HUNGRY RESEARCHERS:
THE TENSIONS AND DILEMMAS OF DEVELOPING AN
EMANCIPATORY RESEARCH PROJECT WITH MEMBERS OF
A HEARING VOICES GROUP

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This paper follows my experience of developing an emancipatory research project with members of a Hearing Voices Group (HVG) while working simultaneously as both a group facilitator and a researcher. I hope to highlight both the potential of this type of researching as well as some of the tensions and dilemmas. Working with group members whose voices had often been subjugated meant that this power imbalance and ways of addressing it were integral to the research project. Informed by critical psychological and social constructionist perspectives I wanted to undertake a project which would directly benefit the individual participants as well as provide a wider social relevance. I will argue that both the theoretical and methodological perspectives the researcher draws on in order to do this will have a profound impact on the emancipatory potential of the research for both the researcher and researched, especially by determining what stories it is possible to tell. I would like to reflect on the experience of undertaking this research drawing on an interview in which I used the Biographical Narrative Interpretive Method to highlight its potential and limitations for facilitating this type of research.

My search to develop an emancipatory research project arose in the context of a Doctoral Thesis in Clinical Psychology (Snelling, 2003). I became interested in undertaking this project after listening to the stories of members of a Hearing Voices Group (HVG) while working as a group facilitator. These stories told of surviving great hardships and experiences of trauma and oppression and the struggle to overcome this. Some of the stories offered hope for others who were suffering as they told a story of a different future and of fighting back against the oppressors; both internal and external. I was moved by these stories as they sharply contrasted with the stories that I had heard whilst working on a psychiatric ward which offered little hope. It seemed people were struggling to reclaim their lives from a medicalised discourse in which their experience had often become reduced to a chemical imbalance. The stories that I heard provided counter-narratives which contradicted these dominant modes, and often acknowledged the presence of trauma, and the very real disempowerment created by a dynamic interaction between internal and external conditions.

I found that the stories that I was listening to were also connecting with experiences in my life when I felt that my voice had not been heard. I was also discovering a growing literature on documenting and reclaiming experience, including biographies, personal testimonials (White, 1996) and recovery stories (Coleman, 1999; May, 2000) which could have an emancipatory potential. I was encouraged and inspired by hearing the personal testimonials of Rufus May (2001) on Radio Four and Ron Coleman (2000). Meanwhile the National Health Service (NHS) (Department of Health, 1999) and the British Psychological Society (BPS) (Kinderman & Cooke, 2000) were developing guidelines for good practice which encouraged clinicians to work collaboratively with service users/self-help groups and to facilitate participatory and service user led research.

HEARING VOICES GROUP: THE AIMS AND UNDERLYING PHILOSOPHY

The HVG is part of an independent international self-help movement which views hearing voices as part of human experience and not as a pathological construct (Romme & Escher, 1993, 2000; Adams, 2000). From this perspective, it is not hearing voices themselves which is sometimes problematic but the meaning the voices hold for the individual. Developing a framework of understanding and in some cases exploring the connection between the 'voices' and an individual's life history can be an important part of coping with the experience and contextualising it (Romme & Escher, 2000). In the UK there continues to remain the dominance of the medical explanation and 'treatment' has tended to rely primarily on medication. The HVG provides an alternative to this and an opportunity for individuals to talk about their experiences, hear the stories of others and begin to reclaim their experience (Dillon & May, 2002; White, 1996).

There is an emphasis on maintaining groups outside of the NHS context as the independence of the HVG Network serves an important function of keeping open the possibility of a range of understandings.

THE DUAL ROLES OF THE HEARING VOICES GROUP FACILITATOR AND RESEARCHER

There is no agreed upon role for the facilitator of the HVG but one which is consistent with the philosophy underlying the HVG Network sees the facilitator as taking an independent role and helping to facilitate a range of views (Martin, 2000). Ultimately the aim of the self-help group is for the group members to become facilitators themselves. The movement challenges a number of traditionally held binaries, for example, between professional/voice hearer, which has the potential to open up a different kind of thinking space. Working with the group I hoped to develop a project which could facilitate reflection and the reclaiming of experience (White, 1996; Dillon & May, 2002). I thought that telling one's story might also have a healing or emancipatory effect (Rosenthal, 2003; Vickers, 2002; Wosket, 1999; Etherington, 2001; Hagedorn, 2004). I had already developed trusting relationships with group members and as a facilitator I was familiar with their worlds (Charmaz, 2004; Warr, 2004). I would also be available during and after the research process (Wosket, 1999; Etherington, 2001). I was linked in to a wider network of supports which the group members could make use of. However, I did experience a number of tensions, for while I hoped that the process of telling one's story, reflecting on it and documenting it would be liberatory, I also felt anxious that it might be exploitative or cause harm. Some of these concerns may have arisen from a conflict between the 'objective' and the 'situated and embodied' researcher and the need to maintain 'boundaries' between research and other activities. These anxieties may arise from taking a 'narrow' view of ethics (Rosenwald, 1996; Charmaz, 2004; Warr, 2004) while other anxieties were an acknowledgement of my responsibility in undertaking the project.

