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### Research and therapy: generating meaning and feeling gaps

**Citation for published version:**

Bondi, L 2013, 'Research and therapy: generating meaning and feeling gaps' *Qualitative Inquiry*, vol. 19, no. 1, pp. 9-19. DOI: 10.1177/1077800412462978

**Digital Object Identifier (DOI):**

[10.1177/1077800412462978](https://doi.org/10.1177/1077800412462978)

**Link:**

[Link to publication record in Edinburgh Research Explorer](#)

**Document Version:**

Early version, also known as pre-print

**Published In:**

Qualitative Inquiry

**Publisher Rights Statement:**

© Bondi, L. (2013). Research and therapy: generating meaning and feeling gaps. *Qualitative Inquiry*, 19(1), 9-19. 10.1177/1077800412462978

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# Research and therapy: generating meaning and feeling gaps

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Paper for special issue of *Qualitative Inquiry* "Knowledge as cure? Research and/as therapy" edited by Sophie Tamas and Jonathan Wyatt

## **Acknowledgements**

My thanks to Sophie Tamas for inviting me to be part of the panel session in which this special issue originated. The invitation was exceedingly well-timed. Thanks to Sophie again and to Jonathan Wyatt, Judith Fewell, Karen Nairn and members of the Counselling and Psychotherapy Writing and Research Group for their invaluable feedback on earlier drafts, which I have not necessarily acted upon in revising this paper but which have given me resources with which to think beyond it.

## **Abstract**

I argue that qualitative research and psychotherapy are both projects of making meaning. Qualitative research may provide therapeutic opportunities for participants, which sometimes generate confusion about appropriate boundaries, but psychotherapy does not have a monopoly on the therapeutic. The meanings (or stories) that qualitative research and psychotherapy generate, circulate differently, qualitative research entering the public domain more overtly, while psychotherapeutic meanings circulate primarily through the way lives are lived. Qualitative research does not generally purport to produce faithful representations, but sometimes the gap between personal experience and its narration can be troubling, especially in the case of traumatic experience. Drawing on the psychoanalytic distinction between two-person and three-person relating and its link to symbolisation, I elaborate the concept of the third position, which I use to illuminate this gap between the flow of experience and our narrations of experience. I show how the third position is rooted in loss and how loss is therefore intrinsic to our capacity for curiosity and reflection on our lives.

**Keywords**

Psychoanalysis, psychotherapy, trauma, narration, third position, meaning-making, loss, representation, stories, symbolisation, observer position

**Biography**

Liz Bondi is Professor of Social Geography at the University of Edinburgh, where she contributes to professional education in counselling and psychotherapy. Her current research applies interdisciplinary social science perspectives to counselling and psychotherapy, and uses psychoanalytic ideas to contribute to debates about qualitative methods. She is also a contributor to the field of emotional geographies. She is founding editor of two journals: *Gender, Place and Culture* (first published in 1994) and *Emotion, Space and Society* (first published in 2008).

## Research and therapy: generating meaning and feeling gaps

### Introduction

Informed by critiques of positivist approaches to social science, qualitative researchers typically understand their work as interpretive and generative, rather than as purely and faithfully representational. Counting myself among their number, I would describe my research as offering stories about the world, stories that I hope bring some kind of new perspective to my theme and thereby make possible new meanings. In so doing I seek to contribute to conversations with others both within and beyond the academy. In recent years much of my work has involved retrieving, retelling and thereby reinscribing stories about the character and development of counselling and psychotherapy in Scotland (Bondi 2003a, 2006, 2009; Bondi with Fewell 2003). My aim is to offer counsellors and psychotherapists accounts that seem to me to be at risk of being forgotten or drowned out in a re-presentation of these practices within discourses of individualistic health treatments and narrowly construed psychological interventions. I seek to make new meanings available to those whose stories I have gathered as well as to academic audiences.

Psychotherapists<sup>1</sup> (another community to which I belong) also, albeit differently, often describe what they do in terms of making meaning (Frankl 1964; Carlsen 1988; Neimeyer and Raskin 2000). Despite trends that threaten to medicalise and instrumentalise our practices, especially through efforts to standardise and regulate the field, many of us resist conceptualising what we do in terms of treatment, cure, remedy<sup>2</sup>, or even alleviation, comfort or help (Parker and Revelli 2008; Postle 2007;

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<sup>1</sup> I use the words “psychotherapy” and “psychotherapist” inclusively to refer to practices and practitioners that/who belong to a recognisable “family”, which includes psychoanalysis, counselling/counseling and numerous variants that refer to the use of particular media, as in dance therapy, music therapy or psychodrama, or to particular theoretical or philosophical outlooks, as in person-centred, existential, transpersonal or psychodynamic therapy. (My own training was in counselling and I usually describe myself as a counsellor.) I also use the terms “client” and “patient” interchangeably to refer to those who consult practitioners.

