The creative use of self in research

Explorations of reflexivity and research relationships in psychotherapy

UKCP

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A creative and effective use of self in research

Dr Sofie Bager-Charleson, guest editor, introduces this special issue of *The Psychotherapist*.

Learning how to use oneself creatively and effectively in the treatment process is an important aspect of therapy training. Hesitations, silences, surges of empathy or sudden irritation are examples of how both spoken and unspoken data inform us in our daily work. This kind of self-awareness is often neglected in research. There is a space-in-between, a relational aspect of our being which won't lend itself to research that focuses on an objective reality, where discrete, observable elements interact in observable and regular ways.

Touching and feeling

I am grateful for this opportunity to introduce some of those practitioner-researchers who develop research which approaches 'the complexity, fragility, and uniqueness of our being', as Corradi Fiumara (2001: 25) puts it in her book titled *The Mind's Affective Life*, which has influenced my own thinking. This kind of research is by nature itself untidy, emotive and fluid. There is no ivory tower or privileged viewpoint for the researcher to assess the reality from; it brings us rather 'to search in the dark by touching and feeling' (Fiumara,

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2001: 37). The researcher is just as fragile, and her complex relationships to the research participants is both inevitable and a valuable part of the data. The contributors to this journal write about this kind of a 'relational' research. They hold a common interest in research reflexivity, which is about transparency, and positions the researcher in a linguistic, cultural, theoretical and personal sense in the research. Ruthellen Josselson, Linda Finlay and Wendy Hollway are inspiring voices in this field – their work has nourished practitioner-researchers in the field of therapy over the last two decades. I am immensely grateful for their contributions. They are joining some of my colleagues and former students in a pledge for the development of relational and reflexive research. We hope that this collection of articles might invite more therapists, experienced and novice researchers, to build on their valuable experience and engage in research about the complexity and the fragility of our being.

Research takes place in a relationship

We have a long way to go. This kind of research is still relatively new. Josselson captures this in her article on page 22 about the importance of 'trusting, empathic relationships' in qualitative research. She asserts that 'unlike in variable-based, hypothesis testing research… participants in qualitative research are studied… in a highly engaged relationship with a particular researcher'. This has ethical implications, stresses Josselson. She describes how the ethical attitude in qualitative research is 'rooted in the recognition that such research takes place in relationship' and that 'it is the human connection rather than the "procedure" that produces data'. Ethics codes are, however, modelled after medical ethics, continues Josselson, who adds that 'we don't yet

have a written ethics code that covers research in which the researcher works with others, forming a relationship with them'. She puts 'the resolute honesty of the researcher's reflexivity' to the forefront, and this involves stating 'clearly the biases, aims and positioning of the knower, and the circumstances under which the knowledge was created'.

Empathetic attunement

This attention to reflexivity is shared by Linda Finlay on page 16. She writes about how her relational-reflexive approach to research 'aim[s] to engage a process which mirrors everyday psychotherapy practice'. 'I seek to bring into the research arena my special awareness as a therapist', writes Finlay, which involves drawing on 'intuitions, listening skills, sensitive empathetic attunement and interpretive understandings'. Like Josselson, Finlay emphasises the value of reflexivity and trustworthiness in this research. Reflexivity is, suggests Finlay, about 'being thoughtfully and critically self-aware of subjective/intersubjective elements and of how these impact on the research'. She continues: 'As part of laying claim to the integrity and trustworthiness of qualitative research, researchers need to engage in an explicit, self-aware meta-analysis… at every stage of research, from the initial design through data collection/analysis to writing up.'

Each contributor brings their own slant on reflexivity and research relationships

Researcher subjectivity

In a similar vein, Wendy Hollway writes on page 19 about reflexivity as 'an attempt to recognise and use the inevitable participation of the researcher's subjectivity in the process of finding out… it offers a research stance open to examination of blindspots'. While Finlay adopts a humanistic approach to her research, Hollway builds on 'psychoanalytic approaches to knowing, captured in the idea of transference-countertransference dynamics, [which] can inform qualitative research methods and expand the practice of research reflexivity'. How the psychoanalytic understanding of countertransference dynamics can be made

relevant to research encounters is also a theme pursued by Maxine Daniels (page 13), a drama therapist who writes about using countertransference to understand conflicting emotions during her data analysis after interviewing sexual offenders in prison.

Being in the room

Each contributor in this journal brings their own slant on reflexivity and research relationships. Isha Mckenzie-Mavinga brings a significant transcultural perspective to the researchers' involvement on page 28. Isha shares how incorporating her personal experience of being a black researcher and trainer becomes valuable data in her research. Simon DuPlock brings his experiences from existential therapy and focuses on authenticity and 'being in the room' with the research – as opposed to positioning oneself as a neutral, objective observer (page 16). This is a theme expanded on by Marie Adams in her text on page 9 about writing as a form of data gathering, which Mona Livholts also highlights in her article about using writing as a methodology.

Jeannie Wright (page 37) focuses on feminism, while keeping a focus on the usefulness of writing to position oneself in one's research. Jeannie describes how her own research has developed over time, for instance towards an interest in autoethnography. Val Thomas reflects on links between her role as a therapist and a researcher (page 31). She shares how the use of imagery informs her research and how it has increased both her own and her research students' self-awareness. Biljana Van Rijn (page 34) and Dora Brown (page 11) highlight some of the outside pressures associated with this kind of thinking. They explore the climate for therapy research in a wider context, where measurability is 'gold', and where NICE guidelines, high-impact journals and funding biases create a platform which many therapists regard as alien or at least different from their practice. Both Brown and Van Rijn suggest that practitioners engage more actively in the development of therapy research to influence the debate, and to contribute to the development of approaches, in order to decrease the gap between research and the complex reality that presents itself in our practice. We all hope that this collection of articles might invite you, the reader, to come forward in this debate – and share your valuable experience about our relational, fragile being.

Being a therapist-researcher: doing relational-reflexive research

Every time we sit with a client and hear their story, we not only witness their experience and help them make sense of it, we also engage in a reflective search that seeks to tap into their lived experience. Linda Finlay explains how, in many ways, our everyday work is rooted in research.

The interhuman opens out what otherwise remains unopened. BUBER, 1965:, P.86

In my relational-reflexive approach to doing research, I aim to engage a process which mirrors everyday psychotherapy practice. I seek to bring into the research arena my special awareness as a therapist, drawing on my intuitions, listening skills, sensitive empathetic attunement and interpretive understandings. Just as the research I engage in arises from practice, the findings from my research feed back into my practice and enrich it.

I begin this article by outlining the relational-centred approach to research developed by Ken Evans and myself (Finlay and Evans, 2015). I then consider two 'reflexive spectacles' we might put on when doing research: the first, **intersubjective reflexivity**, focuses on the intersubjective, interpersonal realm, while the second, **ethical reflexivity**, examines issues around methodology, process and power dynamics. Then, putting on my bifocals, I present an example of relational-reflexive research in practice, taken from

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a collaborative project exploring the lived experience of 'traumatic abortion'.

Relational-centred research

For relational-centred researchers, the key route to accessing another's subjectivity is through the relationship. Data arise from that mysterious intersubjective space between – where therapist-researcher and client-participant meet, impact on and influence one another. The dynamics created are such that a different researcher or relationship could potentially elicit an entirely different story.

A particular value of relational-centred approaches is the attention they pay to the layered explicit and transferential processes at work. For instance, they may bring into awareness how shame in the research relationship may mirror the participant's experience of shame. The researcher, like the therapist, commits to and trusts the 'process' of whatever appears figural in the embodied dialogical, experiential encounter. This encounter forms the basis for reflection on both self and other. A range of theoretical concepts, straddling different traditions, underpins relational-centred research: phenomenological philosophy (Buber, 1923/1958); gestalt theory (Hycner and Jacobs, 1995); intersubjectivity theory (Stolorow and Atwood, 1992); and collaborative feminist methodology (Fonow and Cook, 1991).

Of course, while relational-centred research parallels therapy practice, there are critical differences. Research may involve a one-off encounter rather than an ongoing relationship. In therapy, we support clients to become more aware and to change; research is more instrumental and limited: its goal may simply be to deepen understanding of a particular experience. However, in subtle

overlap, relational-centred research can be therapeutic and potentially transformative. Through the being-with process, there is transformative potential for learning and growth. For instance, our research on traumatic abortion allowed the women involved to give voice to their experience, be witnessed and to engage a long-missing quality of relational contact, which challenged their shame and secretive silence.

There is no pre-set, structured method for doing relational-centred research. Data are gathered through various means – research interviews, focus groups, participant observation, introspection, the use of art, poetry or drama – then analysed thematically, narratively or creatively.

We would argue that the relational-centred approach can be used alongside different research methodologies. Its core feature involves engaging an attitude of openness and empathically attuned presence. It's about being present as a human being first, as a therapist-researcher second. It's about opening to the other while being willing to give of self and prepared to take some risks towards the co-creation of understanding and knowledge. There is also a readiness to be reflexive about what may be happening in the embodied intersubjective relational space between therapist-researcher and client-participant while being mindful of the sociocultural context.

Reflexivity

Qualitative researchers are inescapably part of what is being researched. The Self is always in the mix with understandings of the Other. At the very least, our responses will impact on the research participant and thus the research. The key is to attempt to be 'present', to be-with the participant while also stepping

back, so as to be able to reflect upon the research process and findings.

I have previously defined reflexivity as being *thoughtfully and critically self-aware of subjective/intersubjective elements and of how these impact on the research* (Finlay, 2012). As part of laying claim to the integrity of qualitative research, researchers need to engage in an explicit, self-aware meta-analysis. And this needs to occur throughout every stage of research, from the initial design through data collection/analysis to writing up. Ethical reflexivity and intersubjective reflexivity offer different lenses through which to view participants' experience and emerging relational processes. I call them 'reflexive spectacles', as they allow us a sharper focus, a way of seeing something more clearly. As we take them off and replace them with a different pair, we get a fresh perspective.

Ethical reflexivity: Given the challenges of working at such depth, relational-centred researchers must be mindful of ethical dimensions and the duty of care to ensure the participant's (and our own) safety and wellbeing. Rather than rely on professional ethical codes to guide us through the process, we need to grapple reflexively with ethical uncertainties and power issues that arise. Crucially, researchers need to ensure they are well supported in supervision.

