Personal experience and critical reflexivity in counselling and psychotherapy research

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Abstract

Aims: The aim of this study was to offer a view of how, as a counselling practitioner-researcher, I use my personal experiences reflexively in research. By 'showing' and 'telling' about the practices and processes involved, I hope to encourage others to undertake research that values reflexive collaborative engagement and enables participants' agency in research. *Methods*: I address the value of critical reflexivity as a means for including ourselves and our personal experiences in counselling and psychotherapy research. Three excerpts are offered as examples of (a) reflexively contextualising ourselves and our participants, (b) reflexively co-constructing knowledge and meaning making and (c) a critically reflexive approach to addressing issues of voice in research by highlighting a potential dilemma about choosing which stories should be told.

Background

This is a story of becoming a reflexive practitioner-researcher that I am still re-constructing in semi-retirement. It has been a while since I wrote a paper for publication even though I am still involved in research, but now as an independent scholar offering mentoring and encouragement to others who are using reflexive narrative approaches for their research. I go on learning from those researchers, thrilled to be a small part of their interesting, creative, inspirational work. Skype has made it possible for me to do this work with researchers in different countries, across different cultures and disciplines. Alongside this I have a small client base and supervision practice. Life is never dull.

Over the years, I have moved from humanistic belief systems – based on essentialism and an individual model of self – to a social constructionist position (Burr, 2003) that is also influenced by post-structural ideas and practices (Derrida, 1981; Foucault, 1980). My writing about different ways of using personal experiences in research: heuristic inquiry (Moustakas, 1990); narrative inquiry (Clandinin & Connelly, 1994; Riessman & Speedy, 2006), collaborative inquiry (Anderson & Gehart, 2007) and autoethnography (Ellis & Bochner, 2000), has reflected those changing positions. In this article, rather than going into detail about those methodologies I reflect upon what I have said elsewhere concerning reflexivity, which I view as central to all of the above approaches:

> Reflexivity is [….] an ability to notice our responses to the world around us, other people and events, and to use that knowledge to inform our actions, communications and understandings. To be reflexive we need to be *aware* of our personal responses and to be able to make choices about how to use them. We also need to be aware of the personal, social and cultural contexts in which we and others live and work and to understand how this impacts on the ways we interpret our world. (Etherington, 2004, p. 19)

Reflexivity in counselling and psychotherapy

Reflexivity is a dynamic skill we learn and use as therapists: Irvin Yalom (1989) recognised and used the power of reflexivity in his existential approach, responding to clients from his conscious awareness of his relationship with himself and his contexts. David Rennie (1998) saw reflexivity as a major feature of consciousness and integral to action and, in his description of his experiential person-centred approach, he showed how the counselling relationship is impacted by reflexive metacommunication (Levitt et al., 2015). He proposed that reflexive communication between the client and counsellor enhances the quality of the working alliance and enables the client to think intentionally and follow through with action.

Each of these approaches views reflexivity as enabling clients to become agents in their own lives.

Critical reflexivity and feminist influences

Feminist research approaches (Hertz, 1997; Hooks, 1989) and their emphasis on equality challenged researchers to allow both researcher and participant(s) to be seen and understood for who they were; to make transparent the values and beliefs that lay behind their interpretations; and to lower the barrier between researcher and researched. This meant that researchers had to take responsibility for their views, using the first person pronoun, I, thus losing the false security of the third person, the researcher, or 'the passive voice that distances subject from object' (Crotty, 2005, p.169).

Feminist researchers have long been trying to dismantle power relations between researchers and participants by engaging in collaborative work that extends the concept of reflexivity and encourages the use of self and user involvement in research. By viewing relationships with participants as consultancy and collaboration, we encourage a sense of power, involvement and agency (Castillo, 2016). When we enable other people (and ourselves) to give voice to experience, those voices create a sense of power and authority (Hertz, 1997; McLeod, 1997).

Those challenges have helped legitimise the use of ourselves and our personal experiences in research. The researcher acknowledges how their own experiences and contexts inform the processes and outcomes of inquiry. If we can be aware of how our thoughts, feelings, culture, environment and social and personal history inform us as we dialogue with participants, transcribe and interpret their conversations with us, and write our representations of the work, then perhaps we can come close to the rigour that is required of good qualitative research.

