Reflexivity in Narrative Research: Accessing Meaning Through the Participant-Researcher Relationship

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The purpose of this article is to provide an example of a study in which reflexivity served as a secondary but integral data source and became the experiential context from which meaningful findings emerged. I will briefly describe the purpose and methodology of the project, a phenomenological narrative study in which I interviewed 7 women previously diagnosed with borderline personality disorder (BPD) about their therapy relationship experiences (Goldstein, 2014). A description of my reflexive process, including planned and unplanned activities, is provided along with a discussion of the challenges associated with engaging and communicating reflexive methods. My experience of 3 participants along with the *intersubjective reflections* (Finlay, 2002) that unfolded during the interviews and in later analysis, are used to demonstrate the transformative quality of the reflexive material and how the cocreated relationships contextualized the content of the narratives with a shared, lived experience. It is argued that the reflexive process supported the emergence of findings that more usefully captured the dyadic nature of the interpersonal tensions that develop between individuals placed in this diagnostic group and their therapists.

Keywords: reflexivity, intersubjective reflection, borderline personality disorder, narrative research, therapy relationship

Though postmodernism has challenged the notion of the psychological researcher as a neutral, passive, and absolute objective observer of phenomena (Gergen, 2001), the degree to which researchers currently consider their personal contributions to research procedures and outcomes varies widely within the field and may depend, in part, on epistemological approach (Bishop & Shepherd, 2011). In qualitative endeavors, wherein researcher subjectivity is believed to contribute considerably to the construction of the material gathered and interpretations that emerge, some degree of self-examination may be expected and even needed to establish procedural integrity (Morrow, 2005). Though it is generally considered good

practice for qualitative researchers to think critically about their personal impact upon their research, identifying the relevant components of one's subjectivity, especially those that are not readily conscious, presents a challenge that is not easily resolved (Bishop & Shepherd, 2011; Finlay, 2002). Increasingly, researchers are attempting to meet this challenge more actively by enlisting reflexive practices to guide efforts to uncover elements of their own influence. Unlike self-analysis, which may be achieved through processing of one's private or self-contained experiences, reflexivity is intended to bring awareness to oneself as a participant in the research (Ortlipp, 2008; Probst & Berenson, 2014). Reflexive procedures, in which researchers engage a critical and conscientious evaluation of themselves in relation to the individuals or groups being researched, can substantially enhance the accuracy and ethical quality of social research by bringing awareness to influential aspects of one's biography or positioning that might otherwise remain hidden (Bishop & Shepherd, 2011; Finlay, in press).

While reflexive activities are now commonly incorporated into qualitative plans of inquiry,

several debates ensue about how reflexivity is practiced and the benefits it does or does not allow (Finlay, 2002; Probst & Berenson, 2014). Some qualitative researchers warn that reflexivity can create ethical problems if used to claim objectivity while failing to acknowledge the unavoidable gap that exists between observer interpretations and the actual experiences of those being observed (Bishop & Shepherd, 2011; Finlay, 2002). Enlisting reflexivity to help establish the qualitative equivalents of internal and external validity and reliability, what Lincoln and Guba (2000) term *parallel criteria,* may be problematic in that it seems to suggest a definitive boundary between real data and contaminating factors. Also, efforts to identify and isolate researcher biases (or other components of one's subjectivity) in hopes of neutralizing their potential impact, a practice known as *bracketing*, arguably runs counter to the epistemological principles that guide qualitative investigations (Morrow, 2005; Ortlipp, 2008).

Despite the contradictory nature of such an approach, reflexive procedures are still often employed in an effort to achieve the impossible goal of separating the researcher from the data (Bishop & Shepherd, 2011). Lincoln and Guba (1985) consider the degree to which findings from qualitative research are constructed outside of the researchers' influence or, the *confirmability* of findings, to be an important component of trustworthiness. Beneath efforts to remove the researcher from the research may be an inadvertent adherence to a positivist paradigm in which sterilized results are perceived as more accurate. Enlisting reflexivity for the purpose of managing or controlling researcher bias, even while acknowledging the difficulty of a division, may also be driven by a belief that researcher subjectivity is always something that can and should be reigned in. But depending on the purpose of a particular study, the phenomenon of interest, and the methodologies used, the value of reflexivity may be found more in what it contributes to the analysis than in what it takes away (Morrow, 2005).

The purpose of this article is to provide an example of a study, my dissertation research project (Goldstein, 2014), in which reflexivity served as a secondary data source and became the experiential context from which meaningful findings emerged. I will briefly describe the purpose and methodology of the project, a phenomenological narrative study in which I interviewed seven women previously diagnosed with borderline personality disorder (BPD), and then will discuss my reflexive process in detail, beginning with reflections on the topic itself. I will then provide three vignettes, each describing aspects of the interview along with the reflections that unfolded in the moment and in later analysis, in which I hope to demonstrate the transformative quality of the reflexive material. Though reflexivity substantially impacted the quality and content of the findings from the narrative analysis, a detailed review of results will not be included in this article in order to maintain the methodological focus.

The Research Project

BPD is often broadly described as a pervasive pattern of unstable relationships characterized by insecure or disorganized attachment styles, intense and changeable moods (e.g., angry outbursts), behavioral dysregulation (e.g., self-harm, substance abuse), cognitive dysregulation (e.g., paranoid thinking, poor problem solving), and a poorly developed sense of self (e.g., identity confusion, feelings of emptiness, dissociation) that result in distress and impaired functioning for a period of at least a year (Hoffman Judd & McGlashan, 2003; Porr, 2010). Diagnostic criteria for BPD in use at the time of the study may be found in the *Diagnostic and Statistical Manual* (4th ed., text rev.; *DSM–IV–TR*; American Psychiatric Association, 2000). Revised criteria in current use may be found in the latest edition of the *DSM* (5th ed., *DSM–5*; American Psychiatric Association, 2013).

