Practitioner-based research and qualitative interviewing: Using therapeutic skills to enrich research in counselling and psychotherapy

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Abstract

Background: the researcher's reflexive use of self forms part of a well-established tradition in counselling and psychotherapy research. This paper reviews that tradition briefly, with particular reference to an approach known as 'practitioner-based research' that has developed from it. In this approach, researcher-practitioners use their therapeutic skills and judgement and thereby enrich their understanding of research participants, themselves and their relationship. *Aim:* the paper aims to contribute to the practitioner-based approach by showing how it can enrich data collection, using an example from a qualitative interview. *Methodology:* a moment of interaction between a participant and a therapy researcher in a qualitative interview is examined, framed within psychotherapeutic intersubjectivity theory. The researcher's reflexive awareness of micro-aspects of the relationship with the participant is reviewed, captured in their language and the split-second daydreams or reveries that arose as they interacted. *Findings:* the authors argue that the approach enhanced this small-scale study by intensifying the researcher's engagement with the participant and enriching her understanding of their relationship and the subject under investigation. *Implications:* the paper highlights the unique value and contribution that this approach offers to therapy research and practice.

Keywords: intersubjectivity, interviews, practitioner-based research, reflexivity, reverie.

Introduction

This investigation builds on the traditions of reflexive research in the counselling and psychotherapy (therapy) profession. To understand its historical context we need to look, first of all, at the case study research tradition which began with Breuer and Freud (1895/1974). In this tradition the clinical observations of the therapist are the principal source of research evidence (Lees, 2005). But since the 1990s, case study methodology has been discredited in its original form (Fonagy & Moran, 1993) and has also, to some degree, been eclipsed by the advent of evidence-based practice, with its emphasis on measuring effectiveness and efficacy. However, three principal strands have emerged alongside case

study research, which, although linked in one way or another with it, attempt to be more rigorous - reflexive research, practice development research and practice-based research.

Reflexive research argues that research should not be bound by procedures and can even constitute a 'rebellion against the more procedural approaches to qualitative research' (Rennie, 2004, p. 42). For Rennie, nonprocedural 'rebellious' research forms 'a postmodern, antipositivist undercurrent', which emphasises 'the researcher's subjectivity as the main instrument of the method' (Rennie, 2004, p. 42). As in case studies, the investigator is both researcher and participant and it uses the therapist's own subjectivity to enrich research. Reflexivity is a strong feature of feminist constructivist thought (Young-Eisendrath, 2004) and can be transformative for both researcher and participant (Etherington, 2004; Lees, 2001, 2003). It is also a therapeutic skill, and it has been claimed that its incorporation within the research process can enhance our professional development as therapists (Lees & Freshwater, 2008).

Practice development research includes the use of therapeutic skills and experience to develop concepts. This approach is used by, for example, the Boston Change Process Study Group (BCPSG, 2010) and some attachment theorists (Wallin, 2007). Here, examples of case work are provided in which the interaction between therapist and client provides the research data. As in case studies, this method involves the observation of clinical experience by the therapist.

Practice-based research (PBR) again involves the practitioner as a researcher, but this time, the practitioner uses standardised measures with each individual client, enabling evaluation results to be communicated to practitioners and therapy organisations as soon as

data have been analysed. This gives practitioners a clear picture of the effectiveness of their work and may thereby enhance quality of care (Barkham & Margison, 2007). One widely-used scheme, called Clinical Outcomes in Routine Evaluation (CORE), feeds back evaluation results after the completion of therapy (Barkham, Mellor-Clark, Connell & Cahill, 2006). Another aims to improve 'psychological service delivery in real time' as opposed to *post hoc*, feeding back results whilst the therapy is still underway (Lambert *et al.*, 2001). Like large-scale evidence-based practice methodologies, practice-based research is concerned with measurement, but it involves the practitioner in the research process to a higher degree than those methodologies.

