

Researching relational practice using the Voice Centered Relational Approach

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The Voice Centered Relational Approach is a qualitative methodology which focuses on the voices (the stories and perspectives) within participant narratives. The theoretical framework underpinning this methodology is commonly considered implicit, with little discussion of how it is enacted within the research process. A core analytic tool in the Voice Centered Relational Approach is the Listening Guide. This has predominantly been used with interview data. Using a longitudinal observational study of engagement practices in stroke rehabilitation, we demonstrate how a theoretical framework can be enacted within the research process, from entering the field to dissemination. We detail how we adapted the Listening Guide for use with multiple forms and sources of data. This provides a guide for researchers who wish to use this approach in the future. We propose that the underlying relational ontology and relational orientation of this methodology makes it a useful approach in researching relational practice in healthcare.

Introduction to the Voice Centered Relational Approach

The Voice Centered Relational Approach is a qualitative methodology which emphasizes the voices² of research participants. It is based on the premise that a person's 'voice' is "polyphonic and complex" (Brown & Gilligan, 1993, p. 15), that an individual might experience multiple, sometimes contradictory ways of thinking about and understanding situations (Brown & Gilligan, 1993). In this approach, how a person speaks (and indeed, does *not* speak) of their experiences, themselves, others and relationships provides insight into their perceptions and experiences (Brown et al., 1991; Brown & Gilligan, 1993; Mauthner & Doucet, 2003). A person's voice is influenced, and potentially silenced by the contexts surrounding the individual, such as societal and cultural frameworks (Brown et al., 1991; Brown & Gilligan, 1991).

To attune to the multiplicity of voices within a person's narrative, Brown and Gilligan (1991; 1999) developed a Listening Guide which involves four sequential readings (or 'Listenings'³) to attend to the different voices and how they developed. This is a flexible tool customized to the researcher's theoretical perspective and research question (Gilligan, Spencer, Weinberg, & Bertsch, 2005; Mauthner & Doucet, 1998; Sorsoli & Tolman, 2008). The first reading of data focuses on the broad story and context evident within the narrative while simultaneously considering the researcher's own response to this story. The second reading focuses on how the person speaks of themselves, exploring the voices within the narrative. The third and fourth readings are where methodological diversity and analytic flexibility become apparent. Mauthner and Doucet (1998; 2002, 2008; 1998) consistently read for relationships (third reading) and social contexts (reading four), linking "micro-narratives and macro-level structures and processes" (Doucet & Mauthner,

¹ This research was conducted under the supervision of Associate Professor Nicola Kayes, Professor Linda Worrall and Professor Kathryn McPherson

² Voice refers to perspectives (Brown, Debold, Tappen, & Gilligan, 1991; Sorsoli & Tolman, 2008) or stories (Mauthner & Doucet, 1998) embedded within a person's communication.

³ The terms 'readings' or 'listenings' are used interchangeably in the literature. Throughout this paper, I use the term 'readings', consistent with Mauthner and Doucet's (1998) approach.

2008, p. 406). In contrast, Brown and Gilligan (1991; 1992; 2005) focused on voices of care (reading three) and justice (reading four) informed by earlier research which indicated these voices were consistently present in stories of moral development, and by two different moral theories, those of care and justice. These examples demonstrate how the Voice Centered Relational Approach, through the use of the Listening Guide as the primary analytic tool, functions as a research *framework* rather than being a fixed prescription for how research must occur.

Context of this research: A study of engagement practices

The context for this paper is a study exploring how rehabilitation practitioners engaged people experiencing communication disability after stroke. The focus of the study was the process of engagement, and in particular, how practitioners worked to engage people after stroke. This research built on two previous studies. The first, a conceptual review, proposed engagement was a co-constructed process and state (Bright, Kayes, Worrall, & McPherson, 2015). The second was an interview-based study of engagement with people experiencing communication disability and rehabilitation practitioners. These showed the process of engagement was strongly influenced through the practitioner's actions, but there was limited information about exactly *how* the practitioner facilitated engagement in either study. The observational study discussed in this study was undertaken to develop rich, detailed descriptions of engagement practices, the ways of working undertaken to facilitate engagement. We explored the engagement practices of 28 rehabilitation practitioners by studying their interactions with three people experiencing communication disability throughout four separate episodes of rehabilitation, each lasting between two and 14 weeks. The study was based in inpatient and community stroke rehabilitation services.

