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## **Taking your participants home: Self care within the research process**

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## **ABSTRACT**

**Background:** On the long and often stressful road to qualifying as a Counselling Psychologist the issue of self care is addressed early within the training. Yet this idea of self care relates to therapeutic practice, with little consideration of self care during the research process. With the training route now at Doctoral level, all practitioners will undertake a significant research project as part of the qualifying portfolio. **Aims and Scope:** This paper explores the process issues encountered in conducting research into the experience of Childhood Sexual Abuse (CSA), and raises questions about the way self-care is addressed within the research process. The article reflects upon a Content Analysis of 202 personal accounts of CSA with the aim of exploring the presence of Stockholm syndrome and PTSD within CSA. Literature from self care within the clinical application of psychology and trauma-based work is discussed as a starting point for the development of self care within a research context. **Conclusion:** Recommendations are made for changes in research practice and ethical review, and a clear role for Counselling Psychologists to lead in this development.

**Key Words:** Self-care, research methodology, research supervision

## INTRODUCTION

The process of conducting research is a long arduous journey. This paper explores the impact of the research process on those conducting the research. It centres on one doctoral study exploring survivors' experiences of Childhood Sexual Abuse (CSA). It explores how as an individual one takes responsibility of their own needs and wellbeing throughout the research process but also considers the ethical implications of others involved in the study, for example in this study two additional coders were recruited as part of the process, and consideration is also given to the relationship between the research supervisor and the trainee, and the role of research supervision. The obvious sensitive nature of CSA should not override the relevance of this paper to other areas of research. As one colleague on the training programme observed "Everybody's research is in fact about themselves". Although it is not always the case, the level of personal involvement in the research process is significantly high, many qualitative methodologies acknowledge this, but within positivist research paradigms, for example, the ideal of objective detachment is therefore not possible.

The internet was used as a source of data collection of survivors' accounts of their abuse, although the vast number of accounts available was not anticipated, nor was consideration given to the impact of conducting research in this area. Not only was it more time consuming than initially planned, but sifting through volumes of abuse stories exposed the researcher to more accounts of abuse than the 202 that were analysed specifically for the research. The concept that the objective researcher remains separate from the phenomena being observed, does not account for the fact that the researcher does indeed observe the phenomena. This observation is internalised, and thus the researcher subjectively experiences a connection with the data. Whether this subjective experience influences the research process is a matter for reliability and validity within empirical studies.

Unlike therapeutic process, where disclosures of abuse are contained, managed and worked through; disclosures of abuse are encountered within the research with no sense of closure. It is as though through the internet a door is opened into another person's

world, but the door can never be shut, the researcher is merely an observer with no control and no shared sense of experience. In most cases the details of abuse were extremely graphic, and very little other information existed. All of the accounts came from unidentifiable individuals for ethical reasons. This makes it hard to process the information, as though someone shows you a photograph of abuse, but then walks away, leaving you with unanswered questions. There were of course accounts of abuse that was still ongoing, cries of help via the internet, and although these accounts were not used in the study they were still read, and the overwhelming helplessness and hopelessness still experienced.

It was amazing to discover the wealth of material on the internet from a researcher's perspective, from a more human perspective it was alarming. There are huge numbers of survivors out there which the official statistics do not even begin to reflect. What came through in many of the accounts was the fact that the internet account, was for some, the first time they had ever disclosed their abuse. Most of the survivor accounts gave little indication of any therapeutic involvement, and many people reported seeking therapy but finding it unsuccessful. What also emerged was the notion that many survivors have been in therapy for specific disorders, such as self-harming or eating disorders, but never felt able to disclose their abuse to their therapist.

A further dimension in thinking about these accounts, and what is being read, is that of validity. As the researcher how do you know that accounts reflect truthful experiences? It is beyond the scope of this paper to fully explore this methodological concern, but as a well respected CSA researcher Briere (1992) notes that there is no satisfactory way to ensure the validity of people's recollections of childhood sexual abuse. He warns that some reports "reflect fantasies, delusions, or intentional misrepresentation for secondary gain" (p 198). His suggestion is that this possibility should not be overlooked by researchers, and he is aware that his suggestions for corroboration of stories from third parties is not often practical or ethical within this area of research.

The graphic nature of the accounts and the sheer volume of survivors using the internet to share their experiences is a stark reminder of the prevalence and nature of abuse, not only of CSA but all forms of abuse and neglect. Many of the accounts detailed rapes and sexual assaults of adults. Exposure to this level of information is hard to manage and contain, particularly within the boundaries of professional roles, personal life and the role of student. There is very little in the way of adequate provision of support to explore these experiences and this process. This raises important issues around self-care within research and is explored further within this paper.