Intersubjective reflexivity: When we intertwine with another in an encounter – be it therapy or research – we can find ourselves surprised and touched by the connections we make. Psychoanalytically oriented researchers will explicitly engage 'transferences', while humanistically inclined ones might prefer to talk of 'patterns of relating' derived from historical experience. Meanings are layered, with any 'here-and-now' moment probably containing something of the 'there-and-then'. These can be shown in the co-created research relationship, where the participant may expect, hope or dread certain responses from the researcher.

One way of probing intersubjectivity is to recognise the multiple subjectivities and/or ego states involved. When we enter any research context, we take with us many 'selves': our researcher and therapist 'selves', and those from different periods of our lives and internalised significant others. My wounded 'Child', for instance, might resonate with a participant's story, enabling me to tune in to a potentially disowned part of the participant. The research context thus becomes a 'thickly populated' encounter and the attempt to disentangle the various relational connections to identify who is talking to whom can be revealing.

A research example: Mia's story

Barbara Payman and I studied the lived experience of abortions that had been particularly traumatic (Finlay and Payman, 2013; Finlay and Evans, 2015). In our practice, we had come across several women who seemed to be experiencing post-traumatic stress for years after an abortion, despite not necessarily regretting having had it.

Our project aimed to probe the trauma associated with some women's experience of abortion. We used a relational-centred, existential-phenomenological approach to explore the lived world of one woman – Mia. Mia, a psychotherapist colleague, was one of several volunteers who shared their story of having a (self-defined) 'traumatic abortion'.

Mia, who was in her fifties when she shared her story, had her abortion when she was 16. Two weeks later she suffered a violent haemorrhage and miscarriage, indicating a botched procedure. Mia found herself feeling responsible for terminating a 'baby' rather than getting rid of unwanted 'cells'. But it was the relational-social-cultural circumstances surrounding Mia's abortion that aggravated the trauma. Specifically, Mia's (alcoholic) mother had encouraged her to get drunk and have hot baths to effect a termination. Later, when Mia was haemorrhaging in the middle of the night, her mother's solution was to offer her alcohol again before returning to bed, leaving her daughter alone.

Mia's story spoke to her ongoing sense of horror, guilt, grief, and shame. In our analysis, three existential themes emerged: 'Feeling Torn', 'Cutting Shame' and 'Monstrous (M) othering'. In a follow-up article, a fourth theme was added: 'Entrapped Grief' (Finlay, 2015). Our analysis tuned into her profound inner turbulence: how she was torn cognitively, emotionally, socially and ontologically. We were struck by how – in her shame – she accepted her (m)other's repeated abandonment and neglect of her safety and needs, not appreciating that she was entitled to more loving care. Mia had found a way to cope long term through dissociating from her body, her grief and the trauma experience generally.

Ethical reflexivity: At the time of interview, Mia was getting support through ongoing psychotherapy, where she was exploring the impact of various traumas on her life. Viewing our research as an opportunity to further work through this traumatic episode in her life, Mia was prepared for the possibility that the interview could be emotionally intense and have the potential to re-traumatise her. She trusted Barbara (the interviewer) to handle her material sensitively, ensure her anonymity, be supportive and take care not to transgress boundaries between research and therapy (which would be an abuse of power).

Our data were collected through an in-depth dialogical-relational interview, reflexive notes written before and after the interview, and reflexive notes on our ongoing dialogue as co-researchers in supervision. Barbara interviewed Mia, while I acted as Barbara's support and supervisor (Barbara is an experienced therapist but relatively new to research). It was through our triadic reflexive processing of Mia's experience, Barbara's response in the interview and our supervision dialogues that we gained insight into Mia's experience.

Intersubjective reflexivity: We were intrigued to find how many issues seemed to be recreated in our supervision in a kind of

feature article

'parallel process'. Barbara became dissociated at points during the interview and supervision, perhaps mirroring Mia's experience. She also experienced doubt about being a 'good enough' interviewer, causing us to wonder if this was related to Mia's sense of shame.

Ethical reflexivity: We recognised that for us, as therapist-researchers, the potential for secondary traumatisation was great. We used supervision to support each other to stay with the harrowing and painful stories Mia and the other participants shared. We also felt a responsibility to represent Mia's experience with integrity. More than simply witnessing her experience, we were giving Mia a 'voice', where previously she had been silenced by the secrecy and stigma surrounding her abortion.

When we analysed the data, we quickly became aware of many emotions and themes: guilt, shame, aloneness, horror, existential anxiety, abandonment.... But in themselves these words somehow lacked the ambivalence, darkness and depth of trauma implicit in Mia's story. It seemed the problem was not so much intrapsychically within Mia as arising out of the relational-cultural context. Our own reflexive processing helped us work more deeply with our descriptions and analysis.

The excerpts below indicate our attempt to examine the possible underlying meanings of Mia's experience, which eventually evolved into the theme of Monstrous (M)Othering. Our languaging of this theme captured

something of how Mia felt to have been a monstrous mother who betrayed and damaged her baby. For our part, we saw the way she abandoned herself (psychically in her dissociation), just as her mother had betrayed and abandoned her.

Concluding reflections

The focus of the relational-reflexive approach discussed here is on process rather than outcomes; on intersubjective experience rather than objective observations; on compassion rather than strategy. Herein lies its strength and potential as well as its limitations.

I have tried to show how the use of a relational-centred approach to research can result in a rich, resonant description of lived experience, as well as the possibility of new understandings and transformative growth. Through the use of our different reflexive spectacles, the essential subjectivity of the research is transformed from a problem to an opportunity.

Committing to relational-reflexive research requires the therapist-researcher to surrender to 'the between', where we await, poised and attentive to whatever emerges, moment-by-moment. Our challenge in this space is to remain 'present' yet retain both our capacity for empathic attunement and our ability to step back to grapple reflexively with ever-present layers of ethical and intersubjective process

confronting us. In the process, our two 'lenses' can help bring things into clarity and focus.

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Excerpt from Barbara's reflexive notes

I felt highly *protective and supportive* of Mia as she told her story. She evoked my deep compassion, and I can see that I was monitoring throughout what was *missing relationally* for her and feeling the impact of this 'absence' in an underlying feeling of sadness. Whenever I referred to sadness with her during the interview, she reported she wasn't feeling any, so it is not unlikely that I was 'holding' her suppressed sadness as well as my own 'internal tears of compassion'.

When [Mia] owned her anger with her mother at one point, I had a flash of very strong anger too, but it was fleeting. Perhaps... my prime 'relational role' was... to help *enable her* to tell her story, was to *take care* of the sadness that could potentially overwhelm her and possibly then prevent her telling her overall story in the way she wanted and that we had 'contracted' for. Perhaps if we do go along this line of thought of 'containing feelings for the other', one way we could think of it could be as a type of 'maternal countertransference' ... I was very overtly aware of how an 'attentive and loving mother' would be responding to the various scenes I was hearing being described; I was feeling this strongly, and clearly, and probably with much protective 'maternal fervour'(!)

Excerpt from Linda's reflexive notes

I am aware of feeling irritated that we are focusing so much on 'mothers' and 'forgiveness'. Where is Mia and her lived experience?! And is there some resistance in Barbara to work more directly with the horror and trauma?... And how am I contributing? Am I disconnecting from the focus on 'mothers'? Perhaps I am finding it hard to stay with Mia, too. It's easier to analyse Barbara's responses and my supervision dilemmas in this slightly detached, objectifying way. Is there some dissociation here mirroring Mia's? Am I responding sufficiently to Barbara's current supervision needs? Perhaps ... I am paralleling Mia's mother's abandoning process?
Having owned my irritation, I am now in touch with my deep compassion for Mia's pain and much appreciation of Barbara's care.

Researching the self and beyond: a virtuous circle

Research has so much more to offer than proving facts, says Marie Adams. Used flexibly and creatively alongside a personal perspective, it enables us to embark on an exciting journey of exploration and discovery.

The word 'research' is a cold one, and for many people the very idea is anathema, evoking as it does images of statistics and graphs and incomprehensible tables purporting to indicate truth. However, if we open up the word, slice it not quite down the middle, we have *re-search*, an opportunity to hunt out or discover, a process not always beleaguered by numbers but offering the possibility of an exploration of an individual, or group's, deeper experience. We go back in again for another look at a familiar subject. As du Plock argues, re-search for psychotherapists is a deeply personal process:

We get into difficulties, it seems to me, when we … begin to see research as something different and separate from what we are already intimately involved in … We need to take more seriously the idea of research as a personal journey of discovery, or perhaps re-search, a continual transformation process rather than a discrete event.
du Plock, 2010: 122

The use of self

As a lecturer at several training institutes, I am often struck by how much students dread the notion of attending a two-day workshop on research. Only after they begin to realise that they can follow the trail of something they feel passionate about and make use of what they 'feel', as well

Research challenges our intuition, our 'gut' feeling that something exists in a particular way

as what they witness and hear from their participants, do they begin to understand that research has validity beyond simply 'proving' facts.

In a world that values empirical research so highly, it often feels like an uphill battle to argue that a personal perspective can actually contribute to research. Paradoxically, the use of the 'self' is the realm in which we work as psychotherapists on a daily basis – we often gain a sense of our client or patient in the therapy room through our personal response to them. Sometimes this can be through our empathy for their experience, or in our *lack* of empathy, informing us that this

person feels walled off from others, or has little sense of their own worth, devalues their own suffering or has received little empathy themselves. We use our training and our internal radar to understand our patient. We are sometimes caught up in dissociation, or physical symptoms directly related to our client. Most of us admit to transference and countertransference, to projective identification and enactments, in the therapy room. We may use other words and terms, depending on our training and whether or not we are analytically minded or humanistically oriented. Our CBT colleagues will certainly admit that their relationship with a client is fundamental to a good outcome. So why would we argue that bringing ourselves into the process of research is always a hindrance rather than a profound means of deriving understanding?

The counter-argument to this, and a profoundly valid one, is that as therapists we often count on our 'intuition' – though, as Kahneman points out, our intuition isn't always right: 'when faced with a difficult question, we often answer an easier one

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What I hadn't expected was the amount of shame I encountered in therapists

instead, usually without noticing the substitution' (2011: 12). That 'substitution', in the case of our clinical work, can sometimes be the imposition of our perspective on the client, based on our history rather than theirs. Research challenges our intuition, our 'gut' feeling that something exists in a particular way. It allows us to open up an area for exploration, sometimes confirming our view, but often highlighting contradictions. Suffering depression, for instance, is a deeply personal experience. There may be common symptoms, but the depth and visceral quality of the anguish is entirely individual. How many times have I offered what I believed was an empathically attuned response only to have my client shake their head and say, 'No... no... it wasn't like that...' before going on to tell me what it was like for them. My responsibility is to hear them at that point, and to recalibrate my own idea of their distress without insisting that their experience replicates mine. As my client challenges my worldview, so does research.

