Who am I and what am I doing? Becoming a qualitative research interviewer

Helen Bulpitt and Peter J Martin discuss using reflexion to make research processes in studies transparent

Abstract
Qualitative research can be influenced by the researcher’s role in the study. Here, the authors propose reflexive methodologies as a means by which the processes undertaken by the researcher can be made transparent and used as part of the data. Using this approach, this paper explores the experience of becoming a qualitative research interviewer. It provides an account of dilemmas faced while undertaking a series of semi-structured interviews as part of a discourse analytic study into the practice of clinical supervision in a number of mental health professions.

Introduction
All research needs to demonstrate the trustworthiness of the researcher and the credibility of the methodology. Reflexive methodologies have been proposed as a means by which the researcher’s process can be made transparent and used as part of the data (Alvesson and Sköldberg 2000, Freshwater and Rolfe 2001, Carolan 2003, Etherington 2004).

While undertaking a research project investigating the practice of clinical supervision in a number of mental health professions, one of the authors (HB) conducted a series of semi-structured interviews involving supervisors and supervisees from mental health nursing, clinical psychology and counselling. The process prompted consideration of some emerging dilemmas:
qualitative data collection

What skills are required to conduct an effective research interview? Do they differ from those required for an effective therapeutic interview and does it matter?

How do I manage the discrepancy in my levels of understanding and experience between the three professions involved in the research, and does that matter?

Reflexive responses to these dilemmas identified some ethical considerations potentially relevant to qualitative research interviewing in general.

Interview technique

I came to this research with more experience as a counsellor than a researcher. With a commitment to taking a reflexive approach to my research, I needed to articulate some of the dilemmas I faced undertaking an interpersonal interview as a researcher rather than as a counsellor.

Four related issues emerged:

Interviewing interventions.
The ‘self’ as a research instrument.
Professional identity.
The distinction between a research and a therapeutic interview.

Interviewing interventions

While interviewing using a reflexive approach, I realised that the types of questions, responses and interventions I was making during the interviews were noticeably similar to those that I would make during the course of a therapeutic interview (Box 1).

These interventions derive from the process of establishing ‘psychological contact’ (Rogers 1951) in a therapeutic interview. While their familiarity felt

Box 1. Therapeutic interview interventions

- Reflecting.
- Asking open questions.
- Being non-directive.
- Using ‘either/or’ options.
- Giving time to answer.
reassuring, I wondered if they were appropriate in the context of a research interview and if they could inhibit the development and discovery of new skills and interventions more suited to a research interview.

According to Ritchie and Lewis (2003) the qualitative interviewer requires:

- A clear, logical mind.
- An ability to listen.
- A good memory.
- Curiosity.
- An ability to establish a good rapport and to empathise.

These elements are not dissimilar to those required by a competent counselor (Truax and Carkhuff 1967, Wheeler 2000). Empathy is particularly pertinent: ‘The interviewer has an empathic access to the world of the interviewee [and] uses him or herself as a research instrument’ (Kvale 1996). To extend empathy, whether towards a therapeutic client or a research respondent, I seek to understand the world as they understand it and to clarify and check my understanding with them.

As Kvale suggests, empathy demands that the interviewer makes use of the ‘self’ and becomes personally engaged in the exchange as a ‘research instrument’. Such engagement requires a level of transparency of the ‘self’ which nonetheless operates in boundaries. The extent to which the ‘self’ should or does operate in the research process is itself contested.

The ‘self’ as a research instrument

Interviewers can influence the data that are gathered (Hyman 1954, Judd et al 1991) despite efforts to eradicate or minimise bias from the interview process. A reflexive approach can help promote ‘an understanding of self in context’ (Freshwater and Rolfe 2001); the research interview is a jointly constructed conversation (Mishler 1986, Scheurich 1997) and a form of discourse (Mishler 1986, Fontana and Frey 2005, Freshwater 2007), whereby the joint construction of meaning can achieve ‘an acceptable level of shared agreement’ (Mishler 1986). In this ‘discursive conversation’, my unique bias has the potential to be beneficial to the research process, becoming ‘an essential pre-requisite for situated understanding and positive action’ (Freshwater and Rolfe 2001).
A reflexive awareness of my ‘self’ and my bias could be likened to congruence (Rogers 1951). In counselling, this means that the way in which I present myself as a counsellor to the client must be authentic – that is, genuinely me, albeit not always expressing the whole of me.

