

# Therapists Have a Lot to Add to the Field of Research, but Many Don't Make it There: A Narrative Thematic Inquiry into Counsellors' and Psychotherapists' Embodied Engagement with Research

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## Abstract

Research frequently addresses a gap between practice and research in the field of psychotherapy. Castonguay et al (2010) suggest that the practice of many full-time psychotherapists is rarely or nonsubstantially influenced by research. Boisvert and Faust (2005) ask 'why do psychotherapists not rely on the research to consistently inform their practice?' and suggest that concerns 'have echoed through the decades' about psychotherapists' failings to integrate of research and practice. This study focuses on therapists' (counsellors and psychotherapists) reasoning about their engagement with 'research' as described in dissertations and in personal, anonymously presented documents, research journals and interviews included. The study focuses on the stages which generally are referred to as 'data analysis', which in this study refers research stages where interpretation typically is required with synthesising and analysing in mind. Turning our attention to the therapists' 'narrative knowing' about research during these stages where generating own new knowledge is put to the forefront, have highlighted a complex relationship involving epistemological discrepancies, real or imagined, between practice and research. It also highlighted gender issues, culture and commonly held constructs about what constitutes a 'counsellor', which we believe influence therapists' presence in research. We decided to include the citation "*Therapists have a lot to add to the field of research, but many don't make it there*" in the title to illustrate some of the complexity. The study is based on a Professional Doctorate programme, which engages with psychologists, counsellors and psychotherapists in practice-based research. In addition to drawing from dissertations already in the public domain students and graduates from the doctoral programme were invited to contribute their own embodied experiences from 'doing' a data analysis. The paper suggests a hybrid for narrative analysis, discussing the options to (re-)present narratives guided by a combined interest into the unique, personal whilst also looking for 'themes' within and across these narratives.

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## Introduction

Research frequently addresses a gap between practice and research in the field of psychotherapy. Castonguay et al (2010) suggest that the practice of many full-time psychotherapists is rarely or nonsubstantially influenced by research. Boisvert and Faust (2006) ask ‘why do psychotherapists not rely on the research to consistently inform their practice?’ and assert that ‘concerns, questions, and, sometimes, criticisms have echoed through the decades’ about psychotherapists’ failing to integrate of research and practice. This study explores ways in which therapists refer to their embodied engagement with ‘research’. We have approached therapists’ narratives about their research with a particular interest in their way of referring to ‘doing data-analysis’. The overlaps and differences between therapeutic practice and research is something which has intrigued us, the authors, in both own research and when supervising research students (Bager-Charleson 2017a, 2017b; Du Plock 2016). It is also an area which we have found particularly neglected, in the discussion about research supported practice as well as in literature about research subjectivity and reflexivity.

We are interested in what Polkinghorne (1991) refers to as ‘narrative truths’ about research, drawing on students’ and graduates’ written and verbal accounts, as told in officially available documents (doctors’ dissertations) and in personal contributions (research journals and interviews). The study is based on a London based Professional Doctorate programme where psychologists, counsellors and psychotherapists engage in practice-based research. In addition to drawing from dissertations already in the public domain through dissertation, we invited students from the doctoral programme to contribute with their written or verbal accounts to the following questions: How would you describe your embodied responses and emotional entanglement during your research? What did you feel during your data-analysis – and how might that have impacted on your research?

## Literature Review

In this study, we have explored literature and research specifically contributing to an understanding of research subjectivity with the researchers’ use of self in mind. Finlay (2016) and Etherington (2004) have contributed with theory about embodied research with a special focus on links between therapeutic practice and research. Finlay (2006) describes a theory about a Reflexive Bodily Analysis that involves ‘bodily empathy’, ‘embodied self-awareness’ and ‘embodied intersubjectivity’ during all stages of the research, including the data analysis stages. Her data analysis is an ‘attuned inquiry’ (Finlay, 2016) characterised by stages of ‘empathic dwelling’ where she uses ‘bodily experience as a way of tuning into ... participants so as to achieve both a kinaesthetic and emotional sensing of the other’ (p. 23). Boden, Gibson, Owen and Benson (2016) also offer an overview of literature in the field of feelings in research, suggesting that “Without the emotional dimension of a personal story, understanding becomes difficult, spoken words become separated from what the listener understands [...] to understand human experience, we must understand emotional experience ...” (p. 178).

