

Examples of relational research in action

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We share with a range of relational approaches to psychotherapy an emphasis on the importance of viewing the research encounter, like the therapeutic relationship, as a co-creation to which both researcher and participant(s) contribute from their own subjective experience, both in and out of awareness. There is an obvious need for the researcher, like the psychotherapist, to be adaptable and versatile when engaging in therapy or in research. There is no easy rule book of techniques laid down to conduct a particular research project or to explore a particular client issue or presentation. That said four features of relational research will be present to a greater or lesser degree in all relational research projects though with varying emphases¹: presence, inclusion, intersubjectivity and reflexivity.

Presence

We see the researcher's presence (their approach, attitude and responses) as critical to engaging the all-important research relationship. Here, the researcher clears their own space in order to be *with* the participant, endeavouring to be: present bodily and emotionally, open, authentic and non-judgemental.

Taking these ideas in turn, firstly, presence involves the capacity for being emotionally and bodily present - for 'being there'. Here the researcher is in contact with his or her own bodily sensations and emotions, thoughts and fantasies while staying with the other emotionally in empathy (without losing oneself or the other, or losing oneself in the other). Relational centred research is a holistic and embodied research process that invites the researcher to first contact and ground themselves in their breathing and physicality. From a holistic perspective the body is more than a vehicle that transports our head around the world. Embodied presence means being in contact with our embodied responses (sensations and emotions) in order to respond authentically to the emotions arising in both researcher and co-researcher.

Secondly, presence involves openness. Dahlberg *et al.* (2008) develop this idea of openness in their version of Reflective Lifeworld Research. They call for the researcher to adopt an "open discovering way of being" and develop a "capacity to be surprised and sensitive to the unpredicted and unexpected" (2008, p.98). In this version of openness, "vulnerable engagement" and "disinterested attentiveness" are simultaneously present.

¹ To give some examples, phenomenological research approaches especially highlight the need for researchers to maintain an open presence. Integrative psychotherapy researchers will foreground the nature of the intersubjective intertwining of conscious and unconscious selves in relation. Feminist versions of relational research are likely to highlight reflexive elements as gender and power, as well as relational, issues are brought to the fore.

Openness is the mark of a true willingness to listen, see, and understand. It involves respect, and certain humility toward the phenomenon, as well as sensitivity and flexibility (2008, p.98).

When openly present, the researcher is ready to respond to whatever emerges and is prepared to cope with not-knowing, uncertainty and ambiguity (Evans and Gilbert, 2005). The researcher needs to have the courage to stay in 'the process', to be emotionally present, even transparent, while being prepared to take some risks in the co-creation of experience, understanding and knowledge. Being present ultimately allows the possibility of mutuality in the 'between'; neither researcher nor participant controls the other and where they stand - both together and apart - in their vulnerability and difference.

Thirdly, presence includes being involved in an authentic way. Jacobs writes that being present is more than *seeming* to be present and more than simply being in the role of therapist or researcher and "extends beyond roles, functions and tasks" (Hycner and Jacobs, 1995). While it is of course essential to hold on to the research task at stake, it needs to be held in the background, gently giving purpose and not as a result of our own anxiety or concern for outcomes, be in the driving seat controlling and restricting what emerges into awareness.

It is crucial to recognise that presence, in this sense, is *not* a technique or tool to be used to manipulate the other. It is rather "a way of being with, without doing to" (Zinker & Nevis, p.385) which requires "authenticity, transparency and humility" (Yontef, 2002, p.15). Explaining this concept, Zinker and Nevis make the important distinction between presence and charisma describing the latter as calling for attention and admiration. "Charisma", they say, "calls to itself, whereas presence calls to the other" (p.16).

Finally, involves being non-judgmental. Being present involves an ongoing effort to put aside previously held understandings in order to see the other and the world afresh. It's about being prepared to be surprised. Wertz (2005) applies these ideas to the process to bracketing (epoché) in phenomenological research.

The researcher strives to leave his or her own world behind and to enter fully...into the situations of the participants. This attitude involves an extreme form of care that savors the situations described in a slow, meditative way and attends to, even magnifies, all the details. This attitude is free of value judgments from an external frame of reference and instead focuses on the meaning of the situation purely as it is given in the participant's experience (Wertz, 2005, p.172).