<sup>2</sup> Ironically, the words “therapy” and “therapeutic” (to which “psychotherapy” and “psychotherapeutic” are often contracted) connote ideas of treatment, healing and/or cure. However it is the influence of medical (as opposed to, say, theological) approaches to therapy that critics seek to resist. The affinity with the theological is

Totton 2011). We do not know if those with whom we work will feel “better” or “happier” (Layard 2005) as a result of coming to see us, and we therefore cannot promise that they will. Instead, we offer a very particular kind of relationship and a very particular kind of space in which we hope that new meanings can be made and new stories told, stories that may make life more liveable through an enrichment of meaning (Angus and McLeod 2004; White and Epston 1990). According to mid-twentieth century British psychoanalyst D. W. Winnicott (1971, 117), psychotherapy is “a long-term giving the patient back what the patient brings”. This entails working with such things as the often formless, fragmentary, unarticulable thoughts, feelings and vague inklings that clients or patients bring, along with stories about themselves and their lives that have come to be experienced as somehow problematic, for example as constricting or self-alienating. The hope of therapy (Gordon 2009) is that between practitioner and client, these may be “metabolised” in some way in order to forge new meanings. These new meanings are constructed, narrated and witnessed between practitioner and client in a process that is unpredictable and often faltering, but which always entails some kind of encounter between two (or more) human beings through which, in Winnicott’s terms, the patient receives back what he or she has already brought. I would also add that this process is never efficient, something I wish to stress not out of some perverse objection to “cost-effective” treatments but because the therapeutic process as I (and many others) understand it cannot survive the instrumentalisation implicit in “efficiency”. Rather, the psychotherapeutic process eschews such calculation and needs to enable “nothing to happen” or “time to be wasted” and similar “inefficiencies”.

From my location within the fields of both qualitative social research and psychotherapy, this paper contributes to conversations at the interface between these domains. First, elaborating my comparison of research and psychotherapy as projects of making meaning, I seek to supplement existing discussions of the “therapeutic opportunities” (Birch and Miller 2000) offered to those who participate in social research, especially through the medium of interviews of various forms. I then

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more strongly suggested without the contraction given the traditional translation of “psyche” as “soul” and therefore “psychotherapy” as “cure of the soul”, which is an idea less amenable to incorporation within modern medicine.

turn to debates in qualitative research about representing experience, which follow from an understanding of research as telling new stories rather than faithfully reproducing existing ones. Taking as a point of departure Sophie Tamas's (2009) critical reflections on autoethnographic accounts of trauma, I bring to bear on these debates the psychoanalytic concept of the third position, which I argue offers a way of understanding the feeling of an inevitable gap between the flow of lived experience and representations of that experience.

### **Research and psychotherapy: projects of making meaning**

A number of qualitative researchers have observed that research activities such as participating in research interviews is sometimes beneficial for participants in ways that might reasonably be described as therapeutic (Birch and Miller 2000; Brannen 1993; Dickson-Swift *et al* 2008). Indeed in a study of clients' experiences of marital therapy, Jerry Gale (1992) found that "the research interviews themselves were reported to have greater therapeutic impact than the therapy". These observations raise questions about the similarities, differences and overlaps between research and psychotherapy. Responding to such questions, Virginia Dickson-Swift and her colleagues (2006, 860) have noted that qualitative researchers may "need to encourage people to talk openly and frankly, to tell their stories" thereby reproducing an environment akin to that of psychotherapy. The invitation to talk in this way in the presence of an interested and attentive listener may be very welcome to research participants; indeed it may be a motivating factor for their participation. However, because talking openly and telling one's stories is also associated with what clients do in psychotherapeutic settings, it is not surprising that researchers and participants sometimes feel confused and uncertain about what is happening and what is appropriate within research interviews. This has generated concern about the ethical responsibilities of researchers to participants who might find themselves unwittingly drawn into something far more like psychotherapy than they had anticipated (Dickson-Swift *et al* 2006; Duncombe and Jessop 2002; Etherington 2007; Hart and Crawford-Wright 1999). A variety of suggestions and recommendations have been offered to help researchers anticipate and avoid the ensuing pitfalls, including careful clarification of their purposes compared to those of therapists (Hutchinson and Wilson 1994), having available contact details to facilitate onward referral of research participants to professional sources of support (Dickson-Swift *et al* 2007), self-care

strategies (Stoler 2002) and ensuring that researchers have adequate training and support (Johnson and Clarke 2003) perhaps including the use of group psychotherapy (Corden *et al* 2005) or research-focused therapeutic supervision (Bingley 2002).

