The Practitioner-Researcher:

a research journey narrative

Robert Shaw

If you are reading this you are likely to be working as a psychotherapist. Did you realise that, as a practising psychotherapist you are already a researcher? This may come as a surprise to many of you. When I used to teach research methods to trainee psychotherapists they too were surprised that they could be described as researchers. For them research held many fears and was thought of as academic and not relevant to their practice. Understandably there was considerable resistance to engaging with the notion that they were researchers.

I can sympathise very much with these ideas; when I began I found much research in the psychotherapy literature rather dull, turgid and uninspiring. This is a well recognised problem within the profession. So how can research be made accessible to practitioners? For me, I knew if I could find a research topic that interested me then it was likely to help my practice, my clients and be of interest to my colleagues. Hence I started my research journey as a practitioner-researcher.

The first stage was to read some research literature, and I discovered I was more attracted to papers that involved case studies or some form of description of the therapeutic process than others. There is a long history within our profession of using case studies to highlight aspects of practice; this is, of course, research of a qualitative nature. As such it is often not seen as fitting in with the current trend to provide quantitative data to establish an evidence-based practice culture.

A hard-nosed scientific approach certainly has its place and provides much valuable evidence, but only shows part of the picture. Scientific theories do not always work in practice. However, the practitioner often has a much better understanding of the complexities of practice issues.

> "these qualitative methods are equally important when establishing a research culture"

This is where the practitioner-researcher comes in. I would suggest that qualitative methodologies are in many ways more suitable to the study of a subjective enterprise like the psychotherapeutic relationship, and that they provide good evidence of what it is we do as psychotherapists. Thus it is my contention that these qualitative methods are equally important when establishing a research culture. In fact I would argue that one of the founders of modern psychotherapy, Sigmund Freud, with his easy and accessible writing style, was much more of a qualitative researcher than a quantitative scientist.

Nor are qualitative methodologies particularly new. They have a long tradition of being used by social scientists and have been subject to rigorous criticism. There is not space to explore these methods here, but if you are interested in the methods I used for my research, that included grounded theory, phenomenological and narrative, please see Shaw (2004).

For the purposes of this article I shall simply highlight the narrative method. In order to engage with this approach, one of the methods I adopted for my research was to use the model of the practitioner-researcher.

The practitioner-researcher

Within the counselling and psychotherapy world there is growing usage of the term *practitioner-researcher*, especially when related to heuristic or phenomenological methods of enquiry (McLeod, 1999; Etherington, 2000).

This model is one that many practitioners can adopt to make research relevant to their practice, and in so doing, they can develop an understanding of a particular practice issue and gain a reflexive attitude to their practice (Lees, 2003). I also realised that it would enable me to write into my research my experiences as a practitioner and hence help me with a particular practice issue. As such, this method requires the researcher to engage in a narrative of the research, or a research story.

The Research Story

The practice issue that evolved for me over a lengthy time period was that of psychotherapist embodiment (Shaw, 2003), ie, what were therapists feeling in their bodies as they worked and what sense did they make of it? An investigation into therapists' experience of their bodies arose from my initial interest in the concept of somatisation.

During both my counselling and psychotherapy trainings I became aware that the body seemed to be viewed with considerable unease, especially

around the issue of touch. I began my research project with the assumption that, due to the contentious nature of the body within psychotherapy, it was ignored or somehow marginalized, or as Boadella suggests (1997; 31): "The body which became symbolically banned from psychotherapy with the political expulsion of Wilhelm Reich from the psychoanalytic movement … has had 60 years in the cold."

> "the age-old dualism, that of 'mind' and 'body', in the realm of psychotherapy the body was a taboo subject"

At this stage of my research I was confronted by the age-old dualism, that of 'mind' and 'body', in the realm of psychotherapy the body was a taboo subject. I then decided to explore the concept of somatisation in more depth, and the idea of studying somatisation within general medical practice arose.

I was about to embark on a participant observation study in general practice when I had to take a break away from my research. On returning, my research interests had moved on. As my career began to be more influenced by psychotherapy, I became more intrigued by the body within therapy. Having written some papers (Shaw, 1996a; 1996b), I was invited to talk on the subject of the body in therapy. I took this opportunity to hold some discussion groups on the subject and asked therapists general questions about how they viewed the body in therapy and a typical quote was:

> "I became more intrigued by the body within therapy"

"Particularly with some clients I am more strongly affected. I somatise myself. With an anorexic and bulimic client who talked of vomiting and diarrhoea, I felt I had a bug during the next client session. I understood this as somatising from her. With a client in denial and cut off from feeling I felt lots of anxiety in my body."

