

Feeling the Way: qualitative clinical research and the affective turn

**Qualitative Research in Psychology, Special Issue on Qualitative Clinical Research:
9,1:88-98 (2012)**

Numbers in square brackets [p.xx] refer to page numbers in the published version

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Abstract:

Qualitative clinical research is valued because of its ability to engage with meaning and experience. The affective, feelingful aspects of meaning and experience are important in clinical work and at the core of the emergent ‘affective turn’ in social science, but their investigation using language-based qualitative methods is troubled by issues of ineffability, interpretation, and the contingent relations between talk and experience. Qualitative research using visual methods, physiological measures, and mixed with quantitative research may begin to address these problems.

Introduction

Whilst qualitative research in clinical psychology might be valued for many reasons, frequently it is because, compared to quantitative research, it offers greater potential to render sensible the detail and texture of lived experience. Qualitative methods are being used increasingly in clinical psychology (Harper, 2008), for example to investigate the experiences associated with diagnoses such as depression and schizophrenia (Beese & Stratton, 2004; Lafrance, 2007; Rhodes & Jakes, 2000); to chart meaning in relation to traumatic experience amongst people with intellectual impairments (Mitchell, Clegg, & Furniss, 2006) and challenge the claim that people diagnosed with autism lack a ‘theory of mind’ (Antaki, 2004); to investigate psychological well-being (Ryff, 1989), food choices (Falk, Bisogni, & Sobal, 1996) and self-care (Dill, Brown, Ciambone, & Rakowski, 1995) in older adults, and to explore the self-perceptions of children diagnosed with ADHD who are prescribed Ritalin (Singh, 2007). Such studies attend systematically to the minutiae and fine detail of clinical phenomena, facilitating deeper, contextualised understandings than those which quantitative methods typically produce.

At the same time, it remains difficult to distinguish absolutely between qualitative and quantitative approaches. Qualitative research is “a diverse field situated within a series of

debates with quantification” (Madill, Jordan, & Shirley, 2000 p.1); quantitative research is arguably more homogenous, but nevertheless contains significant diversity. Much qualitative research begins with the identification of themes or categories (some remains at this stage), but this is actually the lowest (nominal) level of quantification (Norman & Streiner, 1997): although qualitative themes are usually matters of interpretation as well as counting, frequencies unavoidably contribute to their construction. Conversely, quantitative researchers necessarily engage in interpretative, hermeneutic activity throughout their work (Stiles, 1993). In experimental psychology, statistical significance is a matter [p.89] of computation, not observation: rather than being directly empirical it emerges from the translation, manipulation and interpretation of (numerical) symbols (Bradley, 2005). Moreover, differences between quantitative and qualitative work appear within politicised domains where qualitative research is frequently resisted (Denzin & Lincoln, 2000); consequently differences are sometimes either contested or, alternately, mobilised to ‘prove’ the inadequacy of qualitative methods.

Nevertheless, qualitative research does differ from quantitative, and probably the most immediate differences are at the level of data. By largely eschewing numbers and instead working with text, qualitative researchers can incorporate ambiguity and variation that quantitative methods exclude or conceal (Potter & Wetherell, 1987). Moreover, qualitative researchers explicitly consider their own stake in the process, acknowledging reflexivity, partiality and the perspectival character of research (Denzin & Lincoln, 2000; Willig, 2001). Quantitative researchers sometimes deploy the rhetoric of science to claim their superiority, but in both of the above respects qualitative methods are arguably more ‘scientific’ than the ‘fake science’ (Parker, 2007) of quantitative psychology. First, they are more appropriate to their subject matter because they render the intricacy and complexity of experience more fully tractable, more completely available for empirical investigation. Second, they challenge the masculine myth of dispassionate engagement (Jagger, 1989) by highlighting the instrumental, co-constructed character of psychological knowledge: consequently they are potentially less, rather than more, open to bias.

Frequently, there are epistemological differences between the approaches. Most quantitative researchers adhere to a positivist or post-positivist epistemology where reality is ultimately knowable, albeit somewhat slippery and elusive. Whilst few are strict logical positivists, they nevertheless emphasise objectivity, impartial data collection and analysis, reliability, consistency and stability (Madill et al., 2000). Qualitative researchers, by contrast, embrace epistemologies ranging from the naïve realist to the radical constructionist; validity is frequently emphasised, and reliability, generalisability and representativeness are addressed through various quality standards (Elliott, Fischer, & Rennie, 1999; Stiles, 1993). Notwithstanding the rigour of these procedures, quantitative researchers sometimes articulate genuine concerns: there is a tension between the desirability of demonstrating that some accounts *are* more correct than others (intelligent design, anyone?) and the necessity of recognising the ultimately provisional and partial character of *all* knowledge claims. Indeed, such concerns do not only appear at the boundary with quantitative research, but were also aired in the debate within qualitative work between realism and relativism (Parker, 1998). They have implications for clinicians, who frequently must contend with issues of truth and accuracy (Smail, 2005).