A common theme for all reflexive approaches is that ‘situatedness’ (Haraway, 1988) or ‘subjectivity’ is an asset rather than hindrance, when drawn from in systematic  
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ways that are possible for others to trace or validate (Banister et al., 1994; Freeman, 2017). Finlay and Gough's (2003, p. 6) approach research subjectivity in terms of at least 'five reflexive variants', ranging from introspection focusing on the researchers' biography to social critique guided by a focus on the researchers' engagement with power balance in mind. Finlay and Gough's (2003) introspective, intersubjective and collaborative, socio-politically informed 'variants' to reflexivity, are interlinked. The 'collaborative' reflexivity challenges traditional epistemological hierarchies typically dominated by white heterosexual middleclass men since the Enlightenment. Smith (1999) argues for instance for a 'decolonization of research'. Ellington (2017) builds on feminism and post-structuralism to develop theory about 'embodiment in qualitative research'. She writes: "*Research begins with the body. Although some researchers remain unconscious of it (or deny it) embodiment is an integral aspect of all research... I am a body-self making sense with, of, and through other embodied people and our social worlds*" (p. 196). Different collaborative narrative methods have developed to highlight the 'dialogical nature of knowledge' and how 'meanings depend on who is speaking' (Arvay, 2003, p. 165). The challenge of oppressive discourses is reflected in developments within Narrative therapy (White & Epston, 1990) suggesting that 'as human beings in language we are, in fact, all subjugated by invisible social 'controls'' (p. viii). By including collaborative creative writing in research, Jeffrey, Powell, Waitere & Wright (2012) describe finding means to 'engage with, and blend, research that was planned, yet spontaneous, ordered while creative, passionate and grounded in reason' (p. 93). The autoethnographic researcher Spry (2001) has offered a strong critique of a historic dualist approach in the process of knowledge acquisition where, '*we still sever the body from academic scholarship*' (p. 724). Spry adopts a feminist outlook with an emphasis on 'enfleshment' and asserts that the '*the living body/subjective self of the researcher ... as a salient part of the research process*' to study the world from the perspective of the interacting individuals" (p. 711).

Typically for what Finlay refers to as a form of reflexivity based on 'on intersubjective reflection' is that the self-in-relation to others becomes 'both focus and object of focus' (Finlay & Gough 2003, p. 6). The focus on self-in-relation to other is not dissimilar from, for example, the autoethnographic, heuristic or narrative approach, but is positions concepts like transference, countertransference and unconscious processes to the forefront. This resonates with what psychosocial research which, as Clarke and Hodgett's (2009) suggest, can 'be seen as cluster of methodologies [which] 'considers the unconscious communications, dynamics and defences that exist in the research environment' (p. 2). The psychosocial research brings projection, transference and countertransference to the forefront. It addresses how 'unconscious intersubjective dynamics' (Hollway & Jefferson, 2000, p. 93) affect how 'we are influenced by our emotional responses' in research. Hollway and Jefferson's (2000) conclude that "*psychosocial research adopts a theoretical starting point [to] construe both researcher and researched as anxious defended subjects, whose mental boundaries and porous where unconscious material is concerned*" (p. 43).

### **Data Analysis and Embodied Understanding**

The focus on emotions is not unusual within stages of research which revolves around interviewing, it is however less mentioned in the context of data analysis. Denzin (1984/2009), Orange (1996, 2009), Spry (2001), Josselson (2011, 2013, 2016), Willig Language and Psychoanalysis, 2018, 7 (1), 4-22.

(2012), and Rennie and Fergus (2006) offer different perspectives to explore researchers' relational, emotional or embodied response during research, including during the data analysis stages. Within the framework of Grounded Analysis, Rennie and Fergus (2006) refer to 'embodied categorization' as 'an approach to interpretation in which subjectivity is drawn on productively' (p. 496). Van Manen (1990), Todres (2007), Anderson and Broud (2011), Gendlin (1997, 2009) and McGinley (2015) contribute with further theory about how to incorporate emotional and embodied into research. McGinley (2015) defines 'embodied understanding' as an understanding which includes the knower's 'moods, affect, and atmosphere' (p. 88) as sources of knowledge. Gendlin (1997) writes about the significance of 'staying with' the 'body-feel' as part of generating new knowledge. Tordes (2007) emphasises paying attention to a 'felt sense' as part of the analysis and writes about 'participatory experience' with an interest in how emotions are being evoked in the researcher.

## Methodology

Narrative research highlights typically how people rely on linguistic devices to give reality a unity whilst communicating our sense of meaning to others. The ways we organise events in our 'stories' reflect different kind of narrative 'knowing' triggering questions not just about the experiences as such but also about 'why was the story told that way?' (Riessman, 2000, p. 8). For a more indepth account of our approach to the broad field of 'narrative research' please see Bager-Charleson 2004.

This study focuses on counsellors' and psychotherapists' modes of narrative knowing in context of research. Embodied and emotional responses are, for instance, significant sources of knowledge in psychotherapeutic practice, putting concepts like countertransference, congruence etc. (depending on modality) to the forefront. What happens to this source of knowledge in research? How might therapists negotiate epistemic overlaps and differences between practice and research?

