

Special Section on Research II

Making Research a Part of Group Therapeutic Practice

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This article argues that research — at least research of a particular kind — is compatible with practice. It is not about practitioners making use of the research results of others, but about their conducting research themselves on issues arising from their own practice experience. It is about own practice leading into research and own research feeding back into practice.

Over a period of time group therapists accumulate a body of practice wisdom. They come to know or sense, for example, which sorts of group compositions 'work' and which cause difficulty, which within-group experiences are associated with personal gain, and the interpersonal positions which groups sometimes try to press or cue the therapist into. Thus an experienced group therapist is not surprised when, for example, a fallow period occurs or a patient who has been inactive suddenly shows personal gains or the group as a whole attacks the group conductor, or several patients become especially meaningful to one another.

Sometimes a group therapist develops what can be called 'nodes of curiosity' about some aspect of his or her work: some phenomenon or class of event which occurs in more than one group or more than one patient, and which is incompletely understood. For example, a conductor might notice and become interested in absences, or note

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the response of several current groups to the conductor's impending holiday, or notice that in several groups the patients build up a shared metaphor which has some special meaning for them. Interests may also emerge which have to do with the environment within which group therapeutic work is being carried out. A therapist might become interested in the pattern of referrals, or, if working in a day centre or therapeutic community, might develop a special interest in the attitudes of the larger organization to working with groups, or the relationship between group therapeutic efforts and other interventions.

As experience accumulates, certain interests may crystallize to the point where they can be explicitly stated as a potential focus for research. For example:

Now and then two patients become intensely engaged with one another for a period of time, acting as if no one else is there. The therapist understands this as mutual transference, but what impact do such episodes have on the others?

A session in which a good deal of progress is made is followed by an unproductive, heavy, lethargic session. This happens more than once in more than one group. Why should this be?

In a number of groups, one or two patients drop out early on, within the first five or six sessions. The reasons they provide (if they provide reasons) strike the therapist as unconvincing. What has led them to wish to leave the group?

Now and then in a group, the members gang up on someone in the group and attack and criticize him or her severely. This happens even though the attacked person has previously been acceptable to the group. What is going on?

In a therapeutic group, some patients seem to gain substantially while others seem to 'float' through the experience, virtually untouched by it. Why should this be?

A therapist has the impression that over a period of time the kind of person being referred for group psychotherapy is changing. Is this really the case, and if so, what is the character of the change and what could account for it?

These and many other issues may emerge as areas of special interest for a group therapist. Concerning each issue, the therapist might wonder: What is going on? Why should this happen? What accounts for this happening? How can this kind of situation best be understood?

Practitioners ordinarily improve their understanding of the situations they encounter in therapeutic groups through reflecting on own experience, seeking supervision and discussing issues of mutual interest with colleagues. By such means, practice wisdom accumulates. Why, then, undertake research as well? I would argue firstly that the process of accumulating practice wisdom can be accelerated through research, and secondly that in some instances one cannot gain access to the information necessary for a fuller understanding of a phenomenon without making some special and systematic effort.

Research activity supports accelerated learning because the discipline of planning and conducting research requires one to make explicit one's current understandings, spell out one's interests in specific concrete terms, identify just exactly what it is that one wants to understand better or evaluate and then, of course, develop ways of pursuing this interest in systematic ways. In other words, research requires articulating existing understandings and forward planning directed towards expanding them.

With respect to some issues, practice wisdom is unlikely to accumulate under the ordinary circumstances of practice. For example, suppose that one were interested in what leads some patients to drop out of group psychotherapy early on. In the ordinary course of practice, if drop-outs occur, patients may simply fail to show up or else announce that they intend to leave the group, offering explanations which seem unconvincing to the therapist. More information is needed, and the same kind of information needs to be available for a number of drop-out patients, to begin to see what the patterns are. It would be useful to examine the course of a group up to the point where someone dropped out, paying attention to the ways in which the person who later dropped out contributed to and responded to group events and interacted with others. Perhaps also one would wish to go back to one's notes on the preliminary interview (if there was one), to ascertain the patient's expectations and hopes and fears about joining a group. Additionally, one might think it useful to compare drop-out patients with those who stayed. One might want to find out about patients' expressed reasons for leaving the group and then compare these with one's own formulations. The information needed will not all come one's way unless one makes some special and systematic effort.