### **OCCUPATIONAL STRESS AND SELF-CARE**

When considering the occupational stresses for psychotherapists, researchers cite five main areas: business-related problems, client-related issues, personal challenges, setting-related stresses, and evaluation related problems (Kramen-Kahn and Hansen 1998; Weiss 2004), they do not, however mention particular stresses associated with conducting research. But as a scientist practitioner the Counselling Psychologist should endeavour to engage in research as part of their therapeutic practice.

Consideration of frustrations within sensitive research topics extend to disappointment in sampling, unrealistic design expectations and difficulties with analysis (Lee 1993). As Rawson (1999) points out the old adage of “successful research work is 1% inspiration and 99% perspiration” (p.220) he highlights the demand and effort involved in conducting research, but very little emphasis is placed on the impact of the content of data being researched and researcher self-care. Literature exists on the self care of the therapist (Weiss 2004), but does this necessarily translate to the research paradigm, or is the assumption made that as a practicing Counselling Psychologist one is equipped to manage the potential harm of the research process, if so, what implications are there for those researching CSA without first training in therapeutic self-care?

Norcross (2007) highlights the need for self care as an ethical imperative for all therapists. Interestingly though the British Psychological Society is not so explicit, their Code of Ethics and Conduct (BPS 2006) is based on four ethical principles: respect,

competence, responsibility and integrity. Under the principle of ‘competence’, the ‘Standard of recognising impairment’ asserts that the psychologist should “monitor their own personal and professional lifestyle to remain alert to signs of impairment” (p.16) and if such signs are found it warns that they should seek appropriate supervision and support. Most of the code focuses on the provision of psychological care, treatment and assessment and when it does give consideration to research the content is focused on the impact of the research on the participant, with the aim to adequately protect the participant and to ensure appropriate debriefing, there is nothing explicit in regard to psychologists being protected throughout the research process.

Weiss (2004) observes that psychologists, in comparison with other professions, were found to have unusually long preparation and training, coupled with incomes which do not reflect this. She argues that new practitioners are particularly prone to stress, and this is just in consideration to their client work. This then begs the question about the stress levels for trainees and the impact of doctoral training. Kovach (2003) found that doctoral level trainee Counselling Psychologists were at high risk of burnout due to the pressures of trying to balance their academic workload, placements and personal lives. It would appear that there is little consideration in published literature on the management of research, particularly on sensitive topics, such as trauma and CSA. It is hoped that research supervisors and ethics committees are equipped to identify these potential pitfalls in the research process, though the concern that very little is written about this suggests that it may not always be the case.

### **SELF-CARE AND TRAUMA BASED WORK**

It is widely recognised that treating victims of trauma can lead to vicarious traumatisation of the therapist (Deighton, Gurriss et al. 2007). Another factor associated with working with traumatised individuals is burnout, in which the therapist feels emotionally exhausted and disconnected from people, and lacks a sense of accomplishment in their work (Maslach 1982). Studies have shown that trauma therapists generally have high levels of vicarious trauma, burnout or distress (Steed and Bicknell 2001; Way, van Deusen et al. 2004; Deighton, Gurriss et al. 2007). Trauma work itself is not the only

factor, the lack of a supportive work environment can also be seen as significant in work related symptoms of stress and burnout within therapists (Boscarino, Figley et al. 2004). These findings have implications for the lone researcher.

Weiss (2004) found that seeing clients improve over the course of therapy was the main satisfaction for psychologists, as well as feeling connected to the client, so what happens when this process is lacking from the research paradigm? Vicarious trauma is thought to be related to exposure to the client's descriptions of traumatic events (Kadambi and Ennis 2004). However, Deighton et al. (2007) argue that it is not exposure but what the therapist does in the face of that exposure that presents a risk. They suggest that exposure to the content of trauma without working through it (such as exposure work in CBT for example) is where the risk lies. They found that therapists with high levels of exposure, but equally high levels of success at working through the trauma had reduced symptoms. The challenge within the research study considered within this paper was the exposure to numerous descriptions of traumatic events of CSA, without the possibility to work through these disclosures, therefore putting the researcher at a greater risk of vicarious traumatisation.

## **NETWORKS OF SUPPORT**

One of the major challenges faced in conducting such research for the necessity of academic requirements, is the lack of support. The research is not being conducted with a team of researchers or assistants, with whom the process and experience can be shared, rather data was sourced, read and analysed in isolation. Norcross (2007) identifies that there is a sense of physical isolation experienced by many therapists, as well as the emotional isolation. Papadomarkaki and Lewis (2008) found that a sense of belonging to a community was significant in increasing Counselling Psychologists' sense of power and control and alleviating feelings of isolation and uncertainty, which were considered to contribute to work stress. Trigwell and Dunbar-Goddet (2005) found that Humanities and Social Sciences post-graduate students experienced a greater sense of academic isolation in comparison with Physical and Medical Sciences students. The experience of conducting this research was challenging, in that data was analysed at home, so not only



is there a sense of physical isolation from colleagues, and an emotional isolation, in terms of processing, but boundaries were being blurred. When such processes are taking place in the personal domain, how are they then managed and the boundaries restored?