Clearly this was a strong reaction and the therapist was describing this reaction as somatising in reaction to their client. The focus of my study changed and my research question became: "What was the experience of the therapist's body within the therapeutic encounter?" A crucial part of this story, and one that enabled a change of focus, was the excellent research supervision I received from Ursula Sharma. Her encouragement and supportive challenging of my assumptions helped me focus on my area of interest.

I found it essential as a novice practitioner-researcher to have good research supervision in order to maintain a workable level of objectivity. Being a practitioner of the subject under research can be very difficult: it is difficult to unpack some assumptions embedded in one's way of thinking (see *Embedded Narratives* below).

I was making the clear assumption that, as in osteopathy, (my first and continuing profession),, where the mind appears largely absent within the treatment regime, so too within psychotherapy the body remains absent or removed from the therapeutic consulting room. My hope was that, by investigating the therapist's body, I could somehow reclaim the body for psychotherapy. I also hoped to reconcile my two professional lives, and that my work as both psychotherapist and osteopath could become integrated.

Embedded Narratives

During my analysis of data a rather disconcerting event arose. I had collected data from several focus groups and followed this up with in-depth interviews with psychotherapists.

One therapist was describing a feeling they experienced in their stomach with one particular client. It was an ache and would often occur with just this client. I asked what meaning they put to this experience and their reply was "So what I was doing, I think, was picking up the unconscious body memory (of the client)."

Initially when I read this I thought that it sounded like a plausible explanation. This sort of interpretation was made by many of the therapists in my research and is just the sort of embedded narrative that is part of everyday psychotherapy practice. However, there is an important point to consider when looking at therapist interpretations of their body experience like this one, namely that therapists are making claims about their own bodies which relate to something in their clients' bodies. This highlights a problem that is a part of psychotherapeutic culture, of which this therapist and myself are a part. The issue that requires highlighting is the issue of a client's 'unconscious body memory'.

On reflection, the claim to feel someone else's body memory is remarkable, especially as this memory is also unconscious. I introduce this point here to highlight that, although a sophisticated body communication mechanism may well be in operation, there is also a distinct lack of awareness of the consequences to such claims by this therapist. That is, as therapists, how can we know that our bodily feelings represent, or somehow correspond to, our client's 'unconscious body memory'?

I urge caution when making such interpretations, since there is a problem of implying certainty and dogma to what are essentially subjective phenomena. The physical responses of therapists are an important part of therapy, and feeding these feelings back into the therapy is one way of avoiding the trap of assuming our physical feelings have a causal connection with our client's 'unconscious body memory'.

> "I was falling into the trap of assuming knowledge of another person"

This was another crucial phase of my research story as it highlighted the uncomfortable realisation of how I used psychotherapeutic discourse – I was falling into the trap of assuming knowledge of another person.

Without the tools to challenge such assumptions, our discourse can be construed as abusive and claiming knowledge about people without checking this information with our clients.

I found this a very uncomfortable aspect of my research, resulting in a period when I seriously questioned whether I could continue to work as a psychotherapist, overcoming this only by an acknowledgment of my embedded narratives and how they could be used in a detrimental way in the therapy room.

I became very taken by the narrative movement and their rejection of discourse and experts of power-knowledge. In my work now I see that the therapist's body narrative is but one valuable tool that may be used in the therapeutic encounter, but that this information needs to be shared with the client.

I started my research journey with some clear objectives, but during the journey discovered the body did not need reclaiming for psychotherapy; it was already there, it's just that therapists hadn't written about their embodied reactions.

> "the body did not need reclaiming for psychotherapy; it was already there"

I have not been able to reconcile my practice lives as psychotherapist and osteopath into an integrated practice. In fact I am more confused than ever over the use of touch in psychotherapy and tend to avoid physical contact in the psychotherapy setting.

However, via in-depth research into embodied phenomena within psychotherapy, I have found a way of working with the body that does not require touch (Shaw, 2003). Therefore, by researching a practice issue I have discovered a way of working in practice that has developed a practice-based theory.

I have found my research journey challenging and exciting, and I hope I have contributed to psychotherapy research. I'm glad I undertook it and realise that, as long as I practice, I will be a practitioner-researcher.

Robert Shaw

Biography

Robert Shaw *trained first as an osteopath, later as a counsellor and psychotherapist.*

He now works in private practice as an integrative psychotherapist, supervisor and osteopath in Derbyshire.

His PhD examined psychotherapist embodiment. He is also a freelance lecturer specialising in the body in psychotherapy, and qualitative research methods.

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