Autoethnography and Psychodynamics in Interrelational Spaces of the Research Process

Dybbroe, Betina; Hansson, Birgitte

Published in:
Journal of Research Practice

Publication date:
2012

Document Version
Publisher's PDF, also known as Version of record

Citation for published version (APA):

General rights
Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

• Users may download and print one copy of any publication from the public portal for the purpose of private study or research.
• You may not further distribute the material or use it for any profit-making activity or commercial gain.
• You may freely distribute the URL identifying the publication in the public portal.

Take down policy
If you believe that this document breaches copyright please contact rucforsk@ruc.dk providing details, and we will remove access to the work immediately and investigate your claim.
Main Article:

Autoethnography and Psychodynamics in Interrelational Spaces of the Research Process

Birgitte Hansson
Centre for Health Promotion Research, Roskilde University
Universitetsvej 1, 4000 Roskilde, DENMARK
hansson@ruc.dk

Betina Dybbroe
Centre for Health Promotion Research, Roskilde University
Universitetsvej 1, 4000 Roskilde, DENMARK
tibet@ruc.dk

Abstract

This article takes the stance that the subjectivity of the researcher is an integral part of the research process. It should be studied as a key to understanding the interrelational processes of meaning in an interview situation. The article demonstrates how the subjectivity of the researcher can be made accessible methodologically and methodically by combining a psychodynamic approach with an autoethnographic approach. The methodical question is therefore how the researcher can conduct introspection and at the same time reflect upon and analyse the central object of investigation. The approach is psychoanalytically informed, but autoethnography became the actual vehicle for moving beyond reflections on the psychodynamics represented in the texts. The researcher ventured into an introspection of not only the texts, but also her own feelings, fantasies, and bodily experiences at the time of the interview and also when bringing the data into new situations. The abstract reflections after the interview situation were left for a while, and instead a more experiential and sensual/bodily understanding appeared, based on narratives, feelings, and reflections from the research field. In doing so, the affective and experiential personal process became an important step in the interpretation.

Index Terms: researcher subjectivity; autoethnography; psycho-societal analysis; bodily experience; mental illness; interrelational space; introspection

1. Background

The article revolves around the case of Mary (not the real name) from an ongoing research project about peer support for people with severe mental illness. The aims of the research project are to produce knowledge about the phenomenon of peer support, especially the kinds of problem patients are facing and how peer supporters can help patients solve these problems by creating new meanings and potential actions. The peer support is initiated in a psychiatric ward and followed up in everyday life after discharge.

The framework of the project is psychodynamic and the methods are narrative interviews with peers and patients in psychiatric wards, together with ethnographic field notes. The sampling took place on the basis of contact with three wards that agreed to participate in the project during the period between August 2010 and August 2012. Mary, the woman in this article, is interviewed because she had visits from a peer supporter over a period of 1 year, and because it is the first time she has been hospitalised and diagnosed with a psychiatric disorder. Her story is about her first meeting with mental illness and the psychiatric system.

Mental health disorders in this project are not viewed as physiologically dependent or in terms of categorisations such as psychiatric diagnoses. Instead, health and disease are perceived as relational and contextual phenomena produced through dynamic interactions between the individual and the outside world and regarded in an everyday-life perspective. There is a need for qualitative humanistic research in this field, based on subject-borne knowledge from within the life world and experiences of other patients (Andersen & Dybbroe, 2011).

This research is groundbreaking in a Danish context, because very few patients hospitalised for the first time in psychiatry have been accessed for a qualitative research project. Furthermore there seem to be obstacles in the hospital system to referring these patients to a research project. People with mental illness have been regarded as having low narrative ability because of an impaired capacity to live with both internal and external dialogue as forms of reality (Smorti, Pananti, & Rizzo, 2010). In the present research project the overall experience however is that the persons interviewed were eager to participate and give an insight into their experiences and everyday lives.