While qualitative researchers worry about the risks of stepping over an invisible boundary between research and therapy in how they interact with research participants, and psychotherapists (among others) worry about the potential impacts of poorly trained or unqualified people claiming to offer psychotherapy, psychotherapists are also well aware that they have nothing like a monopoly on the therapeutic benefits that those who consult them seek. Research that attempts to differentiate between the effects uniquely attributable to psychotherapy and other factors in the changes reported by clients or patients invariably find that so-called “extra-therapeutic factors” contribute a great deal (Lambert 1992). Many psychotherapists would find the differentiation between therapeutic and extra-therapeutic factors artificial, but few would disagree that the suffering and distress that bring people to their consulting rooms may be transformed, overcome, cured or alleviated by methods other than psychotherapy. Indeed sometimes the task of psychotherapy is about supporting people to (re)discover activities or repair relationships that will render psychotherapy redundant. This might include volunteering to take part in a qualitative research study or engaging in creative writing of some kind, the therapeutic benefits of which are amply demonstrated in other papers in this special issue. That research interviews might be welcomed by participants as therapeutic opportunities (Birch and Miller 2000) is certainly no surprise.

Those participating in psychotherapy engage in processes of making meaning within a psychotherapeutic frame. Those participating in research are typically invited to tell and perhaps explore their stories within a research frame. While one-off interviews may not enable, to paraphrase Winnicott (1971, 117), “the long-term giving the research participant back what the research participant brings”, the careful attention paid to the stories participants bring shares a great deal with the attentive listening provided by psychotherapists (Dickson-Swift *et al* 2006). Where researchers meet with their participants recurrently, relationships develop further, perhaps becoming

still more similar to psychotherapy or perhaps becoming more akin to friendships (Tillmann-Healy 2003). In all these cases, albeit in varying ways, when research participants tell their stories to attentive listeners, the act of narration in the presence of sympathetic witnesses is likely to enable participants to hear themselves anew in ways that make their stories freshly meaningful for themselves as well as for the researchers listening to them (Frank 1995). An example of this making of personal meaning through research participation is described by Nilmanat Kittikorn and her colleagues (2006, 1298) in the context of longitudinal ethnographic work:

Through storytelling, these women wove fragmented parts of their lives together. They used storytelling as a way to reclaim their voices [...]. Through storytelling women reclaimed a sense of themselves. They told their stories and lived out narratives of their lives in the presence of the researcher so that she might be witness to them.<sup>3</sup>

This description of fieldwork in which researchers witness the testimony of participants who are able to narrate their lives in ways that are personally enriching and life-affirming, has much in common with my description of psychotherapy. There is of course no guarantee that either research participation or psychotherapy will provide straightforwardly positive or benign opportunities of this kind: what Nilmanat Kittikorn and colleagues (2006) describe as “reclaiming” one’s sense of self is a risky endeavour in which painful losses and injuries are likely to be remembered, and in which the capacity of the witness to hear and honour the stories told may prove inadequate to the task.

While research and psychotherapy may share a commitment to making meaning, the meanings they make take different forms and circulate in different ways. For researchers, the new personal meanings arising for research participants are not their sole purpose and not usually even their core purpose. Furthermore, new personal meanings in and of themselves do not generally constitute the research. Instead, however important these meanings might be, they also need to be put into

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<sup>3</sup> Thanks to Seamus Prior for bringing this research to my attention. Kittikorn and her colleagues do not express concern about blurring a boundary between research and psychotherapy, perhaps because the context of their fieldwork in southern Thailand is one in which a western model of psychotherapy has made little impact and therefore is unlikely to generate confusion for research participants.



wider circulation. An exception to this argument are studies in which writing is research and is the means through which personal meanings are generated, as illustrated by several articles in this special issue. However writing personally for research publication remains a rarity rather than the norm, and even in these cases the crafting of such stories requires much analytical labour, which is likely to be supplemental to the task of personal meaning-making (a point also elaborated in this special issue by Jane Speedy (2012)). In qualitative research more generally, researchers work (perhaps in collaboration with research participants) with the materials they and their participants generate beyond their initial encounters to develop explicitly articulated, convincing and persuasive arguments or stories. These arguments or stories (which typically anonymise research participants in relation to others but not themselves) are made widely available through conferences, seminars and publications. Indeed, it is only when ideas and arguments are communicated and disseminated that they become the stuff of research and scholarship. By contrast, in psychotherapy what matters is that the client or patient senses, feels or embodies something meaningful and generative. This “something” is elusive and often implicit. It might be thought of in terms of increased or renewed ability to tell stories about, or narrate, one’s self (Brison 1997), or a wider repertoire of metaphors to live by (Lakoff and Johnson 1980). In another register it might be understood in terms of an enrichment of unconscious dream-work, taking the form, for example, of something as apparently trivial or useless as greater ease in, and capacity for, daydreaming or dreamful sleep (Bollas 1995; Ogden 2004). On this account there is nothing very tangible to point to in the fruits of psychotherapy: these new meanings tend to circulate through the ways in which lives are lived rather than as overtly narrated, publicised stories. There are, of course, exceptions, where clients or patients choose to speak or write about their experiences (for example Cardinal 1983) or give permission to psychotherapists to do so (for example Etherington 2000). However, clients (unlike people volunteering themselves as research participants) do not ordinarily come into psychotherapy expecting to be asked to give such permission. Consequently one of the challenges that therapists face in communicating about their work outside tightly drawn professional boundaries is that the meanings generated are not ordinarily available for us to use for any purpose beyond the therapeutic relationship (Polden 1998).

