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Chapter Three: Challenges of Supervision and Ethics in Experience-Near Research

Siobhan Canavan and Seamus Prior

In the preceding chapters, Liz Bondi and Judith Fewell argue for an experience-near approach to research in counselling and psychotherapy, deeply informed by practical rationality or *phronesis*. For practitioners, undertaking such research is likely to mean working closely with their own experience of therapeutic practice. This presents a range of ethical challenges, which we explore in this chapter.

In chapter one, Liz Bondi and Judith Fewell note the foundational importance of clinical work in the development of knowledge in counselling and psychotherapy, and they point to changing ethical and professional values as important factors in the subsequent marginalisation of clinical case studies within research. Following their argument in chapter two for a return to richly descriptive studies that work closely with examples drawn from practice, this chapter discusses how this might be achieved in ways that are informed by, and consistent with, twenty-first century ethical and professional values. A central ethical dilemma at stake is a tension between privacy and openness. On the one hand, the promise of confidentiality and privacy is foundational for the client's sense of safety and trust in the therapist, the relationship and the process, which enables the work of therapy to take place. On the other hand, only through the exposure of practice through detailed and honest analysis and discussion can practitioners open themselves up to ethical assessment and self-assessment (Habermas, 1993). This opening up also makes accounts of practice available in a way that enables the profession to advance knowledge and articulate its position within public fora. Furthermore, therapists have privileged access to the stories and lives of their clients, to their problems of living and their resourceful ways of overcoming their difficulties, and, as [Jane Speedy \(2008\)](#) argues, research constitutes an avenue for giving voice to clients and communities who may not otherwise have one. The management and negotiation of the underlying tension between the protection of confidentiality and the exposure entailed in research is explored in this chapter.

Chapters four to fourteen of this book have their origins in dissertations completed by Masters students with whom we and our colleagues have worked as research supervisors. The work of academic supervision has been formative for us in our development of experience-near, practice-based research, not least because it entails relationships between students and supervisors in which ethical questions are ever present. We therefore begin this chapter by reflecting on the relational complexities of research supervision, which set a framework within which questions of research ethics are addressed. Research supervision has an obvious relevance to educators who supervise students working on dissertations, but it also opens up complex issues of role and power that arise for all practitioners who reflect on their own clinical practice in depth and beyond the framework of clinical supervision, whether they identify as researchers or not, and, if they do, whether they consider themselves novices or experts or somewhere in between.

Our account of supervising practice-based research draws on the idea of an ethics of care, first developed by Carol Gilligan (1982), who, in the context of exploring gender differences in ethical reasoning, argued for an approach to ethics in which relationships matter. This relational approach to ethics offers an alternative to strict, unwavering adherence to abstract and therefore de-contextualised ethical

principles, which has a long tradition in philosophical consideration of ethics. In the second section of the chapter we explore the ethical work required when researchers (and their supervisors) undertake experience-near research that draws on their therapeutic practice. We discuss how practitioners can build on their already-established ethical sensitivity developed in therapeutic practice to address the complex ethical issues that may emerge in practice-based research. We argue that ethical mindfulness based on relational ethics and founded on the principles of therapeutic practice, rather than a technical or procedural approach to research ethics, enables practitioners to engage in research that is closely linked to practice, experience-near and consistent with the values of counselling and psychotherapy.

Supervising research on therapeutic practice: working in a liminal space

The academic literature on supervising research that derives from therapeutic practice is curiously limited. This may have as much to say about the relatively underdeveloped stage the field of counselling and psychotherapy has reached in securing its place in the academy as it does about the interrogation of research supervision in the field. In this section some of the issues and complexities of the academic supervision of practice-related research are explored. We position both academic supervision and writing about therapeutic practice as occupying liminal spaces. The idea of liminal space draws on the anthropologist Victor Turner's (1967) classic work on rites of passage, the relevance of which Salma Siddique (2011) has explored in relation to counselling and psychotherapy research. Siddique (*ibid.*, 315, emphasis in original) writes that

In order to move from an unknowing, not-understanding state to a position of understanding, a person needs to move through a middle, *liminal* phase. In liminality, the transitional state between two states or roles, individuals [are] "betwixt and between".