Linehan (1993) likened individuals who meet BPD criteria to emotional burn victims in that they may experience even the slightest touch as intensely painful. In the treatment context, where tensions can run high, these sensitivities may be especially pronounced. Thus, therapy encounters carry a high degree of risk as even seemingly small empathic errors, when unresolved, may result in emotional suffering and further alienation for the client (Aviram, Brodsky, & Stanley, 2006). My research focus, the interpersonal therapy experiences of individuals diagnosed with BPD, was inspired, in part, by a belief that understanding how clients and patients diagnosed with BPD experience their

therapy relationships should be central to our efforts to improve treatment for this group.

Finlay (in press) notes that the researcher cannot be separated from the complexity of their experiences and that multiple subjectivities are engaged in every aspect of the research. My interest in the special value of the therapeutic relationship in the treatment of individuals diagnosed with BPD seemed to emerge in conjunction with my developing values as a psychodynamically oriented therapist-in-training. My personal history and own therapy experiences contributed to my sense that exploring the developmental origins of psychological conflicts, including problematic yet persistent relational patterns, was a meaningful component of psychotherapy. I was feeling increasingly aligned with contemporary relational perspectives that emphasize psychotherapy as a shared interpersonal exploration in which two subjectivities merge and exert mutual influence (Atwood & Stolorow, 2014), rather than as a "one-way street" (Benjamin, 2004, p. 6). Within this theoretical experiential context, it seemed to me that healing, especially for those who are struggling to overcome histories of interpersonal trauma, must be connected to what develops in the therapy relationship.

Anecdotally, I was noticing that the BPD-diagnosed patients I encountered in my clinical training seemed particularly prone to negative therapy experiences and I wondered about potential iatrogenic effects. I found research suggesting the troubled relations between BPD-diagnosed patients and their clinicians had significant potential for aversive effects on patients' immediate and long-term well-being (Fallon, 2003; Müller & Poggenpoel, 1996; Nehls, 1999) and on clinician attitudes toward and experiences of this patient group (Angell, Cooke, & Kovac, 2005; Cleary, Siegfried, & Walter, 2002; Treloar, 2009). Yet, my literature review yielded little about patients' perceptions of how relationship tensions or healing connections actually developed and the potential consequences or benefits of these. This became the focus of my dissertation.

I wanted to explore the issue deeply and in a manner that highlighted, rather than muted, the unique histories and perspectives of the individual client. To do this, I interviewed seven women from a self-selected sample about their relationship and treatment experiences, their family history and background, and the interpersonal events in therapy that had the greatest impact for them. Each participant met the criterion of having previously received a diagnosis of BPD within a mental health treatment setting. Though the participants described the issues for which they sought treatment to me in their own terms and in varying degrees of depth, I did not make any particular attempt to assess their symptoms or to verify the BPD diagnosis.

Even within broader discussions of the socially constructed nature of mental illness and the validity of psychiatric diagnostic systems, the BPD diagnosis stands apart as particularly controversial. The overall legitimacy of the category, the appropriateness of the term "borderline," whether or not it is synonymous with posttraumatic stress disorder, and its placement on Axis II versus Axis I are among the related topics of continuous debate (Gunderson, 2009; New, Triebwasser, & Charney, 2008). Even in clinical settings, giving a diagnosis of BPD can feel heavily fraught with ethical, philosophical, clinical, and social implications (Aviram et al., 2006; Lequesne & Hersh, 2004). In a research context, diagnosis may be especially problematic since opportunities to process the meaning and evolving impact of the diagnosis for the individual may be insufficient. For my purposes, verifying the diagnoses provided to participants by previous therapists seemed unnecessary. What I intended the study participants to have in common was the experience of carrying the BPD label within a clinical context and presumably being subject to however such a label might impact therapy relationships. Thus, each participant's thoughts and feelings about the diagnosis, the effect of the label on her self-concept, and her experiences of the diagnosis within the therapy relationship were also topics open to exploration in the interviews.

Each participant had a unique perspective that added dimension and complexity to the material accumulated from the interviews. Still, there were commonalities of experience among the participants worth noting. Each participant, in her own way, described feeling emotionally different than others from an early age and that this resulted in some degree of isolation, feelings of inadequacy, and a sense of being different and abnormal. Every participant described long-standing difficulties maintaining satisfying relationships. And every participant described

interpersonal difficulties within their families of origin, several sharing abuse histories and all describing troubled relationships with primary caregivers in which they felt misunderstood. Thus, the criterion of having previously received a BPD diagnosis did result in a group of participants who shared certain broad experiences.

The interviews, which were completed in one meeting, were mostly open ended and designed to encourage self-generated narratives that represented the participant's voice. A portion of the interview was used to elicit the participant's most prominent object relations pattern(s) using the Core Conflictual Relationship Theme-Relationship Anecdotes Paradigm Interview (Luborsky, 1990). The participants were also asked to create a relational space map (Josselson, 1996) that visually displayed each of their past therapy relationships. The maps were used to guide our discussions about the specific impacts of these relationships.

Exploration of the specific interpersonal therapy events in which identified object relations patterns were enacted assisted in the development of contextualized hypotheses about each participant. The goal of attaining a deep and empathic understanding of each participant's clinical relationships was further supported through use of reflexive processes, which critically focused my attention on the evolution of the intersubjective in each interview encounter. In the following sections, I will provide a partial but detailed overview of the reflexive processes engaged both during the interviews and in the subsequent analyses. By sharing my experience of the analysis I hope to relay the degree to which reflexive developments contextualized the narrative data and unlocked my access to interpretable material.

Reflecting on the Research Topic

A major source of inspiration for the project arose from my clinical training experiences, which provided heavy exposure to BPD-diagnosed patients. During these various clinical placements, I observed that many of the seasoned clinicians I sought to learn from seemed particularly averse to working with this patient group. Initially, I considered their wariness to be some form of clinical sophistication and I saw myself beginning to mimic the cyni-

cal and exasperated attitudes I observed. But over time I noticed that I did not genuinely feel cynical or exasperated, in fact, I especially enjoyed working with patients in this diagnostic category. Later, as the intake coordinator of a treatment program for people with personality disorders, I heard stories from incoming patients of feeling misunderstood, blamed, or rejected by their past clinicians. The referring clinicians I spoke with also expressed intense feelings, ranging from disappointed concern about their perceived inability to be helpful to frustrated anger in reaction to feeling unfairly maligned or manipulated by a patient. I wanted to know more about how these mutual frustrations and disappointments developed in the therapy context as well as the impacts they might have for individual patients.

