

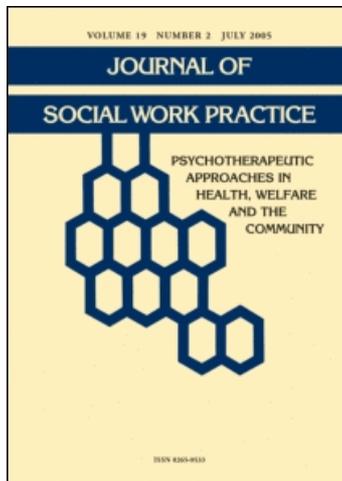
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Caroline Nicholson

RESEARCHER EMOTIONS: A WAY INTO THE EXPERIENCES OF FRAIL OLDER PEOPLE

This paper explores the importance of the researcher's emotional experience in practice-near research. It details a journey towards positioning researcher emotions within a doctoral project exploring the everyday stories of older people deemed frail. Data from the experiences of interviewing and analysing the story of one couple are used to exemplify the emergent method. The method combines the Biographic Narrative Interpretive Method with the psychoanalytically informed Tavistock Observation Method. The paper details the utilisation of the method and the frame it gives the researcher to move beyond the purely text based, cognitive responses of participant and researcher, to the less rational, and unspoken aspects of the research encounter.

The paper argues that the emotional experiences of the researcher as well as the participant are important data in understanding the experience of 'being frail'. However, there is the need for an over-arching theoretical framework to give validity to these emotional processes. It argues that psychoanalytical approaches, which emphasise the quality of the emotions experienced and the internal psychological processes which mediate social experience, are helpful in underpinning both methodology and methods of practice-near research.

Keywords frailty; psychodynamic; psycho-social methods; emotions; narratives; patient experience

Introduction

My doctoral study seeks to understand the experience of living at home with frailty in late old age. It attempts to give frail older people 'a voice' by listening to their accounts of everyday life and change over time. My initial, naïve, aim was to allow the voices and lives of frail older people to speak 'for themselves'. I therefore positioned myself as a biographic narrative researcher choosing a method, the Biographic Narrative Interpretive Method (Wengraf & Chamberlayne, 2007), that explicitly frames subjects as people whose lives and socio-cultural history impact on their experience now. The BNI method for conducting and analysing biographic narrative interviews was developed in Germany by Rosenthal (1993) and Fischer-Rosenthal (2000), from the traditions of inter-actionist and phenomenological research. Assuming that

narrative expression is closest to people's lived experience — expressive both of conscious concerns and also of less conscious cultural, social and individual presuppositions and processes — it tries to create insight by building case studies. These cases are constructed through attending both to the stories people tell about the life-situations they've lived through and the structural devices people use to tell the story.

Utilising this method in my work has been helpful. It has provided a clear structure which has held me to Keats' notion of negative capability: the capacity to tolerate doubt and uncertainty and refrain from early or over interpretation. However the extensive/primary focus on attending to the written text leaves little space to explore my emotional responses in the field and the inter-subjective dynamic of data gathering and analysis. As Gadd notes (2004) the process of narration involves emotional labour on the part of both tellers and listeners. Early field notes record the strong emotional response I was experiencing in the field:

just feel really tearful that this couple (um) who have just been through so much. And I feel sad for them and um worried for them, and worried for their son, (sigh) and I think Alfred's sadness and hopelessness, I feel that, I feel that now, (long pause, crying.) I feel that sense of yeah, what is going to happen to you, (long pause) and I want to, and I wanted to say, to keep saying it's OK, it will be OK and a powerlessness that I cannot do that (long pause) . . . and I feel grateful to be out of there.