Our study is guided by Narrative Thematic Inquiry, as a hybrid of Narrative analysis with its flexible, yet systematic approach to explore peoples' accounts of events and experiences. Riessman (1993, 2000, 2008) proposes a typology of the four main types of narrative analysis, namely thematic, structural, dialogic and visual. Our approach to Narrative Analysis is guided by Riessman's (1993, 2000) 'thematic approach' merged with Braun and Clarke's (2006) interests in 'looking for everything and anything' which suggests shared themes. The thematic narrative analysis moves, as Chase (2005) suggests 'away from traditional theme-orientated methods in qualitative research' (p. 662) Comparing different narratives with an interest in themes both within and across the narratives, challenges some traditional approaches within narrative research. Riessman (1993) warns that 'when many narratives are grouped into a similar thematic category, that everyone in the group means the same thing by what they say [neglecting] ambiguities' (p. 3). This is true, and our compromise to combine breadth with depth involves sacrifices in the field of 'deviant responses that don't fit into a typology, the unspoken' (p. 3). To us, the 'themes' helps to push our interpretation along and facilitates as kind of structure to our own story which makes it easier to communicate. Braun and Clarke (2006) distinguishes between 'manifest', semantic themes and 'latent' themes which moves 'beyond' what is said. We are interested in both. During our readings we have considered broad themes, inspired

firstly by Bamberg's (199-47) three levels of narrative positioning, namely with regards to how:

1. the narrator positions her/himself in relation to others, when telling his/her story about the stage of research which revolved around data analysis.
2. the narrator positions her/himself in relation to an audience, as s/he tells.
3. the narrator talks about her/himself. Bamberg (in Chase, 2005) refers to this point as; 'how the narrators position themselves to themselves' (p. 663).

This involved to us considering what the therapists, for instance, describe as 'good', 'bad' and what Gergen (1998) suggests in terms of narratives' 'valued end points'. Did data-analysis bring different therapists closer or further away from the what the therapists intended to achieve through their analysis stage of their research? There are at least 'three types' (Polkinghorne, 1998, p. 15) of changes which the story teller, or 'protagonist' undergoes vis-a-vis a goal or valued end point. There is for instance a 'stability narrative' where progress remains relatively unchanged about the goal. A 'progressive narrative' conveys, in contrast, a sense of advancement toward the goal, whilst a regressive narrative highlight how the protagonist ends up removed from the goal.

## **Participants**

Choosing different narratives offered for us an opportunity to 'hear' therapists from different contexts. Our primary data consisted of dissertations available in the Institute library and of personal contribution narrated either verbally (interviews) or in writing (research journals, free writing vignettes, poems and other forms of creative writings). All therapists had an Integrative background, with two including CBT and three drawing from Psychoanalytic theory in their integrative models. All therapists had, further, contributed in the field of qualitative research, with two engaging in mixed-method studies. We chose 50 dissertations 'randomly' from the shelf, starting from A and working ourselves down alphabetically with a focus on the section referred to as 'data analysis' in each dissertation.

All dissertations were, as mentioned based on qualitative research, including phenomenology, autoethnography, grounded theory, narrative inquiry and mixed-methods. In addition to the dissertations, an email was distributed via the academic coordinator across all 18 cohorts, including graduates with an invitation to contribute with verbal or written narratives about 'what it feels like to do research during the data analysis stages'. The invitation included a section about narrative inquiry and its interpretive, hermeneutic nature. This was expanded upon and explained further in the project descriptions and consent forms, later forwarded to those who volunteered with further information. Seven researchers offered to discuss their experiences in interviews. Out of these, all were women, aged 40–56 and working as integrative therapists. Twenty researchers contributed with written narratives, which predominantly consisted of brief extracts from research journals. One was male, 'Alan', who will be referred to later. Participant identities have been concealed to protect their anonymity. The final material for the study includes: a) psychotherapists' Doctoral dissertations (50) already available online and in the library, b) psychotherapists' who by open invitation (across all 18 cohorts) contributed with

research journals, personal notes, poems, creative or other forms of for the project produced writings (20) about embodied responses and emotional experiences during the data-analysis phase; and c) psychotherapists' who by open invitation (as above) chose the option to contribute with their account through interviews (7).

### ***Ethical Considerations***

The study gained ethical clearance through the university ethical board. Research in the field of embodied response is likely to be emotive for participants. This research project reflects the principles set out by the Metanoia Institute's Ethical Framework for Research, with its emphasis on on-going respect for the participants. All the authors teach on the programme, and it was important to stress that any contribution to the study would be entirely voluntary and that names and identities would be concealed in the write up.

