

# RESEARCH H

## Research as Intervention

Sheila McNamee  
Assistant Professor  
Department of Communication  
University of New Hampshire

and

Karl Tomm  
Director, Family Therapy Program  
University of Calgary

We are pleased to respond to an invitation from Jay Lebow to present our views on an alternative way to think about family therapy research (and research in general). In his article in the Spring issue of the AFTA Newsletter (1986), Lebow acknowledges a general tendency of clinicians to overlook (or ignore) family therapy research. He articulates eight reasons why "...the clinical practice of family therapy has remained virtually unaffected by research findings" (p. 12). He outlines three distinct ways that research could prove useful to clinicians and supervisors and then goes on to suggest that AFTA members lay the groundwork "to build a base for...acceptance" of research findings. This is a worthwhile goal. However, like most clinicians and researchers who make a plea for more dialogue between research and therapy, Lebow implicitly accepts the distinction that separates them, and then proceeds to explore how one might inform the other. Another approach is to re-evaluate the original distinction itself. In this brief response we will review only one issue which could be instrumental in opening some common ground.

A central aspect of the distinction between research and therapy is to regard research as investigation and therapy as clinical intervention. To accept this differentiation is to obscure the interventive processes of research and the investigative processes of therapy. We would like to suggest that useful or generative research and useful or generative therapy are more similar to each other in these core processes than they are different. If this were recognized and acknowledged and the respective practitioners acted accordingly, many of the current problems between research and therapy would dissolve, and a mutually enriching collaboration could proceed more easily and naturally. Maintaining a view that the two fields reflect distinctly different ways of thinking and behaving, contributes to the perpetuation of the problems listed by Lebow.

That careful observation and investigation of clinical phenomena is basic to good therapy is easy to accept. However, that intervention into the phenomenon being studied is basic to good research is less obvious. It is often assumed that good research strives to minimize the degree to which the research procedures intervene in the phenomenon being studied. This is an erroneous assumption. What characterizes a good research experiment is an intervention that is well planned (i.e. fits the hypothesis) and that is precisely executed. Unnecessary or complicating interventions are what are avoided.

Most clinicians would agree that interventions that are well planned and carefully delivered characterize good therapy. And, as in research, unnecessary or complicating intrusions and interference are avoided. Research is no different. It employs precisely those procedures that intervene most effectively into some aspect of the phenomenon under study in order to be able to make subsequent observations that will be relevant; otherwise the findings could not be related to the phenomenon (e.g., the tightly controlled study). To *minimize* such intervention and, hence, reduce the experimenter's influence on the phenomenon and his/her consequent observations, is to *maximize* the probability of spurious findings and/or of affirming the investigator's preconceived ideas. Deliberate efforts to maximize confirmation of one's own prior concepts by avoiding interaction with the phenomenon they presumably reflect, could hardly be regarded as good research. Even though a great deal of social science research may not be overtly experimental, the acts of creating a context to make pertinent observations and/or of asking heuristic questions of subjects constitute significant interventions which must be carefully planned.

There are many different dimensions to the consequences of interventions in both research and therapy: predicted vs unpredicted, anticipated vs inadvertent, desired vs undesired, immediate vs remote, etc. While researchers tend to focus on predicted effects to confirm their hypotheses, therapists are more sensitive to undesired effects to correct their interventions. Nevertheless, successful practitioners in both domains are equally sensitive to the heuristic value of unexpected results.

Allow us to give a brief example that recently illustrated for us, how significant the interventive nature of research can be. An exploratory study (McNamee, manuscript in preparation) was designed to examine the potential utility of asking descriptive circular questions vs circular reflective questions vs strategic lineal question (cf: Tomm, 1985) in couples therapy. Subjects were asked to evaluate what they thought the utility of three different sets of customized questions might be if they had been asked by their therapist during a session. The focus was to elicit opinions about the hypothetical utility of the alternative questions. This was a small, pilot study using a standard, methodologically sound research design. The results of statistical analyses showed no significant differences among the ratings of types of question (even when controlling for other variables). In other words, the syntactic structure and semantic content of different questions did not evoke uniformly differential responses from subjects on the study questionnaire. These negative results led to certain refinements of the design and the research instruments and further research regarding the utility of different kinds of questions a therapist might ask is being planned.

However, of greatest relevance for our argument here is some very interesting data that was not obtained through the careful planning, controlling and accounting procedures of the research design. The therapists of the subjects reported a major crisis

in each couple shortly after their participation in the study. In each instance, the crisis led to productive changes (as defined by both therapist and client). This unintended follow-up data proved to be extremely useful feedback for the research project. It triggered a revision of the initial research question and the generation of a series of hypotheses about how the therapeutic impact was mediated. But more important, it demonstrated the interventive nature of the research itself. Follow-up procedures regarding clinical interventions are routine in therapy, but follow-up with respect to inadvertent, remote effects of research interventions is rarely carried out systematically. The failure to do so obviously serves to support a certain blindness with respect to the interventive nature of research. We suspect that careful study of the effects of research procedures investigation family interaction and/or family therapy would reveal more therapeutic, nontherapeutic and/or antitherapeutic consequences of research interventions than are customarily recognized. If these interventive effects of research were to be celebrated rather than obscured, therapists would begin to take far greater notice.

In sum, the basic processes of making careful initial observations, generating hypotheses, testing them with interventions and examining their effects, are common to both research and therapy. The major differences in their patterns of practice seem to revolve around secondary issues such as explicitness in design, pertinence of intervention procedures, turnaround time in the process, modes of analysis and documentation,

These secondary issues are not trivial but they seem to have been unduly amplified by politics related to enfranchisement, funding (for the inordinate amount of time required for research) and recognition (for findings), thus obscuring a more fundamental commonality. We suspect that it is primarily the associated politics that drives the greatest wedge between research and therapy. To counter this unnecessary, inadvertent separation, we suggest that AFTA begin to regard *family therapy as experimental research* into the problematic functioning of families and other systems, and acknowledge *family therapy research as intervention* into families, therapeutic systems and/or the politics of therapy. To do so would lead to more common ground where genuine dialogue could occur between research and therapy and each could benefit from the experience and expertise of the other.



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### References

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