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Istoria and Eureka: Valuing Story and Discovery in Research and Publication in the Human Sciences

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ABSTRACT

Human stories lie at the heart of professional practice in the human, social services, though these are often discounted when it comes to researching such services and sharing practice through publication. This article identifies and addresses certain methodological and epistemological biases and consequent challenges in human science research, and discusses the importance of story (autoethnography) and discovery (heuristics) in research which can inform practice, meaningfully and ethically. It considers this by addressing both research and publication, illustrating both the challenges and the solutions from the authors' own experiences. The article argues for reclaiming the subjective and the subjectivist dimension in human, social science, and, therefore, the experiential, in both research and publication; and addresses four problems with regard to publishing in the human sciences, namely: privilege, quality, anonymity in peer-review, and capital.

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Introduction

> Tyrion: What unites people? Armies? Gold? Flags? [No] Stories. There's nothing in the world more powerful than a good story. Nothing can stop it, and no enemy can defeat it – and who has a better story than Bran the Broken? The boy who fell from a high tower and lived. He knew he'd never walk again, so he learned to fly. (Benioff and Weiss 2019)

Human stories lie at the heart of professional practice in the human services, including corrections, disability support services, education, health, hospitality, justice, and social care. As researchers and practitioners with a deep appreciation of the meaningful insights and outsights that can be uncovered within stories, we present a consideration of some key elements in acknowledging and fostering story and discovery in the human sciences..

Whether client, customer, patient, or prisoner: all have their story, and their back story or history – and, of course, 'they' often include us. As such, these stories present a breadth of experience and a depth of insight that have the potential to assist others on their journies, both as clients and practitioners. These are stories not only of trial, tribulation, and

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trauma, of abuse, neglect, and other ways of being broken, but also of resilience, repair, and restoration. Meaningful engagement with clients involves encouraging them to share their stories and listening to them when they do so – and not simply to be able to 'take' a case study and make a diagnosis. In his critique of what he considered to be the problem of diagnosis – at least how it is usually conceptualised in physical and psychological medicine – and his advocacy of client-centred therapy, Rogers (1951) suggests that 'In a very meaningful and accurate sense, therapy *is* diagnosis, and this *diagnosis is a process which goes on in the experience of the client*, rather than in the intellect of the clinician.' (223, our emphasis). From this, we can see that a narrative approach to the client is based on acknowledging the importance of *their* (our) experience, which, in turn, can – if we allow it – inform practice and its ongoing development. There are, however, significant challenges in this process due to differences regarding ontology; a certain lack of attention to ethics or a bias to certain views of ethics; unquestioned methodological assumptions by which some epistemologies are considered better than others; and the use of inconsistent methods. Promoting and even privileging such knowledge is itself an ethical position that represents our commitment to epistemic justice, and on that is informed by different approaches to research method and methodology, specifically feminist (Stanley and Wise 1993), indigenous (Denzin, Lincoln, and Smith 2008; Smith 2021) and post-qualitative (St. Pierre 2016; 2019).

Thus, in the first part of this article, we consider the nature of research, and discuss how autoethnography and heuristics do and can further support storytelling and listening. In the second part of the article, we examine aspects of publishing that help or hinder this experiential and narrative project. Our intention throughout is to ask some key questions about the process(es) of research and publishing, and, in doing so, to suggest that objectivity is not as tangible as it may first appear.

Finally, by way of introduction, we – as health care providers, educators, and researchers, as well as clients – also have our stories, and our own experiences in these various roles provide sites for reflection. In terms of our respective positionality, while each of us is relatively privileged (including being employed by the systems and having access to the publications in and on which we are reflecting), we also represent critical perspectives in and on our professions, and, thereby, are on the margins of those professions. Furthermore, while we represent a more phenomenological perspective on research that values the subjective, we also consider that, as O'Hara (1995) puts it, 'without critical evaluation of some kind, pure insider's knowledge, however deep … [is] an intellectual dead end.' (50)

Research

> To know thyself is the beginning of wisdom. (Socrates)

The practice of professionals is informed, considered, and debated within the literature of their respective disciplines. Both the research funding and the academic publishing systems which fund and disseminate knowledge are complex. Nevertheless, it is clear that science, which comes from the Latin word scientia, meaning knowledge, a knowing, and expertness, has been largely taken over by empiricists, such that 'science' is equated as referring to only that knowledge that is based on empirical ways of knowing and evidence. Whilst this reflects the dominant Western paradigm of the past

350 years, it does not account for different knowledge, multiple ways of knowing (Carper 1978), and a variety of evidence. Evidence-based practice, which should, more accurately, be referred to as 'empirical evidence-based practice' clearly favours quantifiable information and methods, notably randomised controlled trials (RCTs). Despite the fact that many would argue that such trials are more appropriate for testing chemical interventions *on* human subjects than interpersonal interventions *between* people, such as different forms of health and social care (e.g. nursing, and psychological therapies), RCTs are considered to be the 'gold standard' research method across the board.