IN SEARCH OF A METHOD CONGRUENT WITH EMANCIPATORY AIMS

There are a number of considerations which need to be taken into account when working with self-advocacy groups, including addressing issues of power and inequality in the research process (Charmaz, 2004; Hoskins & Stolz, 2005). I was sensitive to the fact that the research methods and theories I chose had to be congruent with my own philosophies of science, values and ethical beliefs (Hoskins & Stolz, 2005; Mantzoukas, 2004). The latter would serve to shape the experience of both the participants and the researcher in the research process including the stories that were told and also later during the analysis, interpretation and writing it up (Mantzoukas,

2004). Therefore, the researcher needs to take responsibility for their part in the creation of the process including acknowledging their personal connections and motivations for undertaking the research (Chase, 2002). It was important to engage in a reflexive analysis at a number of levels from the personal/intra-psychic to the ideological (Murray, 2000).

I wanted to draw on a method that would not further fragment and objectify the participants' experience. Questioning the traditional notion of the objective researcher I wanted to actively draw on the use of self in the research process (Wosket, 1999; Hollway & Jefferson, 2000) by exploring my counter-transference responses. This would be a way of acknowledging aspects of shared experience and a common humanity (Ogden, 1994; Benjamin, 2004). Acknowledging oneself as an active agent in the process means exploring the tension between hearing the participants' voices and the responsibility of finding a way for the researcher's voice to be heard (Mantzoukas, 2004; Hoskins & Stolz, 2005). By engaging in a participatory approach driven by therapeutic and ethical considerations (cf. Wosket, 1999; Etherington, 2001; Rosenthal, 2003; Charmaz, 2004) I hoped that we would reach shared understandings (Benjamin, 2004) and an active privileging of personhood. This meant sometimes switching off the tape, thinking about whether it was the right time for the story to be told. Avoiding 'mechanolatry' (Parker, 2003) and drawing on methods and theories for their potential for creativity and 'goodness of fit' (Salmon, 2003; Jones, 2001) was particularly important when working with people who have been traumatised and who have very difficult stories to tell.

BIOGRAPHICAL NARRATIVE INTERPRETIVE METHOD (BNIM)

I came to draw on the BNIM open narrative approach to interviewing (Wengraf, 2001) as I felt that its framework addressed some of these issues. One of the central features of the BNIM is a single narrative inducing question and minimal interviewer intervention. This opened up a vast space for the participants to tell their stories. The question asks 'Tell me your life story, all the events and experiences that have been important for you personally which have led to this point. Begin wherever you like. I won't interrupt'. This attempted to address the power imbalance by creating a space in which the participant's voice can be privileged. Thus, offering an opportunity to explore material which was important to them whilst not asking them to move beyond their defences (Wengraf, 2001; Rosenthal, 2003). I suggest that the framework also holds anxiety, creating conditions more likely to facilitate a free associative response, and the 'free floating' attention of the researcher. This allows space for a unique co-created gestalt to emerge, facilitating the development of new intersubjective thirds (Benjamin, 2004; Ogden, 1994). Actively listening to the account without feeling a pressure to respond liberated me to notice the comings and goings of my own responses which were emerging as the stories were being told (Ogden, 1994). It created an

intersubjective space in which the emotional or embodied aspects of experience could be privileged (Smith, 2004).

Winnicott's (1971) concept of potential or transitional space and later readings of the importance of a third area of experience (Ogden, 1994; Benjamin, 2004) became useful in conceptualising the qualities of this interview framework. This 'third' area can be thought of as a developmental space where meanings can be played with and not foreclosed too quickly and where we can suspend our disbelief. This creates opportunities for new ways of being by enabling paradoxes and ambivalences to be held in tension without having to be resolved, i.e. between internality/externality; discovery/creation; recognition/negation; similarity/difference. The 'third' has been conceptualised in a variety of ways but from this perspective the quality of the potential space or intersubjective position of thirdness is a function of the relationship (Benjamin, 2004).

Benjamin's reading explores how the early third emerges from the non-verbal interactions between the dyad creating a 'rhythmicity' or shared dance which involves a mutual recognition and accommodation. This experience of union and accommodation is held in tension with moments when misunderstandings and ruptures in the relationship occur. It is suggested that attempting to repair these ruptures and coming to shared understandings can itself have a therapeutic potential. This active working towards shared understandings or thirds can also facilitate the emergence of a reflective function or symbolic third which introduces further differentiation into the relationship. This view then postulates an intersubjective subject emerging from a mutual exchange between two persons and manifests on a procedural and symbolic level. The wider structures in which the dyad is held, for example, the organisation, cultural space and the physical environment will also influence the type of subjectivity which is possible (cf. Blackman, 2001; Goldberg, 1999). I drew on these theoretical approaches as I felt that they enabled me to think about the co-constructed aspects of the research experience emphasising a shared responsibility in the understandings reached.

I would like to explore the experience of undertaking this special type of interview with Megan. This is taken from a wider study of seven in-depth life story interviews with members of the HVG. It provides an exemplar of a recovery story: a unique story that has wider cultural connections as well as a more specific relevance to the HVG.