Siddique (*ibid.*, 315) has suggested that practitioner-researchers venture "out of the comfort of the therapists' chair" into other spaces as yet unknown and therefore yet to be explored and inhabited with ease. Understood in this way the terrain of research is not one where traditional demarcations between academic supervisor and research student are secure or fixed. For an academic supervisor who is also a practitioner and possibly a clinical supervisor there are multiple roles to navigate and selves to gather (Etherington, 2001). For the student who is writing about their practice, an additional layer of complexity is created in the encounter. Liminality can be containing, as conceptualised by Bion (1962), and transitional as Winnicott (1971) has described. But for practitioners their experience of moving into this liminal space will vary widely. For some, perhaps including those who are newly qualified, student status may be familiar, and this may make for an easier adjustment than for those coming into research with more extensive clinical experience and at greater distance from the role of student or learner.

The concept of liminality has particular relevance for the supervision of academic research grounded in counselling and psychotherapy practice because of the need for student and supervisor to move "betwixt and between" different roles and positions. It is not so much that practitioners have placed or re-placed themselves into the role of researcher, but that they are constantly re-negotiating the terrain that lies between the familiarity of their practice and its clinical supervision, and the unfamiliarity of research on that practice. If professional training has fostered the capacity for tolerance of not-knowing and practicing with manifold ambiguity (Cayne and Loewenthal, 2007), the practitioner-researcher may find a place to work

reflexively with their academic supervisor, alongside working with their clinical supervisor and their internal world, at the same time as holding their clients in mind. For this to happen well, however, there are a number of complex intersubjective encounters in this liminal space that can have a bearing on what happens in academic supervision, and which need to be navigated thoughtfully.

Sue Cornforth and Lise Bird Claiborne (2008) have helpfully noted that whereas clinical supervision takes as its focus the relationship with a third party (the client), academic supervisors support supervisees in their relationships with data that come from their clinical work. Both forms of supervision express a commitment to the third party of the client but differently. Supervision, in both clinical and educational settings, traditionally grounds itself firmly in an ethics of care and, as such, demands the same rigour of openness and exploration fuelled by “what amounts to an ‘ethic of self-reflection’” (*ibid.*, 159).

Cornforth and Claiborne (*ibid.*, 160) have also argued that in both forms of supervision

the invitation, the pleasure is in the primary relationship between supervisor and supervisee, rather than the secondary relationship between supervisee and object or other.

Reading the chapters that comprise the main body of this book, and knowing many of the students who have turned their Masters dissertations into chapters for publication, it is possible to see “the hand” of academic supervision between the lines of the work. However, it is also striking that only one of the chapters (by Patrick Fegan) explicitly references academic supervision for their work, while several refer in different ways to the clinical supervision of the practice they have researched. On one level this feels entirely appropriate; on another it evokes curiosity about the particular challenges of academic supervision when practitioner-researchers interrogate their own practice. What follows explores some of these challenges, based on our experience of supervising Masters students and informed by insights gained by a colleague who conducted a small piece of research on a closely related topic (Barbour, 2012).

Many of the practitioners who have researched their practice for this book undertook their professional training with trainers from among whom their academic supervisors were subsequently appointed. For both student and supervisor, this transition from trainee or trainer to research supervisee or supervisor is where the work begins. Quite apart from losing a training group and all its attendant supports, post-training research students are quickly exposed to a new world of epistemology, ontology, methodology, ethics and analysis, all of which challenge their assumptions about what research is and their place in this new, conceptually different environment. All of this can be profoundly unsettling for novice practitioner-researchers. In academic supervision some supervisees may respond to this by searching for the technical knowledge or *techne*, which constitutes the “know-how” of research, even though they have been attending classes in which the argument offered in chapter two is elaborated. But for novice practitioner-researchers, who have been so close to their practice experience, there may be an impulse to distance themselves from it, perhaps believing that an experience-far position is essential for what “real researchers” do (Geertz, 1983, 18). Their passion for their therapeutic work may even be dulled by this process. Initially, this kind of search for the certainties presumed to be found in technical knowledge may oust the practical rationality or *phronesis* to which students will be familiar from their training and to which they have been introduced in class as an approach to knowledge and research

that is consistent with the values and practices of counselling and psychotherapy. Academic supervisors confronted by this turn to *techne* are placed under pressure, and may feel undermined as if the practical wisdom of counselling and psychotherapy, which teaches us to trust the relational process of therapeutic work is no longer enough (Dunne, 1993). But we would argue that the task for academic supervisors is to hold their nerve and perhaps also to hold the hope that in time their supervisees trust in and passion for the practical rationality of therapeutic work will return and be augmented by the curiosity that reflecting upon one's own practice in depth both requires and enriches.

