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What Can the Therapeutic Interviewer Learn from the Qualitative Research Interviewer? (and vice versa)

by Chris Jackson

Interviewers, regardless of context, engage in many of the same processes, and need many of the same skills. Often, an interviewer in one context does not explore the intricacies of interviewing in a different context. This prevents possible learning and insight from occurring. By exploring how interviewing practices in research and therapeutic contexts relate to one another, I assert in this paper that therapeutic interviewers can develop strategies and skills to become more effective as interviewers. This is not to say that qualitative research interviewers cannot learn something from therapeutic interviewers. They can and do, and the reader is encouraged to think about what researchers can learn from therapists as well. However, this paper primarily highlights how therapists can learn from researchers.

Crossover between therapy and qualitative research has been increasing over the last several decades. Bowers, Minichiello, and Plummer (2007) stated that these practices are "very much related and complimentary," and that "In fact, the practice of research contains essential elements that are similar to counseling practice" (p. 132). Qualitative inquiry has been used by psychotherapists to better understand the process of therapy as a whole along with the micro-level of client's concerns (McLeod, 2002), but not much mention has been made of transferring the skills of the qualitative interviewer to the therapeutic interviewer. In one of the only straightforward comparisons, Padgett (1998a) examined the resemblance of qualitative interviewing and therapeutic interviewing, specifically from a social work orientation. Schein (1987) compared clinical data collection with qualitative data collection, and more specifically, ethnographic methods. Gilgun (1994) associated social work practice with the conduct of grounded theory. Bourdeau (2000) explored the issue of dual relationships in qualitative research and compared it to this same dilemma in therapy. Allen and St. George (2001) found that by being the lead investigator in a qualitative interview study, the therapeutic skills of the researcher improved.

As can be seen, therapists have been beginning to explore how qualitative research and therapy interviews overlap. The current article explores how therapeutic interviewers, regardless of theoretical orientation, can learn from qualitative researchers, especially in terms of the process of inquiry, the skills utilized, and the characteristics of effective qualitative researcher interviewers. The following table (Table 1) distinguishes some of the main principles and techniques that therapeutic interviewers can learn from qualitative research interviews (the

perspective used for therapeutic interviewing is based on a traditional medical model of therapy). Each of these issues will be addressed in the paper.

	Qualitative Interviewing	Therapeutic Interviewing
Orientation	Jointly constructed Interviewee based	Therapist based Theory based
Goals	In-Depth Understanding Gaining interviewee's language Meanings over Content Development of a narrative	Change Diagnostic language Content and Meaning Development of diagnosis
Person	Central figure	Secondary figure
Quality	Being reflexive Rich description Verification	Focusing on client Based on client change
Skills	Open-Ended Questions Minimal Encouragers Probes	Open & Closed-Ended Questions Minimal Encouragers Probes
Staging	Introduction Main Exit	Intake (Assessment) Treatment Termination

Table 1 - Principles of Qualitative and Therapeutic Interviewing

The author of this article is a licensed marriage and family therapist who was trained in his doctoral program through a qualitative research approach. Based on learning therapy and qualitative research simultaneously, he has been able to conduct better research interviews using the skills of a therapist and conduct better therapy interviews using the skills of a qualitative researcher. He has found these two types of interviewing to be highly related, rather than distinct from one another.

As an educator teaching courses in research methods and therapeutic interviewing, the author encourages his students to take aspects of each approach to become better at each. Counseling students tend to be wary of research methods. One way the author has been able to connect the importance of understanding research methods when going into the counseling field is to relate how the mindset and skills of qualitative interviewing can help the students become better therapists. People in the counseling/therapy field learn a lot about the various theories of counseling and the various diagnoses (contained within the Diagnostic and Statistical Manual). However, not much time is usually spent in training programs focused on the specifics of interviewing. This paper is an attempt to address this deficiency, highlighting how therapists can borrow a mindset, skills, and procedures from a closely associated context to help them during the therapy interview.