(Field notes, case 2, 29 November 2006)

As a palliative care nurse, I have long been interested in the centrality of 'relatedness' in my work (Johns, 2004; Mayeroff, 1971; Morse, 2001; Newman, 1994). Within the professional encounter there is an acknowledgement that I am not a neutral collector of accounts and facts. The relationship and my instincts and feelings arising from the relationship, are important in the work. Cooper (2005), reflecting on the inquiry into the Victoria Climbié case, notes that many practitioners had a gut sense that something might have been wrong but nothing was acted on. He goes on to posit the question of how to take into account and process emotional responses to practice. This question, pertinent to my research practice, has led me to combine the BNI method with the Tavistock psychoanalytical observational approach (Rustin, 2003; Bick, 1987; Hunt, 1989).

The Tavistock approach is grounded in Object Relations psychoanalytical theory (Klein, 1946; Bion, 1961; Britton, 1989) where relationships beginning with the mother–infant dyad, are primary. Intrapsychic, interpersonal, and group relationships lay the foundation for the development of individual identity. The individual's interpretation of these relationships, both within and below consciousness, becomes the basis for later relations with others. In order to retain psychic equilibrium, people form psychological defences to protect themselves from the anxiety connected with difficult issues and feelings in their social worlds. People use unconscious psychological defences in order to maintain a balance between the reality that can be borne and the need to preserve psychic equilibrium. These defences involve pushing (unconsciously

or intrapsychically) the feelings onto another. Thus within ‘the field’ both participant and researcher defences inflect data production and analysis.

The method properly requires the observer to refrain from interacting within the care setting and to observe the surroundings and note their own emotional response to what they see. Through this the observer develops an attuned capacity to see and retain detail, and absorbs something of the experience of the people living in that setting. No notes are taken during the observation but afterwards a detailed account is written up. This allows the observer to further assimilate the experience and reflect on the internal, emotional responses as well as the external detail of the observation. Further assimilation and discussion occurs within a small group of colleagues or students.

In my study, observation was more participative; I was a researcher attending to the setting up, leaving, listening and responses to the narrative interview as well as my thoughts and feelings on revisiting the transcribed material over time. I used a discussion group facilitated by a psychoanalyst at the Tavistock Clinic, to reflect with me on both my and the group’s emotional responses to the field notes and interviews I had collected. These emotional responses were captured through a group of eight people from varied backgrounds including a psychotherapist, psychiatrist, music therapist, and other practitioners interested in the emotional aspects of old age. Thus the emotional responses used in interpreting the material are not just mine but are embedded in a wider collective emotional response to the narratives.

The remainder of the paper will expand on my method to take into account emotion and relatedness in the process of data collection and analysis. I have used a series of headings, namely relationships, noticing and feeling, interpreting and writing. However disquiet emerges as I attempt to lay out a visible, logical and coherent research process. Sequencing has occurred but it is sequencing through experience — the stumbling across and into insight. With this caveat, this paper stories the process using the case story of Alfred and Elsie. The term case story, as opposed to case study, both acknowledges the researcher’s centrality in constructing this interpretative account and points to the importance to the analysis of narration, content and subjectivities.

Alfred and Elsie

Alfred and Elsie are husband and wife, now respectively 86 and 87. They live in a part council/part owner occupied estate in an inner city area with their son, Donald. They have lived in the vicinity for 47 years. Previously, for the first 18 years of their married life, they shared a house with Alfred’s father elsewhere in the city. Their son Donald was born shortly after the end of the war. He has always lived at home and has had developmental problems due to a trauma at birth. This is painful for all the family and Donald remains outside, both physically and conversationally for most of the time during my three visits spread over a year.

Elsie describes her and Alfred as always doing everything together and their stories are ones of intimacy through action: gardening, playing sport, doing crossword puzzles. Their retirement years however, have become increasingly precarious with a rising number of illness events.

I first made contact with Alfred and Elsie five months after Alfred's stroke. This has caused profound physical weakness on the right side of his body, difficulty in speaking and depression. The referring intermediate care team was anxious about the family; Alfred was very tearful and 'not adjusting'. The team openly acknowledged a relief that they could let go of their concern because I would be visiting. The total collapse of Elsie's kidneys a year earlier, combined with Alfred's stroke, seem to have been the tipping point into a differing experience of older age. Elsie opens the first interview describing events over the last three years as having taken a 'downward slump'. This phrase is embodied in all three: Alfred's crooked torso so thin and twisted, Elsie's oedematous limbs pushing out of the clothes she wears, heavily weighing her to the floor, and Donald on the other side of the room so low in his chair he is hardly visible from where I am sitting.

