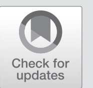

Doing Qualitative Research

Sofie Bager-Charleson

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Learning Goals

After reading this chapter, you should be able to:

- Consider research in terms of different activity domains and research interests;
- Recognise where and how qualitative research can be useful and on what basis decisions about methodology can be taken;
- Be aware of what constitutes reliability and validity in qualitative research, for instance 'specificity' and 'reflexivity';
- Consider different types of reflexivity, for instance introspective, intersubjective and social critique.

Research Interests and Activity Domains

Mental health and emotional wellbeing are neglected and notoriously difficult areas to research. Under the umbrella of a research group called Therapists as Research Practitioners, we have explored obstacles and opportunities to do research from the perspectives of counsellors, psychotherapists and counselling psychologists (Bager-Charleson, du Plock and McBeath 2018, ii. Bager-Charleson, McBeath and du Plock 2019, iii. McBeath, Bager-Charleson and Abarbarnel 2019). We introduced some of our findings in the previous chapter. Our literature review highlighted first how studies often describe therapists' research activity as 'limited' and the research knowledge as 'unstructured' or 'patchy' (Prochaska and Norcross, 1983; Morrow-Bradley and Elliott 1986; Beutler, Williams, and Wakefield, 1995; Boisvert and Faust 2005; Morrow-Bradley and Elliott; Castonguay et al. 2010; Darlington and Scott, 2002; Tasca 2015). This literature review suggested, for instance, that:

- Therapists, historically, have rarely initiated research.
- Therapists rely more on discussions with colleagues than on research.
- Therapists' knowledge around research tends to be 'patchy' and in-depth knowledge is associated with topics of personal interest.
- Therapists are, for instance, more informed by clinical experience, supervision, personal therapy and literature than by research findings.
- Therapists' research also often stems from an unstructured integration of knowledge gained from workshops, books and theoretical articles.
- Therapists do read research, but not as often as other researchers do.
- Therapists tend to be critical of the clinical relevance of much research and also about the clarity of presentation.
- Therapists and researchers are developing disconnected bodies of knowledge.

Our own research, and subsequently this book, developed in response to this critique. A number of questions have guided our interest: How do therapists describe their relationship to research? How might they position themselves epistemologically when doing research compared to in clinical practice? And how do therapists access others and disseminate own research, for instance in academic journals?

Regrettably, lack of opportunities, fear and lack of confidence appeared several times (McBeath, Bager-Charleson and Abarbanel 2019) in the replies, for instance:

- Lack of support to do research at work;

- Fear of seeming self-important and emotionally detached by focusing on research as a counsellor;
- Fear of not being able to write to the required standard;
- Fear of negative evaluation;
- Fear of criticism or doing harm or being found to be a 'rubbish' therapist and others are better than me;
- Fear of being rejected;
- Fear of failure and peer judgement.

Where to Start – And Why?

Research interests and focuses vary enormously, but an obvious starting point is usually something in our clinical practice which doesn't quite work. This can relate directly or indirectly to your practice. Some typical 'activity domains' (Barkham et al. 2010) for therapy related-research are:

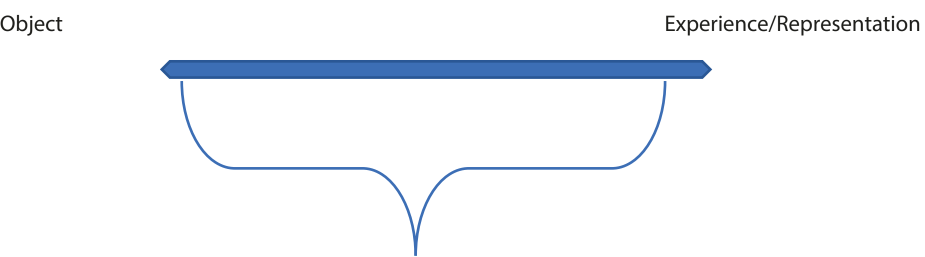
- *Efficacy research*, which is rated highly in the NICE guidelines favouring specific, measurable aspects of therapy to produce clinically measurable effects under 'ideal' conditions; this means testing hypotheses under conditions that are as similar as possible.
- *Effectiveness research.* Effectiveness refers to what extent therapy achieves the intended results under as 'normal' or usual circumstances as possible, often by exploring efficacy in a wider context (Barkham et al. 2010: 23).
- *Practice research,* which reflects a broad 'research domain' and will remain in focus throughout this book. Barkham et al. (2010) assert that 'rather than controlling variables as in an RCT [as in Efficacy studies], practice research aims to capture data from routine practice ... to reflect everyday clinical practice' (p.39). In this chapter we will expand on the concept of 'practice research' with a special focus on practice-based *qualitative* research.

We will explore all domains in this book. Depending on activity domain and research question, your methodology will vary; we hope that each chapter will give you a full flavour of different potentials with each approach.

> **Activity**
> What do you wonder about, and perhaps regard as a problem or a burning interest? List three issues which you can return to and choose from later on.

How to Do It?

The most common distinction is whether to use a 'qualitative' or 'quantitative' approach, which we have already introduced but will expand on slightly here.



■ **Fig. 2.1** Qualitative research for the gap between object and experience

Quantitative research, as mentioned, suits studies where generalisations and causal lines of enquiry are considered relevant. It is helpful for exploring change and considering questions about how many and how much. Questionnaires and statistical records are examples of quantitative methods which can transform many responses into numbers for statistical analysis. *Qualitative research* will, as mentioned, be at the forefront in this chapter. It is a broad church ultimately revolving around the complex area of *experiences*. It positions itself in the gap between objects and their representations (Ritchie, Lewis, McNaughton Nicholls, Ormston 2014), with an interest in human existence in terms of how we experience it (■ Fig. 2.1).

On a simple level, for instance if we wanted to research traffic behaviour at a traffic light, a quantitative research will be helpful to measure traffic behaviour. A survey can help to measure *how many times* and *how often* the driver slows down, accelerates and stops at the changing lights. Qualitative research can help to understand how different drivers *experience* the traffic light; what meaning might the changing lights have for them? Such meanings will be assumed to differ and involve ambivalent and ever-changing meanings.