A closely related dynamic often in play in the early stages of the research process is that the locus of evaluation (Rogers, 1967) of the practitioner-researcher may become externalised. For practitioners who have worked hard in training to internalise their professional locus of evaluation and to own their competence, this can be deeply disturbing. In the initial stages of research supervision, this kind of disturbance may be represented by over-reliance on the academic supervisor to tell the supervisee what to do and a strong "need to know" in the approach to the research they wish to undertake. As well as holding to their facilitative role rather than becoming overly directive, the academic supervisor may need to acknowledge feelings of loss, perhaps relating to the loss of the training group, and perhaps to the disorientation and lostness that is an inevitable accompaniment to entering the unfamiliar terrain of research. While this may be most acute for novice practitioner-researchers, something similar recurs at some point in every researchers' experience of every project if they are genuinely open to the unknown.

In her developmental approach to academic supervision, Lindy Barbour (2012) cites the work of Daniel Stern (1985, 67) who has placed "all learning in the domain of emergent relatedness". Connecting psychotherapeutic practice with pedagogic theory, she describes a progression from dependency towards autonomy, with the need for academic advice and containment in early meetings between supervisor and student succeeded by a more collegial relationship later on, when the supervisee is likely to be more self-directed and more able to meet the academic supervisor as someone closer to a peer or sibling than a parent. An important element in this progression is often the realisation by supervisees of the centrality for their research of their own embodied knowledge of what they are investigating (often the therapeutic relationship) and of themselves in their encounters with others including their clients and clinical supervisors as well as their academic supervisors. In other words, they are the experts in relation to the material they are working with. There is a parallel here between academic and clinical supervision, and, all going well, practitioner-researchers' self-awareness and capacity for reflexivity can be put to good use in the former as it is in the latter (Smythe *et al.*, 2009). So, just as practitioners develop an internal clinical supervisory capacity (Casement, 1985), researchers develop an internal academic supervisory capacity. Neither become isolates, but as these internal capacities strengthen so relationships with supervisors become more equal.

Thus far we have focused on the relationship between practitioner-researcher and academic supervisor. Also in the liminal terrain of practice-based research supervision in counselling and psychotherapy is the clinical supervisor, who may not be physically or actively present but whose work with the practitioner-researcher nevertheless makes its presence felt. Academic supervisor and clinical supervisor may already know one another or they may never have met. For the academic supervisor in their encounters with the student a key task is to suspend judgement of

the work of the clinical supervisor. Questions the academic supervisor needs to address is “who am I in my (academic) supervisory self and in this (academic) supervision relationship?”; and “what is my task and what do I need to keep in my mind?” The academic supervisor may find these questions especially helpful when the practitioner-researcher is exploring aspects of their practice and how they used clinical supervision. If the academic supervisor is, or has been, a clinical supervisor, they may have to work hard not to “re-supervise” the practice. Embarking on lengthy discussions about details of the work enters this terrain and needs to be avoided or problematised should it happen. The task of academic supervision is to facilitate the student to examine and pose questions about processes attendant on their work, rather than revisiting the work clinically. To take an example, in chapter five Anna St Clair revisits decisions she made about hugging or not two clients. For the academic supervisor the task is not to reflect on these moments in relation to the therapeutic process with those clients or in other clinical work but instead to support Anna’s efforts to locate these and other vignettes from her work on a terrain in which she can explore connections between her self (including her personal history with touch and learning about touch), debates about touch in the literature and her rich and varied experience of therapeutic relationships. For the academic supervisor the student’s project needs to be held in mind and in this context the clients with whom the student works and has worked have a presence but they do not become central and they are not worked with therapeutically.

