1   **Exploring relational engagement practices in stroke rehabilitation using the**
2   **Voice Centred Relational Approach**
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Exploring relational engagement practices in stroke rehabilitation using the Voice Centred Relational Approach

While discussions on patient engagement commonly focus on patient behaviors, a small body of research highlights the patient-practitioner relationship as critical in engagement. Understanding this relationship might be facilitated through a relationally-oriented methodology. The Voice Centred Relational Approach is one such qualitative methodology. Within this paper, we present one turn in a long conversation about this methodology. Drawing on our longitudinal observational study of engagement practices in stroke rehabilitation in New Zealand, we explicate how a theoretical framework can inform how the Voice Centred Relational Approach is enacted in the research process, from entering the field to dissemination. We detail how we adapted the associated analytic techniques (the Listening Guide and i-poems) for use with multiple forms and sources of data. 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

'Engagement' is a term increasingly used in healthcare. It has commonly been conceptualised as a patient behaviour and responsibility (e.g. Author, 2015). Over the last four years, the authors have been researching how engagement is conceptualised and enacted with people experiencing communication disability in stroke rehabilitation services. Our work commenced with a conceptual review which indicated engagement was a co-constructed process and state (Author, 2015). Practitioners were identified as playing a pivotal role in engagement. The relationship between the patient and practitioner, and the interpersonal communication between them, appeared particularly important. An interview-based study we completed with people experiencing communication disability and rehabilitation practitioners in Auckland, New Zealand suggested the process of engagement functioned as a way of working on the part of the practitioner (Author, 2016). Practitioners appeared to intentionally work in particular ways to facilitate engagement. Their actions, and the patient's interpretations and responses to these appeared crucial in the engagement process. The practitioner's actions, however, were informed by their own values, skills and attitudes, and by the systems in which they worked. The process of engagement was a multi-layered and often hidden process which people struggled to describe in detail. This led us to explore the process of engagement, and in particular, how practitioners within publically funded rehabilitation services worked to engage people after stroke, and the role of the relationship in the engagement process. We wished to develop rich detailed descriptions of engagement practices, the ways of working undertaken to support engagement. We sought a methodology congruent with this relational focus which would allow detailed description of relationships and clinical practice that would support practitioners to reflect on their own practice and make changes where appropriate. The Voice Centred Relational Approach fulfilled these criteria.

The Voice Centred Relational Approach is a qualitative methodology which emphasises the voices[1] of research participants. It is based on the premise that a person's 'voice' is "polyphonic and complex"

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

47 (Brown & Gilligan, 1993, p. 15), that an individual might experience multiple, sometimes
48 contradictory ways of thinking about and understanding situations (Brown & Gilligan, 1993). In this
49 approach, how a person speaks (and indeed, does *not* speak) of their experiences, themselves,
50 others and relationships provides insight into their perceptions and experiences. A person's voice is
51 influenced, and potentially silenced by the contexts surrounding them, such as societal and cultural
52 frameworks (Brown et al., 1991; Brown & Gilligan, 1991; Mauthner & Doucet, 1998).

53 To attune to the multiplicity of voices within a person's narrative, Brown and Gilligan developed a
54 Listening Guide which involves four sequential readings (or 'Listenings'[2]) to attend to the different
55 voices and how they developed (Brown et al., 1991; Brown & Gilligan, 1992; Gilligan, Spencer,
56 Weinberg, & Bertsch, 2005). This is a flexible tool customised to the researcher's theoretical
57 perspective and research question (Gilligan et al., 2005; Mauthner & Doucet, 1998). The first reading
58 of data focuses on the broad story and context evident within the narrative while simultaneously
59 considering the researcher's own response to this story. The second reading focuses on how the
60 person speaks of themselves, exploring the voices within the narrative. Within this reading, i-poems
61 can be created. These are poetic forms constructed using direct quotes which contain personal
62 pronouns such as 'I' or 'me' and are said to help the researcher tune into how the person speaks of
63 themselves and the voices within their speech (Gilligan et al., 2005). The third and fourth readings
64 are where methodological diversity and analytic flexibility become apparent. For example, Mauthner
65 and Doucet consistently read for relationships (third reading) and social contexts (reading four)
66 (Doucet & Mauthner, 2002, 2008; Mauthner & Doucet, 1998, 2003). In contrast, Brown and Gilligan
67 focused on voices of care (reading three) and justice (reading four) informed by earlier research
68 which indicated these voices were consistently present in stories of moral development, and in
69 particular moral theories of care and justice (Brown et al., 1991; Brown & Gilligan, 1992; Gilligan et
70 al., 2005). These examples demonstrate how the Voice Centred Relational Approach, through the
71 use of the Listening Guide as the primary analytic tool, functions as a research *framework* informed
72 by the epistemological and ontological assumptions of the researcher rather than being a fixed
73 prescription for how research must occur.

