Researching relational practice using the Voice Centred Relational Approach

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Abstract

The Voice Centred Relational Approach is a qualitative methodology which focuses on the voices (the stories and perspectives) within participant narratives. While it has been increasingly used since the 1990's, there has been relatively little attention paid to the theoretical framework underpinning this methodology, and how this might be enacted within, or influence the research process, with some authors considering it implicit. A core feature of the Voice Centred Relational Approach is the use of the Listening Guide as a primary analysis method, commonly used within interview data. Drawing on our research of engagement practices in stroke rehabilitation, we demonstrate how a theoretical framework can be enacted within the research process, from entering the field to dissemination. We detail how we adapted the Listening Guide for use with in a longitudinal observational study of practice. Finally, 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 to the Voice Centred Relational Approach

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" (Brown & Gilligan, 1993, p. 15), that an individual might experience multiple, sometimes contradictory ways of thinking about and understanding situations and concepts (Brown & Gilligan, 1993). In this approach, how a person speaks (and indeed, does *not* speak of themselves), their experiences and the relationships within their talk provides insight into their perceptions and experiences (Brown et al., 1991; Brown & Gilligan, 1993; Mauthner & Doucet, 2003). Gilligan and Brown (1991) considered a person's voice to be influenced, and potentially silenced by the contexts surrounding the individual, such as societal and cultural frameworks.

To become attuned to the multiplicity of voices within a person's narrative, they developed a four-staged Listening Guide which involves undertaking four sequential readings (or 'Listenings'[2]) to attend to the different voices and how they developed (Brown et al., 1991; Brown & Gilligan, 1991; Gilligan, Spencer, Weinberg, & Bertsch, 2005; Hamer, 1999). This is a flexible tool customised to the

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

researcher's theoretical perspective and research question (Gilligan et al., 2005; Mauthner & Doucet, 1998; Sorsoli & Tolman, 2008). The first reading of data focuses on the broad story and context evident within the narrative while simultaneously considering the researcher's own response to this story. The second reading focuses on how the person speaks of themselves and the voices within the narrative. The third and fourth readings are where methodological diversity and analytic flexibility become apparent. Mauthner and Doucet (1998; 2002, 2008; 1998) consistently read for relationships (third reading) and social contexts (reading four), linking "micro-narratives and macro-level structures and processes" (Doucet & Mauthner, 2008, p. 406). In contrast, Brown and Gilligan (1992) commonly focused on voices of care and justice, informed by earlier research which indicated these voices were consistently present in stories of moral development (Brown et al., 1991; Gilligan et al., 2005), and by two different moral theories, those of care and justice. These examples demonstrate how the Voice Centred Relational Approach, through the use of the Listening Guide as the primary analytic tool, functions as a research *framework* rather than being a fixed prescription for how research must occur.

The Voice Centred Relational Approach has been positioned within a number of theoretical perspectives – feminist standpoint theory, literary, narrative and relational theories to name a few (Brown et al., 1991; Brown & Gilligan, 1993; Gilligan et al., 2005; Mauthner & Doucet, 1998; Sorsoli & Tolman, 2008). However, the ontological and epistemological underpinnings of the approach have predominantly been implicit (Mauthner & Doucet, 2003), with little attention to how these are enacted within, or influence, the research process (Doucet, 1998). Indeed, these authors have suggested ontology, epistemology and theoretical perspectives are considered so closely entwined that each component is rarely discussed separately (Doucet & Mauthner, 2002; Mauthner & Doucet, 2003), although it has been situated within a relational ontology, social constructionism and symbolic interaction (Doucet, 1998; Doucet & Mauthner, 2002; Mauthner & Doucet, 1998). While this entanglement is not unusual, it can make it challenging for researchers who are new to the methodology to grapple with the theoretical framework which underpins it. While researchers have attended to different approaches to using the Listening Guide and i-poems in research (e.g. Edwards & Weller, 2012; Nind & Vinha, 2016; Petrovic, Lordly, Brigham, & Delaney, 2015), less attention has been paid to the Voice Centre Relational Approach as a methodology or research framework, and its underlying theoretical framework.

