


Doing Qualitative Research

Sofie Bager-Charleson

Contents	4
Research Interests and Activity Domains – 000	5 6
Where to Start – And Why? – 000	7
How to Do It? – 000	8
Seeking to Connect with the Experience of Doing Research – 000	9 10
Storying Our Findings – 000	11
What Transformative Learning Feels Like – 000	12 13
How Many, How Often? – 000	14
Research Validity – 000	15
Phenomenology – 000	16
How to Do Phenomenology? – 000	17
Narrative Research – 000	18
Narrative Research – 000	19
Personal and Cultural Values About Self and Others – 000	20 21

22	Absence of Narratives About Self – 000
23	Dominating Presence of
24	Narratives – 000
25	Research Reflexivity – 000
26	Reflexivity on Introspection – 000
27	Intersubjective Reflexivity – 000
28	Reflexivity as Social Critique – 000
29	Theoretical Reflexivity – 000
30	References – 000

 Learning Goals	31
After reading this chapter, you should be able to:	32
– Consider research in terms of different activity domains and research interests;	33
– Recognise where and how qualitative research can be useful and on what basis decisions about methodology can be taken;	34
– Be aware of what constitutes reliability and validity in qualitative research, for instance ‘specificity’ and ‘reflexivity’;	35
– Consider different types of reflexivity, for instance introspective, intersubjective and social critique.	36
	37
	38
	39

Research Interests and Activity Domains 40

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 Abarbanel 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. 53
- Therapists rely more on discussions with colleagues than on research. 54
- Therapists’ knowledge around research tends to be ‘patchy’ and in-depth knowledge is associated with topics of personal interest. 55
- Therapists are, for instance, more informed by clinical experience, supervision, personal therapy and literature than by research findings. 56
- Therapists’ research also often stems from an unstructured integration of knowledge gained from workshops, books and theoretical articles. 57
- Therapists do read research, but not as often as other researchers do. 58
- Therapists tend to be critical of the clinical relevance of much research and also about the clarity of presentation. 59
- Therapists and researchers are developing disconnected bodies of knowledge. 60

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? 61

Regrettably, lack of opportunities, fear and lack of confidence appeared several times (McBeath, Bager-Charleson and Abarbanel 2019) in the replies, for instance: 62

- Lack of support to do research at work; 63

- 73 — Fear of seeming self-important and emotionally detached by focusing on research
- 74 as a counsellor;
- 75 — Fear of not being able to write to the required standard;
- 76 — Fear of negative evaluation;
- 77 — Fear of criticism or doing harm or being found to be a ‘rubbish’ therapist and
- 78 others are better than me;
- 79 — Fear of being rejected;
- 80 — Fear of failure and peer judgement.

81 **Where to Start – And Why?**

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

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

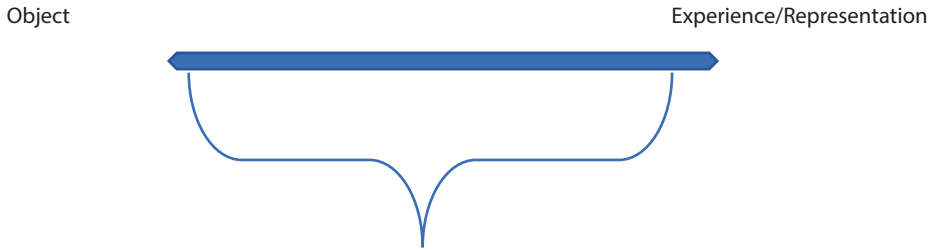
99 We will explore all domains in this book. Depending on activity domain and
100 research question, your methodology will vary; we hope that each chapter will give
101 you a full flavour of different potentials with each approach.

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.