Interviewing drivers might help to understand more about what changing lights represent to different drivers in terms of their personal, socio-cultural, gender and life stage-related contexts. Such an understanding is, in turn, from the perspective of qualitative research meaningful in relating to the conundrum of living in general but will also be useful for understanding more about the motivations behind traffic light behaviours. Qualitative research strives in this sense for a "three-dimensional" (Saldana 2012) understanding of people, focusing on depth of being and on what each of us might believe, think and feel, and why, as illustrated in ■ Fig. 2.2.

Seeking to Connect with the Experience of Doing Research

Our own first study (Bager-Charleson, du Plock and McBeath 2018) into how therapists experienced research was a qualitative study. We focused on therapists' spoken and written accounts in dissertations, research journals and interviews. This included exploring doctoral dissertations (n = 50), interviews (n = 7) and research

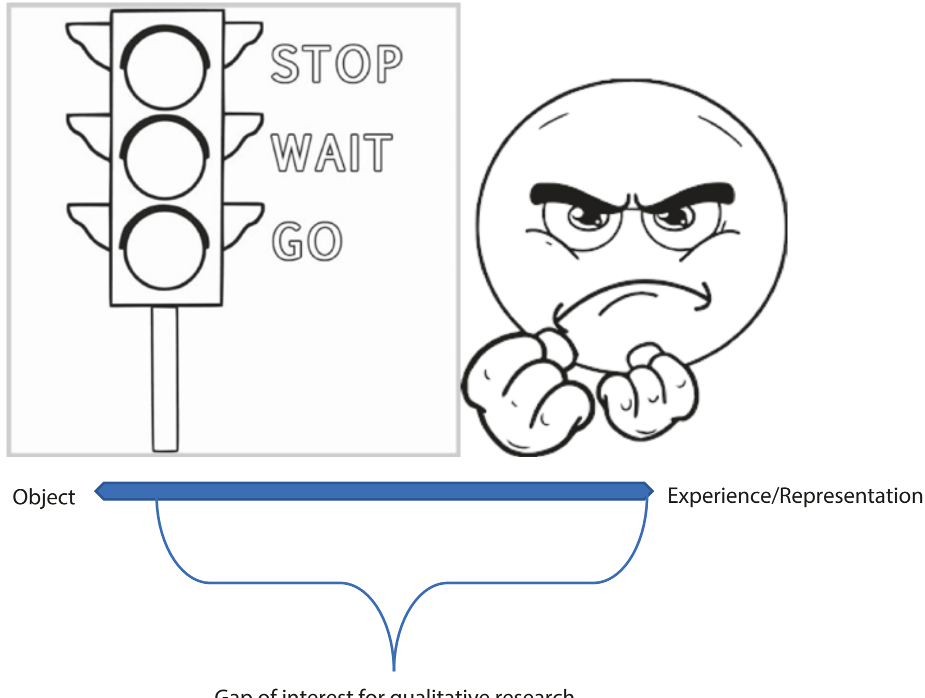


Fig. 2.2 Object and representation

journals (n = 20) across 19 cohorts and years from one professional doctoral programme. Our 'narrative-thematic' study (Bager-Charleson, du Plock, McBeath 2019) aimed to capture the richness and complexity involved in peoples' ways of making meaning.

Several therapists described becoming unwell during their data analysis work, with unexplained pain, hypertension, palpitations, chest pains, panic attacks and difficulty sleeping being some of the self-disclosed symptoms recorded. Therapists described especially the process of data analysis as an intense and deeply challenging one, referring to visceral, embodied upsets from an 'excessive immersion' with the data. One therapist said, 'I've agonised so much, feeling like a fraud, so stupid … all the time thinking that I am doing this right with themes and codes and tables'. Another therapist referred to the intense workload, to 'the sheer amount of data … I really did eat, sleep and breathe the research'. Some therapists commented on feeling 'heady'; one said, 'I became stuck at the structural level of data analysis. I had played in the words so much I lost sight of the body'. And 'my immersion in their stories [made it] difficult to 'let go'. Engaging with transcripts was often overwhelming from an emotional point of view; whilst used to reflect and seek support to process emotions in clinical practice, they referred to difficulties in knowing where to turn for their responses in research. One therapists said, 'I was overwhelmed by mixed emotions. I found myself laughing at some and crying at others

… Where do you take theses feeling in research?' Many therapists expressed feeling unprepared for the lack of self-care in research, one addressing how 'the literature on qualitative research emphasises the importance of protecting the research participants. There is not much on protecting the researcher'.

Storying Our Findings

For us, trying to communicate and 'story' our own findings was difficult. We shared the participants' despair: How could we choose and do the accounts justice? We kept some full stories to communicate the often both intense and reflective rhythm and tone of the participants. Group or pair analysis was helpful; when analysing we shared a sense of the narratives following certain trajectories, or plot lines. One particularly common 'trajectory' was one beginning in good intentions, reflecting therapists' enthusiasm for 'finding out', followed by feeling overwhelmed and lost, but usually moving on to communicating a 'happy ending'. The example below is an account from a therapist who is 45 years old and works as a lead therapist in the NHS. His expansion on his experiences of what to use came across as a rich example of transformative learning. It communicates the level of agony which can be associated with letting go of something as part of new learning. We will call him 'Peter'.

What Transformative Learning *Feels* Like

'I am writing this and sending it immediately without any editing because I think that will help me tell it as it is …', writes Peter, who has volunteered to share his experience from doing his doctoral research 5 years ago in the field of therapy for clients from the LGBT community.