In practice, this embodied, open, authentic, non-judgmental presence can be hard for the researcher to maintain. Two examples from our research practice follow illustrate this challenge and show how (inevitable) 'failures' in presence can be used constructively.

Example 1 'Ann' - One example of when Linda struggled with presence occurred during an interview she carried out with a co-researcher (Ann) about her lived experience of

multiple sclerosis (Finlay, 2003). She remembered the moment during the interview when she caught herself thinking, “I’ve heard this story before” but then realized she hadn’t. Linda understood then that she had, for a moment, stopped being properly present to Ann; she had stopped listening to Ann’s story as an individual one. It was Ann who prompted Linda to bracket previous scientific/medical pre-understandings and return to being open to Ann’s own world as she was living it:

In my research on exploring the lived experience of early stage multiple sclerosis, I interviewed Ann. She talked powerfully of how her relations with others were under threat from her multiple sclerosis – specifically, from the loss of sensation in her hands. Poignantly, this impacted most on her relationships with her children.

Ann talked quite a bit about how the loss of sensation in her hand interfered with her daily functioning, but it took me a while to tune in. Initially, I fell into the trap of thinking about her experience and her loss of sensation in almost medical terms – I’d been looking at her body as an object. I even found myself thinking, ‘well her disability is not that severe – its only partial loss of sensation and she still has some motor function’. Then she did something that yanked me into her life world...

She described the sense of almost panic which hit her when she suddenly realised she may not ever again be able to reach out to feel the “softness of her baby’s skin properly”. She gently caressed her own cheek and then reached out to caress the child imagined in front of her. She described this as doing the “mummy thing”.

Those fleeting, imaginary, subtle caresses disclosed a profound understanding. Suddenly, I understood that I needed to tune into her bodily experience – specifically her feeling of being unable to connect with –being unable to love - her children. Without sensation, she loses her ability to caress and hold and to express her love to her children. Intimate relations are disrupted as her ability to embody her loving presence is thwarted. A dynamic relation between body-world is revealed when Ann reaches out to touch - and be touched by - her children but discovers she cannot feel them (Finlay, 2006a, p.23).

Although Linda had been striving to be open to Ann’s story, she had been only partially successful. She fell into the trap of regarding Ann’s neurological problems as being relatively mild (from a medical perspective). It took Ann’s subtle gesture to yank her back to thinking about Ann’s lived experience. Only then could she grasp what Ann’s symptoms meant to *her*: a major disruption disconnecting her from her world. Linda had to bracket those objectifying medical understandings of multiple sclerosis and simultaneously be open to Ann’s experience of being a therapist and a mother. She needed to be open to Ann’s *being* in a more holistic way.

Example 2 ‘Joe’ - Another example of openness (and partial failure of openness) comes from research engaged in by Ken who was researching Joe’s experience of shame and forgiveness. Joe’s mother was Jewish and she had lost some members of her family in the holocaust. Half way through their interview Joe said he had a dream, about a week ago, wherein he felt sadness for a concentration camp guard and this sense of sadness had remained with him all week and he could not shake it. He was now questioning his former universal indignation of all oppressors.

Ken found himself questioning Joe’s statements in a manner that Joe felt were discounting of him and there emerged a kind of low level power struggle in the research interview. Ken found it very difficult to contain his profound disagreement with Joe’s new found forgiveness of the oppressor.

In a subsequent supervision session, Ken described Joe as a man ‘stuck in denial’ and he admitted that he was not looking forward to the follow up interview. Ken’s supervisor called his attention to her experience of him as behaving in an uncharacteristically oppressive manner toward Joe – feedback which shook Ken. With the support of supervision Ken uncomfortably reflected on aspects of his own life and was able to take responsibility for what the participant had awoken in him as unfinished business from his past.

Subsequently the follow up interview was experienced as humbling as Ken acknowledged to Joe that he considered Joe’s humanity and capacity for forgiveness further developed than his own. This led to a more mutual and constructive dialogue, unlike the previous interview.

Both Ann and Joe in the examples above solicited a shift in Linda’s and Ken’s presence and responses which resulted in a deepening of their learning and understanding. Researcher presence enables the participant to identify and contact “his own powers of listening, perceiving and being, in his own style and as all of his own person (Zinker & Nevis, xxx, p.240). Presence is the “ground against which the figure of another self or selves can flourish,...and stand out fully” (Zinker and Nevis, P.94). The presence of the researcher calls forth, and perhaps even gives permission, for the presence of the participant to come forth, and then there is usually a mutually reciprocal dynamic where each impacts further upon the other. "A genuine relationship can't be established if there aren't shared meanings" (Hycner, 1991, p135). Crucially we believe that the presence of the researcher (and practitioner) models the process for the participant and thereby creates the frame that will hold and contain unfolding and emerging awareness.