A reflexive researcher does not simply report facts or truths but actively co-constructs meanings and interpretations of his or her experiences in the field, and then questions how those interpretations came about. Reflexive research encourages us to transparently display in our writing the interaction between ourselves and our participants so that our work can be understood as co-constructed knowledge, not only in terms of *what* we have discovered, but also in terms of *how* we have discovered it. This adds validity and rigour by providing information about the contexts in which data are created and located. For myself and others, this is both a moral *and* a methodological issue (Josselson, 1996; McLeod, 2001).

Traditionally, knowledge was passed from generation to generation through storytelling, myths and legends and we have returned to valuing local stories and lived experience. By positioning ourselves within the text, by deconstructing dominant discourses and taken-for-granted assumptions about the world (Derrida, 1981), by refusing to privilege one story over another and by allowing new stories to emerge, we have come to a 'narrative turn' in the world (Bruner, 1991). In addition to gathering local stories, reflexive practices encourage the inclusion of the researcher's story and it is by those means that we co-create multifaceted and many layered stories that honour the messiness and complexity of human experience (Geertz, 1973; Speedy, 2001) and enable us to co-create meaning (Bruner, 1991).

Ethical research in reflexive relationships

These changes raise new issues about ethical research practices and relationships (Etherington, 2007). Ellis (forthcoming) describes how in relationships between participants and researchers it is not enough to simply follow guidelines laid down by ethics committees that rarely address the complex ethical dilemmas that can arise during research, but to engage in a 'relational ethic of care' (Gilligan, 1982), much as we might within therapy relationships. Reflexivity also requires that we make transparent the ethical decision-making processes we engage in so that others can learn from these 'ethically important moments' (Guillemin & Gillam 2004).

Why is personal experience important in counselling and psychotherapy research?

Personal experience is at the heart of what we do in counselling and psychotherapy, and numerous studies have demonstrated the centrality of the relationships we have with our clients (Lambert & Barley, 2001; Norcross & Wampold, 2011).

As therapist and/or researcher, we are part of those relationships, each party influencing, informing and shaping the ways knowledge is co-created and stories are told. It therefore seems disingenuous if we do not include ourselves when we engage in either of these activities.

Depending on the beliefs we hold that underpin our choice of training modality, we may choose to practice reflexivity to a greater or lesser degree and in different ways (see The Psychotherapist, 2016).

Philosophical positioning in research

Similarly, the methodologies we choose to practise as researchers are underpinned by the philosophical positions we hold and our beliefs about what can be known (ontology) and how it can be known (epistemology). However, when therapy practitioners come to research – even those who value reflexivity in their therapy practice – they may have already been strongly influenced by dominant positivist discourses that actively discourage the use of self and personal experience in research, even when their chosen modality may be based upon social constructionist beliefs (Burr, 2003) rather than notions of the autonomous individual self (McLeod, 1997). This creates a dilemma: believing on the one hand, that they cannot ignore or exclude their involvement in the process, whilst also being encouraged to bracket off themselves or remain objective in order to avoid contaminating the research.

However, it has long been recognised that claims of certainty, accuracy and objectivity that can be applied to natural scientific research are not appropriate in social science research (indeed, it has been questioned if it is always appropriate for positivist research):

'...articulating scientific knowledge is one thing; claiming that scientific knowledge is utterly objective and that only scientific knowledge is valid, certain and accurate is another'. (Crotty, 2005, p. 29)

It seems important here to add that I am referring to objectivist/positivist research and not quantitative research per se which *can* be offered tentatively;

recognised as only *one* form of knowledge construction; influenced by the researcher's personal experience; and therefore claiming to approximate 'truths' (ibid p. 29).

Some student researchers become stuck in their research process because they have not been taught to recognise incompatible philosophical positions and therefore do not realise that has led to their confusion. Often their research proposals have been turned down by ethics committees whose rejections are based on the taken-for-granted assumptions of positivism that still holds such great influence in academia and other institutions.