Research cannot be done without preplanning and without making the time and space to do the work. Preplanning is necessary in order to work out purposes in detail, think out the kind of information needed to pursue those purposes and give thought ahead of time as to how best to make use of the information gathered. Then one must do the actual work of data collection and analysis. Conducting research takes time. It will take more time or less time depending on how the research effort fits in with what the practitioner is accustomed to doing. For example a therapist who is in the habit of taking process notes of group sessions will already be part way towards collecting information useful for research on a range of issues.

Research is not practice and practice is not research. Yet the

motivation for these two activities has something in common and many of the skills of an experienced practitioner are also useful in research. In both research and practice, one tries to increase one's understanding of some phenomenon or evaluate something or see better what leads to what or understand what is associated with good or bad outcomes. Experienced practitioners already have certain skills and habits of thought which can be applied to research efforts. Practitioners who may not at all think of themselves as researchers in fact do many research-like activities already. They think over what happens in their sessions. They notice the state of a group at the end of a session. They notice how individuals participate in a session and how they engage with one another. They perceive that although each event is unique there may nevertheless be underlying similarities. They make predictions on the basis of what they have seen already about what is likely to happen next.

These habits of observation and thought, if combined with the 'nodes of curiosity' which can emerge from practice experience, can be the basis for doing research of a particular kind. Practitioner-conducted research is likely to be aimed at illuminating some aspect of practice or the context for practice. It will most likely be small in scale and intensive in character. To put this another way, research conducted from a practice base, about practice, is likely not to cover the whole spectrum of research and research approaches, but to concentrate on those forms of research most likely to illuminate practice. I return to this issue of the 'full spectrum' later on.

Getting Started in One's Thinking

Consider the sequence of thinking which is necessary to move from a 'node of curiosity' to undertaking research on and around it. A 'node of curiosity' identifies the domain of a potential piece of research. It does not, however, map the territory in sufficient detail to lead the researcher to see what his or her full set of research purposes are, and this is necessary if the researcher is to choose methods of investigation and of analysis which suit those purposes. To suit the means to the ends, the ends are best made explicit.

So spelling out purposes is essential. This is best done first of all by restating the general interest in the form of a question. From the list already provided:

In a number of groups, one or two patients drop out early on, within the first five or six sessions . . . The therapist wonders . . .

Is restated as

What accounts for some patients dropping out early in the course of group psychotherapy?

A therapist has the impression that over a period of time . . .

is restated as

What changes have occurred in the kind of person being referred over the past year and what accounts for this?

Once the interest is expressed in the form of a question, that question can be ‘unpacked’ into a set of further, more detailed questions. This usually takes some time to get right. Beginning by ‘brainstorming’ is a good idea — that is, writing down rapidly the questions which come to mind when thinking of the general one. ‘Do patients who drop out early express particular kinds of reservations about group psychotherapy during preliminary interviews?’ ‘What participation patterns can be identified on the part of drop-out patients up to the point of dropping out?’ and so on. Once a list has been generated it is necessary to consider whether the set is complete or not, whether some of the questions are outside the boundary marked by the overall question, whether some questions imply a bias towards one kind of outcome over another, and the like. In other words, the task is (1) to ‘spawn’ a lot of subquestions, (2) to group and order them in relation to one another and to the overall question and then (3) to review the list to see if the questions, as a set, appear to constitute an adequate expansion of the overall question and (4) to adjust it if this seems indicated. The task of ‘spawning’ cannot be achieved by following some logical prescription. It is thus a different process from the cognitive task of checking whether one has indeed ended up with an ‘adequate’ expansion of purposes. The overall question and the fuller set of detailed questions define the purposes of the research effort. It is only at this point that it makes sense to begin to think about design and method.

Consider design first. Decisions need to be made about the structure of the study: what kind of situation, case or person to be studied, how many, the need or not for comparison groups, whether it is sufficient to one’s purposes to take a reading of a situation only once (like a snapshot) or at several points in time (like lapsed-time photography)

or continuously (like a cine film). The design needs to match the purposes, so that all the purposes can be addressed through the design, and the design has nothing extra in it which is irrelevant to the purposes.

A range of data collection and data analysis methods are available to a researcher. It is a question of what best suits purposes: interviews, questionnaires, rating scales, checklists or other. Anticipating data analysis methods at the same time as deciding on data collection devices is a good idea because sometimes quite small modifications in data collection methods save a good deal of time later on when faced with ordering and making sense of data. It is also useful to see ahead of time what one is getting into so that the research can be tamed down if it is likely to be too time consuming.

