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Abstract

Member checking continues to be an important quality control process in qualitative research as during the course of conducting a study, participants receive the opportunity to review their statements for accuracy and, in so doing; they may acquire a therapeutic benefit. The authors of this article suggest that this benefit is similar to some of the components of group therapy, especially in normalizing the phenomenon being experienced. Even if the participants never meet, they can feel a sense of relief that their feelings are validated and that they are not alone.

Keywords

Member Checking, Debriefing, Group Therapy, Therapeutic Benefits, and Qualitative Research

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Member Checking: Can Benefits Be Gained Similar to Group Therapy?

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Member checking continues to be an important quality control process in qualitative research as during the course of conducting a study, participants receive the opportunity to review their statements for accuracy and, in so doing; they may acquire a therapeutic benefit. The authors of this article suggest that this benefit is similar to some of the components of group therapy, especially in normalizing the phenomenon being experienced. Even if the participants never meet, they can feel a sense of relief that their feelings are validated and that they are not alone.

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Research and therapy can sometimes be intertwined, meaning that during the research process, a participant may receive a therapeutic benefit (Drury, Francis, & Chapman, 2007). For example in a qualitative study, the participants are usually engaged in answering questions that relate directly to their life experience. By doing so, they may gain more insight into their situation as they tell their story as was the case with Aldridge and Stevenson 2000 study of schizophrenia and its effects on Beth, the research participant. Although they didn't expect there to be therapeutic benefits of their research, Beth gained more insight into her disorder during the therapeutic relationship that developed between her and the researchers. As they gave her their feedback about their understanding of what she reported, she gained deeper insight into the tenets of schizophrenia and how it related to her personal experience.

In a comparable manner, we too observed an unexpected therapeutic benefit when as researchers we noticed that the particular member checking procedure we employed in our qualitative research study resulted in an experience for our research participants similar to participants in group therapy. To explore this phenomenon further we will review the literature on member checking and its therapeutic benefits and present our own personal experience of this occurrence, and conclude with some discussion of the limitations and additional benefits of using this research technique.

Member Checking

Member checking is primarily used in qualitative inquiry methodology and is defined as a quality control process by which a researcher seeks to improve the accuracy, credibility and validity of what has been recorded during a research interview (Barbour, 2001; Byrne, 2001; Coffey & Atkinson, 1996; Doyle, 2007; Lincoln & Guba, 1985).

Member checking is also known as participant verification (Rager, 2005), informant feedback, respondent validation, applicability, external validity, and fittingness (Morse, Barrett, Mayan, Olson, & Spiers, 2002).

In general during an interview, the researcher will restate or summarize information and then question the participant to determine accuracy. The participants either agree or disagree that the summaries reflect their views, feelings, and experiences, and if accuracy and completeness are affirmed, then the study is said to have credibility (Creswell 2007; Lincoln & Guba, 1985). Lincoln and Guba believed another kind of member checking occurs near the end of the research project when the analyzed data and report are given to the participants to review for authenticity of the work. The participants check to see whether a “true” or authentic representation was made of what he or she conveyed during the interview. Member checks may involve sharing all of the findings with the participants, and allowing them to critically analyze the findings and comment on them (Creswell, 2007).

Whether the member checking occurs simultaneously during the interview or near the end of the project, these member checks are not without fault. However, they serve to decrease the incidence of incorrect data and the incorrect interpretation of data, with the overall goal of providing findings that are authentic and original (Creswell, 2007; Moustakas, 1994). The greatest benefit of conducting member checks is that it allows the researcher the opportunity to verify the accuracy and completeness of the findings which then helps to improve the validity of the study (Cohen & Crabtree, 2006).

Member Checking with Therapeutic Benefits

In addition to verifying accuracy, providing completeness, and improving validity, member checking may create therapeutic benefits for research participants in different ways (Aldridge & Stephenson, 2000; Birch & Miller, 2000; Brigham & Joanning, 1999; Clarke, 2006; Colbourne & Sque, 2005; Cox, 2005; Gale, 1992; St. George & Wulff, 2000; Hutchinson & Wilson, 2007; Morecroft, Cantrill, & Tully, 2004; Ortiz, 2001; Shamai, 2003). In reviewing the pertinent literature we found researchers reporting diverse therapeutic effect associated with a variety of member checking forms and a range of research designs.