Both research examples show how the researcher can be challenged to learn and grow from the participant (just as therapists can learn and grow from clients). “The presence of the other solicits a responsiveness and openness from the self...” says Halling drawing on Buber’s ideas, “In so doing, it renders inaccessible, irrelevant, or at least significantly incomplete previously taken-for-granted or habitual ways of interacting with and perceiving this person” (Halling, 2008, p.25). Halling goes on to note that one of the most profound aspects of becoming present to another is how the other, “through their

very existence, bring a world into being” (2008, p.30). In this way, the relational approach involves recognising the profound and dynamic interaction which can occur between researcher and co-researcher.

These concepts concerned with the interactive impact of the other are discussed further in the next two sections.

Inclusion

While presence supports us to be as fully available to the other as possible, we also need to have a sense of where the other is and to include the other. Inclusion is the ability to perceive and comprehend the wholeness and uniqueness of the other; it’s being able to imagine and empathise with the reality of the other. Taking a relational approach, we aim to be in a space where researcher and participant alike can recognise the other as a separate person in his/her own right while remaining in dialogue with the other. Inclusion refers to a developing process where a person is able to stay in his or her own world of experience, empathize with the world of the other *and* hold a meta perspective on this relational mutuality.

The importance of inclusion is generally accepted as essential to the establishment of a firm working alliance. Both Rogers' emphasis on empathy (Rogers 1951) from the humanistic tradition and Kohut's emphasis on empathic immersion from the tradition of self psychology (Kohut, 1984) underline how essential it is for the therapist/researcher to be able to enter into the subjective world of the client/co-researcher in a concerned and empathic manner. This process of empathy or empathic immersion is very much part of any relational way of working to create for a client or research participant a sense of being understood (see also Chapter 8). As Rogers defines it, empathy involves engaging the other’s world:

It means entering the private world of the other and becoming thoroughly at home in it. It involves being sensitive, moment to moment, to the changing felt meanings which flow in this other person...It means temporarily living in his/her life, moving about in it delicately without making judgements...as you look with fresh and unfrightened eyes...” (1975, p.3)

The Jewish philosopher and educator Martin Buber, from whom the concept of inclusion is derived, is a significant influence in contemporary relational oriented psychotherapy and research. Students grow, he maintained, through the direct encounter with the person of the educator (Buber 1923). The educator needs to enter the phenomenological world of the student, to experience it and feel it (Buber, 1967). Such a relational approach, whether applied to education, psychotherapy or research aims to reach a place where educator and student, client and psychotherapist, researcher and participant alike recognise the other as a separate person in their own right while remaining in relationship with them “respecting and celebrating difference” (Evans, 1996, p.??).

Yontef (2002), writing of relational gestalt therapy, considers inclusion to be the essence of true dialogue. In therapy the process of including the client and confirming the person's existence is seen to provide the client with a reparative experience of a positive relationship in the present. The client gains an experience of being seen and acknowledged which may have been largely absent in their prior experience. By meeting the client in the way they are at the moment – and not aiming to make them different – the client is supported to identify with their own experience. These ideas can also be applied to research: the co-researcher may feel seen, heard and understood at the deepest level of their being. If the co-researcher says, “you don’t understand”, then the researcher needs to accept the co-researcher’s authority as they are the ones with direct access to their experience (Yontef, 2002).

Alongside being able to put oneself into the experience of, and ‘take in’, the co-researcher, the relational researcher lets him- or herself be affected by the experience. Here, the researcher may well change as he or she feels a range of emotions in response to the co-researcher and is impacted by the experience of the other. In most relationships (including client-therapist, participant-researcher) there is a greater or lesser degree of mutuality², a greater or lesser degree of influence of self on other and other on self.