With reference to the choice of data collection methods it can be appealing to use so-called 'objective' measures because they are so easily scorable, can be subjected to statistical analysis and 'look scientific'. However, such methods are not always the method of choice because they may oversimplify the phenomenon one is interested in or else locate the interpretations of meaning in the minds of respondents where they remain inaccessible to the researcher (for example, what a respondent had in mind in checking as 'true' the item 'I have become more responsible' remains locked up in the mind of the respondent).

The above gives some idea of the kind of thinking required and the work actually involved. It is an enormous help to talk these matters over with a colleague, to seek consultation at the stage of working out the structure of a prospective piece of work and thinking out suitable data collection and data analysis devices. The bibliography at the end of this article includes selected books on research design and research methods.

The discussion so far has emphasized small-scale, intensive forms of research because these seem most likely to fit the kinds of interests generated by clinical practice. This, however, is just one corner of the realm of potential research designs and methods, and may not coincide with what is conjured up for many people by the term 'research'. To place what has been said so far in a broader context, it will be useful to consider a fuller spectrum of research possibilities. This requires some form of classification.

Classifying Types of Research

The classification presented here is based on *the purposes of the researcher*. This way of classifying seems to fit best with the interests and experiences of practitioners. The five research categories described were first worked out by a colleague and me, and used in a monograph published by the Central Council for Education and Training in Social Work (Whitaker and Archer, 1989):

1. *Exploratory research addresses questions which have to do with 'How can a complex process or phenomenon which is incompletely understood be better understood?' Many issues which are likely to interest group therapists fall into the category of exploratory research. This is because much of what becomes a 'node of curiosity' is a phenomenon which is both striking and incompletely understood. 'To explore' means to move into unknown or unfamiliar territory and seek to map it and understand its features. As with world explorers, one does not know ahead of time exactly what one will find, but one can identify the kind of thing one is looking for. This kind of research requires methods which do not presuppose what will be found, and is likely to make use of open or semi-structured interviews, observations, projective devices and the like.*

2. *Evaluation or outcome research asks 'What is accomplished by a particular procedure, policy or practice approach, and is it effective and/or efficient in achieving its intended goals?' Practitioners, and certainly their organizations, may become interested in whether the work they are doing has the intended effects of benefiting patients. This kind of research typically involves before-and-after measures, and sometimes also follow-up measures to assess the persistence of change. It identifies change and may link forms or degrees of change with such other variables as variations in therapeutic input (length of therapy, frequency of sessions and so on), nature of presenting complaint, attendance patterns of high and low gainers and so on. As it does not also look at process it is sometimes known as 'black box' research (one does not look inside the 'black box' to see what the processes are which lead to change). Because outcome is not linked to process in this kind of research, large numbers of subjects are needed, and a combination of experimental design and survey methods is often used.*

3. *Process-outcome research asks 'What are the processes and experiences involved in a particular programme, policy or practice approach which account for its outcomes?' This kind of research combines the assessment of outcomes with an examination of*

processes associated with them. It encompasses the form of research described just above but goes beyond it by opening up the 'black box'. It can combine before and after measures with exploratory approaches. It is a more difficult kind of research than that just described because following and seeking to understand process is no easy task and is time consuming. If carefully done, it yields fuller understandings than does outcome research on its own.

4. *Action research asks 'How can I find out, while a programme is going on, whether and how it is working and how, if at all, I ought to modify my approach?'* This kind of research seems particularly appropriate to those settings in which multiple therapeutic approaches are in place — for example in a day centre or therapeutic community. The essence of action research is to set a goal, devise a plan, carry it out and assess the outcome. This comprises a single action research cycle. On the basis of one's assessment of the consequences of the action taken, a new goal may be set and a new plan made, or an alternative plan may be set up aimed at the same goals as previously. A series of action research cycles is pursued. Action research has the distinctive feature of allowing for practice goals to change as the research proceeds.

5. *Survey research asks such questions as 'How frequently does a problem or situation occur, what are likely future trends and what are the implications for service delivery and the allocation of resources?'* This kind of research is usually conducted on a very large scale. It often makes use of national samples, and is used to inform policy or forecast resource needs. While practitioners and their organizations are not likely to mount surveys on a national scale, they might well become interested in features of their own local situation. They may, for example, want to gain information about numbers of referrals over time, types of presenting problem, seasonal variations, unit costs per patient and so on. Survey research typically involves quantitative methods, using already available numbers such as can be extracted from referral forms, attendance sheets, numbers of staff on duty and so on, or else using data collection instruments which yield easily quantifiable responses — rating scales, checklists, true–false items and so on.

