

# THE ROUTLEDGE INTERNATIONAL HANDBOOK OF POSTMODERN THERAPIES

*Edited by Olga Smoliak, Eleftheria Tseliou, Tom Strong,  
Saliha Bava, and Peter Muntigl*

First published 2026

ISBN: 978-1-032-45266-1 (hbk)

ISBN: 978-1-032-45273-9 (pbk)

ISBN: 978-1-003-37623-1 (ebk)

## 28

# METHODOLOGICAL FOUNDATIONS AND INNOVATIONS IN POSTMODERN THERAPY RESEARCH

*Ronald J. Chenail, Dan Wulff, Sally St. George, and Dragana Ilic*

(CC BY-NC) 4.0

DOI: 10.4324/9781003376231-33



**Routledge**  
Taylor & Francis Group  
NEW YORK AND LONDON

# METHODOLOGICAL FOUNDATIONS AND INNOVATIONS IN POSTMODERN THERAPY RESEARCH

*Ronald J. Chenail, Dan Wulff, Sally St. George, and Dragana Ilic*

## Introduction

Postmodern therapy research has evolved and changed in rhythm with the developments of postmodern therapy (Chenail et al., 2020; Smoliak & Strong, 2019; Strong & Gale, 2013). These qualities in common including questioning grand narratives, adopting social construction of knowledge, valuing reflexivity and subjectivity, championing collaborative relationships, embracing social justice, and engaging in social change, can produce innovations in both therapy and research (Maione & Chenail, 1999). This research corpus is extensive and diverse, including case studies, qualitative observational and interview research, along with more traditional controlled trials and meta-analyses of randomized-controlled studies that have produced studies of clients' experiences of therapy, clinical encounter processes, and treatment outcomes (Chenail, DeVincentis et al., 2012). We suggest postmodern therapy has expanded from primarily practice-based accounts to include traditional research designs along with still emerging initiatives beyond the therapy room to involve social justice perspectives and participatory and collaborative designs in four interconnected phases we call "waves" that start in the 1980s and continue today. It should also be noted that these conceptual and methodological innovations in focus each resonate with parallel developments in social research in general.

## First wave

In the 1980s, therapies now described as postmodern: Solution-Focused Brief Therapy (SFBT; de Shazer et al., 1986), Reflecting Teams (Andersen, 1987), Narrative Therapy (White & Epston, 1989), and Collaborative Therapy (Anderson & Goolishian, 1988) emerged; inspired by second-order cybernetics, language and discourse theories, constructivism, social constructionism, deconstruction, feminist and critical theories, and of course, postmodernism (Anderson, 2015; Chenail et al., 2020; Heatherington & Johnson, 2019; Smoliak & Strong, 2019). Informed by these theories, therapists practicing in the post-graduate institutes where these therapies were being developed, deconstructed extant therapy

models, and began to experiment with new ways of conceptualizing and delivering therapy with individuals, couples, and families (Anderson, 1997).

Just as these postmodern therapists challenged modernist assumptions in their clinical work, they were also critical of modernist-informed clinical research designs and methods (Strong & Gale, 2013). Given these concerns, the research employed by these postmodern therapists can best be described as case study research, as therapists working as reflective practitioners (Schön, 1983) observed their live cases, transcribed the sessions, and analyzed the recordings and transcripts. Their analysis focused on in-session actions and interactions of therapists and clients, guided by simple questions such as “What works?” (de Shazer & Berg, 1997, p. 122). Analyses of these in-session discursive processes were reported in landmark journal articles and books (e.g., Andersen, 1987; Anderson & Goolishian, 1988; de Shazer, 1982; de Shazer et al., 1986; White & Epston, 1990), professionally produced full-session therapy videos (e.g., Berg, 1994; White, 1989), and workshops conducted worldwide.

Rather than employing traditional outcome measures found in other contemporary psychotherapies (i.e., pre- and post-therapy assessment utilizing standardized instruments), postmodern therapists focused on outcomes from client perspectives, generating data from clients’ own assessments in session and via post-therapy follow-up (de Shazer & Berg, 1997, Strong & Gale, 2013). During this period, postmodern therapists employed process research producing evidence from verbatim excerpts from recorded cases along with commentary by the therapists (see Hoyt & Berg, 1998).

Critics of first-wave postmodern therapy research did not accept this practice-based, case study, process-oriented, client-centered inquiry as producing valid and credible evidence of clinical efficacy and effectiveness (Neimeyer, 1993). Such criticism of psychotherapy case research was not new to postmodern therapies since similar negative commentary had been leveled at psychoanalysis and other forerunners of the postmodern therapies (see Wampold & Imel, 2015). Despite these criticisms, postmodern therapies continued to grow in popularity and became more widely practiced (Tarragona, 2008).

As postmodern therapies became mainstays in graduate degree program curricula in the late 1980s and early 1990s, graduate faculties and their students began using methodologies collectively known as qualitative research to study the postmodern therapies. The marriage of postmodern therapies and qualitative research ushered in a Second Wave of Postmodern Therapy Research (Hesse-Biber & Leavy, 2008; Strong & Gale, 2013).

### **Second wave**

In the 1990s, qualitative research found a home in family therapy (Atkinson et al., 1991; Moon et al., 1990). Qualitative research reviews produced in this era (e.g., Faulkner et al., 2002; Gale, 1993; Gehart et al., 2001) show diversity in methodologies and designs (Chenail, St. George et al., 2012; Maione & Chenail, 1999) used to study client experiences (e.g., Kuehl et al., 1990), therapist experiences (Metcalf et al., 1996), in-session processes (Gale, 1991), and outcomes (Newfield et al., 1990).