74 The analytic techniques associated with the Voice Centred Relational Approach, in particular, the
75 Listening Guide and i-poems, have been discussed in a range of qualitative studies. They have been
76 used in longitudinal research (Edwards & Weller, 2012), as an analytic tool with written reflections
77 (Petrovic, Lordly, Brigham, & Delaney, 2015) and interview data (Mauthner & Doucet, 1998), and as
78 a prompt for discussion within focus groups (Nind & Vinha, 2016). These techniques have often been
79 discussed with little or no reference to the broader, theoretically informed methodology, which we
80 refer to as the Voice Centred Relational *Approach* (e.g. Koelsch, 2012; Petrovic et al., 2015;
81 Woodcock, 2010). Indeed, some studies describe the Listening Guide as a methodology in its own
82 right (e.g. Woodcock, 2010). While the close attention to analytic techniques has made a valuable
83 contribution to developing these methods, it has also resulted in blurring between methodology and
84 methods. There has been less attention to the theoretical framework underpinning the study, or to
85 the methodology, which Crotty (1998) described as the plan of action for how the research
86 proceeds, and includes the whole research process: such as entering the field, data generation, data
87 analysis and dissemination.

88 Within our study, we sought to implement the Voice Centred Relational Approach in a theoretically
89 informed way, applying it with a large data set with multiple data sources. While the literature

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

90 explores how the Voice Centred Relational Approach can be applied in different settings (e.g. Byrne,
91 Canavan, & Miller, 2009; Mauthner & Doucet, 1998), there is a need to better articulate how this
92 approach can function as a methodology, making the theoretical framework explicit and
93 demonstrating how this influences the research process (Mauthner & Doucet, 1998). Within this
94 paper, we detail our understandings of how the Voice Centred Relational Approach can function as a
95 methodology, situated within a coherent, robust theoretical framework. What we propose is only
96 one way of using this approach. We wish to add clarity to the methodology-method blurring, adding
97 one turn in what is a long and robust scholarly conversation about the Voice Centred Relational
98 Approach, and its associated analytic techniques, the Listening Guide and i-poems. We will
99 demonstrate how these can be used in a multi-faceted, longitudinal study of practice, demonstrating
100 new ways in which these techniques can facilitate understandings.

101

Explicating and applying the theoretical framework in observational research
103 The Voice Centred Relational Approach has been positioned within a number of theoretical
104 perspectives – feminist standpoint theory, literary, narrative and relational theories to name a few
105 (Brown et al., 1991; Brown & Gilligan, 1993; Gilligan et al., 2005; Mauthner & Doucet, 1998; Sorsoli
106 & Tolman, 2008). However, the ontological and epistemological underpinnings of the approach have
107 predominantly been implicit (Mauthner & Doucet, 2003). It has been argued that ontology,
108 epistemology and theoretical perspectives are so closely entwined that each component is rarely
109 discussed separately(Doucet & Mauthner, 2002; Mauthner & Doucet, 2003). As a result, there has
110 been limited attention to how these are enacted within, or influence, the research process (Doucet,
111 1998; Doucet & Mauthner, 2002). While this entanglement is not unusual, it can make it challenging
112 for researchers who are new to the methodology to grapple with the theoretical framework which
113 underpins it, or who wish to tailor the Voice Centred Relational Approach to their own theoretical
114 framework (Gilligan et al., 2005). Drawing on Mauthner and Doucet's work (e.g. Doucet, 1998;
115 Doucet & Mauthner, 2002; Mauthner & Doucet, 1998), we situated our study within a theoretical
116 framework comprising a relational ontology, social constructionism and symbolic interaction. Within
117 this section, we detail the key components of the theoretical framework and demonstrate how they
118 were applied in this study of engagement practices.