102 **How to Do It?**

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



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

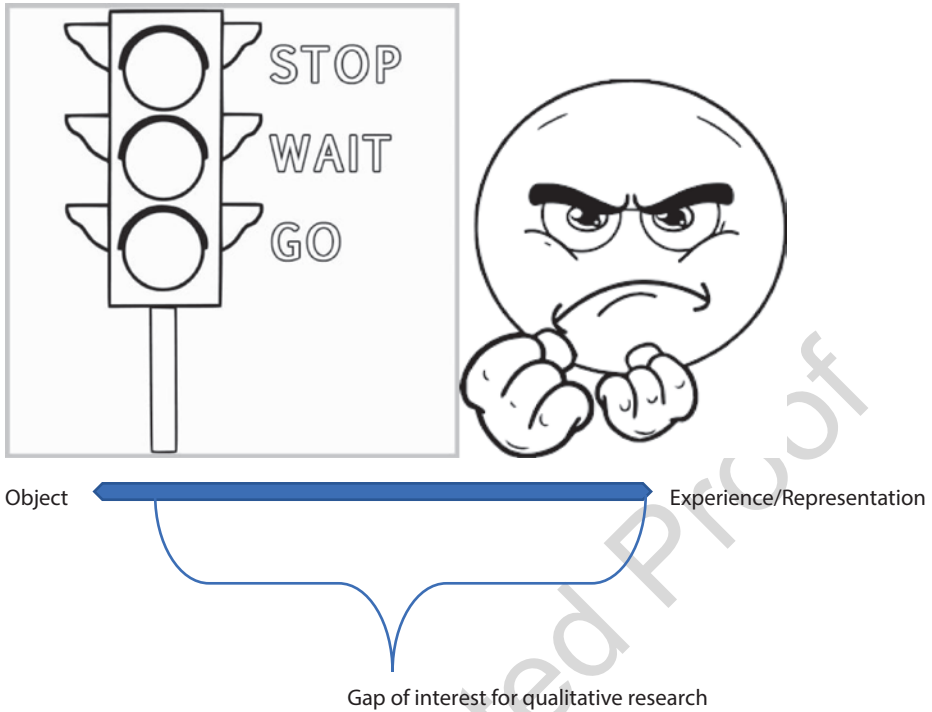
Quantitative research, as mentioned, suits studies where generalisations and causal lines of enquiry are considered relevant. It is helpful for exploring change and considering questions about how many and how much. Questionnaires and statistical records are examples of quantitative methods which can 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

136 journals ($n = 20$) across 19 cohorts and years from one professional doctoral pro-
 137 gramme. Our 'narrative-thematic' study (Bager-Charleson, du Plock, McBeath
 138 2019) aimed to capture the richness and complexity involved in peoples' ways of
 139 making meaning.

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

... Where do you take these feeling in research?' Many therapists expressed feeling 156
 unprepared for the lack of self-care in research, one addressing how 'the literature 157
 on qualitative research emphasises the importance of protecting the research par- 158
 ticipants. There is not much on protecting the researcher'. 159

Storying Our Findings 160

For us, trying to communicate and 'story' our own findings was difficult. We shared 161
 the participants' despair: How could we choose and do the accounts justice? We 162
 kept some full stories to communicate the often both intense and reflective rhythm 163
 and tone of the participants. Group or pair analysis was helpful; when analysing 164
 we shared a sense of the narratives following certain trajectories, or plot lines. One 165
 particularly common 'trajectory' was one beginning in good intentions, reflecting 166
 therapists' enthusiasm for 'finding out', followed by feeling overwhelmed and lost, 167
 but usually moving on to communicating a 'happy ending'. The example below is 168
 an account from a therapist who is 45 years old and works as a lead therapist in the 169
 NHS. His expansion on his experiences of what to use came across as a rich exam- 170
 ple of transformative learning. It communicates the level of agony which can be 171
 associated with letting go of something as part of new learning. We will call him 172
 'Peter'. 173

What Transformative Learning Feels Like 174

'I am writing this and sending it immediately without any editing because I think 175
 that will help me tell it as it is ...', writes Peter, who has volunteered to share his 176
 experience from doing his doctoral research 5 years ago in the field of therapy for 177
 clients from the LGBT community. 178