This proliferation of clinical qualitative research can be traced to several factors. First, the 1990s saw a burst of new qualitative research articles and books with a clinical focus (Maione & Chenail, 1999). From their anthropological, sociological, and philosophical homes, these new applied guides provided practitioners with methods and designs tailored for their needs to study clinical processes and outcomes from the perspectives of therapy

insiders (e.g., Hoshmand & Martin, 1995; Packer & Addison, 1989; Potter & Wetherell, 1987).

A second factor was the affinity between the posture of a qualitative researcher and that of a systemic, discursive, or constructionist-oriented psychotherapist. These therapists and researchers (both clinical investigators) worked on a case-by-case basis of knowing and doing, attempting to discover patterns of acting, thinking, and feeling, and being curious about their relationships with the problem, co-constructing preferred and alternative stories and identity conclusions. From the information generated via interviews and observations, the clinical practitioner and researcher conducted inductive data analysis in an iterative manner, based upon subsequent data generation and analysis in the therapy case. Both therapists and researchers generated their own descriptions, interpretations, and understandings and offered these findings to their respective audiences—clients and colleagues (Maione & Chenail, 1999).

A third factor, and the one most significant to postmodern therapists, was the postmodern turn occurring in the anthropological and sociological homes of ethnographic and qualitative inquiry (e.g., Clifford, 1988; Clifford & Marcus, 1986; Holstein & Gubrium, 2008). These postmodern anthropologists and sociologists were challenging modernist ideas such as the authoritative perspective of outside experts and were championing subjective, contextual, and dialogical means of inquiry with a special emphasis on learning from insiders' perspectives (Clifford & Marcus, 1986). Although qualitative research can be conceptualized and designed from several epistemological and theoretical perspectives (Crotty, 1998), postmodern qualitative research variations became the most widely used ones in the 1990s (Gale, 1993; Strong & Gale, 2013). This qualitative research can readily be seen as an extension of the early 1970s case study research conducted in the development of the postmodern therapies because of a continued focus on what therapy participants (clients and therapists) report as effective (Metcalf & Thomas, 1994).

Studies such as Gehart-Brooks and Lyle's 1999 study of client and therapist perspectives of change in collaborative language systems, Smith and colleagues' extensive research on therapists' and clients' reflecting team experiences (Sells et al., 1994; Smith et al., 1992, 1993), Metcalf and Thomas's SFBT experiential studies (1994), and O'Connor's Narrative Therapy from client perspectives (O'Connor et al., 1997) helped to build a practice-based research foundation of what works in postmodern therapies from the clients' and therapists' perspectives, in contrast to evidence-based research conducted by nonparticipant researchers commonly found in modernist-oriented psychotherapy clinical research (Wampold & Imel, 2015).

The process research conducted during this period provided detailed, descriptive analyses of what therapists and clients appear to do during sessions (Epston, 1993; Franklin, 1996; Gale, 1991) shed new light on how postmodern therapies were conducted in session. The "how it works" perspective from this observational process research of postmodern therapies complemented the "what works" results from the interviewing research of postmodern therapies' participants' perspectives (Chenail, DeVincentis et al., 2012; Maione & Chenail, 1999).

Despite a sizable body of postmodern therapy-qualitative research publications by the end of the 1990s, practitioners still held some reservations about the postmodern therapy-qualitative research relationship (Haene, 2010; Perez, 2020; Strong, 2002). In addition to this reluctance for some postmodern therapy practitioners to become consumers of clinical

research (Kleist, 1999), another challenge to the progress of qualitative postmodern therapy research was the growing call by third-party reimbursors and federal funding sources for therapists and researchers to use evidence-based approaches in their work (Kim et al., 2019; Wampold & Imel, 2015).

As the 2000s developed, postmodern therapy research saw a dramatic increase in both quantity and diversity of evidence-based practice and practice-based evidence studies from qualitative case studies to quantitative controlled and randomized trials and meta-summaries/analyses of qualitative and quantitative research (Chenail, DeVincentis et al., 2012; Strong & Gale, 2013). This effort to build a diversified and connected evidence base (Barham & Mellor-Clark, 2003; Margison et al., 2000) ushered in the Third Wave of Postmodern Therapy Research.

### **Third wave**

In the 2000s, the diversity of postmodern therapy research touched all levels of the “evidence pyramid”: expert opinions, case reports, observational studies, non-randomized controlled studies, randomized controlled trials, and systematic reviews (Chenail, 2012). Since the inception of postmodern therapy research, there had been examples from all these design levels, including longitudinal outcome studies (De Jong & Hopwood, 1996), but what differentiates the 2000s is the significant increase in controlled and experimental designs and quantitative analysis.

Although this apparent turn from postmodern perspectives may seem inconsistent with the theoretical, epistemological, and methodological ideas held and practiced by postmodern therapists and researchers, for a growing number of postmodern therapists and researchers, embracing modernist, positivist, *and* post-positivist points-of-view and practices is the epitome of postmodernism. The argument is that if postmodern therapists and researchers only privileged postmodernism, then how is such a political stance postmodern (Chenail, 2002, 2012)? This concern of postmodern thought assuming another “posture of authoritarian truth” (Gergen 1992, p. 57) seemed to usher in a “post-postmodern” brand of postmodern therapy research in the 2000s (Gubrium & Holstein, 2001).