In this paper we will contribute to the reflexive and practice development traditions by using an example from a small-scale study about an aspect of therapy process, where a researcher who is also a trained therapist took the role of 'researcher-practitioner' (Gabriel, 2005, p. 19). The role of 'researcher-practitioner' is defined as 'that of (an) "ethically minded", research focused facilitator' (Gabriel, 2001, p. 97), who uses therapeutic skills and judgement openly but judiciously to deepen his/her understanding of the research process. Following Lees and Freshwater (2008), we refer to this approach as 'practitioner-based research', framing our example within psychotherapeutic intersubjectivity theory (Benjamin, 1999; Ogden 1994/1999), which enables the relational processes in which researcher and participant interact to be explored. We describe the approach below in more detail, but first sound a note of caution: using therapeutic skills in research can arouse powerful emotions in both participant and researcher, which need to be responded to appropriately and safely. Advice on how to address these significant ethical implications is given in Etherington (1996, 2004, 2009), Gabriel (2005, 2009), Grafanaki (1996) and Hart & Crawford-Wright (1999).

Practitioner-based research

Therapeutic values and skills are embedded within practitioner-based research. First, researcher-practitioners place themselves 'at the centre of the project' (Lees, 2001, p. 135), listening carefully not only to participants, but also to themselves, and monitoring the *process* of the interaction as well as its content (Nelson, Onwuegbuzie, Wines &Frels, 2013). They thereby engage in reflexive analysis, stepping back from the interaction to consider what factors are affecting it, and back again to examine their own motivation in relationship with the other and the wider environment and culture. Put differently, they engage in reflection-on-action and reflection-in-action (Freshwater and Rolfe, 2001; Schon, 1984). These are reflexive processes in which, in the presence of the other, we exercise lateral thinking and turn our '*thought* or *reflection* back on itself' or our '*action* or *practice* back on itself' (Freshwater and Rolfe, 2001, p. 529) in much the same way as in Casement's (1985) notion of the internal supervisor.

Second, researcher-practitioners use their relational and empathetic therapeutic skills in their interactions with participants and, in so doing, may share something of themselves, perhaps through empathic responses or self-disclosure (Etherington, 2004).

Third, the process of reflexive analysis can highlight memories, associations and emotions which we argue are relevant to the process of data generation and analysis, even when this is not immediately apparent. Indeed, it is our view that such phenomena have the potential to generate a different quality of data than might be the case with a less reflexive approach.

Finally, these experiences can give researchers insight into the relational processes taking place during data collection and analysis. The make it possible to observe the microphenomena of the researcher-participant interaction, in a manner akin to that with which therapists using similar techniques in clinical work can observe the microphenomena of the clinical interaction (BCPSG, 2010). This enables researchers to be more aware of how they are affecting the research and to reflect those effects more transparently when reporting results.

We will now take an extract from a qualitative interview and examine its researcher-practitioner qualities.

Practitioner-based research and qualitative interviewing

The following extract is taken from a study about therapy clients' experiences of emotionally-evocative language (McVey, 2013). Informed consent was obtained from participants, who were invited to explore, with the researcher, the emotional impact of language they and their therapists had used in therapy sessions. The impact of the language used by participants and the researcher in the interviews was also explored. The researcher is a relationally trained therapist, who took a practitioner-based approach to interviewing. The clients she interviewed were not her own. In the extract below, the participant is discussing a phrase her therapist had used that had evoked emotion in her: 'We can only be how we are' (R is researcher, P participant. See Appendix 1 for a code to transcription symbols).

> P: *'We can only be how we are'* ((Quiet sing-song tone. Participant and researcher smile at each other)).
>
> R: When you think of *that* phrase, what goes on for you? ((hand strokes stomach)). 'We can only be (.) what we are?' What associations or feelings does that (.) evoke for you?

P: Takes the pressure off↑ Erm (1.0) I dunno, like I'm, normally I might be carrying ((puts out both hands, palms up, as if carrying something flat)) all these expectations: got to do this, this, this ((hand beats time each time she says "this")) it piles up ((hand moves higher and higher)) and and I'm carrying all this stuff that I have to do, whereas if I'm only going to be:: how I am, I can take all these off (.) ((gestures as if removing objects)) and just, [just be] ↑

R: [Mm].

P: I don't have to (2.0) struggle with a tray piled high of (.) expectations where something might go wrong at any point, then that's the end of the world. It's (.) it's not like that.

R: That's very (2.0) vivid. I've got all these images when I'm listening to you speak: I could see a wobbly, you know, bi::g ((cupped hand outlines a big pile)), teetering pile of things that you're carrying, and you actually (.) took them off ((repeats P's gesture of taking items off tray, smiling)).