Traditional scientific approaches to knowledge are quantitative, though from a critical perspective, and one that takes a longer view of human history (further than the past 350 years), the use of the term 'traditional' should perhaps be replaced by 'modern'. This emphasis on concrete and measurable information is understandable as it conveys a sense of accuracy and orderliness. The emphasis on objectivity emerges from a belief in, and desire for, objectivity and certainty, and gives rise to traditions and conventions which weight methodological rigour and research practice in ways that privilege objectivity over subjectivity. The nature of human story is so far removed from empirical approaches to understanding and managing information that it is cast as being impossible to quantify, and therefore deemed inadequate. This poses a fundamental challenge for colleagues practicing in the human services who are informed and enveloped by human experience and subjectivity (Andrew and Le Rossignol 2017) as the very nature of their/our work involves engaging with others in order to understand them. This is not a rejection of objectivity but a perspective that prioritises subjectivity when experiencing and responding to that which is human.

Human experience is both objective *and* subjective. In philosophical terms, the importance of subjectivity dates back at least 2,350 years to Aristotle's work on the soul. It encompasses enquiry into the nature of consciousness, the mind, agency, personhood, reality, and truth. It is informed by indigenous and Eastern wisdom traditions and thinking, and by Western philosophical traditions, including solipsism, hermeneutics, phenomenology, humanism, anarchistic individualism, feminism, and existentialism. In other words, subjectivity exists, is highly influential, and should be taken seriously in any field of human endeavour, including research (Denzin, Lincoln, and Smith 2008; McLeod 2001; Morse 1989).

For some, subjectivity is the enemy of absolutes; there are too many variables, including the actions, responses, and intersubjectivity of individuals. In our experience, this lack of objectivity and/or what may be viewed as abundance of subjectivity can be very challenging for funders, researchers, reviewers, and editors alike. Such challenges and debates about objectivity and subjectivity are not only intellectual; they have very real and practical consequences.

> In 1981, I [Keith] got a job as a counsellor/researcher in a youth counselling (street agency) project in West London. I and others were employed also as researchers as part of the rationale for and purpose of the project was to undertake research to contribute to the field of youth counselling. The research consultant was a local psychiatrist who, after some discussion, decided that the project would undertake a randomised control trial of the counselling trial with a control group of young people who would not be offered counselling. He proposed that the administrator of the agency, having taken details of all the young people coming to the project asking for counselling, would randomly turn some away – but that we would follow them up to complete research questionnaires! After months of discussions,

> he agreed that we wouldn't have to do this; the next day we received news that he had withdrawn all research funding from the project, which meant that we would be unemployed. Fortunately, the independent management committee of the project took our side, did some further fund-raising, and secured funding for the project to operate as an open access street counselling agency, undertaking appropriate research, which included both objective and subjective measures.

Reflecting on this situation from an epistemological view, we suggest that this may be seen as a fight or disagreement between an objectivist approach to social science (represented by positivism – and by a nomothetic or legalistic methodology) and a subjectivist approach to social science (such as that represented by anti-positivism – and an ideographic or narrative methodology). Equally, the different positions of the protagonists in this situation represent differing views of ethics and the ethics of research (represented by moral realism, and relational ethics, respectively). However, we don't see that the check on and/or balance between these positions are determined by the other. In other words, subjectivity cannot be measured and assessed in objective terms and, equally, subjectivists shouldn't claim that objective measures don't account for their stories. Each approach – and paradigm – has its own ecosystem of criticality and validation (Mikulan and Sinclair 2024; Moustakas 1990; O'Hara 1995).

Here, by way of promoting the importance of story (istoria) and discovery (heuristics), we discuss two research approaches that support human story and the discovery that is research.