In addition to this horizon expansion of postmodernism in postmodern therapy, there were also changes in the political landscape of what constituted evidence with a growing bias toward evidence created at the upper levels of the pyramid, namely, controlled trials (especially experimental designs and meta-analyses of these controlled designed studies), to create what is commonly referred to as the “gold standard” of evidence supporting the effectiveness of specific psychotherapies (Chenail, 2002). Faced with the possibility that postmodern therapies would become extinct in this emerging landscape of highly controlled studies, many postmodern therapists and researchers adopted and adapted designs from all levels of the evidence pyramid to examine the effectiveness of postmodern therapies (Chenail, DeVincentis et al., 2012).

As the 2000s progressed, the effectiveness paradigm changed with the emergence of the new “platinum standard” that privileges both randomized, controlled, quantitative analysis trials *and* naturalistic, case study, qualitative analysis practice-based research (Miller & Jaurequi, 2020). This broadened view of what works in psychotherapy goes beyond what may work for the statistically *average* client to also include an examination of what works with a qualitatively *specific* client. This focus on what works for a specific client was a

hallmark for postmodern therapy in the first three waves and becomes more central in the Fourth Wave of Postmodern Therapy Research (see Gubrium & Holstein, 2008).

Bolstered with this platinum standard, postmodern therapy research can be seen to populate all levels of the research evidence pyramid. There are model-specific reviews of effectiveness research studies (e.g., SFBT, Franklin et al., 2023; Narrative Therapy, Heywood et al., 2022) and controlled and qualitative design studies of outcomes (e.g., Liu et al., 2020; Vromans & Schweitzer, 2011). There continued to be process studies (e.g., Choi, 2019; Ramey et al., 2010) and process research reviews (e.g., Tseliou et al., 2020a, 2020b); and client experiential studies (e.g., Rajaei et al., 2021; Žak, 2022). Of all postmodern therapies, the best example of this “post-postmodern turn” of selecting and applying a variety of research designs and methods deemed appropriate for the task at hand was created by Seikkula and colleagues in the mid-1980s (Seikkula, 2002; Olson et al., 2014) to advance the Open Dialogue approach. Already trained in family therapy approaches at a hospital in Finland, they engineered their Open Dialogue clinical innovation and organizational change via continuous scientific analysis (Olson et al., 2014; Seikkula, 2020).

Their ongoing scientific work included outcome research with long-term follow-up designs utilizing both quantitative and qualitative data analysis (Seikkula et al., 2003), process research (Rasanen et al., 2014), client experiential research (Bergström et al., 2021), as well as more artistic types of qualitative research, including autoethnography (Olson, 2015). From this large body of creative and effective research, numerous meta-summaries and review studies have been conducted (e.g., Buus et al., 2021; Freeman et al., 2019) helping to establish the effectiveness of the model and to spread the use of this multi-research method, postmodern therapy around the world (Mosse et al., 2023; Putnam & Martindale, 2021).

With the broadening and inclusiveness of research approaches used to study postmodern therapy proliferating, the stage was being set to question the meaning of research itself as an influencer in our world. No matter how inclusive, the role of research intentionally or unintentionally shaping our worlds became a central concern for the Fourth Wave of Postmodern Therapy Research.

#### Fourth wave

Recognizing the challenge of presenting a phase while we are currently in it, it seems more apt to use the term “currents” instead of “wave.” The currents we see include elements of each of the previous three waves, particularly the emphasis on everyday practices of family therapists as reflective practitioners to inform ongoing practices (Wulff & St. George, 2014, 2020). Grounding research/inquiry practices in everyday performances and experiences of therapists and their clients fuels an emphasis on *localization*, signaling the importance of each instance of family therapy rather than looking for generalizable patterns across families and time and embracing the growing significance of a *narrative turn*, accenting site specificity of local context and culture (e.g., Holstein & Gubrium, 2008). Being an objective and dispassionate researcher is eclipsed, replaced with connectedness and collaborative dedication to the situation at hand to serve not only the clients in the clinic but also the communities in which clients and therapists live (e.g., Doherty & Beaton, 2000).

In Fourth Wave currents, the focus shifted from therapeutic models and therapists’ performances to the situation itself within its larger context. Models just become opening gambits readily modified to suit the context. A therapist’s performance in the room is con-

tingent upon the demands and expectations of the situation at hand in real time. The client family's reactions or feedback on how things are going enlighten how to move forward so the clinical process includes the research findings on the process, which recursively inform future process (Haene, 2010).

A prominent theme in the earlier waves was protecting clients from undo "risk." Vulnerable groups were scrupulously protected from research intrusion to shield participants from misuse or harm. In our current moment, there is a growing awareness and concern that a consequence of protection *from* research was to effectively silence what those folks had to say. Protection from unwanted or harmful psychic intrusion simultaneously rendered them voiceless (e.g., children, diagnosed persons, traumatized people, and sexually marginalized persons); now there is an increasing interest in these silenced perspectives and a concomitant re-imagining of how to avoid "silencing through protection" and inadvertently re-traumatizing participants (Ellis, 2007).