119 The Voice Centred Relational Approach is based on a relational ontology (theory of being) (Doucet,
120 1998; Doucet & Mauthner, 2002; Mauthner & Doucet, 1998). Relational ontology holds that humans
121 exist within relationship, embedded in interdependent intimate and large social relations (Gilligan et
122 al., 2005; Mauthner & Doucet, 1998; Tronto, 1995). Relationships form the basis of humanity, as well
123 as our understandings of ourselves (Nortvedt, Hem, & Skirbekk, 2011). Within a Voice Centred
124 Relational Approach, the researcher has a relationship with the participants throughout the research
125 process. For instance, Brown and colleagues (1991) argued analysis is a relational act. Within
126 analysis, the Voice Centred Relational Approach focuses on relational aspects of the phenomenon
127 under consideration, closely attending to relationship: those between the voices in each
128 participant's data, between the participant and those around them, and with the contexts
129 surrounding them (Doucet, 1998; Doucet & Mauthner, 2002; Mauthner & Doucet, 1998, 2003). As a
130 result, Voice Centred Relational research has been described as having a "relational filter" (Doucet &
131 Mauthner, 2002, p. 12), reading for relationship in the data, prioritising relational issues within
132 analysis, and producing a relational interpretation. The relational ontology appeared consistent with
133 our early work on engagement (Author, 2015), which highlighted relationship appeared crucial in
134 engagement but there had been limited research exploring these relational processes.

135 Within the Voice Centred Relational Approach, knowledge is viewed as socially constructed. People
136 are embedded within larger social relations; the knowledges participants hold are situated and
137 constructed in interaction with social and cultural frameworks that surround them (Gilligan et al.,
138 2005; Mauthner & Doucet, 1998). Knowledges are contextual and multi-layered, reflecting multiple
139 constructed realities (Berger & Luckmann, 1967; Mauthner & Doucet, 1998). Research knowledge is
140 considered developmental, partial and situated in the context in which it was constructed between
141 the researcher and participant/s (Berger & Luckmann, 1967; Mauthner & Doucet, 2003). Participants
142 are only ever partially known ; arguably it is not possible to claim to know the participant and their
143 lived experience, instead only being able to "grasp something of their articulated experience and
144 subjectivity" (Mauthner & Doucet, 2003, p. 423). Researchers themselves are socially located.
145 Doucet (1998) stated this influences how researchers "'see' and 'hear' the individuals [and] how we
146 construct theory from their words, experiences and lives" (p. 54). They actively construct knowledge
147 by attending to particular voices in the data (Doucet & Mauthner, 2002) a responsive and relational
148 act, which reflects the relational ontology of the research and demonstrating how ontology and
149 epistemology are closely entwined.

150 While the Voice Centred Relational Approach may draw on a range of different theoretical
151 perspectives as detailed above, Mauthner and Doucet (1998) suggested it is "firmly rooted … in a
152 symbolic interactionist tradition" (p. 27), as evident in the focus on the self, exploring meaning,
153 actions, and social interaction. The Listening Guide can support researchers to closely attend to the
154 self by focusing on voices within the participant's narratives, considering how a person sees and
155 presents themselves, the meanings they hold and how these developed (Brown et al., 1991;
156 Mauthner & Doucet, 1998). People's meaning-making becomes evident in how they speak of
157 themselves and their actions (Gilligan et al., 2005; Mauthner & Doucet, 1998). Relationships are
158 considered a key context in which people construct meaning (Gilligan et al., 2005; Sorsoli & Tolman,
159 2008), reflecting a process of social interaction where actors (which includes people and institutions
160 or services) are seen to "take one another into account, symbolically communicate to one another
161 and interpret each other's actions" (Charon, 2010, p. 138). Within this research, we considered that
162 attending to social interaction and joint action, how patients and practitioners spoke of the self and
163 the objects in their environments, understanding the processes of meaning-making and on-going
164 action may help "bring to life the essence and character of a [person's] experience and behavior"
165 (Halligan & Marshall, 1996, p. vii). Symbolic interactionist principles of *exploration* (developing an
166 understanding of what is happening) and *inspection* (detailed descriptions of what happens, how
167 these actions relate to what people are thinking and considering the consequences of actions)
168 (Blumer, 1969) could facilitate deep understandings of engagement practices which would further
169 knowledge in this area.