Practitioner-researchers come to the work of research with a passion for their practice and for understanding it in new ways. A particular element of their practice, an aspect of personal learning or challenge, or a wish to know more about the dynamics of a therapeutic encounter offer trustworthy starting points. These can sustain the student when the going gets tough. The research process needs more than passion, however, and the cultivation of the capacity to think coherently and theoretically, and to be curious about the work, is the stuff of academic supervision. In their clinical supervision practitioner-researchers are necessarily reflective but may have received or exercised little in the way of conceptual activity; in academic supervision, by contrast, conceptualising and theorising is foregrounded. Although it may take many different forms, we would suggest that conceptual work is central to the process of forming a coherent narrative about therapeutic practice and the place of the practitioner within it. Conceptualising practice and reflections on practice is not easy; it can raise awkward questions for the practitioner-researcher about what really happened in the therapeutic relationship and in the end it is likely to require returning to questions about why they want to research this practice at this time in this way. This calls to mind a personal experience for one of us of working with a student who was passionate to research aspects of suicide; the early work was theoretically complex, culturally sensitive and historically questioning but remained “experience far” until she was ready to engage, in supervision, with the softly insistent question “why suicide?” Only then did the work of integrating personal experience, practice reflection and theoretical engagement begin. This illustrates how the academic supervisor needs to be available to meet each research student in the specificity of their particular study with curiosity about what the work might mean for them, and who is willing to wait until they are ready to become curious about this themselves.

As this discussion suggests, another boundary that requires negotiation is between the academic and the therapeutic. The idea that research may have therapeutic effects for researchers has been elaborated in the literature of autoethnography (for example Poulos 2009) and we would expect researchers to be

drawn to topics that are personally meaningful for them, which will sometimes engage unresolved areas in their own internal worlds. Sometimes this may be within supervisees' awareness when they embark upon their research, but for others it may emerge only after they have become immersed in their studies. Moreover, even when the awareness already exists, it is often the case that something becomes heightened or calls out to be addressed in unexpected ways, exemplified in this book in chapters by Patrick Fegan and Margaret Turner as well as by Connie Johnson's revisiting of her experience as a client. There is a risk in situations like these that students confuse the tasks of research with their own therapeutic needs, and also that supervisors are tempted to cross the boundary between academic support and therapeutic engagement, a boundary that may come to feel fragile and difficult to hold with compassion and precision. In her exploration of how academics in counselling and psychotherapy work with their students, Barbour (2012) asked her informants about the differences they perceived in how they worked as academic supervisors and how they worked as clinicians. The responses they offered included the need to be proactive and directive as academic supervisors in ways they would not be as practitioners. Related to this, they also drew attention to the need to alert students to a distinction between research-for-knowledge (with personal development as a bonus) and research-for-therapy (where the student may be too close to their practice experience to be able to think about it).

Research is usually time-limited and the great majority of our Masters students need to complete their dissertations in less than twelve months from when they make the shift from professional training to research. This calls for a balance in supervision between attending to *processes* of reflection, conceptualisation and discovery, and the *task* of producing the coherent narrative of a dissertation that conforms to specific academic requirements and meets relevant academic conventions. Holding this balance is not always easy for academic supervisors. Facilitating the student's exploration and their capacity to play theoretically has to be matched with the rigour of a structure oriented towards the outcome as a contribution to knowledge. One colleague conceptualises this as "keeping the dissertation in the room", with the related task of holding the reader of the dissertation in mind. Thinking about what a well-told story might be, alongside producing a piece of work that can be creative and meaningful as well as being located academically, is always challenging. In moving between practice and research, whilst holding both positions, the most significant findings and discoveries can arise from attempts to negotiate states of being "betwixt and between" that relate to the balance between process and task.

Practitioner-researchers and their academic supervisors both have a say in how they inhabit the liminal space of academic supervision and how they negotiate their various roles and responsibilities. Both parties have a range of other experiences to guide them. Practitioner-researchers have a deep, embodied knowledge of their practice and their capacity to hold themselves and their clients within it; their academic supervisors have the knowledge that when a student is immersed in their work to the point of feeling submerged, they can come to the surface in supervision. In the end academic supervision is about providing the right accompaniment to help the student to see what they can't or are not ready to see, to challenge assumptions and narrowed perspectives, and to discover new truths. It is to encourage, care and assist the practitioner-researcher to work through the "in-between-ness" of the liminal space they have entered. In practice-based research of the kind advocated and presented in this book, it is a process in which the certainties of technical rationality are relinquished in favour of the holistic, embodied and

intuitive character of practical rationality in its openness and uncertainty. For counselling and psychotherapy practitioners, this may be an unnerving venture but it is also a deeply satisfying one in which it is possible to encounter in new and rewarding ways the practice-based questions and the passions that prompted their inquiries in the first place.