2. Research Framework

The research framework grew out of two related strands of methodological thought: (a) understanding the subconscious dynamics prevailing in social life and (b) understanding
the trajectory of a person’s life within the broader socio-cultural context shared with others. These two strands are described below, clarifying their respective contributions to the research.

2.1. Psycho-Societal Strand

In the psycho-societal strand of methodological thought, human beings are seen as desiring, defending, and in part unconsciously driven, as in other psychodynamic approaches. Yet the individuals are also seen as embedded in society, while simultaneously mediating and processing the social contexts. They continuously recreate themselves in relation to the outer world and to others, and also to social structures. Inter- and intra-personal processes studied from this approach also become exemplary cases of social phenomena and transformations, including the transformation of subjectivities (Lorenzer, 1972, 1980). In the broadest sense, the conditions for socialised forms of interaction of subjectivity and for the creation of the subject are societal relations of power between different spheres of life, between institutions and between subjects. Life history is an individual life history, a biographical construct and experiences of a life, but is also an expression of the social dynamics of the immediate contexts and historical situations as well as the larger societal context and historical development in which the subjects participate (Dybbroe, 2012).

From a psychodynamic perspective, the subjectivity and life history of the researcher is an integral part of the whole research process. It also mediates the social world and specific life historical experiences. The researcher is an active participant, who involves herself in generating empirical data and in the process of interpretation of the empirical material. Interviews constitute an “interrelational space,” and studying the relation between the researcher and the interviewee, as well as the interviewee’s use of the interrelational space, can give heuristic hints to understand the latent aspects of the subjectivities in the research (Tietel, 2000). Analysis and interpretation of life histories take place in this process as an inter-subjective experience, where both parts indulge in interpretation of another person’s specific cultural experiences (ibid.).

The psychoanalytical concepts of transference and countertransference are appropriate for analysing what happens in the interrelational space. The two concepts relate to dynamics of interaction where relatedness not only appears to the other, but also to internal images inspired by the other person or the context and situation shared with the other (Nadig, 2010). The reactions of the researcher may be inspired by the interviewee, but are a complex interplay of internal and external influences. This is a central point because those who are involved invest more internal images and emotions than they factually represent for each other (Bereswill, 2004). So in the interview with persons with mental illness we must be prepared to probe into those internal images and emotions that the meeting with the other will evoke, but may appear in vague and distorted ways, and may not present themselves in verbal dialogue.
2.2. Autoethnography Strand

Autoethnography is a popular form of qualitative research which is expressed in evocative dimensions of writing in the social sciences and humanities. It has been linked to various turns toward blurred genres of writing, a heightened self-reflexivity in ethnographic research, and an increased focus on emotion in social sciences (Anderson, 2006). Autoethnography is a form of research practice and a method that seeks to overcome objectification in the research approach, both in methods of investigation and in writing practice. It is about the relation between self, other, and context, and involves subjectivities, bodies, and settings in the research process (Ellis, 2004). Autoethnography as a practice seeks to conduct introspection into the boundaries between researcher, researched, and context, and includes the relation (and boundaries) between body and text (Spry, 2001). Furthermore it involves extrospection of the possible cultural similarity, identification, or dissimilarity, and draws attention to the interviewee and the context in which his or her actions and experiences are generated and which also shapes the researcher.

Most of the literature on autoethnography includes the idea that the creative researcher is a noteworthy actor or performer in the production of the interpretation process. Autoethnography as a method can be seen as social introspection and emotional recollection, where all one’s senses and emotions should be brought into play. In this article we have a special focus on introspection in the research method, and we illuminate ways to enhance this.

Parts of this article are written in the first person in order to show the affective personal process and the subjective reflections of the researcher. Some may argue that linguistic consistency is thereby not maintained and that there is an attempt to give the impression that “this is how it was.” Some researchers would prefer to keep to the third person singular to prevent creating a false sense of reflexive authenticity.