» ... [Starting the study] I struggled to find a good, simple system for recording mem- 179
 orable quotes, significant thoughts. I read and read and read...but how could I ever 180
 retrieve, synthesise, analyse this mass of thinking? How would I even remember 181
 certain key points as they disappeared under the constant input I was subjecting 182
 myself to? 183
 [...]I began to feel overwhelmed by the material coming in, by its sheer volume, and 184
 also by the existential challenge much of what I was reading presented to my own 185
 understanding of who I am and how I had come to think of myself in the way I did. 186
 About 15 months in I began to have heart palpitations. These were extremely alarm- 187
 ing.. Sometimes at night, I would wake up, aware that my heart had skipped several 188
 beats, and with a sense of struggling for breath. Often, after having one of these 189
 experiences, I would sit up in bed and feel panic. The sensation of my heart skipping 190
 a beat, or suddenly racing, was very scary. And it was also shaming – something I 191
 didn't talk to with anyone in case they would think I was being ridiculous, or that I 192
 should give the research up if simply reading books was giving me such high levels 193

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

202 This overwhelming experience continued until what Peter describes as him reach-
 203 ing a turning point. He tells about having to engage with something within himself
 204 ‘which needed to be laid to rest before something new could emerge’:

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

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

227 » The palpitations did, however, continue right up until I made my final presentation.
 228 Then, amazingly and much to my relief, they stopped and have never returned. For
 229 me, they attest to the **reality that undertaking research into areas which are deeply**
 230 **meaningful and important to us as people, not just as academics, lays us open to**
 231 **challenge and struggle at very deep levels.** To my mind, they represent an existen-
 232 tial struggle with fundamental concepts or building-blocks of what it means to be
 233 human; a far-from-easy letting go of aspect of life which have felt like certainties
 234 and an opening up to anxiety and learning to live with it without the need to simply
 235 resolve it. Fundamentally, my embodied experience – the pain and the fear – have
 236 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?

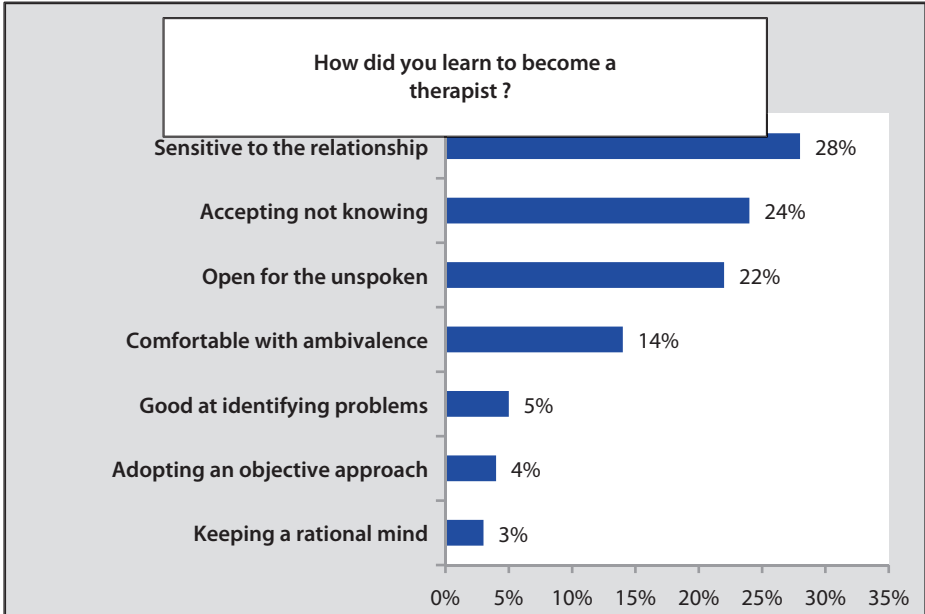
We found, for instance, that therapists rated the 'not knowing' as a significant source of understanding in their clinical practice; when asking how therapists generated knowledge in their practice a majority rated embodied, visceral and usually unspoken and unmeasurable forms of knowledge as particularly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

[AU2](#)