Autoethnography

Autoethnography has been described by Ellis and Bochner (2000) as comprising *auto* (the self), the *ethno* (culture), and *graphy* (the research process). It is a qualitative approach to research that values the human experience. The lived experience and stories of humans and practitioners can be complex and 'messy' (Sanscartier 2020) and considering this as data can be very challenging. Yet, people themselves are complex and experience the world in ways that resonate with qualitative approaches (Bradbury-Jones et al. 2017). As van Wijngaarden, van der Meide, and Dahlberg (2017) note, it is completely appropriate to consider qualitative research as objective, valid, and generalisable.

> As an autoethnographer, I am both the author and focus of the story, the one who tells and the one who experiences, the observer and the observed, the creator and the created. I am the person at the intersection of the personal and the cultural, thinking and observing as an ethnographer and writing and describing as a storyteller. (Ellis 2016, 3)

The stories of lived experience may be of those seeking and receiving health and human services and also of those who provide the services. Practitioners providing care and support make decisions about their practice on the basis of professional knowledge and expertise. These exist within the complexity 'of uncertainty, limited information, inter-relatedness, emotional and ethical challenges, and time pressure' (Anderson, Slark, and Gott 2019, 88), all of which are qualitative and contextual parts of the whole which can appropriately be understood through and informed by human stories.

The informed reflective narrative of practitioners as they experience the patient or service user journey themselves challenges the tendency to see patients and practitioners as separate. It presents even more complexity but also has the potential to provide deep and considered insights into practice and outcomes.

The academic publishing environment is seen by many as prioritising quantitative methods, Western understandings of science, and very linear and rigid processes. The emphasis of Western medicine in academic studies has been identified as a reason for focussing on biomedical information with minimal reference to the personal and emotional journey of the patient (Morishita, Iida, and Nishigori 2020). While some fields may be served adequately by a focus on quantifiable information, others are clearly marginalised. In considering indigenous approaches to research, Mataira (2019) points out 'Frustration lies with funder requirements to focus principally on: (1) quantitative data collection; (2) programme dynamics and less emphasis on relational and cultural processes; and (3) linear rather than a holistic modelling' (153). The value that comes from quantifiable information is not to be underestimated but everything we do as practitioners and researchers takes place within our humanness – this is a strength (albeit it a messy one) and not a weakness. When publication focuses on the quantifiable it risks only telling part of the story, failing to present the whole. It also implies that quantifiable information is self-evidently accurate, free of bias, and absolute. There are many examples of this not being the case (Gaudino et al. 2021). The emphasis on, or preference for, quantitative data means that the messy lives of people and relationships between them (Lapadat 2017) might be lost.

Adams, Jones, and Ellis, in collating writing about autoethnography as recently as 2021, note the wider context of human existence. In acknowledging human experience of colonisation, climate change, racism, and other injustice they present the humanness of autoethnography as potentially transformational.

> As we call for social justice, environmental responsibility, and the wholesale transformation of kinship, political and economic systems, autoethnography is needed now more than ever. In our rejection of an objective 'view from nowhere,' autoethnographers recognize and embrace the reality that the person and the personal are always present in social life as well as in the processes of research and representation. Everything we say and do – the language we use; the texts, images, and embodiments we create; the values we espouse – all are guided by perspective, experience, and social position. In this way, autoethnography is a research method that allows us to explicitly bring together the personal and the political as we face and address the challenges of today in a move toward envisioning a better tomorrow. (Adams, Jones, and Ellis 2021, 1)

There are many ways to present autoethnography. For me (Susan), working in the palliative and hospice environment, I found myself writing poetry to debrief, reflect upon, and refine my practice.

> Anita
> I saw you twice today – both times you had died.
> This morning I met your Mum in the kitchen
> I asked if she was OK
> She told me to see for myself
> I wandered in and you were alone
> You were dead
> I was cross you had died and no one was there
> Then I realised you were breathing – occasionally
> I sat and touched you and talked
> Your Mum wanted me to stop your medicines and remove your catheter
> She wanted me to do it quickly as she had to go to church …
> Your Mum gently conspired to stop the drugs

I know she has always feared they would claim you
As she took each ampoule away from me, I quietly took them back
I said I wouldn't allow you to die in pain … .
I said they should not argue with each other over you
… and they should stop being busy
I tried to make sure you were covered.
Then I left them with space … .
Your Mum was distressed,,,
Your Dad drifted like an abandoned bear
He tolerated my hand on his for a little while.
I gave them space
I encouraged them
I waited
I quietly picked the spilt and broken make-up off the floor.
I phoned an undertaker for them
I did the practical things they needed
Your Mum growled that I had said you wouldn't die today
I gently reminded her that going to church was risky earlier in the day because you were so close to dying
We hugged; she said I had been kind.
(Shaw 2005a)

Many researchers wouldn't view this as research, and yet we know that poetry synthesises thought and feeling more than prose does; and, fortunately (not least for our present argument), there is now a tradition of poetic enquiry/inquiry (Faulkner 2017; Fernández-Giménez, Jennings, and Wilmer 2019; Prendergast, Leggo, and Sameshima 2009).