There is a need for personal responsibility and the values of reflective practice and self-care, emphasised throughout the counselling psychology training programme, should equip the trainee to organise their own care and levels of risk. Weiss (2004) advocates a continual process of self-assessment. She advises therapists to listen to their body, listen to their unconscious and to listen to their intuition. She advises seeking personal therapy and establishing solid working relationships with colleagues, and that through discussion with peers a therapist minimizes the hazards of stress. Coster and Schwebel (1997), and Yalom (2002), advocate peer support groups as essential to safe psychotherapeutic practice. The debriefing session with the two coders, who had been used to establish inter-rater reliability was essential, as it allowed time to process the experience and to reflect on the impact of the content of the data. The coding session also reduced a sense of isolation and facilitated the sense of shared experience. It allowed for an open discussion, for fears to be expressed about the impact of such research on personal relationships, and a sharing of ideas for coping and managing the process.

Norcross (2007) goes on to stress the importance of nurturing relationships, both professionally and personally: “a partner is able to provide near unconditional love and acceptance, deep understanding, and genuine encounter...A spouse is able to keep the clinician in touch with inner needs, feelings, and longings that are set aside during a day of therapy sessions. Partners affirm our worth and dignity” (p.83). What Norcross fails to acknowledge however, is that partners, especially those outside of the therapeutic world, are not equipped to contain and help process some of these experiences, nor should they be. If the boundaries are not maintained between personal and professional life, then where does one find relief and a moment’s reprieve? Norcross also fails to give consideration to those who are in difficult relationships or without a partner. What does the lone researcher do when she/he returns home to an empty house? The idea is not to offload to a partner or close friend, but to find a suitable way of processing the research

experience that enables the researcher to ‘leave it at the office’ as Norcross (2007) advocates therapists do.

Self renewal is necessary in order to maintain focus and balance, and having a life outside of work, making time for activities which replenish us is considered essential (Weiss 2004). This is more likely to be possible with clearly defined boundaries between professional and personal lives (Dlugos and Friedlander 2001). In the case of this CSA research it was considered important to talk through with the author’s partner the difficult processes:

*“he was able to maintain the boundaries and didn’t wish to know the content of the survivor’s stories and I also felt the need to protect him from the content, but this leaves me wondering what I did with the content of those stories?”*

(Author’s personal reflections on the research process)

Norcross (2007) also identifies the importance of play and humour in managing healthy escapes. This is particularly significant in reading through CSA accounts, after which play, humour and love can feel inappropriate; but in fact are all the more important in grounding oneself and providing distance between the worlds of others, and your own personal life. It was useful to define blocks of time, for example, reading the accounts only in one place in the house for a defined and focused period of time, finishing and then finding an activity to cleanse and refresh before returning to normal domestic chores and engaging in play, humour and love.

*“Quite often after reading numerous accounts I would shower before reconnecting with the world, almost as if I am washing away the words. I also found leaving the accounts and going straight out to walk the dog a successful way to bring my thoughts away from what I had been processing back to something more natural, I think I found the process of being with the dog and his unconditional love without the use of words or language so rewarding and necessary before then being able to connect to my partner without coming back to the content of what I was working with.”*

(Author’s personal reflections on the research process)

Norcross (2007) stresses the importance of focusing on rewards, the satisfaction of being a therapist and working with clients, the satisfaction of helping, so where does this leave the researcher? Perhaps other professions do not have this dilemma when embarking on research; maybe it is the nature of the psychologist to want to facilitate positive change, and therefore the research process can leave them feeling redundant. This feeling of redundancy can be magnified for others involved in the research only briefly, such as the two additional coders recruited for the purpose of inter-rater reliability within this study.

### **WIDER CIRCLES OF INVOLVEMENT**

For others who are briefly involved in the research they are exposed to the raw content of the distressing data material, but have little overall investment in it, and therefore their processes will differ in how they experience the data and process their experience.

Consideration should be given to any individual required to participate in another person's research, not just within the role of participant, but as additional researchers, coders, proof readers and so forth. Assumptions should not be made that individuals, because of their academic frame of reference, will not be affected by the encounters they have with another person's research, and as for any participant, informed consent should be given and a process of debriefing and reflection should take place.