Social justice/injustice concerns have become more prominent in public discourse and within the family therapy field and with postmodern therapies such as Narrative Therapy (White, 2007; White & Epston, 1989, 1990). While some may see this as a politicalization of family therapy, postmodern family therapists have been increasingly facing these larger contextual issues of families, and so, too, must postmodern researchers find and/or design ways to bring these issues to the forefront. Participatory action research (Fals Borda, 1991; Lennette, 2022), Indigenous approaches (Brown & Strega, 2015; Mertens et al., 2013; Wilson et al., 2019), arts-based and autoethnographic forms of inquiry (Bochner & Ellis, 2016; Denzin & Giardina, 2022; Denzin & Salvo, 2020; Holman Jones et al., 2013), and critical/feminist perspectives (Smith, 1987) have been generative sites to build wider and deeper views of families' situations and experiences (Heath et al., 2022). Concern currently exists that research not explicitly dedicated to creating societal and political change is complicit in maintaining the status quo. Researchers can no longer consider their work objective, benign, or neutral.

To explicitly include social justice concerns, researchers and therapists have leaned toward anti-colonial approaches such as critical/feminist perspectives (see Smith, 1987) to study, understand, and assist families, institutions, and communities, opening up contributions from practitioners and researchers worldwide (McTaggart, 1997). Anti-colonial practices and research initiatives have been prominent in South America, Africa, and Southeast Asia for many years (Freire, 2002) and the relevance of these ideas to Western contexts is now being more actively appreciated and explored (McTaggart, 1997). Many of these research initiatives vary markedly from Western conceptualizations of social research, and for that reason, the inclusion of non-Western research agendas and practices will likely stretch what we consider to be social research in fundamental ways.

Due to the formal structures and practices of conducting research within the academy (e.g., Ethics Reviews, funding, academic protocols and traditions), more attention is turning to research conducted *outside* academia. These efforts tend to be more community-based and action oriented—their purposes are more dedicated toward action and change than "academic rigor" and the production of academic documents (Doherty & Beaton, 2000; Smith et al., 1997) for journals and books. This research, if formally written, is in the form of reports and appears online. Releasing research from the strictures of the academy opens many doors to how research can be understood, performed, and evaluated.

The skill sets of postmodern family therapists and researchers include facilitating conversations with multiple stakeholders; maintaining appreciative stances toward controversial

or conflictual interlocutors; being flexible in how conversations are invited, held, and continued; being comfortable with uncertainty; utilizing knowledge and practices from other fields (e.g., health care, law, education, organizational development, the arts); being transparent and accountable with our choices and practices; finding ways to amend social practices or policies to address social justice; and maintaining a humility toward the work with families and communities become crucial in examining their practices as well. Therapists/practitioners have always been “researchers” in their worlds but oftentimes do not recognize that connection (St. George et al., 2015; Wulff & St. George, 2014, 2020). The “neat and tidy” divide between practice and research is being challenged as unnecessarily limiting and, in certain ways, has been an obstacle to understand and assist individuals, families, and communities (Brown & Strega, 2015; Wilson et al., 2019).

Another current in postmodern family therapy practice and research is the set of ideas surrounding post-humanism and New Materialism (Braidotti, 2019; Jackson & Mazzei, 2023). From this view, one questions the singular focus on the human and stretches our thinking about persons to be inclusive of the non-material world. Research that considers the human as a mere part of a larger ecology will be challenged by the ontologies and epistemologies that have for centuries been built around humans as central.

These currents underscore the importance of embracing a critical lens in all that we do. We never find a satisfying end to our work—each moment is implicated in what comes next. We never “arrive”—we are always travelling. Gergen (2015) said this well when he talked about research as being “future-forming”—we do not seek to explain the past or even the present, but instead we utilize our research practices to form futures of hope and possibility. This may be the most important element of these contemporary currents—the sidelining of our curiosities about explaining the past or the present in favor of collectively finding ways to go forward in ways that offer more hope for more people.

## References

- Andersen, T. (Ed.). (1987). The reflecting team: Dialogue and meta-dialogue in clinical work. *Family Process*, 26(4), 415–428. <https://doi.org/10.1111/j.1545-5300.1987.00415.x>
- Anderson, H. (1997). *Conversation, language, and possibilities: A postmodern approach to therapy*. Basic Books.
- Anderson, H. (2015). Postmodern/poststructural/social construction therapies: Collaborative, narrative, and solution-focused. In T. L. Sexton & J. Lebow (Eds.), *Handbook of family therapy* (pp. 182–204). Routledge.
- Anderson, H., & Goolishian, H. A. (1988). Human systems as linguistic systems: Preliminary and evolving ideas about the implications for clinical theory. *Family Process*, 27(4), 371–393. <https://doi.org/10.1111/j.1545-5300.1988.00371.x>
- Atkinson, B., Heath, A., & Chenail, R. (1991). Qualitative research and the legitimization of knowledge. *Journal of Marital & Family Therapy*, 17(2), 161–166. <https://doi.org/10.1111/j.1752-0606.1991.tb00879.x>
- Barham, M., & Mellor-Clark, J. (2003). Bridging evidence-based practice and practice-based evidence: Developing a rigorous and relevant knowledge for the psychological therapies. *Clinical Psychology & Psychotherapy*, 10(6), 319–327. <https://doi.org/10.1002/cpp.379>
- Berg, I. K. (1994). *I'd hear laughter: Finding solutions for the family* [DVD]. Psychotherapy.net.
- Bergström, T., Seikkula, J., Holma, J., Köngäs-Saviaro, P., Taskila, J. J., & Alakare, B. (2021). Retrospective experiences of first-episode psychosis treatment under open dialogue-based services: A qualitative study. *Community Mental Health Journal*, 58(5), 887–894. <https://doi.org/10.1007/s10597-021-00895-6>
- Bogner, A. P., & Ellis, C. (2016). *Evocative autoethnography: Writing lives and telling stories*. Routledge.