Explicating and applying the theoretical framework in observational research

The Voice Centered Relational Approach has been positioned within a number of theoretical perspectives – feminist standpoint theory, literary, narrative and relational theories to name a few (Brown et al., 1991; Brown & Gilligan, 1993; Gilligan et al., 2005; Mauthner & Doucet, 1998; Sorsoli & Tolman, 2008). The ontological and epistemological underpinnings of the approach have predominantly been implicit (Mauthner & Doucet, 2003). These authors have suggested ontology, epistemology and theoretical perspectives are so closely entwined that each component is rarely discussed separately (Doucet & Mauthner, 2002; Mauthner & Doucet, 2003). There has been limited attention to how these are enacted within, or influence, the research process (Doucet, 1998). While this entanglement is not unusual, it can make it challenging for researchers who are new to the methodology to grapple with the theoretical framework which underpins it, or who wish to tailor the Voice Centered Relational Approach to their own theoretical framework (Gilligan et al., 2005). Drawing on the work of Mauthner and Doucet (1998; 2002; 1998), we situated our study within a theoretical framework comprising a relational ontology, social constructionism and symbolic interaction. Within this section, we explicate the key components of the theoretical framework and demonstrate how they were applied in this study of engagement practices.

The Voice Centered Relational Approach is based on a relational ontology (theory of being) (Doucet, 1998; Doucet & Mauthner, 2002; Mauthner & Doucet, 1998). Relational ontology holds that humans exist within relationship, embedded in interdependent intimate and large social relations (Gilligan et al., 2005; Mauthner & Doucet, 1998; Tronto, 1995). Relationships form the basis of humanity, as well as our understandings of ourselves (Nortvedt, Hem, & Skirbekk, 2011). Within a Voice Centered Relational Approach, the researcher has a relationship with the participants throughout the research

process. For instance, Brown and colleagues (1991) argued analysis is a relational act. Within analysis, the Voice Centered Relational Approach focuses on relational aspects of the phenomenon under consideration, closely attending to relationship: those between the voices in each participant's data, between the participant and those around them, and with the contexts surrounding them (Doucet, 1998; Doucet & Mauthner, 2002; Mauthner & Doucet, 1998, 2003). As a result, Voice Centered Relational research has been described as having a "relational filter" (Doucet & Mauthner, 2002, p. 12), reading for relationship in the data and prioritizing relational issues within analysis. This results in a relational interpretation. The relational ontology appeared consistent with our early work on engagement (Bright et al., 2015), which highlighted relationship appeared crucial in engagement but there had been limited research exploring these relational processes.

Within a Voice Centered Relational Approach, knowledge is viewed as socially constructed. People are embedded within larger social relations; the knowledges participants hold are situated and constructed in interaction with social and cultural frameworks that surround them (Berger & Luckmann, 1967; Gergen, 1985; Gilligan et al., 2005; Mauthner & Doucet, 1998). Knowledges are contextual and multi-layered (Mauthner & Doucet, 2003), reflecting multiple constructed realities (Berger & Luckmann, 1967). Research knowledge is considered developmental, partial and situated in the context in which it was constructed between the researcher and participant/s (Berger & Luckmann, 1967; Mauthner & Doucet, 2003). Participants are only ever partially known (Berger & Luckmann, 1967; Mauthner & Doucet, 2003); arguably it is not possible to claim to know the participant and their lived experience, instead only being able to "grasp something of their articulated experience and subjectivity" (Mauthner & Doucet, 2003, p. 423). The researcher themselves is socially located (Doucet, 1998; Mauthner & Doucet, 2003). Doucet (1998) stated this influences how researchers "'see' and 'hear' the individuals [and] how we construct theory from their words, experiences and lives" (p. 54). The researcher actively constructs knowledge by attending to particular voices in the data (Doucet & Mauthner, 2002). Doucet and Mauthner (2002) described knowledge construction as responsive and relational, reflecting the relational ontology of the research and demonstrating how ontology and epistemology are closely entwined.

While the Voice Centered Relational Approach may draw on a range of different theoretical perspectives as detailed above, Mauthner and Doucet (1998) suggested it is "firmly rooted ... in a symbolic interactionist tradition" (p. 27), as evident in the focus on the self, exploring meaning, actions, and social interaction. The Listening Guide can support the researcher to closely attend to the self (Blumer, 1969) by focusing on voices within the participant's narratives, considering how a person sees and presents themselves, the meanings they hold and how these developed (Brown et al., 1991; Hewitt & Shulman, 2011; Mauthner & Doucet, 1998). People's meaning-making becomes evident in how they speak of themselves and their actions (Gilligan et al., 2005; Mauthner & Doucet, 1998). Attending to how people speak of themselves in action, understanding the fluidity of their voice(s) in different situations and different interactions are all facilitated through the use of the Listening Guide, in particular, readings two and three (Gilligan et al., 2005). Relationships are considered a key context in which people construct meaning (Gilligan et al., 2005; Sorsoli & Tolman, 2008), reflecting 'social interaction' (Blumer, 1969; Charon, 2010) where actors (which includes people and institutions or services) are seen to "take one another into account, symbolically communicate to one another and interpret each other's actions" (Charon, 2010, p. 138). 'Social interaction' is also considered in reading four of the Listening Guide (Doucet & Mauthner, 2008; Mauthner & Doucet, 1998) which explores the social context surrounding experiences. Within this research, we considered that attending to social interaction and joint action, how patients and practitioners spoke of the self and the objects in their environments, understanding the processes of meaning-making and on-going action may help "bring to life the essence and character of a