Together, presence and inclusion lie at the heart of the concept of co-creation in relationship, making possible this sense of mutual influence, of both persons changing in response to the other. To be present without inclusion is to be cut off or alienated from the other. To be immersed in the other but lose one’s sense of being present is to be overly merged with the other. In either case there can be no real meeting or engagement since one is either isolated from the other or fused together with the other. Presence and inclusion are two sides of the same coin. Practicing inclusion, while remaining fully present, is probably the most challenging skill for both therapist and relational researcher alike.

In the next example, Ken shows that by tuning into his co-researcher’s (Maggie’s) experience, he was paradoxically enabled to go deeper onto his own presence. Then by being able to tolerate his own deeper sense of presence, he was in turn supported in his capacity to more deeply attune to Maggie.

Example 3 ‘Maggie’ - During an interview with Maggie, Ken was exploring her experiences as a result of the recent death of a much loved parent. Maggie began in a very animated way to speak warmly of her relations with her deceased parent but after some ten minutes abruptly stopped speaking and appeared to withdraw. After some moments she quietly and seemingly fearfully related a recent dream subsequent to her parent’s death. In the dream Maggie was in a space suit outside a spacecraft, miles above

² Although the research relationship is mutual, it is not symmetrical. A mutually constructed relationship does not necessarily mean equality or equality of influence or similarity of contribution (Aron 1991 p248 *Ken is this a quote?*). Mutuality does not imply an abrogation of the researcher’s role, rather it is an acknowledgement that two people cannot be in an encounter with one another without impacting on, or being impacted by, the other.

the earth. The rope/wire that attached her to the spacecraft had broken free and she was drifting away into the blackness of space. Hearing this account, Ken felt stuck and strangely distant from Maggie and not at all impacted by her dream. He made several empathic attempts to elicit her experience but was met with a mute response. Maggie looked terrified. Seemingly unable to elicit any information from her Ken turned his attention inward to himself: *How might I be missing Maggie? I realise I am not feeling anything and I am immediately impressed by the incongruence of my emotional response. I realise that, out of my awareness, I am not allowing myself to experience her dream, to really feel it? In all likelihood this is my counter transference. But what am I avoiding? What may Maggie be wanting me to avoid?*

Rarely, if ever, is a counter transference experience a simple one way or unilateral phenomenon but rather a reciprocal or bilateral process, where each person is co-creating the field. With this in mind, Ken shared with Maggie that he was going to take some time to recall what she had said about her dream. He then actively imagined himself inside a space suit, cut off from the spacecraft and drifting far away into the blackness of the universe. Consequently he hit upon a personal experience of loneliness and isolation in his life which Maggie's dream was now evoking in him, out of his awareness. Ken decided to share with Maggie the sense bleakness and coldness her dream was having upon him. However, even before Ken actually spoke he noticed that Maggie was already seeming to be more present; her demeanour transformed, she once again began to speak acknowledging her fear of feeling lonely and bereft. Significantly, Maggie went on to say she no longer felt alone and went on to share in depth her experience of the death of her parent.

This was a research interview related to bereavement but it bears a striking resemblance to therapy. Ken's initial lack of empathy threatened to seriously curtail the quality of the engagement but his subsequent commitment to deepening his contact with himself (presence) renewed and deepened his empathic understanding toward Maggie. Curiously Ken's deepened sense of presence and empathy was intuited by Maggie even before he spoke to confirm it. Gerson refers to this phenomenon as the 'relational unconscious' and describes it as "the unrecognized bond that wraps each relationship, infusing the expression and constriction of each partner's subjectivity and individual unconscious within that particular relationship" (Gerson, 2004, p. 72-73). The concept of the relational unconscious highlights the interconnection between self and other which forms 'an unseen bridge' between them.

Alongside this practice of inclusion is something of a surrender to what might be emerging between two people in relation and a recognition of mutual intersubjective interconnection. As Halling (2008, p.31) notes, "We cannot have genuine conversations with ourselves; instead, the call of relationship is precisely a call for us to move beyond ourselves." The beyond being referred to here is a focus on the wider context including the intersubjective space between self and other.

Intersubjectivity

In therapy, research and life there is a reciprocally interacting world of experience, interconnection and interdependence between ourselves and our environment. It is precisely our capacity for intersubjectivity which creates the possibility of real empathy and understanding of another. It is our “intersubjective horizon of experience that allows access to the experiences of others” (Wertz, 2005, p.168).