Orientation of Therapeutic and Qualitative Interviewing

The therapeutic interview can be compared to a qualitative research interview, as they have many overlapping principles and techniques. Padgett (1998a), as well as Stuhlmiller (2001), explained that both qualitative interviewing and therapeutic interviewing parallel each other, both consisting of two people mutually exploring meaning and understanding. Weiss (1994) stated, "The research interviewer resembles a therapist by encouraging the respondent to develop thoughts and memories, by eliciting the respondent's underlying emotions, and by listening closely to the respondent's utterances" (p. 134). This paper asserts that an understanding of the processes of qualitative research interviews can help therapeutic interviewers conduct better interviews. They both involve two people mutually discussing a specific and focused topic. They rest upon an exploration of the phenomenological worldview of one of the participants via the in-depth interview. The in-depth interview, which is the primary mechanism for both formats of interviewing, focuses on depth, nuance, and the interviewee's own language (Legard, Keegan, & Ward, 2003).

Kvale (1996) defined qualitative interviews as "an interchange of views between two persons conversing about a theme of mutual interest" (p. 2). Although it is an interchange of views, it is not a typical conversation where each party has equal weight in expressing one's viewpoint. In many regular conversations, individuals express themselves and compare viewpoints. The research interview context is different. Although there is conversation about a shared topic, that topic is primarily one person's (the interviewee's) perspective. As opposed to most common conversational situations, research interviewers usually do not add their own personal viewpoint. They engage in an active listening process where they try to understand the interviewee's phenomenological world. Then, using their communication skills, they let the other person know how they perceived the interviewee's communication. This helps to ensure that the interviewer has understood the interviewee properly. This seems to be congruent with a large part of the interviewing occurring in the therapy context. One way that therapeutic interviewers can become better at what they do is to focus more on the other person's worldview rather than their own perspectives.

Qualitative interviews, like all interviews, are purposeful and focused. Rubin and Rubin (1995) explained the intent of qualitative interviews thusly:

Qualitative interviewing is a way of finding out what others feel and think about their worlds. Through qualitative interviews you can understand experiences and reconstruct events in which you did not participate. Through what you hear and learn, you can extend your intellectual and emotional reach across time, class, race, sex, and geographical divisions. (p. 1)

Based on this explanation, the interviewer does not have to have the same background or experience to talk with and understand the interviewee. Part of the interviewer's role is to understand another person's lived world and make sense out of it. One way interviewers attempt to understand events and processes they were not present for is by tuning in to what the other person is saying, along with the meanings and symbols the other person is using while communicating. Lindlof (1995) explained, "A specimen of talk exhibits contextual (or 'indexical') features of semantic and syntactic choice, vocal inflection, timing, turn taking, and nonverbal (such as gestural) behaviors that derive from the cultural and ideological identities of

the speaker" (pp. 165-166). Therapeutic interviewers can adopt this stance of trying to understand the nuanced manner of the interviewee's talk to gain a better understanding of that person's identity and context.

Rubin and Rubin (1995) hold that all qualitative interviews share three common characteristics:

1. First, qualitative interviews are modifications or extensions of ordinary conversations, but with important distinctions.
2. Second, qualitative interviewers are more interested in the understanding, knowledge, and insights of the interviewees than in categorizing people or events in terms of academic theories.
3. Third, the content of the interview, as well as the flow and choice of topics, changes to match what the individual interviewee knows and feels. (p. 6)

Most therapeutic interviews share these same characteristics. They have components of ordinary conversations wherein two or more people engage in a discussion about a particular subject matter and both people add to the complexity of the conversation. Second, the main intent of the therapeutic interview is to gain enough of the worldview of the interviewee to help build the foundation of later change. However, in traditional diagnostic interviewing (as opposed to therapeutic interviewing where the client's perspective is highlighted more), interviewers are gaining the knowledge to allow them to apply it to a theory of how people operate and thus to develop a diagnosis and action plan based on the *therapist's* belief system, rather than the *client's*. Third, the content of the therapeutic interview is predicated on the interviewee's experience. Clients do not come to therapy to listen to therapists talk about themselves. Clients are there to explore their own situation so that they can improve it. Just as therapeutic interviews differ from ordinary conversations, so do qualitative research interviews. Rubin and Rubin (2005) explained:

Overall, qualitative interviewing requires more intense listening than normal conversations, a respect for and curiosity about what people say, a willingness to acknowledge what is not understood, and the ability to ask about what is not yet known. (p. 14)

Therapeutic interviewers can bring forth deeper levels of information and meaning when they respect clients as human beings and have a curiosity as to how that individual has come to understand him/herself.