Context of this research

The context for the methodological exploration in this paper was a study exploring how rehabilitation practitioners engaged people experiencing communication disability after stroke. The focus of the study was the process of engagement, and in particular, how the practitioner worked to engage the person with stroke. This research built on two previous studies. The first, a conceptual review, proposed engagement was a co-constructed process and state (Bright, Kayes, Worrall, & McPherson, 2015). The process of engagement was strongly influenced through the practitioner's actions. The second was an interview-based study of engagement with people experiencing communication disability and rehabilitation practitioners. However, there was limited information about exactly *how* the practitioner facilitated engagement in either study. This observational study was undertaken to develop rich, detailed descriptions of engagement practices, ways of working undertaken to facilitate engagement. We explored the engagement practices of 28 rehabilitation practitioners by studying their interactions with three people experiencing communication disability throughout four separate episodes of rehabilitation, each lasting between two and 14 weeks. The study was based in inpatient and community stroke rehabilitation services.

Explicating and applying the theoretical framework in observational research

Within the Voice Centred Relational Approach, ontology, epistemology and theoretical perspectives are considered so closely entwined that each component is rarely discussed separately (Doucet & Mauthner, 2002; Mauthner & Doucet, 2003) and has been described as implicit (Mauthner & Doucet, 2003) . I refer to these, when combined, as the theoretical framework. Within this section, we will explicate the key components of the theoretical framework and demonstrate how we applied them in this study of engagement practices.

Relational ontology

The Voice Centred Relational Approach is based on a relational ontology (theory of being) (Doucet, 1998; Doucet & Mauthner, 2002; Mauthner & Doucet, 1998). Relational ontology holds that humans exist within relationship, embedded in interdependent intimate and large social relations (Mauthner & Doucet, 1998; Tronto, 1995). Relationships form the basis of how we conceptualise ourselves, with the 'self' being seen as entwined with relationships with others and the cultures surrounding us (Gilligan et al., 2005). A relational ontology results in relationship being valued throughout the research process. Within a Voice Centred Relational Approach, the researcher is considered in relationship with the participants not simply during data collection but also throughout the research process. For instance, Brown and colleagues (1991) argued analysis is a relational act. The Voice Centred Relational Approach focuses on relational aspects of the phenomenon under consideration, closely attending to multiple forms of relationship: those within the data; between the voices in data; between the participant and those around them; and with the contexts in which they live (Doucet, 1998; Doucet & Mauthner, 2002; Mauthner & Doucet, 1998, 2003). As a result, Voice Centred Relational research has been described as having a "relational filter" (Doucet & Mauthner, 2002, p. 12) which involves reading for relationship in the data, prioritising relational issues within analysis, resulting in a relational interpretation. The relational ontology appeared consistent with our early work on engagement (Bright et al., 2015), which highlighted relationship appeared crucial in engagement but there had been limited research exploring these relational processes. This methodology and its emphasis on relationship was considered a useful tool in opening up understandings of relational aspects of engagement.

Social constructionism

Within a Voice Centred Relational Approach, knowledge is viewed as socially constructed. People are embedded within larger social relations; the knowledges participants hold are situated and constructed in interaction with social and cultural frameworks that surround them (Berger & Luckmann, 1967; Gergen, 1985; Gilligan et al., 2005; Mauthner & Doucet, 1998). Knowledges are contextual and multi-layered (Mauthner & Doucet, 2003), reflecting multiple constructed realities (Berger & Luckmann, 1967). Research knowledge is considered developmental, partial and situated in the context in which it was constructed between the researcher and participant/s (Berger & Luckmann, 1967; Mauthner & Doucet, 2003). Participants are only ever partially known (Berger & Luckmann, 1967; Mauthner & Doucet, 2003); arguably it is not possible to claim to know the participant and their lived experience, instead only being able to "grasp something of their articulated experience and subjectivity" (Mauthner & Doucet, 2003, p. 423). The researcher themselves is socially located (Doucet, 1998; Mauthner & Doucet, 2003). Doucet (1998) stated this influences how researchers "'see' and 'hear' the individuals [and] how we construct theory from

their words, experiences and lives" (p. 54). The researcher actively constructs knowledge by attending to particular voices in the data (Doucet & Mauthner, 2002). They are in relationship with participants through data collection and analysis as they engage with the voices in the data. The relationship, recognised or not, continues in dissemination as the researcher shares findings and discusses the voices. Doucet and Mauthner (2002) described knowledge construction as responsive and relational, reflecting the relational ontology of the research and demonstrating how ontology and epistemology are closely entwined.