Defining Small-scale, Practice-based Research by Referring to Published Work

In this section I refer to particular pieces of published work, not all

of it research, to assist in defining small-scale research by means of example, comparison and contrast.

One of the first small-scale practice-based studies I undertook was directed towards understanding better the interpersonal concerns which seem to emerge during the early sessions of group therapy (Stock, 1962). How this interest originated in practice experience is described in the first paragraph of the article:

The study reported here grew out of informal observations of several short-term therapy groups. Certain specific worries or concerns having to do with the patients' relationships with one another or with the therapists appeared in many or most of these groups during the early sessions. . . . Since these groups varied in their composition and were conducted by a number of different therapists, this apparent comparability suggested that certain interpersonal concerns might be regarded as intrinsic to the formative stages of therapy groups and that much of the early interaction can be seen as attempts on the part of the patient to deal with the anxieties associated with such concerns.

From this starting point a plan was worked out whereby the first six sessions of three therapy groups would be examined in detail. The three groups were conducted by different co-therapists (six therapists in all) and were differently composed. The groups further differed in their duration, in whether or not the patients were experiencing concurrent individual therapy and in severity of illness of the members. All sessions were taped, and from the tapes detailed content summaries were prepared. From these summaries, group focal conflict analyses of each session were undertaken. This facilitated making comparisons across sessions and across groups.

The results revealed shared concerns about being harmed or harming one another through criticism, ridicule or contamination, the anticipation of criticism or rejection from the therapists, fears of being harmed by the therapists and fears of being made sicker through associating with other sick patients. The anticipation of breaches of confidentiality was expressed by individuals but did not become a shared concern.

The detailed character of the analysis allowed for a discussion of such matters as how such concerns emerge initially in disguised ways and then find more direct expression; the rôle of the therapist in working within the 'disguise' and sometimes also assisting the group to move towards more direct acknowledgement of the concern; and the ways in which group members managed to deal with their fears so that they were not immobilized or prevented from making positive use of

the group situation. Concerns could be 'tracked' and the ways in which they emerged and re-emerged identified.

While no claim was made that these particular concerns and the processes by which they emerged and were resolved would occur in all therapeutic groups, there was also no reason to believe that these three groups were so special that the phenomena which occurred in them were altogether specific to them. The value of the study for others lay in calling attention to these dynamics and suggesting a way of conceptualizing them and responding to them.

The study described is an example of starting research from some observation or curiosity arising in the ordinary course of practice. On this basis, a research purpose was defined which was then explored through assembling a small population of relevant group situations and analysing them. Practice situations, or 'cases', were used as data.

Case studies or case examples are also used in the literature to illustrate some point of view or recommended form of intervention. For example, Katz (1983) describes a single group situation in which the members of a group dwelt at some length on the plight of the fish in the ward's fish tank. The person who had been looking after the fish would be leaving: who would look after the fish? This episode occurred at the point where a major turnover of therapists was to take place. Katz points out that the patients had constructed a metaphor which expressed their feelings about this impending event, and goes on to show how the therapist could effectively work within the metaphor rather than interpret it. This article, much referred to, evidently 'clicked' with the experience of a number of therapists. It was a salutary reminder that interpretation is not always or necessarily the preferred form of intervention.

This was not research, though it could form the starting point for research. It would be possible to collect a number of instances in which group members constructed a metaphor through their interaction, and then to analyse each such instance in terms of the apparent meaning of the metaphor and the ways in which the therapists responded to it. This would then make it possible to draw conclusions, for instance about the consequences of interpreting a metaphor or of working within it or of working within it for a time and then offering an interpretation. This would constitute some basis for reflecting on the circumstances in which it is appropriate to offer, defer or omit altogether an interpretation of metaphoric content, and on the various forms which 'working within' a metaphor could take. In planning such a piece of research it would be important to avoid selecting only those

instances in which non-interpretation was effective, or for that matter, not effective. One wishes to avoid selecting data in a way which skews results. Selection would have to be on some other basis altogether, for example by collecting instances from a number of different therapists of different persuasions and styles, so that the sample would not be biased from the beginning in one direction or another. There needs to be, within the data, a fair chance for exceptions to emerge.