Goals of Therapeutic/Qualitative Research Interviews

The outcome of the research interview is the development of a narrative (Rossman & Rallis, 2003). This narrative is then understood by the interviewer and perhaps analyzed with other narratives from other interviewees (for instance, when utilizing the constant comparison method of data analysis or a thematic analysis). The therapeutic interviewer, in conversation with the client, develops a narrative of what is occurring in the client's life. This narrative may then be analyzed against other narratives of other clients to gauge how typical the client's situation is, and to identify possible change strategies that have worked with other people and that may work with the current client.

Therapeutic and qualitative research interviews have certain objectives, many of which overlap. Lindlof (1995) delineated seven basic objectives for qualitative research interviewing:

- Learning about things that cannot be observed directly by other means
- Understanding a social actor's perspective
- Inferring the communicative properties and processes of interpersonal relationships
- Verifying, validating, or commenting on data obtained from other sources
- Testing hypotheses the researcher has developed
- Eliciting the distinctive language—vocabularies, idioms, jargon, forms of speech—used by social actors in their natural settings
- Achieving efficiency in collecting data. (p. 166)

Therapeutic interviews include all of these along with one additional objective (perhaps the biggest difference between the two types of interviewing): using clinical skills to actively pursue *change* in the other person. Therapists try to understand their client's perspective about things that they cannot usually directly observe. Through the therapeutic relationship, they collect data about what is going on, perhaps sometimes talking to collateral individuals who can comment on the client's situation. Therapists use the client's language to connect and ensure that the client understands what the therapist is saying. Finally, they conceptualize the client's situation based on a specific theory and make change attempts from that hypothesis/conceptualization.

Therapeutic interviews can utilize many of the data collection strategies of qualitative researchers to help them with their clients. Qualitative researchers utilize the in-depth interview as one of the main tools of data collection (Legard, Keegan, & Ward, 2003; Marshall & Rossman, 2006; May, 1991). To be able to employ these interviews appropriately entails developing not only the practical skills of interviewing but the mindset of an interviewer. This aids researchers in being able to work productively with people to help answer certain research questions. Therapeutic interviewers also utilize the in-depth interview as their primary tool in working with people, yet they do not consider it as important a tool as it is in research. Maxwell (2005) delineated three types of higher-order questions researchers tend to ask to collect data. Higher-order questions are those that move away from factual content (i.e., who did what, when, where) and focus on belief systems and perceptions (i.e., how people come to understand themselves). The first type of higher-order question refers to the meaning of events people are involved in. The second type focuses on the impact of the social and physical contexts on those events. The third type of question is about the process of how those events occurred. Therapists ask these same questions. More important than what happened, they want to know how the person understands themselves based on *what* happened and *how* that person's social field is involved in the meanings developed. This is the focus on the process occurring rather than on the content. Working at both the content and process levels simultaneously would seem to be advantageous for all interviewers.

What occurs during the qualitative research process is co-constructed between the researcher and the researched (Finlay, 2002). Neither party knows exactly what will be discussed during the interview. What occurs in the therapeutic interview is also co-constructed between therapist and client where each is building off of the other to establish a conversation in a context of potential change. This is a shift away from a traditional view of interviewing where the interviewee simply answers questions toward a constructivist dialogic approach in which the interview is considered

to be a joint endeavor between the participants instead of dominated by any one person (Hiller & DiLuzio, 2004). The interview is not set by one person, but flows based on the input of both individuals. Much of qualitative research interviewing is based off of social constructionist notions where truth is held within language. Therapy is also predicated upon language wherein truth is what is created during the conversation. This moves to the notion of truth and reality (positivism) versus constructions and meanings (post-positivism). Qualitative interviewers cannot garner the truth, but can gain the meanings people give to their lives (Miller & Glassner, 2004). Therapy interviewers do not get the truth of what occurred for the person, but rather his/her meanings of it. If the therapeutic interviewer adopts the goal of *meaning* rather than *truth*, he/she will be better able to work within the limited context of the therapy interview.