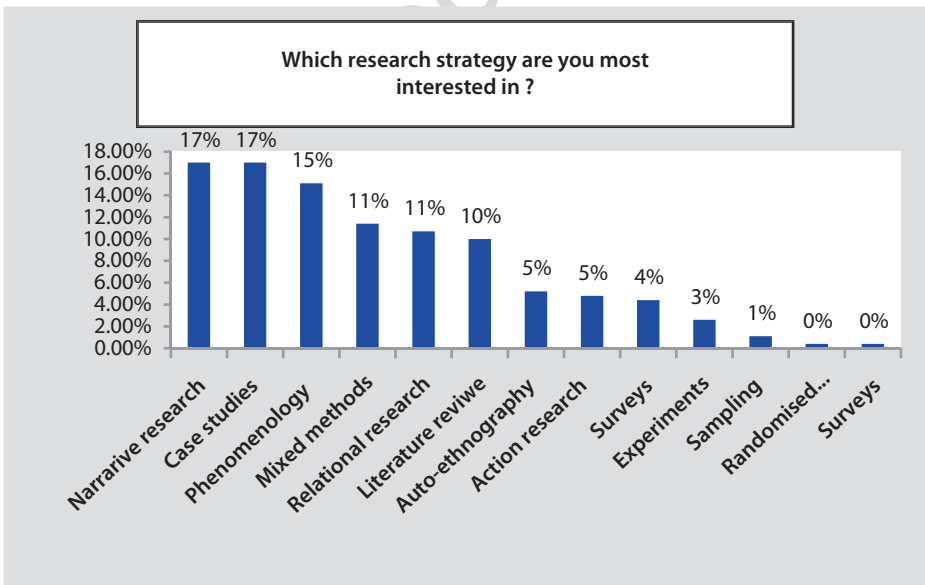
The high proportion of therapists referring to 'not knowing', ambivalence and unspoken forms of knowledge could then be compared and open for speculation about how their view of clinical knowledge might relate to their research interests.

■ 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

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

287 At the other end of the 'ontological' debate about what we find real and regard
 288 as our focus of enquiry have been the Idealists, like the philosopher Berkley (1685–
 289 1753) who coined the phrase 'esse est percipi', 'to exist is to be perceived', and
 290 approached 'objects' purely as collections of sensations appearing in our minds;
 291 everything which we hold as reality literally ceases to exist the moment we leave the
 292 room.

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

296 Phenomenology

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

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

311 Phenomenology aims to explore experiences from a subjective point of view. The
 312 early phenomenologist Husserl (1859–1938) spoke about what he called 'intention-
 313 ality' to highlight a relationship between an 'intentional' act, ranging from percep-
 314 tion, thought and emotions to social or linguistic activity, as directed to an object.
 315 Husserl (1960/1999:77) writes, 'The world, with all its Objects ... derives its whole
 316 sense and its existential status ... from me myself'. Merleau-Ponty (1999) echoed
 317 this, suggesting that 'everything I know about the world, even through science, I
 318 know of the basis of a view which is my own ... We must not wonder, then, if we
 319 really perceive a world. Rather, we must say that the world is what we perceive'
 320 (p.82, 86). Merleau-Ponty became a proponent of existential phenomenology
 321 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).

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

2
 368

► Example

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

371 This study uses Interpretative Phenomenological Analysis to explore relational-
 372 integrative psychotherapists' lived experience of a personal blind spot in their therapeu-
 373 tic work. The five female participants aged between 42 and 60 years of age have between
 374 2 and 20 years clinical experience. Each participant was interviewed on two separate
 375 occasions, with a period of 1 month between interviews. The inductive approach of IPA
 376 sought to capture the richness and complexity of participants' lived emotional experi-
 377 ences. Three superordinate themes and seven subthemes emerged from the interviews:
 378 Feeling the pressure; Facing a Blind Spot – the 'missing piece' and A Curious Kind of
 379 Settling. Theme one explores participants' difficulties with personal exposure and a loss
 380 of self-awareness when personal issues are triggered by client work. It also describes
 381 maladaptive coping skills such as avoidance, employed to cope with feelings of vulner-
 382 ability. Theme two describes the process of facing a personal blind spot where partici-
 383 pants recognise the impact of their personal needs and history on the therapeutic
 384 relationship. Theme three describes how participants develop an expanded sense of self-
 385 awareness and capacity to be present to their clients' concerns through self-compassion
 386 and by learning to tolerate difficult affects. The findings suggest that unprocessed fears
 387 about personal exposure and shame impact on therapists' ability to be emotionally
 388 responsive to their clients' needs. The study recommends that continued research be
 389 undertaken into resilience towards shame, so that therapists can work at greater rela-
 390 tional depth. Some aspects of these findings can be found in previous research on coun-
 391 tertransference with participants of varying experience and varying therapeutic
 392 modalities. Given the centrality of the therapeutic relationship as a vehicle for successful
 393 therapeutic outcome (and the current lack of improvement in outcomes), research that
 394 furthers our understanding of therapists' emotional resilience and personal efficacy can
 395 help guide training and supervision. ◀