Relationships

I initially identified Alfred as 'the' participant for the study. However, early in data collection it became clear that his story was interwoven with that of his wife of 65 years, Elsie. Over the three interviews a negotiated, often disputed, and ultimately jointly constructed story emerged.

Polkinghorne (1988) suggests that the meanings and content of experiences are not within but between persons, and he urges a search for what the we, rather than what the I, experiences. This 'we' also involved me as researcher, how I was used within the interviews and my emotional responses to the couple and the data we produced. Sometimes I was appealed to, sometimes ganged up against, sometimes ignored in the recriminations between them. Indeed the first interview found me struggling to hold the frame of a BNI interview, which requires that you start by asking an open ended question. The narration begins before I sit down and issues of consent and tape recording are lost in the flow of words as they tumble out.

I experience something of the powerlessness of Alfred in the face of Elsie as she takes over the answering and at various points, the questioning of Alfred. She seems very in charge and I react to this by trying to allow Alfred's voice to be heard more, deliberately pointing questions to him. This generally fails in that the questions are usually answered by Elsie with Alfred then chipping in and adding more detail or argumentation. Even when Alfred does begin the narration, Elsie tries to diffuse it, and in so doing, disables him further. This I think is represented in the following extract where I have asked Alfred if there is anything more he wants to say at the end of the first interview. He goes on to talk of his anger and frustration at things being done to him:

Alfred: I feel so annoyed at times ... I've got no confidence. I haven't ... won't take ... I haven't got the confidence to take responsibility for anything. I haven't got the confidence to take ...

Elsie: That's what I'm here for.

Alfred: No, it's the confidence to take responsibility, be able to make the decision or anything.

- Elsie: He does hover on that. I'm afraid I've got to take most of the responsibility now but I've just taken that over as a matter of course.
- Alfred: I would like to do things but I know I should do it but I can't ...
- Elsie: He can't make a decision ...

(Case 2, Int. 1, P20/9–19)

Elsie takes over almost to the extent that I feel Alfred is emasculated, reduced to a dependency rather than a partner status. Indeed for Elsie the old Alfred has in some way died. She talks of him being 'not as you were'; and 'this is what the doctor said, he said that will never come back, he did explain that to me'. She shows me the wedding photo and laughs that the photographer cut off part of Alfred's head and he fiercely retorts that 'no, he is all there, there is nothing missing' — (which from what I could see, was indeed the case). She soothes him by saying 'OK, OK' but he continues. He complains that the room is cold but refuses to put on a jumper; she shrugs her shoulders at me in exasperation. I find myself intervening and offering him a cardigan. He laughs but refuses the offer and I am left feeling rejected and humiliated, perhaps this is how he feels too.

Our relationship seems to change during the interviews. I am aware that I offer something of myself as we talk about gardening, raising children and playing sport. There is a change in the relationship with Donald over the year too. Donald is very much disabled in the first two interviews, yet what emerges from the composite story is the centrality of Donald to the key events during and after Alfred's stroke. Elsie is reliant on him to carry out the tasks of living. In the third interview Donald is drawn into the story and for the first time spontaneously adds detail. Alfred chips in that Donald does all the housework and I reiterate Elsie's earlier statement that he is very important within their family.

It felt right and very 'un-researchy' to affirm his place in the house by saying 'he sounds very helpful', or 'you sound very helpful, Donald'. I can't quite remember what I said. And he looked at me and this enormous smile came on his face from this man who has been so passive and non-expressive when I have been there, and tears started to roll down his cheeks and it felt like ... it just felt important really.