**Professional identity**

As I had identified that congruence and empathy were required, I wondered if there were other counselling elements I could take advantage of. Leslie and McAllister (2002) commend the potential value of dual professional roles – in their case, nurse and researcher – by exploring the qualities of ‘nursedness’. They argue that nurses should reclaim their ‘nursedness’ for the benefit of themselves as researchers and of the research participants. They allude to such qualities as ‘the ability to make the extraordinary ordinary; the ability to give people permission to talk about social taboos or the unspeakable; the intimacy and immediacy within the relationship that encourages disclosure; an enduring faith in the honesty and ethics of nurses… Having the ability to listen empathically, to ask gently probing questions and to practise regular reflection and clarification are skills common to good clinicians that can enhance their relationships with participants in ways that promote rather than hinder their empowerment’ (Leslie and McAllister 2002).

Colbourne and Sque (2004) also argue for the benefit of the nurse identity to the researcher role, saying that an experienced nurse researcher can use all interpersonal and intervention skills gained from nursing experience in a fluid, flexible and proficient manner in the research process.

Thus, it may be possible to take advantage of skills, knowledge and expertise learnt in one identity to the better practice of another. However, I believe there are unresolved ethical dilemmas inherent in this approach. In the case of the ‘nurse’ identity, there is potential to manipulate the interviewee by relying on preconceived assumptions about the ‘honesty’ and ‘ethics’ of all nurses. In the case of the nurse counsellor, to what extent is it possible to transfer skills learnt in the context of the therapeutic interview into the context of the research interview without turning the one into the other – because to do so may have serious ethical implications?
Research interview or therapeutic interview?

Kvale (1996) suggested a ‘delicate balance between cognitive knowledge-seeking and the ethical aspects of emotional and human interaction’, although he argued that an interview will not slip into therapy because ‘research interviewers have neither the training nor the time’. As someone who does have the training, I disagree. For me, the reason that one should not slip into the other is simply that there is no need – the purposes of the two formats are distinct: ‘Both may lead to increased understanding and change, but with the emphasis on personal change in a therapeutic interview and on intellectual understanding in a research interview’ (Kvale 1996).

In my research, the respondents agreed to participate in a research project that aims to develop understanding of the nature and practice of clinical supervision, not engage in a process which seeks ‘personal change’ such as may be expected of a therapeutic interview. Nonetheless, practitioners in the professions with whom I work will be familiar with concepts of reflective practice: a process which explicitly recognises and promotes transformative change through reflection in, on and about practice (Schön 1983). I cannot claim that I am not seeking any form of personal change, as I explicitly expressed my hope that the opportunity afforded by these interviews for the participants to reflect on their practice might contribute to their continuing professional development and so effect personal change.

I would argue that the more important distinction between the two forms of interview is that contained in the therapeutic aim of easing ‘psychological distress’. The aim of the therapeutic interview is to bring about some form of ‘healing’ in its broadest sense, or some resolution of psychological incongruence or dissonance for the benefit of the interviewee (Rogers 1951). The aim of a research interview is to bring about intellectual understanding for the immediate benefit of the interviewer, the interviewee (in a secondary sense) and, ultimately the academic and professional communities.

This distinction in terms of the beneficiary of the interview has clear ethical implications. Put simply, in a therapeutic interview, the interviewer is the ‘helper’, whereas in a research interview the respondent takes this role: if a research interview turns into a therapeutic interview, the roles of ‘helper’ and ‘helped’ are switched. I consider this manipulative and unethical as it
would contravene the original ‘contract’. Furthermore, this role-reversal has the potential to be harmful to interviewees in that they unexpectedly become the receivers of help and so, by implication, are ‘deficient’ in some way, with no psychological preparation or consent.

There is an ethical imperative for the reflexive researcher to acknowledge that although the means of achieving the aim of the interview can be so similar as to be almost indistinguishable (similar interventions and interpersonal skills being required, for example), the ends must remain distinct.

**Professional expertise**

According to Denzin (2001), we all see ‘situations and structures in terms of prior understandings and prior interpretations’ and therefore can never become the ‘all-knowing subject’. During my interviews, it became clear that I was experienced in and knowledgeable about counselling but far less familiar with the practice of nursing and clinical psychology. Hence, a reflexive acknowledgment of my constraints and ‘newcomer’ status is important.

Fontana and Frey (2005) describe research interviewing as ‘not merely the neutral exchange of asking questions and getting answers… It is an active process that leads to a contextually bound and mutually created story’. As a counsellor, I am a member of one of the professions that I am researching, but not the other two. As such, my familiarity with the language and meaning – ‘the idiolect’ (Barthes 1968) – in counselling is far superior to my understanding of that in the others. Hence, our ‘mutually created story’ may develop very differently depending on the extent of my familiarity with the discourse of each profession. This raised uncertainties about the effect that this knowledge differential might have on the kind of relationships I was establishing with the various respondents. In turn, this might have had an effect on the quality of the data collected.