The validity of a 'self'-centred approach

In memoir, we recount our personal history. There may be some reflective space interwoven with the story, but it is a narrative focused only on the author. In research, however, the process is expanded to include the other or others. The process may be 'self'-centred but through the formality of an inquiry, through an exploration of the literature, through interviews and creative processes (the ways of discovery may be endless), we come back to study our data (another cold, dirty word?) and make sense of what we have learned.

When Clark Moustakas, a proponent of heuristic research (1990), conducted an investigation into loneliness (1961), he began with himself, his own deeply felt despair during his child's life-threatening illness. Reflecting on the question of 'aloneness', he began to look further, to notice the children in the hospital wards, to view people on the street. What began to emerge for him was the nature of loneliness, the universality of a sense of isolation. In the introduction to *Loneliness* he writes: 'What I have written in this book is an experience of my own existence as a solitary individual,

as well as the existence of others, and of the meaning which loneliness has for human growth' (1961: xii). What began as a 'self'-centred process was transformed though his research into a deeper understanding of personal suffering.

My argument is not that quantitative research is less valuable than qualitative research but, rather, that when we make use of the 'self' in our research we are able to go beyond the numbers to convey something of the quality of what we are investigating. We are not attempting to prove a point but to explore an aspect of the human condition.

Exploring the personal

I researched the personal lives of 40 therapists to determine how they believed their private lives impacted their work. I chose this area because I had direct experience of a disruption to my clinical work as a result of personal anxiety, including a professional complaint, and, a few years earlier, my partner's illness (Adams, 2014). 'Intuition' told me that I wasn't alone in managing tensions between the personal and professional aspects of my life. On that count I was correct, as all my interviewees were able to connect their work as psychotherapists to events in their past. However, what I hadn't expected, and was forced to consider myself, was the amount of shame I encountered in therapists when faced with current difficulties, as if somehow we are expected to be immune from them as a result of our training. We pay lip service to the idea of 'being human' but are loath to show evidence to our colleagues that we are vulnerable, often for fear of criticism.

Having made use of the 'self' in my research, I then had to contend with the results, which rather inconveniently disrupted an element of complacency on my part. Since completing my training I had not considered aspects of my own shame when confronted with emotional disturbance. I was also forced to acknowledge, at a much deeper, more emotional level, not simply intellectually how I sought to derive meaning through the exploration of or 'research' into my clients' lives. And the research itself? There is little doubt that

it was an effort to make meaning out of that complaint. How else to transform something so dreadful into something positive except by using it to develop insight and knowledge?

Formal versus informal

For those psychotherapists who don't wish to tackle a formal inquiry, research does not always need to exist within an academic frame. Some of the best examples I believe are outside the field of academic studies. Rosenberg's *A Brief Stop on the Road from Auschwitz* (2014) retraces his parents' journey from Poland, Nazi Germany to survival and residence in a small town in Sweden. Through his research, the author begins to make sense of his relationship with his parents, his country and himself. He could of course simply have written about what it was like to be a child of Holocaust camp survivors, of what it meant to be of Jewish/ Polish descent in a Swedish town rooted in protestant, northern sensibilities. This would have been interesting, and he is a fine writer, yet it would not have contained the depth, the sense of transgenerational trauma or the stark reality of his parents' lives and the impact on his childhood had he taken the simpler route.

In Sedgwick's *In My Blood* (2007) we learn of the historical antecedents of bipolar, how it can become the determining force in a family covering centuries. Once again, the author makes sense of his own struggles through his research as he unravels his family's relationship with the disease over six generations. Putting himself in the frame, we become so much better acquainted with the vicissitudes and manifestations of the disease for a great many people, rather than just one. Research was what it took to reveal his own truth.

Recently a client told me the story of a distant relative, banished to Australia as a child after initially being farmed out to an orphanage because the family was too poor to care for her. Forced to work almost to the point of slavery, she later returned to Britain to find her family, only to have them shun her for being such an outsider. Eventually, manifesting psychiatric problems, she spent the last 20 years in hospital, finally dying there, all alone, never once having been visited by any member of the family. My client was drawn to this account through his own sense of isolation and history of physical abuse. Tracking down his great-aunt, documenting his findings and finally publishing her story enabled him to cast a light on his own experience of being the 'outsider', with views and sensibilities outside the expectations of his family.

Novels, too, are windows to the world, often demanding research. Barbara Kingslover's books include historical research which give her novels weight and authenticity: *Poisonwood Bible* (2000) and *The Lacuna* (2010), for instance. Sebastian Faulks could not have written his novel *Human Traces* (2006) without a personal interest in, and extensive exploration of, the early history of psychiatry and psychoanalysis. My own novel, *Telling Time* (2015), focusing on the troubled past of a high-profile psychotherapist, would not have been written without the backdrop of the research I did on the personal lives of therapists.

Research can open up our worldview, and through the exploration of other people's lives can also often lead us back to our own. It is the use of the self that is fundamental in this 'personal' research. Without it we are simply left with dry bones, on which nothing to hang except the facts, when all the while, as psychotherapists, we spend our working lives in the rich emotional terrain of our own and our clients' histories. Why not put that personal experience to use, not simply to prove a point, as Eysenck says, 'but rather in the hope of learning something (1976: 9)? Through research, or *re-search*, I believe, we have the opportunity to learn from one another.

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Research? What research? Three obstacles to research in psychotherapy

Dora Brown agrees that research is essential to the effective practice of psychotherapy but finds the competitive nature of universities and the bias towards scientific funding increasingly challenging. She argues for developing therapeutically appropriate ways of training, where practice and theory investigate and inform each other.

In the summer 2015 issue of *The Psychotherapist*, Dr Helen Barnes emphasises the importance of research in the psychotherapy profession. According to Barnes, psychotherapy needs to be based on credible evidence in order to establish public confidence in the practice of psychotherapy, to help practitioners become better therapists and to contribute to policy development. While I agree with Barnes's emphasis on the importance of research, I wish to share some of the obstacles to undertaking this research that I have seen in my ten years as a research trainer.

Hand in hand

I am a freelance psychologist with extensive experience as a supervisor and as a lecturer

Dr Dora Brown is a freelance psychologist with extensive experience as a research tutor in clinical programmes at the University of Surrey. She is a lecturer in research methods at the same institution.

in research methods on the University of Surrey's clinical counselling psychology programmes. It has been my experience that the typical psychotherapy trainee arrives at a training programme with little if any experience of research. They arrive wanting to become therapists. That programmes put so much emphasis on research and research methods usually takes them by surprise. Some will develop a taste for research during their training but the majority will be glad to see the back of it when they finish. Surprisingly, this phenomenon is often supported by training institutions.

Training programmes are usually populated with clinical experts, often with relatively little personal experience of research skills and research methodology. The philosophy behind the courses has traditionally been to train psychotherapists, not researchers, and raising the standards of research has sometimes put both the trainees and research supervisors in an awkward position. Although there is a greater emphasis on practitioner-research today, often there is still an inbuilt tension in the balance between practice and theory.

Performance-based research and funding biases

Further, and in more general terms, there is an increased pressure on universities

to meet financial targets in a competitive market, which impacts psychotherapists' research training. Performance-based research has recently become the holy grail of academic life (Hicks, 2012; Cleary, et al, 2014). Performance-based research funding systems (PRFS) are complex, dynamic systems, which supposedly balance peer review and metrics alongside other factors. The importance of these systems is based on the distribution of universities' research funding, with economic growth, diversity and equity in mind. Some, however, have referred to PRFS as an 'illusion' (Hicks, 2012). PRFS play into a powerful competition for prestige within universities, and the distribution tends to benefit a group of privileged professionals rather than promoting values like equity, social inclusion, access and diversity (Hicks, 2012).

Published papers risk being limited to the type of knowledge encouraged by the funding-driven research environment, which in turn can lead to opportunities for exciting and innovative research opportunities being missed. There is an increasing emphasis on publishing in High Journals. The Impact Factor represents the number of citations received from other indexed journals. High citation count is often regarded as 'indicative of the influence or impact of the idea and its originator on our body of knowledge' (Thomson Rueters 2015). Research output influences the distribution of funding within universities and shapes research priorities in ways that threaten the 'scope, and depth and the artistry' of social sciences and 'health care knowledge', as Cleary et al put it (2014). Research following traditional

science principles is, for instance, more likely to get published in high-impact journals and will, as a result, more easily fulfil the new performance-based academic targets.

Preparing grants is time-consuming, involves considerable effort and can take months, even for highly experienced and seasoned research teams. This time can intrude, I find, on the conduct of the research required for a well-rounded academic psychotherapeutic career. Competition and funding incentives sometimes risk being enforced excessively, and the environment itself can become dysfunctional with resulting negative impacts on productivity (Auranen and Nieminen, 2010). Clearly, in the context of developing a clinical practice, not all psychotherapy training programmes will have the resources to support research proposal development. I have found that the emphasis on research money and publications raises concerns among academic staff, and can impact on staff attitudes, morale and relationships, as well as on recruitment and retention. There is a risk that staff performance is judged in relation to acquisition of funds, creating a climate of rivalry, conflict and exclusion. This has arisen in some institutions, with a discourse of denigration and disdain directed at those who fail to meet income-generated targets.

The all-encompassing role of science

The performance-based funding system, with its bias towards natural science, taps into an ongoing debate in psychological therapies. Freud sought acceptance from

within the medical community, where he originally trained, and although many therapists abandoned this stance, there is a tendency to return to the medical model in terms of emphasising the validity of measures and seeking reliable evidence of effective interventions.

In 1952, Eysenck expressed his concerns about the lack of research evidence for the effectiveness of psychotherapy based on controlled research, and there is still a surprisingly narrow approach to the way we evidence progress, with research based on controlled trials most likely to get funding. I am not sure if the evidence-based model will solve this dilemma. NICE guidelines for research stipulate specific criteria for studies, where those using randomised controlled trial methodology are prioritised. However, psychotherapists deal with subjectivities and these are very difficult to measure, let alone establish whether they are true or not. Approaching therapy through counselling psychology programmes has highlighted the importance of psychotherapy. I feel affiliated to the aim of helping clients with tools that are invisible to the naked eye and with effects that are felt privately. It therefore seems to make sense to question the utility of methods that challenge the value of this and sometimes reject the very essence of what therapy stands for.