When conducting qualitative inquiry, researchers pay attention to two specific threats to validity: bias and reactivity (Maxwell, 2005). Bias refers to the internal processes of researchers and how that might lead them to a) take in information in ways based on their own perceptual and conceptual frameworks, and b) behave toward the other person in ways based on their own behavioral and personality manners. For instance, if an interviewer is a thirty-year old Caucasian male, he may take in information from a seventy-year-old African-American female differently than would an interviewer from a different age or racial group, or of a different sex. His behavior toward the interviewee would be based on his upbringing, philosophical understandings, prejudices, and worldview (although he might not be readily aware of how these areas are impacting his perceptions and behaviors). Reactivity refers to the impact of the researcher on the research participant. The interviewee is impacted by the interviewer (reactivity) as much as the interviewer is impacted by the interviewee (bias). The same processes occur in therapy where the therapist can be impacted by the client (sometimes discussed as counter-transference) and have personal feelings toward the client (positive or negative) while having personal thoughts regarding what is being discussed (i.e., differences of personal opinion). The client is also impacted by how the therapist presents him or herself (sometimes referred to as transference, but broader in scope). The impact of bias and reactivity on the interview is a significant factor for both researchers and therapists.

The Person of the Interviewer

Qualitative research interviewers are cognizant that they influence and are influenced by the interviewee. Finlay (2002) explained, "As qualitative researchers, we understand that the researcher is a central figure who influences the collection, selection, and interpretation of data. Our behavior will always affect participants' responses, thereby influencing the direction of findings" (p. 531). A circular causality occurs in both contexts where interviewer and interviewee continuously mutually influence one another. The qualitative interviewer, as well as the therapeutic interview, is listening to how and what the interviewee is saying, picking up cues of communication, and then acting on these messages in order to continue the interview. For instance, if the interviewer perceives, based on the words and body language of the interviewee, that he/she is not understanding what is going on, the interviewer will then slow down and re-explain what was just said.

Research and therapy interviews are both predicated on the strength of the skills and person of the interviewer. In discussing qualitative interviews, Patton (2002) stated that "the quality of the information obtained during an interview is largely dependent on the interviewer" (p. 341). This

is also true for therapeutic interviews where the questions and comments of therapists are based on their own understanding of people as well as the clients' comments and behavior. However, it seems that the field of therapy has focused more on client characteristics and behavior than on therapist phenomenology, characteristics and behavior. Not only is it the skill of the interviewer, it is also the fit between interviewer and interviewee. If, for some reason, one or the other party does not like the other, the interview may not be as rich, vibrant, or useful. Had a different interviewer talked with that person, there would have been a different flow to the interview and differing ideas could have come forth.

Since each individual is unique, and that uniqueness impacts thoughts and behaviors, being aware of one's self becomes extremely important. Watt (2007) discussed the notion of the qualitative researcher being reflective as entailing a "careful consideration of the phenomenon under study, as well the ways a researcher's own assumptions and behaviors may be impacting the inquiry" (p. 82). Finlay (2002) explained that reflexivity can be a useful tool for the qualitative researcher to:

- Examine the impact of the position, perspective, and presence of the researcher;
- Promote rich insight through examining personal responses and interpersonal dynamics;
- Empower others by opening up a more radical consciousness;
- Evaluate the research process, method, and outcomes; and
- Enable public scrutiny of the integrity of the research through offering a methodological log of research decisions. (p. 532)

By substituting "therapist" for "researcher" and "therapy" for "research," the therapeutic interviewer may utilize reflexivity for these same purposes. The process of exploring oneself is beneficial on multiple levels. Therapists are able to better understand how they think, perceive, and understand the world. Clients are able to interact with a person who is open to ideas and possibilities can facilitate them through a growth process. Therapists are better able to understand how their assumptions and actions impact the process of the therapeutic interview. Members of the larger society can gain a better understanding of not only what the therapist did during the therapy, but why. This will enable everyone involved in the therapy context to identify best practices.

In both contexts, the interviewer is the main instrument of contacting the interviewee, setting into motion the interview and then understanding what the conversation has meant. Thus, it is the intellectual capacity of the person (how well versed the interviewer is in theory and skill), as well as their interpersonal capacities (such as connectedness, empathy, curiosity, and openness), that lead to a successful research (Padgett, 1998b) or therapy interview. Since an interviewee's responses will be affected by the interviewer's personal characteristics (e.g., age, sex, race), reflection on the impact of these characteristics is important to understanding the components of a successful interview.

Qualifications of Research/Therapeutic Interviewers

Many of the skills of a good qualitative research interviewer are the same skills needed to be a good therapeutic interviewer. Given that the main instrument in the interview is the person of the interviewer (regardless of context of the interview), who an interviewer is becomes paramount.

This is especially important since the self of the researcher and therapist are both integral in their respective contexts (Chenail, 1996).