170 This theoretical framework provided the scaffold for our research design and conduct. As the Voice
171 Centred Relational Approach is a framework rather than a prescription for how research should be
172 conducted, we then needed to apply this theoretical framework to construct a methodology, the
173 "map of action" (Crotty, 1998, p. 7) for how this longitudinal, observational study of engagement
174 would proceed. To do this, we utilised the core principles from the theoretical framework. These
175 included:

176 • Researchers and participants are in on-going relationships throughout the research process.
177 • People exist in inter-dependent relationships with themselves, with others and with their
178 context.
179 • Knowledge is constructed through interaction with the self, with others and with the broader
180 context that the researchers and participant/s are located in.

181   • People act in response to the meanings objects hold; these meanings are constructed through
182   social interaction and can be ever-changing.
183   • Multiple constructed realities exist. Accordingly, knowledge is multi-layered and never complete.
184   It is always partial and situated within the context it is constructed in.

185   These principles, together with the more nuanced readings of the theoretical framework were then
186   applied at different "decision junctures" (Koro-Ljundberg, Yendol-Hoppey, Smith, & Hayes, 2009, p.
187   688) in the research process, thus forming the methodology for this research.

188

Entering and being in the research: Researchers in relationship with the participants

189
190   The research process is a "relational encounter" (Kiegelmann, 2009, p. 6) with the researcher an
191   active participant in the process (Gilligan et al., 2005). The theoretical framework prompted us to
192   attend to the relationship between the participants and researcher. Gilligan suggested the
193   individual's voices are very responsive to the outside world, that a tense research situation or
194   relationship could constrain or flatten participant voices (Hamer, 1999). Our relationships with
195   participants were integral throughout this research and influenced how we entered the field,
196   developing relationships through *whakawhanaungatanga*[3] "allowing time and space to establish
197   relationships" (Jones, Crengle, & McCreanor, 2006, p. 70). We spent time with participants, meeting
198   multiple times before completing consent, attending to our relationship during data collection by
199   spending time talking with them and their families, and sharing some information about ourselves.
200   In a sense, this reflected a process of engaging research participants in the research process before
201   then studying how they engaged in their rehabilitation, reflecting a view that developing
202   relationships helped create a relational research environment which might facilitate communication
203   and understanding of people's experiences (Jankowski, Clark, & Ivey, 2000; Latimer, 2000; Morrow,
204   2005). We also considered ourselves in on-going relationships throughout analysis and
205   dissemination, recognising that we actively constructed knowledge by attending to particular voices
206   in the data (Doucet & Mauthner, 2002).

207

Recruitment and sampling: Determining who are participants

208
209   Viewing people as being entwined in inter-dependent relationships (Mauthner & Doucet, 1998;
210   Tronto, 1995) prompted us to recruit people experiencing communication disability *and* their
211   rehabilitation practitioners. The vast majority of engagement research has focused on perspectives
212   of practitioners *or* patients (Author, 2015) rather than incorporating the perspectives of patients *and*
213   practitioners. Accordingly, patients, their families *and* rehabilitation practitioners were recruited as
214   participants with data gathered from patient-practitioner dyads (i.e. pairings of consenting patients
215   and consenting practitioners). We recruited 28 rehabilitation practitioners and three people
216   experiencing communication disability throughout four separate episodes of rehabilitation, each
217   lasting between two and 14 weeks. This resulted in 28 patient-practitioner dyads. The study was
218   based in inpatient and community stroke rehabilitation services.

219

Data generation: Co-constructing knowledge with participants

220
221   Blumer (1969) stated direct examination of the participant's world is essential to understand how
222   they make meaning and act. Accordingly, this study combined multiple data collection methods:

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[3] *Whakawhanaungatanga* is a Māori term, Māori being both the indigenous population and official language of New Zealand. The term reflects a depth and commitment to the process of relationship-building beyond the term 'building relationship', and is used in response to where the research was culturally located.

223 participant observation, stimulated recall, and informal and formal interviews with both parties.
224 Data generation was led by the first author (FB). Each method of data generation elicited subtly
225 different understandings of how people acted together and separately, how they constructed
226 meaning, how they acted in relationship with others and how they made decisions about
227 engagement based on their interactions within each individual, and between members of each dyad
228 (Berger & Luckmann, 1967; Blumer, 1969; Mauthner & Doucet, 1998). Collecting different forms of
229 data allowed consideration of both talk-about-action[4] (in interviews and stimulated recall sessions)
230 and talk-in-action[5] (in observations of interactions) and helped highlight the tensions and
231 complexities inherent in engagement. It also highlighted poly-vocality, the different voices and
232 perspectives within a person's way of working and talking about working (Gilligan et al., 2005;
233 Mauthner & Doucet, 1998).

