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Relational Centred Research: A Work in Progress

This paper is an outline of a presentation first prepared for exploration in October 2006 with a group of doctoral scholars, as part of the ongoing the Professional Knowledge Seminar, held at the Metanoia Institute, London. The Metanoia Institute, in collaboration with the University of Middlesex provide a Doctorate in Psychotherapy.

Relational centred research is a further contribution to the post modern paradigm of collaborative inquiry in the tradition of Barber 2006, Reason 1994, Reason and Rowan 1981, and Heron 1971, and others.

From an epistemological perspective relational centred research is based on a dialectical attitude to 'truth' that affirms the paradoxical nature of reality, and is open to the entire continuum between and including polarities (Perls, F Hefferline, R and Goodman, P, 1951/94). It seeks to grow and develop in the practitioner-researcher the capacity for openness, a willingness for vulnerability and the courage to sit with ambiguity, uncertainty and 'not-knowing' (Gilbert M & Evans K, 2000).

In the history of western philosophy it is possible to discern three major paradigms or world views:

Classical Age: God Is therefore I AM

Modern Age: I Think therefore I Am

Post modern Age: Nothing is Real, Nothing is True, Nothing is Important

Relational Centred Research is located within a newly emerging paradigm:

YOU ARE therefore I AM

For further explanation and discussion of the new paradigm see Evans K, (2007) 'Living in the 21st Century: A Gestalt Therapists Search for a New Paradigm', to be published in the Gestalt Review late in 2007.

While located loosely within the post modern paradigm Relational Centred Research seeks to avoid the extreme scepticism that takes anti-rationalism to absurdity so that " nothing is real, nothing is true and nothing is important" (Holland,

2000 p.3) or that "presumes no authority at all except to claim with authority that there are no authorities" (Holland, 2000,p.360)

In the last 80 years or so the new paradigm - YOU ARE therefore I AM - has gradually emerged across the world, but has only become discernible in the psychotherapy profession during the last 20 years.

It has emerged across different schools of therapy:

- Storlow, Atwood, Brandschaft, 1994, the intersubjective perspective
- Mitchell and Aron, 1999, the relational model
- Hoffman, 1991, social constructivism
- Modell, 1984, two-person psychology
- Yontef, 2002, Hycner 1991, dialogical gestalt therapy
- Hargaden and Sills, 2002, transactional analysis
- Erskine, 1997, 2004; Evans and Gilbert, 2005, integrative psychotherapy

In two-person psychology and Relational Centred Research (Aron, 1996 in Zvelc, M, 2006 Working with Mistakes in Psychotherapy) the client-therapist or researcher-research participant(s), together enter the field of study and collaborate in seeking to find meaning in the field. Neither can stand outside of the field and observe.

No phenomena can be understood apart from the subjective context in which they take form. There is in therapy, in research and in life a reciprocally interacting world of experience; interconnection and interdependence of the individual with their environment.

Within the interactive matrix of therapy and research there are several realms or dimensions of experience - biological, intrapsychic, interpersonal, intercultural, ecological, and transcendental. All of which influence and are influenced by the personal characteristics of the researcher and research participant(s), their beliefs, hopes, fears, needs, loves, hates, dreams, commitments, allegiances, responsibilities.

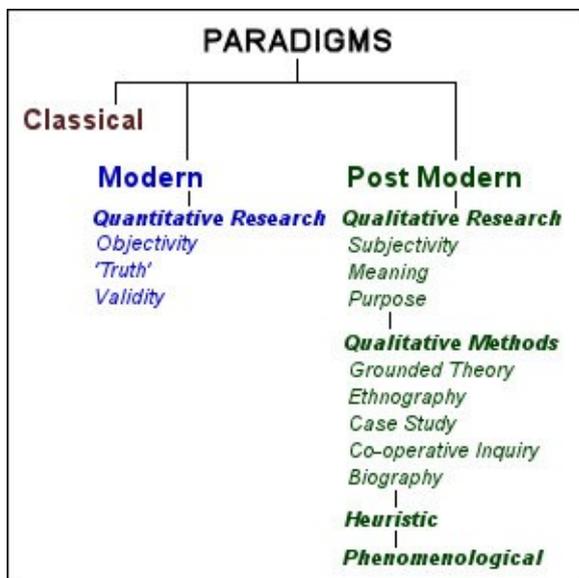
The field also encompasses the unconscious of the researcher and participators(s) and include what Gerson has called the relational unconscious (2004 cited in Evans & Gilbert 2005) with the accompanying transference, countertransference and projective identification. In the light of the

above I think supervision of the research process, alongside academic supervision, is indispensable to in depth qualitative research.

From a more pragmatic perspective relational centred research is based on the following premises:

- a competent relational oriented therapist, with appropriate induction into qualitative research methods, can be a competent researcher
- heuristic and phenomenological research in particular, and most other methods of qualitative research in general, would benefit considerably from the professional competencies and levels of emotional literacy one expects of a relational oriented therapist
- supervision of heuristic and/or phenomenological research requires both academic supervision and supervision of the research process. The latter with a person(s) who is competent to support the therapist-researcher to critical reflection of self, other, the process between and other figural aspects in the field, i.e. a relational oriented therapist. In other words we need to take the research process to therapy.