Both the validity and the ethical requirements of the study rely ultimately on 'trustworthiness' and 'authenticity' (Josselson, 2016; Finlay, 2016). This was referred to in the project information, consent form and in the interview where the concept 'narrative turn' was addressed with references to the narratives being a relational, embodied co-constructed version of the participants' experiences. The interviews involved a particularly relational approach. Each participant was contacted by Author 1, the interviewer, a few weeks after the meeting with some suggested interpreted key points and themes, together with an invitation to add, delete, or expand specific material. The interviews were analysed utilising several identifiable stages. These were as follows:

1. Immediately after an interview Author 1 recounted the interview from memory in verbatim, from start to finish in an experience-near (Hollway, 2006) and as close to word-by-word account which memory allowed for. This included embodied, emotional responses as customary in therapeutic write-ups.
2. Two weeks later Author 1 listened to the taped interview and compared each tape to the verbatim account and created 'key areas' or overriding 'themes' which she shared with the participants, with an invite to add or change.
3. The interviews were then transcribed approximately 6-8 weeks after the interviews, and analysed inspired by what Braun & Clarke (2006) suggest in their six-stage approach to thematic analysis in terms of initially looking for anything and everything which 'stood out' (codes) and then exploring 'clusters' (themes) within and across the transcripts.
4. The 'thematic' inspired transcript readings were then compared with the initial 'experience-near' readings (Hollway, 2006; Bondi & Fewell, 2015) based on the verbatim account combined with the listening of the recorded interview.
5. The set of readings were forwarded to Author 3 as a second reader, who responded to the suggested themes, elaborating, changing and suggesting new angles. This would trigger a continued discussion around the themes, lasting approximately 4-6 weeks.
6. A weaving of the two readings for an as broad and deep account as possible of each therapists' narrative knowing about research.

Narrative research puts, as suggested, ‘trustworthiness’ to the forefront throughout the process. Our analysis is in essence our story about other peoples’ stories, and its validity rely on the readers’ opportunities to follow our stages of the rendering process. We had, for instance, expected significant differences between the way research was referred to in public documents (dissertations) compared to in contributions to be presented anonymously; told or written (depending on the choice of the participants) in personal accounts. We will, however, suggest that in our approach to both sets of narratives, the therapists appeared to share a trajectory with themes which involved challenges, coping and illumination. We found it helpful to think of Gergen’s (1998) idea of narrative forms. For instance, the “happily-ever-after” story reflects how a follows a steady progressive change, with the protagonist moving towards a valued end point in the narrative. The ‘heroic drama’ on the other hand, combines regressive and progressive trajectories in ways which often imbues a sense of tragedy followed by heroism in the reader, which resonate with our reading of both the dissertations and the personal narratives. There were elements of tragedy in most accounts, with the protagonists first seeming to move further and further away from their goal of generating knowledge, as their story progressed.

In our finding section we will start by highlighting areas which stood out to us in ‘Alan’s’ story from one of the contributions in personal writing, with attention to ‘Alan’s’ unique told experiences. We will also refer to ‘Moiras’ story about research, as told in an interview. We will then expand on what we have interpreted as shared themes among most therapists in both dissertations and interviews. All participants’ identities are concealed.

## Results

To communicate what stood out to us both within and across the different stories in terms of plot lines or trajectories, we have gathered some main narrative linkages or overarching themes.

Space does not allow us to give full reference to all the accounts. Narrative ‘knowing’ reflects the way narrators create ‘themes, plots, drama’ and ‘make sense of themselves, social situations, and history’ (Riessman, 2002, p. 702). We have chosen two ‘stories’ to illustrate variations of the same ‘theme’, namely that data analysis, is described as ‘challenging to the core of ones’ identity’ as one therapists suggested. ‘Alan’s story’ (presented below) illustrates how generating new knowledge becomes more difficult and overwhelming than expected – but also more rewarding. ‘Alan’s story’ illustrates transformational learning which moves from crippling uncertainty to life changing learning about life and clinical practice.

This narrative ‘rhythm’ from catastrophe to success reflects a trajectory which we interpreted in most accounts, in both dissertations and interviews (e.g., told personal accounts). It gives voice to a regressive-progressive ‘plotline’, wher tragedy and heroic drama become part of a profound transformative learning experience. Associated with this trajectory some principal narrative strands which we interpreted were that:

- the activity was all consuming.
- the activity triggered a need to find coping strategies.

- the process of data analysis promoted illumination on both a personal and professional level.

## **Alan's Story**

Gergen (1998) highlights how tragedy and heroic dramas usually raises feelings within the reader; there is a tendency for the reader to think in terms of actions to prevent catastrophe. This was certainly the case when we read the personal account, told in writing, by 'Alan' (not his real name). We have underlined some of what we interpreted as particularly significant components in his narrative knowing about research and data analysis.

Alan is 45 years old, and works as a lead therapist in the NHS. "*I am writing this, and sending it immediately without any editing because I think that will help me tell it as it is ...*" started the text. 'Alan', achieved his doctorate degree five years ago, in the field of therapy for clients from the LGBT community.