This is a chicken and egg question. Of course, there will be times when psychotherapeutic research will pose questions that can best be answered using the methods that form the basis of traditional science. However, it is my experience as a research trainer that most psychotherapists would like to use research methods that reflect the subjectivity of participants and practitioners.

Pluralism and subjectivity

The importance of research has to be seen from various standpoints. First, as professionals, we have a duty to expand the knowledge in our field. Second, it is arguably unethical to offer therapy to clients without being anchored in any form of research. Third, if research is to be funded, we need to demonstrate that we have the skills to provide and communicate the findings. Research can certainly promote plurality in therapy and choice to clients.

I would like to end this article by inviting psychotherapists to conduct research that

There is a surprisingly narrow approach to the way we evidence progress
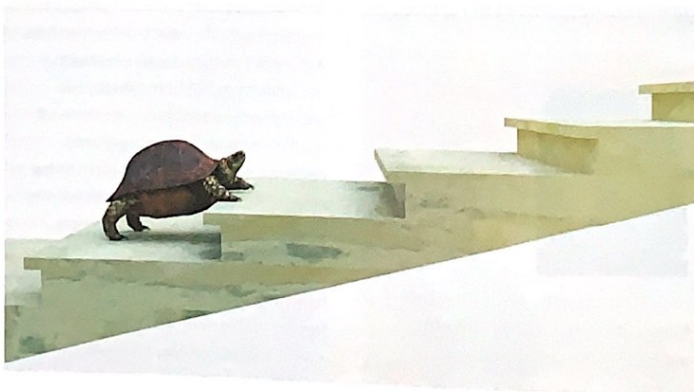
engages the imagination, poses the necessary questions and focuses on the practice of psychotherapy. This type of research can, I believe, be informed mainly by the humanities and use science as a tool when necessary. Needless to say, I am not alone in advocating this stance. Hansen (2012) has already proposed something similar for the field of counselling psychology, with a dialogue between the humanities and science despite them being paradigmatically contradictory.

I would argue for being creative, and for developing therapeutically appropriate ways of training, where practice and theory investigate and inform each other. In other words, therapists need to set and follow standards that reflect the complexity of mental health while educating a modern society already wise to the possible benefits of psychotherapy. In this way, we will all grow in professional identity and perhaps stop the arguments about the objective efficacy of therapies. Performance-based academic standards can then focus on those whose priority is to establish a money-making business churning out degrees. High-impact journals can be available to those interested in measuring phenomena, while funding bodies will eventually be attracted by a profession and discipline that focuses on the person and shows independence of thought and integrity.

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Role play as a therapeutic tool with sexual offenders

Dr Maxine Daniels writes about her experience of transference and countertransference when conducting research in prisons on sexual offenders.

In 2012, I completed a professional doctorate in psychotherapy with the Metanoia Institute titled 'Role play as a therapeutic tool: what do sexual offenders experience when role reversing with their victims in HM Prison Service's Sex Offender Treatment Programme'. My background placed me in a unique position to research prisoners' experience of sex offender treatment programmes. I had worked in prisons as a psychodrama therapist for many years. I had also trained staff at a national level in role play techniques to develop victim empathy in sex offender programmes delivered in 22 prisons. I was looking forward to hearing prisoners' voices and gaining insight into their experiences. The last thing I expected was to feel traumatised when analysing the data and developing anger towards the offenders, which left me wanting to abandon the research.

Dr Maxine Daniels is a national trainer with criminal justice agencies. She works as a consultant and supervisor in medium-secure hospitals, and has worked at Broadmoor Hospital and Grendon TC. She has presented at national and international conferences on her work with sex offenders. Maxine is a senior trainer in psychodrama, registered with the British Psychoanalytic Association.

This article highlights how I coped with the transference and countertransference while analysing the stories of 11 sex offenders who had committed offences against children, female adults and elderly victims, while 'bracketing' my own feelings during the process in order to give voice to their experiences and make a valid contribution to the literature.

My role as researcher

The literature about research reflexivity highlights the importance of being transparent (Etherington, 2004; Hertz, 1997). The researcher is not a separate object in relation to the discovery of the phenomenon being unravelled, but rather a fundamental part of the discovery. The element of surprise for me as a researcher was the role that emotions played in my research, especially with regard to the impact of reading the transcripts. During my face-to-face interviews with the offenders to collect the data it felt familiar in terms of clinical work; also, because I have protective factors in place, I am able to cope with difficult material. However, analysing the data in isolation, post-interview left me feeling overwhelmed and unprepared.

Impact of working with sex offenders

During the 20 years I have worked with sex offenders, I have been aware of the impact of this work on myself and other therapists. As a result of research by Clarke and Roger (2007), HM Prison Service established clear guidelines on supporting facilitators with regular supervision, briefings, personal counselling and training around 'protective factors'. There is now far more literature in the field about working with sex offenders and the effects on therapists (Freeman-

Analysing the data in isolation, post-interview, left me feeling overwhelmed and unprepared

Longo, 1997; Leicht, 2008; Friedrich and Leiper, 2006; VanDeusan and Way, 2006; Scheela, 2001) that gives insight into the factors that can cause vicarious trauma and burnout.

Lea, Auburn and Kibblewhite (1999) conducted research with professionals and paraprofessionals in the prison service to find out the perceptions and experiences of this group. Their research showed a tension for the staff between the need to develop a professional relationship in order to conduct the treatment with sex offenders and not wanting to develop a relationship with an offender because of a personal abhorrence of his criminal activity. The dilemma for professionals working with sex offenders is treating the person and being aware of the crime. According to Leicht (2008), professionals may experience secondary post-traumatic stress disorder when working with sex offenders, including changes in the emotional, cognitive, biological, behavioural and interpersonal areas of therapists' lives. Scheela (2001) interviewed 17 therapists; the results found both negative and positive outcomes of working with sex offenders, including coping strategies. One main area of coping was to become more 'detached' from the client. Coping strategies include training, supervision and separation of work from personal life, self-care, hobbies and humour (Farrenkopf, 1992; Freeman-Longo, 1997; Jackson, et al, 1997; Scheela, 2001; Leitch, 2006).

As the research evidences, the impact of working with sexual offenders can be particularly challenging given the nature of their offences. Interpretative phenomenological analysis (Smith, Flowers and Larkin, 2009) is a qualitative methodology and I had to immerse myself
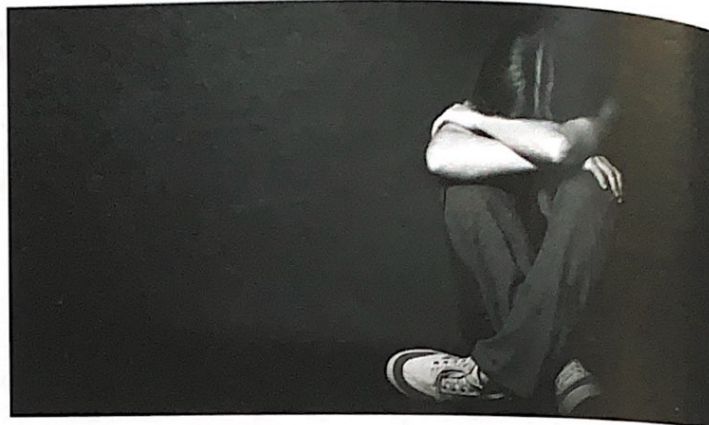
in their stories and analyse the data line by line. Over a period of time, I began to develop symptoms as described above and I realised I was becoming traumatised by reading the material. In order to continue the analysis, I had to develop coping strategies within the research framework.

My experience of analysing the data

Out of the 11 transcripts I analysed, which were all quite traumatising to read, I want to highlight two examples of the transference and countertransference I experienced.

The first transcript I analysed included details of an offender who abused his daughter when she was 12 years old, continuing through to her leaving home and going to university. It stopped when she was 22. I spent a lot of time on this interview trying to understand his view of the world and to give meaning to his experiences of victim empathy. I struggled at the parts where he said it was like having 'a love affair' (2:53) and described the relationship as 'it was sexualised from early petting and fondling, right the way through to intercourse' (3:60). He recounted in the interview that he moved out of his wife's bedroom in the family home and into a bedroom with his daughter, so they could live as a 'married couple'. The family home included his other children and his wife who lived alongside each other. Eventually he had a full-blown sexual relationship with his daughter.

Reading his account line by line, immersing myself in his experiences, left me on an emotional roller coaster and in my reflective diary I wrote:

I've spent all morning analysing interview 1 again, this time really trying to understand the offender's truth. I feel so angry with him, firstly telling other professionals and they did nothing! They did not challenge him. My anger is about all those years his daughter lost, she lost 10 years of her life!! My overwhelming empathy is for her!
DANIELS, 2010

It became increasingly difficult to read the interview and to analyse the lines about his daughter and how she was affected. I struggled with the notion that he believed it was true love. I began to avoid the analysis and struggled to keep my time management on track. I had a picture of his daughter in my head – young, trying to find her way in the world, with a boyfriend who looked confused, and her looking so sad, not wanting to report her father to the police and yet living as a sexual object under the same roof. The intrusions kept happening. I would look at my own children, especially my 16-year-old daughter, and think about how this could happen. Why did her mother, who lived in the same house, allow it to happen? I could feel the rage, then the detachment, and finally the tears of a lost life and the pain the victim had suffered.

Flexible supervision

I knew I had to find specific supervision from someone who understood sex offender work, simply because I had to be able to talk through all the details of the offence and not feel inhibited by trying to protect the supervisor. I also wanted someone who was a trained therapist, as I realised this material was no doubt triggering my own issues, and I needed to understand the transference and countertransference I was experiencing while analysing the data.

feature article

I contacted a therapist and supervisor who had trained in prison sex offender treatment work back in the early 1990s. During my session with her, my anger and tears about the injustice towards this poor 12-year-old girl had resonated. My supervisor helped me understand that it was about me as a young child feeling a victim, not in a sexual sense, more in that my father died when I was five years old – the feelings of loss of power, my mother struggling to cope but no one understanding or doing anything, and feeling very alone and isolated. This was very insightful, and feeling I was regaining control and separating myself from the 12-year-old victim helped me process my own understanding and then the interview. My understanding of the offender as the 'abusive' parent resonated with my own feelings of the rejecting, 'abusive' parent, and also my countertransference to the 'hateful' feelings I experienced towards the offender were triggered. It helped me separate these out and 'detach' myself from the content.