P: ((Swift, conversational tone, hands beating time throughout)). It reminds me of a dream I had (.) I don't know when I had it, where I was in a café and buying things for - I don't even know who I was with at the table, full of people - pots of tea and plates of cakes and things like that, and the person at the (.) check-out when I paid, said 'Do you want a hand to the, to the table?' and I said 'Oh no, I'll be ok'. But all the way to the table, I was just spilling things everywhere ((holds hands palms up)), and dropping things on other people and just feeling *awful*. And saying, asking myself why I hadn't (.) accepted the offer of help? (4.0). Mm.

R: (4.0) All alone.

P: (8.0). Reminds me of another one↑

R: Mm↑

P: Ahem ((clears throat)). (2.0) 'What do you need from me right now, P?'

R: So this is something your therapist said?

P: Mm.

R: (5.0). How did that one come about?

P: 'Cos I couldn't really speak to her, I didn't know, I just felt lost (3.0) Ooh, ooh lost in a field again!' ((laughs)).

The extract exemplifies the different qualities of practitioner-based research, established earlier, in the following ways.

First, the researcher brought herself into the research field. She responded with emotion to the participant's account through verbal and paraverbal communication, including tone of voice, gesture and facial expression. Consider, for example, how the researcher responded to the participant's metaphor of a 'tray of expectations' by introducing her own mental image of a 'bi::g, teetering pile of things'. She showed the participant that she was responding emotionally to her story by sharing the image it triggered in her in a way that implied its reality and force, for example, by pronouncing 'big' as 'bi::g'. Fonagy and Target (2007) suggest that 'oral gesturing' of this kind is used from infancy onwards to evoke, preconsciously, the physical actuality of the entity to which the sound refers. In this case, it was accompanied by a gesture, where the researcher traced the outline of the items on the tray with a cupped hand, further emphasising their size and locating them in the real space of the interview room. Repeating the participant's gesture of removing the items from the tray reinforced the sense of physicality and engagement, implying that the researcher was experiencing her own version of the participant's story. McNeill (2005) suggests that when a listener appropriates a speaker's gesture in this way, it can signify their co-creation of a new idea unit or 'growth point' in the dialogue (p. 18). It may thus be a powerful way of expressing mutual engagement.

Second, the researcher used her therapeutic skills to encourage the participant to elaborate imaginatively, simultaneously engaging with herself and the participant by listening empathically to the participant and paying reflexive attention to her own responses to their dialogue. These skills (and their lack) may be observed in the language of their exchange. At the beginning of the extract, the researcher responded to the participant's quiet, sing-song tone of voice with a stroking gesture, mirroring in a different mode the tone of the participant's voice, just as caregivers mirror their children's moods through the process of

'affect attunement' (Stern, 2000, p. 140). She then proceeded to reveal a lack of attunement by misquoting the participant's phrase 'you can only be *how* you are' as 'you can only be *what* you are', demonstrating the limits of her skills! The researcher used her therapeutic skills too by responding to the participant's pauses. For example, as the participant completed her account of the café dream, her speech slowed down and she paused for four seconds before murmuring 'mm'. The researcher mirrored that pause, leaving a further four-second silence before she replied, and there followed an even longer pause of eight seconds while the participant reflected. These pauses made space for the participant not only to tell her story, but also to process it and make new connections. The BCPSG claim that 'open spaces' (BCPSG, 2010, p. 45) such as these often follow significant relational events in both therapy and infant-parent interactions, and speculate that they allow interactants to assimilate the event and move on to new discoveries.

Third, the researcher was interested in what was taking place between herself and the participant as they talked, as well as in the events the participant was recounting. For example, when she was listening to the participant's account of her dream, the researcher was wondering what the dream meant for the participant and how it related to the subject of the research. But at the same time as these fairly rational mental processes were taking place, she experienced a fleeting reverie - a split-second daydream - of a specific café in a large department store in her local town that she used to visit on bustling family shopping trips, with its long, grooved counter and condensation running down the plate glass windows. The image did not relate directly to the participant's talk. With it came an almost imperceptible feeling of incongruity and discomfort that contrasted with her immediately prior sense of enthusiastic engagement: she does not visit that café anymore and contemplating shopping trips of the past now, by herself, feels out-of-place. The researcher did not mention her

reverie, but she was (just) aware of it. It affected the moving-on process of the interview and made a useful contribution to the research, as we will see.