[person's] experience and behavior" (Halligan & Marshall, 1996, p. vii). Symbolic interactionist principles of exploration (developing an understanding of what is happening through reading one of the Listening Guide) and inspection (detailed descriptions of what happens, how these actions relate to what people are thinking and considering the consequences of actions, facilitated by readings two-four of the Listening Guide) (Blumer, 1969) were anticipated to facilitate deep understandings of engagement practices which would further knowledge in this area.

Central principles from the underlying theoretical framework were applied at different "decision junctures" (Koro-Ljungberg, Yendol-Hoppey, Smith, & Hayes, 2009, p. 688) in the research process, thus providing a "map of action" (Crotty, 1998, p. 7) for this longitudinal, observational study of engagement. These principles included:

- The researcher and participants are in an on-going relationship throughout the research process.
- People exist in inter-dependent relationships, relationships with themselves, with others and with their context.
- Knowledge is constructed through interaction with the self, with others and with the broader context the individual researcher and participant/s are located in.
- People act in response to the meanings objects hold; these meanings are constructed through social interaction and can be ever-changing.
- Multiple constructed realities exist. Accordingly, knowledge is multi-layered and never complete. It is always partial and situated within the context it is constructed in.

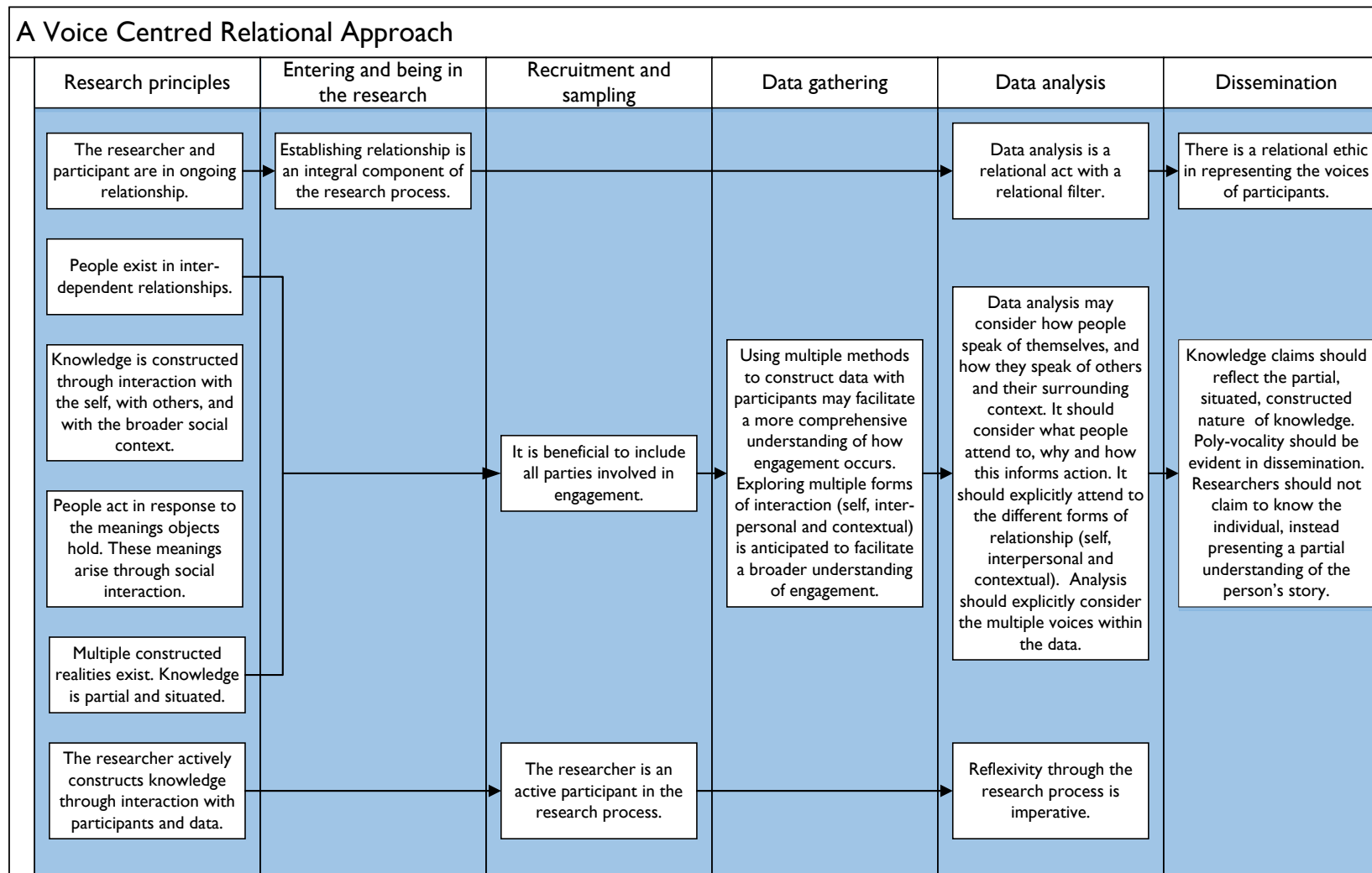
This map of action formed the framework for the subsequent research, as summarized in Figure 1.