Qualitative research and psychotherapy share an understanding of practitioners (researchers and the psychotherapists) as actively involved in the practices of research and psychotherapy respectively. Neither researchers nor psychotherapists are neutral conduits through which new meanings are made about or in other people's lives. In the domain of qualitative research, the myth of the researcher as a neutral, detached observer has been subject to extensive criticism (Denzin and Lincoln 2000; Rorty 1982) and a variety of alternative narratives have been developed, which share a view of the researcher as active and immersed within the field of study (for example Coffey 1999; Holstein and Gubrium 1995). Our own lives may be the focus of our research, for example in autoethnography (Ellis *et al* 2011), and we usually practice reflexively, drawing in a variety of ways on our own experience to illuminate the processes in which we are immersed (Finlay and Gough 2003). Wherever our focus lies, we have our own stories to tell, which are themselves reshaped by the new meanings forged through the research in which we engage.

Turning to psychotherapists, while Freud initially conceptualised the analyst as a blank screen, he also acknowledged the crucial importance of the relationship between psychoanalyst and analysand and accounts by his analysands describe Freud as an active presence in their encounters (Greenberg 1981). Subsequent generations of psychotherapists have emphasised their active participation in therapeutic encounters, conceptualising their part in therapeutic relationships in a wide variety of ways (Kahn 1991). Flowing from this participation, psychotherapists have their own stories to tell of their therapeutic work (for example, Casement 1985; Orbach 2005).

I have argued that qualitative research and psychotherapy are both projects of making meaning. Qualitative research seeks to make new meanings for particular forms of public circulation, but often also enables more personal meaning-making for those involved as participants and researchers. In psychotherapy meaning-making operates via the personal level and circulates primarily through how lives are lived. In making this comparison I do not wish to imply that personal meanings remain somehow private and do not circulate publicly: the way that lives are lived necessarily impacts upon others proximally and distally. However, I would argue that

confidentiality is a pre-requisite for psychotherapy (Bollas and Sundelson 1996) while publication of some kind is a requirement for research. Consequently, routes into publicly circulating discourse take different forms.

In describing qualitative research and psychotherapy in terms of making meaning, I have given much emphasis to the telling of stories: both qualitative research and psychotherapy hold out the promise that it may be possible for new or more life-enriching stories to be told. But what is it that these stories tell? In posing this question my interest lies especially with the efforts of qualitative researchers to convey deeply felt personal experiences such as those associated with loss and trauma. It is to these concerns that I now turn.

### **Research and therapy: gaps and losses in the stories that we tell**

I would argue that neither qualitative research nor psychotherapy are practices that claim to excavate and represent singular, universal or stable truths about the lives of those who participate in them<sup>4</sup>. So when researchers represent aspects of the experience of research participants, or their own experience, what is the status of the resultant accounts? If researchers cannot represent experience faithfully, how do they conceptualise the products of research and how do they understand their obligations to research participants and to the audiences to which their work is addressed? These are wide-ranging questions that have spawned extensive debate about such matters as validity, trustworthiness and rigour in qualitative research (for example Kvale 1995; Lincoln 1995) and about the ethical responsibilities to research participants (for example Fine and Weis 1996). Even when the researcher seeks to represent his or her own experience, as in autoethnographic scholarship, and even when the researcher's narratives do not risk exposing or impinging upon other people (Ellis 2007; Etherington 2007), challenges remain. For example, addressing "the ethics of the autoethnographic voice", Sophie Tamas (2009, para 1) worries that the felt reality of loss and trauma is always mis-represented in written accounts because these accounts are tidy, coherent and apparently meaningful whereas the subjective

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<sup>4</sup> Qualitative research covers a very wide spectrum and for some, qualitative data are accorded a "facticity" that renders them available for "excavation". This supports the assimilation of qualitative data within broadly positivist conceptions of research, which lie beyond the scope of this paper.

truth of such experience is intrinsically messy, incoherent and lacking in meaning (also see Speedy, 2012). She describes feeling impelled to narrate and thereby try to make sense of her own traumatic suffering. However, she also conveys her sense of a gulf between her composed, coherent authorial voice and her experience of trauma leaving her “broken and undone” (para. 10), “lost and speechless” (para. 11). Her autoethnographic telling therefore presents something quite different from the subjective reality of the traumatic experience itself. On this account, it seems to be impossible to offer representations that are both authentic (in the sense of achieving verisimilitude) and meaningful.