While the excerpt from the first poem (above) concerns a specific person and raises questions about nursing practice, the next poem offers a reflection on the practitioner and the profession.

The being of nursing
Good nursing is about being.
I have been with Lily
Kneeling on the floor beside the bed to talk
Talking and holding her hand
We talked about visits two weeks ago
Those were the times I saw her at home
We talked while her family were there
So they could hear her saying that she was very unwell and OK about dying
Then her son 'clicked'
He explained that talking to Lily and then listening now made a connection
He had realised who I was, whose daughter I am
What a lovely connection between Lily, her son and me, and my Dad
That made a difference for all of us
Good nursing is connecting
I have also been with the patient in the room next door
He was grumpy and low
I was irritating – so was everything else
I was also thick for not reading his mind
But at least I was there
I cared, I engaged
Constantly trying to connect but not always able to make a difference
(Shaw 2005b)

As I (Susan) reflect on my career in education and health, discussions with students and colleagues about research, and my own publications, there is a very powerful sense of having skin in the game. The research that has been the most interesting and motivating has always begun with my reaction to an issue or event. This has included (with Keith) reflecting upon experiences as an educational leader through many regulated quality assurance processes (Shaw and Tudor 2021). In other papers I have drawn on my lived experience as a patient/caregiver (Shaw 2021; Shaw and Lamdin 2017a). These have involved complex journeys from research to publication which included lengthy histories of journal editors reacting to personal insights, and questioning whether they were 'valid' and, indeed, if it was ethical to share them (Shaw and Lamdin 2017b), thereby implying that human experience only has credibility when others (i.e. experts outside that experience) analyse, code, and present it. In one project a mentor encouraged a colleague and I to contact the editor of a particular journal because of their interest in autoethnographic work. I communicated with her in some detail and was encouraged to submit a paper. It was rejected immediately, apparently on the basis that there was no ethics approval for the work. This rejection appeared to be automated and predicated on the view that sharing any personal information (regardless of context, insight, rigour and expertise) was unethical. Not only had we wasted considerable time and effort, we felt misled and marginalised. We could quote examples of colleagues who had openly claimed their story as practitioners and patients; we noted the rigour of their process, and asserted that their informed and insightful work did not require the approval of an ethics committee. We were left to reflect on how some publishers construct risk, and that rules about ethics (such as requiring the approval of ethics committees) could create deliberate barriers between them and the messy world of lived experience. Neither does it follow that objective data are without ethical risk. Unscrupulous routes to publication, including paper mills (Candal-Pedreira et al. 2022) should challenge concepts of objectivity and the ethical assumptions relating to it.

One paper about bringing about a change in practice (Shaw and Meek 2007) led to an unfortunate reaction that played out within the editorial pages of a journal, (Shaw and Meek 2008) and in so doing demonstrated the very cultural challenges upon which we were reflecting. One of the most objectively analytical papers I have worked on was a response to assertions made elsewhere that the curriculum taught in a particular Faculty of Health did not include specific concepts (Shaw and Donaldson 2020). We knew that these concepts were included, albeit described using different terminology. The analyses we undertook to contribute to the discussion involved quantitative steps, as we literally counted terms across our curricula database. However, a qualitative analysis was imperative in order to make judgements about *how* the terms were used, as well as their relevance to the research question. Moreover, the motivation for undertaking that particular project was the sense of injustice that our curricula had been mis – and under-represented – a motivation and sense which, of course, has both subjective and objective elements.

There is a story behind each project; in other words, the personal and subjective feature throughout my research journeys and those I have shared with others. The processes of research, writing, and publishing have involved personal exposure, and degrees of personal and professional risk – which feels like having skin in the game. I constantly question the research endeavour; I am mindful of the 'publish or perish' imperative and, when my motivations and work are obviously personal, I acknowledge the cost involved, believing it is a trade-off for making meaningful contributions. I am equally clear that dichotomies that position quantitative information and processes as accurate and subjective information and processes as risky are inadequate, shallow, unhelpful – and, we argue, bad or partial science in the original and actual meaning of the word.