One objective of writing a representation of the research project partly as autoethnographical narratives is to continue the analytical process by inviting the readers to reflect on the psycho-social context and cultural aspects of the text in relation to their own contexts, and to be attentive of how the life historical experiences of the interviewee and the interviewer resound with their own. The idea is to enable the reader to follow and relive events and thus transgress the feelings and motives in the text and their own (Van Maanen, 1988). The ambition in using the narrative form is also to open up the research process and thereby bring the active reader into the challenges of the interpretative process. The interpretative context thus enables the narrative about one individual life to be linked to a broader social framework.

Many autoethnographical texts reveal that the separation between the personal and socio-cultural aspects is veiled or hidden in academic writing, making little sense experientially. The intention of a psychodynamically informed and interpreted text is to unfold the subconscious dynamics that are active in everyday life. In practice, the researcher draws on her own life experience and brings in the inner images and fantasies
inspired by the meeting with the text. The personalised text may thus represent a critical intervention in social, political, and cultural life. The idea is to make use of the researcher’s own countertransference as a source of insight, as a supplement to preconceived thought processes and standardised methods.

3. The Research Process

This section will demonstrate how the subjectivity of the researcher was made accessible methodologically and methodically by combining an autoethnographic approach with a psychodynamic approach. This section will also demonstrate how the researcher conducted introspection and at the same time reflected upon and analyse the central object of investigation.

3.1. My First Impressions of Mary

I was happy. I smiled at Mary and said goodbye. It was already dark outside, but the area was lit up by the white snow. I had a long drive home, but it was a good day. The interview with Mary went very well. My fear that she would not talk to me disappeared as soon as we sat down at the kitchen table and the interview began. Actually I was impressed that she shared her impressions and experiences, as she had been diagnosed with mental illness and been hospitalised in a psychiatric ward. Mary said:

I wasn’t ill . . . I felt very well and . . . I didn’t like . . . I wasn’t ill or anything . . . I felt great . . . and soooo . . . I was swimming one morning . . . and then I got up and I fell down the stairs and fainted and it just went “bang” . . . and then . . . then it started just like that . . . and be . . . I just got worse and worse in my body . . . ehhh and it started to spin all the time in my head and when I was eating . . . it went haywire in my body, and it was shaking inside . . . and well everything just went black . . . and I thought: what the hell is going on . . .

Crazy story. I was particularly surprised by the way she talked about her body.

In the following weeks my joy slowly turned into confusion. I was touched by Mary’s story and her talk about her body. She talked about her body in many strange ways. When I read the interview, the text was incoherent and therefore disrupted its content, making it difficult to comprehend. My impression of Mary was not in accordance with the text. I read the interview over and over again. What was there to be understood?

While sighing over my lack of understanding, I remembered my professor’s lecture on qualitative research methods. She said: “Students, from a psychoanalytical perspective and in theories of socialisation, the subjectivity of the researcher is an integral part of the research process. You have to involve yourself in both the interviewing process and the interpretation processes of the empirical material.”
During the interview, the researcher is the co-producer of the created narrative, where the latent meaning of deeper conflicts, sociality, and culture is unfolded. The relationship between interviewer and interviewee thus produces plural meanings. To access this plurality of meanings, it is essential not only to deal with the story as text, but also to highlight the relationship between researcher and interviewee (Nadig, 2010; Tietel, 2000). The researcher must let herself be influenced and provoked by the research material, by identifying moments of crisis in the interaction; but how can she reach the latent meaning?