Finally, the researcher's reflexive analysis of her own thoughts and feelings offered her and the participant access to further memories and associations, enriching their exchange. In our example, it fed the researcher's response to the participant, which was to remark: 'All alone'. Such a remark has something in common with a therapeutic interpretation, where the therapist undertakes reflexive analysis in the here-and-now (reflection-in-action) and speaks out of his/her feelings about the therapeutic relationship to illuminate it. Here, the researcher spoke out of her feelings about the research relationship, which in that moment included her mental image of the department store café and the feelings that went with it, mingled with her reactions to other elements of the participant's story and all the other concerns that pre-occupied her that day. In particular, the phrase 'all alone' echoed an account the participant had given some minutes before of a photograph of herself as a child standing alone in a field, which resonated with the researcher's own sense of contemplating the department store café all by herself. The participant reacted to this phrase by pausing for eight seconds, seemingly deep in reflection. She went on to talk about feeling lost in a therapy session and the language her therapist had used in response, before exclaiming with a laugh: 'Ooh, ooh lost in a field again!' linking her lost feeling directly with the photograph she had mentioned earlier.

Effects of practitioner-based research

Using therapeutic skills in qualitative interviews, as the researcher did above, has implications for research. One could argue that these implications are negative. The researcher's decision to remark 'all alone', for example, could be viewed as having

contaminated the research dialogue because it involved her own reaction to the participant's story and not simply the participant's account, or it may have 'planted' a link with an earlier stage of the conversation (where the participant had talked about the photograph of herself as a child) in the participant's mind. One might speculate too that the phrase was irrelevant, given that the participant's story concerned not asking for help when surrounded by others rather than being 'all alone'.

But it is our view that using therapeutic skills in this way need not have negative implications: on the contrary, *failing* to bring in the researcher's voice may have an adverse effect, because it may omit important information about the relational processes taking place between participant and researcher. This interpretation is consistent with intersubjective and relational theory (Benjamin, 1999; Orange 2002; Stolorow, Atwood & Brandschaft, 2004), which argues that two people in relationship affect each other, whether this is acknowledged or not. Their sense of themselves overlaps, so that what each one thinks, feels and does in the relationship involves a reaction to the other, as well as to their own personal histories. This means that no account generated by two people, including interview data, can belong solely to one party. Instead it belongs to both: rather than being truly subjective or objective, it is *inter*subjective (Stolorow *et al*., 2004; Young-Eisendrath, 2004). Feminist thinking locates this process in the primal feminine origins of human communication (Irigaray, 1985; Kristeva, 1987), where it developed from the preverbal communicative negotiation between mother and baby (Adams 1998, p. 157).

Looking at our example from this perspective, the phrase 'all alone' was neither a contaminant nor an irrelevance because it emerged from the researcher's and participant's shared relationship and belonged to them both. This is important because, according to

relational theorists, the point at which the subjectivities of the partners in a relationship intersect is particularly potent and generative, drenched in their intermingled memories and emotions (Ogden, 1994/1999). When we access it in research interviews, and are aware we are accessing it, we gain a powerful tool with which to explore lived experience and relationship.

Ogden (1994/1999) proposes that the point where two subjectivities intersect in the analytic context generates a third subjectivity, the 'analytic third' in which the unconscious experiences of both parties in the relationship mingle. Its contents may be expressed in fleeting dreamlike reveries: split-second thoughts, feelings and fantasies, including 'apparently self-absorbed ramblings' (Ogden, 1994/1999, p. 483) like the researcher's department store café image. Reveries are easy to miss because they are ubiquitous and mundane, but Ogden (1999) advises tuning into them, because they contain otherwise inaccessible information about the client's experience and can generate new meaning. In the same way, we suggest that it is useful for researcher-practitioners to tune into their reveries in interviews because they may convey truths about participants' experiences and the research relationship that are otherwise inaccessible. In our example, the reverie process afforded an insight into the way that emotionally-evocative language may be linked with past, emotional experience (McVey, 2013). When the participant's language triggered the researcher's department store café reverie and associated feelings, it enabled her to experience a version of this concept viscerally rather than simply to think or theorise about it – an impact the participant was also feeling, albeit in a different, more intense way, as she described her dream about another café and another set of feelings. Without the reverie, it would not have been possible to appreciate as deeply the poignancy and force of the relational language process experienced by the participant.