One of my enduring observations of research projects is that the topic has a tendency to choose the researcher (Pretorius 2019). The postgraduate research endeavour requires a personal contribution in terms of time and effort. Thesis journeys demand energy and a degree of sacrifice, and it makes sense that the topic is of personal interest to begin with, but also that the connection with and drive to develop it can sustain interest. Even if a thesis topic is quantitative in nature, the motivation and energy to engage with it embody a subjective and personal reality. Humans, their work, experience, and contributions are both subjective and objective. Story is told in many ways and the capturing and sharing of it are complex and essential.

Heuristics

The word heuristic (from the Greek *εϋρίακειυ*) means to find, to find out, to discover, to devise, to invent, and to procure. The most famous example of this is attributed to the ancient Greek scholar, Archimedes, who is reported to have said εύρηκα (heúrēka), meaning 'I have found it', on 'discovering' the displacement of water when he stepped into a bath (the volume of which was equal to the volume of that part of his body). Writing with a colleague, Clark Moustakas, the modern-day originator of heuristic research, states that 'Perhaps more than any other component, passion in *the process of discovery* [emphasis added] distinguishes heuristic search from other models of human science' (Douglass and Moustakas 1985, 41). In his own book on *Heuristic Research*, Moustakas (1990) suggests that 'The process of discovery leads investigators to new images and meanings regarding human phenomena, but also to realizations relevant to their own experiences and lives.' (9). It is, as McLeod (2001) describes, 'a powerful discovery-oriented approach to research.' (97).

Heuristic research is always personal as the researcher has to have some identification with the focus of enquiry a concept which is one of a number of key concepts or processes in heuristic research. As Moustakas (1990) himself puts it:

> Heuristic inquiry is a process that begins with a question or problem which the researcher seeks to illuminate or answer. The question is one that has been a personal challenge and puzzlement in the search to understand one's self and the world in which one lives. (15)

I (Keith) have drawn on heuristics for some time and, consciously, since engaging with my doctoral studies (which began in 2007). Reflecting on that when I was writing that up, I identified that my initial engagement with the subject of my study (health and, specifically, mental health) dated back to 1991, in what I referred to as a pre-contemplation phase to the research (Tudor 2017). However, in writing this present article, and thinking about my collaborative work with Susan as well as my own earlier writing, I realise that my first published peer-reviewed journal article (on education) (Brown 1981) was also essentially heuristic. It came about as a result of my experience of my social work training at the University of Kent at Canterbury (1977–1979). Overall, I loved the course: I learnt a lot; and it helped developed my critical thinking, especially about gender and criminality (Tudor

1979). However, despite the fact that many of staff were radical – both as thinkers and as social workers – the course itself, and the educational philosophy that underpinned it, was not at all radical. A number of us as students formed a support group in which we discussed this and the common theoretical interest that informed our Master's dissertations, and, subsequently, I and a colleague and friend wrote about this (Brown 1981).

As I have developed as a heuristic researcher, written about heuristic research (Tudor 2010; 2017; 2022; 2023), and supervised students drawing on heuristics, I have become more convinced that, whether or not the researcher engages with other participants, they have to have their own skin in the game.

The other concepts that Moustakas identifies as central to heuristic research are: self-dialogue; tacit knowing; intuition; indwelling; focusing; and the internal frame of reference. To these, as a result of her own heuristic self-search inquiry (HSSI) into the use of Moustakas' heuristic method, Sela-Smith (2001; 2002) added: self-experience, inward reach (for tacit awareness and knowledge), surrender, self-dialogue, self-search, and transformation. For a discussion of these and their application to a heuristic enquiry into unintentional racial microaggressions, see McCann and Tudor (2022). Reflecting on heuristic research, Ozertugrul (2017) emphasises 'the unique positioning of self-search. In standard qualitative research, the data is out there; in HSSI, the data is in the researcher.' (223).

> As I [Keith] edited this section, I realise that both Susan and I (separately) used the phrase 'skin in the game'. This appears meaningful and, as I think about it, quite personal as we as human beings are contained by our skin. Recently, when I became a citizen of New Zealand and received my certificate of citizenship, I noticed that the Māori word for citizenship is kiriraraunga, the component parts of which are: kiri, meaning skin, and raraunga, referring to data or database. Thus, there is a sense in which being a citizen here in Aotearoa New Zealand means that my skin not only counts (in the sense of data), but is also part of the land.