3.2. Discomfort: A Key to Understanding the Latent Meaning?

I threw myself on the couch. It was dark in the living room, but I had not even bothered to turn on the lights. My thoughts whirled around. What had happened in the interpretation workshop today? It had been my turn to introduce an empirical excerpt from an interview which the others in the group would help to interpret. I had chosen a piece of text from the interview with Mary. The group read and performed the excerpt by reading it aloud and were invited to express their feelings and emotions in relation to the text. A central part was:

...yes it was all chaos... lots of thoughts... I couldn’t be anything for anybody, so I could just be... be... (laughs). Well then... ehh, so I think now, I got... ehh, then it calmed down more and more and I started to pull myself together to be present and sit down and calm down a bit more and then... I tried something myself, that is, what can I do... what can I do, I can kind of try to find out what I can do, because in the beginning, I didn’t think I could walk, but then I could walk, then I could never get into town, but then I could suddenly do it (she talks very fast) so I was trying all the time to build on what I could do so I could find out the ins and outs of all this... (laughs)

Everyone in the group participated actively in the interpretation process, adding many interesting perspectives. One participant felt that the text was a reflection of a very chaotic situation. Another felt that Mary was talking unclearly as if she was trying to hide something. We realised how quickly Mary’s bodily feelings were transferred from the text to us and how we reproduced her feelings of discomfort. We felt slightly unwell, emotionally and bodily.

Could the feeling of discomfort in the group reflect the social context of the interview, and how did my own social context and experience resound with that of the group? What was the cause of my double discomfort after what had taken place in the group? What could my own feelings from both situations reveal about my research object?

Subjectivity appears as reflections, experiences, and feelings, and is also present in relations created in the meetings between subjects. The conceptual understanding of feelings and the affective is that it encompasses the inner reality of subjects, in addition to the outer present social reality they are relating to (Chodorow, 1999). This includes
societal dynamics and power relations. Feelings are therefore a part of the way subjectivity and intersubjectivity are constituted. Feelings are products of and part of the dynamics of the transference of thoughts, wishes, fantasies, and senses of the self and others.

The discomfort that appeared in the interview was reproduced in the group, and the researcher then started feeling and thinking that this did not just derive from reading the text afterwards. The discomfort had to be investigated as feelings belonging to the interview situation. What could this reveal about the dynamics of the interview, about the other and the relationship and finally about suffering with mental illness in the shared social and cultural space of the interviewer and interviewee?

3.3. Researcher, Text, and Context

I felt my body against the couch. I sat up and looked out into the darkness. The notebook from today’s workshop was on the table in front of me. I turned on the light and read the working paper again. This reminded me of the in-depth hermeneutic approach of Leithäuser and Volmerg (Leithäuser, 1988).

This is a methodological approach to a text and to the researcher’s subjective response after the interview. Maybe I needed to find another approach to my subjective world of experience, using another method which was not systematic and not an approach to the interview as a text. Suddenly I realised the difference between reflecting on the researcher and the text and on the researcher and the context. The whole time I had been focusing on the relationship between the text and myself and not on me and the context. I had to confront myself in my relation to Mary—our relationship, and the possible cultural contexts of our shared experience.

My thoughts circled around psychoanalytic methodology, which focuses on processes between people. That reminded me of an article by Nadig, where she refers to the “gefärbten Spiel” or the emotional game. It is the unconscious wishes and fears of the subject that will affect the interplay in a relation. The emotional game is loaded with significance related to the latent meaning and to reach it one has to surface the inter- and intrasubjective conflicts, which depend on the subject’s defence mechanisms (Nadig, 1997). I had to investigate the dynamics of our relationship as a transference relationship, but also those processes that take place within the researcher. I needed a way to disclose my own transformations during the research process. I realised that the affective meaning remained dormant inside me. I had to step backwards to the context itself: the interview with Mary. But how could I find a method to face my own affects in order to advance the epistemic process? My field notes were not enough. I had to find a way, a different way.

