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Abstract

With the potentially sensitive nature of qualitative family research, the process of these inquiries can come to resemble the therapeutic process. Therapy and research done by therapists and other family professionals share similar philosophical and structural qualities. Inherent in this is a structural power differential that opens the possibility for abuse of participants by researchers. Meara and Schmidt (1991) give four principles for guiding the treatment of qualitative research participants, however; they address only the relationship of researcher-participant and not the additional relationships that may arise from research. In this article, the author proposes some guidelines for relationships between the researcher and participant based on guidelines for therapists and their clients.

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Dual Relationships in Qualitative Research

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Abstract

With the potentially sensitive nature of qualitative family research, the process of these inquiries can come to resemble the therapeutic process. Therapy and research done by therapists and other family professionals share similar philosophical and structural qualities. Inherent in this is a structural power differential that opens the possibility for abuse of participants by researchers. Meara and Schmidt (1991) give four principles for guiding the treatment of qualitative research participants, however; they address only the relationship of researcher-participant and not the additional relationships that may arise from research. In this article, the author proposes some guidelines for relationships between the researcher and participant based on guidelines for therapists and their clients.

Introduction

A rousing cheer has followed the recent move toward more acceptance of qualitative methods from many therapists. In numerous ways, qualitative methods resemble what many practitioners do in everyday practice. As therapists, we focus our attention on individuals and families, eschewing the broader social activism of politics to create and nurture social change within the lives of those who seek whatever shelter our offices can offer.

However, any time we enter into professional relationships with people, there are always issues of which we must be aware. Therapists hold a very special position in their clients lives, as witness to their pain, compassion in coldness, and hope during change. Similarly, qualitative researchers hold many of the same positions and roles for the people who participate. It is my belief that the sensitive natures of the issues into which family researchers inquire contributes to many of same dynamics as a therapeutic relationship. In this paper, I will argue that qualitative family research and therapy have many similarities that warrant concerns about dual relationships in qualitative research. I will then present what each field has to say about relationships with clients and research participants, and conclude with some guidelines for ethical qualitative family research.

Qualitative Research = Therapy?

Qualitative research and therapy actually have a number of things in common. First, at least in this postmodern era, both therapy and qualitative research seek to empower the people who choose to participate (Vesper & Brock, 1991; Wolcott, 1994). Recent years have seen a rise in the number of researchers who are more and more concerned with the impact of their work.

These people want their work to make a difference and benefit the participants above all else, using their research as a vehicle of "social transformation" (Fine, [1992](#), p. 209). This view is incredibly closely aligned with the therapy goal of helping others to act from their own power. As therapists our ultimate goal is to un-employ ourselves, by creating an environment such that clients can do on their own what they once needed our help for.

Qualitative research and therapy also have structural similarities. Both involve intense interviewing sessions, where one person divulges a large amount of personal information to another person whose responsibility is to listen and ask probing questions. Additionally, qualitative interviews, depending on the research design, can last for upwards of eight hours (Matocha, [1992](#)) and continue for several years, sometimes outlasting the usual duration of therapy. This kind of intense contact, over an extended period of time, with disclosure on the part of only one of the parties, resembles and perhaps even surpasses a therapeutic process in depth.

Qualitative Research and Relationships

Qualitative research has only a few things to say about the relationship between researchers and the researched. Ideas about relationships in this context come mainly from literature on ethics in research (Brickhouse, [1992](#)) and don't deal directly with dual relationships between the researcher and participants. What the literature does address, however, are some of the dynamics between the two, some guiding principles on how to treat participants, and it provides some examples of relationships that cross the boundary of what is helpful to what can harm.

The most salient issue when looking at questionable relationships between researchers and participants is power (Meara & Schmidt, [1991](#)). A number of feminist researchers have noted the inherent power differential in this context and advocate for researchers studying only those at the same or higher level of social power, such that the relationship between researcher and researched is balanced, rather than exaggerated (Allen & Baber, [1992](#); Harding, [1987](#)). LaRossa, Bennett, and Gelles ([1981](#)) note the power differential with respect to subject compliance, saying that there is a "relative powerlessness of the subject vis-à-vis the researcher" (p.306) that is structural in nature. Because of some of the structural similarities to therapy previously noted, qualitative research has an inherent power variance.

Meara and Schmidt ([1991](#)) give four principles for guiding the treatment of qualitative research participants. First is respect for autonomy, that is, to recognize and make structural allowances that take the independence and desires of the participant into consideration. Second is nonmaleficence, something akin to the injunction to "do no harm" (p. 245). At its most basic, research should not cause distress or harm to those who have chosen to participate. The third is beneficence. Not only should researchers refrain from doing harm but should also strive to work for the benefit of those involved. Last is justice. In this context, justice refers to a commitment to equitably distributing responsibilities and rewards between researcher and participant. A commitment to justice means that the researchers do not use the study to benefit themselves to the detriment of others, resulting in an imbalance of responsibility for the participant and reward for the researcher.