- Braidotti, R. (2019). *Posthuman knowledge*. Polity.
- Brown, L., & Strega, S. (Eds.). (2015). *Research as resistance: Revisiting critical, indigenous, and anti-oppressive approaches* (2nd ed.). Canadian Scholars' Press.
- Buus, N., Ong, B., Einboden, R., Lennon, E., Mikes-Liu, K., Mayers, S., & McCloughen, A. (2021). Implementing open dialogue approaches: A scoping review. *Family Process*, 60(4), 1117–1133. <https://doi.org/10.1111/famp.12695>
- Chenail, R. (2002, May/June). The next generation: Integrating the DSM-IV in MFT master's programs. *Family Therapy Magazine*, 1(3), 26–29.
- Chenail, R. J. (2012). Evidence and effectiveness issues. In A. Rambo, C. West, A. Schooley, & T. V. Boyd (Eds.), *Family therapy review: Contrasting contemporary models* (pp. 37–49). Routledge.
- Chenail, R. J., DeVincentis, M., Kiviati, H. E., & Somers, C. (2012). A systematic narrative review of discursive therapies research: Considering the value of circumstantial evidence. In A. Locke & T. Strong (Eds.), *Discursive perspectives in therapeutic practice* (pp. 224–244). Oxford University Press.
- Chenail, R. J., Reiter, M. D., Torres-Gregory, M., & Ilic, D. (2020). Postmodern family therapy. In K. S. Wampler, R. B. Miller, & R. B. Seedall (Eds.), *The handbook of systemic family therapy: The profession of systemic family therapy* (pp. 417–442). Wiley Blackwell. <https://doi.org/10.1002/9781119790181.ch18>
- Chenail, R. J., St. George, S., Wulff, D., Duffy, M., Wilson Scott, K., & Tomm, K. (2012). Clients' relational conceptions of conjoint couple and family therapy quality: A grounded formal theory. *Journal of Marital and Family Therapy*, 38(1), 241–264. <https://doi.org/10.1111/j.1752-0606.2011.00246.x>
- Choi, J. J. (2019). A microanalytic case study of the utilization of “solution-focused problem talk” in solution-focused brief therapy. *The American Journal of Family Therapy*, 47(4), 244–260. <https://doi.org/10.1080/01926187.2019.1637302>
- Clifford, J. (1988). *The predicament of culture: Twentieth-century ethnography, literature, and art*. Harvard University Press.
- Clifford, J., & Marcus, G. E. (1986). *Writing culture: The poetics and politics of ethnography*. University of California Press.
- Crotty, M. (1998). *The foundations of social research: Meaning and perspectives in the research process*. Sage.
- Denzin, N. K., & Salvo, J. (2020). *The arts*. Myers Education Press.
- Denzin, N. K., & Giardina, M. D. (Eds.). (2022). *Transformative visions for qualitative inquiry*. Routledge.
- de Shazer, S. (1982). *Patterns of brief family therapy: An ecosystemic approach*. Guilford Press.
- de Shazer, S., & Berg, I. K. (1997). What works? Remarks on research aspects of solution-focused brief therapy. *Journal of Family Therapy*, 19, 121–124.
- de Shazer, S., Berg, I. K., Lipchik, E., Nunnally, E., Molnar, A., Gingerich, W., & Weiner-Davis, M. (1986). Brief therapy: Focused solution development. *Family Process*, 25(2), 207–221. <https://doi.org/10.1111/j.1545-5300.1986.00207.x>
- De Jong, P., & Hopwood, L. E. (1996). Outcome research on treatment conducted at the Brief Family Therapy Center, 1992–1993. In S. D. Miller, M. A. Hubble, & B. L. Duncan (Eds.), *Handbook of solution-focused brief therapy* (pp. 272–298). Jossey-Bass.
- Doherty, W. J., & Beaton, J. B. (2000). Family therapists, community, and civic renewal. *Family Process*, 39(2), 149–161. <https://doi.org/10.1111/j.1545-5300.2000.39201.x>
- Ellis, C. (2007). Telling secrets, revealing lives: Relational ethics in research with intimate others. *Qualitative Inquiry*, 13(1), 3–29. <https://doi.org/10.1177/107780040629>
- Epston, D. (1993). Internalized other questioning with couples: The New Zealand version. In S. Gilligan & R. Price (Eds.), *Therapeutic conversations* (pp. 18–96). Norton.
- Fals Borda, O., & Rahman, M. A. (1991). *Action and knowledge: Breaking the monopoly with participatory action-research*. The Apex Press.
- Faulkner, R. A., Klock, K., & Gale, J. E. (2002). Qualitative research in family therapy: Publication trends from 1980 to 1999. *Journal of Marital and Family Therapy*, 28(1), 69–74. <https://doi.org/10.1111/j.1752-0606.2002.tb01174.x>
- Franklin, C. (1996). Solution-focused therapy: A marital case study using recursive dialectic analysis. *Journal of Family Psychotherapy*, 7(1), 31–51. [https://doi.org/10.1300/J085V07N01\\_04](https://doi.org/10.1300/J085V07N01_04)