There is also a political dimension to the distinction between quantitative and qualitative research. Qualitative research has itself been implicated in (colonial) oppression (Denzin & Lincoln, 2000), and quantitative research can be politically progressive - for example, in demonstrating the classed, gendered, racialised character of schizophrenia diagnoses (Boydell et al., 2001; Harrison, Gunnell, Glazebrook, Page, & Kwiecinski, 2001; Scully et al., 2002). Nevertheless, critics have shown that quantitative psychological methods can have negative political connotations. Tolman (1994) demonstrates how quantitative psychology constructs an idealised, abstract individual, relatively divorced from the lived particulars of actual historical and material conditions, an individual for whom social relations and material influences are consistently rendered as context, not constituent. This construction occurs through the reduction of (pre-selected aspects of) experience [p.90] to quantifiable variables; the omission of influences that, however powerful, cannot be manipulated; the use of sterile situations (laboratories, experimental protocols)

within which subjectivity becomes a problem, not a resource; and statistical techniques that compare within-group with between-group variance, so concealing individual variation. As Tolman (1994, p.53-4) says: “the actual movement is from the very concrete level of an individual human life to a level of abstraction at which no concrete individual existence is any longer recognisable. It is no extreme claim that our methods first isolate the individual and then abstract him or her beyond recognition”. The generalised knowledge produced with respect to this fictive individual is the kind that managers and bureaucrats might conceivably use in efforts to predict and control behaviour. But it is knowledge *about* people, rather than for them, and contributes relatively little to clinical understandings of the play of meaning and the multiple, layered character of experience.

So qualitative research has advantages that flow from the way it works with, rather than masking, detail and variation, and these are both epistemic and political. At the same time, like all research methods, qualitative techniques are technologies of reduction that artificially cut partial, static excerpts from the booming, buzzing flux of experience. In what follows I want to discuss some of the difficulties this poses for their application to clinical psychology by focusing on the ability of qualitative methods to address the *embodied* aspects of meaning and experience, and in particular their felt or affective dimensions.

There have been three recent books on the psychology of experience. Ben Bradley (2005) emphasises intersubjectivity and time, drawing out the implications of his analysis for theorising, research and pedagogy; Dave Middleton and Steve Brown (2005) discuss discursive studies of remembering within a conceptual frame derived primarily from Bergson’s philosophy and Halbwach’s sociology; and Niamh Stephenson and Dimitris Papadopoulos (2007) work up a post-Foucaultian notion of ‘continuous experience’, constituted from the excesses that disciplinary regimes inadvertently create. Whilst these conceptualisations of experience differ significantly, each acknowledges its embodied character, and recognises that it has felt or affective dimensions. Moreover, the notions of affect and feeling they index are not bound up with notions of the humanist subject, so

might avoid the dangers of ‘emotionalism’ in qualitative research (Silverman, 2001). Issues of affect and feeling are of continual significance in clinical psychology, characterising many of the problems of clients and constituting in large part the emotion work (Hochschild, 1979) or affective labour (Hardt, 1999) of clinical practice: their apparent relevance might nevertheless increase as the ‘affective turn’ in social science impacts upon psychology.

The ‘affective turn’ is a resurgent interest in emotion, affect and feeling, understood as experiences and phenomena neither wholly reducible to biology nor simply reducible to language (Brennan, 2004; Clough & Halley, 2007; Massumi, 2002). It consists of attempts to engage with these phenomena within the arena of social rather than natural science, showing how they are already bound up with the social realm rather than being its separable, biological preconditions. In this sense, rather than replacing the focus on language that has characterised much scholarship in recent decades, this work follows from it (Greco & Stenner, 2009). At least in part, it can be seen as addressing the relativism raised by the bracketing-off, within discursive work, of embodied, material or extra-discursive phenomena, and hence - as Hemmings [p.91] (2005) observes – as an attempt to engage with ontology as well as epistemology. Nevertheless, as will hopefully become clear, the difficulties of investigating meaning and experience qualitatively gain particular force when their embodied, affective, feelingful dimensions are emphasised.