In this intersubjective context there is a “reciprocal insertion and intertwining” of others in ourselves and of us in them (Merleau-Ponty, 1968, p.138). This intertwining occurs in all sorts of seen and hidden ways, as different parts of ourselves interact with and merge with parts of the other. In the extract below, for instance, Linda discusses how in her research with therapists about their lifeworlds she simultaneously inhabited intertwined roles of researcher, participant, therapist and client.

It's like seeing simultaneous reflections in multiple mirrors. As I dwell with the transcripts of conversations between participants and myself, the images become blurred and identities converge. The therapist I am interviewing becomes my client. The 'I' who is both researcher and therapist divides and I slide inadvertently into my therapist body. As therapist I feel a familiar sensation in my belly - a stirring of excitement as emotional empathy expands. I experience a sense of 'humble-power'. I feel honoured as the participant opens herself, discloses secrets, shares her tears. I know something of the power I have used to 'facilitate' this. Yet, simultaneously, I feel powerless and helpless. What can I do in the face of this distress? I am not her therapist. Then, as I witness her strength, wisdom, caring, I am reminded that she is a therapist herself with a capacity and her own ways to cope. Then images converge again and a new relationship comes into focus. Suddenly, I am the client, feeling tears, needing solace, wanting this caring, listening therapist to nurture and reassure me. Then a point of interest captures my professional attention. The axis spins, and I find myself being the researcher. I can stand back now and draw a cloak of power around me once more as I select what to hear, what to report. I decide how to represent my participants and which stories I tell (Finlay, 2003, pp.113-4).

One way of understanding these complicated entanglements where we find ourselves responding to another at multiple levels, is to recognise the multiple, interacting subjectivities present. The ‘here and now’ contains something of the ‘there and then’ where selves of one person elicit those of another. As the selves set each other off, they trigger responses that are habitual to the persons involved. De Young (2003) describes these relational entanglements as ‘thickly populated’ encounters. She calls our attention to the need to take a layered relational perspective illustrating this point well with an example from therapy which considers just one person’s thickly populated existence:

So when a client tells you a story as if there were no other people in it – last night he was desperately trying to finish a project without falling into his private pitfalls of perfectionism and procrastination – you know how thickly populated that scene

really is. You know that just out of his awareness, there's how hard it is to please his father, and how his mother is on another planet, not help at all, and how his older sister can do whatever she sets her mind to. You keep the relational story in mind. It's as true from him today as it was 20 years ago, though different actors (a boss, a wife, a colleague) may be playing the main characters... But as far as he knows, working hard to finish his project, this is just his internal, individual struggle to dodge inevitable failure. As a relational therapist, you swim against this stream of "isolated self" (2003, p.2).

The following example of research illustrates how entangled, and even merged, subjectivities can become. The example comes from a group phenomenological study engaged in by Linda and some of her colleagues (King *et al.*, 2008) where they explored the phenomenon of mistrust. Linda conducted an in-depth interview with one participant, Kath. The group of researchers then analysed the transcript of the interview, producing a layered analysis which contained both consensual and individual components. The following extract is taken from Linda's reflexive account:

Example 4 'Kath' - Kath likened her lived experience of mistrust to being 'attacked' by others and then finding herself becoming a different person – a 'ghost' of herself. "I became a different kind of me, a lesser me"

"As I heard Kath say this I felt it had profound significance. I was struck by the way she lost the embodied way of being she had previously relied upon. Having once been vivacious, bright, open, dynamic and humorous, she was describing the experience of 'pulling herself in' and becoming quiet and wary. Where once she had felt herself to be a 'big' person – in terms of both her presence and her personality – she was now made to feel 'reduced'. In the process of being forced to reduce, she had become a different person. This is how she describes the process:

Kath: It was this kind of shift and change and the pulling in and the unsafeness of that environment which before had felt secure, clearly wasn't. I was shaky. Lots of the sort of firm things that you believed in were now shaky. Does that make sense?

Linda: Yes, so, when you say 'pulling in' you pulled yourself into yourself

Kath: Yes, I withdrew...

Linda: It seems like your very way of being is kind of quite open (mmm, mmm) and direct. And here you've lost even your way of being.

Kath:...that real sums it up actually. I felt the person who left that college was not me. Or was a paler shade of me...I had to kind of slow down in a sense, not in speed sense but in a kinda closure sense...in a protective sense.