I had to focus on the explorative possibilities of the research relationship. I had to take a closer look at the emotional game between Mary and myself. I had to study my own reactions to Mary and her story and investigate how I responded emotionally. I had to recall my emotions. I had to recall the interrelational space where the story was told and the way in which our relationship unfolded during the interview.
I knew that a research interview is neither an everyday chat between friends nor a therapeutic meeting, but that the two involved are positioned in a special way; the relationship is asymmetric and to some extent professional (Fog, 1998). I wanted to investigate whether I had truly recognised and accepted Mary as a unique person (Nadig, 2010). How was my interest, my non-judgemental listening, my acceptance of Mary and her otherness? These factors are crucial for her trust in me and for the depth and quality of the narrative. Maybe this was the way to access the unconscious social meaning? With autoethnographic inspiration I would try to recall and represent the experience of the interview, including the other, myself and the context. I returned to my first meeting with Mary.

3.4. My First Meeting With Mary Revisited

Mary meets me in the parking lot and we walk towards some housing blocks, while talking about the beauty of the freshly fallen snow glistening in the sun. Mary smiles and says spontaneously that she enjoys taking long walks in this area with her ex-husband’s mother, who lives nearby. We step into the hall of Mary’s apartment and I immediately smell the scent of spring flowers. The kitchen is golden and the table is laid for coffee with a green tablecloth, white candles, and fragrant spring flowers. On the walls, delicate watercolours in bright yellow shades, painted by Mary and her daughter. I sense that the kitchen is a really cozy place. Mary’s daughter has moved away from home, so right now Mary lives alone.

I feel that I’m still a little tense. I do not know how much Mary will tell me about her experiences with mental illness. Will she even tell me about herself? Will she say anything at all? Maybe I should instead have written a lot of questions on a piece of paper. How can I ever believe that a woman who has experienced insanity, madness . . . will tell me about it. How can I believe that people who have experienced hospitalisation in a psychiatric ward would tell me about it; mental illness is still a great taboo topic in Denmark. How can I be so naive? There’s no one who would proudly step forward and say that they are insane and raving mad.

I am being ripped out of my mind. Mary asks how the interview should take place and then she starts to tell her story. She looks at me while she speaks. Sometimes she laughs a little in a shy way. It appears when she talks about her odd experiences:

Yes . . . it was . . . ehhh . . . and I was very scared . . . really scared and ran around (laughs) . . . as . . . simply couldn’t be anywhere . . . and ehh yeah . . . I just think it was . . . it was simply hell on earth . . . and so . . . ehh . . . but I thought I should just . . . I just have to try . . . well, I must . . . I just walked around like an animal . . . I think . . . so if I look back on it and just tried to escape from my own body because I couldn’t . . . the whole thing was just awful . . . but (laughs) funnily enough my body followed me (laughs) . . . it was all chaos . . . lots of thoughts and I couldn’t be anything for anybody . . . so I could just . . . exist . . . (laughs)
I feel a relief. I sink a little into the chair. I listen intensely. Her story captivates me. She is hospitalised because her body has backed out. Imagine that your body can take control over your life. The body has its own life. Body is imperative! Imagine, you are trying to escape from your own body, and yet the body just follows you. Strange, weird, frightening! The body has taken control over one’s life. And to put it into perspective . . . everyone . . . even the doctors believe you are getting physically ill and it turns out that you are mentally ill. Terrible. Mary was scared. She could not be someone for anybody, she could just be. She could not be anywhere . . . but had to try to be. She had a terrible struggle with her body, trying to gain control over it while trying to escape from it as well. It was a living hell. I sink further down into the chair . . .

3.5. Analysis of the First Meeting With Mary

The idea of recalling the inner part of feelings and thoughts within the interview situation is that every contact with the subject and the content in the interview triggers something in the researcher. The crucial point here is that the researcher’s transference reactions are not the research findings. The bodily reactions and the reactions of the mind are regarded as a source of insight. The challenge is to find sources of insight and transform these into concrete research options, because this has consequences for the scientific-psychosocial production of knowledge.