(Field notes, Case 2, 27 November 2007)

It is hard to know how Alfred and Elsie see me. They tell me how good it is that I come and Alfred states he will miss me when I'm gone. This is interesting as it was Alfred who was suspicious of me coming, wondering what I wanted. It is significant that they are giving something to me. Alfred talks of wanting to be useful in my research, perhaps wanting to experience again being the giver/the helper rather than the patient.

Noticing and feeling

Rustin (1989) notes that observation methods aim to foster an analytical attitude, a sensibility to self awareness and noticing. Part of this is the capacity to tolerate

anxiety, uncertainty, discomfort and bombardment. Writing and reflecting on my experiencing of being with Alfred and Elsie has brought to the surface some of my own fears and anxieties about becoming older and more obviously dependent. Jacques (1965) amongst others suggests that the experience of ageing brings with it an increasing awareness of death and dependency which will be unconsciously experienced as a state of persecution or a painful void from which there is no escape. These unconscious anxieties can mobilise defences such as increasing therapeutic treatment and care (Main, 1957). This 'filling up' however communicates consciously and unconsciously what can be tolerated by me and therefore what can be talked about by the participants in my study. I realise how quickly I filled the gap with more questions when silence felt too painful. In the first interview, I looked to the positive, by asking questions about recovery, wanting to affirm what Alfred could do. Perhaps in doing so, I diminish his loss and increase his powerlessness. Perhaps my desire to elicit narratives of activity is a similar defence to that used by the staff in Main's study. Frustration and hopeless despair about the inevitability of decline is denied by the focusing on the power of practical care, or in my case, activity.

Initially, my own subjectivities prevent Alfred talking about his loss, depression and anger. It was only in the final interview, having had my anxieties held by the work discussion group, that I was aware enough to stay with this. Alfred mentions his depression again and I gently ask him to tell me how he feels when he is depressed. Elsie answers that he is 'a miserable git'. Rather than shy away from this I ask how he feels when depressed and Alfred states that he (or perhaps Elsie, my association) has no patience and then continues with this plea for intimacy and tolerance.

Alfred: People think one way out of it, out of the trouble, is to tell anybody they're wrong or tell anybody else about it. But it's not the be all or end all, a few kind words and kindness the other way, to me, would go a long way or some way, not reassuring but that sort of outlook — it doesn't want to be a reaction against ... oh, I don't know.

CN: So, let me see if I've understood this, that sometimes you think it would help if there was more kindness or understanding and reassurance about how you're feeling?

Alfred: More tolerance.

CN: More tolerance.

Alfred: I may be wrong, but it seems the only way out of it is being, you've got to do it, you've got to do it. To get over it you've got it, it's there and there's nothing you can do about it, you've got to accept it. But I don't know whether mine might be ...

Elsie: It's probably my attitude because I try and pull him up sharp.

Alfred: But it's wrong — to me, it's the wrong way sometimes to me, my way of thinking, but I'm told off.

Elsie: Well, I think if I'm too soft ... I feel he wants a sharp pull-up.

Alfred: Yeah, but to me it's wrong sometimes. Something, not sympathy, that's the wrong word, but some ... I don't know, I can't describe it, I wish I could.

Elsie: I wish I knew — if there was a different way of handling you I wish I knew it.

Elsie goes on to explain her fear that if she should respond warmly this would somehow make him sink deeper into depression and he would never come out of it.

Alfred: I always like to take the easy way out of a compromise, easy. I would sooner give in rather than argue sometimes.

Elsie: We can't be all that bad.

Alfred: I didn't say it's your ... it's not your fault, it's my fault but sometimes my way of thinking is the wrong way of tackling the problem. I'd sooner talk and talk and talk and talk and talk, I don't talk enough to make ... We don't talk enough.

Elsie: Well, we've managed 65 years, that can't be bad.

(Case 2, Int. 3, P10/14–P11/30)

Noticing my feeling over the year I saw a difference from my initial impressions of Alfred as a rather stereotypical grumpy old man to someone whose feelings and ability to stay with his changed circumstance spoke of resilience and capacity. Rather I am left feeling that in many ways Elsie seems more frail and immobile than Alfred, although outwardly she is more active. Perhaps there is a contrast of physical and psychic strength?