Entering and being in the research: The researcher in relationship with the participants

The research process is a "relational encounter" (Kiegelmann, 2009, p. 6) with the researcher an active participant in the process (Gilligan et al., 2005). Creating an environment where participants felt comfortable sharing their experiences (Jankowski, Clark, & Ivey, 2000; Latimer, 2008) could enable a deeper, more nuanced understanding of their experiences (Charon, 2010). In a sense, this reflected a process of engaging research participants in the research process before then studying how they engaged in their rehabilitation, reflecting an view that developing relationships helped create a relational research environment which might facilitate communication and understanding of people's experiences (Jankowski et al., 2000; Latimer, 2000; Morrow, 2005). The theoretical framework prompted explicit attention to the relationship between the participants and researcher. These relationships were integral throughout this research and influenced how I entered the field, developing relationships through *whakawhanaungatanga*⁴ "allowing time and space to establish relationships" (Jones, Crengle, & McCreanor, 2006, p. 70). I spent time with participants, meeting multiple times before completing consent, attending to our relationship during data collection by spending time talking with them and their families, and sharing some information about myself.

⁴ *Whakawhanaungatanga* is a Māori term defined as allowing time and space to establish relationships" (Jones, Crengle, & McCreanor, 2006, p. 70).

Figure 1. Integrating methodological framework into the study design



While important for engaging people in clinical services (Drury & Munro, 2008), social constructionist researchers have suggested relationships facilitate open communication between parties throughout the research process (Jankowski et al., 2000; Morrow, 2005). Gilligan suggested the individual's voices are very responsive to the outside world, that a tense research situation or relationship could constrain or flatten participant voices (Hamer, 1999). As the researcher actively constructs knowledge by attending to particular voices in the data (Doucet & Mauthner, 2002), they are considered in relationship with participants through data collection and analysis as they engage with the voices in the data. The relationship, recognized or not, continues in dissemination as the researcher shares findings and discusses the voices

Recruitment and sampling: Determining who are participants

Viewing people as being entwined in inter-dependent relationships (Mauthner & Doucet, 1998; Tronto, 1995) prompted us to recruit people experiencing communication disability *and* their rehabilitation practitioners. The vast majority of engagement research has focused on perspectives of practitioners *or* patients (Bright et al., 2015) rather than incorporating the perspectives of patients *and* practitioners, and there has been limited exploration of relational aspects of engagement. Accordingly, patients, their families *and* rehabilitation practitioners were recruited as participants with data gathered from patient-practitioner dyads (i.e. pairings of consenting patients and consenting practitioners).

Data gathering: Co-constructing knowledge with participants

Blumer (1969) stated direct examination of the participant's world is essential to understand how they make meaning and act. Accordingly, this study combined multiple data collection methods, facilitating crystallization (Ellingson, 2009). Participant observation, stimulated recall, and informal and formal interviews with both parties were used to explore how rehabilitation practitioners engaged people experiencing communication disability in stroke rehabilitation. Each method of data gathering elicited subtly different understandings of how people acted together and separately, how they constructed meaning, how they acted in relationship with others and how they made decisions about engagement based on their interactions within each individual, and between members of each dyad (Berger & Luckmann, 1967; Blumer, 1969; Charon, 2010; Mauthner & Doucet, 1998; Tronto, 1995). Collecting different forms of data allowed consideration of both talk-about-action (in interviews and stimulated recall sessions) and talk-in-action (in observations of interactions) helped highlight the tensions and complexities inherent in engagement. It also highlighted poly-vocality, the different voices and perspectives within a person's way of working and talking about working (Gilligan et al., 2005; Mauthner & Doucet, 1998).