Symbolic interactionism

While Mauthner and Doucet (1998) stated the Voice Centred Relational "is firmly rooted … in a symbolic interactionist tradition" (p. 27), there has been limited discussion of *how* this perspective underpins the approach. Symbolic interactionism consists of three core premises: we act toward things based on the meaning objects have for us; this meaning comes from social interaction; and we modify these meanings through an internal interpretive process (Blumer, 1969). It views people as active contributors to meaning-making (Charon, 2010). Charon argued that to understand human action, we need to look beyond the action to consider how social interaction impacts on meaning-making, how we think (the process of interacting with the self), and how we define the situations we are in. The self is a socially constructed thinking 'object' that an individual attends to and acts toward; it can be named, imagined, visualised, talked about and acted toward (Hewitt & Shulman, 2011). We suggest symbolic interactionism and the Voice Centred Relational Approach appear to particularly converge in their focus on the self and on relationships, and in the understanding that objects (e.g. people) and meanings are socially located. These influence what is attended to within analysis, particularly when using the Listening Guide consistent with Mauthner and Doucet's (2008; 1998) approach. For example, the 'self' (Blumer, 1969) is a central component of meaning-making attended to in analysis. People's meaning becomes evident in how they speak of themselves, their reflections and decision-making (Gilligan et al., 2005; Mauthner & Doucet, 1998). Accordingly, the Listening Guide can support the researcher to closely attend to the self by focusing on voices within the participant's narratives, considering how a person sees and presents themselves, the meanings they hold and how these developed (Brown et al., 1991; Hewitt & Shulman, 2011; Mauthner & Doucet, 1998). Action emerges from meaning and also modifies meaning (Blumer, 1969). Attending to how people speak of themselves in action, understanding fluidity and how voices change in different situations are all parts of a Voice Centred Relational analysis (Gilligan et al., 2005).

The Listening Guide prompts a consistent focus on relationship, attending to how people talk of themselves and others within relationship, and how meaning arises from and is shared within relationship (Mauthner & Doucet, 1998, 2003). Relationships are considered a key context in which people construct meaning (Gilligan et al., 2005; Sorsoli & Tolman, 2008). This is similar to 'social interaction' (Blumer, 1969; Charon, 2010) where actors (which includes people and institutions or services) are seen to "take one another into account, symbolically communicate to one another and interpret each other's actions" (Charon, 2010, p. 138). 'Social interaction' reflects an on-going process of symbolic communication, interpretation, meaning-making and action. 'Social interaction' is also evident in the perspective that people are socially located, something considered in reading four of the Listening Guide, as described by Mauthner and Doucet (2008; 1998). Incorporating symbolic interactionism into analysis prompts the researcher to consider the person and meaning-making within their social location. It requires attention to the social context and how this might influence the voices within a person's narratives. It prompts questions such as 'what meanings are shared or present within the voices?' and 'how did these voices come about?' (Mauthner & Doucet,