During the analysis for interview 10, I became really upset and struggled to continue with the work. My diary entry reads:

I've been very tearful today thinking about him [offender] downloading sexual images of young children and then saying he was 16 years old when he attacked an eight-year-old. His offence was very violent and I keep thinking about that poor child, scared, frightened and the fact it was such a horrific attack! He said she was crying and pleading with him not to do it, she was completely alone and she knew she was going to be raped. I just feel sick when I keep reading this material.
DANIELS, 2010

This interview was very painful for me: the sheer abuse of the victim, the helplessness and powerlessness of the eight-year-old child. Again, this triggered my own issues – I had been drawn into the unexpected triggers of feeling absolutely helpless and powerless as a child, and that it was about survival. How had I survived my childhood?

In the supervision session, we discussed the fact I put up a brick wall to 'cut myself off' from having to read disturbing material, and that I wanted to objectify the offenders so that I could separate the person from the offence. This reaction is quite normal according to Friedrich and Leiper (2006) in their research about the tension of

Coping strategies

- Only work on analysing interviews for one or two hours at the most

- During the break, do something different like go for a walk, cycle ride

- If feeling overwhelmed by reading the content, write feelings and responses to the data in terms of the content

- Do not ruminate on the victim and their distress

- Consciously separate out any family members (especially children) from the victims

- Try to focus on (visualise) the offenders talking in the interview rather than hearing the victims

- Flexible supervision

- Work on countertransference issues.

therapists seeing their clients in two ways, first as complex human beings, and second, objectifying them as offenders. It was the only way I could cope with the material I was reading. I did not consciously set out to put coping strategies in place in order to research this material, and I am surprised that I did not take this into account. I believe it was because I was in a new role of researcher rather than therapist, and for some reason it did not occur to me that it would be just as difficult reading these accounts as listening to them. Unwittingly, I did, somehow, slowly introduce coping strategies to help me. VanDeuson and Way (2006) highlight positive coping strategies used by therapists working with clinicians treating survivors of abuse, and Jackson et al (1997) cite supervision as a major factor in coping.

Analysing the data for my doctorate was an unexpected painful process, and I struggled to 'bracket' my own understanding of victim empathy while immersing myself in their material to gain their perspective of the world. It is important, I have found, to acknowledge one's own feelings in relation to the data in order to analyse the material effectively. My phenomenological aim to 'hear' the participant's 'voice' involved listing inwards: whose voice and whose story am I really hearing? To relate to

such questions, supervision in relation to transference and countertransference issues became valuable to me.

Flexible supervision also helped, both with the readings of the data and with self-care. Not surprisingly perhaps, being immersed in the research material means just that – we are immersed. It becomes important for researchers to find coping strategies to enable the research to be undertaken in a genuine, authentic way, which will include struggling with the material and working through our own issues.

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Where am I with my research?
Harnessing reflexivity for practice-based qualitative inquiry

Professor Simon du Plock uses reflexivity to ground his research in subjective personal and professional experience. A study may be impoverished, he argues, if the self of the researcher is excluded from their research journey.

I want to encourage us to think about the contribution reflexivity can make to our research activities. I will pursue my line of argument by providing an example of my own research, which demonstrates the impact of this strategy on both the prime researcher (in this instance myself) and participants/ co-researchers. The study suggests that a diagnosis of a chronic illness may precipitate a profound shift in identity, which can be exacerbated or engaged with creatively according to the differing relational styles adopted by healthcare professionals. I argue that the ways in which being (or at least striving to become) an explicitly reflexive researcher provided me with insights and rich descriptive material that would not otherwise have surfaced.

Demystifying the notion of 'research'

I was diagnosed in 2006 as having myalgic encephalomyelitis (ME/CFS). Shortly afterwards, an opportunity to lead a research doctorate – I had previously led a professional doctorate in counselling psychology – encouraged me to think

Professor Simon du Plock is Head of the Faculty of Applied Research and Clinical Practice and leader of the DPsych programme at the Metanoia Institute

more deeply about the nature of research, or inquiry (I am using the terms interchangeably in this article).

I have argued (2004, 2010) that we therapists are in a fortunate position with regard to research, provided we remember, when confronted with research, that we are ourselves primarily researchers in our everyday activity as we go about our business of providing therapy. I find it, for instance, helpful to ask myself, where am I with research? In prompting myself in this way, I am making use of my existential therapy training and Rollo May's observation in Existence (1958) that where we are in terms of our relational world is often a more useful question than how we feel. I find it helpful to conceptualise this 'whereness' in terms of 'research trajectory', by which I mean the angle at which the researcher enters an explorative process. The angle at which we enter any field of inquiry determines what is illuminated, and also what is thrown into shadow. The notion of the neutral, objective researcher is as absurd as the notion of the neutral, objective therapist. In both cases, the illumination they can provide depends on who they are – or perhaps where they are – in relation to the client or the research topic.

Rejecting the possibility of being a neutral investigator, I need to describe clearly my own research trajectory in relation to the experience of being diagnosed with a chronic illness.

Change of professional identity

The Doctorate in Psychotherapy (DPsych), which I have led since 2007, promotes research by fully qualified therapists which emerges out of their clinical and

professional practice, and which makes a distinct contribution to the scholarly community of therapists.

The DPsych requires candidates to reflect on their work to identify what is needful, and at every stage of the research they are expected to engage with others in their specialist field to ensure the relevance of their work. This practitioner-researcher ethos is underlined by the requirement that their activities are not only conducted at doctoral level (i.e. can be mapped onto an agreed set of doctoral descriptors) but also generate a 'product' – a specific innovation in the form of a text, training programme, new research tool, etc, which 'makes a difference' to clinical practice. If we are to take the notion of the researcher's role to heart, we need to know about the journey they have taken to generate their product.

Change of personal identity

My ME diagnosis radically challenged my sense of identity in a number of ways. Diagnosis typically entails an 'expert' of some kind making a judgment about another 'non-expert' person. When the patient is a psychologist and the condition is one generally thought to be at least partly psychosomatic in nature, the authority and power in play become complex and problematic. This is perhaps particularly so given the existential-phenomenological critiques of diagnosis with which I am familiar.

I found myself thrown into a process of inquiry in which I was not merely the prime researcher but was also the primary subject, as I sought to engage with questions such as: How do I feel about 'having' an illness? How might ME

journeyed from a descriptive self-analysis of the type with which phenomenological inquiry can open to a consideration of the co-constitution of relationship in the course of professional consultation. In the process, I moved from naïve inquiry – the acquiring of information, which we do on a daily basis – towards research/inquiry.

The emergence of an organising theme: 'openness to relationship'

Within the first month of treatment, the theme of 'relationship' surfaced to link my observations. As an existential-phenomenological therapist, I am constantly aware of ways in which I can hold myself open to, or can close down, the possibilities of being-with-the-client. I know that a number of factors are involved in this, including my willingness or otherwise to hold myself open for the experience, which May (1958) describes as the experience of 'here-is-a-new-person'.

The angle at which we enter any field of inquiry determines what is illuminated, and also what is thrown into shadow

impact on my sense of identity? What does it mean to be a psychotherapist with a chronic debilitating condition? As a psychologist, I found it natural to reflect on this challenge by reading in depth about ME, and keeping a diary to structure what at least initially seemed a situation over which I could exercise little control.

At the outset I did not specifically frame these responses as research. When I rose above the situation to take a helicopter view, I conceptualised them as subjective strategies adopted in response to a personal situation. In the case of diary keeping, I was informed by my knowledge of the therapeutic effects of writing structured accounts of stressful experiences (Hunt, 2002; Hunt and Sampson, 2002; Pennebaker, 1993; Philips, et al, 1999). I soon noted, though, that I found both activities therapeutically useful and I began to make connections between this insight and my existing professional knowledge.

From naïve to systematic inquiry

This movement from subjective experience towards more general

experience meant that soon my idiosyncratic questions were reframed as: What does it mean to 'have' an illness? How might a diagnosis of ME impact upon sense of identity? What is it like for a psychotherapist to be diagnosed with a possibly psychosomatic condition? I found that relatively little had been written – or at least published – addressing these questions. This led me to further hypothesise that there is something about the identity of 'psychotherapist' which makes it difficult for us to engage with our own experience of illness. I noted that Bayne (1997), in The Needs of Counsellors and Psychotherapists, writes about emotional self-care, though primarily in terms of using strategies to cope with stress.

Without necessarily doing so in full awareness, I found I had taken my diagnosis and actively sought to understand it as 'a continual transformation process' with which I developed a close relationship, rather than accepting it passively as a victim. Paradoxically, in closing with it to make it my own, my inquiry became one of more than just personal significance. I found I

Our ability to encounter the other in this open manner is a prerequisite, according to May, for the other to have an 'I-am' experience. Typically (and I had numerous meetings with these five professionals), I found I felt less unwell after meetings with the herbalist and psychologist. The herbalist, medically trained but without a counselling background, tended to present as interested and available for encounter. Briefly, her focus was holistic (she would ask me open questions about myself, and discuss various options and recent research in a relatively equal way, free of jargon). She did not attempt to hide herself but, equally, did not disclose inappropriately.

I found that my therapist, an experienced male clinical psychologist in his mid-forties, was open to a relationship based on mutual understanding. I think our mutual agreement that we would need to start from scratch to think about what work we might undertake together was, in the event, helpful and supportive. Perhaps the most helpful aspect of our meetings was that he resonated with my frustration with the shortcomings of the GPs and supported my referral to a specialist

clinic. I noticed that I looked forward to our meetings and did not need to use my diary to debrief to the extent I did after visiting the GP surgery.

In contrast, the female nurse at the surgery made little eye contact and was concerned to take blood samples as quickly and efficiently as possible. She disclosed nothing of herself or her training, and her mode of relationship was of the 'doing-to' type. At our first meeting, I admitted a fear of needles and she responded, 'You're my second needle-phobic so far this morning – it's not my day!' I felt 'unseen' in these encounters, except insofar as I fitted the category of 'difficult patient'.

The senior of the two GPs, a middle-aged man, stayed behind his desk most of the time and kept his eyes on a computer screen. His mode of relationship was to use the computer as intermediary. Having typed information into it, he would share the 'factual' information it generated. One of his most puzzling announcements was: 'How would it strike you if I told you that you have a 20 per cent chance of a heart attack in the next ten years?' I found this style of relating to me, as if I were an audience for medical technology, alienating; not only did I not feel seen, I felt I had somehow failed to appreciate appropriately the technology with which he was clearly enamoured. His colleague, a man in his late thirties, took pains to demonstrate his willingness to treat me as an equal by maintaining constant eye contact. So relentless was this that I began to fantasise that he had taken a short course in advanced empathy techniques.