In exploring the stories qualitative researchers tell, my focus does not lie specifically with traumatic experience. However some of the characteristics of trauma provide particularly vivid illustrations of the processes in which qualitative researchers engage. Additionally, trauma is helpful in illuminating the psychoanalytic concept of symbolisation, to which I turn next in order to develop a way of understanding the relationship between what it is we seek to narrate and the representations we generate. I then set trauma aside temporarily to elaborate the connection between the capacity to symbolise and the psychoanalytic distinction between two-person and three-person modes of relating. I show how the difference between these modes, together with the “third position” that is made possible by three-person relating, shed light on what happens in the doing of research. Focusing on the (un)availability of the third position, I reconnect my discussion to the example of trauma and highlight the centrality of loss to human experience. This insight adds an important inflection to my argument about the purposes of both psychotherapy and research as projects of making meaning.

In a psychoanalytic register<sup>5</sup> what is traumatic is raw experience felt and lived, but not ordinarily available for the kind of symbolic elaboration necessary to create

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<sup>5</sup> Trauma was an important but contentious theme in the development of Freud’s psychoanalytic theory. Freud is often understood to have shifted from conceptualising the trauma underlying neurotic symptoms in terms of emotionally overwhelming external events (his “seduction theory”) to conceptualising it in terms of internally-generated unconscious fantasies. Relational psychoanalysis, on which I draw, has leant towards the former without excluding the latter, exploring “how

stories or make meanings (Garland 2002). Trauma locks down the person's capacity to generate new words, images or other kinds of symbols (Bollas 1993). New angles on an experience are simply not possible. Ordinarily, the way in which the stories we tell about our lives change with the changing perspective brought by the passage of time. By contrast traumatic experience has an intrinsically unchangeable quality to it and feels forever in the present (Stolorow 2007). In Christopher Bollas's (1993, 69-70) words "the effect of trauma is to sponsor symbolic repetition, not symbolic elaboration". In other words, the story can only be told in one way, acquiring an almost compulsive quality or manifest in flashbacks that instantly erase the time and distance between then and now. Locking the sufferer into a world of unchanging repetition, trauma estranges and isolates the traumatised, rendering them unable to fully inhabit the world of ordinary human connections in which others might conceivably understand their experience (Herman 1992; Stolorow 2007).

This supplements my earlier account of psychotherapy as a project of making meaning: a key task of psychotherapy – especially but not only in relation to trauma – is the recovery or enhancement of the capacity to symbolise. In other words, the telling and re-telling of stories through which people hope to find new ways of narrating themselves and their lives, first requires the capacity to symbolise, in the sense of unlocking the possibility of finding new perspectives of some kind. This symbolisation does not necessarily require words, hence the affinities and overlaps between art therapy, music therapy, dance therapy, drama therapy and what are sometimes called "talking therapies": stories can be told in sounds, images, movements as much as in words.

Psychoanalytically, the development of the capacity to symbolise is theorised in a variety of ways but generally linked in some way to a shift from two-person (or dyadic) relating to three-person (or plural) relating. Here I leave aside traumatic experience and introduce a generic psychoanalytic account of a particular phase of human development. Two-person relating is epitomised by the mother-child couple. Within two-person relating, there is one and there is another, but there is often no

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internal processes, particularly unconscious processes are transformed or shifted by traumatic events" (Levy and Lemma, 2004, xvi).

sense of separation. Freud characterised the state of the new-born infant as one of “primary narcissism” in which there is no sense of individuation<sup>6</sup>. In the subjective world of the infant, experiencing separation between oneself and those who care for one happens slowly and gradually. Initially the external reality of being outside the mother’s body after one’s birth is not graspable: for many weeks and months, there is no subjective sense of separation<sup>7</sup>. In this account of infant development, an important step is taken when the infant is able to (begin to) differentiate between self (or “me”) and not-self (or “not-me”)<sup>8</sup>. As well as enabling separation, this step also initiates the capacity for inter-personal or inter-subjective relating. This differentiation operates within a binary register: what is “not-me” remains undifferentiated in its relationship to “me”. In this psychic world, those with whom the infant interacts may be perceived to be different from one another but their relationships with one another are not comprehended: they don’t come with interconnected back-stories but exist purely in their interactions with the infant<sup>9</sup>.

A core supposition within psychoanalysis is that early experiences remain present within us unconsciously: much is forgotten but nothing is lost. The initial differentiation or separation of “me” from “not-me” is therefore not a once-off achievement but throughout our lives we have the capacity to return ordinarily to a

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<sup>6</sup> While Freud’s theory of the infant’s instincts or biological drives has been widely criticised, these criticisms have not undermined the idea that psychic differentiation is achieved after birth rather than being in place at birth, which remains highly influential.