> … [Starting the study] I struggled to find a good, simple system for recording memorable quotes, significant thoughts. I read and read and read…but how could I ever retrieve, synthesise, analyse this mass of thinking? How would I even remember certain key points as they disappeared under the constant input I was subjecting myself to?
> […]I began to feel overwhelmed by the material coming in, by its sheer volume, and also by the existential challenge much of what I was reading presented to my own understanding of who I am and how I had come to think of myself in the way I did. About 15 months in I began to have heart palpitations. These were extremely alarming.. Sometimes at night, I would wake up, aware that my heart had skipped several beats, and with a sense of struggling for breath. Often, after having one of these experiences, I would sit up in bed and feel panic. The sensation of my heart skipping a beat, or suddenly racing, was very scary. And it was also shaming – something I didn't talk to with anyone in case they would think I was being ridiculous, or that I should give the research up if simply reading books was giving me such high levels

> of stress. When I finally decided I had to stop reading and start 'creating', an incredible tightness across my chest and a heavy 'band like' feeling across my forehead. I was sat in my study, with hundreds of quotes/cards strewn across the floor, and a deep sense of foreboding. At that point I literally had no idea of how I was going to shape the literature I had read (subject-related and method/methodology-related) into a coherent, elegant, 'whole'. I remember groaning out loud at the prospect – as though I was involved in heavy physical labour ('Peter', written personal narrative about research, our markings)

This overwhelming experience continued until what Peter describes as him reaching a turning point. He tells about having to engage with something within himself 'which needed to be laid to rest before something new could emerge':

> Picking up each card and realizing that somehow I needed to understand how what was written on it related to everything else written on all the other cards felt like – and indeed was – a mammoth task. Nonetheless**, looking back, I do think that there was something incredibly powerful about almost wrestling with the information in actually engaging something within myself which needed to be laid to rest before something new could emerge.** Additionally, having physical 'bits' of information, as opposed to just bites of data on a computer, engaged me in a whole-person way that I don't think using some piece of qualitative data analysis software could ever have done. I felt more confident, I was developing a mind-map against which to cross-reference each additional story I heard **I had begun to interrogate those stories from a social constructionist angle,** seeing them as not just the personal creation of an individual but as emerging from within a particular social and historical setting.

When trying to represent our participants' accounts, we became inevitable co-creators, making decisions about what to include–and in what order and context. We wanted, as mentioned, to represent, for instance, Peter's account in full, as spoken by him, but chose to communicate our understanding of it with reference to what Gergen (1988) calls 'plot lines'. We read Peter's account as involving a progressive narrative turn, where Peter firstly reached tragedy but then moved away from it, towards a positive 'valued endpoint' characterised by new knowledge, deeper than expected and with an approach to 'not knowing' from a more considered, somehow 'owned' place:

> The palpitations did, however, continue right up until I made my final presentation. Then, amazingly and much to my relief, they stopped and have never returned. For me, they attest to the **reality that undertaking research into areas which are deeply meaningful and important to us as people, not just as academics, lays us open to challenge and struggle at very deep levels**. To my mind, they represent an existential struggle with fundamental concepts or building-blocks of what it means to be human; a far-from-easy letting go of aspect of life which have felt like certainties and an opening up to anxiety and learning to live with it without the need to simply resolve it. Fundamentally, my embodied experience – the pain and the fear – have left me much more aware of how easily we/I seek solid ground to live on, when actu-

> ally there may be no such solidity. **Learning to live with uncertainty and possibility** is potentially liberating, but also deeply challenging. From that perspective, my journey continues, but what I learnt from my research (and strangely, it's much more about the literature review than it is about my participants' stories) continues to guide me and enlighten me. ('Peter', in parts from Bager-Charleson, du Plock and McBeath 2018)

The feelings of being lost, isolated and emotionally vulnerable were shared, and it felt appropriate to also look for themes in each participant account and across the group. Some separate themes were gathered into clusters, for instance 'seeking supportive coping strategies', within which some discrete coping strategies were identified as:

- Reconnecting with therapy practice
- Research journal
- *Supervision*
- Personal therapy
- Embracing discomfort
- Developing 'other mediums' to help to go 'where words wouldn't go'

How Many, How Often?

In comparison to this narrative-thematic study, our two subsequent studies (Bager-Charleson, du Plock, McBeath 2018, McBeath, Bager-Charleson, Abarbanel 2019) became guided by questions about 'How many?' and 'How often? I am mentioning those studies here to illustrate the shift of focus. Study number 2 was a mixed methods study aimed at training organisations within and outside the UK. The study generated data from an online survey ($n = 92$) and interview ($n = 9$)-based narrative-thematic analysis. Some key questions were: How do therapists describe their relationship to research? What amount of formal research training do therapists have? To what extent do therapists feel that their own research is valued? How do therapists perceive research—what sort of activity is it? To what extent does research inform therapists' clinical practice?

We found, for instance, that therapists rated the 'not knowing' as a significant source of understanding in their clinical practice; when asking how therapists generated knowledge in their practice a majority rated embodied, visceral and usually unspoken and unmeasurable forms of knowledge as particularly significant means of knowledge (◘ Fig. 2.3).

The high proportion of therapists referring to 'not knowing', ambivalence and unspoken forms of knowledge could then be compared and open for speculation about how their view of clinical knowledge might relate to their research interests. ◘ Figure 2.4 captures the response.

Our third study (McBeath, Bager-Charleson and Abarbanel 2019) focused, in turn, on therapists' involvement in academic writing. We were interested in how, if at all, they accessed others' and disseminated own research within the wider academic community through articles. The survey ($n = 248$) showed that over 80% of