As Kath was speaking I was very aware of her 'big presence'. I had previously known Kath as a 'big personality' and as someone who physically embodied a big, attractive presence. Yet, in the course of our interview, she somehow started to 'fade' in front of my very eyes. I could feel a strange sensation within myself, a sense closing down, closing in, shrinking, trying to become smaller, trying to become a 'paler' version of myself. *Slowly I was disappearing. Then I realised that, strangely enough, this new*

reality actually felt safer. If I couldn't be seen, I wouldn't be hurt....I dwelt there some more...I could understand and accept Kath's need to 'reduce' and close down. At the same time, I began to feel something else. Losing myself, also felt slightly scary. Who would I be and who would I become if I was to disappear to be replaced by a paler-shade of me? I became aware that I felt somehow sad at the loss of my customary embodied way of being. I looked at Kath and she too, seemed to me to be sad and a little lost – indeed, vulnerable in her loss.” (King et al, 2008, pp.95-96).

As this excerpt shows, Kath was impacting on Linda emotionally, bodily and empathically but, at the same time, Linda was impacting on Kath. The illustration shows the way that Linda checked out her bodily perceptions with Kath in dialogue and her response of “that sums it up” suggested it was possible Linda had mirrored something of Kath's experience and in that mirroring there was an intersubjective merging.

However, other group members who analysed the transcript had a different perspective and alternative understandings. Two members of the group, for instance, pointed out that through her form of questioning, Linda might have fostered an explicit concern with emotionality and engaged a dialogue akin to that found in a therapeutic relationship. They suggested that Kath's narrative initially had a neutral tone but through Linda's therapeutic reflecting back took on the tone of a brave a battling 'victim'.

Linda subsequently reflected on this:

I may have introduced into the mix something from my own history as a 'caring therapist'. This, in turn, may have triggered something in Kath, encouraging her to edge towards the stance of 'victim'. However, this process is probably even more complicated. While I had several roles which I was inevitably juggling (chief among them in this instance, the roles of therapist and researcher), questions can also be raised about my habitual interactional roles and pattern of operating... If I reflexively probe my motivations, I understand that I have an emotional need to give care to others, perhaps as a result of significant gaps in the care I received as a child. I know that I tend to thrive on the empathy I once longed to receive; my providing of care can be seen as an effective way to deny my own need to be cared for. My child self can be seen as entwined with my adult therapist and researcher selves...What selves were activated in Kath? (Finlay, Pending).

Relational researchers assume that both researcher and co-researcher “bring to the encounter the sum total of who they are in all their complexity and with their own individual histories and ways of organizing their experience [and] their unconscious processes.” Both are then “faced with the challenge of meeting the other in all his/her complexity.” (Evans and Gilbert, 2005, pp.74-75). The co-researcher's life experiences and ways of interacting with another will impact both consciously and unconsciously on the researcher, and vice versa. These intersubjective dynamics deserve attention and need to be probed reflexively.

Reflexivity

In our studies and practice of contemporary relational approaches to psychotherapy and research, we have found a growing awareness of the importance of recognising the individuality and person of the researcher as well as the dynamics around the research relationship. The researcher, like the relationally oriented therapist, is no longer viewed as a neutral presence but as a person in his/her own right. Each of us brings our own personal history to the research encounter, our age, gender, ethnicity, and personality, with the particular meaning we may evoke in relation to the other and in the context in which we practice. The researcher and participant will both bring to the relationship their own unique ways of being³ in the world, developed in the course of their own histories, which shape their perception of events (Stolorow and Atwood 1992 p25), and which, in addition, influences the relational encounter.

The previous five examples offered in this chapter are all good illustrations of reflexivity in practice. They show the researcher as being thoughtfully and critically self-aware and aware of broader dynamics and processes of the relational field. The issue at stake is the need to appreciate how the researcher *and* the research relationship may impact on both the research process and findings (Finlay and Gough, 2003). Researchers' subjectivity and intersubjectivity needs to be foregrounded so as to begin the process of separating out what belongs to the researcher rather than the researched.

However, it is important not to over-emphasise the researcher's perspective. The researcher needs to avoid undue navel gazing and preoccupation with their own experience if the research is not to be pulled in unfortunate directions which privilege the researcher over the participant (Finlay, 2002a, 2002b). The focus always needs to stay on the participant, the evolving relationship and the phenomena being researched.