What were the first bodily and cognitive reactions which could be a source of insight? By writing this small part of a larger story, Mary’s and the researcher’s expectations and preunderstandings, both affective and social, about the interview situation become clear. Mary actually offered her lived experiences with mental disorders, problems in her everyday life, and experiences of painful events and relations. Mary exhibited openness and great expectations of being received, heard, and acknowledged. The researcher expected separation, distance, and little openness and fellow feeling. Mary exposed her vulnerability and identity. The researcher was then drawn into the space between them and started to sense and feel the other, the situation, and the phenomena. The researcher felt discomfort at Mary’s inability to cope in everyday life, and the feeling of low self-esteem started to saturate the common space. The researcher felt humility and powerlessness as Mary talked about her mental problems of the body. Time was chaotic in Mary’s mind and the researcher came to feel the chaotic situation before and after the hospitalisation. Life history interviews can be a sensitive and powerful method of investigating the private life of subjects.

Transference allowed the researcher to feel the bitter experience of believing that you are physically ill while in fact you are mentally ill. It was an experience which caused anxiety-provoking feelings. Mary was a good-looking 50-year-old woman, who lived a quite normal life, had a good well-paid job, a nice daughter, and lovely friends. But she became mentally ill and was taken into care at a mental health hospital.

It can happen to any of us. (According to WHO, an estimated 10-20 percent of adolescents experience mental health problems and yet we do not talk about it; it is shrouded with taboo.) The researcher was humbled because Mary willingly shared her
narrative, expressed her suffering and her distorted story. Generally Mary would not want people to know about her situation. She had to tell them about it at work in order to keep her job and be included.

In 2007, almost all workers receiving a disability pension for mental illness did not return to the labour market (OECD, 2010). Societal prejudice and ignorance characterise the image of people with mental illness. Myths are created about such people: they are dangerous, less talented or socially dysfunctional, and these myths play a crucial role in the stigmatisation and stereotyping, leading to exclusion from society. It is hard to remain involved and hard to get a new job for the mentally ill. Stigma reduces quality of life as it affects the social life and employment status of each individual. In light of these serious consequences and the fact that mental illness can affect us all, this story is about the basic fear of becoming mentally ill and the risk of losing contact with society. Transference and transgressing borders between Mary, the scene, the story, and the researcher, including the lowering of bodily boundaries made the researcher feel her own, Mary’s, and the societally shared anxiety in the face of mental illness.

The researcher was astonished at the reactions to her presentation of the story “My First Meeting With Mary” to the interpretation workshop. The group fired questions at her like: “What’s at stake?” “You recognise her as a person, but where are you as a researcher?” “You should distance yourself.” After this session the researcher’s first reaction was irritation, because she felt a lack of understanding and did not know how to proceed. But by rereading the notes from the interpretation group over and over again a hypothesis appeared. Is all that talk about the body, mental illness, at least in Mary’s case, bodily suffering and collapse reflecting and producing subjective disintegration? The subjectivity was in disintegration. She tried to escape from her own body, but the body just followed, and her body was depersonalised. This felt uncomfortable. Maybe the repetition of the bodytalk could help reveal what is threatening the subject identity. The threat of disintegration.

Mary said: “I could not be the person I wanted to be.” She had actually just had a divorce and her daughter had recently moved away from home. A very important part of life for most people is living with their spouse and children. Mary also mentioned that her very best friend and colleague was dating her ex-husband. The researcher felt that this was normally a breach of the ethical code for correct behaviour among good friends and thus introduced the social codex of the shared culture. The mother of Mary’s ex-husband is her good friend. They have their daily walks together. The ontological security, that is, the basic trust and general sense that individuals share about the world as predictable and reliable, might have been shaken. This can represent a threat to subject identity and the sense of coherence. Mary said at the end of the interview: “I did not think I was stressed out at work—I just had enough to do—I could not take it anymore—all the pressure.” Perhaps Mary was struggling with all the key persons and scenes of her life at the same time? The researcher looked continuously for culturally known and recognisable problems, which could have shattered the subject identity. Losing so much in life, one must fight to regain oneself and life. This struggle might be about being someone for somebody while you want and have to be an autonomous subject.
“I stopped writing—this interpretation is going too far! My intention was not to interpret another person’s psyche or motives. Ethically, it is reprehensible.” The researcher did not have sufficient knowledge about the person for such an analysis and the research process is definitely not therapy, and the subjectivity of the interviewee is not the object of research, so why was the researcher doing this?