Debriefing, a form of member checking, was utilized by Brigham and Joanning (1999) to find a connection between member checking and therapy. In their research, they concentrated on therapists’ use of debriefing interviews and how this practice became an “effective means of introducing information in the therapeutic system” (p. 315). They found that through research, data has shown that these debriefing interviews add significant material to the overall family therapy process. Based on participant feedback, Brigham and Joanning noticed that when clients engaged in debriefing following a therapy session, similar to that of engaging in a research project interview, this fostered therapist-client rapport which then led to more information being disclosed. This new information could later add further insight when treating problem areas.

Moreover, debriefing interviews are seen as essential tools which can be used to build upon the scaffolding erected during the therapy session itself. Colbourne (2005) highlighted that “through research interviews participants gain reflection, self-awareness, finding a voice, obtaining information, and venting repressed emotions” (p. 551). These

benefits are further increased during the member checking process as recounting stories creates an additional opportunity for self awareness (Colbourne).

In his work, Gale (1992) focused on the possibility of research interviews being more therapeutic than therapy interviews. He used debriefing during the follow-up interviews which were intended as an addition to the therapy process. He conducted eight marital therapy sessions with couples who reported that therapy was more or less not as helpful as they anticipated, but remained together for the sake of their children. Post therapy they participated in Interpersonal Process Recall (IPR) and reported that the interview was “very useful and therapeutic” (p. 1) suggested the utilization of IPR led to meaningful moments in therapy as the clients gained further understanding of their couple dynamics and possible ways to improve their interaction.

Others echoed the therapeutic benefits of member checking: For example, Hutchinson, Wilson, and Wilson (2007) discovered benefits such as self-acknowledgement, sense of purpose, self awareness, empowerment, healing, and providing a voice for the disenfranchised, many of which came during the member checking phase. Another example is from Lowes and Gill (2006) who remarked, “Participants can find in-depth interviewing [and its processes] about emotive topics helpful, even a therapeutic, experience” (p. 594). Morecroft, Cantrill, and Tully (2004) added that “there was ‘discernible’ therapeutic effect upon participants after an in-depth research interview [especially the post-up following the interviewing]” (pp. 247-248). The last example is from Shamai (2003) who believed that therapeutic effects usually resulted from the client reconstructing the experience as it is being told from their viewpoint. When given the opportunity to read what they have reported, the depth of their narration hits them like a bolt of lightning because they are now faced with their perspective of the experience as captured in the interview.

Interestingly enough some authors have cautioned clinical researchers to be more aware of the therapeutic effect of these post-therapy research interviews when measuring the effectiveness of the clinical treatment being investigated. In Boudah and Lenz’ 2000 paper they suggest researchers utilizing controlled designs such as randomized clinical trials be sensitive to the possibility that debriefing interviews can be construed by the participants as another part of the treatment and this unintended intervention may yield positive outcomes beyond any of the intentional treatment effects or secondary effects of the clinical procedure. Because of these confounding possibilities some authors such as Bussell, Matsey, Reiss, and Heatherington (1995) have gone so far as to advocate it is the researcher's ethical responsibility to detect and remove deleterious effects of participation of such debriefing activities.

Member Checking as Group Therapy

Our experience with member checking fits more with that of Ortiz (2001) who noted that interviewing became therapeutic for wives of professional athletes as the wives saw member checking activity as an opportunity to unload suppressed feelings. Furthermore, being able to read similar interviews from other wives made the experience more enlightening and created more awareness about their lives and the roles they play.

We agree and go a step further. In our observation, participant to participant member checking can be similar to components of group therapy. This consequence

happens when participants are given the research findings to check for accuracy and receive the opportunity to read their comments as well as comments from others in the study. Although the participants do not need to physically meet as a group, they may receive some of the benefits of group therapy by reading what others have to say about a similar problem. According to Brabender, Smolar, and Fallon (2004) and Yalom and Leszcz (2005), the biggest advantage of group therapy for mental health issues is in normalizing the experience by helping a participant realize that he or she is not alone; there are other people who have similar problems. This is often a revelation, and a huge relief, to the person. The fact that others are facing the same type of situation as themselves may help them open up and discuss their feelings with others. In addition, the members of the group may offer suggestions to cope with a particular problem that others may not have considered.