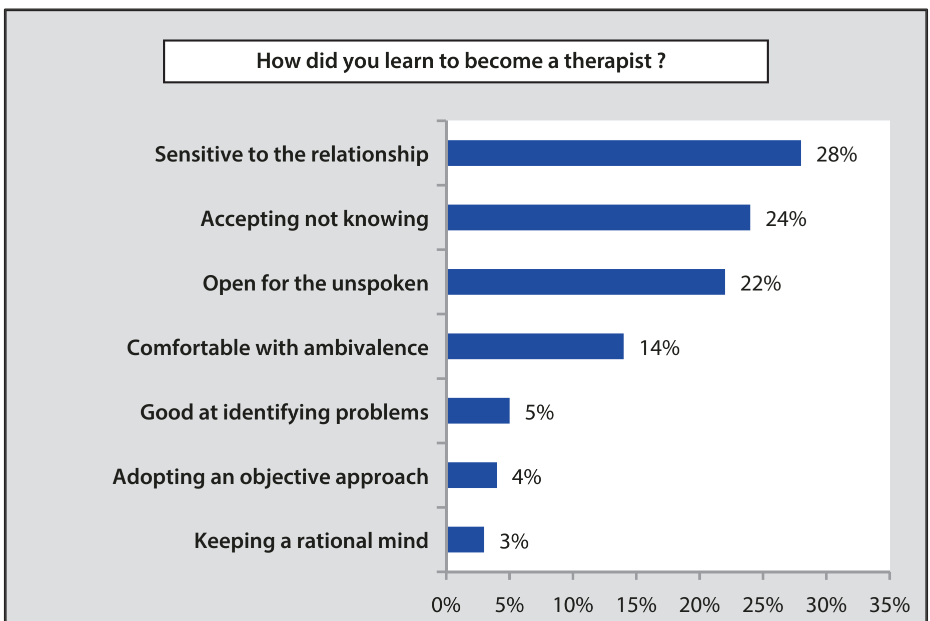


Fig. 2.3 The role of ambivalence and not-knowing in therapy. (Adapted from Bager-Charleson, McBeath, du Plock 2019)

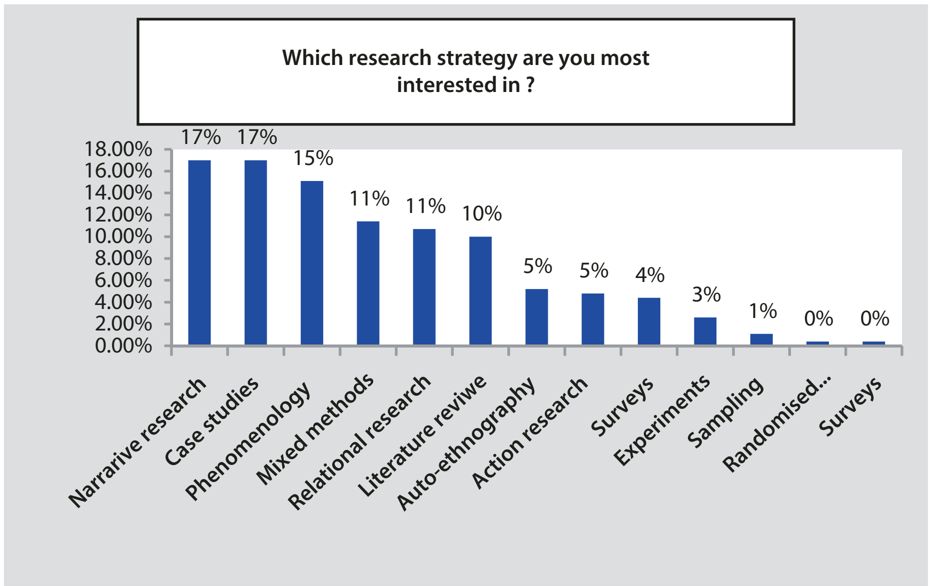


Fig. 2.4 Therapists' preferred research interests. (Adapted with permission from study Bager-Charleson, McBeath and du Plock 2019)

participants described their clinical practice as informed by reading published material, but nearly a third of respondents (32%) expressed a lack of confidence about writing for publication. Many therapists had engaged in academic writing before; this reason accounted for 22% of all responses. A further 20% accounted for fear of rejection.

Research Validity

The examples above illustrate how different research approaches can add to and complement the exploration. In our case it felt helpful to go both deep and broad. This can, however, as suggested in the previous chapter, involve having to address some conflicting epistemological positionings.

One of the many reasons that mental health and emotional wellbeing is so difficult to research lies in our historical and socio-cultural disagreement about what the *mind* 'is' and how we understand 'it'. Evidence-based research often refers to qualitative research as less trustworthy than research which follows the scientific model, RCT (random control trial)-based research in particular.

Some of the key standards within qualitative research relate to the extent to which it addresses *'specificity'* and '*reflexivity'* (Banister et al. 1994, p.21, my marking). In quantitative and scientific research 'specificity' often refers to being *different* to what is 'normal' or expected; sometimes it is used synonymously with being '*peculiar*' in the sense of being strange or odd. The earlier mentioned idiographic focus puts the unique at the forefront, often focusing on what makes us different rather than on what is 'normal' in the sense of the same and shared by many. This turns some of the natural scientific criteria for validity on its head. Whilst research validity and reliability in scientific research depends on objectivity and replicability, a qualitative research study can never be exactly replicated since the unique interplay of experiences forms the basis of the study. It should, however, be possible to trace and validate a qualitative research study, in terms of its interpretive stages. And this puts reflexivity and the issue of the positioning of the researcher at the forefront. Ultimately, qualitative research focuses, as suggested, on the experience or representation of something, rather than on a 'thing-in-itself'. Some regard the ambivalence and complexity surrounding experiences as interesting and significant. They seek, as Rupert King illustrates in the next chapter, to 'dwell *with* the mystery'. Others turn to explanations and clarity. A key figure in quantitative research, René Descartes, refers to a dwelling with the mystery of experiencing as 'being like madmen… not knowing whether we are awake or asleep' (1641/2011, p.22). Descartes (1596–1650) was a realist who sought a reality 'out there', independent of our minds. He was also a 'rationalist', aiming to explain through reason inspired by mathematics and geometry. Returning to the term epistemology, which derives from the ancient Greek words 'episteme', meaning 'knowledge', and 'logos', meaning 'rational', we can see how what is regarded as rational or not will vary depending on our starting point about reality. The Cartesian use of doubt became a means to find certainties by eliminating what could be subjected to doubt. Descartes (1641/2008:24) hoped to '[demolish] everything completely and start

again right from the foundations ... to establish anything at all in the sciences that was stable and likely to last'. Descartes (1641/2008:23) writes, 'Arithmetic and geometry and other subjects of this kind, which deal only with the simplest and most general things ... contain something certain and indubitable. For whether I am awake or asleep, two and three added together is five, and a square has no more than four sides. It seems impossible that such transparent truths should incur any suspicion of being false' (Descartes 1641/2008:23).

