

Ethical considerations in practitioner research

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Abstract

Systemic psychotherapists and practitioner researchers face various ethical considerations, with which they have to engage critically and reflexively. In this paper I discuss some of these considerations, which include participants' agreement to take part in the research, the power in play that exists in the relationship between practitioner researcher and participants, writing ethically and including participants' voices in the research, the practitioner researcher's ethical standards of care, to name a few. Having these considerations in mind and talking openly about it with my clients helped me navigate through the complexities of relational ethics. My writing in general is mixed with relational ethics, in order to offer readers another perspective on how we can conduct therapy and relationally reflexive practitioner research. In this way, I hope this paper will serve as a tool for other practitioners to make sense of the world of practitioner research and bridge the gap between research and practice.

Περίληψη (Ελληνικά)

Οι συστημικοί ψυχοθεραπευτές και ερευνητές αντιμετωπίζουν διάφορους ηθικούς προβληματισμούς, τους οποίους χρειάζεται να διαχειριστούν με κριτική και αναστοχαστική σκέψη. Σε αυτό το άρθρο αναφέρω κάποιους από αυτούς τους προβληματισμούς, οι οποίοι περιλαμβάνουν τη συμφωνία των συμμετεχόντων να συμμετάσχουν στην έρευνα, τη δυναμική που υπάρχει στη σχέση μεταξύ ερευνητή και συμμετεχόντων, το πώς να γράφει κανείς με έναν ηθικό τρόπο ώστε να συμπεριλαμβάνει τις φωνές των συμμετεχόντων στην έρευνα, καθώς και την αυτοφροντίδα του ερευνητή με βάση την ηθική. Αυτό που με βοήθησε να διαχειριστώ την πολυπλοκότητα της σχεσιακής ηθικής ήταν το να έχω αυτούς τους προβληματισμούς στο νου μου και να τους συζητώ ανοιχτά με τους θεραπευόμενούς μου. Σε γενικές γραμμές στα γραπτά μου συμπεριλαμβάνω τη σχεσιακή ηθική, ώστε να προσφέρω στους αναγνώστες μια άλλη προοπτική του πώς μπορεί να διεξαχθεί η ψυχοθεραπεία και η έρευνα που είναι προσανατολισμένη στο σχεσιακό αναστοχασμό. Με αυτό τον τρόπο, ελπίζω αυτό το άρθρο να λειτουργήσει ως εργαλείο για άλλους επαγγελματίες ώστε να κατανοήσουν καλύτερα τον κόσμο της έρευνας μέσα από την πρακτική και να γεφυρώσει το χάσμα μεταξύ έρευνας και πρακτικής.

Citation Link

Systemic psychotherapists and practitioner researchers face various ethical questions, with which they have to engage critically and reflexively. In particular, the process of researching my practice is a messy endeavour and comprises ethical complexities (Helps, 2017). For instance, some of the concerns I wrestled with were the following: How can I make sure that I attend to my clients' therapeutic needs and do not impose my research agenda on them? Will I be able to discern whether a client still wishes to take part in the research or when they are having second thoughts? How do I take care of myself as a systemic practitioner researcher? As a systemic psychotherapist, I am committed to practising under a professional code of conduct, which acts as a general guideline (Guillemin & Gillam, 2004). As these writings were part of my doctoral research, I needed to go through a process of ethics clearance. As systemic practitioners, we encounter these kinds of ethical considerations in our everyday practice.

In line with the procedural ethics, such as undergoing an ethical clearance from the university's ethics committee, which provide a framework for the researcher to think ethically, there are the ethics in practice, which place the ethical responsibility on the practitioner researcher (Guillemin & Gillam, 2004). Since I am a relationally reflexive practitioner researcher, ethics in practice acquires an important meaning in my research as it can also be described as "relational ethics" (Gergen, 2015, p. 409). This means that, in the ongoing process of therapy, I not only aim to do no harm to my client, but also to care for the relationship itself. As Gergen (2015) argues, "the ethical posture of the therapist extends far beyond the therapeutic relationship" (p. 417); it extends to how we navigate through life. Clearly, this relational reflexive practice also extends to my role as a systemic practitioner researcher, as I must apply an ethical stance within the process of my inquiry. I work from an "ethics-led as opposed to method-led" approach (Simon, 2013). As Gail Simon (2013) explains,

This means the methodology emerges in response to and from within the relational activities under investigation as opposed to being pre-scribed by the researcher. Doing, writing and reading research are all dialogical activities with ethical responsibilities [...].

My doctoral research focused on the interconnectedness of relational space between client and therapist and within the therapist (Karamatsouki, 2020). In the community where I practise, my clients are white and most of them come from a middle-class background. My practice and my inquiry might have taken a different shape, if my participants came from a more diverse population; for instance, issues of difference and oppression might have emerged more frequently in the relational space between us. However, I would have had the same ethical concerns, and I would have taken the same steps to protect their therapy and our therapeutic relationship.