Embodied Meaning

Experience is co-constituted by social and material forces, operating contingently within affect-laden intersubjective encounters, imbued with layers of memory and structured by relays of power (Bradley, 2005; Middleton & Brown, 2005; Stephenson & Papadopoulos, 2007). Yet mainstream cognitive psychology barely recognises this profound interpenetration, promoting instead a mythical Cartesian separation constituting pure ‘rational’ cognition as the implicit norm. Consequently, in clinical psychology, unusual meanings sometimes reported by clients – such as messages derived from cloud formations – tend to appear as exotic aberrations produced by information processing errors, rather than understandable responses to toxic social and material forces (Smail,

2005). By contrast, although qualitative researchers frequently emphasise their engagement with meaning, they rarely define the term: it is as though the meaning of 'meaning' were simply obvious. However, as Madill et al. (2000, p.1) acknowledge it is 'the understanding of linguistic meaning within textual material' with which qualitative research is most frequently concerned: meanings are typically understood to be produced by narratives, organised in discourses, contingent upon conversations, or constituted in the patterning of themes. Hence, the meaning of 'meaning' is commonly either taken to be self-evident, or restrictively specified as linguistic and textual: in both cases, in practice it is usually assumed to be almost exclusively linguistic and symbolic.

The inadequacy of this stance is demonstrated by Ruthrof (1997), who shows how meaning is always the product of multiple, dynamic, contingent sign systems. Many of these systems are linguistic or symbolic, where meaning is a matter of cultural convention and emerges from the relations and differences between signs. But because our experience is *always* embodied experience, signs from these symbolic systems are *always* accompanied by other signs, generated by embodied systems (haptic, tactile, thermal, kinaesthetic, olfactory, gustatory, visceral etc.) that *continuously* contribute to meaning. The signs from these embodied systems are a-representational, known immediately, sensually and corporeally, without conceptual mediation (Langer, 1967). However, their meaning is not transparent but always realised contingently with other, concurrently generated signs. My feeling of irritation might be understood in relation to a colleague's unreasonable request; alternatively, the request might be considered reasonable and the irritable feeling understood as arising from my own hunger or tiredness. But embodied signs are not meaningful *only* through the interpretations placed upon them, because their corporeal immediacy generates intensities, textures, valences and affordances that resist some meanings and favour others: whatever signs it coincides with, a feeling of irritation is not a feeling of elation. So embodied signs gain meaning from their contingent conjunctions with signs that are symbolic or linguistic, and language simultaneously gains meaning from the particular constellations of embodied signs within which it is continuously enrolled.[p.92]

There is a sense in which most people already ‘know’ that meaning is partially achieved in this sensuous, corporeal manner. John Shotter (1993) describes how social interaction is characterised by ‘joint action’, within which the utterances of participants orient towards an evolving, co-created context mutually constructed in the lived moment. If they are to be heard as meaningful our utterances must respond to this context, orienting towards a weave of concerns and assumptions that might not have been explicitly articulated but nevertheless provide the necessary ‘background’ for sense to be mutually achieved. We understand this background primarily through what Shotter calls ‘knowing of the third kind’: a form of felt, practical, sensuous, knowledge, communicated by gaze, eye contact, gesture, and perhaps other channels (Brennan, 2004). It is known, in the lived moment, as a subtle, embodied sense of how the interaction is going, an embodied *feeling* for how things are.

Some clinicians may describe their practice in Shotter’s terms; others may use psychoanalytic notions of counter-transference, or everyday talk of ‘gut feelings’ and intuition. Others still might imagine that their understandings get negotiated without any such corporeal assistance: the embodied signs Ruthrof and Shotter emphasise are frequently fleeting and subtle, and always a-representational in character, so this kind of alexithymic understanding is relatively easily achieved. But however it is understood – and even where it remains as an unrecognised ‘background’ - it seems that effective clinicians must already be sensitively attuned to this realm of meaning, and to this extent can already recognise its contribution. However, to the significant extent that qualitative research treats meaning solely as linguistic or symbolic, it obscures the continuous significance of these felt, embodied signs.

Embodied Experience

Not all of the feelings that constitute meaning are fleeting and subtle: some are stark and intense, and these are typical characteristics of the bodily perturbations associated with emotion terms like anger, sadness or fear (Harre, 1986). There are terminological issues here, especially with respect to the notoriously slippery concept of emotion. Whilst feelings can be defined as the momentary experience of phenomenological states of the

body-brain system (Cromby, 2007), feeling is also sometimes used interchangeably with emotion, which in turn gets used interchangeably with affect. Sometimes, terminology signals allegiance to theoretical or disciplinary perspectives: 'affect' is favoured by psychoanalysts, social scientists influenced by Deleuze and psychologists influenced by Tompkins, whereas other psychologists frequently invoke common-sense categories of emotion (6, Squire, Treacher, & Radstone, 2007). Blackman & Cromby (2007) proposed that affects be seen as bodily intensities that originate outside of awareness but structure activity: to the extent that we experience affects phenomenologically, we experience them as feelings. Emotions, then, are relatively stable, culturally normative configurations of affect and feeling associated with local moral orders and performative expectations. These definitions are largely consonant with contemporary usage, and have the advantage of foregrounding the difficulty of determining what emotions actually are (Griffiths, 1998).[p.93]