*"... As I read [for my study] I struggled to find a good, simple system for recording memorable quotes, significant thoughts. I read and read and read...but how could I ever retrieve, synthesise, analyse this mass of thinking? How would I even remember certain key points as they disappeared under the constant input I was subjecting myself to? [...] Inevitably, I began to feel overwhelmed by the material coming in, by its sheer volume, and also by the existential challenge much of what I was reading presented to my own understanding of who I am and how I had come to think of myself in the way I did. About 15 months into the [programme] I began to have heart palpitations. These were extremely alarming and at some points I began to wonder if I was actually having a heart attack. Sometimes at night, I would wake up, aware that my heart had skipped several beats, and with a sense of struggling for breath. Often, after having one of these experiences, I would sit up in bed and feel panic. The sensation of my heart skipping a beat, or suddenly racing, was very scary. And it was also shaming – something I didn't talk to with anyone in case they would think I was being ridiculous, or that I should give the research up if simply reading books was giving me such high levels of stress. Apart from palpitations the other main embodied experience I encountered during my research was, on the morning when I finally decided I had to stop reading and start 'creating', an incredible tightness across my chest and a heavy 'band like' feeling across my forehead. I was sat in my study, with hundreds of quotes/cards strewn across the floor, and a deep sense of foreboding. At that point I literally had no idea of how I was going to shape the literature I had read (subject-related and method/methodology-related) into a coherent, elegant, 'whole'. I remember groaning out loud at the prospect – as though I was involved in heavy physical labour". ('Alan', written personal narrative about research, our markings)*

This torturous experience continued until, what Alan describes as a turning point, as he began to develop a way of coping with the earlier overwhelming amount of information:

*"Picking up each card and realizing that somehow I needed to understand how what was written on it related to everything else written on all the other cards felt like – and indeed was – a mammoth task. Nonetheless, looking back, I do think that there*

*was something incredibly powerful about almost wrestling with the information in actually engaging something within myself which needed to be laid to rest before something new could emerge. Additionally, having physical 'bits' of information, as opposed to just bites of data on a computer, engaged me in a whole-person way that I don't think using some piece of qualitative data analysis software could ever have done. I felt more confident, I was developing a mind-map against which to cross-reference each additional story I heard I had begun to interrogate those stories from a social constructionist angle, seeing them as not just the personal creation of an individual but as emerging from within a particular social and historical setting". Alan's coping involved self-searching, there as "something within myself which needed to be laid to rest before something new could emerge", as Alan put it. The coping also involved connecting with a theoretical map, where he "had begun to interrogate those stories from a social constructionist angle". We read this as a progressive twist in the narrative, where Alan moves towards the valued endpoint of new knowledge, possibly on a deeper level than expected:*

*"The palpitations did, however, continue right up until I made my final presentation. Then, amazingly and much to my relief, they stopped and have never returned. For me, they attest to the reality that undertaking research into areas which are deeply meaningful and important to us as people, not just as academics, lays us open to challenge and struggle at very deep levels. To my mind, they represent an existential struggle with fundamental concepts or building-blocks of what it means to be human; a far-from-easy letting go of aspect of life which have felt like certainties and an opening up to anxiety and learning to live with it without the need to simply resolve it. Fundamentally, my embodied experience – the pain and the fear – have left me much more aware of how easily we/I seek solid ground to live on, when actually there may be no such solidity. Learning to live with uncertainty and possibility is potentially liberating, but also deeply challenging. From that perspective, my journey continues, but what I learnt from my research (and strangely, it's much more about the literature review than it is about my participants' stories) continues to guide me and enlighten me". ('Alan', written personal narrative about research, our markings)*

## **Summary, Alan**

Alan described an embodied process of data analysis as generating high levels of stress. Alan described how "sometimes at night, I would wake up, aware that my heart had skipped several beats, and with a sense of struggling for breath ... I would sit up in bed and feel panic". He 'was sat in my study, with hundreds of quotes/cards strewn across the floor, and a deep sense of foreboding [with] literally had no idea of how I was going to shape to a coherent, elegant, "whole". "He also talked about 'shame' over that 'simply reading books was giving me such high levels of stress".

The turning point was linked to Alan developing a sense of 'map' which involved looking both inwardly and outwardly. Alan said that his 'embodied experience – the pain and the fear – have left me much more aware of how easily we/I seek solid ground to live on, when actually there may be no such solidity'. In the following section, we will revisit some of the suggested themes and trajectories which we have interpreted as spanning across all consuming, triggering coping and leading to illuminating outcomes on different levels.

## Gender and socio-cultural obstacles

Turning our attention to the therapists' 'narrative knowing' highlighted a complex relationship involving gender, culture and commonly held constructs about what constitutes a 'counsellor', which we believe influences therapists' presence in research. We decided to include the citation "*Therapists have a lot to add to the field of research, but many don't make it there*" in the title to illustrate and emphasise this complexity. The expression comes from 'Moira' (not her real name).

### **Moira's Story**

'Moira' is 47 years old, and works as a counsellor in a charity for clients who have been sexually abused. Moira spoke in the interview about a 'a sense of glass ceiling' due to stereotypes about counsellors and researchers. "*I think I underestimated the data analysis... The end-result was very nicely polished and well presented, but I don't think it really captured what went on and how that journey to the data analysis from the interviews, how it really played itself out, and how difficult it became... It's hard to get away from that, you're desperately trying to find themes and codes and things but actually this is somebody's life*". (Moira, interview, our marking).