234 Observing interactions enabled detailed description and exploration of actions as well as how
235 participants constructed meaning within interactions, what behaviors they attended to and acted
236 on, what roles they took and what their actions accomplished (Blumer, 1969; Charon, 2010). The
237 observations focused on the interactions and relationships between participants within each dyad,
238 and between participants and their context (Doucet, 1998; Doucet & Mauthner, 2002; Mauthner &
239 Doucet, 1998, 2003). Observing people within their everyday contexts gave insight into the social
240 and cultural frameworks surrounding them (Gilligan et al., 2005; Mauthner & Doucet, 1998). In total,
241 147 hours of observation occurred. Stimulated recall interviews elicited the reasoning that
242 underpinned action (Gass & Mackey, 2000). Videos of patient-practitioner interactions were the
243 stimulus for the interview. These explored why people did what they did and how they perceived
244 and reacted to the actions of others. Eliciting participants' thought processes and feelings provided
245 insight into the objects people attended to, how they interpreted them and how they responded
246 (Blumer, 1969; Gass & Mackey, 2000; Gilligan et al., 2005; Mauthner & Doucet, 1998). Informal and
247 formal interviews explored each participant's experiences and perceptions of engagement, exploring
248 how participants developed knowledge, their meaning-making and action(Charon, 2010), and the
249 structures influencing rehabilitation (Berger & Luckmann, 1967; Blumer, 1969; Gergen & Gergen,
250 2007).

251

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

253 Data analysis was iterative, occurring firstly *within* each patient-practitioner dyad and then *across* all
254 participants. The Voice Centred Relational Approach offers a flexible, principle-based approach to
255 analysis (Gilligan et al., 2005; Kiegelmann, 2009; Mauthner & Doucet, 1998) with the theoretical
256 principles of the research underpinning the way in which analysis occurred. The Listening Guide is a
257 useful tool for supporting the analysis process and was the primary method of analysis used
258 throughout this research. Previously both the Voice Centred Relational Approach and the Listening
259 Guide have been used with relatively small sets of interview-based data. The specific questions
260 within each reading were informed by the theoretical framework which underpinned the study (see
261 Table One).

262
263 --- Insert Table One here ---

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[4] Talk-in-action refers to how the practitioner communicated (verbally or non-verbally) when interacting with the person experiencing communication disability.
[5] Talk-about-action refers to how the practitioner *spoke* about their practice within interviews outside the 1:1 interaction with the patient. Talk-about-action represented the practitioner's reported perceptions of, and reasoning about their practice.

264

Analysis of the first twelve dyads

The first twelve dyads were selected as they were representative of all dyads by profession and clinical experience, and there were multiple patient-practitioner interactions and multiple forms of data gathered throughout the patient's episode of care. The first reading of each dataset involved attending closely to the stories in the data and our own response to these, asking 'what is going on here?'(Mauthner & Doucet, 1998). Attending to our responses made our role in constructing knowledge explicit and reflects our relationship with the participant and the data, and that our own social location influences how we construct the data (Mauthner & Doucet, 1998). The reading was then summarised 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[6] can't help but attend to how the practitioners seem to have power and expert knowledge. I wonder where Betty'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"[7].

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.

The remaining readings of the Listening Guide focused on exploring selected data (Mauthner & Doucet, 1998), selected for reasons such as: the data appeared to offer particular insight into engagement; there was a range of data sources for an interaction; or because 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.

As part of the process of completing the first reading and becoming attuned to the voices in the text, i-poems were constructed from the data. Using i-poems and presenting contrasting voices highlights the different voices (Edwards & Weller, 2012; Gergen & Gergen, 2007; Gilligan et al., 2005; Mauthner & Doucet, 1998), helping people "hear *more* of [the participants'] voices and understand *more* of their perspective" (Mauthner & Doucet, 1998, p. 26). Attending to poly-vocality within the data in this study prompted consideration of multiple realities and perspectives (Gergen & Gergen,

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[6] The pronoun 'I' reflects the memo was written by one member of the research team (FB)

[7] This memo incorporates a description of an interaction incorporating direct quotations from participants (indicated in quote marks) as well as the researcher's perceptions and very early analysis of the interaction.