Understood this way, there are issues for qualitative clinical research that flow from the ineffability of embodied experience, the way its totality cannot be expressed or described in words. Ineffability features prominently in writings by David Smail that cogently draw out the clinical psychological implications of our never being able to fully articulate the reasons for our own conduct. On the above definitions, affect is ineffable because it is fundamentally before experience, part of its preconditions and motive force, yet never experienced singly. In psychoanalysis affects are unconscious, primary-process activity, forever beyond direct contemplation; in Deleuze, affect is a force or intensity that flows between and within subjects, and is bound up with processes of becoming (Clough & Halley, 2007). Both perspectives inform qualitative clinical research: psychoanalysis has been used in conjunction with qualitative analyses of acquired brain injury (Yeates, Henwood, Gracey, & Evans, 2006), whilst Deleuzian concepts have been used to frame analyses of the experiences of people given a diagnosis of schizophrenia (Tucker, in press). From both perspectives, however, affect lies somewhat outside of embodied experience: consequently, it cannot appear directly in the kinds of self-report data frequently analysed in qualitative work, and its identification relies upon extensive theory-laden interpretation.

Something of the depth of interpretation needed to approach ineffability can be illustrated with respect to feelings. As we have seen, feelings are a-representational, but become meaningful within the particularity of specific, lived moments as their intensities, textures, valences and affordances contingently suffuse experience. This means we are always interpreting our own ongoing embodied experience, to ourselves as well as to others, and consequently always making sense of it somewhat in retrospect. This generates complexities that are sometimes recognised in qualitative clinical research: discussing the use of grounded theory in psychotherapy research, Rennie (2000) notes that, as a minimum, researchers are interpreting an interpretation (offered in therapy) of a prior, already-interpreted experience. As the books by Bradley, Middleton and Brown and Stephenson and Papadopoulos demonstrate, whilst (some of) this interpretative complexity can be engaged qualitatively, sophisticated conceptualisation is needed and the depth of analysis required is not always realised.

Other problems flow from the contingent character of the relations between embodied experience and talk. Emotions and feelings are sometimes not recognised by those experiencing them, so might not be visible in linguistic data. Scheff (2003) proposes that unspoken or disavowed experiences of shame are implicated in interpersonal violence, whilst Cromby & Harper (2009) propose that mixtures of disavowed feelings are constitutive of clinical paranoia. So disavowed emotions are clinically relevant, but might not be straightforwardly visible in textual data. Sometimes they are indexed by participant's orientations, for example if a clinician describes a client as 'angry'; and sometimes they may be presumed from features such as tone of voice or speed and intensity of speech. However, the movement between textual data and experience still involves interpretation, especially if participant's accounts are not to be enrolled as explanations. Conversely, when emotions and feelings do appear in textual data they might be merely performative or functional. Rather than indexing emotion, participants may simply invoke it: as a mere figure of speech whose emotional content is purely metaphorical ("I'm afraid your next appointment has been cancelled") or to warrant or

manage some kind of interactional stake. Edwards (1999) outlines ten possible functions of emotion talk, none of which require actual embodied experience.[p.94]

Feeling the Way?

Embodied experience is somewhat ineffable, is already interpreted in the moments of its living, and bears a contingent relation to what we say: these characteristics trouble its qualitative investigation. Writings on experience vary in the ways they characterise these issues and, hence, in terms of the methodological directions they favour. Middleton & Brown (2005) primarily use discursive techniques, but their conceptual framing invokes Bergson's realm of virtuality, which also informs Deleuze's account of affect. Stephenson & Papadopoulos (2007) present interpretive analyses of cultural artefacts (books, films) and psychological studies using a version of memory work. Bradley (2005) cites a mixed economy of research findings but emphasises that research on experience must be democratic and non-hierarchical, so also recommends memory work.