Research interviewing is predicated on the relationship between the two parties, the development of a good rapport with the interviewee (Legard, Keegan, & Ward, 2003). This entails being able to listen to the other person and be curious about what is going on for them and what else they have not told the researcher. Rapport is heightened when the interviewer demonstrates respect for the interviewee, caring about what the other person is saying (as well as not saying). The importance of the relationship is just as important in the therapeutic interview. Lambert (1992) explained that approximately 30% of positive therapeutic outcome is based on the quality of the therapeutic relationship. Given that 40% of outcome is based on extra-therapeutic factors (client-factors), 15% on hope, placebo, and expectancy, and 15% on theoretical model, therapeutic interviewers should focus on what they can do to enhance the therapeutic relationship, as this is one of the biggest factors in positive change for clients.

Kvale (1996) provided ten qualifying criteria for a qualitative research interviewer. These criteria could also be used for therapeutic interviewers. In this section, each of Kvale's criteria for qualitative research interviews will be presented followed by how it can be adapted for therapeutic interviewers.

The first criterion is that the interviewer should be knowledgeable. Padgett (1998b) discussed this as qualitative researchers needing to be connected to scholarship through consistent reading in the field and attendance at workshops and conferences to keep abreast of new ideas, theories, and practices. Likewise, therapists should be knowledgeable in counseling theories, various client issues, and how to conduct a therapeutic interview. Therapists should also be knowledgeable about clients that come from various cultures and backgrounds so they can work with people from differing religions, ethnicities, sexual orientation, ages, or any other type of category.

The second qualifying criterion for a qualitative research interviewer is that interviewers should also be good at structuring. Therapists can orient clients to the process of the therapeutic interview including explaining the purpose of the interviews, the process of how therapy progresses, and issues of ending sessions and termination. This is important so clients are not blindsided or confused by the process of the therapeutic interview.

Third, interviewers need to be clear. In the therapeutic context, clients are already coming into sessions disoriented in terms of their life not going in the direction they want it to go. Therapists should be clear about what they mean in making statements or asking questions. This includes not using technical terms (what some clients might call "psychobabble").

Interviewers also need to be gentle. Being gentle includes being tolerant of interviewees and allowing them to move at a comfortable pace. Therapists should shift their rate of speech based upon the client instead of trying to force the client to work at their speed. Further, therapists should be somewhat easy-going, presenting a comfortable environment in which the client can open up. Therapists should also be gentle and not try to move the client too quickly toward change. Legard, Keegan, and Ward (2003) discussed this as being tranquil.

Fifth, interviewers should be sensitive. Kvale (1996) described this as when the interviewer "listens actively to the content of what is said, hears the many nuances of meaning in an answer, and seeks to get the nuances of meaning described more fully" (p. 149). Part of sensitivity is being empathetic and trying to understand the worldview of the client. What usually distinguishes a good therapeutic interviewer from a *very* good one is when the therapist can hear beyond the overt meanings of the client's discourse so that the covert and hidden meanings are recognized. Padgett (1998b) explained that empathy and sensitivity for the therapeutic interviewer is a little bit different than for the qualitative researcher in that, for therapy, they are used to move toward the treatment goals, rather than solely for deeper understanding.

Interviewers also need to be open. Therapists need to allow clients to introduce new topics into the therapeutic interview and be accepting of exploring various client issues. Therapists who are dogmatic and who too closely restrict the conversation might not hear or even explore pertinent topics that could help the client move toward change. Further, they may come across as harsh and could negatively impact the therapeutic process.

Seventh, interviewers need to know how to steer the interview. Although many therapeutic interviews are designed to allow the client room to self explore, clients might not know how to take full advantage of the time in the conversation. Skilled therapists will be able to steer clients back to meaningful topics when they stray to tangential material. The more time spent discussing tangential material, the less time therapists and clients have to discuss what is of utmost importance to clients. Steering requires the delicate ability to let clients know that what they have to say is important, yet that the therapist can be of more help if they discuss some other topic.

Critical reflection can also be initiated by interviewers. Although it is beneficial to believe clients, therapists can ask follow-up questions to check the veracity of client responses. Clients might need time to move around an issue and might gain a better sense of their own ideas and feelings by critically checking what it is they have previously said. Sometimes, being critical might take the form of challenging a client, such as when the therapist hears some type of discrepancy in the client's communication. This challenging is not about proving a client wrong, but letting the client know that the therapist hears a contradiction/discrepancy in the client's discourse that is worth investigating.