Alarmingly, sexism and racism are coming to the surface. Moira had always enjoyed reading and writing, but says that she kept her doctorate research secret from many of her colleagues. "It can almost be a race to the bottom to work near all those who we help" rather than "writing articles and stuff", says Moira:

*There's a glass ceiling... I still feel there's a, you know, research is sort of about showing how clever you are, wanting to show off and all my whizzy little ideas. It's in my DNA to help those who are marginalized and in a way my own kind of experiences of barriers, of racism, of hitting a ceiling that I can only as a woman, who identifies as being black that I would only go so far, and that, and the whole world of research and being with all these well-spoken, articulate, bright people... My dad tells everybody that I'm a social worker, because he simply doesn't understand [laughs] what the hell I do... he tells everybody that help the poor and, in a way... and that's still what I am... it can almost be a race to the bottom to work near all those who we help... not writing articles and stuff!*" (Moira, interview)

Another therapist, Rita 42 years old working as a private practitioner and who also shared her story in an interview, resonated with this: "*For me there were these particular archetypes of being a woman in my family; nurturing, giving, sacrificial*". (Rita, interview)

## Overarching Strands in the Narrative Trajectories about 'Doing Data Analysis'

### **1. All Consuming**

Most therapists described, from all three strands, the process of data analysis as an intense and deeply challenging one. Some overarching themes were:

- Becoming ill
- Loosing sense of Self

- Feeling like a fraud
- Disembodied

Several therapists described becoming unwell during their data-analysis work with unexplained pain, hypertension, palpitations, chest pains, panic attacks and difficulty sleeping being some of the self-disclosed symptoms recorded. Associated with somatic disturbances was a feeling expressed by many therapists of ‘excessive immersion’ whilst attempting to analyse their data. One therapist stated that *“I really did eat, sleep and breathe the research”*. Many therapists described losing a sense of self. One therapist described *“I became stuck at the structural level of data analysis. I had played in the words so much I lost sight of the body”*. Another therapist said *“My immersion in their stories [made it] difficult to ‘let go’. I was overwhelmed by mixed emotions. I found myself laughing at some and crying at others”*. Feeling lost and its impact on knowledge acquisition was tellingly captured by one therapist who reflected that, *“[it was] the task itself that was all consuming, rather than the meaning behind it”*.

The all-consuming nature of data analysis seemed disorientating different levels. One therapist said: *“It’s been horrific, I’ve agonised so much, feeling like a fraud, so stupid ... I’ve been feeling desperate, all the time thinking that I am doing this right with themes and codes and tables”*. Another therapist expressed feeling unprepared for the lack of self-care in research, suggesting that *“the literature on qualitative research emphasises the importance of protecting the research participants. There is not much on protecting the researcher”*.

Several described data analysis as a stage which disconnected them from the human focus of their work. *“I found analysing the data completely consuming [with] moments when I had no clarity at all”*, as one therapist put it. The pressure and challenge of looking for themes within their data and being surrounded by endless paper notes created for some a conflicting sense of detachment. One therapist said *“I had completely lost the body as a route to knowledge. I did not really notice until I had started to reach for the deeper structural level, the unconscious processes”*.

The lack of relational focus was referred to by the therapists. One therapist exercised useful reflection on this situation in stating that, *“it’s hard to get away from that, you’re desperately trying to find themes and codes and things but, actually, this is somebody’s life”*. Another therapist referred to an overwhelming sense of pain and feeling when trying to analysis her transcript, which she was unprepared for experiencing in research. She stated that it was, *“a hundred times more intense than with clients. This was on another level; I would say...nothing had prepared me for that”*. For this therapist the emotional impact of her data analysis process was truly visceral. She chose these words: *“There would be different sentences in each transcript, it was like a sword going through me, right there where my heart is, where my soul is, and then the tears would come and sometimes it’s quite unexpected”*.

Another therapist echoed with that ‘the impact of the written word’ could be *“very disorientating”*. Again, moving from a clinical training which focuses on emotional content, the therapists describes a lack of means to express their findings. The same therapist says: *“To read verbal words on the written page as you read particularly when they’re very personal... so rife with emotional content and splitting, and you*

*know, polarities and mess and shame, and, you know... What do you do with that? How do you find an expression?"*

## **2. The need for coping strategies**

It was clear from all sources that the process of data analysis had a profound and unsettling impact on many therapists. The feelings of being lost, isolated, and emotionally vulnerable prompted some to seek a supportive coping strategy. A number of discrete coping strategies were identified; these included,

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

In being confronted by the uncertainty some therapists looked for epistemological and theoretical frameworks from their therapeutic training and practice. One therapist, who described feeling ‘disembodied’ during the data analysis stage, refers to having regained a sense of ‘embodied self’ by considering the responses in the context of theory about unconscious processes.