If you are a psychotherapist reading this chapter you will undoubtedly appreciate the value and significance of reflecting critically on self and process. In your own therapy work, you'll be very familiar with the need to explore relational processes, including the possibility of transferences, counter-transferences and parallel processes occurring. For instance, you would know the warning signs if you suddenly found yourself feeling critical or sleepy in response to a client and you might question whether or not this signalled a **counter-transference** related perhaps to the client's own critical or disinterested parent. You'll also recognise how valuable **supervision** can be to untangle some of the complicated subjective and intersubjective issues around which could impact significantly on therapy. The same applies to the research process.

The following example from research conducted by Ken and Linda shows the value of exploring relational dynamics – in this instance, parallel process – in supervision.

³ This 'way of being in the world' is for example, variously known as a person's 'organising principles', 'creative adjustment' or 'life script', in psychoanalysis, gestalt psychotherapy and transactional analysis respectively.

Example 5 ‘Ken’ - In this example, Ken and Linda conducted some focus group research in 2008 on the proposed statutory regulation of the psychotherapy field in the United Kingdom (Evans and Finlay, Forthcoming). In view of the profound impact that impending state registration was expected to have on the profession, we sought to explore the views, thoughts, expectations, hopes and fears of ten psychotherapists who were taking part in a professional development group. When Ken presented the idea of this research to the group, he was uncharacteristically hesitant, even timid, in that he suggested that (if everyone agreed) the research group could be “squeezed into” the lunch hour. The group, in response, challenged Ken about why he was marginalising the research when it was so relevant to the personal and professional development remit of the group.

At the time, Ken was deeply immersed in concluding his doctoral dissertation about the professionalization of psychotherapy in Europe and such a hesitant request about a subject which had preoccupied him for over 25 years was puzzling (Evans, 2008). With the hindsight of supervision, it was apparent that the request was put in such a way as to invite the group to decline the invitation. While at a conscious level, this would have been deeply disappointing to Ken, he became aware that there may be some advantages at an unconscious level.

Exploring this reflexively in the group and in subsequent supervision, Ken expressed shock, amazement and anger when he made the link between two historical experiences of feeling marginalised (1985 and 2001) and with marginalising his own research interests. He had internalised the oppression of these historical experiences and, trapped within a parallel process, he had mirrored his own sense of marginalisation by unwittingly marginalising the focus group.

This incident was a clear and dramatic example of the influence of unconscious forces on the research endeavour. Uncomfortable experiences from the past had interfered with Ken’s availability to be fully present. In turn, Ken ‘missed’ (failure of inclusion) the other members of the focus group who nevertheless were sufficiently self-possessed to challenge his suggestion to marginalise them. This example, supports our view of the wisdom of process supervision when engaging with relational centred research, especially as we cannot always count of the research participant(s) to be as emotionally literate and challenging as our focus group of experienced therapists!

The emphasis in relational oriented psychotherapies is often focussed on the power of the counter transference as an essential resource. We refer readers to Karen Maroda's excellent short book on this subject : 'The Power of the Counter transference' (1991) in which she makes a case for the carefully considered use of the self-disclosure of counter transference responses, particularly when exploration, in therapy or research, appears to have reached an impasse.

Relational therapists and researchers face the challenge of bringing themselves fully into the room and dealing directly with the relational impasses that occur between therapist-client and/or researcher-participant. This calls for the ongoing monitoring of our responses in relation to the unfolding process. A decision needs to be made about what is

useful to share in the interests of deepening and widening the exploration. There are no easy rules in this regard - a point Maroda makes well - it depends more on the ongoing awareness on the part of the therapist/researcher of his/her own counter transference and what may be learned from this, combined with a careful and respectful attention to the needs of the other. At times, a researcher may use counter transference awareness indirectly to understand the other's struggle/stuckness more clearly. At other times the researcher may choose self-disclosure, as above, as a more powerful and appropriate option. What all relational approaches share, however, is attention to the researcher's/therapist's personal process as a valuable resource to deepen the focus on the co-researcher.

We reiterate here our belief that relational centred researchers need to consider the need for supervision from a researcher who is also a therapist. This will develop and grow awareness in the researcher of their own unconscious processes that co-create with an other(s) to hinder, restrict, limit, or in some way curtail the work. This work needs to be conducted with curiosity and not judgment, since the latter promotes shame while the former supports a deeper level of reflexive practice where 'mistakes' are viewed with curiosity and as a path to growth and learning.