<sup>7</sup> D W Winnicott (1957/1991, 88, original emphasis) describes how he “once risked the remark, ‘There is no such thing as a baby’ – meaning that if you set out to describe a baby, you will find you are describing a *baby and someone*. A baby cannot exist alone, but is essentially part of a relationship.”

<sup>8</sup> This differentiation goes hand-in hand with the infant’s emerging sense of being a more or less integrated and singular being, described, for example, in Jacques Lacan’s “mirror phase”. In Melanie Klein’s formulation, individuation and separation mark the beginning of the infant’s developing awareness of the mother as a whole being rather than consisting of part-objects as in her account of splitting between the “good breast” and the “bad breast”.

<sup>9</sup> Kenneth Wright (1991) elaborates the importance of difference in these early experiences with particular reference to the role of the father not only as another person who cares for and interacts with the infant but also as intrinsically different from mother. While Wright’s account is linked explicitly to gender, it is more fundamentally about differentness, and has the potential to encompass same-sex parents.

state of merger with another. One way in which this kind of experience becomes evident is when we realise that something we attribute to another is just as much our own, or *vice versa*. An example of the former occurs when I am convinced that my partner feels sad, but come to realise that it is me who is sad: locating (or projecting) my sadness in my partner implies that at least temporarily I have no sense of psychic separation between us. This lack of separation from the other may be characteristic of psychic immaturity, but it also lays the foundations for our capacity to sense what others feel. For example, in research relationships, the researcher's capacity to sense aspects of the internal world of their participants, perhaps being moved by what they say or angry on their behalf, depends upon the interface between self and other being fundamentally porous, dissolving and reforming moment by moment. Although two-person relating provides this foundation, it is not enough, because it does not provide a basis for differentiating reliably between self and other. Instead, this difference remains confused and confusing. For researchers, two-person relating occurs when we find ourselves unable to differentiate reliably between, and instead psychically merge, our own experience and the experience of our participants. Put another way, while sensing what research participants feel is one ingredient of what is often called empathy, it is not sufficient for what psychotherapists understand by empathy because of this confusion between what is ours and what is the other's. Within a psychotherapeutic account empathy also requires the capacity, at least temporarily, to disentangle and accurately distinguish one's own mental state from that of the other<sup>10</sup>.

Within psychoanalytic thinking the capacity to differentiate one's own feelings from one's sense of what the other feels is an achievement that requires more than two-person relating. Freud himself was less concerned with what happens within mother-infant dyadic relating than with the impact on the child of the father's entry into, or disruption of, this early phase of infant development, which he theorised using the myth of Oedipus. Freud's account of the shift from two-person to three-person relating is strongly associated with his theory of gender identity and normative

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<sup>10</sup> Elsewhere (Bondi 2003b) I draw upon the concepts of identification and empathy to elaborate how the researcher's capacity to empathise with their participants depends upon, but also goes beyond, the unconscious processes associated with two-person relating.

heterosexuality. The triangle of positions described by Freud in terms of mother, father and child also speaks to many other aspects of experience. In Ronald Britton's (2004, 47) words, the oedipal triangle

creates what I call a 'triangular space,' i.e., a space bounded by the three persons of the oedipal situation and all their potential relationships. It includes, therefore, the possibility of being a participant in a relationship and observed by a third person as well as being an observer of a relationship between two people ...

Traditionally, the role of the father (and we might just as easily conceptualise this as a co-parent) has been understood psychoanalytically to evolve from supporting the mother-infant relationship from outside the dyad to breaking it open. Breaking open the dyad enables the child to progress from understanding the world in terms of "me" and "not-me", to recognition of multiplicity and plurality. Not-me becomes differentiated. A world that is plural rather than binary is one that allows new and more complex dynamics to emerge. Crucially for the argument I develop here, a plural world is one in which it is possible to occupy the position of observer. This is a step change from noticing that the parents are different from each other. Classically, the child's entry to this plural world is marked by his or her recognition of the parents as two different individuals in a relationship from which he or she is excluded. In a position outside that relationship, the child becomes observer, and his separate connectedness to each parent along with their relationship to each other, creates the triangular space described by Ronald Britton (2004). The observer position is equally a third position that complicates the dynamics of me and not-me. This third position enables us to **observe** the world around us, including other people, whether close to or distant from us, the non-human world, innumerable events, and the passage of time itself. Crucially for my argument, the third position is also what enables us to become observers of our own experience. The third position provides the basis for us to be curious about, think about and reflect upon, experience. Moving into this third position is therefore exactly what we do as researchers, when we explore, and write about the living of lives, whether our own or others'. It also underpins the capacity for reflexivity in its various forms, all of which require researchers to "step back" in some way and become observers on something within which they are also participants (Finlay 2003).