Relational Centred Research



Heuristic and phenomenological research are independent, though closely related, approaches but also major characteristics of all other qualitative methods. Both are essentially relational in that each requires both I and Thou co-creation. Heuristic research engages with thou to illuminate the I. Phenomenological research engages with I to illuminate the Thou.

A current doctoral student at a UK university recently shared with me a pilot project with six other doctoral students who were all experiencing profound challenges in understanding the nature of heuristic research. How did it differ from phenomenological research? Why did they all experience deep confusion when submerging themselves in the data? In trying to make sense of the data, how far should they go? When could they stop? When would they arrive at any 'conclusions'? Every so-called conclusion appeared to my supervisee to be the precursor to further analysis? Every time she came to a conclusion it died the 'death of a thousand qualifications'. All six doctoral students shared this sense of confusion and frustration and sought for an answer in the research methodology. Perhaps if they were provided with more clarity about what constituted heuristic research, how it differed from phenomenological research, or be given a rigorous method of data analysis the confusion would vanish?

It appeared to me the confusion was sustained because the students were seeking direction in the research method rather than exploring the research process. Over the past 10 years or so qualitative research designs have become increasingly and unnecessarily complex, in part at least because of the urgency to be seen as credible in a market where quantitative studies claim the 'scientific high ground'. Ironically such overly complex and so-called rigorous methods of data analysis are largely unreadable and unintelligible except to the author(s). They increase the chasm which has developed between academic research and clinical practice, with the former mostly confined to centres of higher education. Consequently to many clinicians research has little or no relevance to the practice of therapy. This is again ironic given that every time we engage in therapy with our clients we engage in a form of experiential research, often with effective results in terms of the impact on the client's ongoing engagement with life.

The quality in qualitative research would be enhanced more by developing and evolving the quality of the research process than by producing evermore exhaustive and exhausting methods of analysis. The preoccupation with method rather than process, especially when it is driven by an attempt to look credible in the eyes of the 'scientific establishment, is a loss of faith in the qualitative paradigm and it's epistemological assumptions. Heuristic and phenomenological research are each concerned with 'meaning', 'insight' and 'understanding' rather than 'truth', 'validity' and 'replication', which conflict with the post modern paradigm. Research which includes conflicting paradigms will usually result in confusion.

The research data does not and will not 'speak for itself', however complex and detailed. It speaks only through the author and through that which emerges and is born in the 'between' of the intersubjective exploration. Heuristic and phenomenological research are both characterised by an evolving and unfolding understanding of the nature of the research process that requires awareness of self, self in relationship and the process 'between'. It is here in the person to person interview or focus group that rigour needs to be applied and where therapists, given their training and immersion in emotional literacy, can make a significant contribution to evolving qualitative research.

I suggest that researchers could gain much from taking their research process to therapy to explore, in dialogue, or perhaps with experimentation (put the research on the empty chair) how they are experiencing the meeting with the research participant(s). Is the meeting really engaging? Do they feel they and the research participant are really exploring in depth? If not, then what or who is getting in the way? What unconscious forces may be operating out of awareness? Is a poverty of contact because of a failure of empathy on the researchers part? Are they really present or is the research participant not fully engaging? Is the researcher committed to the 'between', to allowing whatever is in the field to emerge as figure? Are they able to sit with ambiguity, ambivalence, not knowing until a figure emerges? Are they willing to experiment with self disclosure and risk what in the grip of projective identification may appear the 'unspeakable'?

This is where I believe relational oriented therapists/researchers should be rigorous in their engagement with research? This is where they can make a significant contribution to qualitative research practice, through their capacity to relate/interview/meet/engage with self and other in depth. It is not that I think methods of data analysis are unimportant far from it, form and structure - the basic technology of the various methods are important - but I think they easily become a substitute for real engagement in the research process. Is this not the same in the practice of psychotherapy? We learn the basic technology in training, it's there to draw upon but as therapists mature in their practice the technology becomes less important and their presence becomes more important.

The doctoral student and I contracted to spend 1 hour of the two-hour supervision session in a dialogic encounter about her research project. At the end of the hour we discussed at length the characteristics of dialogic relating, inspired by Martin Buber, and their application to her research endeavour:

- Practising inclusion by really listening to the other, and at the same time staying present and not losing a sense of one's self.
- Committing to follow what ever emerges (in the) 'between' us without trying to control or direct
- Confirming and tolerating difference and similarity
- Sitting with confusion until a figure emerged
- Enjoying the discomfort and the grace of the intimacy

In the process of the dialogue we both became aware of familiar ways in which we block awareness of self and other, and of the potential for shame to intrude and contaminate the exploration. The student left supervision with a renewed confidence in her capacity to engage with the research process and a strengthened belief in the relevance of her research project.

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