306 2007; Gilligan et al., 2005; Mauthner & Doucet, 1998) as evident in these two i-poems, one taken
307 from an interaction between Betty (patient) and Mike (doctor), and one taken from an interview
308 with Mike:

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

314
315 All you can do is give her the options and the information
316 You have to respect her wishes
317 All we can do is give her the information
318 It's important to go with what she thinks is right
319 Ultimately it's her decision
320 Let her try and make a decision
321 (i-poem, Mike, interview)

322 These two contrasting i-poems depict voices of power and control in Mike's talk with Betty, and
323 responsive, patient-centred voices in his interview. The i-poems helped highlight the voices of
324 participants, capturing how they positioned themselves in relation to others.
325
326 The third and fourth readings were informed by the theoretical framework and Mauthner and
327 Doucet's research (Doucet, 1998; Doucet & Mauthner, 2002, 2008; Mauthner & Doucet, 1998). The
328 third reading focused on how each person spoke of the 'other' (people in their environment),
329 relationships, and in particular, relationships between themselves and others in their environment.
330 This reflected the relational ontology underpinning the study as well as the position that knowledges
331 are socially constructed through interaction. 'Other-poems' (poems centred on the personal
332 pronouns used to refer to others and the relationships between them) explored how people spoke
333 of the other, as evident in one poem constructed from a patient's description of staff who he
334 struggled to engage with:

335 They scurry over and turn me
336 They walk away not even putting the bed rails up
337 I have to ask them to do it
338 They don't want to talk
339 I think they feel awkward because I can't talk back
340 They've not even tried
341 (i-poem, Peter, interview)

342 While these 'other-poems' are not an established component of the Voice Centred Relational
343 Approach, they facilitated close attention to the relational aspects of practice. Analysis considered
344 how participants spoke (and didn't speak) of the 'other' and of relationships in both their verbal and
345 non-verbal action. This reading considered who was present and included in interactions, whose
346 opinions appeared to hold weight or who was silenced.

347 The fourth and final reading focused on the socio-cultural context, considering interactions between
348 individuals and their context, asking what appeared to be taken-for-granted and how this came to
349 be, what were dominant ways of working, and what was privileged and why this was, informed by
350 Latimer's (2000, 2008) critical constructionism. Analysis considered how contextual factors were
351 evident in, and appeared to influence practitioners' ways of working. It considered how profession-

352 based and organisational structures and the physical environment were evident in practitioner and
353 patient talk, action and meaning-making.

354 The analysis from these readings were then incorporated into the memo created after the first
355 reading of the data, a record of the developing analysis[8]:

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

377 Each memo contained reflections on the research question, asking 'how do rehabilitation
378 practitioners engage people experiencing communication disability in stroke rehabilitation?', while
379 also summarising how practitioners worked, why they worked as they did and what this
380 accomplished. This helped us start to explore the engagement practices evident within the data. This
381 analytic memo then formed the basis for analysis across participants. Comparing and contrasting
382 voices of individual participants and patient-practitioner dyads over the course of rehabilitation,
383 often using i-poems, highlighted the relational and co-constructed nature of engagement and
384 disengagement in rehabilitation, as illustrated in i-poems from Peter (patient participant) and
385 Cathleen (rehabilitation practitioner):

386 I hate [therapy]
387 (i-poem, Peter, informal interview, week one)
388

389 A mediocre session
390 There's a bit of engagement but not a lot
391 He sort of shut off
392 I hit a brick wall
393 It's almost like 'why try?'
394 When he's not engaging I think 'what am I doing wrong'
395 I think more about myself than him
396 (i-poem, Cathleen, informal interview, week one)

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[8] 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.

397

398   Hate it, didn't want to try
399   If she'd backed off
400   I'm just tolerating it
401   Feeling negative
402   (i-poem, Peter, informal interview, week four)
403

404   I didn't want to come back after Easter
405   It's just been too hard
406   He's not engaged
407   He's not enjoying it
408   I'm not sure what to do
409   (i-poem, Cathleen, informal interview, week four)
410

411   I'm achieving
412   I'm rapt
413   It's magic
414   I'm finally feeling positive
415   Now, now it's good
416   (i-poem, Peter, informal interview, week eight)
417

418   It's such a nice feeling
419   He was so interested to talk to me
420   It was so natural, so nice
421   My engagement is a lot easier
422   I can feel the success
423   I can see the change, the progression
424   I feel that what we're doing makes a difference
425   So I feel more engaged
426   (i-poem, Cathleen, informal interview, week eight)
427

Analysis continued in an iterative process of constant comparison (Charmaz, 2014), moving between
analysing individual participant datasets and comparative analysis *between* datasets until the first 12
datasets were analysed. While constant comparison has not been described as a core component of
the Voice Centred Relational Approach, it helped identify similarities and differences in practice
within and across participants and leading to more comprehensive and nuanced understandings of
the components of these practices. Throughout the course of analysis, understandings of how
practitioners worked were challenged, developed and modified. Memos and mindmaps captured
the emerging analysis.