At the other end of the 'ontological' debate about what we find real and regard as our focus of enquiry have been the Idealists, like the philosopher Berkley (1685–1753) who coined the phrase 'esse est percipi', 'to exist is to be perceived', and approached 'objects' purely as collections of sensations appearing in our minds; everything which we hold as reality literally ceases to exist the moment we leave the room.

Since then, phenomenology, interpretivism, constructivism and social constructionism have developed to explore the area of shifting, changing experience–usually with a shared critique of the Cartesian dualist stance.

Phenomenology

Phenomenology plays a crucial role in qualitative research. Phenomenology raises questions such as 'What is this kind of experience like; how does the lived world present itself to the client?' Van Manen (2017) asserts that 'the challenge of phenomenology is to recover the lived meanings of this moment without objectifying these faded meanings and without turning the lived meanings into positivistic themes, sanitized concepts, objectified descriptions, or abstract theories' (p.813). We can see this resonating with the kind of knowledge we often look out for in therapy. Therapy often revolves around 'truths' which 'do not have the property of extension or tangibility', as Symington (1986) puts it; 'it cannot be measured but it does exist':

> Most psychological realities do not have the property of extension or tangibility; a dream, a hallucination, a belief, a thought. Truth is a reality of this nature. It cannot be measured but it does exist; the fact that is it difficult to define does not detract from this. (p.17)

Phenomenology aims to explore experiences from a subjective point of view. The early phenomenologist Husserl (1859–1938) spoke about what he called 'intentionality' to highlight a relationship between an 'intentional' act, ranging from perception, thought and emotions to social or linguistic activity, as directed to an object. Husserl (1960/1999:77) writes, 'The world, with all its Objects ... derives its whole sense and its existential status ... from me myself'. Merleau-Ponty (1999) echoed this, suggesting that 'everything I know about the world, even through science, I know of the basis of a view which is my own ... We must not wonder, then, if we really perceive a world. Rather, we must say that the world is what we perceive' (p.82, 86). Merleau-Ponty became a proponent of existential phenomenology which aimed for an in-depth, *embodied* understanding of human existence.

We will return to the issue of epistemological stances, to see how constructivism has grown from an interest in individual meaning makings, and social constructionism from focusing on how relational, cultural and social aspects both construct and convey interpretative frameworks, as we explored earlier. We will, however, also explore critical realism and mixed methods to see how deep, idiographic understandings might sometimes complement rather than be in conflict with broad nomothetic forms of knowledge for a trans-methodological approach to the complexity of human beingness, emotional wellbeing and mental health.

How to Do Phenomenology?

Perhaps needless to say, qualitative research takes a lot of time and effort. The analysis stage is particularly consuming, as suggested earlier in our narrative study (Bager-Charleson, di Plock and McBeath 2018). Narrative research focuses, as suggested (and explored later), on peoples' narrated experiences. The Interpretative Phenomenological Analysis (IPA) is a popular approach within phenomenology today. It shares an overriding phenomenological aim of getting 'close to the participant's personal world' (p.53), as if entering their world or standing in their shoes, but it is also interested in how, who, why and to whom people tell their experience.

IPA interviews typically include questions aimed to 'explore sensory perceptions, mental phenomena (thoughts, memories, associations, fantasies) and, in particular, individual interpretations' (Pietkiewicz and Smith 2014, p.11). Contrary to the descriptive phenomenology (Giorgi 2009), IPA asserts that it is impossible to fully experience the world from another's perspective, and the way experiences travel from one person to another is part of the focus of the study. Research is therefore approached as 'a dynamic process with an active role for the researcher in that process [where] access depends on … the researcher's own conceptions; indeed, these are required in order to make sense of that other personal world through a process of interpretative activity' (Smith and Osborne 2016, p.53).

IPA typically aims for purposive sampling based on the criterion that the research question is relevant and of shared significance for selected participants. The idiographic focus, for example the interest in each unique experience, means that the number of participants in small IPA (and phenomenology in general) is not driven by a nomothetic interest in generalisations; the focus is more on what makes people unique than on what they share and have in common. Having said that, IPA involves considering themes, and clusters of themes, from each case which will eventually be related to the others as part of the analysis.

The analysis starts with an initial aim for researchers to 'totally immerse themselves in the data or, in other words, try to step into the participants' shoes as far as possible' (Pietkiewicz and Smith 2014, p.11). It approaches the participants' accounts several times, expecting each reading and recording-listening to offer new insights, starting with immersion followed by new layers of 'framings' to gradually formulate emerging themes and then begin to look for connections and groupings of themes together 'according to conceptual similarities' (Pietkiewicz and Smith 2014, p.12).

This can be done using NVivo software or manually, using pen and paper for comments and themes in the margin, followed by listing major themes and subthemes with short transcript extracts highlighted by line number for easy tracing.

