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An experiential approach to teaching qualitative research

Abstract

The research is a phenomenological exploration of the experience of teaching research experientially, via an exploration of the experience of shame among Gestalt therapists in Norway, Sicily, United Kingdom and the Czech Republic between 2002 and 2005.

Key Words

qualitative research, phenomenology, shame, experiential teaching

Introduction

In the Autumn of 2002 I began a year long teaching commitment over 5 x three day workshops in Oslo, Norway, to introduce a group of 21 Gestalt Psychotherapists (16 female and 5 male), to a range of qualitative research methodologies. This was in order to support each member of the group to complete a research based Masters degree in Gestalt Psychotherapy. By the Autumn of 2004, 13 of the original group had thus far successfully completed a research dissertation.

I adopted an experiential approach to teaching research through inviting the group to describe the experience of shame, through immersing themselves in an exploration of the experience of this emotion. Alongside this experiential encounter the group identified how data was being gathered through individual heuristic self reflection, small focus group discussion and large group discussion. The group then engaged with me in an analysis of their data, followed by a discussion of their findings.

I offered the group the possibility of exploring the emotion of shame for two reasons. Firstly, because shame arose spontaneously at the beginning of the workshop, with several participants declaring their embarrassment with regard to their perception of the poor standard of their spoken English. In fact the standard of English was, in my opinion, generally very good. Secondly, understanding shame has been a

personal and professional focus of mine for many years, and I am competent in my capacity to facilitate its exploration in groups.

In 2003 I was invited to teach phenomenological research to a gestalt training group of 50 Gestalt trainees in Syracuse in Sicily (42 female and 8 male), and I again did so experientially via the theme of shame. This was an equally rigorous engagement with the phenomenological method but there was a significant departure from the final stage of data analysis to that of the Oslo group. The group in Syracuse did not end with a large group composite description of shame, but rather a list of metaphors about shame, which added a certain passion and poignancy to the findings. This change to the data analysis was a spontaneous decision made in the moment and in response to the desire to experiment with the method of analysis in a way that appeared congruent with the phenomenological approach.

In early June 2005 I ran a three day psychotherapy training workshop on Shame and Envy in Palermo, Sicily with 48 Gestalt trainees (40 female and 8 male), and a further workshop on Shame in Scarborough, England in mid June 2005, with 21 trainees - 9 Integrative trainees (5 female and 4 male) and 12 Gestalt trainees (8 female and 4 male). These were less rigorous exercises in that both workshops were focussed on psychotherapy training rather than on research. However both groups were invited to provide descriptive data about the experience of shame in the form of metaphors.

Finally in September 2005 I repeated the exploration of shame with a group of 12 Gestalt psychotherapists in Prague, Czech Republic (7 male and 5 female), adopting the same procedures as with the group in Oslo in 2002, except that time constraints meant we did not proceed to a large group composite description but ended with three small group composite descriptions.

Mindful of ethical requirements permission was obtained from participants in all the above groups, to use the data and description of the experience of shame in any subsequent publication. (McLeod 1997, chapter 10).

The phenomenology of shame Oslo, Norway

A range of research methods were outlined on the first day of the training workshop in Norway and then on days 2 and 3, to help deepen the assimilation of the research process, the group

agreed to engage in phenomenological research via an exploration of the experience of shame.

In his review of the wide range of research methodologies that support a Gestalt perspective Barber includes phenomenology as an approach that explores experiential ways of knowing (Barber, 2002). According to McLeod "the aim of phenomenological investigation is to illuminate the totality of how some event or human action can be perceived and described." (McLeod, 1997: p.90). The phenomenological method thus supported the aim of capturing the 'essence' of the participants or co-researchers subjective experience of shame rather than through some external objective reality. "Perls saw Gestalt as the only therapy based on purely phenomenological principles" (Clarkson 1989: p.3). Phenomenology seeks the truth or source of knowledge by concentrating on immediate experience shorn of the assumptions of presuppositions (Cohen and Manion, 1994). It is essential that any approach to research be compatible with the philosophies and values underpinning a psychotherapy approach. Thus the group of Gestalt therapists in Norway engaged in a research methodology that supported the integrity of the therapeutic method.