Contradictory messages are put forward by influential researchers in the counselling and psychotherapy profession with John McLeod writing about ourselves as primary instruments in research (1994), valuing reflexive research (2010) alongside nonreflexive studies, whilst Mick Cooper (2008) makes a strong plea that students do *not* follow their personal interests:

'... the problem is, if everyone followed their personal interests, what can emerge is a hotchpotch of findings that do not really contribute to a coherent and evolving body of knowledge' (p. 161).

Rather than seeing a case for valuing different kinds of research, Cooper's statement appears to discourage small-scale, intimate, reflexive studies that are based upon personal interest and experience. It also appears to dismiss a major body of feminist knowledge and research using autoethnography, heuristic and narrative inquiry, none of which is referenced in Cooper's text concerning 'essential research findings' in counselling and psychotherapy. These studies often focus on major sociological issues, such as eating disorders, abuse, bereavement and a variety of issues that concern us every day as therapists which, in my view, *are* essential and fundamental to our practice.

Cooper pleads that students who are interested in qualitative research should start with questions that emerge from the field that will allow them to become more engaged with the wider counselling and psychotherapy community: questions such as 'what do clients find helpful and unhelpful in therapy?'

However, I believe we cannot separate our personal interest and involvement from such questions. Indeed, all of the research I have undertaken has developed from questions that have arisen within me in response to what I have found in the field, and the body of work I have produced has been acknowledged as a relevant contribution to counselling and psychotherapy (McLeod, 2010). One

such study introduced below shows and tells how I used my personal experience reflexively: a study of my ex-clients' experiences of our therapeutic relationship, and what they found helpful and unhelpful (Etherington, 2000).

A story of using my personal experience in research with ex-clients

Becoming a reflexive researcher

I was fortunate that my postgraduate diploma required the completion of a small research project on a subject of particular personal interest. At that time (1987–8), I did not see myself as a researcher but I *did* search the literature, conduct a small questionnaire survey of 26 people with disabilities and interview eight volunteers in-depth. Indeed, I now recognise that this *was* research in its fullest, and even formal, sense. Back then, however, we had no training in philosophy, methodology, methods or analysis and my view of research came from having been married to a biochemist for 25 years: he wrote learned papers with graphs, presented them at international conferences, wore a white coat whilst in his laboratory, used test tubes and spectrometers and became excited about blobs on paper of which I could make no sense. This was what 'proper research' meant to me – so how could I see what I was doing as research?

In 1992, having successfully completed an MSc, my interest in research continued to flourish. Concurrently, during these years, I had been experiencing several transforming relationships with therapists who had introduced me to my 'child' who turned out to be full of curiosity and intelligence. I had also discovered my 'adult' who (much to my surprise) was capable of logical thought and my 'parent' who was well versed in the art of critical analysis! At that time, I was working as a trainer, counsellor and supervisor, and research questions emerged everyday from these roles. As my confidence developed, I realised that I might be able to explore some of these questions for myself.

Towards the end of the MSc, I began to think about doing a PhD about male survivors of childhood sexual abuse. For some years, I had been counselling female survivors and training others to do the same and new stories were beginning to emerge about men's experiences of sexual abuse. This was in the early 1990s when society was able to accept and acknowledge the abuse of females by males, but the idea that males could also be sexually abused, or that females could be perpetrators, was new and shocking.

I wanted to hear from the 'man in the street' about his experiences of abuse so I signed on to do a PhD and thus began a powerful, transforming and sometimes lonely journey.

But what of reflexivity? At that stage, I did not know the word, although I can see with hindsight how my feminist beliefs had guided my reflexive approach to all of my work. In my diploma research, I scarcely mentioned myself, except to indicate my professional interest (as an occupational therapist) in the topic of the disabled person's need for counselling. In my MSc research on the father–daughter relationship, I included a limited amount about my relationship with my father because tutors actively encouraged us to locate our research question within ourselves. In my PhD, I also included selected parts of my own story, but bracketed off: I contextualised myself so that the reader could recognise my potential personal biases and how my previous knowledge of the topic under exploration would inform the study.