'Relationship' reframed in the context of the inquiry

Up to this point, my observations were focused on the extent to which each healthcare professional was able to be in relationship with me, according to my sense as an existential-phenomenological therapist of what the phenomenon of relationship might mean. I had noted how I felt more or less ill according to the extent to which each was able to encounter me. My thinking was increasingly that there might be a link between the experience of being 'seen' and feeling ill. As Charon asserts:

Without the narrative acts of telling and being heard… the patient cannot himself or

herself grasp what the events of the illness mean.
Charon, 2006: 65,66

As the inquiry widened, a further cycle of research evolved – I began to think about these communication difficulties more systemically. It seemed to me that the various healthcare professionals were not able to hear each other. My impression was reinforced by the wording of the King's College Chronic Fatigue Research and Treatment Unit website, where I found the cautionary note for prospective patients:

The perpetual battle for validation that most sufferers of CFS are caught in is literally, physiologically exhausting, depressing and dispiriting. It affects the course of the illness… As therapists, our first and last concern is to take the suffering of clients seriously. All this involves is listening.
2007: 3

While the message seems to be directed towards patients, it is obvious that such a 'battle for validation' is primarily one between the healthcare professionals themselves. As the website expresses it:

Some GPs are sceptical about the existence or treatment of CFS/ME. If you are having problems getting a referral for these reasons, you could perhaps try another GP in your practice.

The casual wording of the phrase in bold belies a serious problem: such a request will probably be interpreted as a challenge to the power structures of many GP practices. A healthy person might find making such a request daunting, and it is likely to exacerbate the symptoms experienced by an ME sufferer.

Concluding comments
I have – however briefly – suggested that reflexivity enables therapists to ground their research in subjective experience and naïve inquiry with confidence. My own personal and professional experiences have led me to an enhanced awareness of the 'self' of the researcher at the core of a reflexive process. A thick description of a phenomenon surfaces when we attend to the researcher's individual journey into the field. Obtained at an early stage of the research, this provides a resource for reflection on later stages of inquiry. My own experience of a diagnostic process was the catalyst

for personal identity questions and therapeutic activities which led to more general inquiry and the emergence of an organising theme – in this instance that of health professionals' openness to being in relationship with the patient. This, in turn, led me to hypothesise about their openness to be in relation with each other, and the implications of systemic communication patterns for the patient's sense of self. While it is not always the case that the researcher is prompted by direct personal experience to embark on their inquiry, the resulting study is impoverished and, I would argue, less valid and trustworthy if the self of the researcher is excluded from their research journey.

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Her ESRC-funded research on the
transition to a maternal identity uses
both free association narrative intervie
and psychoanalytic observation
methods. Her most recent book is
Knowing Mothers: Researching Maternal
Identity Change, published by Palgrave
in 2015.

Emotional experience plus reflection: countertransference and reflexivity in research

Wendy Hollway offers a brief introduction to psychoanalytically informed research, where the researcher's reflexivity is a rich resource and the knowledge gained provides an appropriately complex picture of human life.

Psychoanalysis is informed by a radically alternative theorisation of knowing from the cognitive theory that underpins dominant research methodology. Here I show how psychoanalytic approaches to knowing, captured in the idea of transference-countertransference dynamics, can inform qualitative research methods and expand the practice of research reflexivity. The approach is summed up as emotional experience plus reflection, based on

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Wilfred Bion's theory of thinking. I trace parallels in the history of the concepts of reflexivity and countertransference and then provide brief examples taken from research using psychoanalytically informed interviewing and observation.

Psychotherapy professionals and trainees have been quick to express their interest in my psychoanalytically informed approach to qualitative research methodology because they are trained in the use of self in knowing their clients (technically the countertransference) and this provides access to a research paradigm consistent with their professional training. The research I describe here[1] developed a psychoanalytically informed research paradigm and transformed my practice of reflexivity.

Reflexivity
Reflexivity entered the vocabulary of research methodology as part of a critique of the 20th century's dominant positivist methods based on scientific principles. In the scientific approach to psychology, 'objectivity became one of the central defining principles… its purpose to achieve value neutrality and knowledge untainted by the preferences of those who produce

knowledge'.[2] Its creation of a binary between objectivity and subjectivity, which labelled subjectivity a dangerous intrusion of unreliable, emotional perceptions, has cast a long shadow, including in qualitative research.

Reflexivity is an attempt to recognise and use the inevitable participation of the researcher's subjectivity in the process of finding out. In qualitative research, it offers a research stance open to the examination of blindspots and investments that risk rendering conclusions invalid. My work has used psychoanalysis to unpack what this use of subjectivity as an instrument of knowing involves, in theory and practice, not by importing a clinical view of countertransference wholesale but through a dialogue between research and psychoanalysis. I have come to recognise the value of the claim that 'psychoanalysis is first and foremost an epistemology and methodology'.[3] It developed an account of an uncognised way of knowing that was not just about unruly emotions getting in the way of rationality but the relational communication of body-based emotional experience, past and present: in Ferenczi's words, 'a dialogue of unconsciouses'.

Transference and counter-transference inside and beyond the clinic
The terms transference and counter-transference can create a mystique around some fairly basic ideas about the flow ('transfer') of unconscious dynamics between people and in groups, and this is partly because of how it slips between the clinical frame and the understanding of everyday dynamics.

According to Hinshelwood,[4] in the 1950s, the idea of countertransference changed from Freud's wish to excise such feelings by means of thorough training to being recognised as an important instrument of knowing about aspects of the patient when they could not bring these into thought or communicate them through language.[5]

1 ESRC-funded research: 'Identity processes in becoming a mother', with Ann Phoenix, Heather Elliott, Cathy Urwin and Yasmin Gunaratnam.

2 Hollway W (2013). 'Objectivity'. *Encyclopaedia of critical psychology* (Thomas Teo ed). Dordrecht: Springer.

3 Devereux G (1967). *From anxiety to method in the behavioural sciences*. The Hague: Mouton.

4 Hinshelwood RD (1991). *Dictionary of Kleinian thought*. London: Free Association Books, 255

5 Heimann P (1950). 'On counter-transference'. *International Journal of Psychoanalysis*, 31: 81.

The analyst's own transferences were also acknowledged: 'The analyst has his or her own feelings, just as the patient does.'[6] In other words, dynamics between analyst and patient include the analyst's transferences as well as their patient's projections onto them. Like recent debates about research reflexivity, questions were raised about the status of the analyst's feelings: an invaluable guide to the patient's state of mind or an interference of the analyst's own personal difficulties, not worked through in his or her own analysis? As in research, there was concern 'that analysts might misunderstand or misuse the feelings aroused in them, to the detriment of their work'.[7]

Recognition that a researcher's transferences threaten clear-sighted knowing goes beyond the idea of subjectivity as a necessary alternative to objectivity by also recognising the danger of bringing with it prejudices and blinkered thinking. The distinction, hard won in psychoanalysis, helps researchers not to throw out the countertransference baby with the (analyst's) transference bathwater.

In the clinical setting, with its therapeutic aims, there may be an emphasis on the most archaic transferences, where current emotional responses are seen to originate in relations with primary figures on whom the patient depended in early life, prior to symbol formation. Outside the clinic, it can be recognised that everybody has feelings, more or less available to conscious awareness, when confronted with emotionally redolent situations triggering previous experiences. If not reflected on, these are likely to be projected onto others as an ongoing part of everyday unconscious intersubjective dynamics. Since there is, broadly, 'no transference without counter-transference',[8] we are talking about an ongoing co-produced relational dialogue of unconsciouses. Psychotherapists will probably recognise the ubiquity and importance of such dynamics. Although the investigation of these origins for therapeutic purposes is not the aim of psychosocial research (limited by its methods to feelings more accessible to thought), researchers can use psychoanalytic principles.

An example of transference-countertransference dynamics in psychosocial research.

Helen Lucey, June Melody and Valerie Walkerdine's[9] example of how they approached 'the messy and intractable issues of objectivity and reflexivity' demonstrates the importance of using transference-countertransference dynamics in psychosocial research. They outline 'three overlapping levels' in their analysis. The first is the 'face value' of the story; the second pays attention to inconsistencies, contradictions, etc in the narration and reads these alongside the researcher's recorded emotional responses to the interview (original emphasis) available in field notes. Here, the feelings they note can indicate 'what transferences have taken place'. They then illustrate the third level of analysis through an example of a point in the dialogue when 'Helen's own unconscious anxieties got the better of her and forcibly made their presence known'. This point illustrates an observation by Roger Money Kyrle (who introduced the idea of normal countertransference), that the analyst's 'understanding fails whenever the patient corresponds too closely with some aspect of himself which he has not yet learned to understand'.[10] Here, there is initially 'too close a correspondence' between Helen Lucey and the family whom she is interviewing (the working-class parents who cannot envisage their daughter moving away; Helen as the working-class daughter who would have felt trapped if she had stayed). The point the researchers emphasise is that 'Helen was not consciously aware of her own anxieties at the time and recorded nothing of this in her field notes'. These feelings were unconscious in the sense that they 'were unwanted, denied and/or felt to belong to others'. They then go on to show how this moment in the interview encounter revealed issues about working-class intergenerational mobility (especially where daughters are concerned) that were central to the purposes of their project.

The research team in this example arrived at the point where inaccessible information became available by using the group to provide containment and space for thinking. This is theorised in Wilfred Bion's concept of containment: another mind – or several – enables a person to bring into thought the emotional experience that could not previously be processed. This is how I theorise and practise the use of self as an instrument of research knowing: emotional experience plus reflection.

Complementary psychoanalytically informed methods

Our research project about the identity changes experienced by women as they become mothers for the first time[11] used, in parallel, two complementary psychoanalytically informed methods, the free association narrative interview (FANI) method[12] and the infant observation method. Although the FANI method helps to elicit free associations, in experience-near accounts that afford psychological depth in particularised social settings, the method necessarily relies on language and elicits a mode of communication that is to a significant extent under conscious control. As with all interview-based methods, there is a tendency to generate an image of a rational, unitary, language-based subject. To address this weakness, we adapted the psychoanalytic infant observation method, originally designed by Esther Bick at the Tavistock Clinic as part of professional training for those working with children and families.[13] This enabled us to see aspects of identity that were less the product of conscious, intentional production through narrative and more inclusive of embodied aspects of identity: affect, practices and unconscious intersubjectivity.