Like the capacity to differentiate self from other, the third position is not a once-off achievement but is something that requires constant negotiation. We necessarily move in and out of it as we move between immersion in our experience and reflection on that experience. At times we may be unable to access the third position. This is one way of understanding what happens when, as researchers, we lose our capacity to think creatively, in whatever context this happens. For example it is one way of understanding what happens when we lose our sense of curiosity, perhaps unable to look – or even consider looking – anew at an idea or our data, or when we feel utterly stuck, unable to think our way forward. I doubt that I am alone in often finding it difficult – at least initially – to receive feedback on my manuscripts, especially when that feedback comes in the disembodied form of anonymous reviews. I can find myself unable to take in the written words and I can experience even the slightest hint of criticism as an outrageous attack. Sometimes my faith in my own work collapses at this moment and I join with the imagined attack regarding my efforts as useless and unworthy. While I usually get over and move beyond this kind of initial response (thank goodness), when immersed in this experience it is as if I have become inseparable from my own manuscript rather than it remaining separate from me. In this state of merger, reviews disrupt and attack my internal dyadic relating. I seem to have only two positions available to me – either that of helpless victim of the attack or that of identifying with the aggressor. Only when I am able to gather myself and differentiate between me, my manuscript and other readers' responses to my manuscript, can I begin to think again. In this context, thinking is synonymous with becoming observer both of my own words and those of reviewers.

Observing others or ourselves (or our work) from an outside or third position is not an emotionally detached experience. Far from it. When I begin to be able to think about my manuscript in the light of the reviews, I may not be caught in the frenzy of feeling under attack, but I am still emotionally engaged. Reflecting on our own experience is often full of emotion and we may feel deeply connected to the original feelings. Nevertheless, when our own experience becomes something that we observe, we are no longer fully or only immersed in the immediate flow of that experience but we are “in” a different kind of experience. The feelings evoked are not the same as those of the original. There is, inevitably, a gap. Sometimes this gap feels easily traversed

as we move relatively easily between absorption in the flow of experience and the capacity to “step back” and reflect upon it. We might describe this in terms of the internalisation of third position<sup>11</sup>. Nevertheless, however fluid this movement might be, it still entails movement across a gap.

Psychoanalytically, the capacity to symbolise, and thereby to generate new meanings from (or think creatively about) our experience, is closely linked to the capacity to move between the flow of experience and the third position. The stepping back and reflecting on experience is exactly what we do when we generate new meanings. We routinely “process” our experiences by reflecting on them ourselves and with friends. This is also what happens in personally engaging forms of qualitative research where, for all those involved in whatever capacity, the experiences explored come to be understood in new and different ways.

Among the reasons why we might turn to psychotherapy is if we feel somehow overwhelmed by what has happened to us, through us and around us, or if our capacity to process such happenings and memories feels somehow blocked, so that however much we talk something through it remains unaltered. In the former case, it is as if we do not trust our own or our friends’ capacities to negotiate the triangular space within which the observer position is available. So instead we seek the additional support of someone who takes on the task of holding open a space that, all going well, can become triangular and enable us to negotiate safely between the positions of observer and participant in relation to our own experience, and thereby feel more secure in our capacity to symbolise.

Turning to the experience that persists in unaltered, unprocessed form, this is characteristic of trauma. One of the qualities often associated with trauma is a sense of hurtling back into the feelings of the traumatic event. We might also describe this as an experience in which the capacity to find and occupy an observer position – the third position – is impossible: we are either fully immersed in the raw experience itself or else we are very far away from it. A further consequence of this is that when we

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<sup>11</sup> In psychotherapy, the internalisation of the third position is an integral part of what Patrick Casement (1985) has termed the internal supervisor.

remember or attempt to speak or write about something traumatic without this hurtling back in, we know very well that we are missing something that is central to that experience. As Sophie Tamas (2009) puts it, trauma “leaves me lost and speechless. [...] What breaks my heart also breaks my tongue” (para 11). In such circumstances the gap between the flow of experience and reflection upon experience is not at all easily traversed. It may feel that one is so far removed from the other that reflection from the third position is impossible because it always misses what is most important, most authentic, about that upon which we seek to reflect. In psychotherapy a key task is again to work towards the capacity to symbolise and thereby alter unprocessed experience via the third position. However, that which is symbolised may not be the original trauma but qualities that surround it (or sequelae), for example the sense of alienation from the world that so often accompanies trauma (see for example Stolorow 2007). What may ensue is not the transformation of traumatic experience to something less raw but instead a sense of one’s irrevocably altered life as one that is nevertheless creative and liveable. As I noted earlier, I do not wish to promulgate a view of psychotherapy as curative.