► Example

Integrative Therapists' clinical experiences of personal blind spots. An Interpretative Phenomenological Analysis, by Paula MacMahon

This study uses Interpretative Phenomenological Analysis to explore relational-integrative psychotherapists' lived experience of a personal blind spot in their therapeutic work. The five female participants aged between 42 and 60 years of age have between 2 and 20 years clinical experience. Each participant was interviewed on two separate occasions, with a period of 1 month between interviews. The inductive approach of IPA sought to capture the richness and complexity of participants' lived emotional experiences. Three superordinate themes and seven subthemes emerged from the interviews: Feeling the pressure; Facing a Blind Spot – the 'missing piece' and A Curious Kind of Settling. Theme one explores participants' difficulties with personal exposure and a loss of self-awareness when personal issues are triggered by client work. It also describes maladaptive coping skills such as avoidance, employed to cope with feelings of vulnerability. Theme two describes the process of facing a personal blind spot where participants recognise the impact of their personal needs and history on the therapeutic relationship. Theme three describes how participants develop an expanded sense of self-awareness and capacity to be present to their clients' concerns through self-compassion and by learning to tolerate difficult affects. The findings suggest that unprocessed fears about personal exposure and shame impact on therapists' ability to be emotionally responsive to their clients' needs. The study recommends that continued research be undertaken into resilience towards shame, so that therapists can work at greater relational depth. Some aspects of these findings can be found in previous research on countertransference with participants of varying experience and varying therapeutic modalities. Given the centrality of the therapeutic relationship as a vehicle for successful therapeutic outcome (and the current lack of improvement in outcomes), research that furthers our understanding of therapists' emotional resilience and personal efficacy can help guide training and supervision. ◄

IPA adopts a 'double hermeneutic' stance to peoples' lived experiences, which as mentioned involves understanding more about the way that people not just experience but also *interpret* and *communicate* pre-understandings when referring to experiences. How experiences are adapted through narratives and 'stories' about selves and others is an area of particular interest for narrative research.

Narrative Research

Narrative research draws on pace, emphasis and rhythm of the spoken words to communicate the narrative structure, meaning and emotional impact. It also focuses on how our narratives both convey and produce personal as well as cultural

layers of understandings about self and others. Our narratives and stories about our own and others' experiences are approached as paths into how people arrange information (prioritising, emphasising, ordering, etc.) and interpret (making good, bad, right, wrong, etc.) these experiences and events. Our stories, in other words, not only communicate what has happened, but also how values, beliefs and experiences guide our interpretations of events and experiences.

Reflection

The speaker's pauses, repetitions, silences, emphases and so on help to communicate how the narrative is constructed. Stanza is an impactful way of capturing the emphasis and rhythm of the spoken word. Try to think of an own recent example, akin to the one below.

Example: Ruth enters the third session with her coat on; she keeps it on when she says:

'I really enjoyed our last session. I feel safe here, not like everywhere else I'm scrutinised and judged'.

Afterwards, the therapist is left ambivalent over mixed messages. She prepares for her supervision by recounting some of what Ruth said in stanza to better capture her sensed meaning of the words:

'I feel safe here
not
like everywhere else
I am scrutinised
and
judged'.

Narrative Research

Polkinghorne (1988) positions narratives at the heart of psychotherapy.

'Psychotherapy and narrative have in common the construction of a meaningful existence. When they come to the therapeutic situation, clients already have life narratives, of which they are both the protagonist and author [arranged into plots] (p.25) Polkinghorne also emphasises the power of re-authoring stories about ourselves and others; 'one's past cannot be changed [but] the interpretation and significance of these events can change' (p.25).

Personal and Cultural Values About Self and Others

Narrative research has in turn played an important role in the development of postmodern and social constructionist thinking, which emphasises how narratives both give form to shared beliefs and transmit values. Polkinghorne (1988) sums up the significance of narratives on both a personal and a cultural level:

[N]arratives perform significant functions. At the individual level, people have a narrative of their own lives, which enables them to construe what they are and where they are headed. At the cultural level, narratives serve to give cohesion to shared beliefs and to transmit values (p.14).

Narrative research explores how narratives or stories convey complex patterns about identity construction influencing social discourses, highlighting how 'meanings depend on who is speaking' (Arvay 2003, p.165). Absence of narratives is, first, a significant obstacle for any sharing, discussing and exploring of certain experiences.

Absence of Narratives About Self

The example below shows another study, by the therapist Mirjam, who develops therapeutic support for survivors of sex trafficking. *Not* having narratives to refer to experiences is one of the obstacles to understanding, healing and reaching new meanings.

► Example

Psychological Work with Survivors of Sex Trafficking: A Narrative Inquiry of the Impact on Practitioners, Mirjam Klann Thullesen (2019):

This study contributes to the limited body of psychological literature in the field of human trafficking through presenting new and applicable understanding about the impact on psychological practitioners of working with women survivors of trafficking for sexual exploitation. Underpinned by feminist postmodern values this study is shaped as a story of resistance against the marginalisation and oppression of women's voices. In taking a narrative inquiry approach to exploring both the singular and common experiences of impact, four women practitioners were interviewed, twice each. The design was collaborative, incorporating analysis and feedback between interviews, as well as drawing on poetic representation taken from interview segments. Each participant worked in different, often multifaceted roles, as psychologist, psychotherapist, counsellor and expert witness, yet all are psychologically trained. The three core aims of the study were, firstly, to expand understanding about the individual experiences of personal and professional impact. Secondly, to highlight the support required for practitioners working with survivors of trafficking for sexual exploitation. Through giving voice to practitioners, the third aim was to provide a new body of evidence in this much under-researched area, contributing towards improving clinical effectiveness. Across the four narratives, five different subject areas were identified: A personal philosophy, rite of passage, boundaries, protective factors, and knowers and not-knowers. These headings gave rise to a discussion of how practitioners are impacted in the immediate, on a psychological, social and embodied level, as well as longer-term. The underlying personal philosophies of practitioners emerged as both motivating and protective in the work. Pertinent was also how the impact of the work changed at different points in a person's career, the initial rite of passage representing a particularly challenging time in terms of impact and learning about boundaries. The individual understanding gained from the four narratives led to concrete output in the form of a template for a practice-based manual of recommendations, for application with organisations and individuals offering services to survivors of trafficking. ◄

Dominating Presence of Narratives

There are, second, several examples of how the *presence* of certain dominating narratives has impacted our therapeutic practice, ranging from narratives about 'hysteria' to 'gay aversion' therapy which illustrate Aguinaldo's (2004:132) exploration of narratives surrounding 'health' and 'illness' that highlight examples of how narratives surrounding slaves have conveyed meanings and uphold certain powers. Drapetomania was, for instance, a term used for 'mental illness' to describe the cause of enslaved Africans escaping captivity. 'Healthy' black men were thus 'once conceived as those who remained subordinated by white supremacist rule. Political resistance to that rule (e.g., black slaves fleeing white supremacy) was viewed as a form of sickness – drapetomania ... "Health", like "truth" – and thus, validity – can be used as a means to maintain unequal social relations' (p.132). The case study below illustrates further a valuable perspective on 'power' in the therapeutic relationship. The concept of 'intersectionality' offers a significant framework to explore power from multiple dimensions and angles, as described by the counselling psychology doctoral student Sabina Kahn below.