MEGAN'S STORY: THE CREATION OF POTENTIAL SPACE

At the time of the interview Megan was 39 years old, a single white female, a member of the HVG and also a trainee counsellor. Megan had been hearing distressing voices since childhood and she had had a number of

hospital admissions. However, she had not had a hospital admission since attending the HVG which she describes as a turning point in helping to re-integrate her experience. I suggest that the BNIM interview, the methods of analysis and write-up functioned in a similar way to the HVG by creating a framework in which the dyad could be held, enabling new subjectivities to emerge.

I undertook the interview at Megan's home, in the living room of a large Victorian house as this was where she felt safe (cf. Warr, 2004). There were pictures, plants and soft lighting and the presence of a desk and a computer in the corner of the room, filled with papers and books arranged in an orderly way and there were musical instruments displayed on the walls. Some of these objects later became invested in shared meanings (Ogden, 1994) as I later found out that Megan's mother had been a musician. As I observed the violins and stringed instruments displayed on the walls I thought about the presence and absence of mothers, connecting with my own memories as a child of playing the violin with my mother, and all the meanings that this held. This included unspoken feelings of envy and rivalry in the relationship between us.

Megan asked if I would mind waiting as she had to finish her counselling journal. She said that she would not eat until she had done this, would I like anything? Was this a sign that she was taking back power early on in the research process? Or a questioning as to whether we could share experience together? We were both anxious at the beginning of the interview. There was an anxiety between us about what might emerge and what I would make of her story. Reflecting on the process Megan later said that she was anxious that her story would be used for dissection and manipulation by a hungry researcher. Was what I was asking Megan to do liberatory or oppressive? Facilitating or exploiting? Would the telling of the story be creative or destructive? These doubts and anxieties re-appeared in different guises throughout the process: sometimes more my anxiety, perhaps sometimes Megan's, at other's perhaps my supervisor's. There were also shared existential anxieties about the enormity of the task of looking back at one's life and forming an intimate relationship with another person.

I found that the structure of the interview cleared a space in which some of these anxieties could be held and thought about. The immediate frame and the setting, including the wider organisational and cultural context, served to contain but also shape the experience. I suggest that this put Megan in touch with other times in her life when she had experienced space in similar ways.

Here Megan talks about her experience of working with orphaned children in Eastern Europe:

"What was wonderful for me was (a) the clarity erm, I was in the Eastern European mountains so there was opportunities for me to go and sit on top of, you know, big bits of mountain. Erm, and be able to see for absolutely miles and miles and, and have clean air and you know and just be away from everything in England and actually be able to look back on stuff very clearly, you know. Erm but working with children and listening to their stories as I got to know them, certain situations I felt such a tremendous empathy with, you know, I could hear it from them and, and suddenly think, actually I'm not alone with this and it's ok to talk about it now whilst there was no way of talking about it with the children, I knew when I got back to England you know with these new understandings and learnings I could come back to England and start dealing with stuff".

Here Megan tells us how the mountain range provides a frame which enables her to think about the understandings gained from working with the children. Like the framework of the interview it creates a unique vantage point, a vast space which facilitates reflection and at a distance that feels safe. It allows Megan to maintain an internal awareness of the tension between identificatory oneness and the complementarity of twoness opening up a space for a symbolic third to develop (Benjamin, 2004).

Likewise, while listening to Megan's story at times I felt a tremendous empathy with her particularly as I recognised similarities in our lived experience: we were both interested in researching our lives and exploring what this meant for others. We had a hunger to find out where we had come from and where we were going. We both identified ourselves as being professional women, Megan being about 10 years older than me. We had both survived difficult experiences of pain and loss and we had both come to education as adults and were interested in psychotherapy training, research and recovery. In a parallel process, we were both undertaking trainings in which the work that we were undertaking with others was eliciting our own personal biographical connections which we were attempting to process and make meaning of. We were both embarking on the next stage of our lives and at the same time we were looking back reflexively: were we both hungry researchers? I felt a sense of mutual recognition and valuing taking place between us which reminded me of Kohut's concept of 'twinship' where difference is experienced outside the relationship (see Kohut, 1984).

The qualities of the interview framework including the minimal stance taken by the researcher facilitated the creation of this mirroring experience, the researcher expresses their active listening and empathy almost entirely via non-verbal communications thus facilitating an overall experience of 'at-oneness' and union with difference being held in a dialectical tension creating the beginnings of a 'rhythmic third'.

Beginning in childhood the interview created an opportunity for Megan to reflect on and re-work her important relationships and in doing so to explore

what this meant to be her, to be a woman. Likewise, as a researcher and a woman, hearing Megan's story in the space of the interview enabled me to identify with, reflect on and re-work aspects of my experience. In A Room of One's Own (1929) Virginia Woolf wrote, '*We think back through our mothers if we are women …*' for a precedent and for inspiration but also for negative examples, models of how not to live one's life (Dalsimer, 2004). Dalsimer (2004) also raises the question of what happens when our own mother has been absent and we know little or nothing about her. Writing about Virginia Woolf she says, *'Those whom we have lost are not absent, she knew well; indeed, they are all the more present for being readily available to fantasy'*. Megan told me that her mother had been largely absent throughout her life and that she only really knew her as an adult for a limited time before she died. Megan described how she had built up a picture in her mind of what it meant to be her mother and to be a woman, but through the eyes of her father; she did not know if she could trust these constructed memories.