Since then, reflexivity has become central to my work (Etherington, 2004). In the early days, I was lacking in awareness of how my experiences had been shaped by the contexts in which I had developed. Later, I struggled between two conflicting ideas: on the one hand, during the MSc, I was being encouraged to use myself as a powerful tool in my research, but on the other hand, I was still concerned that others would not consider my personal experience to be a legitimate source of knowledge. By the time I came to write my PhD, I believed that even though it might be acceptable to use myself in research in the field of counselling, in the wider world of academia using myself would almost certainly be seen as self-indulgent or solipsistic, and a contamination of objectivity, which was still the legitimate benchmark for 'good' research.

Having published my first book from my PhD in 1995, I felt confident that what I had learned from my own and others' research was an excellent basis for working therapeutically with male survivors. Two of those men, Mike and Stephen (pseudonyms) who were brothers, sought me out after reading that book and their therapeutic relationships with me became the starting point for my next major research study.

Contextualising the work

Stephen found my book and came for counselling in 1995; later, he asked whether I would see his brother, Mike. When our work was finished, both men told me that, someday, they might like to tell their stories to help other men.

Early in 1997, when I was asked to contribute to an edited book on male victims of violence (Kemshall & Pritchard, 2000), I asked Stephen and Mike whether I might use some of their therapeutic writing to illustrate the chapter. They both expressed pleasure at being asked. When I sent the chapter to them prior to submission, Mike and Stephen told me they believed they had a lot more to say!

By then, it had been three years since their therapy had ended and I wanted to find out how they had experienced our work at the time and how they viewed it now. My curiosity was partly driven by my belief that we need to be accountable for what we do as counsellors, and partly by my need to discover if, and how, my competence had developed over the years and what had been helpful or unhelpful for them in the therapy.

I remembered Stephen and Mike's enthusiasm and decided to sound out the idea of collaborating on the research for a new book. Both men responded positively and we decided to meet.

This was an exhilarating and terrifying time for me. By then, I was less concerned about the judgements of the academy: I was more interested in producing a book that was engaging and informative; with the process of creating it by using methods that were in tune with my personal philosophy, worldview and ways of knowing; and which satisfied my ethical beliefs about conducting research.

Contextualising the clients

Stephen had seen me in total 27 times over a period of eight months, and Mike had a similar number of sessions. Both men worked concurrently with a body worker for approximately 20 sessions, starting after a few months of working with me.

Stephen and Mike were abused by their grandfather from very early childhood until late in their teens. All through their childhood, adolescence and young adulthood they were trapped in a fog of secrecy and silence – neither knowing of the other's victimisation, which involved some of the most severe abuse that children can survive. They wanted people to know *how* they survived; what helped; and what resources they found, both within themselves and externally.

Engaging in reflexive conversations throughout the research

Having written a formal letter of invitation to Mike and Stephen in December 1997, we met in January 1998. During that first conversation, we addressed ethical implications such as dual relationships; informed consent; equality and power in the research relationship; and ownership of the work (whose name would be on it considering their need for anonymity and confidentiality); and the impact on the men of my use of reflexivity and self-disclosure in the writing. It was a long and fruitful discussion parts of which are reported below from a recording of our conversation (shown fully in Etherington, 2000, pp 269–282).

We began by talking about how they imagined the book might look, who they might want to inform and what they might want to get out of doing it.

K: I wondered if you had any ideas about what this book will look like – whom do you imagine this book will be for?

S: Either for victims of abuse or people who are trying to help them. I wasn't sure which.

M: I'd rather imagined it would be directed at counsellors et al. – but, seeing as I became a client through finding a book, it might well be for other people who do the same.

K: So if we could find a way of it being interesting and readable to both clients, counsellors, therapists, probation officers, mental health workers – whoever works with the client group and look at it from both sides? That's the sort of thing I had in mind – so my thinking was that it would need to be sufficiently theoretical but not to the detriment of its readability and its wider appeal.

S: There's so little about men – that why it was so surprising to spot your book on the shelf.

K: Yes, I don't think there has been a book written specifically about working with adult male survivors – so in that respect it would be really unique….