Observing interactions enabled detailed description and exploration of actions as well as how participants constructed meaning within interactions, what behaviors they attended to and acted on, what roles they took and what actions accomplished (Blumer, 1969; Charon, 2010). The observations focused on the interactions and relationships between participants within each dyad, and between participants and their context (Doucet, 1998; Doucet & Mauthner, 2002; Mauthner & Doucet, 1998, 2003). Observing people within their real-life situations gave insight into the social and cultural frameworks surrounding them (Gilligan et al., 2005; Mauthner & Doucet, 1998). In total, 147 hours of observation occurred. Stimulated recall sessions elicited the reasoning that underpinned action (Gass & Mackey, 2000). Videos of interactions between the patient and practitioner provided the stimulus for the interview. Stimulated recall interviews explored what patient and practitioner participants perceived as critical in the process of engagement. Eliciting

participants' thought processes and feelings and provided insight into the objects people attended to, how they interpreted them and how they responded (Blumer, 1969; Charon, 2010; Coleman & Murphy, 1999; Gass & Mackey, 2000; Gilligan et al., 2005; Mauthner & Doucet, 1998; Saba et al., 2006). Informal and formal interviews explored each participant's experiences and perceptions of engagement, exploring how participants developed knowledge (Berger & Luckmann, 1967), their meaning-making and action (Charon, 2010), and the structures influencing rehabilitation (Gergen & Gergen, 2007).

Analyzing data: Constructing knowledge(s) and understanding(s)

Data analysis was iterative, occurring firstly *within* data from each patient-practitioner dyad and then *across* all participants. The Voice Centered Relational Approach is an analytic framework, offering a flexible, principle-based approach to analysis (Gilligan et al., 2005; Kiegelmann, 2009; Mauthner & Doucet, 1998). Both the Voice Centered Relational Approach and the Listening Guide have been used with relatively small sets of interview-based data. There has been little, if any research applying this approach in large data sets with multiple data sources. The Listening Guide was the primary method of analysis throughout this research. The specific questions within each reading were informed by the theoretical framework which underpinned the study (see Table One).

Analysis of the first twelve dyads

The first reading of each dataset involved attending closely to the stories in the data and my own response to these, asking 'what is going on here?' (Mauthner & Doucet, 1998). Attending to the researcher's response makes their role in constructing knowledge explicit; reflecting that the researcher is in relationship with the participant and the data, and that their own social location influences how they construct the data (Doucet, 1998; Doucet & Mauthner, 2002; Mauthner & Doucet, 1998, 2003), consistent with the perspective that analysis is a relational act (Brown et al., 1991). The reading was then summarized into a memo, as demonstrated in this analysis of an interaction between a patient and doctor:

When Betty continues to ask "maybe I can go home", the content of Mike's talk focuses on the rehabilitation process with comments such as "it's part of the deal here I'm afraid", "But we'd like all of the [multidisciplinary team] to have a chance to assess you over a period of days and then we'll all meet with the family and the medical team and the disciplines and then we'll try and make a plan" and "we usually like to have a bit more time to assess you before we make definitive decisions". The rehabilitation process dominates, with talk of assessments, meetings and plans. I can't help but attend to how the practitioners seem to have power and expert knowledge. I wonder where Barbara's voice is in this process. This contrasts with what Mike tells me in an interview: "all you can do is give her the options and the information. You have to respect her wishes. It's important to go with what she thinks is right, we need to let her try and make a decision".

These memos documented as similarities and differences across the dataset. They recorded what practitioners *did* with patients (talk-in-action) and how they talked about what they did (talk-about-action), and captured the practitioner's talk and action in different contexts, such as with the patient, in team meetings or in family meetings.