This is a very immediate and albeit brief example of allowing some indwelling in an experience, in this case, evoked by a phrase, in order to gain more awareness of some personal data (no pun intended). The point, however, is to make this more widely known and applicable. As Rogers (1967) puts it: '*What is most personal is most general*' (26). As if echoing this, Leonard Cohen, reflecting on song writing, in an interview with Dallas (1976), suggests that 'The more personal you get, the more universal the application'.

What follows from this, is that the language used in and about heuristic research reflects – or should reflect – the language of discovery, which, as Souba (2011) puts it 'entail[s] 'languaging' the unknown.' (53). In this sense, I suggest that the language of heuristics – and of humanistic health care – is engaged, descriptive, experiential, open, reflective, creative, improvised, emergent, shared, unique, and uncertain (see Tudor 2019). This is different from that of the dominant empirical paradigm in research in general, in health and psychology, and in much of my own field of psychotherapy.

Both autoethnographic and heuristic research question the ethics of privileging objective over subjective science/knowledge and ways and forms of knowing. I (Keith) remember as I a psychiatric social worker (in London in the mid/late 1980s) attending meetings of mental health (illness) advocacy groups such as Survivors Speak Out. I also remember knowing psychiatrists who refused to share a platform with psychiatric patients because they didn't value the patients' experiences (in effect, their epistemology) or support their activism (i.e. their method and underlying methodology). Fortunately, there is now a substantial literature that represents this field (see Survivors Speak Out 2022). However, in my own field of psychotherapy, there is much less written from the client's perspective, in non-fictional terms, notably exceptions to which include Heyward (1993), Alexander (1995), and Sands (2000).

Having considered the importance of story (istoria) and discovery (heuristics), we now turn to some issues about publication.

Publication

> Publishing in a way doesn't have a lot to do with writing, and writing doesn't have a lot to do with publishing. (Jennifer Gilmore)

In this second part of the article, we consider the extent to which publication matters; some issues with regard to what counts as a publication; and how we can value and promote story and discovery.

Does publication matter?

There are a number of reasons why researchers seek to publish their work in academic journals. It is a means of engaging with debates and peers about important issues, often at the international level. The dissemination and contest of ideas serves to expand understanding, develop comprehension, extend application(s), refine analysis, create synthesis, and evolve evaluation – and, thereby, contribute to knowledge (see Forehand 2010). Published work may inform policy decisions (Loncarevic et al. 2021), which, in turn, impact on service development and resources. Experiences and views which are researched and published are more likely to have greater influence on decision-makers and impact on the general public in relation to any particular issue (King, Schneer, and White 2017).

Across the world, employment expectations of academics include that they publish, an expectation which gives rise to the phrase 'publish or perish'. Together with the expectation of quantity, i.e. so many publications per year, come those of quality. Publishing articles in peer-reviewed journals is a common performance expectation of academic staff along with how frequently the published work is cited by others (also in other ranked journals), a metric which is summarised in various indices (such as the H-index, named after Jorge Hirsch who designed it to measure the relative quality of theoretical physicists), the calculation of which is based on the set of the researcher's most cited papers and the number of citations that they have received in other publications.

However, there are several problems with these expectations and the way in which they are implemented, which we identify as problems of privilege, quality, peer-review and anonymity, and capital.

The first is the privileging of the researcher over the practitioner. We did this in the first sentence of this part – but deliberately so, in order to create a certain dissonance. While we ourselves are researchers, we also support practitioners to publish – and researchers to publish in places and publications that practitioners will read. This brings us to our first problem or issue with the privileging not only of researchers over practitioners but also of certain publications.

> For many years, I (Keith) was an independent academic, that is an academic not employed by a university. During that time (specifically, 1993–2009), I published peer-reviewed articles ($n = 25$) and also books ($n = 10$). When, in 2009, I got a position as an academic and went through an academic assessment exercise, I was told that books 'didn't count' as they were not considered to be peer-reviewed. Not only is this not true (as most books are as rigorously peer-reviewed as journal articles, and some more so), this perspective and attitude reveals a bias in favour of academic journals (to which most health professionals don't have access) and against books (which the same professionals are more likely to read). For further discussion of this, see Tudor (2021).