Dynamic communicative exchanges of the kind illustrated above involve a process that the BCPSG (2010) calls 'intention unfolding' (p. 185), which has three phases: (1) the interlocutors each have intentions, of which they are often only implicitly aware; (2) they express these intentions in spontaneous 'reflective-verbal' talk (where 'reflective' refers to past relational experience, grounded in nonverbal mental/body concepts, *reflected into* a new context, and not necessarily the more explicit activity of 'reflecting on' an issue); and (3) inevitably a disjunction exists between these two aspects, which the BCPSG conceptualises as a creative property of the emerging communication, rather than a problem or a lack of understanding.

> All three come together during a process we have called the 'intention unfolding process.' During this process, a gestalt of all three, taken together, emerges and is captured in one intuitive grasp. It is this gestalt that gives out the multiple intentions and meanings that can shift and change over ongoing and repeated contemplation. (BCPSG, 2010, p. 185)

Such phasing of communication within the intersubjective field captures a key element of practitioner-based research, where potential insights into how 'the multiple intentions and meanings that can shift and change over ongoing and repeated contemplation' are stimulated. Recent neuroscience research suggests that phenomenological experience of this kind in conversation may be driven by a 'self-organised criticality' that determines pragmatic choice (Gibbs & Van Orden, 2012, p. 7), where 'speech acts are anticipated in critical states, enacted by the immediately relevant contingencies' (p. 15). We further suggest that each micromoment preceding speech intention repeatedly energises the intersubjective field and stimulates potential towards 'an "avalanche" of empathic engagement' (Cambray, 2006, p. 11). The process is fed and maintained by serial 'neuronal avalanches' (similar to sand piles reaching critical height, then collapsing: see Beggs & Plenz, 2003); waves of avalanches in turn sustain 'cortex criticality' (Shew & Plenz, 2013), which enables the brain

to process information optimally. These neuronal processes can be seen as activating thoughts ahead of continually formulating speech, where 'every spoken word enacts the resolution of an indefinite number of potential choices, which include various linguistic, cognitive, and bodily propensities' (Gibbs & Van Orden, 2012, p. 18).

Conclusion

The practitioner-based approach outlined in this paper has implications for therapy research. First, it can offer access to the memory- and emotion-saturated relational space shared by researcher and participant and thereby enrich their engagement and extend their exploration of the research subject. Second, it can fructify research cultures, which since the 1990s have been increasingly driven by evaluation research based on large-scale population studies. Practitioner-based research offers something different. Drawing from small-scale studies that take into account the microphenomena of the research process, it not only preserves the practitioner's clinical approach but also uses it in the research process and thus contributes to its development. As in therapy relationships, being open to intersubjective engagement in research brings insights for each in the encounter.

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Biographies

Lynn McVey undertook the qualitative research outlined in this paper as part of a Masters in Psychotherapy and Counselling at the University of Leeds, where she is currently studying towards a PhD. She is a BACP-registered integrative therapist and her research interests include the interface between language, reverie and intersubjectivity, and approaches to practitioner research based on investigating the microphenomena of practice.

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Greg Nolan is teaching fellow in counselling and psychotherapy at the University of Leeds, BACP senior accredited counsellor and registered counsellor/psychotherapist and fellow of the Higher Education Academy. He has a teaching career spanning over 40 years, the last 25 years additionally as a therapist, manager of counselling services and counselling training programmes, freelance counsellor, clinical supervisor and trainer; has research interests in micromoments of practice, co-edited a book, published book chapters and peer-reviewed articles on therapeutic practice, supervision and training.

Appendix 1: Transcription Symbols (from Turnbull, 2003)

(.):	Pause of less than one second
(1.0):	Minimum countable pause (one second)
((sniff)):	Nonspeech sounds
Lo::ng:	Colons denote a drawn-out sound
word↑:	Rising intonation
italics:	Italics for emphasis
Over[lap]:	Square brackets denote start and finish of overlapping talk
soft:	**indicates speech noticeably quieter than surrounding speech