I don't have a tremendous amount of memories myself, only what I've been told by my father who based on experience is now I don't, I don't actually believe most of what he said. Erm, bits I do believe, I mean, I'll let you know, erm and bits from my mother who given that I didn't see her for 27 years, was quite difficult to grasp some of it anyway.

The space created by 'knowing' and 'not knowing' allows room for new identifications to be made but at the same time it creates opportunities for misconceptions and idealisations. However, the rhythmic third created early in the relationship between Megan and her mother may exist as an embodied experience bringing to mind again both the presence and absence of mothers. This may also have reflected Megan's experience of me as a researcher as I took a minimalist stance. However, while listening to her story I experienced connections and associations which ebbed and flowed alongside similarities and differences in our stories like a musical improvisation creating a unique gestalt. I did not give voice to these connections, partly because they were not available to words, and at other times because of my own uncertainty whether it would be liberatory or oppressive. Sometimes I had dreams, memories and other reflections which emerged from this shared third which I hoped could be thought about in the spaces I had created for reflection and processing, such as therapy and supervision, together with other aspects of experience which were more difficult to reclaim.

WHAT ABOUT THE DIFFERENCE?
LOOKING BACK THROUGH OUR FATHERS

When aspects of experience cannot be recognised they can become subjugated (Ogden, 1994), existing as unprocessed communications which can 'consume' the potential space and create a 'negative third' (Benjamin,

2004). The father or Other may act as an alternative dyad in which different identifications may be made or as a holding structure. Williamson (2004) explores the importance of fathers for the psychic development of the infant and specifically daughters, and of the importance of a 'second object' for structuring psychic experience. Someone who will hold the infant in mind and is there to turn to if the relationship with the mother is difficult. She also explores the idea that a woman's sexuality and femininity may be structured as much through her experiences of being fathered as of being mothered. Here Megan reflects on the relationship with her father as she tells us about her experience of working with a priest who looked after orphaned children in Chile:

So that was weird, on the one hand I hated him and on the one hand I could see, learning about Chile and generally the absolute poverty and dire straits those children would have been in, had he not put a roof over his head, over their heads. What that started making me look at was my dad and how on the one hand I had this man who I loathed and detested but on the other hand could look back and think maybe if he hadn't done the things to me that he'd I wouldn't be where I was that, you know, this day as it were. And also, very much the whole thing of again working with children who were taken away from parents. Either because their parents didn't, couldn't handle them or because their parents were so violent and so on. The little girl in me who still very much wanted a dad and the other thing that I have to say all these children in the home did was they called him dad. Whereas his punishments to them could be quite drastic to me and, and he wouldn't have got away with it in this country. When it came down to it, he was there for those children every step of the way he really was. You know, erm, in the quiet moments, in the behind the scenes moments you know, he was incredible with those children, absolutely incredible. So again, like the Eastern European, it was, I don't know it was probably the best therapy I've ever had. What it wasn't, was, it wasn't structured you know, and I mean it was never meant to be therapy but it wasn't structured in any way. So, at the time it didn't make a lot, a tremendous amount of difference to my, my being.

Here the cultural context creating distance in space, time and location provides a framework which makes it safe for Megan to explore the ambivalent feelings she holds in relation to her father by identifying and making comparisons with the priest and the children he works with. She contrasts the holding qualities that her father provided, and her needing a father figure, with the darker side of his character which she has struggled to come to terms with. De Botton (2003) has described how we often go to faraway places, to experience a foreign culture or a sublime landscape, to help us make comparisons and to put things into perspective. The holding qualities provided by the framework of the interview also enable Megan to re-work parental identifications (Williamson, 2004). The above vignette may also be a comment on aspects of our relationship which have been 'subjugated' and may also represent the aspect

of Megan's voice and my voice as a researcher which struggled to be heard during the interview.

THE CO-CREATION OF EXPERIENCE: EMBODIED EXPERIENCE AND THE SUBJECTIVE THIRD

It is important to convey that the impact of Megan's story was not only communicated in words but also via a powerful non-verbal or embodied story which was being experienced and created between us in an intersubjective third (Ogden, 1994). I struggled to put the experience into words partly because I could not yet find the words and partly because I was afraid to openly acknowledge and claim certain aspects of my experience which were at the root of these identifications. The space created by the passing of time, a change of location, and in drawing on the insights of other researchers enabled me to take a different relationship to this experience and created a safe space for unconscious associations to emerge. Riessman (2003) has described how she returned to her interview transcripts 20 years later and it was only then that she was able to acknowledge some of the unspoken relational elements of the interview. Likewise, it was not until a recent visit to St Ives that I discovered that a book that I had read by Virginia Woolf, To the Lighthouse, was in fact an autobiographical account based in and around St Ives. I remembered long after the time I had read it the impact that this novel had left on me, and a powerful lived experience was created inside of me as I journeyed through the pages. The words were textured and they ebbed and flowed like waves, creating a texture like an oil painting. It was as I stood overlooking the seascape at St Ives that the experience was coming to life again. It brought to mind again the importance of spaces and places in the creation of experience and how certain types of place can facilitate certain types of subjectivity. It was a similar experience that I had while listening to Megan's story, a unique 'gestalt' had been cocreated in the relationship between us, which was shaped by the open space of the interview framework and the wider structures in which it was held.