These group therapy components emerged when reviewing the findings of our phenomenological research study of the experience of stepfathers in stepfamilies (Harper, 2009). We utilized member checking at the completion of the data analysis phase in which all participants were given the results section to read and check for accuracy of the dialogues. After each participant had read their comments as well as those of other stepfathers, they recognized that the process had altered their view of the experience. For most, if not all participants, there had been a shift in how they viewed their situation; they had gained insight into their experience and reported feeling less overwhelmed after reading the accounts of the other participants. “Through member checking, the participants had the opportunity to hear stories from other stepfathers, and these stories, in turn, supported their own personal stories and provided a sense of *not being alone* in this experience” (Harper, p. 174). One participant responded, “I was relieved to hear the other men share their experiences, which was very similar to mine, and then realized I was not the crazy one or the sensitive one—we all shared something similar” (p. 174).

On some level, subconsciously or consciously, the men were able to hear and recognize their voices, as echoed by others, through the stories they read about each participant’s experience. When the therapeutic aspect of reading the responses of others came to the forefront, it made sense as it was evident that living in that situation (i.e., being a stepfather) could be overwhelming, and the intensity of the situation could hinder the stepfathers from fathoming someone else living through such an experience. Furthermore, after reading their own personal responses and those of others, they were able to make better sense of how they could improve the interactions with their stepchildren and cultivate healthier relationships with the entire family.

We found a similar example of a group therapy experience in another colleague’s dissertation. Dominguez (2007) examined a phenomenological exploration of parents’ decision making process of placing a disabled child in a group home and found that parents had enormous internal struggles over the decision to separate the child from the rest of the family. When the parents had a chance to review the findings, which included their thoughts along with other parents, something changed. Dominguez (2007) wrote, “It is important to note that when they reviewed the descriptions of all the families, they felt some sort of relief to know that they were not alone and that the other families also went through similar struggles” (p. 91).

Again, some feelings similar to that of a group experience occurred even though none of the participants communicated directly with each other. Because this

phenomenon appeared in two dissertations chaired by the same person in the same department within a two year period, one could deduce that this phenomenon appears more often than expected.

Discussion

As much as member checking may result in positive therapeutic experiences, a problem is that it relies on the assumption that there is a fixed truth or reality that can be accounted for by a researcher and can be confirmed by a respondent, which may not be true (Barbour, 2001; Byrne, 2001; Doyle, 2007; Lincoln & Guba, 1985). Another, more troubling, limitation is the possibility of recalling painful memories for research purposes that may lead to emotional turmoil (Grinyer, 2004). Reading personal statements, and those made by other participants could result in negative emotions which may cause a re-living of the experience. The fact that the information is in print form adds to the reality of the experience, thus triggering overwhelming feelings which may cause more harm than ensuring accurate information is obtained. Researchers should always be aware that studying emotive topics could have a possible impact on participants' well-being (Lowe & Gill, 2006). Lowe and Gill added "The purpose of the research interview is not to intentionally offer any form of therapy, and researchers need to recognize and carefully consider this potential outcome at an early stage in the process" (p. 594).

Researchers often go into a qualitative study to gain further insight into the phenomenon that the participants experience. Even if the participants also gain insight into their own personal experience through member checking, they still may be left with unresolved issues because they have no one available to help them process their thoughts. This serves as a reminder to researchers that the benefits need to outweigh the risks when using member checking in qualitative research. Along these same lines, qualitative researchers may also give some consideration to adding a note to their institutional review board protocols citing the potential direct benefits study participants may experience when participating in qualitative interviews including debriefings and member checking (Buckle, Corbin Dwyer, & Jackson, 2010).

Lastly, qualitative researchers using member checking might consider that activity can also be therapeutic for them especially when the focus of the research can be heart rendering (Rager, 2005). In her reflections of a qualitative study she conducted with women experiencing breast cancer, Kathleen Rager found member checking to be a useful self-care strategy:

After I completed a draft of the findings and discussion, I met with each woman again to verify the quotations from her transcript that I would be using, to share my findings, and to garner her reactions. I had incorporated member checking into my research plan to ensure the quality of the study, and yet I found that it benefited me emotionally, as well. I think the reason was that it provided me with an opportunity to connect once again with each participant under circumstances that were less intense for me. I also believe that I reached closure with each woman in those second meetings. I was pleased by their enthusiastic reactions to my work and glad to hear that they felt they had benefited from the interview process. They said that

the experience gave them a different perspective on how well they had coped with their breast cancer. (p. 26)

Like Rager, we too found the opportunity to member check with our participants to be beneficial to all parties involved in ways that proved to be far beyond the promise of methodological quality control.

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