Shame only really began to significantly impact the psychotherapy profession from the mid 1980's following publications by Kaufman, 1980; Wurmser, 1981; Nathanson, 1987 and Morrison, 1987. The 1990's saw publications written from a Gestalt perspective, notably Evans (1994) and Wheeler (1995, 1997). All these publications tended to the view that shame is commonly experienced as a basic flaw at the core of a person, accompanied by feelings of worthlessness and a sense of wrongness, "an inner revulsion against one's own existence" (Evans: 1994, p103)

Over the next two day encounter with shame the group thoroughly immersed themselves in the exploration:

- Working self reflexively on their own, by allowing thoughts and feelings to emerge, and then writing down key phrases or words to describe how shame was experienced and what it meant for each of them.
- They then shared and deepened this experience by discussing with others in four separate small focus groups what was emerging for each of them (Morgan 1993).
- At appropriate moments they came together as a large group to share and discuss their findings.

Thus working individually, in small focus groups, and in the large group and in dialogue with the author, together constituted a process of triangulation where multiple methods were employed to enrich and substantiate the emerging data. (Creswell 1998).

While spontaneity was encouraged some structure was introduced by requesting that each group include an exploration the impact of shame under five headings:

- physically, in the body
- cognitively, in their thinking
- emotionally, in their feelings
- interpersonally, in relationships with others
- coping strategies, how they typically managed the experience

Data collection

At the end of each of the exploratory discussions within each of the focus groups, a monitor was elected from within each group to write down some key descriptive words or phrases under each of the headings above.

Subsequently the focus groups came together into one large group and began systematically to share the fruits of their exploration under all 5 headings.

The rationale for these 5 foci is that, taken together they constitute the major components of the human personality and thus deepened and widened the exploration of shame. Gilles De Lisle, a clinical psychologist and Gestalt therapist has written "...to a Gestalt therapist, personality is a specific and relatively stable way of organising the cognitive, emotive and behavioural components of one's experience. The meaning (cognitive) that one attributes to events (behavioural) and the feelings (emotive) that accompany such events are relatively stable over time and give an individual a sense of identity". (DeLisle, 1991: p45).

Data Analysis

In the large group feedback the author invited participants to engage with the data analysis by refining their written descriptions through identifying key words or themes under each heading, that would encapsulate the essence of their experience. The author then wrote down all these agreed key words or themes on a flip chart

so that there was a list of key words arranged in 5 separate columns thus:

Emerging Descriptive Words

Bodily experience	Thoughts	Feelings	Relationships	Coping Strategy
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Findings

In the next phase of the research process the participants or co-researchers (Reason 1994), were invited to return to their small groups and, based on the key words, work collaboratively to produce a combined textural description and structural description of the essence of the experience of shame (Colaizzi, 1978).

The descriptions (findings) from each focus group were then written down on flip chart (see appendix 1) for discussion in the large group, after which the findings were further refined when the large group as a whole, i.e., 21 participants, worked collaboratively to arrive at a composite textural and structural description of the essence of the experience of shame which is reproduced below:

“Shame for a group of Gestalt therapists in Norway is a lonely, isolating experience in which a person feels exposed, vulnerable, fearful and worthless through a deep sense of being fundamentally wrong/flawed. This can produce a range of physical symptoms such as blushing, blocked breathing, muscular contractions and pains. This in turn provokes a variety of coping strategies including giving up on self or other(s) or blaming others with attempts to redeem oneself by fighting back, being seen as clever and successful but always on the inside feeling vulnerable to being overwhelmed by the shame these adaptations/defences are trying to contain.”

Discussion

At the close of the two days the group reflected on the research process and unanimously agreed it had been challenging and exhausting. However they also had a deeper understanding of the nature of the phenomenological approach to research because, as one member put it, to the acclaim of the group, “we have lived it, we have engaged with the process and taken in the theory at the same time”.

They also became aware that the process of data analysis was eclectic, there was no ‘right way’ but each engagement with the process, if it is creative

will suggest it’s own method of analysis. (Tesch, R. 1995).