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

401 Narrative Research

402 Narrative research draws on pace, emphasis and rhythm of the spoken words to
 403 communicate the narrative structure, meaning and emotional impact. It also
 404 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:

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

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

450 **Absence of Narratives About Self**

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

▶ Example

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

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

Dominating Presence of Narratives

484

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 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-

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

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

540 **Research Reflexivity**

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

- 546 – Cognitive and theoretical constructions
- 547 – Embodiment (ethnicity, gender, social position, sexual orientation, ability and
548 age)
- 549 – Biography
- 550 – Values
- 551 – Ethics
- 552 – Emotions.

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

- 557 – *Introspective*
- 558 – *Intersubjective*
- 559 – *Collaborative and*
- 560 – *Socio-politically informed* ‘variants’ to reflexivity.

561 The ‘variants’ or reflexive approaches are interlinked and all involve the aim to
562 ‘explore the mutual meanings involved in the research relationship’ (Finlay and
563 Gough 2003, p.6), for example how knowledge is linked to the knower, and ‘mean-
564 ings depend on who is speaking’ (Arvey 2003, p.165).

565 As we saw earlier, phenomenological approaches like IPA emphasise the
566 importance of referring to how the researcher’s framings impact the interpreta-
567 tions; the researcher cannot objectively ‘access’ someone’s experiences.

Reflexivity on Introspection

568

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

581

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. Hollway 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-

610 tional, emotional or embodied responses during research, including during the
 611 data analysis stages. Within the framework of Grounded Analysis, Rennie and
 612 Fergus (2006) refer to ‘embodied categorization’ as ‘an approach to interpretation
 613 in which subjectivity is drawn on productively’ (p.496). Van Manen (1990), Todres
 614 (2007), Anderson and Broud (2011), Gendlin (1997, 2009) and McGinley (2015)
 615 contribute with further theory about how to incorporate emotional and embodied
 616 responses into research. McGinley (2015) defines, for instance, ‘embodied under-
 617 standing’ as an understanding which includes the knower’s ‘moods, affect, and
 618 atmosphere’ (p.88) as sources of knowledge. Gendlin (1997) writes about the sig-
 619 nificance of ‘staying with’ the ‘body-feel’ as part of generating new knowledge.
 620 Tordes (2007) emphasises paying attention to a ‘felt sense’ as part of the analysis
 621 and writes about ‘participatory experience’ with an interest in how emotions are
 622 being evoked in the researcher.

623 Reflexivity as Social Critique

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

641 Theoretical Reflexivity

642 Across all reflexive approaches is an aim to address and be transparent about the
 643 ‘ambiguity of meanings [and] how these impact on modes of presentation’ (Finlay
 644 and Gough 2003, p.12). Resonating with the role of social critique, the mixed
 645 methods researcher Hesse-Biber (2015) stresses the importance of critically consid-
 646 ering *theory*. She regards mixed methods and pluralistic research as potential
 647 bridges across disciplines, assuming we are interested in expanding our under-
 648 standings. She draws our attention to what role this discipline plays in a larger
 649 research context of *whose ‘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