Analysis of the remaining dyads

The subsequent sixteen dyads were analysed in two groups. The first group of eight dyads were
chosen based on our 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,

445 nuanced understandings of how practitioners worked to engage the patient in stroke rehabilitation.
446 Mindmaps were used to visually represent relationships between actions, and between ways of
447 thinking and acting. Data from the final eight dyads were primarily used for constant comparison.
448 Datasets were reviewed and brief notes were taken. These focused on the Listening Guide questions
449 of 'what is happening here?', 'how do they speak of themselves?', 'how do they speak of others and
450 of relationships?' and 'how do they speak of the context?'. These summaries were then compared
451 with the analysis completed to that point. While the new data did not identify any new ways of
452 working, they did result in deeper understandings of engagement practices.

453

454 ## Presenting findings

455 Participant perspectives are embedded throughout the research findings (Author 2016, 2017) . This
456 was done in part to ensure their voices were not dominated by our voices as researchers, a key
457 principle in presenting research in a Voice Centred Relational Approach (Mauthner & Doucet, 1998).
458 It can be difficult for people experiencing communication disability to be heard in research and
459 practice (e.g. Parr, Byng, Gilpin, & Ireland, 1997); foregrounding their perspectives was an ethical
460 concern. The findings detail similarities and differences within and across participants,
461 demonstrating poly-vocality (Brown et al., 1991; Brown & Gilligan, 1992; Gergen & Gergen, 2007;
462 Gilligan et al., 2005; Mauthner & Doucet, 1998). When we present findings, informal feedback
463 suggests i-poems are a powerful tool in helping people attend to the voices and the experiences of
464 people, reflecting Nind & Vinha's (2016) experience that i-poems helped provoke transformative
465 dialogue. This demonstrates how analysis can facilitate, and indeed be a form of dissemination, and
466 can help draw listeners into relationship with the participants and their experiences.

467

468 # Discussion

469 This paper details how the Voice Centred Relational Approach was used in a study of engagement
470 practices in stroke rehabilitation. Our purpose was to make the theoretical framework explicit by
471 demonstrating how it informed the research process, and by detailing how this approach was used
472 with large datasets with multiple forms and sources of data. While the Voice Centred Relational
473 Approach is an established research approach, the methodology and theoretical framework that
474 underpins the research have commonly been implicit and taken for granted (Mauthner & Doucet,
475 2003) despite these being essential in developing and implementing research methodology (Crotty,
476 1998). We contribute to the scholarly conversation on this research approach by demonstrating how
477 we applied a theoretical framework to this research, in the tradition of Mauthner and Doucet (1998).
478 This is likely to be of use to those considering this approach in the future. This is not to say that the
479 theoretical framework we drew on is the only one that can be used. The inherent flexibility of the
480 Voice Centred Relational Approach makes it a useful research approach. Indeed, many authors have
481 drawn on different theoretical perspectives and integrated different theories in developing the
482 Listening Guide, depending on their specific focus (e.g. Brown & Gilligan, 1992; Mauthner & Doucet,
483 1998; Sorsoli & Tolman, 2008). However, we argue there is a need to make the methodology and
484 theoretical perspectives transparent and ensure there is coherence and consistency across the
485 research process (Crotty, 1998; Tracy, 2010). We hope that explicating our use of a theoretical
486 framework will support others seeking to use this approach in the future.

487 The Voice Centred Relational Approach has primarily, but not exclusively been utilised with relatively
488 small sets of interview-derived data. The large dataset and multiple forms of data in this study posed
489 some challenges as there was a lack of specific guidance on *how* to enact this approach in a robust,

490   methodical manner. Modifying the process to intentionally capture and compare verbal and non-
491   verbal communication, and to compare action, talk-in-action and talk-about-action enabled close
492   examination of practice and facilitated crystallisation (Ellingson, 2009). However, we suggest there is
493   potential to further develop this approach, drawing on other theoretical perspectives such as
494   Goffman's face-work (Goffman, 1955) or different research traditions such as Conversation Analysis
495   with its focus on talk-in-interaction. For instance, considering *how* people are arguing for the
496   positions they hold within interactions might elicit more nuanced understandings of participant's
497   voices. Applying the Voice Centred Relational Approach to observational research has helped
498   develop rich, nuanced understandings of practice, enhancing and extending findings from interview-
499   based research, but we would argue there is clearly scope for more methodological development in
500   the future.