Interpreting and writing

In representing Alfred and Elsie I am aware that this has been both an internal emotional task and an external academic one (Brown, 2006). This has been a hard case to witness, to think about and to write up. The anxiety when beginning writing was almost unbearable; as I came to write I could not hold the thoughts for long. I had three cups of coffee and two biscuits and finished the typing by eating a bag of popcorn. I felt I literally needed to fill myself up. Placing my tentative interpretations before a psychoanalytically informed reflecting team has been helpful. Yet within the terms of psychoanalysis much of the relationship between me and the participants in this research is unconscious or wordless. What insight this case story gives to my states of mind and those of Alfred, Elsie or Donald is tentative. It does, I think, speak to the conflicts and uncertainty in me, to take in and digest and communicate profoundly difficult experiences.

Conclusion

The emphasis in psychoanalytically informed observational writing is to stay 'experience near' (Sandler & Sandler, 1994). Furthermore, Brown (2006) notes that in our research projects we are partly trying to understand ourselves. One issue for the researcher is therefore to distinguish between emotional responses that are her own and those that may speak to the experience of the respondent. Utilising a theory of the unconscious which understands that we are transparent neither to ourselves nor to

others, has led me to think about how to talk and include the practice of carrying out the study, not as auto-ethnography, but as a central part of data collection and interpretation. Psychoanalytical approaches prioritise and legitimise the texture of the emotion and the relational impact this may have (Holman, 2006). Hence I have found it a helpful lens through which to consider researcher subjectivity and inter-subjectivities, and remain 'practice near'.

Research which aims to explore the complexity of giving and receiving welfare I argue must connect with context, ambiguity and, crucially, with emotionality. Cooper and Lousada (2005, p. 215) contend that emotional experience, and the meaning and belief that it carries, is central to the understanding of welfare praxis. This paper illustrates their point. However, without an over-arching theoretical framework to give validity to the emotional processes, these data, and their possible impact on the meanings and implications for welfare practitioners and practice-near research are at best impoverished and at worst misunderstood or ignored.

References

- Bick, E. (1987) 'The Tavistock training and philosophy', in *Collected Papers of Martha Harris and Ester Bick*, ed. M. Williams, Clunie Press.
- Bion, W. R. (1961) 'Re-View: Group dynamics', in *Experiences in Groups and Other Papers*, Tavistock Publication, London, pp. 141–191. (Reprinted: Routledge, 1989.)
- Britton, R. (1989) 'The missing link: parental sexuality in the Oedipus complex', in *The Oedipus Complex Today: Clinical Implications*, eds R. Britton, M. Feldman & E. O'Shaughnessy, Karnac Books, London.
- Brown, J. (2006) 'Reflexivity in the research process: psychoanalytic observations', *International Journal of Social Research Methodology*, vol. 9, pp. 181–197.
- Cooper, A. (2005) 'Surface and depth in the Victoria Climbié inquiry report', *Child and Family Social Work*, vol. 10, no. 1, pp. 1–9.
- Cooper, A. & Lousada, J. (2005) *Borderline Welfare: Feeling and Fear of Feeling in Modern Welfare*, Karnac Books, London.
- Fischer-Rosenthal, W. (2000) 'Biographical work and biographical structuring in present-day societies', in *The Turn to Biographical Methods in Social Science*, eds P. Chamberlayne, J. Bornat & T. Wengraf, Routledge, London and New York.
- Gadd, J. (2004) 'Making sense of interviewee–interviewer dynamics in narratives about violence in intimate relationships', *Social Research Methodologies*, vol. 7, pp. 383–401.
- Holman, C. (2006) *Living Bereavement: An Exploration of Health Care Workers' Responses to Loss and Grief in an NHS Continuing Care Ward for Older People*, Unpublished PhD Thesis, City University.
- Hunt, J. C. (1989) *Psychoanalytic Aspects of Fieldwork*, Sage, California.
- Jacques, E. (1965) 'Death and the midlife crisis', reprinted in *Is it Too Late? Key Papers on Psychoanalysis and Aging (2006)*, ed. G. Junkers, *International Journal of Psychoanalysis*, Key Paper Series, Karnac, London.
- Johns, C. (2004) *Being Mindful, Easing Suffering*, Jessica Kingsley, London.
- Klein, M. (1946) 'Notes on some schizoid mechanisms', in *Envy and Gratitude and Other Works 1946–1963*, Hogarth Press, London, 1975.
- Main, T. F. (1957) 'The ailment', *The British Journal of Medical Psychology*, vol. 30, no. 3, pp. 129–145.