From practitioner to practitioner-researcher: developing ethical reflexivity

Ethical questions and dilemmas are often key components of research supervision. This section considers how practitioners who select for research examples drawn from their practice can develop an ethical mindfulness in relation to research that is founded on the principles of therapeutic practice, rather than seeking a technical or procedural approach to research ethics. We argue that developing ethical reflexivity in relation to research that is grounded in the relational ethics of the therapeutic relationship is key for practitioners researching their own practice, and that this is a fundamental element of a *phronetic* approach to research.

Experienced practitioners will have developed an ethical mindfulness in their practice contexts, often tested by a number of ethical quandaries. They have learned how to manage the confidentiality boundary in their training and supervision. They have also learned to discuss their practice in supervision and in peer learning groups, and to compose reflective case studies, demonstrating the integration of theory to practice and evidencing their competence. In each situation, they have found ways of navigating the competing ethical imperatives of their clients' rights to confidentiality and privacy, and their obligation to make their practice and learning accessible and transparent for the purposes of professional development and assessment. Research, however, brings a new set of ethical considerations, which many practitioner-researchers find complex and challenging. Its public nature creates significant challenges to confidentiality and to the requirement to do no harm. Where the work is ongoing, practitioners' interests in researching their practice introduces a new dynamic into therapeutic relationships, which needs to be understood and managed, while their clients' interests remain paramount. Even when the work is complete, issues of fidelity and trustworthiness come into play.

As discussed above, the potential anxiety aroused by the complex ethical challenges of this new situation, may lead novice practitioner-researchers to seek technical solutions in the form of strategems, procedures and checklists to minimise or even eradicate risk. As [John McLeod](#) (2010) has argued, a technical approach to the ethics of case study research is never sufficient to eliminate the potential for harm. Instead, the task for practitioner-researchers is to use their existing, clinically-based ethical reflexivity to think about the new ethical demands that arise when they research topics and themes inspired by their practice, perhaps focusing upon specific therapeutic relationships. This is a core dimension of *phronetic* engagement in practice-based research, which goes beyond the competent implementation of technical procedures laid down by research codes of practice and research governance frameworks. As [Marilyn Guillemin](#) and [Lynn Gillam](#) (2004, 269) argue "it is within the dimension of 'ethics in practice' that the researcher's ethical competence comes to the fore."

Ethical research competence does not require new or qualitatively different skills, nor does it require the assimilation of new theories or bodies of knowledge. Rather, the research context requires practitioners to consider their practice and their relationships with clients in new ways and to articulate positions for themselves as practitioner-researchers in relation to their clients. A relational rather than procedural

approach to ethics takes as its starting point the relationship between practitioner and client in the context of their work together, rather than the relationship between the researcher and the academic ethical review committee with its references to abstract principles and duties applied to hypothetical, generalised persons.

In her overview of values and ethics in therapeutic practice, Gillian Proctor (2014) traces the development in ethical thinking from principlism to relationality. Following Tim Bond's (2007) elaboration of "relational trust", she identifies a shift in professional thinking from an understanding of ethical practice as founded on the rational application of abstract principles to individualised subjects, to a conceptualisation of "ethics-in-practice" as the ongoing accomplishment of intersubjective relations of fidelity and trust between persons in context. This appreciation of relationship and context is consistent with the *phronetic* approach to research set out in this book, and underpins our argument that practitioner-researchers conceptualise the ethical work of research as a development of the ethical mindfulness they have cultivated in their therapeutic practice.

Accounts of the philosophical foundations of professional ethics tend to focus on three main strands: deontological, consequentialist and virtue-based. Deontological or duty-based ethics developed from the work of Emmanuel Kant and his conception of the unique inviolable personhood of the individual subject, who should not be used as a means to an end in any human action. Consequentialist thinking, developed by Jeremy Bentham and John Stuart Mill, requires the consideration of the consequences of any action by those involved in ethical decision-making. Within that strand, utilitarianism guides those making decisions to achieve the greatest good for the greatest number. In contrast to this instrumentalist thinking, virtue-based ethics, developed from Aristotelian philosophy, emphasises the moral character and motivation of the practitioner, and how they apply their personal and professional values and wisdom in particular circumstances. Deontological and consequentialist ethics have served as the basis for professional codes of ethics and the identification of the ethical principles of beneficence (acting in others' best interests), non-maleficence (not doing harm to others), justice (treating others with respect, fairness and equality) and autonomy (promoting others' right to self-determination). Virtue-based ethics has informed the development of the ethics of care and relational ethics, which underline the importance of the relationship between practitioner and client and the context in which they are located.