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

680 **References**

- 681 Aguinaldo, J. P. (2004). Rethinking validity in qualitative research from a social constructionist per-
 682 spective: From "is this valid research?" to "what is this research valid for?". *The Qualitative*
 683 *Report*, 1(3), 127–136.
- 684 Alvesson, M., & Skoldberg, K. (2002). *Reflexive methodology*. London: Sage.
- 685 Aveyard, H. (2010). *Doing a literature review in health and social care*. Maidenhead: Open University
 686 Press.
- 687 Bager-Charleson, S. (2020). *Reflective practice and personal development in counselling and psycho-*
 688 *therapy* (2nd ed.). London: Sage.
- 689 Bager-Charleson, & Kasap, Z. (2017). Embodied situatedness and emotional entanglement in
 690 research. *Counselling and Psychotherapy Research Journal*, 17(3), 190–200, <http://onlinelibrary.wiley.com/doi/10.1002/capr.12122/full>.
- 691 Banister, P., Burman, E., Parker, I., Taylor, M., & Tindall, C. (1994). *Qualitative methods in psychol-*
 692 *ogy: A research guide*. Buckingham: Open University Press.
- 693 Barber, P. (2006). *Becoming a practitioner researcher: A gestalt approach to holistic inquiry*. London:
 694 Middlesex University Press.
- 695 Boisvert, C. M., & Faust, D. (2006). Practicing psychologists' knowledge of general psychotherapy
 696 research findings: Implications for science-practice relations. *Professional Psychology: Research*
 697 *and Practice*, 37, 708–716. <https://doi.org/10.1037/0735-7028.37.6.708>.
- 698 Boden, Z., Gibson, S., Owen, G. J., & Benson, O. (2016). Feelings and intersubjectivity in qualitative sui-
 699 cide research. *Qualitative Health Research*, 26(8), 1078–1090. <https://doi.org/10.1177/1049732315576709>.
 700 qhr.sagepub.com.
- 701 Bondi, L. (2013a). Research and therapy generating meaning and feeling gaps. *Qualitative Inquiry*,
 702 19(1), 9–19.
- 703 Bondi, L., & Fewell, J. (2016). *Practitioner research in counselling and psychotherapy. The power of*
 704 *examples*. London: Macmillan Palgrave.
- 705 Bondi, L. (2013b). Research and therapy generating meaning and feeling gaps. *Qualitative Inquiry*,
 706 19, 9–19.
- 707 Biggs, J., & Collis, K. (1982). *Evaluating the quality of learning: The SOLO taxonomy*. New York:
 708 Academic Press.
- 709 Bryman, A. (2008). *Social research methods* (3rd ed.). Oxford: Oxford University Press.
- 710 Carter, D., & Gradin, S. (2001). *Writing as reflective action: A reader*. New York: Longman Pearson.
- 711 Clarke, S., & Hodgett, P. (Eds.). (2009). *Researching beneath the surface: Psycho-social research meth-*
 712 *ods in practice*. London: Karnac.
- 713 Chase, S. (2005). Narrative Inquiry: multiple lenses, approaches, voices. In N. Denzin & Y. Lincoln
 714 (Eds.), *The sage handbook of qualitative research* (3rd ed.). London: Sage.
- 715 Castonguay, L. G., Nelson, D. L., Boutselis, M. A., Chiswick, N. R., Damer, D. D., Hemmelstein,
 716 N. A., Jackson, J. S., Morford, M., Ragusea, S. A., GowenRoper, J., Spayd, C., Weiszer, T., &
 717 Borkovec, T. D. (2010). Psychotherapists, researchers, or both? A qualitative analysis of experiences
 718 in a practice research network. *Psychotherapy: Theory, Research, Practice Training*, 47(3), 345–354.
- 719 Denzin, N. K. (2009). *On understanding emotion*. New Brunswick: Transaction publishers. (Original
 720 work published 1984.
- 721 Descartes, S. (1641/2008). Meditations on first philosophy. In J. Cottingham (Ed.), *Western philoso-*
 722 *phy: An anthology* (2nd ed.). Oxford: Balackwell.