501   It should be noted that some of the analysis approaches are not without controversy. The use of
502   poems in analysis and dissemination is not universally supported in qualitative research
503   (Breckenbridge, 2016; Morse et al., 2009). One argument against poetic form seems to focus on its
504   use in dissemination and data representation, without consideration of its role as an analytic
505   technique (Morse et al., 2009). However, the Voice Centred Relational Approach uses poetic form as
506   an analysis approach to provide understandings of how people speak of themselves (Gilligan et al.,
507   2005). Morse and colleagues argue transforming data into poetry changes the form of data. We
508   echo Denzin's (2013) comment that "there can never be a final, accurate, complete representation
509   of a thing, an utterance or an action" (p. 2), that utterances are continually constructed and re-
510   constructed throughout the research process, from interview, within transcription, in analysis and
511   when selecting and presenting selections within publications. In this sense, every time we extract
512   data to support a point, we are inherently changing the form of the data, whether or not we use an
513   i-poem to do so. We suggest i-poems, and other-poems as we used in our research, could be useful
514   in both research and knowledge translation. There is a move toward art-based inquiry and
515   dissemination within health research and in knowledge translation (e.g. Fraser & al Sayah, 2011;
516   Kontos & Poland, 2009; Rieger & Schultz, 2014). We suggest i-poems may be considered an art-
517   based form of dissemination. While informal feedback from research audiences has indicated i-
518   poems help practitioners understand different aspects of engagement, we hope to explore the
519   different uses of i-poems in the future, as a tool in dissemination, and as a way to foster practice
520   reflections.

521   We used the Voice Centred Relational Approach because we wanted to explore how engagement
522   arose within the relationship and interaction between the patient and practitioner. While other
523   methodologies would have allowed us to explore engagement, the Voice Centred Relational
524   Approach prompted an explicit focus on the relationship between the patient and practitioner, and
525   how each person thought, talked and worked within that relationship. Our findings, reported
526   elsewhere (Author, 2016, 2017), found engagement to be inherently a relational practice occurring
527   within and because of the relationship between the patient and practitioner. The analytic techniques
528   in the Voice Centred Relational Approach, particularly the Listening Guide and i-poems, were
529   integral in the process of identifying core components of relational engagement practices.
530   Foregrounding relationships throughout the research process, from design to methods to
531   dissemination, facilitated close examination of relational aspects of practice. Of course, this may be
532   considered a limitation of the methodology. The relational approach to research, and the specific
533   readings for relationships likely contributed to the strong relational findings, but may have also
534   constrained what we saw (or indeed, did not see). This does not mean that the findings are not valid,
535   however, it should prompt a tentativeness about them. The relational nature of engagement is *one*
536   aspect of engagement and appears important for many, but not all people experiencing

537   communication disability. A different methodology or theoretical framework would likely facilitate
538   different understandings of engagement. However, the underlying relational ontology and relational
539   orientation of this methodology makes it a useful approach in researching relational practice in
540   healthcare, or in other contexts.

541

Conclusion

543   This paper has detailed how the Voice Centred Relational Approach can be used to examine
544   relational aspects of rehabilitation. The relational ontology and orientation of the research, together
545   with analysis techniques helped us become attuned to the relational aspects of practice helping us
546   develop nuanced yet applied understandings of clinical practice. Using the Voice Centred Relational
547   Approach with patient-practitioner dyads allowed for close investigation of how and why practice
548   occurs as it does, while also considering what it brings about for the parties involved. This approach
549   helps illustrate the inherent complexities of being together in relationships and enacting relational
550   practice, in a manner which is beneficial for the researcher and research audiences alike. Using the
551   theoretical underpinnings of the Voice Centred Relational Approach to develop a robust
552   methodology and theoretically-informed analysis approach has strengthened the analysis, provided
553   nuanced insight into engagement practices, and has contributed to methodological development.

554

555

556 **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?

557

558

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