Ninth, interviewers need to maintain a good memory. By remembering the issues the client has discussed in each and every session, the therapist sends a message that the client is important. Therapists can then build on past discussions. The client does not have to keep repeating what has previously been discussed. One way to maintain an understanding of the client is to take excellent case notes (in research these would be field notes). Therapists can then refresh themselves before the next therapeutic interview by reading the case notes from past interviews.

Lastly, interviewers can use the skill of interpreting. Kvale (1996) explained this occurring when the interviewer "manages throughout the interview to clarify and extend the meanings of the interviewee's statements; provides interpretations of what is said, which may then be disconfirmed or confirmed by the interviewee" (p. 149). Therapists take in what the client is saying, see how it makes sense to them, and then relay this understanding back to the client. Therapists also try to gain a deep understanding of the client's context to begin to add meaning to

the client's experience. Although a full understanding is not possible, interviewers attempt to gain a breadth and depth of the interviewee's experience. This helps to put particular comments and descriptions in better perspective. Once therapists have this understanding of a client, they then interpret the client's actions, feelings, and thoughts through their theoretical perspective to decide how best to move toward change.

Padgett (1998b) added the following desirable characteristics of the qualitative researcher: creative and educated, mature and self-disciplined, able to maintain critical distance, and flexible and reflexive. Qualitative researchers should be able to connect with the other person without getting too attached while also adapting to new situations and understanding the role, as a participant, they play in the interchange. Therapeutic interviewers also have the difficulty of being able to connect with someone when they are discussing that person's private life, but without getting too emotionally caught up in the other person's situation.

Patton (2002) explained, "You, as the interviewer, must maintain awareness of how the interview is flowing, how the interviewee is reacting to questions, and what kinds of feedback are appropriate and helpful to maintain the flow of communication" (p. 375). He said this in relation to a qualitative researcher, yet it holds true for the therapeutic interviewer. Therapists should pay attention to what is immediately happening in the interview and give appropriate feedback to the client when it seems that the interview is not progressing in a productive fashion.

The Skills of Interviewing

Therapists are interviewers. They learn how to interview another person to gain the information they need to help answer their research question: what needs to happen so that this person (client) reaches his/her goals. Although the theory and skills of how to make that change happen can exceed the parameters of qualitative research interviewing, many of the actual skills of interviewing are similar within the two contexts. They entail developing a good rapport and relationship, being oneself in the interaction, and using verbal and nonverbal means to get the other person to open up and convey certain information. Given that the success of an interview is predicated on the interpersonal skills of the interviewer (May, 1991), whatever context an interview occurs in requires the interviewer to be highly skilled at making a connection with the other person and eliciting information.

The interviewer quickly distinguishes roles between self and interviewee. The research interviewer's role is to be active throughout the interview and manage it so that it completes its intended purpose (Legard, Keegan, & Ward, 2003). The interviewer will help interviewees understand their role, that of answering questions in-depth and being involved in the interview process.

If researchers are not skilled at creating a context for the interviewee to explain their thoughts, feelings, and meanings, the research process will be stalled. Rubin and Rubin (2005) explained, "Qualitative interviews are conversations in which a researcher gently guides a conversational partner in an extended discussion. The researcher elicits depth and detail about the research topic by following up on answers given by the interviewee during the discussion" (p. 4). Therapeutic interviewers also need to know how to gently elicit (sometimes through challenging) enough information from the client to flesh out the client issue(s).

The qualitative interview is highlighted by the open-ended question. Closed-ended questions tend to elicit limited amounts of information and close off avenues of exploration. Interviewers utilize open-ended questions to allow the other person room for exploration, providing interviewees with the freedom to answer questions in ways that make sense for them. Further, the interviewee's specific use of language can then be used by the interviewer to better gain the other person's perspective. Closed-ended questions tend to be used at the beginning of the interview to get demographic information about the interview. Follow-up questions and probes for more information help widen the field of conversation. Minimal encouragers (such as head nods, eye contact, and verbal pushes such as "Okay," "Tell me more," and "Go on") seem to be the mainstay of interviewing skills, regardless of context. These responses help move the conversation along. The interviewer will then use questions to get breadth and depth (Legard, Keegan, & Ward, 2003). Most qualitative research interviews utilize open-ended questions while keeping closed-ended questions to a minimum, perhaps for specific factual information needed. Therapists would be helped by adopting this notion that open-ended questions be used as the primary type of question. Reiter (2008) recommended that in order to gain a thorough understanding of the client's perspective, open-ended questions outweigh closed-ended questions and should be used more often in the therapeutic interview.