Though it may be daring to do so, a few qualitative researchers have acknowledged relationships with research participants that crossed a boundary as to be questionable. For example, John Johnson's (1975) research with social workers was clearly a violation of the second and third principles. He noted in his write-up of his work with social workers in a government agency that he became sexually involved with a woman who worked there who also happened to be a close friend of his wife. Similarly, Linda Matocha (1992), in her study of caregivers for persons with AIDS, described her relationship as a researcher as that of a "helper, family member, or therapist" (p. 73). Her relationship, though perhaps helpful at times, went beyond the general parameters of a research relationship, such that she took on too much responsibility, with the rewards going to the participants (though it was not the study itself that benefitted the participants but her going above and beyond her role).

Therapy and Dual Relationships

Unlike the qualitative research ethics, the therapy and counseling literature is rife with guidelines for how to negotiate relationships with clients. While the treatment of clients *within* therapy varies by theoretical orientation, most governing bodies have ethical codes that specifically address relationships with clients outside the therapy setting (Geyer, 1994). Provided below is a delineation of some unique therapeutic dynamics and the application of therapy guidelines to research.

The therapeutic relationship has some qualities that are different from many other professional relationships. First, there exists *within* therapy, as with research, an inherent and structural imbalance of power (Brownlee, 1996; Geyer, 1994; Schank & Skovholt, 1997). From a feminist perspective, it is interesting to note that male therapists generally consider dual relationships more ethical than female therapists; in addition, male therapists are more likely to have engaged in dual relationships, while female clients are more often the target of these relationships (Borys & Pope, 1989).

Kagle and Giebelhausen (1994) note three ways in which the therapeutic relationship is different from other relationships (though the similarities to research seem evident). First, the relationship is a fiduciary one where the clients place their trust in their therapist. Second is that the relationship is one such that the clients are vulnerable and the therapist has the potential to be influential in the clients' lives. Last is that both the therapist and the client bring expectations and react as humans in relation with each other (some call this transference or counter-transference). All the dynamics listed above make the therapeutic relationship particularly vulnerable to abuse and exploitation (Brownlee, 1996; Huey, 1992; Ryder & Hepworth, 1990; Vesper & Brock, 1991), even though many clients seem to be aware that the therapeutic relationship requires more stringent boundaries (Claiborn, Berberoglu, Nerison, & Somberg, 1994).

An Application of Therapy to Qualitative Research

Michael Gottlieb (1993) has devised a decision-making model for therapists regarding dual relationship dilemmas. Given the many identical dynamics between qualitative research and therapy, it is my opinion that this model is appropriate for qualitative researchers as well. The model is organized along three dimensions, each containing three levels of intensity.

The first dimension is power, which varies from low to mid-range to high. The levels of power are dependent upon the amount of vulnerability required of the participant/client and the amount of influence maintained by the researcher/therapist. A relationship that is low in power would be one where the members consider each other to be like peers; whereas in the high power relationship, one member clearly has more influence over another who is more vulnerable.

The second dimension is duration of the relationship. This dimension varies from brief to intermediate to long. Contact is put along a continuum from a few contacts over a brief amount of time to continuous contact over a long period of time.

The final dimension is clarity of the termination, which ranges from specific to indefinite. This dimension outlines the way in which the professional relationship is ended such that a personal relationship could begin (this assumes of course, that the researcher would wait until the professional relationship was completed before beginning any other, unlike Matocha, 1992). With the specific termination, the professional relationship has an imposed or agreed upon end date and no further professional contact is expected. The uncertain termination involves clarity around the end of the relationship yet provides an opportunity for the same type of relationship to begin again in the future. The indefinite termination lacks clarity about the end of the relationship, with no agreement about the time limit on the professional facet.

When making decisions based upon this model, the therapist/ researcher tries to place the relationship in terms of the three dimensions from the point of view of the client/participant. The more the relationship falls into the more intense realms (high power differential, long duration, and indefinite termination) the greater the potential for harm and therefore a non-professional relationship should be ruled out.

Given all the similarities between qualitative research and therapy, this model seems a good fit with relation to the dynamics that occur in each setting. It provides clarity of action yet is sensitive to contexts. It is my recommendation that qualitative researchers keep many of these dimensions in mind when embroiled in the research process with the fascinating individuals whom we study.

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