Very important to the participants was that their understanding of the emotion of shame, together with its impact on themselves and their clients, had also been deepened substantially and would, in turn, inform their clinical practice. It is here that the phenomenological approach by facilitating a deep immersion in an experience is especially beneficial to clinical practice through enhancing and deepening the psychotherapist’s capacity for empathy with regard to the experience in others.

Discussion also emerged spontaneously about the problems inherent in this approach to research, particularly the time consuming and thus expensive nature of the process.

As the author of the research project I also experienced a deeper engagement with the research process giving myself permission to adapt the procedure and stray from the basic ‘plan’ as I went along, so as to respond more phenomenologically in the moment, and specifically encourage deeper levels of reflection in and between the small groups and the large group. As the participants’ interest in the theme deepened so did their commitment to the research process, and this gave me confidence to request more frequent movement between focus group discussion and the large group discussion.

Syracuse, Sicily

Subsequently in 2003 I was invited to teach research methods to a Gestalt training group in Syracuse, Sicily. Again permission was obtained from the group to use the process in any publication. On this occasion there were 50 participants, 42 females and 8 males. Somewhat daunted by the size of the group I initially decided to follow the same procedures as with the group in Norway, which had been tried and tested (see appendix 2). However again my confidence grew with the groups’ deepening engagement with the process and so I gave myself permission for further experimentation, e.g., requesting each small focus group to think of a metaphor to describe the experience of shame. My thinking was that use of metaphor might free participants from more conventional thought form to the more evocative and intuitive and add poignancy to the descriptions of the experience of shame. Readers may determine for themselves whether or not this was successful by reading through the list below:

- shifting sands
- a worm that can hide under a stone
- a Greek statue - naked and still

- a naked body covered in a transparent blood-red veil
- the naked one
- a child who closes his eyes so as not to be seen
- the turtle who keeps it's head inside the shell
- change into a lion or an insect
- a time machine to go back and change he situation
- a burning fire

Palermo, Sicily

In early June 2005 I ran a three day workshop on 'Jealousy, Envy and Shame' in Palermo, Sicily, during which I invited the 48 participants to form 8 eight small focus groups and collaboratively work to produce metaphors which would, for them, encapsulate the experience of shame. Permission was obtained from the group to publish their responses below:

- crossing a broken bridge
- walking through molasses
- everyone can see your open zip
- exposed fish in a bowl unable to defend itself
- turtle inside it's shell
- chameleon
- the ground opens and swallows you up
- empty clothes with no substance
- a snail
- the three monkeys
- talk across embarrassing TV pictures
- ostrich
- peacock with no feathers
- myth of narcissists turned upside down
- a plain rock surrounded by precious stones
- spotlight on a scarecrow
- in an elevator in pyjamas, others in suits
- to hide the sun with a net
- hidden in a labyrinth

Scarborough, England

In mid June 2005 I ran a three day workshop on Shame for 21 trainees (12 Gestalt trainees and 9 Integrative trainees) in Scarborough, England. I

invited them to pair off in couples (with one threesome) and produce metaphors which for them would encapsulate the experience of shame. Permission was obtained from the group to publish their responses below:

- something the cat left on the carpet
- you did it again Charlie Brown!
- feeling like a leper
- durrh!?
- feeling like a piece of shit
- something stuck to the bottom of your shoe
- feeling naked in a crowd
- wishing the ground would swallow you up
- wishing you were dead

Prague, Czech Republic

In late September 2005 I was invited to teach qualitative research methods to a group of psychotherapists in Prague (7 male and 5 female). I first encouraged them to engage in an exploration of shame along the same lines as with the group in Oslo, except that time constraints meant we ended with three small group composite textural and structural descriptions. One description is printed below and the remaining two can be found in appendix 3. The description below also includes some enriching and evocative metaphor, although this was not specifically requested.