I mention these experiences to contextualize a reflexive process that was initiated by the feedback I received from my dissertation chair during the proposal stage. In reflecting on her words and then reviewing my work, I was able to recognize a subtle slant in my writing connected to an underlying belief that clinicians frequently mistreat BPD-diagnosed patients. More importantly, I became aware that I expected that the participants would share stories of inept, even sadistic, clinicians. My anecdotal findings seemed to be supported by research suggesting that mental health professionals tend to have more negative, pessimistic attitudes toward BPD patients than they do toward patients with other diagnoses (Aviram et al., 2006; Cleary et al., 2002; Johnstone, 1997; Treloar, 2009). With deeper consideration, I came to see that my interpretations of the seemingly negative clinician attitudes I observed and read about suffered from the same superficial quality that Westen (1990) objected to when he noted that too often we place the blame for therapeutic failures on the shoulders of BPD-diagnosed patients while neglecting to address the dyadic nature of the problem.

Surfacing these expectations and the underlying attitude that accompanied them set into motion a conscious effort to monitor the impact of this particular expectation at all stages of the research (from the literature review to the presentation of results) and to remain as open as I could to the range of experiences participants might share. This added considerably to the quality of the analysis by supporting a more

triangulated position in which I attempted to connect more empathically with the experiences of the clinicians as described by the participants. I believe this connection allowed me to understand with greater sensitivity what may have transpired in the therapy relationships described by the participants as well as more about my own reactions to the participants. I do not believe that my earlier position was neutralized by awareness and, thus, it might be considered an inseparable component of the subjectivity I bring to the project.

At the Edge of "The Swamp": How Much Is Too Much?

Finlay (2002) warns that engaging reflexive processes in qualitative research is a necessary but nonetheless perilous endeavor fraught with pitfalls. While researcher self-examination can improve the trustworthiness of outcomes and even enhance the meaning extracted from data, it also can distract from participants' experiences (Bishop & Shepherd, 2011), overwhelm researchers with excessive material, and confound interpretations (Finlay, 2002). Since each choice made by the researcher, from the topic of interest to the methods used to communicate results, may be considered within the context of the researcher's subjectivity, the amount of material that may be analyzed reflexively is indeed vast (Ortlipp, 2008). It does not help that the line between useful reflexive analysis and unnecessary and complicating self-dissection is neither clear nor impervious (Probst & Berenson, 2014). Thus, a secondary level of self-awareness may be needed when practicing reflexivity in order to critically evaluate the reflexive process itself in order to avoid falling into what Finlay (2002) calls "the swamp of interminable deconstructions" (p. 209).

The threat of "the swamp," a place wherein meanings become muddled by excessive layers of analysis (Finlay, 2002), loomed large throughout all phases of this study. In my efforts to avoid it, I attempted to maintain my reflexive focus on my lived experiences of sitting with each of the participants. For my purposes, deep exploration of the underlying psychological reasons for my reactions to the participants, reasons based in my own interpersonal history, symbolized the very edge of the swamp. That is, reflections that moved me

deeper into insular self-analysis and away from my experiences within the intersubjective space felt unnecessary and more likely to create distance than insight. Though it might seem unnatural to enact a stopping point in one's reflexive activities, in practice, doing so felt instinctual as my immersion with the data and motivation to understand the participants left little attention or energy for spontaneous digressions into my own reactions. Thus, in my postinterview reflections, I attempted to uncover my underlying reactions and motivations during particular moments of the interviews (and, when relevant, noted potential connections to my own relational patterns and history) but without slipping too far into overly contextualized self-examination.

Certainly, there were moments in my reflexive processing of the material when deeper self-analysis may have led to additional, alternative, or more intricate discoveries. Even still, my instinct was that the potential benefits of further unearthing the etiology of my own psychodynamics would not outweigh the potential consequences of clouding the waters to the point of obscurity. When I return now to the transcripts I notice hints of burgeoning countertransferences that held the potential for deeper analysis. In at least two cases, I am able to see that full paragraphs of my reflexive writing about a participant resemble what I may have written about an important person from my own life history. The unresolved conflicts at play very likely impinged on the relationships that developed between myself and the participant, the narratives shared, and my interpretations of what I heard and felt. But things are different now. I am returning to material that I am deeply familiar with, that has been painstakingly organized and analyzed. The dissertation has been filed and I am no longer tied to the stated goals of the study. I can consider the finest nuances of my reactions to each participant within a personal, historical context without stepping away from other pathways to meaning. To attempt this level of self-exploration while entrenched in the participants' narratives contextualized by their interpersonal histories, relational patterns, and my intersubjective reflections would have been disorienting.

Finlay (2002, 2014) also warns specifically against overly profuse deconstructions of participant-researcher interpersonal dynamics that

can draw the researcher's attention away from the phenomenon of interest. In the case of this particular study, the participant-researcher dynamics were meaningfully tied to the phenomenon of interest. Initially, I focused on historically based relationship patterns within the narratives to assist in the development of hypotheses about why the interpersonal therapy events the participants shared were experienced as helpful or hurtful. To a greater extent than expected, the cocreated relationships between my self and each participant served a similar purpose, further contextualizing the content of the narratives with a shared, lived experience. Though I met with participants for only one interview and only for the purpose of the research, these meetings shared some characteristics of clinical encounters (i.e., I was in the role of clinical professional, the participants were identified patients who carried a psychiatric diagnosis, the content of our conversation overlapped with what might be discussed in a psychotherapy intake session, there was an implicit and explicit demand on the participant to reveal personal information and no such demand on myself, etc.). Thus, the relationships that developed during each interview loosely represented the phenomenon of interest in this study and provided an opportunity for the two of us to share an experience similar to what the participant was being asked to describe. Indeed, it seemed true that, the more I understood about the interpersonal developments between myself and the participant during our time together, the more I felt I understood about the therapy relationship experiences they were describing retrospectively.