(to Mike) …….Did you have sense of what the shape or content of the book might be?

M: No, I think I purposely tried not to think about that because when you first mentioned it to me I started to think along those lines, but then got into all those worries about whether the story might not be important enough to be told. [Laughs] Since then I think I've laid that one to rest, but I'm not surprised that I've not undertaken too much organisation – I've had other things on my mind.

[Mike had recently separated from his wife and set up in a house nearby so that his children could have easy access to him]

K: Well, I've given it quite a lot of thought – I haven't come to any conclusions – but I've got a publisher who is interested – so that seems like a good starting point.

We went on to talk about the impact on them of revisiting their stories and the potential for causing them distress, and our changed relationship, bearing in mind a relational ethic of care (Ellis, forthcoming; Gilligan, 1982):

K: That's reminded me of the other thing that I wanted to bring into focus. The process of doing this may very well churn you up and open up things again, and I wonder what that would be like for you and what you would do then...?

S: I feel like I'm ready for that. I think I could cope with that now – at this distance. I could deal with that now.

K: How about you Mike?

M: [Pause] Mmm. Yes, I think so. I think I've demonstrated by recent events that I can mobilise support if I need to [pause]. And I suppose the fact that I'm not living with [wife] now makes me feel I am able to do these things. I dare say I'm projecting, but I suppose I feel more worried about you now [to Stephen].

K: [to Stephen] Here we are now, moving into a different relationship when I'm not your counsellor. What would that mean if anything did come up? What might be your expectations of me if you got very distressed about something that was happening as part of the research process? I suppose my concern is – that if you needed counselling – I don't think it would now be appropriate for me to offer that.

S: That would be OK.

K: [to Stephen] But I am also aware that you have financial limitations, that would make it hard for you to get counselling elsewhere. I just wondered if you had thought about that.

S: (indistinct) ….. talk to Mike [laugh] – it's exciting – just go for it.

K: So you have some contingency plans that might be possible? There are other options too that I can put you in touch with. There are agencies where you can go for low fee or reduced fee counselling, but I think for me to get involved again with you as a counsellor – at this point in time – would be too messy if we are contracting a different kind of relationship now. That's not to say that I don't expect this to be therapeutic, or that I'm not going to be able to be supportive as a researcher, and I certainly wouldn't leave you in the lurch and abandon you – either of you. But I think it's important for you to know that this is a different kind of relationship.

S: Of course.

M: I suppose that was what I thought would be so.

Each time we met I transcribed our conversations and returned the transcript to the men so they could check and respond to it and change any details that might make them identifiable.

Co-constructing knowledge

Reflexivity creates transparency by providing information about the contexts in which data are created and located, and the researcher's part in the co-construction of new knowledge, allowing the reader to judge its trustworthiness. Reflexive researchers share their interpretations with participants and collaborate about how their stories will be re-presented.

The excerpt below shows part of a research conversation with Mike about transference. Mike re-examined his experience and re-evaluated its meaning. I offered him my own memory of this conversation, engaging with him in a reflexive cycle of meaning making that shifted back and forth between his personal and professional culture and my own. As a medic, he had some knowledge of the term 'transference' prior to our work together.

The following is an example of co-construction in action. Mike is talking about how he trusted me like a child and we go on to talk about recognising and naming dependence and transference;

M: Mmm. But I did that to you [trusted me like a child]. And as I say, I wouldn't have expressed it in that way [transference], but I can't imagine the process having worked without me doing that.

K: So [you think] the positive transference was actually very important?

M: Oh – I think so. Given that I was stuck as a tiny child emotionally, I can't see how you could have brought me up as it were, without that to start with. And I dare say you started to talk about it at some stage?

K: About the transference? My memory is that it was you who often referred to it; almost as if you were nervously reminding yourself that 'this is what they call transference'. It seemed as if you were using intellectualisation – almost as a defence against allowing yourself to know the dependency you felt – because I imagine it would have been so painful if you'd let yourself know the depth that you felt it. That was my sense of it.