In counselling and psychotherapy the client usually seeks out and initiates contact with the practitioner. While power imbalances inevitably exist, the practice undertaken is first and foremost for the client, to serve his or her needs and goals. By contrast, in research, the researcher initiates the relationship with the participant and as a consequence "bears prime responsibility" for that relationship (Clark and Sharf, 2007, 400): the participant is invited to enter a research project in order to help the researcher to meet his or her goals. In addition to ensuring that research participants come to no harm, any researcher working with human subjects needs to address the Kantian ethical requirement of ensuring that persons are not used as a means to an end. In practitioner research, these issues are yet more complex because it is often the case – including in several of the studies in this book – that the client has not been specifically recruited into a research contract, but has entered a therapeutic contract. Only after this has the practitioner chosen to undertake research on their practice with the client. Consequently, in addition to practical considerations of consent-seeking, explored below, practitioner-researchers are called upon to address what Jane Speedy (2008, 54) terms the "ethical discomforts" that may emerge from

the sense that they are “using” their clients for their own purposes. As Kathie Crocket and colleagues (2004) have argued, it is through the extension of relational ethics from the therapeutic setting to the research setting that this potential objectification of clients in the research process is avoided.

In contrast to ethical deliberation involving the consideration of abstract principles, such as beneficence and fidelity, and to procedural ethics, which emphasises the necessary steps to be followed for a research project to receive ethical clearance, relational ethics focuses on the actual relationships between the researcher and others involved in the research. Relational ethics is concerned with ethical conduct grounded in the intersubjective relationship between a researcher and their research participants in the context of their real world interactions, where the researcher remains mindful of their ongoing ethical responsibilities to the other persons involved in, or implicated in, the research. As Carolyn Ellis (2007, 4) has argued

Relational ethics recognizes and values mutual respect, dignity and connectedness between researcher and researched, and between researchers and the communities in which they live and work.

In practitioner research, relational ethics requires that clients and their well-being are at the heart of ethical decisions within the research endeavour. Undertaking research may invite practitioners into new positions in relation to the practice-related phenomenon they examine, positions that emphasises critical inquiry, observation and questioning. However, practitioner-researchers simultaneously retain their original positions as counsellors or psychotherapists, and their ethics of care remains at the forefront in their research relationships with their clients, just as in therapeutic relationships.

One of the most demanding tasks for counsellors and psychotherapists in training is to develop their capacity to be authentically themselves and fully present as unique persons in therapeutic relationships while also occupying the role of practitioners who comport themselves within the ambit of professional standards (Lee and Prior, 2013). When practitioners come into research, a comparable accommodation is required: they need to find ways of being authentically engaged as persons and as practitioners in their research while expanding their identities to encompass being researchers.

Becoming a researcher requires a positioning of the self, to use the theory developed by Rom Harré and Luk Van Langenhove (1991), in relation to multiple others, which will be different from positionings within other relationships. Novice practitioner-researchers are in transition from being consumers of research to becoming potential producers of research, and they are in the process of joining communities of researchers, however conceived. Simultaneously, they begin contemplating the unknown potential readers of their research: examiners, other students and those who may access their research in the public domain. The contributors to this book, for example, have reworked their dissertations with you, the reader, in mind. The principal persons in relation to whom practitioner-researchers are developing their positions are, however, the clients whose work with their practitioners is being researched. Practitioner-researchers may also need to consider their clinical supervisors who may be directly or indirectly implicated in their research. Sometimes, for novice practitioner-researchers it is this realisation that also brings into awareness, perhaps in ways they did not anticipate, that research exposes them in new ways too, both as persons and as practitioners, and that this requires a new positioning in their relationship to their own selves.