This privileging of publishing research in places that are, in effect, exclusive, is also an ethical issue, at least, if we thinking in terms of ethical principles of respect and accessibility.

The second problem or issue is that of quality, which is assured by various mechanisms and process, including peer-review of the submission (usually to a journal), and of the publication itself (usually a journal). However (as Shakespeare might have put it if he were submitting a sonnet to a journal), the mercy of quality *is* strained – by the dominance of certain scientific and research paradigms, most notably, empiricism (as discussed in the first part of this article). Alongside verification, quality is usually defined in empirical terms, which, by definition, do not account or allow for how these are understood and viewed in qualitative paradigms and methodologies. From a qualitative – and humanistic – perspective, we advocate for a pluralism of approaches to quality, and transparency in how such quality is assured. Last year, I (Keith) applied for some research funding to support the publication of a peer-reviewed book comprising 21 papers from the theses or dissertations of Master's students. The application was rejected, to which decision was appended a question about the number of empirical studies represented in the book. In my view (and experience), this represented a disciplinary bias in two directions: the first was in relation to the discipline of psychotherapy about which there was some ignorance and no representation on the committee; and the second in relation to applications from disciplines which were not asked the equivalent question about the number of qualitative studies in their applications.

This brings us to the third question of peer-review, which one author describes as a 'turf battle' between writers (and the originators of ideas) and editors (Spier 2002, 357). The concept of anonymity is a particular site of complexity as it presents a fundamental challenge to the publication process, and particularly peer-review within it. The second challenge is that of disclosure of personal detail within the realm of publication.

Within the publication process anonymity is seen as a pillar of objectivity. While it appears that anomymised peer-review is uncontroversial, both the nature of what constitutes a peer and that of a review are disputed. From a traditional perspective (at least, for the past 250 years), the gold standard of review has been considered to be the double-blinded peer-review, whereby neither the submitting author(s) or the reviewers are known to each other. While this is consistent with empirical views of scientific neutrality, it is problematic from a number of cultural and indigenous perspectives (Street et al. 2009), and risks hindering good research..

From the methodological perspectives of autoethnography and heuristics personal experience is crucial and cannot be anonymised, de-gendered, or whitewashed. We also note that requiring authors to be anonymous and to remove all identifying information, by definition, negates significant aspects of their identity. In popular culture (and literature), it is common for a person's story to be shared publicly, including that of health professionals and the patients they treat (see Gawande 2014; Mukherjee 2010). There is every reason to believe that the authors publish this information with consent and with good ethical intentions, and we note that there are processes to ensure that researchers invite participants and collaborators to contribute to decisions about how anonymity is handled. However, researchers attempting to publish autoethnographic and heuristic accounts within scholarly contexts face considerable scrutiny. While there are professional and personal challenges involved in these subjective approaches to research (Edwards 2021; Ellis 2017; Lapadat 2017), this does not mean they lack value or rigour.

Story is valuable, and particularly so when it is that of the researcher or practitioner themselves (Lapadat 2017). There are some situations in which the risk of identifying individuals maybe outweighed by a 'public good' argument (Ballantyne and Schaefer 2018; Privacy Commissioner 2020), but, generally, the identifiability of individuals or groups within published research is considered an ethical issue and problem. However, while care needs to be taken where people may be identifiable, we should not assume either that quantitative approaches equate with anonymity, or that people are unable to make informed decisions about such challenges – or, indeed, for instance, from a cultural perspective, may positively wish to include identifying information about their context and themselves.

The last question or issue here is that of capital. In academic and research institutions, there is an expectation that researchers will publish in order to be cited, which, in turn, impacts on funding, which, of course, is required to carry out more research (Foley 2022). However, most journals are owned by large publishing companies which charge fees for access to them (da Silva et al. 2019). This has established a large ecosystem – or, more accurately, an extractive system – which, for those employed in publicly funded universities looks something like this:

> 1. The government pays at least some of the salary of an academic who researches in their field and teaches students. 2. The academic spends some of their taxpayer-funded time undertaking research. 3. The researcher submits work to journal(s) for review and publication (sometimes paying a fee to do so). 4. Universities, and other organisations pay publication companies to access the published articles, principally through library access and licencing fees.