- Etherington, K. (2004). *Becoming a reflexive researcher: Using our selves in research*. London: Jessica Kingsley. 724
725
- Ellington, L. (2017a). *Embodiment in qualitative research*. New York: Routledge. 726
- Ellington, L. (2017b). *Embodiment in qualitative research*. New York & Oxon: Routledge. 727
- Finlay, L. (2016). Being a therapist-researcher: Doing relational-reflexive research. *UKCP: The Psychotherapist*, 62, 4–5. 728
729
- Finlay, L., & Evans, K. (2009). *Relational-centred research for psychotherapists: Exploring meanings and experience*. London: Wiley Blackwell. 730
731
- Finlay, L. (2006). The body's disclosure in phenomenological research. *Qualitative Research in Psychology*, 3(1), 19–30. 732
733
- Finlay, L., & Gough, B. (2003). *Reflexivity – A practical guide*. London: Blackwell. 734
- Freeman, M. (2017). *Modes of thinking for qualitative data analysis*. New York: Routledge. 735
- Gardner, F. (2006). Using critical reflection in research and evaluation. In S. White, J. Fook, & F. Gardner (Eds.), *Critical reflection in health and social care* (pp. 156–172). Maidenhead: Open University Press. 736
737
738
- Gendlin, E. T. (1997). *A process model*. New York: The Focusing Institute. 739
- Gendlin, E. T. (2009). What first and third person processes really are. *Journal of Consciousness Studies*, 16(10–12), 332–362. 740
741
- Giorgi, A. (2009). *The descriptive phenomenological method in psychology*. Pittsburgh: Duquesne University Press. 742
743
- Gergen, K. (1988). *An invitation to social constructionism*. New York: Sage. 744
- Grant, M., & Booth, A. (2009). A typology of reviews: An analysis of 14 review types and associated methodologies. *Health Information and Libraries Journal*, 26(2), 91–108. <https://doi.org/10.1111/j.1471-1842.2009.00848.x>. 745
746
747
- Greenberg, M., Shergill, S. S., Szmukler, G., & Tantam, D. (2003). *Narratives in psychiatry*. London: Jessica Kingsley. 748
749
- Haraway, D. (1988). Situated knowledges: The science question in feminism and the privilege of partial perspective. *Feminist Studies*, 14, 575–599. 750
751
- Hart, C. (2018). *Doing a literature review: Releasing the research imagination*. London: Sage. 752
- Hesse-Biber, S. (2015). Mixed methods research: The “Thing-ness” problem. *Qualitative Health Research*, 25(6), 775–788. 753
754
- Holloway, W., & Jefferson, T. (2002). *Doing qualitative research differently: Free association, narrative and the interview method*. London and New Delhi: Sage. 755
756
- Holloway, W. (2009). Applying the ‘experience-near’ principle to research: Psychoanalytically informed methods. *Journal of Social Work Practice*, 23, 461–474. 757
758
- Holloway, W. (2011). In between external and internal worlds: Imagination in transitional space. *UK Methodological Innovations Online*, 6, 50–60. Retrieved from <http://www.pbs.plym.ac.uk/mi/pdf/8-02-12/MIO63Paper23.pdf> 759
760
761
- Holloway, W. (2016). Emotional experience plus reflection: Countertransference and reflexivity in research. The creative use of self in research explorations of reflexivity and research relationships in psychotherapy. *UKCP: The Psychotherapist*, 62, 19–21. 762
763
764
- Josselson, R. (2011). “Bet you think this song is about you”: Whose narrative is it in narrative research? Fielding Graduate University: Available at Journals.hil.unb.ca/index.php/NW/article/download/18472/19971. Accessed 21 Nov 2012. 765
766
767
- Josselson, R. (2016). Reflexivity and ethics in qualitative research. In: *The creative use of self in research explorations of reflexivity and research relationships in psychotherapy*. UKCP: The Psychotherapist, Issue 62, pp. 22–25. 768
769
770
- Kant, I. (1781/2007). *Critique of pure reason* (revised ed.). London: Penguin Books Classics. 771
- Merleau-Ponty, M. (1999). The phenomenology of perception. In M. Friedman (Ed.), *The worlds of existentialism: A critical reader*. New York: Humanities Books. 772
773
- NICE. (2007). *Management of depression in primary and secondary care*. London: NICE National Institute for Health and Clinical Excellence. Online. Available at www.nice.org.uk/aboutnice/. 774
775
- Orange, D. M. (1996). *Emotional understanding: Studies in psychoanalytic epistemology*. New York: Guildford Press. 776
777