In traumatic experience the gap between being in the experience and being curious about it is like a chasm. Even in the absence of trauma, there is a gap between experience and reflection on that experience. It is a necessary gap without which symbolisation would not be possible. This gap, and therefore the capacity to symbolise, entails a loss: when we symbolise our experience, we implicitly acknowledge that it has gone, that we are not at one with our experience<sup>12</sup>. There is, as it were, a price to be paid for our psychological development from two-person to three-person relating and therefore in achieving access to the third position. In Freud’s account of the oedipal drama<sup>13</sup>, the child recognises that his or her parents have a relationship with each other from which he or she is **excluded**: to observe is

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<sup>12</sup> Amia Lieblich (2012) also highlights this kind of loss in her contribution to this special issue in which she focuses on the healing power of writing.

<sup>13</sup> In Freud’s account the oedipal drama is linked directly to the organisation of sexuality and he assumed that successful navigation of the oedipal phase led boys and girls on the path towards heteronormative masculinity and femininity. While he may have unduly pathologised alternative lines of development his account acknowledges the hard work this entails and the costs of conforming with normative versions of gender and sexual identity.

to be set apart or excluded from that which is observed. The child's recognition of this exclusion shatters the fantasy that each parent or carer exists solely for the child. The loss displaces the child from an assured position at the centre of their familial world to a much more complex environment in which others may occupy more central positions. It may be profoundly enabling in terms of understanding our objective place in the world but it is also deeply challenging to our subjective experience of ourselves<sup>14</sup>.

The loss intrinsic to achievement of the third position is intimately related to language and symbolisation<sup>15</sup>. In infancy – that period of life before language – the child's needs are more or less met without formulation in language. When the parent or carer accurately discerns and responds to the child's needs it is as if the environment knows what is needed and delivers it. This is consistent with a sense of being at one with the world or in a state of merger with the mother. The capacity to symbolise is undoubtedly transformative but it also means relinquishing this fantasy. We come to recognise our own otherness from those on whom we rely.

The gap between the flow of experience (including but not limited to traumatic experience) locates loss at the core of making meaning. This gap therefore reminds us that loss is an integral part of life: to have available the triangular space that allows us to feel and to think about our feelings is to know that we have lost an archaic sense of one-ness with the world and with ourselves. It follows that the stories that we gather and re-present in conducting qualitative research necessarily carry losses within them. Whatever authenticity they contain, they are also other than the subjective realities of which they tell or to which they refer. I would argue that conveying this gap is part of our responsibility as researchers.

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<sup>14</sup> We temporarily escape this loss in our ordinary reversion to two-person relating. More persistent and costly modes of escape are described in psychoanalytic accounts of narcissism (Britton 2004, Mollon 1993).

<sup>15</sup> Jacques Lacan gives particular emphasis to the way entry into language institutes loss.

## Conclusion

In this paper I have drawn attention to parallels between qualitative research and psychotherapy. In so doing I do not seek to blur the distinction between these practices. However neither have I sought to add to the already-existing guidance on how to maintain their respective frames. Instead I have elaborated some particular qualities that qualitative research and psychotherapy share. My intention, in the context of *Qualitative Inquiry*, is to make available psychoanalytic ideas that may illuminate some of the dilemmas and paradoxes qualitative researchers face.

In different but often related ways, qualitative research and psychotherapy can be understood as projects of making meaning. The meanings they generate are intended to make life more liveable, often by deepening our understanding of both ourselves and others. These meanings circulate differently but always entail the telling of stories and they bear a complex relationship to the experiences of which they tell. This complexity is especially evident in relation to accounts of trauma, but is by no means restricted to it. However redolent such accounts may be of traumatic suffering or other kinds of lived experience, they are nevertheless somehow removed from, and therefore mis-representative of, the very subjective reality of which they speak. I have linked this gap to the psychoanalytic concept of the third position or what might be called the subjective experience of the capacity to observe both one's self and others. I have offered a psychoanalytic account of the shift from two-person to three-person relating, which brings with it the capacity to be curious about our own experience. Such curiosity comes at a price and is in a sense self-alienating because it opens up a gap between subjective immersion in the experience and recounting or reflecting upon that experience.

Writing of psychoanalysis Thomas Ogden (2004, 857) muses:

Psychoanalysis is a lived emotional experience. As such it cannot be translated, transcribed, recorded, explained, understood or told in words. It is what it is. Nevertheless, I believe that it is possible to say something about that lived experience that is of value.

Here again is something that research and therapy share: like psychoanalysis, the lived experience qualitative researchers seek to understand is what it is and cannot be faithfully "translated, transcribed, recorded, explained, understood or told in

words". That does not mean that we can say nothing worthwhile and meaningful about it: the inevitable partiality of our representations of lived experience may still have value. My hope, therefore, is not that knowledge serves as cure, but that our work enriches meaning in its honesty about the limits to knowledge and the losses intrinsic to knowledge.

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