- Mayeroff, M. (1971) *On Caring*, Harper Perennial, New York.
- Morse, J. (2001) 'Towards a praxis theory of suffering', *Advances in Nursing Science*, vol. 24, no. 1, pp. 47–59.
- Newman, M. (1994) *Health as Expanded Consciousness*, National League for Nursing, New York.
- Polkinghorne, D. E. (1988) *Narrative Knowing and Human Sciences*, State University of New York Press, Albany, NY.
- Rosenthal, G. (1993) 'Reconstruction of life stories: principles of selection in generating stories for biographical narrative interviews', in *Narrative Study of Lives, Vol. 1*, eds R. Josselson & A. Lieblich, Sage, Newbury Park, CA, pp. 55–91.
- Rustin, M. J. (1989) 'Observing infants: reflections on method', in *Closely Observed Infants*, eds L. Miller, M. E. Rustin, M. J. Rustin & J. Shuttleworth, Duckworth, London, pp. 7–21.
- Rustin, M. (2003) 'Learning about emotions: the Tavistock approach', *European Journal of Psychotherapy, Counselling and Health*, vol. 6, no. 3, pp. 187–208.
- Sandler, J. & Sandler, A. M. (1994) 'Comments on the conceptualisation of clinical facts in psychoanalysis', *The International Journal of Psychoanalysis*, vol. 75, nos. 5/6, pp. 995–1011.
- Wengraf, T. & Chamberlayne, P. (2007) *Guide to Biographic Narrative Interpretive Method: Interviewing for Life-histories, Lived Situations and Personal Experiencing* [online]. Available at: email: tom@tomwengraf.com.

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Professor Caroline Nicholson. Professor of Palliative Care and Ageing. PhD, MSc, BSc(Hons) RGN, FHEA. +44 (0)1483 683511. c.nicholson@surrey.ac.uk. KG. Academic and research departments. Caroline is a Clinical Academic Nurse and her research forwards understanding and care for older people living with complex needs. She is particularly interested in the transitions that occurs in the last phase of life. Caroline qualified as a Registered Nurse at St Bartholomew's Hospital London. Get Caroline Nicholson's contact information, age, background check, white pages, liens, civil records, marriage history, divorce records & email. Known as: Caroline E Nicholson, Carolyn Nicholson. Related to: David Nicholson Gladis Nicholson, 36 Has lived in: Strasburg, VA Edinburg, VA Quicksburg, VA Caroline L Nicholson was born 19 February 1844 in White Creek, Washington County, New York, United States of America to Lewis Nicholson (1802-1863) and Charlotte Judson (1808-1876) and died 23 July 1907 in Jackson, Washington County, New York, United States of America of unspecified causes. She married Lewis C. Coulter (1841-1901) . Ancestors are from the United States, Ireland, the United Kingdom. Charles Patrick Behre. Community content is available under CC-BY-SA unless otherwise noted. Caroline Nicholson Photography, Rochester, Medway. 883 likes · 77 talking about this. Specialist newborn and children's photographer capturing the... Welcome to the page of Caroline Nicholson Photography - I'm a professional specialist newborn and ch See More. Community See All. Dr Caroline Nicholson. Deputy Director (Operations). Centre for Health System Reform and Integration. Caroline has held a number of health executive positions before managing numerous research and policy development programs at state and national level.