Woolf's story, as Megan's, has wider cultural connections which made me think of what biography can reveal about our lives as women. What aspects of experience do we value? What stories can be heard and what stories are never told? What 'untold' stories are transmitted down the generations? As researchers do we make the connections to our own biographies explicit or do we leave them unspoken and implicit but still present in their absence?

THE EMANCIPATED RESEARCHER? CAN THE RESEARCHER'S VOICE BE HEARD? SUPERVISION

After immersing myself in the experience of the interviews and during analysis of the transcripts I had hoped that supervision could provide a

framework creating a space to enable me to think about these processes. However, this was not as straightforward as I had hoped. It was much harder than I had realised to reclaim these aspects of experience for a range of reasons including both internal and external constraints (Smith, 2004). Some aspects of my experiences and personal connections felt more possible to talk about than others. It was the aspects of my experience which I was not able to share that I struggled with. My supervisor was also anxious about self-disclosure during supervision as he felt this could lead to a blurring of the boundaries between supervision and therapy or what he termed between 'teaching' and 'treating'.

I felt that the distress had touched me on a deep level and the story was also my own. There was not a sharp divide between the subjectivities as in the traditionally held narrative about the objective researcher. Judy Davison (2004) has written an interesting and helpful paper in which she explores how achieving heightened empathy and emotional resonance with research participants is likely to increase the richness of the research data, but also may accentuate researcher vulnerability and distress. This might be particularly important when working with people who have experienced trauma (Davison, 2004; Rosenthal, 2003; Warr, 2004). I had also experienced loss and bereavement but I was not able to openly make that connection. Unknowingly I felt disempowered. I felt that if I had been able to share this experience in the supervisory space, a space connected to the outside world, then this would have enabled me to feel it was acceptable, perhaps to distance it, and then to begin to reintegrate it into myself as Megan describes herself doing in her relationship to the Hearing Voices Group:

And I blurted for the first time in my life what all these thoughts that were going on in my head. And I have to say from the instant I did it the sense of release was tremendous, absolutely tremendous. Part of that was in that these people I'd never, I'm going to cry again (clear throat). These people that I never ever, most of them I'd never ever met before, were sort of when I was saying things they were nodding and agreeing with me and they just made me feel as if I wasn't some kind of freak, it wasn't something I had to be ashamed of (tearful). Erm, made me feel like it wasn't unusual, you know erm and that was the first time really in my life that, for me, and this really takes us right back to the beginning with my dad's attitude towards my 'mentalness' as he called it and his, you know total dismissal of that.

I would have liked to have told my story in supervision as I felt that I could identify with my supervisor in a positive way paralleling my relationship with Megan. For example, my supervisor was about 10 years older than me, he had already undertaken his psychotherapy training and there was a mutual interest therefore in psychotherapeutic ideas and research. However, perhaps not telling my story also reflected an underlying ambivalence as I was uncertain about how it would be received (Davies et al., 2004; Finlay, 2002; Vickers,

2002). This struggle represented on one level an intra-psychic struggle which now set up particular identifications with my supervisor and an intersubjectivity created conflict as he also struggled with these issues. Megan's story of her father's rejecting attitude toward aspects of her experience which he had described as 'mentalness' reflected in the parallel process of supervision. I experienced supervision as both emancipatory and oppressive. At times, I felt my experience had been recognised and valued by the space created by the psychoanalytic framework and the personhood of my supervisor and at other times negated by the absence of care that I felt which was communicated in 'withholding', 'non-disclosing', 'de-personalised' aspects of the frame. It was as if there was both a valuing and a negation of different aspects of experience co-created between us, a dance which created another unique gestalt. I wondered if this was re-created in my relationship with Megan as I was also unsure how to include my voice in my relationship with her and worrying what effect it would have. I found silencing of my voice during the interview did allow Megan the space for her voice to be heard while at other times I wondered whether not openly acknowledging shared experience perpetuated an artificial power divide.

At times, I felt like my 'minimal' stance facilitated reflection while at other times I felt it may have inhibited it as Megan may have experienced me as 'withholding'. As with any aspect of boundary-setting at times a method can facilitate the exploration of experience and at other times inhibit it (Davis & Wallbridge, 1991). Moving to a more shared position I wondered whether selective self-disclosure could facilitate emancipation by reducing the artificial divide between the researcher and the researched and in doing so reduce objectification of research participants by acknowledging similarities in experience.

I began to realise this was not just my struggle but linked in with wider ideological and organisational debates about self-disclosure in psychoanalysis (Shill, 2004; Benjamin, 2004; Meissner, 2003; Yalom, 1997) and is also present in debates about how the researcher's voice is included in the research process. Vickers (2002) described some of the difficulties she has encountered while attempting to tell her story as a researcher, difficulties that others have faced in their organisational contexts due to issues of power and inequality. Others have written about the epistemological, ideological (Mantzoukas, 2004; Finlay, 2002) and ethical constraints (Hoskins & Stoltz, 2005) which may leave the researcher's voice out of the story. How one conceptualises the subjectivity of the researcher and participant will have profound implications for how they are thought about and treated (Mantzoukas, 2004).

