, the writing up is the research. As Max van Manen (1990) tells us, the human science researcher is “an author who writes from the midst of life experience where meanings resonate and reverberate with reflective being” (p. 125). In any case, this is the point at which the raw data of experience is transformed into understanding and at which the research endeavor truly becomes a project of shared learning and discovery between equals. As van Manen continues: “not until we had written this down did we quite know what we knew” (p. 127). The writing process itself is thus a form of knowledge generation, and hence a form of collaborative research.

If research is, at least to some extent, in the writing and in the process of co-operative inquiry that supports and flows from the endeavor of writing, then there is a good case for framing this study within a research methodology that we might refer to as a collaborative case history. Freud was in no doubt that case history constituted a bona fide approach to research when he wrote in his Prefatory Remarks to his case study of Donia:

In my opinion the physician has taken upon himself duties not only towards the individual patient but towards science as well [italics added]; his duties towards science mean ultimately nothing less than his duties towards many other patients who are suffering or who will some day suffer from the same disorder. Thus it becomes the physician’s duty to publish .... (Freud, 1977, p. 36)

However, whilst the history of the case reported in this paper might be of general interest to the lay reader and of particular interest to a counselor or to a client struggling with similar problems, to what extent can it be said to possess scientific credibility and merit?

We can see from Freud’s remark that the most important aspect of the case history is its external validity or generalizability. As we stated at the end of our introduction, we consider the experiences of Rob and Mary to be, at the same time, both unique and typical, and we are concerned first and foremost with the extent to which they can be learnt from and applied to other situations with other individuals. Clearly, this study does not fit the “gold standard” of the large-scale controlled trial that attempts to make statistical generalizations from a sample.
to a population. However, there are other forms of generalizability that have nothing to do with the science of large numbers.

As Freud points out, the best case histories have the potential for transferability, fittingness or individual case-to-case generalizations rather than statistical generalizations to large groups of people. The neurologist and writer Oliver Sacks is particularly wary of the latter, warning against studies which:

... tell us nothing about the individual and his history; they convey nothing of the person, and the experience of the person, as he faces, and struggles to survive, his disease. (Sacks, 1985, p. x)

Sacks goes on to describe such depersonalized research studies as applying more to rats than to human beings, and yet even that arch “ratologist” B.F. Skinner acknowledged that:

Instead of studying a thousand rats for one hour each, or a hundred rats for ten hours each the [good] investigator is likely to study one rat for a thousand hours. (Skinner, 1966, p. 21)

The secret to external research validity, then, is depth, focus, and what some qualitative researchers refer to as thick description.

In many ways, this study is richer, deeper and thicker than even Freud’s and Sacks’ case histories, since we are privileged to hear, first hand, both sides of the therapeutic story. However, the external validity or generalizability of the study is of little consequence unless it also possesses internal validity, or what is commonly referred to as truth value. But to ask about the truth value of these first-hand accounts of the therapeutic process is, on one level, almost an impertinent question, a challenge to the honesty of the writers.

One way of ensuring internal validity or rigor is for the researcher to make public the audit trail left in the wake of her work. There is, of course, a strong but obviously confidential audit trail for this study in the form of case notes, but we must ultimately take it on trust that it is not the intention of the writers deliberately to deceive us. On a deeper level, however, the question of internal validity seeks to address the extent to which the writers might be deceiving themselves in ways that all researchers are prone to do. In this instance, unlike in most case history research, we have two separate accounts that broadly concur. Researchers refer to such multiple data sources as triangulation, and point out that this also adds to the validity or truth value of the study. In addition, at least for me, these accounts possess a high degree of face validity insofar as I find it difficult to read them and not to believe the essence of what the writers are telling me.

However, whilst the facts of the matter are important, they are perhaps not as interesting or relevant as the theoretical frameworks that each writer builds around them. It is at this point in case history research that the issue of validity becomes irrelevant. In what meaningful sense could we possibly say that Mary was deceiving herself about (say) the magpie at the window? Was Mary correct in her belief that the magpie (in some sense) was her grandmother, or that it was (in some sense) sent by her grandmother? Would it be more accurate to say, as Rob suggested, that the magpie (in some sense) symbolized her grandmother? Or perhaps the
truth of the matter is simply, as the quotation (in Rob Turner’s paper) from Bozarth implies, that this was a “bizarre fantasy.” Which (if any) of these explanations is true? How could we possibly verify such a truth? And why should it matter to the reader? 

Similarly, the internal validity or truth value of the study remains relatively unscathed whether the truth of the matter is that Young Mary (in some sense) really existed, whether she was (in some sense) a spirit or apparition, or whether she was simply an aspect of what Rob referred to as an “emerging dissociated self” or “the cluster of experiences known as Young Mary.” The internal validity of a study such as this can never be measured in relation to some singular externally verifiable truth, but only according to the sense that the participants in the therapeutic process choose to make of their experiences. As Max Weber, one of the founding fathers of qualitative social research tells us, the aim of the social sciences is not merely to provide an objective explanation (Erklären) of the world, but “to accomplish something which is never attainable in the natural sciences, namely the subjective understanding [Verstehen] of the action of the component individuals” (Weber, 1968, p. 110).

The final criterion for making judgments about research studies is their reliability. In large-scale quantitative work, this refers to the extent to which different researchers would produce the same findings (inter-rater reliability) and whether the findings would be similar if the study was replicated at a later date (test-retest reliability). Clearly, these issues have little or no meaning for this particular study, which is constructed around a unique and unrepeatably series of therapeutic encounters. As researchers into the human condition, we have to work with (in) the situations that present themselves to us and to make the best use of the research tools at our disposal at the time. Ultimately, it is the readers who decide whether the process and outcome of the study has relevance and meaning to them and to their own experiences. This report is merely evidence of a process that occurred. The extent to which it is also used as evidence to support the reader’s own work, whether as client, therapist, manager, or researcher, is ultimately up to them.

REFERENCES


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