The observer's stance in infant observation is based on Bion's theory, notably the idea of making mental space for processing the emotional impact of the experience:

6   Hinshelwood, op cit, 256

7   Jervis S (2009). 'The use of self as a research tool'. In S Clarke and P Hoggett (eds) *Researching beneath the surface*. London: Karnac, 146-7.

8   Clarke S and Hoggett P (eds) (2009). *Researching beneath the surface*. London: Karnac, 13.

9   Lucey H, Melody J and Walkerdine V (2003). 'Project 4:21. Transitions to womanhood: developing a psychosocial perspective'. *International Journal of Social Research Methodology* 6(3): 279-84.

10 Money Kyrle R (1956), 332; cited in Hinshelwood, op cit, 258.

11 See Hollway W (2015). *Knowing mothers: researching maternal identity change*. Palgrave.

12 Hollway W and Jefferson T (2013). *Doing qualitative research differently: free association, narrative and the interview method*. London: Sage.

13 See Urwin C (ed) (2007). 'Becoming a mother: changing identities. Infant observation in a research project'. *International Journal of Infant Observation and its Applications*, 10(3).

Reflection in the psychoanalytic sense is not just another word for cognitive activity; it is a supremely emotional process

'knowledge, theory, etc are set aside during the acts of observing and recording in favour of allowing the experience to make its impact… a new concept of the observer is being employed… here the truths which interest us are emotional truths. The observer cannot register them without being stirred… correctly grasped, the emotional factor is an indispensable tool to be used in the service of greater understanding.'[14]

Researchers' ability to notice the emotional impact of participation in a research encounter is only the start: in order to 'correctly grasp' the emotional factor, it must be thought about. Raw emotional experience must be reflected on (digested, symbolised, processed; in Bion's[15] terminology, transformed into alpha function) if it is to be used. This principle governs group work in the infant observation seminar, which we adopted in the research project.

Reflection in the psychoanalytic sense is not just another word for cognitive activity; it requires keeping an open mind, and that, as Bion's theory of thinking explains, is a supremely emotional process. Without reflection, responding to emotional impact can result in the indulgent exercise of one's preferred view of the world and imposition of one's own belief system in the service of

a wished-for certainty that does not reflect the complexities of what is observed.

The combined use of emotional impact and reflection, supported and recursive where possible, became a fundamental principle of data production, data analysis and writing. Where possible, we analysed data in groups; we used reflexive interview field notes and provided an unusual kind of supervisory support (neither academic nor therapeutic) for our main interviewer.[16]

A reflexive field note

The following rich example is from Heather Elliott's reflections on part of one of her field notes. After her second interview with Nila, she notes that it 'felt like an interview which had not worked' and continues:

However, I do note a moment when I am able to identify with her. Nila has left her baby at home and he is unhappy: her phone started buzzing almost as soon as we started. She checked her phone and ignored it; then took two or possibly three calls. For a while she looked like the essence of torn and juggling. Telling her story with an eye on the phone. I said she must take the calls and do whatever she needed to do. Writing up my notes I think of dropping off my younger son with his childminder this morning, the need to go and the need to stay. Never being entirely in one place. The feelings around getting calls from home on the mobile. These moments of connection

help me recognise the challenges Nila faced…'[17]

Psychoanalytically informed ethical principles are evident in this extract: a feeling of com-passion (literally 'feeling with') on Heather's part, enabling her to know something in an affective, not objectifying, way and also showing a reflective capacity that would help her to be clear about whose feelings belonged to whom and thus avoid confusing transferences.

We can start with Alfred Lorenzer's[18] advice to notice the provocations when encountering the data. This principle is illustrated using one case from the 'becoming a mother' research to reach into the terrain of cultural difference while guarding against othering.[19]

Coda

Through this brief introduction to psychoanalytically informed research, I hope to have opened a door to the research in *Knowing Mothers*, where full details provide an account based on principles that enable the researcher's reflexivity to be a rich and ethical resource and where the resultant knowledge can provide an appropriately complex picture of human subjectivity and everyday action.

14 Miller L (1989). 'Introduction'. In L Miller, M Rustin, M Rustin and J Shuttleworth (eds) *Closely observed infants*. London: Duckworth, 2.

15 Bion W (1962). *Learning from experience*. London: Karnac.

16 Elliott H, Ryan J and Hollway W (2012). 'Research encounters, reflexivity and supervision'. *International Journal of Social Research Methodology*, 15(5): 433–444.

17 Elliott H, Ryan J and Hollway W (2012), op cit, 5.

18 For Lorenzer's work in English, see two special issues: *Psychoanalysis, Culture and Society*, 15(3) and *Forum: Qualitative Social Research*, 13(3).

19 Urwin C, Hauge M-I, Hollway W, Haavind H (2013). 'Becoming a mother through culture'. *Qualitative Inquiry*, 19(6): 470-479.

Reflexivity and ethics in qualitative research

Researchers and participants in qualitative research have very different aims, says Dr Ruthellen Josselson. Ethics in research relies on reflexivity — a researcher's awareness of the dynamics between researcher and researched and the ways in which, consciously or unconsciously, they might influence material and its interpretation.

Many of the dilemmas of qualitative research derive from the reality that qualitative researchers have split allegiances – to their participants and to their scholarly communities. In studies where the data derive from interviews, researchers need to form trusting, empathic relationships with their participants to understand the experiential phenomena that are at the heart of the study. Once they have collected these reports, researchers synthesise and interpret them in some way; often, they want to go beyond the stories their participants tell. Participants and researchers, with some exceptions, have different aims. Researchers, while occupied in great detail with their participants' experience, are interested in making larger statements that will contribute to scholarly understanding. Participants are concerned with their own experience of the lives they are living and are seldom interested in the conceptual matters at the heart of scholarship. Only in recognition of this split can we think clearly about matters of reflexivity and ethics in qualitative research.

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Influencing data

Unlike variable-based, hypothesis-testing research, where participants' data are aggregated anonymously with many others, participants in qualitative research are studied as individuals and data are collected in a highly engaged relationship with a particular researcher. We do not presume some kind of objectivity. Who the researcher is will in every way influence the data that are obtained – and we acknowledge this. This is fundamental to the idea of reflexivity, a self-awareness practice achieved by directing an analytical gaze into the researcher's self in an attempt to understand the dynamics between the researcher and the researched. Often, reflexivity is thought to involve awareness of the social locations of the researcher in relation to the topic and/or the participants – whether and how the researcher is connected experientially to the group under study – but it goes beyond this as well. Reflexivity marks the ways in which the researcher might have influence, consciously or unconsciously, on the material obtained and how it is analysed. While often offered as a means to suggest 'objectivity', in a positivist sense, as though one could somehow remove oneself from the research equation by noting one's inescapable involvement, reflexivity can enrich the study by placing the knower squarely in the context of the known (Goldstein, in press). Rather than bracketing the researcher out of the study, reflexivity involves intersubjective reflection (Finlay, 2002, 2015) that explores the intersecting subjectivities of researcher and researched.

Much has been written about the complex issues of the power dynamics of qualitative research. To many scholars, it seems that the researcher wields power, in that researchers hold the privilege of writing the public report. Yet participants have a great deal of power because they decide what they will or will not disclose. So-called member-checking does not solve this dilemma because the participant can only verify that they said what the researcher says they said (a useless waste of time, in my view); the researcher still has to take interpretive authority for interpretation of the material and that is done from a conceptual position that participants cannot occupy. As readers, we get the researcher's account of what transpired in the research relationship and how the researcher made conceptual sense of it. The more we know about the researcher and how he or she intersected with the material, the better we can evaluate the researcher's conclusions.

Research as part of a relationship

The ethical attitude in qualitative research is rooted in the recognition that such research takes place in relationship, often intimate in its revealing, between two people. It is the human connection rather than the 'procedure' that produces data that will be meaningful. Ethics codes, however, are modelled after medical ethics, in which one person consents to having another person do something to them and tries to protect from harm the one who is being done to. We don't yet have a written ethics code that covers research in which the researcher works *with* others, forming a relationship with them, the purpose of which is participant self-disclosure that serves the larger aim of the researcher inductively developing a theory about some human phenomena.

Unlike the therapy situation, where the aim is to effect change in the participant, the research situation treats the interviewee as the expert

The ethics of a research relationship are not covered by informed consent forms (which, in my view, often distort and undermine research relationships.) People can give informed consent to participate in the research project, but they cannot give prior consent to participate in an open-ended relationship that is yet to be established. Ethics relies on reflexivity, which informs every aspect of the research, from the first contact with the participant. What does the research tell the participant when the invitation for participation is made? What expectations are created in the participant?

All interviews are interventions. The encounter itself inevitably has an impact on the interviewee's life in the sense that it will lead to some rethinking or added meaning-making, as the interviewee, after the interview, reflects on her or his own words. Unlike the therapy situation, where the aim is to effect change in the participant, the research situation treats the interviewee as the expert, with the task being to effect change in the researcher's understanding of the phenomena of interest. In other words, the therapeutic situation is constructed for the participant to learn something; the research interview is oriented to the researcher learning something. Nevertheless, the participant often views the researcher as expert in something and monitors the researcher for his or her reactions to what the participant discloses. How does the researcher reflexively monitor his or her reactions to understand the effect on the participant? Good interviewers are adept at encouraging people to reveal some of the most sensitive areas of their lives. Interviewers must be sufficiently in control of their own inner processes, which they can manage to deal with complex and painful emotions. Harm can come from a defensive response by the interviewer, and this is too often overlooked. On the other hand, an accepting and sympathetic response to participants' disclosures may lead participants to find their experiences less disconcerting or worrisome (Hollway and Jefferson, 2000).

Consent to what?

People cannot know at the outset, when they give consent to participate, just what they are agreeing to participate in.

Ethically, one must ask the participant at the conclusion of the interview how they felt about the interview and how they feel about having their disclosure included in the study.

Reflexivity requires that researchers consider their social position with regard to the participants (Fine, et al, 2000). Ethically, researchers must also become sufficiently acquainted with the social and cultural world of their participants to be able to

interact appropriately with them. This means knowing enough about their mores and expectations so as not to appear rude, insensitive or intrusive – but knowing little enough to be able to enquire deeply about those aspects of the world of the participant one wishes to learn about.