The institution in which I was training and in which our supervisory dyad was held espoused a positivist world view, driven by wider NHS funding directives. It sanctioned the role of the clinical psychologist as 'reflective scientist practitioner' drawing on 'evidence based practice'. From this

position, the researcher is 'objective' and has an 'essentialist' self whose emotional world is negated making it very difficult to think and to talk about it. However, from a post-positivist view the researcher's subjectivity actively shapes every aspect of the process (Mantzoukas, 2004) in an intersubjective dynamic process. If the training institution was to accept the researcher's subjectivity as an integral part of the research process then they would also have to consider the researcher's emotional world, their vulnerability and their need for regular supervision and personal therapy in order to ensure 'good practice' and to facilitate reflexivity. It would be necessary to actively encourage the researcher's voice to be heard because it would be both epistemologically sound and ethically responsible to do so (Benjamin, 2004). I realised that just as the medical model serves to 'reduce' experience by excluding large parts of a person's emotional life and history so did the same 'positivist' world view held in the training institution.

I had found out how difficult it was to tell my story, to have my voice heard for both external and internal reasons and I wondered if this was in fact a powerful intersubjective counter-transference response, a lived experience which had been created while I was listening to the stories that had been communicated via a projective identification creating a powerful subjugated (Ogden, 1994) or negative third (Benjamin, 2004). This was a shared experience of a powerful embodied communication which had not yet been put into words. I realised what a struggle it had been for Megan to put her story into words and to find a place to tell it where she would not feel persecuted or silenced. I also recalled occasions when group members had spoken about their voices and had had their medication increased, or they had been hospitalised and sometimes forcibly injected. This meant that in ward rounds they kept quiet and did not self-disclose. Many of the participants, including Megan, expressed relief during the interviews at having the opportunity to tell their stories often for the first time to someone that they trusted. I believe I now have more of an understanding of their experience. In parallel with my experience of supervision there might also have been aspects of experience which were both recognised and negated, some voices that were heard and others silenced.

ANALYSIS AND WRITING IT UP: WHOSE VOICE IS HEARD? WHOSE VOICE IS SILENCED?

Woolf (1929) explored both external and internal constraints that women experienced due to social inequalities which could conspire so that the piece was never written and the author's voice never heard. Smith (2004) revisits these tensions faced in writing up qualitative research at a time when the unconscious aspects of experience need to be privileged and a space cleared in order for them to emerge. These might include putting in place external structures such as supervision, a room of one's own, but he also describes the

importance of clearing an internal space. Quoting Woolf, he highlights how at times it is necessary to silence an internal 'oppressive' voice, which Woolf calls, 'The Angel in the House', perhaps the voice of her (m)Other which she needed to silence as it was preventing her from writing. She writes, 'The Angel in the House … Had I not killed her she would have killed me. She would have plucked the heart out of my writing …' (Woolf, 1931, in Smith, 2004). Some voices may need to be silenced in order to enable others to be heard and our own internal struggles may be helped by locating ourselves in wider frameworks in which these aspects of our experience can be recognised and thought about, for example, the HVG independent of the NHS framework and the imagined 'understanding' audience of the Journal of Social Work Practice (JSWP).

THE HEALING POTENTIAL OF STORIES: RECLAIMING EXPERIENCE

A range of authors have written about the healing potential of telling one's story (Rosenthal, 2003; Etherington, 2001) and more recently for the researcher (Vickers, 2002; Hagedorn, 2004). Woolf also wrote about the cathartic power of writing. About "To the Lighthouse" she said "*But I wrote the book very quickly; and when it was written, I ceased to be obsessed with my mother. I no longer hear her voice. I do not see her*" (Woolf, 1940, in Shulkind, 2002, p. 92).

Megan describes in her account how she has used the potential space created in the Hearing Voices Group to tell her story, and in identifying with others she has been able to re-integrate aspects of her experience. The group, by providing a space where these aspects of experience are recognised, accepted and thought about, has served as a bridge to 'normal' living. Megan describes this as a 'turning point'; she is now able to live with aspects of her experience which she previously could not accept as part of herself and in doing so finally moves on from the group.

"Erm, a lot of the thoughts I get in my head, what I found was the one time I would ever call them voices was when they were particularly nasty and I think the reason I did that was by calling them voices and detaching myself from them, they you know I could call them voices and make them external and then they weren't a part of me so I didn't have to take any responsibility from them. Since I have accepted them again as just thoughts I've learnt an awful lot about a very real dark side to myself and a very real light side to myself."

In parallel to the experience of the HVG, it is possible that for Megan the interview acted as a turning point in re-integrating valued aspects of herself. Megan's first major experience of difference or 'not me' was on reading of the life story transcript; although we had talked about what it might be like to read her story, she was 'shocked'. I felt 'frightened' and 'concerned'; it

felt as if the life story was an unwanted impingement that came between us. Megan was angry. Did she want to change it? Take things out? Include things? No. This was her story, there was no other story she could tell, this was the story she wanted to tell. I wondered if the 'shock' was because she had experienced telling the story through me and now here again was the raw unprocessed experience which had not been integrated.