A critical step for practitioner-researchers articulating their positions is to examine their motivations and personal investments in undertaking research, both in general and in relation to the specific pieces of work or aspects of practice on which they focus their investigation. There may be no definitive answers to these questions, since, as Jane Polden (1998) argues, the shadow side of personal motivation necessarily eludes even the most searching of spotlights. However, this questioning of self remains an important task in developing ethical reflexivity as a researcher, and research supervisors will often start their work with a new practitioner-researcher with an exploration of motivation, as illustrated in the “why suicide?” example above. In examining their personal motivation for undertaking practice-based research, practitioner-researchers consider both the contribution they may make to others through their work and the personal advancement they may be seeking through their development as researchers and perhaps also through academic qualifications towards which they are working. Those who go on to publish from their research, such as the contributors to this book, are also called upon to address what motivates them to circulate their work in this way, including reflecting upon their aspirations to become published authors in their fields.

Seeking the consent of clients for the inclusion of their therapeutic work in research is often seen as the cornerstone of good practice, even though, as McLeod (2010) has argued, gaining fully informed and freely given consent from clients may be ethically fraught, and perhaps impossible to achieve. Some of the authors in this volume, such as Janette Masterton and April Parkins, explicitly sought and gained their clients’ consent for the dissertations on which their chapters are based. In both cases, the clients concerned were eager for their stories to be told and their therapists were uniquely well-placed to give voice to people on the margins of society, illustrating Speedy’s (2008) point about the responsibility of practitioners to help marginalised people make their stories known. Other contributors did not seek permission, judging the risks of requesting consent greater than the risks of not doing so. Instead they used other methods to protect their clients’ interests, including minimising contextual information, using disguise, and writing under pseudonyms. Others again chose strategies that did not entail writing about specific clients at all even though their work is inspired by their therapeutic practice. Even among those who did seek consent from clients for their dissertation, none re-contacted clients for permission to publish their final chapters, either because this was impossible (for example because the client had died) or because the original consent covered publication.

Underlying the decisions made by several of the contributors of this book not to seek client consent are some important complexities. Traditional approaches to the clinical case study, especially those written in the psychoanalytic tradition, assume that the study is based on the “case” of the client, reporting their background, presenting issues, disclosures in therapy and their process of change and growth. However, the profoundly relational nature of the counselling relationship means that any account of practice can never be a one-person study; the practitioner, their practice, their process, their experience, their history are inevitably interwoven into the account, whether they are explicit about this or not. The contributors to this volume are all firmly rooted in this relational understanding of therapeutic practice and therefore they locate themselves explicitly within the processes examined in their various studies. Their work represents a rich variety of lenses through which therapeutic practice may be viewed. Among those who focus on single clients, some are concerned more with the client’s experience, such as

Janette Masterson, and others more with the dynamics of the therapeutic work and their own process, such as April Parkins, Patrick Fegan and Lynne Rollo. Connie Johnson adopts another strategy, illuminating experiences of therapeutic work by drawing on herself as client. Others, such as Christopher Scott, Anna St Clair and Margaret Turner, explore themes in therapeutic work which draw on specific moments or encounters with different clients, but do not present detailed accounts of the clients themselves or their work in therapy. Linda Gardner, Linda Talbert and Diana Sim do not draw directly on work with any clients but instead focus on aspects of therapeutic practice in other ways, in relation to training, narrative and engaging with theory respectively.

Whoever and however wide the readership of published research may be, practitioner-researchers need to hold in mind the clients who inspire their work and to think of them as potential readers, asking themselves:

- what might my client(s) feel if they read this?
- what might my client(s) think if they read this?
- would I be able to give this to my client(s) to read?
- what would my client(s) learn about me and our relationship if they read this?
- how faithful would they feel I have been to our relationship and the work we have done together?

Exploring these questions reaches into the heart of the ethical encounter between client and practitioner in both the therapeutic work and the research. It brings practitioner-researchers back to the ontological and epistemological foundations of their practice in both areas, requiring them to address questions of knowledge, power, expertise, voice and authority. By addressing these questions, practitioners return to consider their therapeutic practice in the particular relationships examined: what was known and said by whom, what was disclosed and what was kept private, what was shared, agreed and explicit, and in what ways might client and practitioner have differed in their understandings or their values? They ask themselves: who was I in this relationship, to my client and to my self, and who am I now in this writing, to my client and my self?