The context within which we work as systemic practitioners also makes a significant difference. My research might have taken a different route, if I was working in a different setting, for instance a health care agency. Although I might have taken the same steps to ensure my participants understood what it means to take part in my research and I would have given them the option to say no at any stage of the research process, they might think that they wouldn't have the capacity to say no, if they were afraid that this decision might have an impact on their therapy. Of course, clients in a private practice setting might also be afraid that their decision could have an impact on their therapy, but in an agency context clients might feel more obliged to participate in research. As systemic practitioners and practitioner researchers, we need to have in mind that whilst our ethic might be one of collaboration, there might be contexts or circumstances that this might be compromised given the different power differentials in the relational space between client and therapist.

Given the power relationship between client and therapist, my research participants can be considered vulnerable participants. As Guilfoyle (2003) argues, power exists in the therapeutic relationship, even when there is dialogue and mutual construction of meaning, and clients might still perceive the therapist as expert. According to Guilfoyle (2003), the answer to this is for therapists to overtly acknowledge and be critically aware of the power issues that exist in therapy, in order to address them. For instance, it is common for me to tell my clients in the first session that some guidelines exist in the therapy process, such as the time and place of therapy, and that I am mainly responsible for keeping these guidelines in mind. However, I also tell them that I rely on them, the client, to let me know what works for them and to explain to me aspects of their lives that I might not be aware of, so that we can collaborate to make the changes they want to make in their lives. In this way, my clients become responsible participants and active collaborators in the process of change. This is what ethical practice requires.

In addition, the culture of systemic therapy is to acknowledge the power of the client, as well as that of the therapist, in the fact that the clients are co-participants in the therapeutic conversation. They have a choice in what to say and how, and their voices are included in the therapeutic interaction as well as in the research conversation. As Umberta Telfener (2016) puts it, clients are “the experts in their lives, whilst we professionals are the experts in change process” (p. 220). Furthermore, in the field of systemic psychotherapy, practitioner researchers regularly and increasingly work with current clients in collaborative inquiry or participatory action research to investigate what makes a difference in therapy. As Rober (2015) states:

An open attitude to the client’s feedback supposes active interest of the therapist in the client’s otherness and the continued commitment to creating a dialogical space in which the client feels legitimised to say ‘No’ to the therapist, and in which the therapist values this ‘No’ and uses it to guide his/her actions in therapy by the feedback he/she receives from the clients. (p. 117)

As part of my professional systemic therapy practice, I ask clients whether they agree to me recording (audio/video) our sessions, explaining that it is part of my professional ethics to review my work with my supervisors or on my own. The research request put to the clients, therefore, was to use these recordings to review changes in how we talk in the therapeutic conversation and how these changes make a difference. I told them I would also be reviewing changes in my inner dialogue during the session. Since I researched my own practice, however, I was aware of the ethical complexities of this task (Helps, 2017). I had in mind that my client’s therapy was a priority, so I made every effort to protect our therapeutic work, taking extra care to reassure my clients that the inquiry would have no effect on their therapy. Therapy sessions were conducted as usual and I didn’t mention the research process, unless I thought it was necessary, so that I wouldn’t interrupt the therapeutic process. At certain times, however, I informed my participants about the about the stages in the process of research and have a conversation about it, if they wanted to. I took into serious account the ethical considerations raised by the inquiry during the entire research process and following the inquiry (Jude, 2013; Guillemain and Gillam, 2004). Through openness and transparency, I created a space where the client can feel safe to ask questions and raise their concerns in relation both to the therapeutic relationship and to the researcher-participant relationship.

The ethical considerations extend to the collection of research material, which includes session transcripts, clients’ therapeutic records and my reflexive notes. Adopting an ethical stance as a

researcher means that the research is a continuous process of critical examination of how I conduct my inquiry (Guillemin and Gillam, 2004). During the therapeutic and research conversations with my clients, I reaffirmed that they had agreed to take part in my inquiry.

This becomes clear in the following excerpt from a conversation with a client.

“Thank you so much for your feedback, Erik.”

“Any time.”

“Are you OK with me using some of this material in my research? I know you have already agreed, but if it’s something that makes you feel uncomfortable...” I start saying.

He doesn’t let me finish. “Sure you can use anything. I’m curious to see what will come up.”

Me too, I think, and my anxiety rises a bit, as I think about my inquiry. But I smile to Erik. “I’ll see you next week,” I say instead.

The relational interaction that occurred between Erik and myself strengthened the therapeutic relationship and illustrates the trust and openness in the relational space between us. At the same time, I felt it was not appropriate to disclose my anxiety about my research, which occurred in the relational space within me. Therefore, my professional self replied with a smile, while my anxious researcher self tried to manage my anxiety. I also thought that it might be a good idea to address the anxiety during research supervision at a later point.

Ethical standards also apply to the critical and reflexive discussion of practice and research material, from the pre-writing stage to the writing stage, and further on to the presentation of my work and the post-writing stage (Probst and Berenson, 2014). I strive to write ethically taking into account the relationship with my clients and my clients’ voices (Gerrard et al., 2017). Therefore, writing about my practice, my clients and myself places an ethical responsibility on me and my clients (Grant, 2010).