3.6. Interpretation of the Interpretation Process

The interpretation process had involved many challenges, because the researcher’s initial withdrawn position was followed by transference and identification, and subsequently anxiety and disturbance.

Let us first consider the social context and cultural staging of the researcher in the interview. The researcher knew it was not helpful to regard people with mental illness categorically through their diagnosis and in the same way as done in the psychiatric system. The researcher knew she had to have a personal relationship based on empathy in order to research subject-borne knowledge. The researcher knew people with mental illness can be in a very vulnerable situation. Empathy is an important part of this kind of research. Besides empathy, the researcher had expectations of problematic communication because of difference and distance, and also due to lack of knowledge. It was crucial to create a space where it was allowed to talk about and express life-historical experiences and stories that might be strange, considered culturally deviant and scary. Within the relationship the researcher also had to contain Mary’s feelings such as despair, insecurity, fears, frustrations, sadness, or even aggression. The story and the situation made the researcher feel helpless and humbled.

Let us now return to the first session in the interpretation group and its influence on the researcher. At the beginning of the interpretation session the group had difficulty in understanding the talk about the body and were all left in a strange mood of discomfort, and certainly the group mirrored the researcher’s discomfort as well. The researcher tried to understand the discomfort and wrote “My First Meeting With Mary.” By writing this story the researcher tried to recognise common and recognisable human emotions and feelings in Mary’s story. She realised how shared the social context of mental illness is and how easily and understandably one might get oneself into a life situation like that of Mary. This realisation allowed her to recognise the “sameness” in Mary’s “otherness,” and to acknowledge an individual’s everyday life experiences. The process of transference and countertransference of the disturbed body in the text helped her to understand the disrupted text and the gap between the interview as a context and the interview as a text. It was a process where the researcher identified herself with Mary. The researcher’s attempt to understand and explain Mary’s situation from a distance or from the “outside” led to psychodynamic explanations.

Finally, let us look at the second interpretation session in the group. When the researcher presented the text “My First Meeting With Mary,” the group identified the empathy and proximity between Mary and the researcher. However, the group resisted and/or could not share this identification with Mary. Instead they transferred irritation or even anger
onto the researcher. To some extent this may have been a countertransference in a distored form derived from the disturbance that the researcher was causing in the group. These reactions were strongly felt by the researcher, who was left alone with her empathy for and identification with Mary. The transference of anger aroused new emotions and the researcher eventually became irritated, and even angry, at having to identify with Mary in a solitary, non-recognised way. However her reactions were eventually felt and seen by the group and also by her supervisor, and the emotional reactions became an object for introspection in the middle of the table in the group. This invited the researcher to introspect her own understandings and actions. The disturbance multiplied: from the interview, to interpretation of the text about the interview, and now disturbance in the group interpretation. Disturbance disturbs!

The identification process had made the researcher blind to the boundary work going on between herself and Mary, and to the context, and later on in relation to the interpretation group. All this tended to conceal from her the differences between Mary and herself. The researcher’s transference reactions remained unrecognised and therefore inaccessible for consciousness. The reactions in the interpretation group became the key to accessing the field of tension in the work of the group, and then the tensions of the interview situation. The reactions made it possible to understand the mechanism described here and to discover the transferences and countertransferences of the initial interview situation, where the disturbances and weight of Mary’s experiences were partly transferred onto the researcher. This final group session opened the door to a view beyond the researcher’s identification with Mary. In this process the researcher realised that there was a fundamental opposition between Mary’s experiences and her own in many respects. Mary’s subjectivity had been disintegrating. It was her subconscious strategy for survival and yet she had her daily struggle to find new strategies in order to keep a sense of subjectivity. The researcher recognised this through writing an autoethnographic text and drawing in her own subjectivity through the processing in the group interpretation. She turned her back on the effort to gain control over Mary as a research object. When she finally did so, she discovered the difference between them as subjectivities and this enabled her to acknowledge the area of tension, the transitional space, where proximity and distance, sameness and difference, as well as acceptance and rejection were sustained together.