The skills and procedures in qualitative research interviewing can be applied to therapeutic interviewing. Kvale (1996) provided six quality criteria for a qualitative interview:

1. The extent of spontaneous, rich, specific, and relevant answers from the interviewee.
2. The shorter the interviewer's questions and the longer the subjects' answers, the better.
3. The degree to which the interviewer follows up and clarifies the meanings of the relevant aspects of the answers.
4. The ideal interview is to a large extent interpreted throughout the interview.
5. The interviewer attempts to verify his or her interpretations of the subject's answers in the course of the interview.
6. The interview is "self-communication"—it is a story contained in itself that hardly requires much extra descriptions and explanations. (p. 145)

If these quality criteria for qualitative research interviews are applied to the therapeutic context, the quality of the therapeutic process could be enhanced. The therapeutic interview is enhanced when clients describe their situations with thick description to bring out the nuance of the client's experience. Therapists benefit from doing more listening to the client's concerns rather than spending the session doing most of the talking. The therapist also has to gauge how much information and self-exploration time the client needs versus talking to help guide the client toward achieving the therapeutic goals. Therapists aid the therapeutic process when they can probe and clarify client statements to help get to the core meanings of the client's experience. Further, the quality of a therapeutic interview is enhanced when the therapist perception checks with the client to ensure that the way the therapist understands the client's meanings are accurate. Lastly, the quality therapeutic interview is a contact within itself. It occurs between the therapist and client(s) and has enough information contained in it to meet its objectives, moving clients further toward their goals.

Quality research is based on the researcher executing the interview process with rigor (Davies & Dodd, 2002). These authors explained how the qualitative researcher should not just discard

information obtained in the interview that goes counter to what is expected as that information may help to open up new understandings and revelations. Therapists can adopt this sense of rigor to help assist their clients. The therapeutic interviewer can look for those points of an interview where counter-information is brought forth. These might be used then as exceptions, unique outcomes, or chances to dispute limited mindsets. Davies and Dodd provided several terms that they found important for the qualitative researcher's enactment of rigor: "attentiveness, empathy, carefulness, sensitivity, respect, honesty, reflection, conscientiousness, engagement, awareness, openness, context, and so on" (p. 288). Therapists would be hard pressed not to demonstrate these same skills when displaying rigor in the therapeutic interview.

Stages of Interviewing

Qualitative research interviews tend to follow a general progression of stages, although there is no strict adherence to these stages. Neuman (2007) divided the qualitative interview into three sections: introduction, main, and exit stages. The introductory stage occurs when interviewer and interviewee meet and exchange some general information about one another. In this stage, interviewers explain the purpose of the interview and have interviewees sign any needed forms, such as informed consent. Here, interviewers can answer any questions about the purpose, structure or format of the interview. Legard, Keegan, and Ward (2003) divided this first stage into two parts, arrival and introducing the research. These parts help develop rapport between the two parties and orient the interviewee to the purpose of the meeting.

During the middle stage, the interviewer asks the interviewee specific questions to gain the information needed to answer the research question. Minimal encouragers, reflections, and probes are used to ensure that the client's story is being developed and that both parties understand it. Legard, Keegan, and Ward (2003) broke this down into beginning the interview and during the interview. The beginning of the interview has set the stage for what is to come and then during the interview process hits on the main themes to be addressed.

The exit stage includes a winding down of the interview along with giving the interviewee a chance to ask any questions regarding the interview. The interviewer might summarize the most pertinent information discussed during the interview. The interviewee then closes the interview. Legard, Keegan, and Ward (2003) broke this down into ending the interview and after the interview. Their last stage represents the notion that the interview is not time-contained. The information discussed, and what happened between the two people, has significance even after the interview has ended. The interviewer has been impacted by the meeting and tries to better understand what occurred. It can be assumed that the interviewee was also impacted.

For traditional psychotherapy, there are three primary stages: intake, treatment, and termination. Therapists utilize pretreatment information (such as reports, assessments, and information from other sources) to begin to understand the client's presenting problem(s). Interviewers may conduct an intake evaluation or other assessment, such as a mental status exam, to better understand the client's current state and why the client is experiencing his/her current difficulties. The second stage involves treatment, wherein therapists utilize some type of theoretical orientation to try to reduce or eliminate the problem. The final stage is termination where the therapist helps the client develop a relapse prevention strategy and other mechanisms to maintain the positive gains from therapy.