These ideas also raise questions regarding the role of the supervisory relationship. Should all research supervisors have an ethical obligation to ensure that sufficient time and consideration is given to the researcher's capacity to manage their research emotionally? Current experience suggests that time with the supervisor is limited and it is considered important to discuss the more obvious concerns in the research process, such as 'am I on track to pass!' As well as time constraints there is the additional dilemma of being able to safely expose personal vicarious trauma within a relationship loaded with power. An academic research supervisor is often required to write personal references, has some control in the speed with which your research progresses and is submitted, and also communicates with other academic staff in evaluating your overall performance and suitability to pass the course and work professionally. Therefore it may not feel safe to

disclose difficult process issues. As with any supervision arrangement it could be suitable to draw up a contract, which allows for safe discussion of such issues without the fear of further implications.

In Remenyi and Money's (2004) book titled "Research supervision for supervisors and their students" a few lines are given to the topic of 'the pastoral role' (p. 24) in which advice is given to the supervisor that they may have to make time for the students personal problems, particularly if they are younger students, and an image of a pregnant woman crying is given as an example. More positively Oxford University have detailed resources for their supervisors which are available online for other supervisors to access (<http://www.learning.ox.ac.uk/rsv.php?page=289>). The focus is primarily on PhD supervision, consideration is given to the supervisor-supervisee relationship and isolation as an experience of the supervisee is acknowledged and recommendations such as journal clubs and student seminars made. Although useful, this still falls short of the concerns raised within this paper. How does a trainee use research supervision to explore and manage the potential vicarious trauma or other distressing process issues as a result of the research procedure?

Deuchar's (2008) work found that within the doctoral research supervision process students valued "... the presence of what could be described as a critical friend, who was always available but not always needed: this role could be provided by the supervisor but could also be provided by the network that surrounded the supervisor" (p497). It may be more suitable then, that the supervisor adopts different roles with the trainee or even that difficult process issues are not openly discussed with the supervisor, but that the supervisor is aware of the potential impact of this, and encourages the trainee to seek out advice or support from other mentors, advisors or student support groups.

In Lee's (1993) text on 'doing research on sensitive topics' he explores the complications and challenges of accessing hard to reach populations, asking sensitive questions, and handling sensitive data, with a particular focus on confidentiality and legal implications. His perspective is from a sociological point of view, and his only concern for the

researcher is that of 'going native', there is no consideration of the psychological wellbeing of the researcher or the potential impact of undertaking such sensitive research. However, we should not narrow our focus of concern to sensitive topics, as this is a subjective concept, rather our concern should be with research practices per se.

Feminist research acknowledges the frequent dehumanising process that occurs during the research encounter (Oakley 1981; Burman 1994). Burman (1994) warns that by taking the role of objective observer the researcher is disingenuous in their approach to the production of material for analysis, she is specifically referring to the process of carrying out interviews, but perhaps it is within the field of feminism, that the issue of emotional connection to the research process is most adequately addressed. From a feminist standpoint, trying to be objective paradoxically makes us less objective. Burman (1994) acknowledges that emotional involvement has its difficulties, and that any work that "offers or derives from personal involvement" (p.132) requires reflection and a clear support structure, and she warns that a researcher should not work in isolation. The question that should be raised here is what research exists that does not offer some level of personal involvement? Even adopting research practices at a positivist extreme inevitably holds some level of personal involvement, be it the reputation of the researcher, or their ambition to succeed. Therefore the need for adequate supervision, personal support and reflection should be considered the norms for ethical research practices, regardless of epistemological standpoint.

## **FUTURE IMPLICATIONS**

Rawson (1999) points out that as Counselling Psychologists we should be able to understand the processes at play in conducting research, including the personal and emotional demands, but he takes this further suggesting that we should "add our own unique contribution to the development of research methodology" (p.220). When thinking about researching sensitive topics, or any research for that matter, perhaps as Counselling Psychologists we can begin to offer more reflective practice. The reflexive statement, traditionally reserved for qualitative methods, should become standard practice; it has become standardised practice that Psychiatrists when presenting their

findings from drug treatment trials will make a 'declaration of interest' regarding the drug company funding. Perhaps such a declaration of interest or rather a 'declaration of self-care' should be made for every research project. Across different Universities and clinical settings, academic interest groups are common practice and serve as an informal way of sharing ideas and knowledge and reduce researcher isolation, but in consideration of researcher self care these groups could be extended to explore process issues and address issues of self care. Perhaps ethics committees, in looking at aspects of safety, focus not only on the participants and the physical safety concerns for researchers, but in granting ethical approval ensure that safe research practice includes mandatory attendance at a reflexive peer support group, for example.

What is apparent is that within our therapeutic practice we are skilled as Counselling Psychologists in reflecting on process and being mindful of self-care, yet in fulfilling our role as scientist-practitioner, we have neglected the importance of self-care within research. It is hoped that one of the major findings from the doctoral research experience is the knowledge that more should be done within this area, to facilitate change within the culture of research, not just within psychology, but within academia.

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