We cannot foresee all the eventualities in the relationship that will unfold. Therefore, I think, we have an ethical obligation to be aware of the implicit aspects of participants'
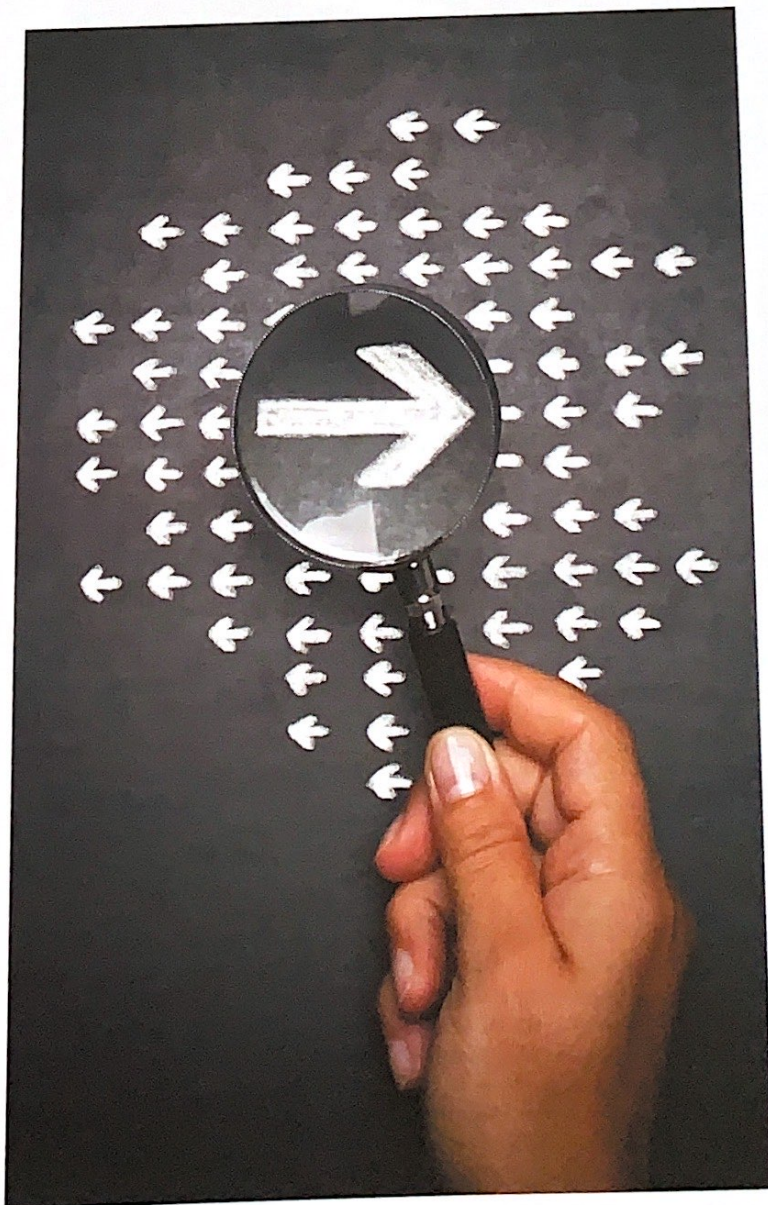
The research report is not 'about' the participants but 'about' the researcher's meaning-making

consent – all those unstated expectations they may have of us – and to manage these in the dynamics of the relationship we form with each participant, both during the personal contact and in our handling of the material thus obtained.

Role as interpreter

After the interview, after the analysis, the qualitative researcher then faces the conundrum of turning away from the relationship with the participants to report their findings in relationship to their scholarly peers. What had been an engaged, empathic relationship, an 'I-Thou' relationship in Martin Buber's terms, at this point involves talking about people literally, behind their backs, 'I-it' objectified, and in terms largely unfamiliar to them. Qualitative researchers are well aware of the necessity for anonymity and disguise so that participants cannot be identified. But participants who read the published study may be able to identify themselves. An ethical awareness of ourselves in the relationship requires that we write about people respectfully but also be prepared to assert our role as interpreters of a phenomenon, of a text, rather than of a person's life. Elsewhere I have suggested that it may be an aspect of ethics to explain to our participants that what we write will be only about aspects of them and may not correspond to their understanding of themselves – that we are trying to understand phenomena rather than the person they feel themselves to be (Josselson, 2007). The authority of experience belongs to the participant; the authority of expertise belongs to the interpreter's disciplinary approach.

As an ethical position at this point, we must be prepared to stay in relationship with the participant, to explain our purposes as fully as we can, to make transparent our choices in as kind a way as possible, and to be prepared to contain whatever responses the participant may have (Josselson, 2007). Although we are unlikely to permanently or seriously damage anyone through our research practices, we do run a risk of hurting their feelings, surprising them or influencing them (for better or worse).

We weigh the moral dilemmas of what discomfort we may cause against what potential benefits outweigh the risks of harm.

Giving voice and decoding

Some qualitative researchers regard their research goals as 'giving voice' to their participants, making use of a hermeneutics of restoration; others frame their projects as 'decoding' the texts of their interviews at some other level of understanding in a hermeneutics of demystification (Josselson, 2004). Those whose research is designed to 'give voice' conceive their role as being a collaborator and a conduit, and struggle with the problems of faithful representation of the experiences of their participants. Others, in order to advance knowledge, make interpretive efforts at a conceptual level, excavating the intention and meaning behind appearances (Hollway and Jefferson, 2000; Hoskins, 2000; Moustakas, 1994). These researchers, whose designs involve analysing unconscious or socially constructed processes latent in the text, struggle with the ethical problems of interpretive authority (Chase, 1996; Holloway and Jefferson, 2000; Hoskins, 2000; Moustakas, 1994). Both groups of researchers can only report what the text says *to them* (Gadamer, 1975), embracing the unfinalisable nature of meanings.

The meanings we derive from a text are not already there in the participant. But I think that we sometimes get confused about this. It is hard to escape our embeddedness in a modernist, realist worldview – a worldview we can cognitively disown but still often emotionally rely on to ground ourselves. It may seem to qualitative researchers that they are 'finding' meanings rather than producing them (see Gergen, 2009). Truth is primarily a matter of perspective, as the philosophers of hermeneutic science have argued. It is our interpretive framework that structures understanding and this requires our reflexivity.

The ethical attitude in the report resides in the researcher's clarity that the report is the researcher's understanding or interpretation of the text (Josselson, 2011). The inherent ethics of qualitative research lies in the resolute honesty of the researcher's reflexivity, which states clearly the biases, aims and positioning of the knower, and the circumstances under which the knowledge was created, with the researcher taking full responsibility for what is written. From this point of view, the report is not 'about' the participants but 'about' the researcher's meaning-making.

Reflexivity requires a clear-eyed view of the dialectic between connection and otherness, between the relationality of the interview and the disconnection of the interpretive process, between the illusion of objectivity and the equally pernicious illusion that we can fully represent others' subjectivity. What we can do is to recognise the relational dynamics at each stage of the research process and, ethically and reflexively, try to understand and report on our work transparently and fully.

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Writing, telling, listening, reading, seeing:
the creative use of self in research by working with memories and images
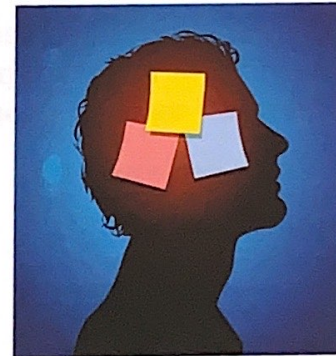
Memories can help researchers access and develop new knowledge about where they are in research and in life, says Mona Livholts, who provides practical guidelines on memory work for practice.

Memories are often actualised in the research process, but seldom acknowledged as 'material' or 'clues' to trace how we are part of the discursive story worlds that we study (Livholts, 2015: 163). In this article, I turn to the method of memory work to outline a textual and visual practice of remembering as a means of making creative and reflexive use of self in research. I will propose that working with memories and images can help researchers develop new knowledge from the perspective of their situated location in research and life.

This article is inspired by my own use of memory work in the study of welfare, media

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studies and the gendering of space (Livholts, 2001/2011, 2007, 2008, 2012) and as a leader of writing groups across disciplines. It will emphasise the process of working with memories and images through using the technologies of writing, talking, reading, listening and seeing in order to create 'mo(ve) ments', as Davies and Gannon (2006: 7) put it.

The memory work method
Memory work emerged in the 1970s in Germany when Haug et al (1987) developed a collective strategy in women's groups to work with questions of knowledge, sexuality and the body. The method involves several steps, including writing, reading, common discussion and analysis.

Writing is a central tool in memory work. Writing about specific situations allows for the recollection of what is rarely noticed in the flow of events in everyday life. It also allows us to cross the traditional science–literary divide. The growing field of memory work is interdisciplinary and diverse (Onyx and Small, 2001; Hyle, et al, 2008). It includes emotion (Crawford, Kippax, Onyx, Gault and Benton, 1992), education (Ingleton, 1999), family, fatherhood and motherhood (Widerberg, 2010; Pease, 2008), health studies (Koutroulis, 2001), social work (Fahlgren, 2009) and tourism studies (Small, 1999).

Collective and poststructuralist forms of memory work occur in the edited collection Doing Collective Biography (Davies and Gannon, 2006), where the conceptualisation

'collective biography' marks new attempts to work with memories as mo(ve)ments in the creation of discursive meanings and selves. The becoming of selves is emphasised in different projects by Davies and Gannon (2006). During weekly group sessions, questions such as 'becoming schoolgirls' and 'feminine characters in fiction' were asked. Another example of collaborative writing is 'nomadic inquiry' (Wyatt, et al, 2010, 2011), which reflects a style created in the intersection of collective biography, writing as a method of inquiry and poetic writing. There is an exciting question of viewer and viewed in the process of working with memory.

Photos
The work of Kuhn (1995) explores the potential of photography in memory work. In her book titled Family Secrets. Acts of Memory and Imagination, Kuhn looks into images, such as photographs or film scenes, as 'pre-texts' for memories. She describes photographs as 'triggers' that promote the practice of remembering through their role in a complex pattern of social relations, cultural contexts and historical moments. By bringing in the spectator's agency and interpretative act in relation to an image, Kuhn suggests that 'memories evoked by a photo do not simply spring out of the image itself, but are generated in a network, an intertext of discourses that shift between past and present, spectator and image, and between all these and cultural context, historical moments' (1995: 14).

For Kuhn, the family album opens up conflicting interpretations and she argues that 'there can be no last word about my photograph, about any photograph', emphasising the open-ended narrative character of photography. Photographs are like Sontag (2007: 87) describes: pieces in an