- 778 Orange, D. M. (2009). *Thinking for clinicians: philosophical resources for contemporary psychoanalysis*
779 *and the humanistic psychotherapies*. Abington: Routledge.
- 780 Polkinghorne, D. P. (1988). *Narrative knowing and the human sciences*. New York: Suny Press.
- 781 Polkinghorne, D. (1991). Narrative and self-concept. *Journal of Narrative and Life History*, 2, 135–
782 153.
- 783 Ricoeur, P. (1981). *Hermeneutics and the human sciences*. (Ed and transl. Thomson, J.) Cambridge:
784 Cambridge University Press.
- 785 Riessman, C. K. (1993). *Narrative analysis*. file:///F:/Narrative%20analysis.riessman.pdf.
- 786 Riessman, C. K. (2000). *Analysis of personal experiences*. Boston University. [http://alumni.media.
787 mit.edu/~brooks/storybiz/riessman.pdf](http://alumni.media.mit.edu/~brooks/storybiz/riessman.pdf)
- 788 Riessman, C. K. (2008). *Narrative methods for the human sciences*. London: Sage.
- 789 Ritchie, J., Lewis, J., Nicholls, M. N., & Ormston, R. (2014). *Qualitative research practice* (2nd ed.).
790 London: Sage.
- 791 Rennie, D. L., & Fergus, K. D. (2006). Embodied categorizing in the grounded theory method.
792 *Theory and Psychology*, 16(4), 483–503.
- 793 Smith, L. T. (1999a). *Decolonizing methodologies: Research and indigenous peoples*. London: Zed
794 Books, 224 pp.
- 795 Spry, T. (2001). Performing autoethnography: An embodied methodological Praxis. *Qualitative*
796 *Inquiry*, 7(6), 706–732.
- 797 Symington, N. (1986). *The analytic experience*. London: Free Association Books.
- 798 Smith, L. T. (1999b). *Decolonizing methodologies: Research and indigenous peoples*. London: Zed
799 Books.
- 800 Smith, J. (2015). *Qualitative psychology. A practical guide to research methods*. London: Sage.
- 801 Tordes, L. (2007). *Embodied enquiry. Phenomenological touchstones for research, psychotherapy and*
802 *spirituality*. London: Palgrave Macmillan.
- 803 Van Manen, M. (2017). But is it phenomenology? *Qualitative Health Research*, 27(6), 775–779.
- 804 White, M., & Epston, D. (1990). *Narrative means to therapeutic ends*. New York: W. W. Norton.
- 805 Willig, C. (2012). *Qualitative interpretation and analysis in psychology*. Maidenhead: OU Press.

Author Queries

Chapter No.: 2 0004918312

Queries	Details Required	Author's Response
AU1	It is unclear what 'reached' is connected to in the sentence 'We read Peter's...'. Please check.	
AU2	Please confirm the inserted citation for Fig. 2.3 is okay.	
AU3	References "Aveyard (2010), Bager-Charleson (2020), Bager-Charleson & Kasap (2017a), Barber (2006), Boisvert & Faust (2006), Bondi (2013), Bondi (2013), Biggs & Collis (1982), Bryman (2008), Carter & Gradin (2001), Clarke & Hodgett (2009), Chase (2005), Denzin (2009), Etherington (2004), Ellington (2017), Ellington (2017), Finlay (2016), Finlay & Evans (2009), Finlay (2006), Freeman (2017), Gardner (2006), Grant & Booth (2009), Greenberg et al. (2003), Hart (2018), Holloway & Jefferson (2002), Holloway (2011), Holloway (2016), Josselson (2016), Kant (1781/2007), NICE (2007), Polkinghorne (1991), Ricoeur (1981), Riessman (1993), Riessman (2000), Riessman (2008), Smith (1999), Smith (1999), Smith (2015), White & Epston (1990)" were not cited anywhere in the text. Please provide in text citation or delete the reference from the reference list.	