Writing ethically also aims at empowering and strengthening people’s voices, voices that might not usually be heard (Surmiak, 2018). As a relationally reflexive practitioner and practitioner researcher, my role is complex; in my practice and my inquiry, I make every effort to include my clients’ voices in an ethical and reflexive manner (Lester and Anders, 2018). I am constantly asking myself ethical questions: Are my clients’ voices acknowledged in my writings? How do I speak meaningfully and ethically about the relational space between my clients and myself? Do I approach the therapy process with reflexivity and flexibility? How can I present my writings in a way that social justice concerns are addressed? How can I share my stories from a relational ethics point of view?

In the following excerpt from a conversation with my client, Michael, he shares his point of view to some of my ethical concerns.

“I imagine it would be weird, if I read something and thought ‘This must be me!’ On the other hand, I think it’s great that you are trying to show how psychotherapy works. I never thought that your inquiry would have an impact on my therapy. On the contrary, I’m excited that I can take part in this and contribute to something new!”

Michael’s thoughts echo the ambivalence that other participants in practitioner research might have: on the one hand wanting to take part in the research, on the other hand wondering whether their

anonymity might be compromised. Of course, it is difficult for the practitioner researcher to have control once the research is published and words are on a page for others to read. This ethical concern also applies to circumstances where the client who participated in the research reads about themselves after their therapy has finished or later in their lives. Life and circumstances change and it is difficult if not impossible to predict how one would feel later about a decision they made in a different context. Having these considerations in mind and talking openly about it with my clients helped me navigate through this process of relational ethics. I asked them again about their decision to take part in research and reaffirmed their agreement; I shared some of my writings when I felt it appropriate and asked whether they agreed with what I wrote; I included their concerns in my writing; and I continually had these ethical considerations in mind.

In addition, ethical standards of care also adhere to myself as the therapist and the researcher (Chang, 2016). Being reflexive will help me understand in what ways the therapy and the research affects me (Probst and Berenson, 2014). In terms of caring for myself during the therapy process and the process of research and protecting myself from self-exposure, since I expose myself as a practitioner researcher, I continued to undergo regular supervision meetings, in both clinical and research areas, with competent and experienced supervisors. In my clinical and research supervision, I also discussed whether and how the research might be enchaining or detracting from the therapeutic work.

I am aware that by researching my own practice, I also affect the way I practise and I am affected by what I notice, feel and think. However, being an insider researcher is not something to be avoided; on the contrary, it is important to be clear on the roles I take, as a therapist as well as a researcher, and to be transparent about these roles (Helps, 2017). Also, by being an insider researcher I practise what I preach, following the example of other insider researchers: I take a “witness” position (Shotter, 2011) and I use my reflexivity skills in order to examine and interpret my research material critically, reflexively, and ethically.

The following notes from my reflexive journal show how I try to practise my reflexivity skills:

I thought the session with Vicky went well today. She seemed engaged in the therapy process. I am wondering about the comment she made at the end, though, about me being calm today. Maybe I perceived her as more engaged, because I was indeed calmer? How much of a difference does my behaviour make to her?

During my interaction with Vicky, my main focus was on understanding what went on in the relational space between us and how she made sense of our collaborative dialogue. At the same time there was an inner dialogue that occurred in the relational space within myself, which, although did not present itself in speech, played an important role in the session. It manifested itself through my bodily reactions and my pauses in the dialogue as I was thinking, as well as the emotions that were certainly communicated non-verbally. By acting in an ethical and reflexive way, I consciously try to take into account the impact my inner dialogue has in the relational space between my client and myself, as shown in the notes from my reflexive journal.

My inquiry demonstrated that I cannot disrupt the familiar ways of practising and researching psychotherapy by holding onto pre-existing rules (Karamatsouki, 2020). However, my response towards my clients and myself as a relationally reflexive practitioner researcher had to remain ethical. For instance, when I had cancer, I made the decision to disclose my cancer diagnosis to my clients, which is a decision that other therapists might find boundary-violating or even unethical, but

to me it felt like an ethical decision (Karamatsouki, 2023). For me, good practice means that I am open and honest with my clients, but at the same time I keep their therapy in mind. I choose to speak a truth that other professionals would avoid speaking of, but I choose to do it in an ethical and reflexive manner. In therapy, as in my inquiry, I constantly face ethical challenges like this. In supervision, which includes clinical supervision, peer-supervision and self-supervision, I reflect on how the relational space within myself, which interconnects with the relational space between client and therapist, affects these ethical decisions.

In my work as a systemic psychotherapist, the concepts of relational ethics, as well as ethical and relational reflexivity, are useful, as they help me appreciate and discuss both with my clients and with colleagues ethical and interpersonal aspects of the therapy process (Roth and von Unger, 2018). I can talk about my personal experiences because they are integrated into who I am and because I think it is ethically appropriate to share them with a larger audience in the context of my work. My autoethnographic writing is mixed with relational ethics, in order to offer readers another perspective on how we can conduct therapy and relationally reflexive practitioner research. In this way, I hope this paper will serve as a tool for other practitioners to make sense of the world and bridge the gap between practice and research (Grant, 2016).

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