In the following exchange, I was seeking some clarification of the remit and expectations of supervision in an unfamiliar profession:

Q: I am fascinated with what you say about what are good supervisors and what, for you… is a good supervisor.
A: Good supervisors are… from experience, they are quite experienced them-
selves, so they have been in post... for several years. They know the lay of the land very well. Just seem very experienced really and don’t seem fazed by any of the issues that I might bring to them. In some ways they will, they will have been there before, so [have] prior experience, prior knowledge of some of the issues that I might raise.

Q: Both in terms of the clinical work and in terms of the local setting as well, is that important as well?

My follow-up question is seeking further clarification about their meaning in the (to me) unfamiliar context in which the respondent is working. In the interview with the counselling supervisee, on the other hand:

Q: But thinking about supervision in general. Are there any other things that you can think of that you think contribute towards good supervision?
A: Just, I think to be understood and accepted and which are the core conditions really. No, I just think to be understood...

Q: Does it matter to you how much time is spent on talking about clients or how much time is spent talking about the management of your case load and/or how the balance of a session works? Do you find that...?

I did not ask for clarification as to what the respondent meant by ‘core conditions’, and I did not reflect on any aspect of the answer to elicit further explanation. Rather, I made assumptions about the content of the session, presumably drawn from my prior knowledge and experience of counselling supervision.

**Ethical practice**

Having argued that my interviewing technique and my professional expertise have the potential to contribute to and detract from the completion of a successful and ethically sound research interview, I recognise the need to proceed with caution and to develop an ethical approach to the dilemmas faced. These dilemmas included the need to:

- Avoid the potential manipulation of my participants by the use of therapeutic techniques designed to ease ‘psychological distress’.
Avoid allowing the reversal of roles in the research interview so the ‘helper’ inadvertently and without giving consent becomes the ‘helped’.

Being transparent and alert to the knowledge differential that comes from my professional expertise in some areas and not others. Furthermore, I would argue that the overarching ethical principles that apply to the counselling interview can equally be applied to the context of the research interview. McIlfatrick et al (2006) for example, sought advice from trained counsellors in matters of ethical conduct and dealing with sensitive issues.

Perhaps it is in this area more than any other that my experience as a counsellor, working with the ‘ethical principles for counselling and psychotherapy’ (British Association for Counselling and Psychotherapy 2007), has afforded me heightened awareness of potential risks to ethical practice in a confidential interpersonal conversation. The principles at risk include (British Association for Counselling and Psychotherapy 2007):

- **Fidelity**: honouring the trust placed in the practitioner.
- **Autonomy**: respect for the client’s right to be self-governing.
- **Beneficence**: a commitment to promoting the client’s wellbeing.
- **Non-malfeasance**: a commitment to avoiding harm to the client.
- **Justice**: the fair and impartial treatment of all clients and the provision of adequate services.
- **Self-respect**: fostering the practitioner’s self-knowledge and care for self.

Finally, my experience suggests that one of the biggest ethical risks may be the risk of seductiveness: ‘The interviewer should also be aware that the openness and intimacy of the interview may be seductive and lead subjects to disclose information they may later regret’ (Kvale 1996). A genuine interest in people and their concerns can serve as an invitation to people to talk. This may be beneficial in social situations, but seems to me to have the potential to be manipulative and unethical in others, perhaps most particularly in a research interview.

**Conclusion**

I have argued that it is incumbent on me as an ethically committed qualitative researcher to undertake a process of reflexivity to claim the trustworthi-
ness of my data. In my research interviewing, I have become aware that there is significant common ground in the kinds of skills needed to conduct a successful therapeutic interview and those required of the research interviewer. However, this commonality carries with it the risk that the two kinds of interview could become all but indistinguishable, with the research interview transforming into something in which the respondent never agreed to participate. This would be unjustifiable and unethical.

Second, my professional experience as a counsellor carries with it potential risks. The discrepancy in my knowledge, skills and understanding between that relating to the respondents from the counselling profession and those from the nursing and psychology professions may seriously skew the nature and quality of data I am able to collect through the interviews. There exists the risk that my prior assumptions may cause me to miss opportunities to explore more detailed analysis and explanations of meaning in the counselling context.

Applying a reflexive approach to this research experience has enabled me to identify and address these risks to the validity of my eventual findings, and identify ethical dilemmas. This, in turn, affords me the safeguards that will enable me to maximise the opportunities afforded by my experience and expertise while minimising the detrimental effects these could have on the quality and rigour of my research.

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