Also, as illustrated with ‘Moira’s’ story, therapists referred to stereotypes among colleagues about researchers as selfish, detached and removed, whilst counsellors could be ‘caught in a race to the bottom to help the disadvantaged’, resonating old archetypes of women as ‘nurturing, giving, sacrificial’. Research became, in this sense, a hidden, guilty hobby which -as in ‘Alan’s case, exaggerated a sense of loneliness and ‘lost-ness’. For several therapists, therefore, supervision was described as a crucial coping/support strategy, especially with an opportunity to explore the emotional aspects of their research work. One therapist captured its value with these words, *“The research tapped into my fears around failing, and supervision helped me to understand and contain those feelings”*. A fear and vulnerability around failure was articulated by a substantial number of therapists. As another frequently mentioned coping/support strategy was personal therapy. In distinguishing it from the value of supervision one therapist stated that, *“I certainly had not expected this experience when I embarked on the research and was taken completely by surprise, so I now realised that not only did I need supervision in dealing with writing a doctorate, working with challenging material, but also I needed personal therapy to separate out my issues from those of the victims”*.

One of the biggest challenges for many therapists in their data analysis work and their research in general was being confronted with uncertainty and unknowing; it seemed to create a disturbing sense of unease where clinical training left many unprepared. The emphasis on self-awareness from clinical training did not easily find its home in research. As in the case of ‘Alan’ earlier, a pressure to produce coherent, tidy knowledge was experienced as contrasting, sometimes conflicting with the complex model for ‘knowing’ in therapy – especially during the data-analysis. However, for many therapists this challenge signalled an opportunity to actually lean into their discomfort and attach some meaning to it as they typically would in their clinical practice. This notion was powerfully expressed in the following statement from a therapist: *“To be uncomfortable with research can be essential, it can protect us from*

*going too far, as Josselson (1996) writes when she suggests that our ‘anxiety, dread and shame’ are there to honour our participants and to remind us that our research is both about and by real people”.*

Some therapists who felt that words couldn’t fully capture the responses and meaning from research participants found alternative mediums with which to process their engagement with data. One therapist described her approach with these words, *“You could find words, of course you could, but somehow they felt inadequate, a blunt instrument. I found other mediums actually allowed for actually going to places you wouldn’t go to... I used music, drawing and cooking”.*

Another therapist-researcher described looking for and finding new means of analysing her collected interviews with evocative images and her own embodied responses as part of the process, in the form of ‘memory theatre’: *“I used postcard images to represent each theme and placed them in informal mandalas on the floor, to represent the ‘rooms’ of the memory theatre, noticing a trepidation and also an eagerness”.*

### **3. Personal and professional Illumination**

Rather reassuringly several therapists reflected on their experience of data analysis as something that facilitated both personal and professional change; usually this was after they had established effective coping/support strategies. Some overarching themes were:

- Improving practice
- Developing new strategies
- Finding new knowledge
- Experimenting with ideas
- Understanding self and others in new ways

The earlier mentioned ‘Alan’ captured movingly the impact of research activity on the self and its potential lasting legacy in terms of ‘learning to live with uncertainty’. There is something of an existential awakening in these words; research and its challenges and uncertainty have revealed and promoted a more authentic engagement with living.

Some therapists reported that their experiences of data analysis and grappling to find meaning had significantly impacted on their way of thinking as practitioners. One therapist who characterised their identity as a *‘traditional died-in-the-wool CBT therapist’* summarised the impact of her research experience as follows: *“the difference now is that the therapeutic relationship and the process of therapy itself are much more important to me as a result of my learning from this doctoral research”.*

Another therapist referred to a lasting ‘research mindedness’ – a prevailing enthusiasm for ‘finding out’ which helps her ‘understand the client better’. Another highly relevant piece of reflection was, *“Each encounter with the data illuminated something new”.*

It is important to recognise the fact that those therapists who reflected on the personal and professional impact of their data analysis work were those who appeared to have

reappraised their former fear and aversion to research. There were several therapists who felt openly excited by research; it held opportunity not fear.

*“Everyday I talk about research, I have become really passionate about the process, the exciting process about not knowing anything and then finding out, experiment with ideas and then finding new knowledge... I find absolutely fascinating, brilliant!”*