Table One. Questions guiding the Listening Guide analysis

Reading	Questions
Reading One: The story and response	What is going on here? What are the events, sub-plots, characters, metaphors, and recurrent phrases? What is my emotional & intellectual response to the participant?
Reading Two: Participant voices	Who is speaking and with what voice? How does the participant experience, feel, present and speak of themselves? How does the participant believe others see them? What emotions, reflections, opinions, actions, intentions are evident? What pronouns does the person use when speaking of themselves? What are people saying and doing (acting)? How do they expect to act? How do they do things and how did they develop that knowledge? What roles are the participant playing? How do they perceive situations, words and actions (symbols)? How does this impact on action?
Reading Three: Others and relationships	Who is spoken about, the relationships, emotions, statements and stories associated with each? Who is related to who in what way? How are people positioned within the relationships and interactions? What are people saying and doing (acting)? How do they expect to act? How do they do things and how did they develop that knowledge? What roles are the participant playing? How do they perceive situations, words and actions (symbols)? How does this impact on action?
Reading Four: Context	What are the broader social, political, cultural, professional and structural contexts surrounding the participants' story, experiences, actions and interpretations? What is spoken and unspoken, overt and taken-for-granted? Whose voices are heard informing the situation? What social values surround the interaction? Why do people act in some ways and not others? What is institutionalised? What is the 'right' way to do things? Where did this come from? How have different roles come about? What is privileged in talk and/or action?

The remaining readings of the Listening Guide were used with selected data (Mauthner & Doucet, 1998), selected for reasons such as it appeared to offer particular insight into engagement, there were a range of data sources for an interaction, or there were marked contradictions between talk-in-action and talk-about-action. The second reading focused on the voices of the participant, how they spoke of themselves, the different ways they acted and the roles they played (Berger & Luckmann, 1967; Gergen & Gergen, 2007). Analysis attended to how people created meaning and how these meanings influenced action (Blumer, 1969). Attending to body language and tone of voice prompted consideration of how people spoke of themselves in talk and in action. Attending to polyvocality within the data prompted consideration of multiple realities (Gergen & Gergen, 2007) and multiple perspectives (Gilligan et al., 2005; Mauthner & Doucet, 1998) as evident in these two poems, one taken from an interaction between Betty (patient) and Mike (doctor), and one taken from an interview with Mike:

If you keep making progress, it won't be long
We'd like all of the team to assess you
Then we'll meet with the family and the medical team and the disciplines
Then we'll make a plan
(i-poem, Mike, ward round)

All you can do is give her the options and the information
You have to respect her wishes
All we can do is give her the information
It's important to go with what she thinks is right
Ultimately it's her decision
Let her try and make a decision
(i-poem, Mike, interview)

These two contrasting i-poems depict voices of power and control in Mike's talk with Betty, and responsive, patient-centered voices in his interview. The i-poems helped highlight the voices of participants, capturing how they positioned themselves in relation to others.

The third and fourth readings were informed by the theoretical framework and Mauthner and Doucet's research (1998; 2002, 2008; 1998). The third reading focused on how the person spoke of the 'other' (people in their environment), relationships, and in particular, relationships between themselves and others in their environment. This reflected the relational ontology underpinning the study as well as the position that knowledges are socially constructed through interaction (Berger & Luckmann, 1967; Blumer, 1969; Gergen & Gergen, 2007). 'Other-poems' (poems centered on the personal pronouns used to refer to others and the relationships between them) explored how people spoke of the other, as evident in one poem constructed from a patient participant's description of staff who he struggled to engage with:

They scurry over and turn me
They walk away not even putting the bed rails up
I have to ask them to do it
They don't want to talk
I think they feel awkward because I can't talk back
They've not even tried

Analysis considered how participants spoke (and didn't speak) of the 'other' and of relationships in both their verbal and non-verbal action. This reading considered who was present and included in interactions, whose opinions appeared to hold weight or who was silenced.

The fourth and final reading focused on the socio-cultural context, considering interactions between individuals and their context (Blumer, 1969), asking what appeared to be taken-for-granted and how this came to be, what were dominant ways of working, and what was privileged and why this was, informed by Latimer's (2000, 2008) critical constructionism. Analysis considered how contextual factors were evident in, and appeared to influence practitioners' ways of working. This included considering how profession-based and organizational structures and the physical environment were evident in practitioner and patient talk, action and meaning-making.

The analysis from these readings were then incorporated into the original memo, a record of the developing analysis⁵:

⁵ Reading one (reading for the story) is in bold. Reading two (reading for the self) is in italics. Reading three (reading for the other) is in grey. Reading four (reading for the context) is in capitals.