I notice that the person I am today cringes as I read my comments above – no longer wanting to associate myself with terms such as 'defence' and 'intellectualisation', seeing this as potentially pathologising of the client. I forgive myself (a little) as I was meeting Mike where he was at the time: immersed in the language of the medical profession.

M: Yes, that makes sense. I had to keep reminding myself that it wasn't real, because that made it alright somehow or other – it made it safe.

K: Yes. You used to keep saying 'I mustn't get into this transference thing' and I would usually sense at that time that you were feeling quite scared.

M: I remember you asking me if you reminded me of someone, and I remember being quite puzzled by the question, but then when you started talking about transference, using the word, I remember being relieved, I suspect because it gave me that defence that you've just mentioned.

(Laughter)

. . . I don't know why you asked the question when you did. It was relief because you gave me permission to do it – maybe that's not what you intended.

K: I don't remember what I intended at the time – but I know that I would always try to make transference conscious. I would acknowledge it, understand it and share that understanding – almost as a way of avoiding taking too much power. In giving you information about the process, I was engaging in some way with your adult, and not keeping you trapped in this 'child' who didn't know what was going on – whilst at the same time. . .

M: Allowing me to . . .

K: . . . giving the child permission to be there in a way – 'this is what happens and it won't last forever'.

M: Yes. I think I had a sense of it almost being a criticism at the time.

K: Did you? Now that explains that to me. I often used to feel when you referred to it – it was almost – not an excuse exactly – but it felt like you were saying 'Oh it's that transference thing – don't worry about it'.

M: Almost an apology.

K: Yes, or 'it's not real, it's alright – I know what's going on' (laughter) But I used to worry a bit about it sounding like an apology and I didn't ever understand that – isn't it interesting. So you heard it as a criticism.

M: Yes, there was me having an emotional dependence on you and you were reminding me that it wasn't real.

K: Yes, yes.

M: 'This is a relationship that – I must be careful not to let it get out of hand' – or something.

K: Yes, a bit of guilt or something?

M*: Yes.*

K: Guilty about being dependent?

M: As you said just now about you bringing the transference into consciousness – I may have seen that as a way of protecting both of us – and maybe I was receiving something about you needing to be protected from the transference.

K: From you – and your dependence on me?

M: Yes.

K: Mmm. That really helps to explain what was happening when you used to say that. I used to feel a bit anxious – 'it sounds like he's telling me that to reassure me'.

M: Yes, that's what I was doing. I was trying to reassure you that I wasn't going to fall in love with you – maybe it wasn't as strong as that – maybe I had the feeling that you were protecting yourself against that.

K: Against what you might have felt as the doctor when the patient fell in love with you?

M: Yes. Except at the time, I think we were much more in a dependency than. . . . . So maybe I was trying to re-assure you: 'It's all right. I'm not going to sue you. I'm not going to come knocking at your door – write love letters . . . .' (laughing).

It was during this research conversation that Mike reiterated that what he had needed more than anything was a 'real' relationship, and the hope that gave him for future relating. I had commented that he had said comparatively little about the abuse during his work with me (most of his work had concerned relationships). I asked him what the counselling had meant to him, and invited him to think of a metaphor to describe the process;

M: Scary. . . .. (long pause). Sometimes it felt like a flower opening and sometimes it felt like someone trying to break into a walnut. . . ..And actually a quite a powerful part of it is the . . . . . .ending and a sense of having, or beginning to have, a more adult relationship between the two of us. I know that was a bit rocky and up and down – that's the prominent part in the centre – a bit like having a teenage child grow up – so growing up – yes, actually that's what the whole thing was really – the part of me that hadn't grown up – growing up.

K: Yes, yes – a process of growing up – I really understand that.

M: And I felt – yes, the 'keep out' sign you referred to – saying 'I've come to talk about my relationship' – I know exactly what you mean – but it was the relationship that was at the forefront of my consciousness: the problems in my relationship.

As the research conversation progressed, Mike and I spoke more about *our* relationship and what an important experience that had been for both of us. Towards the end, he referred back again to this point:

M: (Laughter) . . . there was almost a sense of 'I've now had a real relationship with somebody and its come to its natural conclusion – that's interesting – I've never had one of those before'. There was that level of it, although of course it was a strange relationship, but there was a sense of 'well if I've done that once I can do it again'.