"Shame is an experience which appears in situations when one expects to be evaluated by others, present or imagined. It manifests on different levels: the body is tight, rigid, as if imprisoned in armour inside of which there is a storm! It can appear as trembling, heart beating, sweating etc. On the emotional level one feels fear, anxiety and hopelessness as if falling down into something, trying to catch something. At the same time thoughts emerge like: 'I am worth nothing'; 'I am an idiot'; 'everything is my fault'. He/She is afraid that their valuelessness will be discovered by others and these thoughts will swallow all other thoughts. One tries to escape the situation by withdrawing into one self or leaving. If this is not possible one tries to overcome the paralysis by activity which is chaotic and clumsy or by trying to keep in a formal role. Generally one feels lonely, separated from the surrounding world and lost in one self".

Validity

A phenomenological methodology falls clearly within the qualitative research paradigm where questions regarding validity have been “....championed, translated, exiled, redeemed, and surpassed” (Emden & Sandelowski, 1998, p.207). Quantitative research with its emphasis on the so called ‘detached’ observer based in the empiricist tradition of Comte, Mill, Durkheim, Newton and Locke involves testing a theory which is composed of variables and analysed by statistical procedures. The exploration of the experience of shame does not lend itself to objective measurement, even if that were possible!

Nor does the exploration of shame begin with a hypothesis to test but rather seeks to describe the essence of the experience of shame for a particular group of Gestalt therapists.

Generalizing to a wider population is not the aim of the endeavour and because qualitative research is based on entirely different epistemological and ontological assumptions compared to quantitative research, I agree with Hammersley that validity criteria of the quantitative perspective are inappropriate to an exploration of the essence of an experience. (Hammersley, 1992).

Of course not all quantitative and qualitative validity approaches are incompatible but need to be combined in a carefully and mutually supportive manner (Maxwell, 1992).

Conclusion

The following short but inspired piece sufficiently encapsulates for me the wisdom of experiential learning and the phenomenological perspective:

‘If you have not lived through something, it is not true’ (Kahir, 1997, quoted by Barber, 2002).

Engaging in experientially based ‘hands on’ research teaching in Oslo and Syracuse, and subsequently collecting further research data in Palermo, Scarborough and Prague was a positive and rewarding experience for me. Participants appeared to achieve a competent level of assimilation of the theory and practice of the phenomenological method as well as gain a deeper appreciation of the emotion of shame. One hundred and fifty two (152) adults from four nations - Norway, Italy, England and Czech Republic - provided a considerable level of consistency, across four fairly diverse cultures, Oslo, Syracuse, Palermo, Scarborough and

Prague, in their descriptions of how shame is experienced.

Male and female participants worked together in mixed groups so that differences in gender, while not apparent, were not actually explored. However, based on several years of teaching about shame and working with it as a theme in psychotherapy, I surmise that generally speaking females tend to defend against feeling shame by blaming the other, while males tend to get angry with frequent escalation to rage. This generalisation, and its exceptions, might be a focus of further research.

All five groups of participants have an above average capacity for emotional literacy due to their psychotherapy education and personal therapy. This could be a significant factor in the willingness of participants to engage in the research process? Arguably the ease with which participants did so engage might also reflect the fact that the practice of psychotherapy is itself akin to phenomenological research, to the extent that each therapy session is an invitation to the client to explore and raise their awareness?

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Appendix 1 (Norway)

Four small group textural and structural description of shame from Norway (5 members x 3 groups ; 6 members x 1 group):

“Shame is an experience which may involve embarrassment, being exposed, loss of control, vulnerability, sensory and motor changes. It can involve feelings of loneliness, sadness, humiliation and a feeling of being swallowed up and disappearing which may lead to self supporting and self destructive (fight and flight) thinking and a loss of trust and the developing of coping strategies like avoiding, complying, fighting, self blaming”

“Shame is to be basically wrong, exposed, out of control and have a negative body image. This can lead to different coping strategies such as playing roles, avoiding or fighting. Shame is experienced in the body- cold sweats or heat, lack of energy; in the emotions- fear and anxiety and in the way of thinking - out of control thoughts/fantasies”

“Shame is a feeling of being basically wrong, losing control, being exposed and this leads to isolation, lack of trust, fear and adapting at any price. It is also an experience that leads to fighting, self blaming, self ridiculing, being clever, avoiding and complying. And it is experienced through bodily sensations like muscle control, pain, blushing, cold sweats and sensory changes”

“Shame is being flawed and bad at the core of self. It is feeling ugly and loneliness and full of fear. You can't trust and you pretend and fight or give up. It is wanting to hide and not live”.