- Franklin, C., Ding, X., Kim, J., Zhang, A., Hai, A. H., Jones, K., Nachbaur, M., & O'Connor, A. (2023). Solution-focused brief therapy in community-based services: A meta-analysis of randomized controlled studies. *Research on Social Work Practice*. Advance online publication. <https://doi.org/10.1177/10497315231162611>
- Freeman, A. M., Tribe, R. H., Stott, J. C., & Pilling, S. (2019). Open dialogue: A review of the evidence. *Psychiatric Services*, 70(1), 46–59.
- Freire, P. (2002). *Pedagogy of the oppressed* (30th Anniversary ed.). Continuum.
- Gale, J. E. (1991). *Conversation analysis of a marital therapy session: Pursuit of a therapeutic agenda*. Ablex.
- Gale, J. (1993). A field guide to qualitative inquiry and its clinical relevance. *Contemporary Family Therapy*, 15, 73–91. <https://doi.org/10.1007/BF00903488>
- Gehart, D. R., Ratliff, D. A., & Lyle, R. R. (2001). Qualitative research in family therapy: A substantive and methodological review. *Journal of Marital and Family Therapy*, 27(2), 261–274. <https://doi.org/10.1111/j.1752-0606.2001.tb01162.x>
- Gehart-Brooks, D. R., & Lyle, R. R. (1999). Client and therapist perspectives of change in collaborative language systems: An interpretive ethnography. *Journal of Systemic Therapies*, 18(4), 58–77. <https://doi.org/10.1521/j Syst.1999.18.4.58>
- Gergen, K. (1992, November, December). The postmodern adventure. *Family Therapy Networker*, 52, 56–57.
- Gergen, K. J. (2015). From mirroring to world-making: Research as future forming. *Journal for the Theory of Social Behaviour*, 45(3), 287–310. <https://doi.org/10.1111/jtsb.12075>
- Gubrium, J. F., & Holstein, J. A. (Eds.). (2001). *Institutional selves: Troubled identities in a postmodern world*. Oxford University Press.
- Haene, L. D. (2010). Beyond division: Convergences between postmodern qualitative research and family therapy. *Journal of Marital and Family Therapy*, 36(1), 1–12. <https://doi.org/10.1111/j.1752-0606.2009.00174.x>
- Heath, T., Carlson, T. S., & Epston, D. (Eds.). (2022). *Reimagining narrative therapy through practice stories and autoethnography*. Taylor & Francis.
- Heatherington, L., & Johnson, B. (2019). Social constructionism in couple and family therapy: Narrative, solution-focused, and related approaches. In B. H. Fiese, M. Celano, K. Deater-Deckard, E. N. Jouriles, & M. A. Whisman (Eds.), *APA handbook of contemporary family psychology: Foundations, methods, and contemporary issues across the lifespan* (pp. 127–142). American Psychological Association. <https://doi.org/10.1037/0000099-008>
- Hesse-Biber, S. N., & Leavy, P. (Eds.). (2008). *Handbook of emergent methods*. Guilford Press.
- Heywood, L., Conti, J., & Hay, P. (2022). Paper 1: A systematic synthesis of narrative therapy treatment components for the treatment of eating disorders. *Journal of Eating Disorders* 10(1), 137. <https://doi.org/10.1186/s40337-022-00635-5>
- Holman Jones, S., Adams, T. E., & Ellis, C. (Eds.). (2013). *Handbook of autoethnography*. Left Coast Press.
- Holstein, J. A., & Gubrium, J. F. (Eds.). (2008). *Handbook of constructionist research*. Guilford.
- Hoshmand, L., & Martin, J. (Eds.). (2015). *Research as praxis: Lessons from programmatic research in therapeutic psychology*. Teachers College Press.
- Hoyt, M. F., & Berg, I. K. (1998). Solution-focused couple therapy: Helping clients construct self-fulfilling realities. In F. M. Dattilio (Ed.), *Case studies in couple and family therapy: Systemic and cognitive perspectives* (pp. 203–232). Guilford Press.
- Jackson, A. Y., & Mazzei, L. A. (2023). *Thinking with theory in qualitative research* (2nd ed.). Routledge.
- Kim, J., Jordan, S. S., Franklin, C., & Froerer, A. (2019). Is solution-focused brief therapy evidence-based? An update 10 years later. *Families in Society*, 100(2), 127–138. <https://doi.org/10.1177/1044389419841688>
- Kleist, D. M. (1999). Reflecting on the reflecting process: A research perspective. *The Family Journal*, 7(3), 270–275. <https://doi.org/10.1177/1066480799073011>
- Kuehl, B. P., Newfield, N. A., & Joanning, H. P. (1990). A client-based description of family therapy. *Journal of Family Psychology*, 3, 310–312. <https://doi.org/10.1037/h0080546>
- Lennette, C. (2022). *Participatory action research: Ethics and decolonization*. Oxford University Press.