Hence our shared dance also included moments when painful breakdowns or miscommunications occurred which can be experienced as a cumulative trauma (Khan, 1963) or an impingement from outside (Winnicott, 1967). This is also illustrated in To the Lighthouse when Woolf does not warn the reader of the death of her mother and leaves them feeling 'shocked' and 'betrayed' (Dalsimer, 2004). The collapse of potential space into the complementarity of twoness or 'doer' and 'done to' makes the reader feel 'betrayed'. Part of the repair involves coming again to a shared understanding largely facilitated by the researcher/author taking responsibility for their part in the collapse (Benjamin, 2004). Indeed, it was only in the writing of the paper in a collaborative way with Megan that she was able to take a different relationship to it. It had become more like a transitional object, a bridge between the two of us, and her present, past and future experience. It had been turned from an object of 'horror' and 'disgust' into something creative between us, something to be admired, something of value (Hagedorn, 2004; Vickers, 2002).

This seemed to be a cathartic process for Megan as in the writing up of her life story and her case study she felt that important aspects of her experience had been witnessed and validated. So rather than my analysis and write up being about individual interpretations it was about the recognition and valuing of her experience. Megan describes how taking part in the research has enabled her to reflect on her life in a way that she has not felt possible before.

Megan comments:

"Taking part in the research allowed me the space to look at my 'illness', my 'symptoms', and 'my history' as someone who has moved on, and not as always had been before where simply by talking about it I still lived very much within it."

It is only in the writing of this paper that I am beginning to reclaim my experience and find my voice. This has been an emotional journey for me as a researcher, one which has been painful, hopeful and liberatory and at times oppressive. Woolf explored a number of the conflicts and tensions which are present in the documentation of biography and human experience and it is only in my being able to revisit her writing and that of others who have written about her work that has enabled me to put my own experience into words. These writings and 'imagined audiences' of JSWP have provided a holding

environment to enable me to go beyond the 'silencing effect' of my internal/external supervisor and training organisation to identify with a wider community past and present. This acknowledges and allows the researcher to explore these personal and emotional connections to their participants' material as part of the research process.

AFTERWORD

Since taking part in the research, Megan qualified and is now working as a counsellor in a crisis house for women experiencing psychosis. This crisis house serves as an alternative to the NHS in-patient services. I have qualified as a clinical psychologist and continue to work with the HVG. Some members like Megan have made the transition from facilitating the group to undertaking their own emancipatory projects; another has begun to write his life story for publication; some members have continued to attend while others have moved on. We all continue the struggle to privilege the voices which liberate us and to silence the ones which oppress us.

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REFERENCES

Adams, J. (2000) Hearing Our Voices, Mind Publications.
Benjamin, J. (2004) 'Beyond doer and done to: an intersubjective view of thirdness', The Psychoanalytic Quarterly, vol. LXXXIII, no. 1, pp. 5–46.
Blackman, L. (2001) Hearing Voices: Embodiment and Experience, Free Association Books.
Charmaz, K. (2004) 'Premises, principles, and practices in qualitative research: revisiting the foundations', Qualitative Health Research, vol. 14, no. 7, pp. 976–993.
Chase, S. (2002) 'Learning to listen: narrative principles in a qualitative research methods course', in Up Close and Personal: Teaching and Learning of Narrative Research, eds R. Josselson, A. Lieblich & D. P. McAdams, American Psychological Association.
Coleman, R. (1999) Recovery: an Alien Concept, Handsell Publishing.
Coleman, R. (2000) Public talk given on Recovery at Plymouth University.
Dalsimer, K. (2004) 'Virginia Woolf: thinking back through our mothers', Psychoanalytic Inquiry, vol. 24, no. 5, pp. 713–730.

Davies, B., Browne, J., Gannon, S., Honan, E., Laws, C., Mueller-Rockstroh, B. & Bendix Petersen, E. (2004) 'The ambivalent practices of reflexivity', Qualitative Inquiry, vol. 10, no. 3, pp. 360–389.

Davis, M. & Wallbridge, B. (1991) Boundary and Space: Introduction to the Work of D.W. Winnicott, Karnac Books.

Davison, J. (2004) 'Dilemmas in research issues of vulnerability and disempowerment for the social worker/researcher', Journal of Social Work Practice, vol. 18, no. 3, pp. 379–393.

Department of Health (1999) National Service Framework. Mental Health. Modern Standards and Service Models. London: Department of Health.

De Botton, A. (2003) The Art of Travel, Penguin Books.

Dillon, J. & May, R. (2002) 'Reclaiming experience', Clinical Psychology, no. 17, September, pp. 25–28.

Etherington, K. (2001) 'Research with ex-clients: a celebration and extension of the therapeutic process', British Journal of Guidance & Counselling, vol. 29, no. 1.

Finlay, L. (2002) 'Negotiating the swamp: the opportunity and challenge of reflexivity in research practice', Qualitative Research, vol. 2, no. 2, pp. 209–230.