► Example

Research to reflect on practice, by Sabina Kahn

This autoethnographic study explores how my personal narratives about oppression, due to my intersectional socio-cultural and political positioning within my personal milieu, relate to my experiences of power in the therapy room, both as a therapist and a client. What happens when I – an older, lesbian woman of Indian descent and an Islamic religious background, born and raised in South Africa under the system of Apartheid – I am faced in the therapy room with another (client or therapist), who I view as differentially situated within the power structures that shape the societies we occupy? Does my subjective social and cultural positioning and level of awareness of my place/s in the social hierarchy, affect the way I conceptualize the psyche and its operation? Does it affect the way I experience my therapist, as a client, or the way I approach and understand my clients, as a therapist? Does it enhance that view or obstruct it? Beyond these issues, the research considers what might be re-enacted in the therapy process itself when the therapist is a member of or strongly identifies with a privileged and dominant group and the patient is/does not – and vice-versa.

Taking the position that identity is intersubjective – that my own multiple identities, and consequently my access to power in its many forms, are fluid and emerging in relationship – the research sought, through a single participant autoethnographic design to discover how my own own subjective socio-cultural positioning, ideological commitments and personal values might impact on the therapeutic relationship. My life narratives about intersectionality and experiences of power in the therapy relationship both as a therapist and as a client were therefore elicited through semi-structured face-to-face interviews in conversation with a trusted and willing critical research friend. As a therapist who has herself occupied various subordinate social and political positions and who has herself been taught to distrust and reject her own perceptions in order to capitulate to the perception of what [can be described] as dominant cultural beings […] I am deeply aware of the very real possibility that I too, as a counselling psychology and psycho-

therapy trainee – and in this sense, myself a dominant cultural being – could become so immersed in […] the "authoritarianism" of my own world view that I may not only universalize that view but also become oblivious that I am doing so. Thus, Interactive conversations were also carried out with 2 co-participant therapists from my personal/social network, who share my beginnings in a particular historical, socio-cultural and political milieu in South Africa to explore similarities or differences in our experiences of power in our relationships to the other and the clients we work with. ◄

We have looked at two forms of research which focus on understanding lived experiences, to develop therapeutic support. Both Phenomenology and Narrative Inquiry typically build on small groups of participants, with an interest in each unique case and the interplay of factors which may be specific to that person, in the context of her family background, gender, time and socio-cultural setting.

Research Reflexivity

In interpretive research, the researcher's experiences of others' experiences become a natural part of the study. Reflexivity 'asks' us, as Stuart and Whitmore (206:157) put it, 'to examine the process of how what we see and understand in a situation is influenced by our own subjectivity'. Subjectivity as used in the broadest sense (Stuart and Whitmore 206:157) involves:

- Cognitive and theoretical constructions
- Embodiment (ethnicity, gender, social position, sexual orientation, ability and age)
- Biography
- Values
- Ethics
- Emotions.

The concept of reflexivity originates from attempts to critically review the researcher's 'situatedness' (Haraway 1988) and positioning within a study to always link knowledge to the knower. There are now several definitions of reflexivity; Finlay and Gough (2003, p.6) refer to different 'reflexive variants', such as:

- *Introspective*
- *Intersubjective*
- *Collaborative and*
- *Socio-politically informed* 'variants' to reflexivity.

The 'variants' or reflexive approaches are interlinked and all involve the aim to 'explore the mutual meanings involved in the research relationship' (Finlay and Gough 2003, p.6), for example how knowledge is linked to the knower, and 'meanings depend on who is speaking' (Arvay 2003, p.165).

As we saw earlier, phenomenological approaches like IPA emphasise the importance of referring to how the researcher's framings impact the interpretations; the researcher cannot objectively 'access' someone's experiences.

Reflexivity on Introspection

This approach to reflexivity uses the researcher's 'introspection' as a route into 'a more generalised understanding' (Finlay and Gough, 2003, p.6) about something. Autoethnography, phenomenological and heuristic research are examples of approaches where reflexivity draws on the researcher's *introspective* reflections, for instance as documented in researchers' poems, artwork, diaries, autobiographical logs and personal documents. We will see examples of this in the two following chapters. The reflexive documents play a crucial role in research validity and reliability, not so much to highlight biases but to evidence how 'both participants' and researchers' interpretations of phenomena are taken into account in the process of analysis' (Pietkiewicz and Smith 2014, p.7). A qualitative study cannot, as suggested, be replicated, but it should be possible to trace the researcher's line of inferences and decision making.

Intersubjective Reflexivity

Psychotherapy offers 'a very particular kind of relationship and a very particular kind of space in which we hope that new meanings can be made and new stories told, stories that may make life more liveable through an enrichment of meaning', as Bondi (2013, p.4) asserts. And qualitative research often remains consistent with this approach to knowledge. Hollway (2009) and Bondi and Fewell (2016) write about the importance of 'experience near' research about 'actual people' instead of aiming for a distancing, neutral research role. In intersubjective reflexivity the self-in-relation to others becomes 'both focus and object of focus' (Finlay and Gough 2003, p.6). Hollway and Jefferson (2000) suggest, for instance, that 'impressions that we have about each other' are often 'mediated by internal fantasies which derive from our histories of significant relationships' (p.93). 'Intersubjective reflexivity' adopts a sharpened focus on the *interaction* between participants and researchers and refers to that as part of the findings. The 'free association' (Hollway and Jefferson 2000) interview and the 'infant-observation' (Bicks 1997, Datler et al. 2012) model are used as examples of reflexive approaches where transference and countertransference are becoming significant means to generate 'data' and new 'knowledge' in research. Psychosocial research brings projection, transference and countertransference to the forefront. It addresses how 'unconscious intersubjective dynamics' (Hollway and Jefferson 2000, p.93) affect how 'we are influenced by our emotional responses' also in research. Holloway and Jefferson (2000) conclude that '[Psychosocial research] adopts a theoretical starting point [to] construe both researcher and researched as anxious defended subjects, whose mental boundaries and porous where unconscious material is concerned' (p.43).