## **A Reflective Pause. Transformative Learning and Personal Development**

There has been a parallel process in the study, where we as researchers have felt overwhelmed, paralysed and anxious. Combining different sources of information was interesting but also challenging, not just for methodological reasons but also for the strong different kind of emotions and embodied responses they imbued. Reading dissertations was physically exhausting, whilst engaging with personal contributions, particularly the interviews which had evolved through dialogue and evoked powerful emotions, resulting for elation to dread and sometimes expressed in vivid dreams (Bager-Charleson, 2017a, 2017b), 2019) especially when trying to engage in the agonising process described by ‘Alan’s’ when seeking to reduce something vast into a neat, coherent academically relevant story. We shared the concern which most therapists gave voice to in terms of that *“this is about human beings, actual people”*. When doing so, we would be reminded by the emphasis on personal development which had underpinned our clinical training, asking questions like ‘where do these strong, newly evoked emotions come from?’. The for therapy typical emphasis on, as Klein et al (2011) describe as a ‘skilful use of self’ (p. 278) based on ‘know-thyself’ principles seemed almost be in the way during data-analysis. This is conceptualised differently depending on therapeutic modalities, ranging from the psychoanalytic focus on unconscious, counter-transference processes to humanistic emphasis on embodied processes as for instance expressed with concepts like congruence (Adams 2014, Bager-Charleson 2012, 2017b, du Plock 2016, 2018, McBeath 2018). There is across all modalities a commonly held ‘narrative knowing’ guided by the value of ‘know-thyself’. This involves ongoing attention to the developmental process of learning where emotions, thoughts and behaviour both inside and outside their work become significant aspect of knowledge (Neuhaus, 2011). Although reflexivity provides a platform for narrative knowing to make sense of embodiment and situatedness, we resonate with Finlay and Gough’s (2003) assertion about that reflexivity may be increasingly accepted, but the question remains “how to do it?” (p. 5).

## **Conclusion**

Psychotherapy provides a kind of space *“in which we hope that new meanings can be made and new stories told, stories that may make life more liveable through an enrichment of meaning”*, as Bondi (2013, p. 4) puts it. Our interpretations suggest that therapists adhere to this complexity, and maintain an emphasis on attending to emotional and embodied responses between ‘actual people’ (Holloway, 2009) when doing research. *‘Arranging results into neat boxes’* as one therapists described her data analysis, reflects a reductionism which contrasts therapists’ narrative knowing.

Our study showed clearly that therapist-researchers could and did experience significant and challenging responses during their research – both physical and emotional.

*“I was sat in my study, with hundreds of quotes/cards strewn across the floor, and felt an incredible tightness across my chest and a heavy ‘band like’ feeling across my forehead”.*

The sense of ‘lostness’ in the narrative suggest that many feel unprepared and lonely, indicating an absence of research training during their earlier clinical training. This prevents early forms of integrative thinking around research and practice to take form, and reinforces stereotypes about research and researcher as being cut off, separated from an empathic, embodied and emotionally attuned practice. The narratives suggest that many practitioners are uninformed about both the process and potential impact of doing research. But is also indicates a lack of space for therapists to negotiate their epistemological positioning and potential need for bridging between practice and research. Why might unconscious, emotional and embodied process be taught as paramount in one section of the therapists’ learning, but potentially be left unaddressed in another? In our study many therapists expressed considerable bewilderment both about the actual process of data analysis but, but they also expressed shock at the emotional challenges that research can deliver.

Also, linking to the topic of archetypes surrounding counsellors and psychotherapists, another therapist talked about a ‘female dominated’ work place characterised by a ‘race to the bottom to stay on the ground’ to ‘help the marginalised’. The same therapist described keeping quiet at work about her attempts to ‘trying to be’ a researcher: *“There’s a glass ceiling... I still feel there’s a, you know, research is sort of about showing how clever you are, wanting to show off and all my whizzy little ideas”.*

Our study suggests, in conclusion, that therapist-researchers describe significant and challenging responses during their research – both physical and emotional. If research is to become more integrated within the profession of psychotherapy there may be a duty of care to equip practitioners with knowledge that may serve to make them less unprepared and less vulnerable in this endeavour.

### ***Limitations of the Study***

The focus for this study has been on personal, unique aspects within public concerns and debates about therapy research. This study only scrapes on surface of some of the challenges and adventures in research in the field of psychotherapy. We hope it will invite to discussions about the epistemic overlaps and differences between practice and research with both research practitioners’ and their clients’ interests and growth in mind.

Our professional doctoral programme provided a good setting for the study to gain insights into how accredited therapists think and feel about undertaking research. It is likely that our role as tutors on the programme will have impacted the response we gained from our cohort of candidates and graduates. Would someone less interested in

emotional and embodied self-awareness feel free to volunteer their views to the story? Although drawing from the dissertations gave us a relatively broad pool of data to draw from, it is possible that the verbal and written accounts provided us with a one-sided image. Focusing on the data-analysis stages also somewhat obscured experiences surrounding a more general sense of research identity. Problems linked to gender, race and potentially unhelpful 'stereotypes' in counselling and research would be particularly interesting to explore further.

It is, finally, likely that the seniority of the participants had an impact on the study. Would more recently graduated therapist reason differently about research? We would like to broaden our research to more recently graduated therapists to learn if research may already be a more integrated part of their training. It would be interesting to compare with a survey based, maybe mixed-method study targeting both newly recruited and senior, accredited therapists across different training programmes both within and outside the UK.

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