As for specific sessions, therapeutic interviewers can use the same generic stages as in qualitative interviews. First the therapist can explain the purpose of the interview and get the client to sign all necessary forms. The therapist can then discuss the structure and format (i.e., "We will talk for about 50 minutes where I will ask you some questions about what is going on and you can ask me questions that you have"). The therapist then utilizes minimal encouragers, questions, reflections, and other conversational tools to help bring out the client's story and attempt to move the client toward desired change. Toward the end of the session, therapists begin to wind down the session and wrap it up, ensuring that they have made sense of what the client was discussing.

Differences between Qualitative and Therapeutic Interviews

This article has established many overlaps between qualitative research and therapeutic interviewing and how therapeutic interviewers can take specific techniques from qualitative research to enhance their practice. However, there are distinct differences between the two. Padgett (1998a) pointed out that it is not a perfect match. There are differences in the paradigms used, goals, education and training, disciplinary influences, interviewer-interviewee relationship, and criteria for success. Weiss (1994) explained that these two interviewing contexts differ because the researcher elicits information to help answer the research question while the therapist does so to enact change for the client. However, the reverse can happen where the clinical interview produces theorizing about what is occurring and the research interview brings forth greater understanding for the interviewee which leads to change (Gale, 1992; Stuhlmiller, 2001).

The content of the material is different in these two interview contexts. For therapy, there will be more focus on internal states and how people felt rather than how people understand what happened to them (Weiss, 1994). Therapists have traditionally focused on internal states of their clients, leading to the trite therapist phrase, "How does that make you feel?". Research interviewers are less focused on how people feel (although this line of inquiry may be important for some aspects of the interview); it is more important to focus on how the person makes sense of those feelings. In other words, therapy interviews often focus more on feelings while research interviews often focus more on the phenomenological worldview of the person. Another difference between the two types of interview contexts is the duration of the interview(s). For therapy, although the modal number of sessions is one, the mean number of sessions a client meets with a therapist is between five and seven (Miller, Duncan, & Hubble, 1997). Research interviews tend to last only one or two times for each interviewee.

Although there are many overlapping processes between therapy and research interviewing, the goals are different. In qualitative research interviews, the goal is not to change the interviewee, although there is the possibility that exploring a topic with an interviewee might change the way interviewees understand themselves. The researcher is trying to understand the person's perceptions and worldview. In therapeutic interviews the goal is to get the client to change in the direction the client wants to move, toward the goals developed in therapy. This is the primary difference between the two, yet the therapeutic interviewer can learn a lot by exploring the principles and techniques of qualitative research interviews as well as the characteristics of research interviewers.

Summary

The therapeutic interview has a lot of similarities to the qualitative research interview. Since there is such an overlap, many of the processes that occur in one context can be utilized by the other context. Therapists can learn from researchers how to become more effective with their clients through exploring the process and structure of the research interview, but also exploring the person of the researcher. Depending on the approach used (e.g. by researchers: ethnography, action research, and phenomenology; by therapists: psychoanalysis, family systems, and cognitive-behavioral), the interview will change in terms of focus, depth, breadth, process, and goals reached. The interviewer will need to be able to connect the theory of the model to the actual practice of the interview (Chenail, 1997).

I have discussed in this article how an understanding of qualitative interviewing can assist therapeutic interviewers. I think therapists can learn how to conduct more effective therapeutic interviews by adopting many of the principles underlying qualitative interviewing. Because qualitative interviews are not an attempt to change the interviewee, therapists using this as a guide might slow down their push for change in a client. This would seem to be beneficial as, in my experience, too many therapists move too quickly toward change without gaining a deeper sense of the client's worldview. Thus, many of their interventions do not resonate with the client. By not rushing to try to change the client too quickly, and using the principles of qualitative research interviewing, therapeutic interviewers can learn more about the client and the client's context so that change attempts mesh better within the client's phenomenological worldview. These more relevant change attempts may then lead to quicker and longer lasting change for the client since they fit within the client's worldview. Lastly, therapists can develop a heightened sense of curiosity about clients when they interview them from a qualitative research perspective. All of these represent valuable qualitative research practices that therapists can integrate into their own interview process to enhance their effectiveness.

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