In group therapy literature one often sees one or more case examples brought in to illustrate a point. Usually, it is easy to perceive the distinction between case descriptions used illustratively and case descriptions used as primary data for a piece of small-scale research. Sometimes, however, the distinction is not so evident. For example, consider Gans (1991):

This article discusses the leader's use of metaphor in outpatient, psychodynamic group psychotherapy. Four clinical examples are provided that illustrate how the phase of group development informs the leader's use of metaphor.

This is a clear indication that the author intends to use his case material illustratively, and indeed he does. All cases involve the therapist offering a metaphor to the group. However, the author also takes care to provide examples which are quite different in character, drawn from different stages in a group's life and from differently structured groups. From this he is able to discuss the several functions which introduced metaphors can serve in a group, and also to consider some misuses of introduced metaphors. Though the author does not explicitly say so, it seems evident that the four examples are drawn from a much larger population of introduced metaphors. It is as if the research aspect of this work occurred behind the scenes. This piece of work, though not presented as research, is not far from what I have been describing in this article.

All research takes time to plan and conduct, but some research is so large scale or so extensive that it becomes too time consuming to manage alongside full-time practice. For example, Dies et al. (1990) studied more than fifty two-day intensive training groups, with over 500 participants in all. The perceived impact of observers was identified by tapping into the perspectives of leaders, members and observers, using a rating scale and an adjective checklist. Results showed that from all three perspectives, observers were regarded as having an impact which was potentially disruptive. Leaders also identified ways in which positive use could be made of the presence of observers.

Research on this scale is likely to be outside the scope of the busy practitioner, unless his or her time is especially protected and outside resources are available. This does not, however, preclude valuable work from being done with limited time and resources.

The Need for Rigour and Discipline When Designing and Conducting Research

In any piece of research, whether large scale or small scale, qualitative or quantitative, rigour and discipline need to be maintained in design, data collecting, data processing and drawing conclusions.

Failure to be sufficiently rigorous can arise through a mismatch between purposes and method. If the methods are such as to meet some but not all of the purposes, then some of what the researcher is interested in cannot be pursued. If the methods cover more than the purposes require then time has been wasted or the researcher has not produced a full set of purposes. Sometimes the methods chosen are off to one side of the purposes — that is, they are a little off target and do not address the purposes closely enough. In order to avoid this kind of error it is essential that purposes be made explicit.

One sometimes sees forms of mismatch which seem to stem from the assumption that in order to be respectable and ‘scientific’, one must always do something which approximates to an experiment or use large-scale survey methods. For some purposes, especially when seeking to ascertain the outcomes of some intervention method or when comparing one intervention method with another, an experimental design is exactly appropriate. Clinical trials are a familiar example.

However, exploratory research and, in some instances, process-outcome research, cannot readily be pursued by use of the experimental paradigm, and to attempt to do so unnecessarily constrains the research effort. Another unwarranted assumption, sometimes seen, is that objective measures, quantitative approaches and statistical analyses are essential features of research. This is unfortunate, because many research interests cannot in fact be pursued through the use of quantitative measures without trivializing, and, in many cases, results need not be or cannot be presented in statistical terms.

Another way of losing rigour is to move too quickly from raw data to inference. For example, a researcher may decide to make use of observations as a data collecting device, but fail to record observations systematically or to work out step-by-step ways of moving from the raw data of the observations to interpretations which are both

plausible and replicable. The researcher leaps, so to speak, from the raw data to interpretation, failing to notice how much personal assumption, selectivity and projection are influencing interpretations of the data.

Quantitative methods are no guarantee of rigour. Research which yields data which can be expressed in terms of numbers and subjected to statistical tests can sometimes give the appearance of rigour but still mask undeveloped or faulty thinking. For example, a researcher may, without being aware of it, introduce bias into 'objective' methods of data collection by failing to provide respondents with opportunities to express opinions outside some limited range of possibilities. Because numbers can be attached to the data, the research looks 'scientific' but faulty reasoning lies behind the research all the same. Unbiased statistical methods can be applied to data which is already biased by the researcher's choice of response categories.