When Betty continues to ask “maybe I can go home”, the content of Mike’s talk focuses on the rehabilitation process with comments such as “it’s part of the deal here I’m afraid”, “But we’d like all of the [multidisciplinary team] to have a chance to assess you over a period of days and then we’ll all meet with the family and the medical team and the disciplines and then we’ll try and make a plan” and “we usually like to have a bit more time to assess you before we make definitive decisions”. In this, Mike positions himself as an empathizer, but not a negotiator (e.g. ‘it’s part of the deal I’m afraid), and Betty as someone who is expected to go with the flow. **The rehabilitation process dominates, with talk of assessments, meetings and plans.** THE REHAB PROCESS IS ALMOST AN ENTITY OF ITS OWN. REHABILITATION IS ABOUT ASSESSMENT; WHAT IS NOT CLEAR IS WHAT IS BEING ASSESSED AND WHAT THE BENCHMARK OR TARGET IS – IT ALL FEELS VERY NEBULOUS AND NON-NEGOTIABLE. THE LANGUAGE USED IS THE SYSTEM’S LANGUAGE – THE “MDT”; the patient is relatively silent, especially when Mike talks of the meeting: “we’ll all meet with the family and the medical team and the disciplines and then we’ll try and make a plan”. Is she included in the “we”? It is all about her after all – Betty is positioned as having responsibility for the decision about going home – responsibility in the terms of ‘If you keep making progress, it won’t be long’. If she wants to go home, she needs to progress. It is interesting to see who is not spoken of – Betty. There is no mention of her as a player other than as a subject of assessment.

Each memo contained reflections on the research aims, asking ‘how do rehabilitation practitioners engage people experiencing communication disability in stroke rehabilitation?’, while also summarizing how practitioners’ worked, why they worked as they did and what this accomplished. This helped us start to explore the engagement practices evident within the data. This analytic memo then formed the basis for analysis across participants. Comparing and contrasting voices of individual participants and patient-practitioner dyads over the course of rehabilitation, often using i-poems, highlighted the relational and co-constructed nature of engagement and disengagement in rehabilitation:

I hate [therapy]
(i-poem, patient participant, informal interview, week one)

A mediocre session
There's a bit of engagement but not a lot
He sort of shut off
I hit a brick wall
It's almost like ‘why try?’
When he's not engaging I think ‘what am I doing wrong’
I think more about myself than him
(i-poem, practitioner participant, informal interview, week one)

Hate it, didn’t want to try
If she’d backed off
I’m just tolerating it
Feeling negative
(i-poem, patient participant, informal interview, week four)

Underlined words contain hyperlinks which link to the original transcript.

I didn't want to come back after Easter
It's just been too hard
He's not engaged
He's not enjoying it
I'm not sure what to do
(i-poem, practitioner participant, informal interview, week four)

I'm achieving
I'm rapt
It's magic
I'm finally feeling positive
Now, now it's good
(i-poem, patient participant, informal interview, week eight)

It's such a nice feeling
He was so interested to talk to me
It was so natural, so nice
My engagement is a lot easier
I can feel the success
I can see the change, the progression
I feel that what we're doing makes a difference
So I feel more engaged
(i-poem, practitioner participant, informal interview, week eight)

Analysis continued in an iterative process of constant comparison (Charmaz, 2014), moving between analyzing individual participant datasets and comparative analysis *between* datasets until the first 12 datasets were analyzed. While initially four behaviors appeared to be used when practitioners were working to facilitate engagement, over the course of analysis, understandings of how practitioners worked were challenged, developed and modified. Memos and mindmaps captured the emerging analysis.

Analysis of the subsequent dyads

The subsequent sixteen dyads were analyzed in two groups. The first group of eight dyads were chosen based on my detailed case knowledge and emergent informal analysis that occurred during data collection (Mauthner & Doucet, 1998); the final analysis focused on eight dyads from whom there was limited data. For the first eight dyads, the analysis process occurred as detailed for Stage One above, except that the four readings of the Listening Guide were completed concurrently and then integrated into a memo. Comparative analysis continued as detailed in Stage One of data analysis. The twin tools of memoing and constant comparison resulted in increasingly complex, nuanced understandings of how practitioners worked to engage the patient in stroke rehabilitation. Mindmaps were used to visually represent relationships between actions, and between ways of thinking and acting. Data from the final eight dyads were primarily used for constant comparison. In several instances, the dyads had small amounts of data (for instance, one had one three-minute interaction between the members of the dyad followed by one ten-minute interview with the practitioner). Datasets were reviewed and brief notes were taken. These focused on the Listening Guide questions of 'what is happening here?', 'how do they speak of themselves?', 'how do they speak of others and of relationships?' and 'how do they speak of the context?'. These summaries were then compared with the analysis completed to that point. While the new data did not identify any new ways of working, most resulted in detail being added to the existing ways of working.