(Pause)

. . . .I was very much alone before you and I met. Lonely, alone and, for all that now I'm on my own, I have so much less loneliness than before when I was with someone. It's the isolation. (Pause) That's not very organised is it?

K: It's very powerful. It sums everything up doesn't it? How, when that happens to a child, they are cut off – from everything: from themselves, other people, their feelings.

M: Thirty odd years. That's. . .that's. . .

Reflexivity and voice

Throughout that book, I used my practitioner's voice and my researcher's voice. At other times, my voice was heard as the actor in my own story, as participant in Mike and Stephen's story, and my storyteller voice was also there, especially when using metaphor and fable. Sometimes I found it hard to allow my voice to be heard, juggling with old programmes that I have carried as a woman, that maybe I do not have anything important to say; that there are things I should not tell, and that people do not want to hear. Many students tell me of *their* lack of confidence in using their own voice, sometimes for similar reasons but sometimes also because they have been programmed to believe that research should only speak in graphs, figures and numbers – the language of the dominant discourse.

Even when I had negotiated these obstacles, there was still the dilemma of how to express my voice in the midst of a study designed to capture the experiences of others. How do I balance out fairly so that I am received as genuinely open whilst also taking care of myself whilst also taking care of Stephen and Mike? This juggling act is captured by Clandinin and Connelly (1994):

The researcher is always speaking partially naked and is genuinely open to legitimate criticism from participants and from audience. Some researchers are silenced by the invitation to criticism contained in the expression of voice. (p. 423–424)

The extract below shows a dilemma when two of my voices clashed and I became aware of my potential to distort the picture.

In my presentation of Mike and Stephen's stories, *I* chose which stories to tell and which to leave out, in negotiation with the men when possible, but in the end the final decision was mine. On one occasion, I struggled with one small story that I did not want to include. The story concerned pornography and it disturbed me. My researcher self and my female self struggled to co-exist and it felt risky to expose my dilemma, both to Stephen and to the reader.

Stephen's grandfather had used pornography as part of the grooming process:

S: I was very, very young … and it was most explicit pornography you could think of. He used to let me read that … (pause) which was a terrible thing to do wasn't it? Of course because I was so young I found it absolutely fascinating. I re-read it all the time… it was more interesting than the Beano … 'cos it was forbidden and naughty and it got me aroused, I suppose.

Further along in the conversation Stephen told me he found using pornography useful:

'I was scared of being gay if you like. As I got older, and understood more – I was thinking – 'I'm not gay despite what he's doing to me'; but then I thought, 'well, I must be, because he is doing these things to me'. And then it [porn] … reassured me that I had very strong heterosexual urges …

I realised that during therapy we had not explored the use of pornography in detail although Stephen had written about it in a therapeutic letter to his dead grandfather. I wanted to have a better understanding, so during a follow-on research conversation I asked him how he viewed that now.

As I transcribed that research conversation, I noticed a hesitation in Stephen's voice so I wrote to him (no email available to me as a researcher at that time) and asked him how he had felt at that point in our conversation. He replied saying: 'I felt a bit embarrassed. Felt you might be disgusted that I had found pornography positive and helpful'.

In the above instance, I had caught myself before it was too late – but I am left wondering how many times I have *not* noticed when I have avoided something too difficult to confront within myself. What a participant brings into the open, maybe after a struggle with shame or fear, may be avoided or missed by a researcher. If we keep an ongoing process of connection with participants as the writing progresses, we may be able to ensure that they are not left alone to deal with a potential injury to the self (Josselson, 1996). I was so glad that we had that ongoing connection in place.

And finally this article presents one person's view of the value of using different layers of personal experience in research. I have suggested that by using critical reflexivity we can position ourselves transparently in ways that enhance the rigour and trustworthiness of our research processes and outcomes, offering ourselves and our participants the possibility of transformation. My hope is that readers will notice their responses to the stories above and take from them what they can to use for themselves and their research.

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Biography

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