Goldberg, B. (1999) 'Spatial transitions: contesting the limits of social and psychic space', Psychoanalysis and Contemporary Thought, vol. 22, no. 3, pp. 315–341.

Hagedorn, S. (2004) 'My father, the ''wounded storyteller'': a postchaos narrative', Qualitative Inquiry, vol. 10, no. 3, pp. 463–474.

Hollway, W. & Jefferson,T. (2000) Doing Qualitative Research Differently, Sage

PUBLICATIONS.

Hoskins, M. & Stoltz, J. A. (2005) 'Fear of offending: disclosing researcher discomfort when engaging in analysis', Qualitative Research, vol. 5, no. 1, pp. 95–111.

Jones, K. (2001) Narrative of Identity and the Informal Care Role, Doctoral Thesis, De Monfort University.

Khan, M. (1963) 'The concept of cumulative trauma', Psychoanalytic Study of the Child, vol. 18, pp. 286–306.

Kinderman, P. & Cooke, T. (2000) Recent Advances in Understanding Mental Illness and Psychotic Experiences, BPS Publications.

Kohut, H. (1984) How Does Analysis Cure?, University of Chicago Press.

Mantzoukas, S. (2004) 'Issues of representation within qualitative inquiry', Qualitative Health Research, vol. 14, no. 7, pp. 994–1007.

Martin, P. J. (2000) 'Hearing voices and listening to those that hear them', Journal of Psychiatric & Mental Health Nursing, vol. 7, pp. 135–141.

May, R. (2000) 'Routes to recovery from psychosis: the roots of a clinical psychologist', Clinical Psychology Forum, vol. 146, pp. 6–10.

May, R. (2001) 'Taking a stand', Fergal Keane interview with Rufus May, Radio 4.

Meissner, W. W. (2002) 'The problem of self-disclosure in psychoanalysis', Journal of American Psychoanalysis, vol. 50, no. 3, pp. 827–867.

Murray, X. (2000) 'Levels of narrative analysis in health psychology', Journal of Health Psychology, vol. 5, no. 3, pp. 337–347.

Ogden, T. H. (1994) Subjects of Analysis, Karnac Books.

Parker, I. (2003) Criteria in Qualitative Research in Psychology, http://www.uel.ac.uk/cnr/ forthcom.htm

Riessman, C. K. (2003) 'Performing identities in illness narrative: masculinity and multiple sclerosis', Qualitative Research, vol. 3, no. 1, pp. 5–33.

Romme, M. & Escher, S. (1993) Accepting Voices, Mind Publications.

Romme, M. & Escher, S. (2000) Making Sense of Voices, Mind Publication.

Rosenthal, G. (2003) 'The healing effects of storytelling: on the conditions of curative storytelling in the context of research and counselling', Qualitative Inquiry, vol. 9, no. 6, pp. 915–933.

Rosenwald, G. (1996) 'Making whole: method and ethics in mainstream and narrative psychology', in Ethics and Process in the Narrative Study of Lives, ed. R. Josselson, pp. 245–274.

Salmon, P. (2003) 'How do we recognise good research?', The Psychologist, vol. 16, no. 1, pp. 24–27.

Shill, M. (2004) 'Analytic neutrality, anonymity, abstinence and elective self-disclosure', Journal of American Psychoanalytic Association, vol. 52, no. 1, pp. 151–186.

Smith, M. (2004) 'Killing the angel in a room of one's own. Being as unconscious as possible when writing up qualitative research', Journal of Social Work Practice, vol. 18, no. 2, July.

Snelling, E. (2003) Megan's Story. Transitional Spaces and Places. Making Meaning of Turning Points in the Life Story of a Member of a Hearing Voices Group. Thesis submitted for Doctorate in Clinical Psychology. Plymouth University.

Vickers, M. H. (2002) 'Researchers as storytellers: writing on the edge — and without a safety net', Qualitative Inquiry, vol. 8, no. 5, pp. 608–621.

Warr, D. J. (2004) 'Stories in the flesh and voices in the head: reflections on the context and impact of research with disadvantaged populations', Qualitative Health Research, vol. 14, no. 4, pp. 578–587.

Wengraf, T. (2001) Qualitative Research Interviewing, Sage Publications.

White, M. (1996) 'Power to our journeys', American Family Therapy Academy Newsletter, Summer.

Williamson, M. (2004) 'The importance of fathers in relation to their daughters' psychosexual development', Psychodynamic Practice, vol. 10, 2 May.

Winnicott, W. D. (1967) 'Mirror role of the mother and family in child development', in Playing and Reality (1971), Routledge, London.

Winnicott, W. D. (1971) Playing and Reality, Routledge, London.

Woolf, V. (1927) To the Lighthouse, Vintage (1992).

Woolf, V. (1929) A Room of One's Own, Penguin Books (2002).

Woolf, V. (1940) 'A sketch of the past', in Virginia Woolf: Moments of Being, Autobiographical Writings, ed. J. Schulkind (2002), Pimlico, London.

Wosket, V. (1999) The Therapeutic Use of Self: Counselling Practice, Research & Supervision, Routledge.

Yalom, I. D. (1997) Lying on the Couch, Perennial Books.

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