Appendix 2 (Syracuse, Sicily)

Seven small group textural and structural descriptions of shame from Italy (7 members x 6 groups and 8 members x 1 group):

“Shame is a sudden disagreeable emotional experience rising from a relationship, felt as embarrassing which gives birth to feelings from inferiority and inadequacy negatively influencing one's self image. Which can also gives somatic reactions e.g., blushing etc. shame may cause reactions of isolation and rage and ambivalence towards the environment and that closeness or openness to others.

“Shame is an experience involving physical, emotional, cognitive and behavioural sphere of the individual in their interactions with the environment. It is a complex experience which may activate on a physical realm – reactions as accelerated heart beat, blushing, sweating, dry throat, trembling etc and related to the emotional aspects – rage, anxiety, fear, feeling of inadequacy, humiliation, embarrassment, guilty etc. The individual may activate several ways to react: closeness or openness to the environment. Go inside one self and detach from the environment or apologising or looking for compensation or justification and putting the responsibility and shame on the others”

“Shame is a situation in which primary emotions are experienced such as – rage and fear expressing on a physical level activating the neuro vegetative system. One wants to escape or come back to cancel what happened and one feels in other ways unable, extremely embarrassed. All these generate an experienced loss of the self, a diminished self esteem, and a damage in the self image. Consequently one needs to redefine, reframe or mend this breaking”.

“Shame is a personal; state inducing the sphere of feelings originating in a relational context and it involves what is received from the cultural environment. It is experienced when one says or does something irrelevant within the context or in

relation to the internal accuser. It is manifested on a physiological level –physical mental and emotional characteristics by negative reactions and a static system by postural gesture, loss of self esteem, or a feeling of being inadequate. It has behavioural consequences stretching from blocking to escape. It modifies aspects of the self in the future”.

trying to escape by pretending nothing is happening, keeping face, behaving as normal as possible. Shame is a shared felt human experience often connected to sexuality and the body but this experience is not often honestly shared”.

“Shame is an emotion disagreeable or reducing which involves a physical activation (blushing, accelerated heart beat, sweating and as loss of trust in relationship. It is difficult to manage by the individual invol4vd who in this situation may activate escape, rage, embarrassment or control”.

“Shame is a sudden emotion lived in a relationship. It is experienced on a physical, emotional and cognitive level. On a physical level it shows body reactions and of a sympathetic system as blushing, sweating, trembling, accelerated heart beat. On the emotional level it shows with aggressivity and menace towards themselves, decreased evaluation on a cognitive level as it shows with inferiority, guilt and inadequacy. Behavioural aspects may be to show indifference to others continuing what one was doing before but pretending or one may defend themselves blaming the others or isolating from the environment and wishing revenge”.

“Shame is an experience in which primary emotions such as fear and anxiety linked to feelings of loss of self esteem. It is experienced with emotional and physical reactions to the intensity of the experience itself. The reaction to it is the activation of behaviours of escape or attack resulting in retreat from the relationship”.

Appendix 3 (Prague, Czech Republic)

“Shame is a feeling experienced in an early life situation when a child as a whole, is refused by the parent and then internalises this experience as rejection. In the body shame is manifested by withdrawal and tension. In the moment of shame a person is threatened in their sense of value and dignity. Fear and anxiety, and sometimes anger, is connected with it. Shame leads to the tendency to withdraw and disappear”

“ The process of shaming is happening on several levels: body, feelings, thinking and behaviour. A person experiences a feeling of horror that he/she is no longer able to keep an image that he/she presents to others and themselves. He/she is aware that the thing they are most afraid of is now happening. It is a very unpleasant experience inside – feeling suffocation, heat and cold, withdrawal, fear anxiety and sometimes anger.

He/she thinks frantically and catastrophically.
From this very unpleasant situation a person is