Despite the metaphorical value of the interview sessions there was a point at which I felt unable to integrate additional reflexive material from the interpersonal analysis without becoming overwhelmed. Often this point came when I felt some sense of relief or pause after I had worked through a layer of material and the accompanying thoughts and feelings to a point of satisfaction. It seemed that delving into the next layer would have required a laborious reconstitution of my energy so that I could return to the pages with a new, more powerful microscopic lens. Attempting this felt like too much. I sensed that in pushing the analysis beyond this point, I might lose the natural curiosity and excitement that I felt had guided the exploration

thus far. Though seemingly arbitrary and admittedly driven by my own conscious and unconscious needs, I stopped analyzing the transcripts in earnest when I felt I had reached my personal limit.

The Reflexive Analysis

Though reflexive procedures can be incorporated like other tasks into one's plan of inquiry, the intrapsychic experience of reflecting may be more difficult to prescribe and contain than other procedures. Despite the increasing centrality of reflexivity in qualitative research, researchers do not always elucidate for readers the particular activities that define their reflexive processes (Ortlipp, 2008; Probst & Berenson, 2014). This may be because, unlike most other procedures, reflexive actions occur to some extent within the confines of the researcher's mind lending them a highly idiosyncratic quality that defies easy description. And, since, by definition, reflexivity requires a deep and critical consideration of one's subjectivity, the psychic material generated from the process may not be fully conscious; thus, our translations of what has occurred will be somewhat inaccurate and certainly incomplete (Bishop & Shepherd, 2011; Finlay, 2002). Even if researchers are aware of the particular reflexive processes that generate improved awareness of an aspect of their subjective impact upon the researched, the process by which this awareness develops may feel too private or abstruse to describe. Additionally, the detached and depersonalized writing style that has traditionally dominated most psychology journal writing may deter inclusion of one's subjective reflexive experiences in research reports (Walsh, 2015). Despite these difficulties, including a reasonably detailed account of reflexive processes may add value to qualitative research by improving transparency and creating cohesion between procedures, data, and findings. I believe it is worthwhile to share the general plan of my reflexive analysis to the degree that seems useful while acknowledging that this description does not fully capture my experience. In the following sections, I will attempt to illustrate with specificity how reflexive processes helped me to consider the possibility for deeper meanings within the narrative material.

Planned Reflexive Procedures

My method of inquiry included a plan to write in a reflexive journal as soon as possible after the completion of each interview. It was usually within moments of leaving a participant that I began writing down my immediate thoughts about and emotional reactions to her along with general observations of her appearance, behavior, narrative style, and affect. I continued with my overall impressions and then began developing very tentative hypotheses about the participant's developmental experiences, relational patterns, orientation to her BPD diagnosis, and the meaning or source of any interpersonal difficulties with clinicians or frustrations with treatment. I then reflected more deliberately on my experience of sitting with the participant, attending in particular to my emotions, the perceived mistakes I made during the interview (and possible meanings of these), what I liked or wished went differently, and my perception of the quality of the rapport between us. This reflexive process continued for several days after each interview and throughout the weeks and months I spent thinking and writing about each participant.

Also as planned, I transcribed each interview from the audio recordings. This was an invaluable process that pushed me to relive every moment of the interviews, imprinting our voices onto my mind so that subsequent transcript readings were enlivened with the affect, tone, and nuance of the original exchange. The act of repeated listening also provided an opportunity to hear things differently than I had during the interviews, with more focused attention to subtle shifts in our way of relating or conversing that signaled a moment for further processing. To do this, I would listen to an exchange and attempt to feel from memory what I had felt in the moment and then consider the meaning of my reactions in relation to what I perceived from the participant. I would listen again and then attempt to reconsider my own experience of the exchange. Often this resulted in an alternative or deeper understanding of a reaction that allowed me to also reconsider, with greater empathy, the participant's possible experience of me and her reactions within the intersubjective context. In these moments, I aspired to Aron's (2000) model of self-reflexivity in which one experiences oneself, emotionally and intellectually, in the positions of both subject and object.

Reflexive analysis of each written transcript began in earnest after I had established a level of familiarity with the interview material that allowed me to hold in mind my overall experience of the interview and to recall and locate particular moments, words, phrases, sentiments, and stories with ease. With each subsequent reading, I referred to participants' developmental histories, identified interpersonal patterns, and my own experiences of the participant to enhance my sense of each therapy relationships' impact. The multiple listenings required to transcribe the audio tapes along with the repeated readings of the transcribed interviews supported deep immersion with the material and added an experiential component to the data analysis that I believe allowed me to approach a more embodied form of reflexive writing. Finlay (2014) describes embodied analysis as a process wherein the researcher's whole self is "searching, savoring, engaging, empathizing, resonating, and responding" (p. 10) with one's subject so that writing becomes an experience more so than an intellectual exercise. For me, each participant's name came to evoke a particular set of feelings, images, memories, associations, phrases, and thoughts that helped me to hold on to her and access our shared experience easily during the long months of analysis and writing and to this day.

Often potential meanings emerged specifically from my attempts at intersubjective reflection, described by Finlay (2002) as an exploration of the intersecting subjectivities that create the researcher-participant relationship. For my purposes, I sought to reflect especially on the thoughts and feelings that emerged during my time with each participant and while thinking and writing about them. This included deep consideration of my own interpersonal reactions, motivations, needs, wishes, fears, and anxieties as they occurred during the interviews and in reflecting back during the analysis and writing stages. Overall, the reflexive material complemented the narrative content of the interviews by bringing life, via the shared experience of the interview, to the interpersonal events relayed by the participants. At its best, these reflections deepened my feeling of connection with a participant's described interpersonal experiences with therapists and others and

assisted my ability to find potential thematic relational threads that seemed to tie either her story (as depicted in her narrative reports) or my interpretations of our shared story together.