4. Conclusion

This article illustrates the importance of not only focusing on the interview as a text, but also as interaction and interrelational space. This was carried out in the analysis by staging and performing the interview in the interpretation group, and additionally by creating autoethnographic texts for interpretation by the researcher herself and together with a panel of other researchers, using their senses and life experiences as well as research competencies. Part of the research object became the interrelational space between the researcher and the interviewee, but also the space in the interpretation group during the process of interpretation. A focus on the interrelational space between the researcher and interviewee is a source of many insights and can help to create more nuanced analyses and representations of social and cultural phenomena.
The analysis presented here sheds new light on how social and cultural understandings of mental illness frame and manifest themselves in interactions between people suffering from mental illness and those not suffering, mediated through emotions, but in subdued ways, with latent meanings not clear to the persons involved. It is difficult and disturbing to see and recognise mental illness as difference and sameness at the same time, and this easily shapes categorisations of difference and deviance as in the first step of the interpretation, or creates invisibility and lack of recognition of the sufferings, as in the second step of interpretation. The autoethnographic approach also included the bodily and sensuous experiences of the researcher, which created access to the bodily aspects and the situatedness of the person suffering from mental illness. The body spoke to the interviewee, as well as to the researcher, and created a new consciousness of the cultural expectations of bodies in control in “normal” life versus bodies with unknown subjective powers. This was even brought into the group setting, facilitating a closer look at mental disturbance as an aspect of everyday life.

The relationship in this case between the researcher and interviewee was a process of transference and countertransference, where the researcher captured and remembered more about and from the interviewee than she was actually aware of, and these experiences remained in the body as sensations. The researcher had sensations of discomfort which she reacted upon emotionally and bodily. The psychodynamic text analysis and the first presentation in the interpretation group helped the researcher by reinforcing these feelings of discomfort, and she was able to objectify them. But the turning point was the written narrative. By writing a narrative as a kind of introspection, inspired by autoethnography, the researcher came closer to the bodily sensations which turned out to be a source of knowledge. The narrative allowed for the researcher’s understanding of the sameness in the process, but her identification process prevented her from experiencing the otherness. In the interpretation group there was a countertransferential reaction to the proximity and identification process, which led to an introspection of the autoethnographic representation of the interview. The following analysis enabled the researcher to discover the otherness in the interview situation, and in this particular case to recognise the difference in our sameness.

This interpretation process enriched the understanding of what was active in the interrelational space between the researcher and the interviewee. It is particularly suitable for the research of specific cultural situations and for investigating the feelings, experiences, and frustrations which are apparent in professional work with people from different backgrounds, with differentiated life histories. This approach to analysis and interpretation made feelings come alive in analysis and allowed the researcher to “be touched by” and “keep in touch with” the way human beings use various strategies for existing in the world and how everyday life is experienced and lived. Furthermore, this approach provided a way of creating knowledge about people’s experiences of living in a modern complex society and also revealed aspects of social reality and dimensions of the social phenomena of living with mental illness that are hidden or excluded from public discourse. In conclusion, the focus on affective, cognitive, and bodily processes of the researcher provides a critical input to understanding processes of transference and countertransference in interpretative research.
References


Received 19 March 2012
Accepted 9 November 2012

Copyright © 2012 Journal of Research Practice and the authors