The focus on emotions is surprisingly unusual even in therapy-related research, often ultimately guided towards improving our knowledge about emotional well-being. There are some welcome exceptions. Boden (2016), Denzin (1984/2009), Orange (1996, 2009), Spry (2001), Josselson (2011, 2013, 2016), Willig (2012) and Rennie and Fergus (2006) offer different perspectives to explore researchers' rela-

tional, emotional or embodied responses during research, including during the data analysis stages. Within the framework of Grounded Analysis, Rennie and Fergus (2006) refer to 'embodied categorization' as 'an approach to interpretation in which subjectivity is drawn on productively' (p.496). Van Manen (1990), Todres (2007), Anderson and Broud (2011), Gendlin (1997, 2009) and McGinley (2015) contribute with further theory about how to incorporate emotional and embodied responses into research. McGinley (2015) defines, for instance, 'embodied understanding' as an understanding which includes the knower's 'moods, affect, and atmosphere' (p.88) as sources of knowledge. Gendlin (1997) writes about the significance of 'staying with' the 'body-feel' as part of generating new knowledge. Tordes (2007) emphasises paying attention to a 'felt sense' as part of the analysis and writes about 'participatory experience' with an interest in how emotions are being evoked in the researcher.

Reflexivity as Social Critique

The introspective and intersubjective approaches to reflexivity focus in this sense on underlying *personal* meanings, whilst reflexivity focusing on social critique 'openly acknowledge[s] tensions arising from different *social positions* …in relation to class, gender and race' (Finlay and Gough 2003, p 12). Aguinaldo (2004) refers, for instance, to an 'epistemological straitjacket' dictated by a historic, narrow idea about 'truth' suitable for people traditionally in power. Smith (1999) resonates with this, arguing for a 'decolonization of research' to explore 'reality' from hitherto marginalised viewpoints linked to gender, culture and socio-economical aspects. As Spry (2001) suggests, the traditional, dominating Cartesian dualism can 'sever the body from academic scholarship' (p.724). Spry refers to an 'enfleshment', asserting that the 'the living body/subjective self of the researcher [is] a salient part … to study the world from the perspective of the interacting individuals' (p.711). Ellington (2017) resonate with feminist and post-structuralist theory about 'embodiment in research' and writes, 'Research begins with the body. Although some researchers remain unconscious of it (or deny it) embodiment is an integral aspect of all research… I am a body-self making sense with, of, and through other embodied people and our social worlds' (p.196).

Theoretical Reflexivity

Across all reflexive approaches is an aim to address and be transparent about the 'ambiguity of meanings [and] how these impact on modes of presentation' (Finlay and Gough 2003, p.12). Resonating with the role of social critique, the mixed methods researcher Hesse-Biber (2015) stresses the importance of critically considering *theory.* She regards mixed methods and pluralistic research as potential bridges across disciplines, assuming we are interested in expanding our understandings. She draws our attention to what role this discipline plays in a larger research context of w*hose 'reality' is being represented, and why?* Which discipline

speaks loudest, and which/whose knowledge building processes may be silenced as a result? These are some of the questions which Hesse-Biber (2015) addresses as she reflects on how 'each discipline needs and has its own set of reified concepts that help to facilitate communication within disciplinary communities, and these concepts become the building blocks of knowledge in any discipline' (p.172).

The building blocks can, however, also become walls and sources of dominance and divides. In their book about reflexivity, Alvesson and Skoldberg (2002) critique the remaining dominance of Cartesian reductionism with regard to how 'male domination has produced a masculine social science built around ideals such as objectivity, neutrality, distance, control, rationality and abstraction [undermining] alternative ideals, such as commitment, empathy, closeness, cooperation, intuition and specificity' (p.3).

Reflexivity 'requires an overt recognition of how a researcher's standpoint' (Hesse-Biber 2015, p.175) helps us to critically reflect on our discipline in the context of who 'gets to carve out and determine what knowledge becomes legitimated'? To what extent does this process serve specific ends? What is lost? What is gained, for whom? Who gets to challenge, reconstruct and reframe certain given concepts?

Activity

Hesse-Biber (2015) writes:

Dialogue and reflexivity within and across research inquiry communities of sameness and difference can provide the ground for coming together to identify, challenge, and negotiate the range of out across methods and methodological differences and thereby providing the possibility of innovation and negotiation and a vibrant mixed methods community of practice. (p.174)

Return to your initial list of interests. How might they fit into the research referred to in this chapter? Consider your interest and/or problem in the context of some of the concepts referred to in this and the previous chapter, for instance idiographic or nomothetic research interests.

- What are your experiences from research so far?
- What might you build further on and improve to actually *enjoy* doing research?
- What kind of support might you need for that?

We hope that each chapter will add to your ideas and allow you to build on what you already might wonder and be curious about.

Summary

Qualitative research focuses on the *experience* or representation rather than on a 'thing-in-itself'. An interest in the unique interplay of experiences approaches every person as special and interesting in their own right. In this chapter, we considered how 'specificity' and 'reflexivity' form important aspects of qualitative research instead of aiming for objectivity or replicability. This focus often resonates with therapists and their interest in the unique combination of the contributing factors of each

client, ranging from biography, life stage and gender to their socio-economic and cultural contexts. It also resonates with the significance of therapist self-awareness, and the emphasis on considering the practitioner's positioning, response and input in the interaction and interpretation. The chapter also considers different research areas and interests, suggesting an openness to learning from other perspectives to approach issues in the field of mental health and emotional wellbeing.

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