This is a system which sees taxpayer-funding contributing to the salaries of people undertaking work which the taxpayer-funded institution then needs to pay to access (Gair, Zuchowski, and Beddoe 2021). This system requires money to access work that has been undertaken, shared, and publicly funded, is increasingly being questioned. There are a small number of large publishing companies that own a vast majority of journals and, in response to their power, open access (OA) publishing has evolved, although it still only represents a minority. For instance, a recent survey found that only five of the 23 international journals in psychotherapy are OA (Tudor and Francis 2022). However, while OA publishing has certainly made more academic articles accessible and has a democratic appeal (Knöchelmann 2021), some forms of OA also incorporate a range of questionable practices that are collectively referred to as predatory (da Silva et al. 2019), including techniques such as charging large sums for work to be published. A recent analysis identified that only 40 percent of articles published by New Zealand researchers are freely accessible (White et al. 2021) and concerns about this extend to high-ranked scientists explaining the impact of this on science and dissemination of knowledge in popular news outlets (see Wiles 2021). A move from licence-based access fee models to OA which includes high article processing charges could potentially shift publishing costs from the point of access of the completed work once it is published to pre-publication (Schönfelder 2020). However, access to, and the dissemination of, knowledge can be negatively impacted by the costs involved in publishing, regardless of the stage of the process to which they are attached, and, again, we consider this also to be an ethical issue.

What counts and is valued in the publication of research

Research is more likely to be published if it includes new knowledge and if it resulted in positive outcomes (Marks-Anglin and Chen 2020). This 'publication bias' fuels an emphasis on innovation rather than on the reflection and application of existing knowledge, and underrepresents unsuccessful studies or outcomes. It minimises failure; renders the resource expended on 'failed' studies valueless; and means that the 'whole truth' is unavailable. There is also evidence that established practices in science, including its research and publication, privilege men. Gaston (2015) outlines the evidence of this, including the under-representation of women in science roles and assumptions/judgements about how they differ from men, including in terms of their mental capacity.

Data are the currency of research and the processes of gathering and analysing them before reaching conclusions is the work of researchers. The journey to publication usually involves following guidelines about the design, approval, process, and presentation of the work which is submitted for peer-review and editing. Most of the rules and structures in the publication process are rigid and require conformity. It follows that clear and objective information (such as mathematical datasets) are a better fit with the cultural context in which research is published. This is illustrated by Munn et al. (2018) in their presentation of a typology of systematic reviews, only one of which is qualitative. They describe systematic review methodologies as the gold standard for investigating clinical questions. Structured processes are valued as providing meaningful information, which is the pillar of evidence-based healthcare, and informs policy and practice. Within health professional practice there is a recognised tension between factual information and heuristics. Whelehan, Conlon, and Ridgway (2020) suggest that reflective practice and the utilisation of technology can balance the so-called negative impact of heuristics. In social work, Kaushik and Walsh (2019) suggest that a pragmatic approach to research, which appreciates that the worldview of the researcher influences the work, and is situated between quantitative and qualitative paradigms, is common.

Conclusion

The lived experience of humans as they engage with services, provide care and support, and investigate the endeavour, matters. Reflection on, and the investigation and sharing of the learning that emerges from such experiences have the potential to contribute to the evolution of practice, and improved experience and outcomes. Appreciating what counts as knowledge and how it is valued and shared is critical. Human existence and interactions are complex and messy: people are at once patients, practitioners, students, and researchers. The emphasis of modern science on quantitative information and processes continues to make valuable contributions to practice. It is, however, time – and timely – to be brave enough also to appreciate the value and contribution of subjective wisdom and perspectives. All research contributions should be scrutinised for rigour, and for the unnecessary and problematic polarisation of objective and subjective knowledge. Publication requirements, such as those that conflate objectivity and ethical practice, require intense scrutiny. At the very least, these requirements need to be reviewed to ensure they reflect a genuine appreciation of the importance of story (autoethnography) and discovery (heuristics). Valuing storytelling and discovery through authentic listening can extend insights into the life and work of practitioners and providers and patients or clients alike.

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Susan Shaw has a broad background in health and education. She has held a range of practice and leadership roles, most recently as an Associate Dean in a large Faculty of Health at a university. She has experience in various clinical settings and a special interest in palliative and end of life care. Susan has consulted on initiatives, both locally and internationally, across a variety of fields including complementary and traditional healthcare. Her doctorate focussed on chronic pain management and her most recent research has investigated opportunities for education and policy innovations to enhance the health and disability workforce. She has taken up a role in clinical governance in the private sector where she can engage her passion about organisational culture and particularly the interface between professional practice and the lived experience of those accessing services.

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