Unplanned Reflections

The above general outline of my planned reflexive procedures is abbreviated and imperfect and, in many ways, fails to capture much of my reflexive experience. For instance, several times, meaningful reflections came to my awareness unexpectedly outside of the activities described and while I was engaged in entirely unrelated activities, weeks, sometimes several months, after the interviews. It was often in these moments that I became aware that I had been blocked from seeing an aspect of the relationship between a participant and myself. The following is an example of one such moment and exemplifies the type of reflexive event that I could not have planned for in my proposed procedures.

It was while negotiating an argument between my two young boys that I came to feel more empathically attuned to the relational world as it was experienced by one of the interview participants, Raina. My older son had collapsed in tears after I prevented him from grabbing a toy from his younger brother. I believed that he had been wrong to grab and that his refusal to share a toy, especially one that held so little value for him, was unfair and irrational. He protested angrily and continued to cry as if he, not his little brother, had been victimized. When I asked him if he thought it would make sense to disallow his brother from playing with any toys at all, he said with total certainty that, yes, that would be good. I realized then that my error was in using logic that was based on my own worldview, one that was not shared by my son. Thus, my words were communicating only just how little I really understood about what he felt. At some point during this incident, a peculiar grievance Raina had shared when describing her very unpleasant experience at the welfare office, came to mind: "You can't really eat at a welfare office, there's nothing to eat around there because its just junk food that you don't want to eat." At the time, the complaint, like many other similar complaints she had made during the interview, seemed irrational and irrelevant to our conversation. The

word "manipulative" had come to mind despite my explicit intent to avoid such labeling and I recalled wondering if Raina was attempting to convince me she was suffering from an injustice that did not truly exist. The echo of her words, as I tried to find a better way with my son, became the impetus for a reflexive moment that would transform my approach to understanding all of the participants. Raina's words and my initial reaction to them became symbolic of my failure to enter into her world and to contextualize her experiences of injustice within her perceptual field. I believe this integration led to a much deeper understanding of her interpersonal life and to the relationship we developed during the interview. And, in the true spirit of intersubjectivity, my experience of Raina created a profound internal shift that had the practical effect of improving my connection to my sons.

The particular reflexive events from which I came to feel that I knew something I had previously not known about a participant or myself in relation to her were not always as readily described as the one above. Often the moments in which I came to access a new meaning were less tangible, less contained, more complex, or, for other reasons, more problematic to convey. It would be impossible to fully describe each of these experiences (as they are not fully known to me), not to mention, burdensome for the reader. Still, the integration process described here represents the type of reflexive actions engaged in this study and exemplifies the contributions of my own subjectivity to the construction of the findings.

Embracing Subjectivity

During each of the seven postinterview analyses, I experienced moments when connections emerged in the material that I felt considerably deepened my sense of understanding the participant as well as myself in relation to her. Though these moments felt revelatory I often struggled to accept the value of findings so intricately intertwined with my own subjectivity. When engaging intersubjective reflection, Finlay (2002) writes that she questions both the degree to which she can fully know her own unconscious and the authority she claims when interpreting others' subjective experiences. These concerns were prominent in my mind as

well as I attempted, on my own, to make sense of the interpersonal dynamics that developed between my self and each participant. Initially, my writing took on a tentative, nonauthoritative tone that may have eased my own insecurities about being wrong and enacted a subtle form of ego protection. I feared that others would uncover obvious errors in my interpretations and that these errors would reveal that I was inexperienced, unempathic, self-indulgent, or lacking in self-awareness. Several times I felt regretful for not building into my methodology an opportunity for postinterview collaboration with participants, that I did not have a way to check my interpretations against what they had experienced in order to protect myself from such criticism. My dissertation chair reminded me that the exploration of the interpersonal dynamics between myself and the participants was not intended as a truth-hunting mission, rather, it was an opportunity to discover through lived experience how a relationship is created when subjectivities meet and to make sense of this the only way that I was able to, always with careful consideration of my impacts.

I noted that, as in clinical work, the most meaningful and informative moments during my time with the participants occurred when I had an emotional reaction that elicited my own feelings of vulnerability. I came to realize that these feelings were not confounds or barriers to finding meaning in the data but rather my main road in. Morrow (2005) writes, "Depending on the underlying paradigm, we may work to limit, control, or manage subjectivity—or we may embrace it and use it as data" (p. 254). Letting go of the myth of objectivity and embracing the value of my subjectivity for understanding the participants was crucial to the process and to my comfort in accepting the value of coconstructed findings.

Data Analysis Through a Reflexive Lens

In the following sections, I provide abbreviated descriptions of the intersubjective reflexive processes that occurred both during and after interviewing three of the study participants: Arielle, Karen, and Jessie. I then attempt to share how the reflexive analysis allowed me to access more intricate, interperative meanings within the gathered material.

Arielle

Immediately upon meeting Arielle, a 42-year-old married attorney and mother of a toddler, I sensed an air of tension between us. She greeted me politely but did not meet my eyes and I found her words and movements abrupt. I felt she was busying herself in order to avoid seeing me and I wondered if she was uncomfortable, anxious, or annoyed. In my imagination Arielle regretted that she had agreed to speak with a stranger about her personal life and had been dreading our meeting. As we reviewed the consent form, I became very aware and self-conscious about the intrusive demands of the interview. Arielle's nonverbal behavior (e.g., she barely glanced at the consent before signing it and quickly completed other forms while I was still stating the instructions) and her perfunctory, vague responses to my initial questions seemed to confirm my fears that she was irritated or uncomfortable. She spoke quickly and, at times, her tone and affect suggested that whatever brief statement she had made was the end of the story (e.g., in response to a follow-up question about an inpatient hospitalization she stated, "There's nothing else to say;" and, when asked if she enjoyed her work as a lawyer, she stated only, "Not really but it pays the bills"). I became increasingly insecure and began to wonder if my questions were tedious, redundant, or pushy. Perhaps there was something about my personal style that was grating on her. I felt pressured to repair the situation quickly but was unsure how.