- Liu, V. Y., La Guardia, A., & Sullivan, J. M. (2020). A single-case research evaluation of collaborative therapy treatment among adults. *Counseling Outcome Research and Evaluation*, 11(1), 45–58. <https://doi.org/10.1080/21501378.2018.1531238>
- Maione, P. V., & Chenail, R. J. (1999). Qualitative inquiry in psychotherapy: Research on the common factors. In M. A. Hubble, B. L. Duncan, & S. D. Miller (Eds.), *The heart and soul of change: The role of common factors in psychotherapy* (pp. 57–88). American Psychological Association Press.
- Margison, F., Barkham, M., Evans, C., McGrath, G., Clark, J., Audin, K., & Connell, J. (2000). Measurement and psychotherapy: Evidence-based practice and practice-based evidence. *The British Journal of Psychiatry*, 177(2), 123–130. <https://doi.org/10.1192/bjp.177.2.123>
- McTaggart, R. (Ed.). (1997). *Participatory action research: International contexts and consequences*. State University of New York Press.
- Mertens, D. M., Cram, F., & Chilisa, B. (Eds.). (2013). *Indigenous pathways into social research: Voices of a new generation*. Left Coast Press.
- Metcalf, L., & Thomas, F. (1994). Client and therapist perceptions of solution focused brief therapy: A qualitative analysis. *Journal of Family Psychotherapy*, 5(4), 49–66. [https://doi.org/10.1300/j085V05N04\\_06](https://doi.org/10.1300/j085V05N04_06)
- Metcalf, L., Thomas, F. N., Duncan, B. L., Miller, S. D., & Hubble, M. A. (1996). What works in solution-focused therapy: A qualitative analysis of client and therapist perceptions. In S. Miller, M. Hubble, & B. Duncan (Eds.), *Handbook of solution-focused brief therapy* (pp. 335–352). Jossey-Bass.
- Miller, R. B., & Jauregui, M. E. (2020). Innovations in systemic family therapy effectiveness research. In K. S. Wampler, R. B. Miller, & R. B. Seedall (Eds.), *The handbook of systemic family therapy: The profession of systemic family therapy* (pp. 445–466). Wiley Blackwell. <https://doi.org/10.1002/9781119790181.ch19>
- Moon, S. M., Dillon, D. R., & Sprenkle, D. H. (1990). Family therapy and qualitative research. *Journal of Marital and Family Therapy*, 16, 357–374. <https://doi.org/10.1111/j.1752-0606.1990.tb00056.x>
- Mosse, D., Pocobello, R., Saunders, R., Seikkula, J., & von Peter, S. (2023). Introduction: Open dialogue around the world—implementation, outcomes, experiences and perspectives. *Frontiers in Psychology*, 13, 1093351. <https://doi.org/10.3389/fpsyg.2022.1093351>
- Neimeyer, R. A. (1993). An appraisal of constructivist psychotherapies. *Journal of Consulting & Clinical Psychology*, 61(2), 221–234. <https://doi.org/10.1037/0022-006X.61.2.221>
- Newfield, N. A., Kuehl, B. P., Joanning, H. P., & Quinn, W. H. (1990). A mini ethnography of the family therapy of adolescent drug abuse: The ambiguous experience. *Alcoholism Treatment Quarterly*, 7, 57–79.
- O'Connor, T. S. J., Meakes, E., Pickering, M. R., & Schuman, M. (1997). On the right track: Client experience of narrative therapy. *Contemporary Family Therapy*, 19, 479–495.
- Olson, M. (2015). An auto-ethnographic study of “open dialogue”: The illumination of snow. *Family Process*, 54, 716–729. <http://dx.doi.org/10.1111/famp.12160>
- Olson, M., Seikkula, J., & Ziedonis, D. (2014). *The key elements of dialogic practice in Open Dialogue*. The University of Massachusetts Medical School. <https://www.umassmed.edu/globalassets/psychiatry/open-dialogue/keyelements1.109022014.pdf>
- Packer, M. J., & Addison, R. B. (Eds.). (1989). *Entering the circle: Hermeneutic investigation in psychology*. State University of New York Press.
- Perez, C. (2020). *Integrating postmodern therapy and qualitative research: Guiding theory and practice*. Routledge.
- Potter, J., & Wetherell, M. (1987). *Discourse and social psychology: Beyond attitudes and behavior*. Sage.
- Putnam, N., & Martindale, B. (Eds.). (2021). *Open dialogue for psychosis: Organizing mental health services to prioritize dialogue, relationships and meaning*. Routledge.
- Rajaei, A., Brimhall, A. S., Jensen, J. F., Schwartz, A. J., & Torres, E. T. (2021). Striving to thrive: A qualitative study on fostering a relational perspective through narrative therapy in couples facing cancer. *The American Journal of Family Therapy*, 49(4), 392–408. <https://doi.org/10.1080/01926187.2020.1820402>
- Ramey, H. L., Young, K., & Tarulli, D. (2010). Scaffolding and concept formation in narrative therapy: A qualitative research report. *Journal of Systemic Therapies*, 29(4), 74–91. <https://doi.org/10.1521/jsyt.2010.29.4.74>