So all three books favour qualitative methods, and memory work (Haug, 1987) is promoted by two. This powerful method involves collective discursive analysis of written accounts, in which the distinction between researcher and participants is dissolved: the researcher is simply a group member, and all participants are co-researchers. It has already been used successfully to explore both emotion (Crawford, Kippax, Onyx, Gault, & Benton, 1992) and embodiment (Gillies et al., 2004), although it sometimes fails to yield the kinds of insights expected (Brown, Cromby, Harper, Reavey, & Johnson, in press). However, the striking status and power differentials typically separating service users from professionals will limit its use in qualitative clinical research unless suggestions for service user research (e.g. Harper, 2008) are enacted. Memory work aside, the method that most directly addresses experience is interpretative phenomenological analysis (IPA: Smith & Osborn, 2003). IPA is increasingly used in qualitative clinical research (Harper, 2008), and its phenomenological slant foregrounds embodied experience. At the same time, IPA's emphasis on *individual* experience limits its reach, although this might be remedied in its more sophisticated variants (Larkin, Watts, & Clifton, 2006).

The problem nevertheless remains that memory work, IPA and most other qualitative analyses strongly emphasise language, and so implicitly privilege a realm of rationality, reflection and presumed control. Although in many analyses this realm is divorced from individual subjects, such analyses inevitably foreground practices of meaningful reflection and discursive representation, and consequently implicate their associated forms of rationality. Hence, many qualitative analyses already instantiate particular kinds of relationship with affect and feelings: rather than being open to the variety of ways that language and the body co-constitute experience, they inadvertently favour a uni-linear reason. Recognising this, Shotter (1998) advocated ‘social poetics’ as the basis of psychological investigation, whilst recent academic writing on affect plays with form and presentation to subvert the rationalist expectations of the genre (Clough, 2008). However, the extent to which problems produced by a focus on language can be resolved through further linguistic manipulation remains questionable. Consequently, qualitative analyses that transcend the exclusively linguistic hold particular promise, and three possibilities can be noted.

First, there is increasing interest in visual data (e.g. photographs, paintings, videos). As Reavey & Johnson (2008) note, the clinical value of imagery is already recognised in art therapy, and it may be especially valuable for research with children, people with intellectual impairments, and in situations where dialogue has failed. Since “the way in which we *live* feelings and experiences are not always available to verbal description” (Reavey & Johnson, 2008, p.299), ‘multi-modal’ semiotic-discursive analyses may capture meanings that otherwise elude analysis. Visual data offers more agency to participants, giving them greater [p.95] freedom from researcher-designed prompts, and images are described as facilitating the ‘feeling again’ of the experiences to which they relate (Radley & Taylor, 2003).

Second, some studies have deployed physiological measures such as galvanic skin response (GSR) and cardio-vascular activity alongside qualitative analyses of textual data. For example, Ellis (2007) measured GSR in participants disclosing emotional

experiences, and analysed the extent to which their talk explicitly connected their experience with their emotions, rather than glossing, disconnecting or repressing it. He found that increased GSR was associated with failures to discursively recognise emotional impacts, and with ostensibly emotionally neutral narratives that nevertheless challenged gender stereotypes. Similarly, Lyons, Spicer, Tuffin, & Chamberlain (2000) showed that blood pressure fluctuates alongside self-construction processes in conversation, and Lyons & Cromby (2010) show how four different qualitative analytic techniques can each be used to investigate the relations between blood-pressure changes and conversation. In these studies, physiological measures are not deployed as foundational ‘proofs’ of the truth of bodily influence, nor as crude, reductive indices of ‘stress’: they are interrogated alongside qualitative analyses to explore how bodies are already bound up with the flow of social interaction.

Third, there is increasing interest in research mixing qualitative with quantitative methods, with both a book (Todd, Nerlich, McKeown, & Clarke, 2004) and a journal (*Journal of Mixed Methods Research: Sage*) appearing in recent years. Beginning at the diffuse boundary between qualitative and quantitative research, remarked upon earlier, scholars have begun developing epistemological and methodological strategies that attempt to combine the two. Whilst experience, feeling and affect do not figure prominently in this work, mixed methods do have potentials for their investigation. Quantitative indices of emotionality and mood can be generated using rating scales; these might then identify participants most suitable for detailed, qualitative investigation, or add context to case studies. Similarly, quantitative indices of sociological variables can be integrated into discourse analyses (Sims-Schouten, Riley, & Willig, 2007) facilitating consideration of the wider societal and material context of experience. Finally, intrinsically ‘hybrid’ methods such as Q-sorts can be used to investigate emotional experiences (Stenner & Stainton-Rogers, 2004).

To conclude: although it is through the body that social and material forces most intimately constitute experience, the body’s ineffability means that engagement with embodied experience will always involve significant degrees of interpretation.

Nevertheless, the strategies described here suggest some ways in which qualitative clinical research might enrich its grasp of affect and feelings, helping it realise its potential for deep, contextualised, politically progressive understandings.[p.96]

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