"This is going to turn into a therapy session," Arielle predicted with detectable annoyance only moments into the interview. The words stuck with me throughout our meeting and I found myself treading lightly, fearing with each question that I might intrude too much. As my tension mounted I tried to recall our phone conversation just a couple of weeks earlier. As part of the screening process I had described to Arielle the general purpose of the study and my interest in learning about her personal relationships and therapy experiences. She expressed a desire to participate and I did not sense that she would be uncomfortable with the demands of the interview. What had I missed? Or, what had since changed? As we sat together in those first few moments I became preoccupied by two thoughts: Arielle was unprepared or unwilling

to share her story and I was failing to create the type of connection that might move her from this position. I was disappointed in both of us.

Several times I felt Arielle might be irritated enough with me to end the interview. During these moments, as my own feelings of irritation and anxiety rose, my thoughts would become self-protective:

> It is not my fault, she is impossible to interview . . . she misled me during the screening and really has no interest in talking . . . this was bound to happen and is part of the research process; I will simply discard the interview and provide a brief explanation in my results.

It was often in the midst of these feelings of resignation that Arielle would surprise me by offering a spontaneous and meaningful disclosure. She would also unexpectedly bring up subjects that she had previously expressed a wish to avoid. When she stated a desire to avoid talking about her marital relationship I made a mental note not to question her on that topic again. Just a few moments later she shared two very intimate and private details about her marital relationship. Similarly, though she had asked that we not discuss an upsetting experience with a former psychiatrist, she subsequently made repeated and unsolicited reference to this psychiatrist and to her lingering anger about what happened between them. Beneath these disclosures I sensed a bridled desire to tell her story, to experience the relief that comes from feeling heard and understood by another human. I began to feel more hopeful about the direction of the interview but also confused. If Arielle wanted to discuss the very things she was telling me she did not want to discuss how was I to proceed without either upsetting or disappointing her?

The tension between us continued to ebb and flow. Our mutual irritation with one another would intermittently soften as we both, I imagine, held out hope that the other might meet our needs. I thought Arielle might feel less alone if only she could share her story with someone who would listen and understand and I wanted to be that person. In the moment, I believed that my sensitive questioning, nonjudgmental reactions to her disclosures, and subtle encouragement were easing her discomfort. So I was a bit stunned when, during a line of questioning that seemed relatively benign, she accused me of not hearing her needs. It happened while Arielle

was describing a new therapist she was seeing who was younger than her.

Arielle:	I feel like maybe she's a little inexperienced but she's okay.
SEG:	Is there something about that you kind of like too?
Arielle:	Yeah, as I said before, I feel like I can control things better and she doesn't have her own modus operandi of what we're going to talk about.
SEG:	So, it seems like in the past you felt like other people were not hearing you?
Arielle:	I feel like you're not hearing me say, I do not want to talk about this.
SEG:	Well, you're welcome to not talk about it.
Arielle:	Yeah, I know. I know, I know. It's just very difficult for me to talk about it. You know.
SEG:	So, if you want, we do not have to continue with this part.
Arielle:	Okay.
SEG:	If that would be better for you.
Arielle:	Yeah, I think that would be better.

In the moment, I felt vulnerable, hurt, and misunderstood. I could not wait to close the interview and say goodbye to Arielle. It was in the postinterview reflexive analysis that I was able to recognize the possibility that my feelings of powerlessness mirrored Arielle's feelings. I wondered if this was too difficult for me to accept in the moment because it highlighted my contribution to the intersubjective tension and violated my perception of myself as nonaggressive. I wanted so badly to conduct a respectful interview tailored to Arielle's particular sensitivities and for her to feel good about the experience. Yet this motivation could not be separated from my desire to obtain the information from Arielle that I needed for my study and also to maintain my self-view as an attuned, skilled,

and compassionate interviewer (and person). I did have an agenda and I wished that Arielle would comply easily.

Even in my postinterview reflections about our exchange, Arielle's words ". . . and she doesn't have her own modus operandi of what we're going to talk about" were lost on me. As part of my process, I would return to each transcript several months after the bulk of the analysis was complete and attempt to read in a disembodied way the words as if seeing them for the first time. Finlay (2009) describes a more fluid process in which the researcher "engages the dialectic movement between bracketing preunderstandings and exploiting them" (p. 13). It was during this reading that I was able to consider that Arielle may have been contrasting the therapist who did not have her own "modus operandi" with her experience of me.

I am again stunned by how much more comfortable and genuine Arielle becomes once the formal interview was effectively ended by the above exchange—once, I had given up, essentially. I followed with a closing statement and final question:

> Um, so that is really all I have. Is there anything that you would want to share or that you think is important for me to know about, I mean given the kinds of questions I'm asking, that you would want someone who's interested to know about you and your experiences?

Arielle is suddenly at her most related and relaxed. She proceeds to share her feelings that BPD is not her fault, her experiences of always feeling different than others and how this is related to the death of a sibling, some of her family's mental health history, as well as this reparative statement: "You were very professional, you were very polite, you're very friendly and I, you know, appreciate your being tactful." I am surprised and slightly relieved that perhaps the interview was not as damaging for her as I feared it was. I remember wishing we were just beginning the session, that we could somehow start over right then with her feeling safer and more in control.

In later reflections, I was able to consider that I had entered the encounter with a belief in my own innocuousness making it more difficult to recognize the complementarity (Benjamin, 2004) that had developed between us. What felt to me like a push/pull dynamic and, what I now

imagine as, our oscillating turns at feeling "done to" (Benjamin, 2004, p. 11) by the other, was a personal and professional revelation. The encounter deepened my appreciation for the contribution of colliding realities to interpersonal tensions in therapy. It especially highlighted the inadvertent damage that can occur when therapists are unable to consider their own aggression. This had a significant impact on how I would analyze and interpret Arielle's experiences of past therapists and the material from all of the interviews.