- Rasanen, E., Holma, J., & Seikkula, J. (2014). Dialogues in partner abusive clients' group treatment: Conversational tools used by counselors with differently motivated clients. *Violence and Victims*, 29(2), 195–216. <https://doi.org/10.1891/0886-6708.VV-D-12-00064R1>
- Schön, D. A. (1983). *The reflective practitioner: How professionals think in action*. Basic Books.
- Seikkula, J. (2002). Open dialogues with good and poor outcomes for psychotic crises: Examples from families with violence. *Journal of Marital and Family Therapy*, 28(3), 263–274. <https://doi.org/10.1111/j.1752-0606.2002.tb01183.x>
- Seikkula, J. (2020). From research on dialogical practice to dialogical research: Open dialogue is based on a continuous scientific analysis. In M. Ochs, M. Borcsa, & J. Schweitzer (Eds.), *Systemic research in individual, couple, and family therapy and counseling* (pp. 143–164). Springer. [https://doi.org/10.1007/978-3-030-36560-8\\_9](https://doi.org/10.1007/978-3-030-36560-8_9)
- Seikkula, J., Alakare, B., Aaltonen, J., Holma, J., Rasinkangas, A., & Lehtinen, V. (2003). Open dialogue approach: Treatment principles and preliminary results of a two-year follow-up on first episode schizophrenia. *Ethical Human Sciences and Services*, 5(3), 163–182. <https://doi.org/10.1891/1523-150X.5.3.163>
- Sells, S. P., Smith, T. E., Coe, M. J., Yoshioka, M., & Robbins, J. (1994). An ethnography of couple and therapist experiences in reflecting team practice. *Journal of Marital and Family Therapy*, 20(3), 247–266. <https://doi.org/10.1111/j.1752-0606.1994.tb00114.x>
- Smith, D. E. (1987). *The everyday world as problematic*. Northeastern University Press.
- Smith, S. E., Willms, D. G., & Johnson, N. A. (Eds.). (1997). *Nurtured by knowledge: Learning to do participatory action-research*. The Apex Press.
- Smith, T. E., Yoshioka, M., & Winton, M. (1993). A qualitative understanding of reflecting teams I: Client perspectives. *Journal of Systemic Therapies*, 12(3), 28–43. <https://doi.org/10.1521/jsyt.1993.12.3.28>
- Smith, T. E., Winton, M., & Yoshioka, M. (1992). A qualitative understanding of reflective-teams II: Therapists' perspectives. *Contemporary Family Therapy*, 14, 419–432. <https://doi.org/10.1007/BF00895057>
- Smoliak, O., & Strong, T. (2019). Postmodernism in couple and family therapy. In J. L. Lebow, A. L. Chambers, & D. C. Breunlin (Eds.), *Encyclopedia of couple and family therapy* (pp. 2260–2266). Springer. [https://doi.org/10.1007/978-3-319-49425-8\\_218](https://doi.org/10.1007/978-3-319-49425-8_218)
- St. George, S., Wulff, D., & Tomm, K. (2015). Research as daily practice. *Journal of Systemic Therapies*, 34(2), 3–14.
- Strong, T. (2002). Collaboration, meaning-making and therapy: What practitioners can learn from recent developments in qualitative research. *Counselling and Psychotherapy Research*, 2(3), 209–211. <https://doi.org/10.1080/14733140212331384845>
- Strong, T., & Gale, J. (2013). Postmodern clinical research: In and out of the margins. *Journal of Systemic Therapies*, 32(2), 46–57. <https://doi.org/10.1521/jsyt.2013.32.2.46>
- Tarragona, M. (2008). Postmodern/poststructuralist therapies. In J. L. Lebow (Ed.), *Twenty-first century psychotherapies* (pp. 167–205). Wiley.
- Tseliou, E., Burck, C., Forbat, L., Strong, T., & O'Reilly, M. (2020a). The discursive performance of change process in systemic and constructionist therapies: A systematic meta-synthesis review of in-session therapy discourse. *Family Process*, 60(1), 42–63. <https://doi.org/10.1111/famp.12560>
- Tseliou, E., Burck, C., Forbat, L., Strong, T., & O'Reilly, M. (2020b). How is systemic and constructionist therapy change process narrated in retrospective accounts of therapy? A systematic meta-synthesis review. *Family Process*, 60(1), 64–83. <https://doi.org/10.1111/famp.12562>
- Vromans, L. P., & Schweitzer, R. D. (2011). Narrative therapy for adults with major depressive disorder: Improved symptom and interpersonal outcomes. *Psychotherapy Research*, 21, 4–15. <http://dx.doi.org/10.1080/10503301003591792>
- Wampold, B. E., & Imel, Z. E. (2015). *The great psychotherapy debate: The evidence for what makes psychotherapy work* (2nd ed.). Routledge.
- White, M. (1989). *Escape from bickering* [DVD]. American Association for Marriage and Family Therapy.
- White, M. (2007). *Maps of narrative practice*. Norton.
- White, M., & Epston, D. (1989). *Literate means to therapeutic ends*. Dulwich Centre.
- White, M., & Epston, D. (1990). *Narrative means to therapeutic ends*. W. W. Norton.

- Wilson, S., Breen, A. V., & Dupré, L. (2019). *Research & reconciliation: Unsettling ways of knowing through indigenous relationships*. Canadian Scholars.
- Wulff, D., & St. George, S. (2014). Research as daily practice. In G. Simon & A. Chard (Eds.), *Systemic inquiry: Innovations in reflexive practitioner research* (pp. 292–308). Everything Is Connected Press.
- Wulff, D., & St. George, S. (2020). We are all researchers. In S. McNamee, M. M. Gergen, C. Camargo-Borges, & E. F. Rasera (Eds.), *The Sage handbook of social constructionist practice* (pp. 68–76). Sage.
- Žak, A. M. (2022). What is helpful: The client's perception of the solution-focused brief therapy process by level of engagement. *Journal of Solution Focused Practices*, 6(2), 4–19. <https://digitalscholarship.unlv.edu/journalsfp/vol6/iss2/5>