The research process, in its conduct and its publication, thus constitutes the continuation of the interpersonal dialogue between two subjects, in [Martin Buber's](#) (1923/2004) sense, where the values and ethics that form the bedrock of therapeutic practice are broadened to the practice of research. This is how a practitioner's ethical reflexivity can be expanded to promote their ethical competence as a practitioner-researcher.

As noted above, research on therapeutic practice is always about (at least) a two-person relationship. Potential objectification of clients is obviated through the conceptualisation of practice-based research as research into the therapeutic relationship and process, into a practitioner's use of *self*, rather than as being primarily focused on the client as an interesting "case" *per se*. Instead of positioning the client, their life, their story, as the object of research scrutiny, the rich practice examples presented in this volume investigate the therapeutic practice of the researchers, exploring the learning and development they have gained through their work. This highlights a further ethical dimension in experience-near research: that of the ethical responsibility such researchers owe to themselves as persons and as practitioners, as they expose their practice to wider scrutiny and potential critique.

While some practitioner-researchers may select for research outstanding examples of good practice in order to better understand how such gains were made, others, perhaps most, find themselves turning to work which has troubled or

perplexed them, which may represent unfinished business, or which proved particularly challenging. With a principal motivation to learn and develop, they select for further examination examples of work which have most potential to contribute to their own professional development, with the hope that such research will also contribute to knowledge more broadly.

Just as in therapeutic practice, where the person of the therapist cannot be extricated from the practitioner, so in research related to practice the person of the practitioner-researcher is necessarily engaged and exposed. Perhaps with the help of research supervisors, practitioner-researchers need to assess the extent of self-exposure necessary for any particular project and they need to remain mindful of their rights to privacy and their self-care. Researchers are always subject to evaluation in their research endeavours but unlike those who enjoy the status of university positions, students may be especially vulnerable in their self-exposure because they are presenting their work for academic examination. As we have already described, research supervision needs to address this aspect of ethical reflexivity while remaining attentive to the boundary with personal therapy that may emerge in such explorations. The relational ethics practised in a researcher's relationship with their clients also applies to the research supervision relationship, where supervisors observe an ethics of care towards their practitioner-researcher supervisees.

Conclusion

In this chapter we have argued for an avowedly relational approach to ethical dimensions of experience-near research, and we have turned to the values and principles of therapeutic practice to help us think about the questions at stake. Practitioner-researchers' therapeutic relationships with their clients are paramount, and so too are the boundaries of confidentiality and trust within which therapeutic work takes place. Yet if concerns about these matters silence us, our work will risk becoming stultified. We are relational beings and we need to be able to explore our experiences in dialogue with others. Clinical supervision provides an important forum for such dialogue, but it still restricts knowledge of therapeutic practice to those within the profession. Finding ways to communicate the experiential realities of this work to wider audiences is surely a key task for researchers in the field of counselling and psychotherapy. The discussions we have offered in this chapter are put forth in the spirit of encouraging others to venture into this project in ways that stay as close as possible to the ordinary realities of counselling and psychotherapy.

The concept of liminality is one that we have found useful in thinking about the relational complexities of academic supervision, in which the supervisor's task is to facilitate a process in which novice practitioner-researchers are initiated into the community of researchers. The relationship within which academic supervisors and supervisees work is one that is distinct from but can come close to boundaries with therapeutic training, clinical supervision and personal therapy. We argue that its distinctiveness needs to be discovered in its own way by each working pair. Consequently, rather than seeking to define the limits of academic supervision we have explored some of the themes and questions that may arise in the way supervisors and supervisees inhabit this terrain.

Over the decades since the second world war, ethical considerations have been a factor in the marginalisation of clinical case studies from research in the field of counselling and psychotherapy. During the same period, questions of ethics in research have also been transformed, initially in medical research, and more recently

in social science research. This transformation is often equated with the infrastructure for research ethics review, which has grown enormously, stimulating a preoccupation with procedural requirements as well as criticisms of these procedures (Dingwall, 2008; Schrag 2011). We have argued in contrast that experience-near research needs to approach questions of ethics from a different direction, focusing not on procedures but on relationships. By drawing upon and developing the ethical reflexivity acquired through clinical practice, practitioner-researchers have available to them valuable resources for thinking through the new challenges that research and publication bring. This relational approach, with its attentiveness to particularity, is rooted in and draws upon practical wisdom in a manner entirely consistent with the approach to research for which this book argues, and which is exemplified in the chapters that follow.

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