Karen

"Hey, is this the best interview?" Karen asked me enthusiastically about halfway through our time together. "Um I can't rate them. They're all so different, but very interesting," was my guarded response. I felt she was inviting me to share my experience of her as special and valuable, and I resisted. The pull to fulfill her need was strong and it took some restraint to deny her, as I was feeling very intrigued by Karen and her story and excited about her ideas. Karen, a 45-year-old twice divorced single woman, was not only warm and engaging, she was also passionate, bright, and articulate about the topics I was most interested in. Her interview was full of exceptionally useful and quotable material and I couldn't help but feel like she was my goldmine. But I also felt skeptical. Her narrative had a flighty, dramatic quality and, while remarkably insightful on broad issues, I felt she was not sharing details that might lend a more earthly element to her story. Additionally, her frequent comments about how smart and insightful she was made me feel contrary and I found myself on alert for inconsistencies or markers of pathological narcissism or thought disorder. Was it really possible that so many people in her life, including her therapists, told her they "adored" and "loved" her, thought she was "amazing," "wonderful," "the best," and "so special" with the frequency and consistency that she reported?

Thus, despite my excitement about her thoughtfulness, well-formed ideas, and shared passion for my research topic, my attention was somewhat divided during portions of our time together. Under the guise of assessment, I was looking to discredit her. In reflection, I considered that this may have been driven by a sub-

conscious desire to deny that she had been the victim of "savage abuse," that she had been tied to a bed and tortured as a girl. I felt insecure about my ability to empathize with such suffering and resistant to being with her in that degree of pain. If she was prone to exaggeration, confabulation, irrationality, psychotic thinking, or pathologically invested in her role as a victim, I might be let off the hook to some degree.

Later, as I read and reread portions of the interview, I tried to return to what I felt while sitting with Karen, and recognized even more that my attention to Karen's credibility was a misguided pursuit and a product of my own fear that created a subtle distance between us. Fear of her pain, fear that she might overwhelm me, fear that I may get too close to her or become too gratifying. Many months later, I remember Karen's complaint about a therapist who responded to her abuse story with infuriating equanimity. Did this therapist share my fears? It also occurs to me that a concealed desire to discredit individuals with BPD may be a larger clinical phenomenon worthy of further exploration and with important implications for therapy relationships.

In the postinterview analysis, I am more easily able to accept my genuine reaction of feeling deeply impressed by Karen's insightfulness and gratitude to her for her insider's perspective into the issues of particular interest to me. During our time together I kept these reactions in check. When she articulates the focus of her book I feel excited but my reaction reveals only tempered support:

> Karen: And how to interact with me. It's more about not saying how bad we are in the book, but how to interact. How to interact with me where you will not have those responses. And how to negotiate with me. With us. And then to understand that my perception of things may be a little, may be a little colored a little differently because you had a different experience than I had. And then just to view me differently. And that there's a good medium, there's a good median from where who you are from to where I am. And just to find that

> ground that we can interact in the world.

> SEG: And I think the thing you're saying about that clinicians learning how to interact with me, is really important.

It would have been very easy to join Karen in her enthusiasm—but an inner voice reminded me to be careful, to contain myself, to not compromise the integrity of the interview. Several times Karen articulated ideas or experiences that caused me to feel very excited and even validated that my research might be hitting on something real and valuable. I hid this from her and only nodded my head in quiet agreement.

I had noticed that in several of the interviews, some of the formality between my self and the interviewee seemed to fall away as the interview came to a close. Perhaps there was some letting go once our tasks had been completed and all that was left was to debrief and say goodbye. In those final moments with Karen, when I asked what was next for her, she shared her plan to begin online dating. My guard lifts away when she asks me a personal question.

> Karen: But you're married, right?

> SEG: Married.

> Karen: You have a beautiful ring.

> SEG: Oh, thank you. I had luck on jdate [a dating website].

This was the only interview in which I shared such a personal detail. She follows my disclosure with a push for a continued connection premised on her helping me:

> Karen: You may be stuck and you may not want to but, I'm not a patient, so it's not a breach of confidentiality, but you may want to know just what is the, what is going on that I, that person may need that I may know. Always feel free. Because I have such an amazing, *amazing* insight into the mind of the trauma victim.

> SEG: And, you know what I would really like, is if you do get to a

place where you have something written that you'd like to share.

Karen: Oh, you mean with you?

SEG: Yes. I would love to.

Despite myself, I become another person reflecting her value and supporting her specialness. It is ultimately difficult to resist. I *do* think she is special, I am curious about her book, and it feels wrong to deny this. What Karen did not hear when she asked, "Hey, is this the best interview?" was the reaction that I kept to myself, "Yes." These reflections are especially useful when I attempt to make sense of Karen's falling out with a cherished therapist of five years. Initially, I had felt highly judgmental about this therapist's apparent failure to keep her own emotional needs in check and to maintain a therapeutic frame for their work. Yet, in just one meeting with Karen, I had said more than I had meant to and had felt more for her than I was comfortable with. Our gentle pushing at the boundaries of the interview had left me feeling uneasy. Later, I wondered how it had felt for Karen.

Jessie

I found Jessie, a 28-year-old single Caucasian woman from the South friendly, shy, slightly awkward, and a bit nervous. Her look was neat and casual (she wore jeans and a plain sweater, her blond hair tied in a ponytail and little or no makeup) and, I thought, a bit bland for a woman in her twenties. There was a certain naivety or innocence in Jessie's manner and an immature quality in her narrative. She seemed younger than her age and I had to remind myself that she had already graduated from college and, in fact, had a master's degree. Her tendencies to use speech fillers (e.g., "like," "sort of," "kinda," "and stuff," "or something," "or whatever"), to make statements with a questioning tone, to take long, unexpected pauses (as if she had *spaced out*), and to overuse hyperbole added to my feeling that I was speaking with a teenager. Here, she describes her reaction when a group therapist brought a conflict between them into the group session:

> . . . she brought it up in group and told everybody and I was humiliated and furious and humiliated and humiliated and just like, nonstop crying and I was so mad

at her and hated her and was never going to go back to her group again.