Presenting findings

Participants' perspectives are embedded throughout the research findings (Bright, 2016). This was done in part to ensure the participants' voices were not dominated by my own voice, a key principle in presenting research in a Voice Centred Relational Approach (Mauthner & Doucet, 1998). It can be difficult for people experiencing communication disability to be heard in research and practice (e.g. Parr, Byng, Gilpin, & Ireland, 1997); foregrounding their perspectives was an ethical concern. The findings detail similarities and differences within and across participants, demonstrating poly-voice (Brown et al., 1991; Brown & Gilligan, 1992; Gergen & Gergen, 2007; Gilligan et al., 2005; Mauthner & Doucet, 1998). Using i-poems and presenting contrasting voices highlight the different voices (Edwards & Weller, 2012; Gergen & Gergen, 2007; Mauthner & Doucet, 1998), helping people "hear *more* of [the participants'] voices and understand *more* of their perspective" (Mauthner & Doucet, 1998, p. 26), while also demonstrating how these came about and how they influenced action. Informal feedback when we present findings suggests i-poems are a powerful tool in helping people attend to the voices and the experiences of people, reflecting Nind & Vinha's (2016) experience that i-poems helped provoke transformative dialogue. This demonstrates how analysis can facilitate, and indeed be a form of dissemination, and can help draw listeners into relationship with the participants and their experiences.

Discussion

This paper detailed how the Voice Centered Relational Approach was used in a study of engagement practices in stroke rehabilitation. Our purpose was to make the theoretical framework explicit by demonstrating how it informed the research process, and by detailing how this approach was used with large datasets with multiple forms and sources of data. While the Voice Centered Relational Approach is an established research approach, the methodology and theoretical framework that underpins the research have commonly been implicit (Mauthner & Doucet, 2003) despite these being essential in developing and implementing research methodology (Crotty, 1998). This study has explicated the theoretical underpinnings of the Voice Centered Relational Approach and shown how they directly informed how the research was planned and proceeded. This is likely to be of use to those considering and/or utilizing this approach in the future. The Voice Centered Relational Approach has primarily, but not exclusively been utilized with relatively small set of interview-derived data. The large number of datasets and multiple forms of data in this study posed some challenges as there was a lack of specific guidance on *how* to enact this approach in a robust, methodical manner. Modifying the process to intentionally capture and compare verbal and non-verbal communication, and to compare action, talk-in-action and talk-about-action enabled close examination of practice and facilitated crystallization. Applying this methodology to observational research helped develop rich, nuanced understandings of practice, enhancing and extending findings from interview-based research. It highlighted the tensions and complexities in practice. As such, this methodology appears to be useful in examining clinical practice. Within this study, the emphasis on meaning-making, action and interaction facilitated consideration of why people act as they do with regard to engagement, moving beyond simply describing *what* they do. This has opened up in-depth, clinically relevant understandings of engagement. Detailing *how* this methodology was applied will be useful for those conducting observational research in the future. Using the theoretical underpinnings of the Voice Centered Relational Approach to develop a robust analytic process for the data has strengthened the analysis, provided nuanced insight into engagement practices, and has contributed to methodological development.

The findings of this research have been reported elsewhere (Bright, 2016). Engagement was inherently a relational practice, occurring within and because of the relationship between the patient and practitioner. Practitioners who enacted this practice valued and prioritized relational work, consistently and coherently weaving together relational work, interpersonal communication, technical disciplinary-based work, and rehabilitation tasks. The analytic techniques in the Voice Centered Relational Approach, particularly the Listening Guide and i-poems, helped identify core components of relational engagement practices. Foregrounding relationships throughout the research process, from design to methods to dissemination, facilitated close examination of relational aspects of practice. Of course, this may be considered a limitation of the research. The relational approach to research likely contributed to the strong relational findings. This does not mean that the findings are not valid, however, it should prompt a tentativeness about them. The relational nature of engagement is *one* aspect of engagement and appears important for many but not all people experiencing communication disability. However, the underlying relational ontology and relational orientation of this methodology makes it a useful approach in researching relational practice in healthcare, or in other contexts.

Conclusion

This paper has detailed how the Voice Centered Relational Approach can be used to examine relational aspects of rehabilitation. The relational ontology and orientation of the research, together with analysis tools which are attuned to the relational aspects of practice, help researchers developed nuanced yet applied understandings of clinical practice. Using the Voice Centered Relational Approach with patient-practitioner dyads allowed for close investigation of how and why practice occurs as it does, while also considering what it brings about for the parties involved. This approach helps illustrate the inherent complexities of being together in relationships and enacting relational practice, in a manner which is beneficial for the researcher and research audience alike.

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