The Issue of Generalizing from Small Samples

Research almost always involves studying a portion or sample of some larger population: evaluating eight groups out of the fifteen that are being conducted at any given time in an outpatient setting or studying, in depth, twelve drop-outs out of the unknown but certainly very large numbers of such people in other groups, at other times and in other settings. The question always arises as to what can reasonably be said about the larger population on the basis of the number and kind of instances actually studied.

I am assuming in this article that the kind of research which practitioners are likely to become involved in is small scale and/or is specific to their own work situation. The question is bound to arise as to whether and how one can generalize from such small-scale or local work. What is needed here is some thought to what is generalizable and what is not.

If one has undertaken a local survey, say of referral patterns, then one is not justified in generalizing to all referrals, anywhere, nor would wide generalizing serve one's purpose. If one studied drop-outs, and one's study was restricted to, say, ten such persons, in what ways might one reasonably generalize? It would be absurd to generalize by saying 'Amongst some total population of drop-outs one can expect half to be characterized by . . . , another quarter to be characterized by . . . and the remaining ones . . .'. Clearly, the small sample which has been studied may not be like the larger population in terms of

percentages of people falling into particular categories. On the other hand, the most interesting part of the study is likely to have to do with variables identified as being associated with dropping out (perhaps, unrealistic expectations of the group) or the processes which preceded dropping out (perhaps, indications of unmanageable anxiety or of being locked by group processes into an unrewarding rôle or a position of threat). The research can be used to point to the kinds of dynamics which may occur and to early-warning signs of dropping out.

In general, very large numbers of subjects are needed if one wishes to draw generalizations about incidence, frequency and distribution. There are some research issues where if one cannot generalize in this way it has hardly been worthwhile doing the work. For example, if one is looking into reading ability one needs to establish from a sample the percentage of children who can and cannot read by the age of eight. However, research conducted by practitioners is unlikely to be of this nature. It is much more likely to be directed towards process, and small-scale intensive studies lend themselves very well to understanding process. One does need to be cautious in claiming, from a small-scale study, that one has identified all the variables and all the dynamics relevant to the issue under investigation. On the other hand, if one considers, say, ten drop-out patients as a series of intensive case studies and finds that cases 6, 7, 8, 9 and 10 reveal no further basic dynamics than those already identified in the first five cases, then one can feel reasonably confident that key dynamics have in fact been identified.

Possible Reservations about Conducting Research

Sometimes practitioners take the view that research is incompatible with good practice. I suspect that they have certain kinds of research in mind. For example, a practitioner might think that research 'on' patients is ethically indefensible. He or she might have in mind the kind of research design which involves withholding treatment from a control group while offering it to an experimental group. If it is assumed that this is the only way to assess the effectiveness of a treatment procedure, then one might not even begin.

Perhaps research seems antipathetic to practice because of the image of the distant scientist putting subjects under some sort of a microscope, dehumanizing them in the process. Of course research (like practice) requires close attention to patients and their interactions with other people and the group. However, this does not need to be done

unsympathetically. Therapists learn to manage an appropriate therapeutic distance from patients when they are working with them in therapy, and researchers can do the same. In neither case, however, does this mean that the therapist or the researcher performs loses sympathy and empathy with the patients concerned. Some forms of research, known as participative or collaborative research, reduce the distance between researcher and subject to the point where those who would ordinarily be research subjects participate in the design and conduct of the research (Reason and Rowan, 1981; Reason, 1988).

Practitioners may also have read accounts of research which they found to be distant from their own interests, hard to apply to their own experience or hard to understand because of the technical character of the statistical methods which were used. The focus of interest of practitioners is likely to be on choices of alternative courses of action and on understanding the dynamics of the processes in and through which they work. Much published research, on the other hand, involves familiarity with and partiality for data collection procedures and data processing techniques which may ill accord with the interests and skills of practitioners.

Applying Research to Practice

Practitioners are unlikely to want to take the time to do research if it does not bear on practice. The motivation after all is to improve practice by increasing understanding. In the kind of research emphasized in this article, application to practice is virtually built in from the beginning. If the research interest arises from observations about practice and curiosities about practice, if the design matches purposes and does not trivialize the issue and if the research is carefully planned and executed, then the findings are likely to contribute to improving practice. This will occur in at least the following ways: by increasing the practitioner's understanding of the issue, by alerting the practitioner and others to aspects of the issue/problem/situation which may usefully be noticed and registered and, often, by pointing to interventions or preventive measures which can usefully be borne in mind when facing or anticipating similar issues in the future.

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