Though Jessie's tone is childish, her ability to describe her relationships and emotional reactions reveals that she is bright and psychologically minded. I felt that she was working hard during the interview. She disclosed personal experiences and emotional material easily, pondered questions silently before answering, and gave thoughtful, detailed responses. I found her investment in the interview process satisfying and in my notes immediately following the interview reflected that I very much enjoyed my time with Jessie, felt that I liked her, and imagined that she would be a "good" psychotherapy client.

In later reflections, I considered that my fantasy about Jessie being a good psychotherapy client might have been partly connected to the potential validation I imagined she offered to those who treated her. Jessie perceived herself as benefitting greatly from her therapy. She expressed deep gratitude and affection for the therapists she was attached to and quoted their words of wisdom and cited their influence and impact on her often. It occurred to me that, for a therapist, she might be a rather ego-gratifying person to have around. I considered my experience of finding Jessie pleasing within the context of her most prominent relationship pattern which was characterized by a strong wish to feel close to others and intense feelings of anxiety and insecurity when that closeness was threatened. I wondered if, intuitively, Jessie might sense that therapists are partly driven by a desire to feel important, listened to, and needed. Perhaps accommodating that desire was an effective way to draw therapists in closer. This possibility further underlined the intensity of Jessie's drive to create and nurture intense attachments along with her sense of needing to offer something in return for the acceptance, caring, or validation granted to her. I imagined that gratifying others might feel like a small bit of insurance against the potential for abandonment she felt looming over most of her relationships.

I was also aware during our session of my desire to take care of Jessie. I felt incredulous about why this rather frail-looking and naïve-seeming young woman chose to move by herself from the South to a fast-paced city that

seemed both too gritty and too sophisticated for her. I had the urge to suggest she might find an easier place to live. The incongruousness between her presentation and her choices felt like a metaphor for the narrative itself. Jessie was very forthcoming about her tendency to feel shamed and humiliated. My reaction was to avoid questions that might feel unnecessarily exposing. But as we continued talking I became aware that Jessie's narrative was dominated by the retelling of behaviors or events that had caused her deep shame despite my attempts to protect her from this. She readily confessed stories of her infractions in relationships in which she depicted herself as jealous, needy, aggressive, dishonest, immature, and manipulative. In the context of her history, relational patterns, and my experience of wanting to protect her from her self I wondered if this form of self-exposure might be a way to foster the reassuring connections that Jessie desired.

During the analysis, I tried to imagine how I might have felt had I been meeting Jessie as a psychotherapy client rather than as a research participant. I believe her confessions would have initially made me feel closer to her; certainly I would have felt enthusiastic about the potential for an engaging therapeutic relationship. Under the circumstances of the interview, it moved me to a more containing and more distanced style; I resisted her attempts at intimacy, in part, because I did not want to encourage more disclosures or to otherwise suggest that I might be available in ways that I was not. In later reflections, I noted the contradiction between what I felt for Jessie and what I offered to her. In my duplicity I saw both the "mean" therapists, or those who failed to offer her the explicit reassurance she seemed to seek, and the beloved therapists who, perhaps, more readily engaged in a mutually gratifying connectedness with Jessie. During our time together I felt the urge to move toward both extremes, yet neither felt just right. In my uncertainty I held a more neutral, withholding position than was unnatural for me. Perhaps the feelings of insecurity and deprivation that Jessie described in her relationships with some past therapists (and her consequent, provocative behavior to elicit their emotional reactions) were complementary to the therapists experiencing a similar internal conflict to my own.

Conclusion

The purpose of this article was to describe the contributions of reflexivity to the analysis of narrative data gathered in a qualitative interview study. The study was designed to explore the interpersonal therapy experiences of seven women diagnosed with BPD using their own perspectives communicated via narrative reports as the primary source of data. To a greater extent than anticipated, my interpersonal reactions to each participant identified through reflexive procedures came to serve as an important, if not essential, secondary data source. It may be more accurate to say that my reflections on the intersubjective space created within each interview contextualized the material that was generated as well as the analysis.

In this particular study the experiential component of the research procedures and related reflections aligned with my intent to illuminate something about the participants' interpersonal experiences of the individual clinicians they encountered. That is, the reflexive analysis was the medium through which my experience of each participant was metabolized into usable data. By integrating my reflections on my lived experiences of the participants into the analysis, I was able to develop more empathically informed hypotheses about their past therapy experiences. For instance, the miscommunications or tensions participants described, and the often destabilizing impact of these for the participants and their clinicians (as reported by the participants), were more authentically understood. Also, I felt more attuned with participants' described experiences of feeling helped, cared for, listened to, and validated by their therapists and believe I was able to use the interview relationships to fortify burgeoning hypotheses about the underlying meanings of these experiences for the participants. Reflecting on my own empathic failures, feelings of interpersonal connection or tension, and moment-to-moment anxieties was particularly illuminative and often resulted in more layered interpretations. Ultimately, attention to the intersubjectivity created within each interview, informed by a continuous reflexive process, provided an essential context for the entire data analysis. Recognizing the value of my reflexive process was essential in allowing this fundamental shift to take place. Intersubjectivity between the participants and

myself was regarded not as a problem but an opportunity (Finlay, in press).

Researcher reflexivity can take many forms depending on the purpose of the study, methodologies used, and epistemological approach (Finlay, in press; Morrow, 2005). The goal of the described study, to gain a phenomenological understanding of the interpersonal dynamics that developed between the participants and their therapists, was powerfully supported by the use of reflexive procedures. In this case, reflexivity supported my position as researcher-participant so that my subjective experiences and hypothesized contributions to the interview relationships were integrated into the data, rather than separated from it or managed. The reflexive process lent an experiential component to the findings that suited my attempt to explore how therapist and client subjectivities merge to construct unique psychotherapy relationships. Hypothesized connections between the participants' developmental histories, their relationship patterns, and their interpersonal therapy experiences were, in some cases, threaded together by the material of my reflexive activities. I believe this supported a subtle but important shift in the focus of the study and the interpretation of results onto the interplay of subjectivities between the participants and their therapists and the coconstruction of therapy relationships.

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