2003), and 'how might a person's social location relate to how people talk of themselves and others?' (Mauthner & Doucet, 1998). These connections demonstrate cohesion and coherence between the Voice Centred Relational Approach and symbolic interactionism.
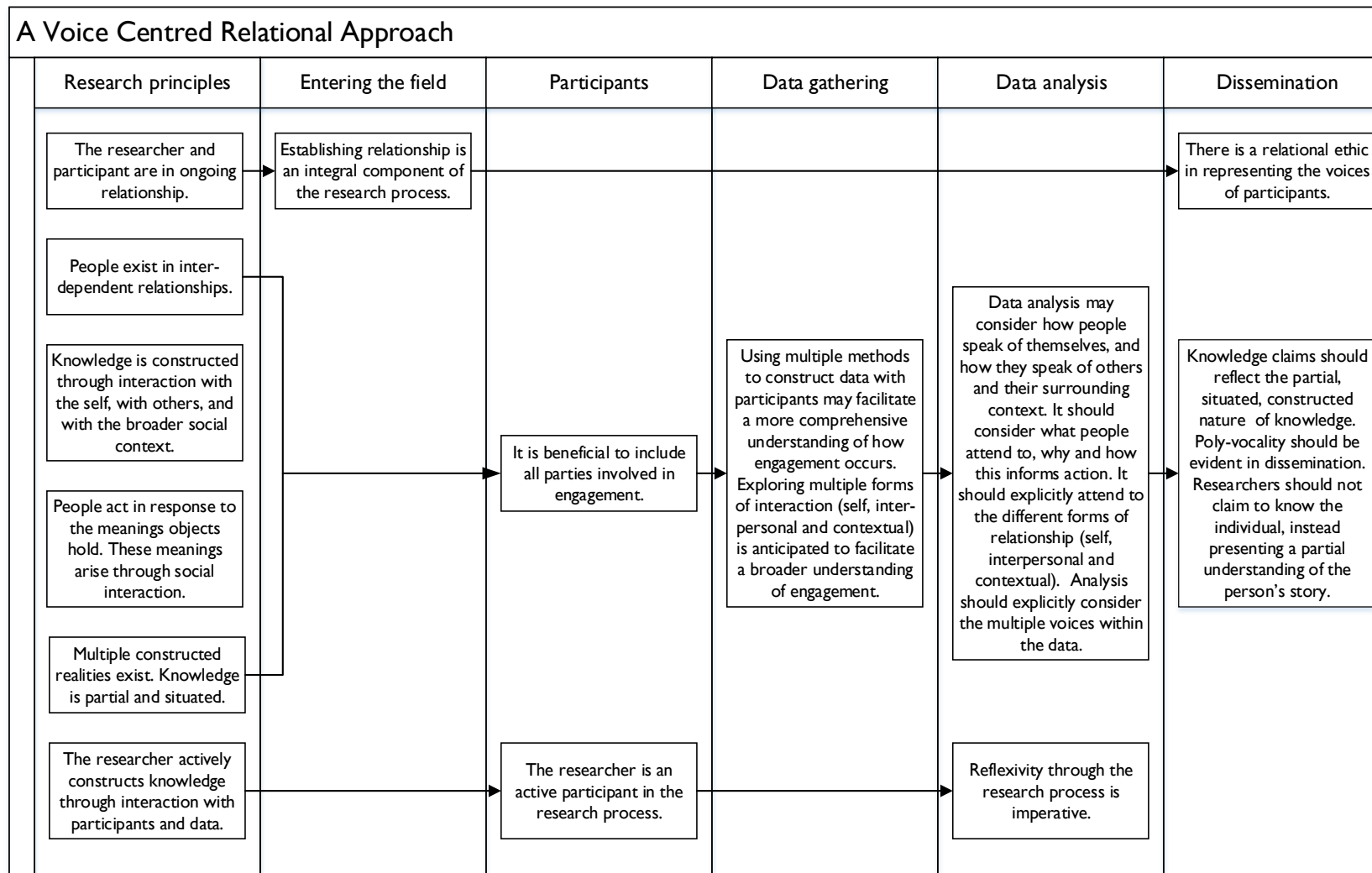
Applying the Voice Centred Relational Approach
Central principles from the underlying theoretical framework were applied at different "decision junctures" (Koro-Ljundberg, Yendol-Hoppey, Smith, & Hayes, 2009, p. 688) in the research process, thus providing a "map of action" (Crotty, 1998, p. 7) for the longitudinal, observational study of engagement. These principles included:

- The researcher and participants are in an on-going relationship throughout the research process.
- People exist in inter-dependent relationships, relationships with themselves, with others and with their context.
- Knowledge is constructed through interaction with the self, with others and with the broader context the individual researcher and participant/s are located in.
- People act in response to the meanings objects hold; these meanings are constructed through social interaction and can be ever-changing.
- Multiple constructed realities exist. Accordingly, knowledge is multi-layered and never complete. It is always partial and situated within the context it is constructed in.

This map of action formed the framework for the subsequent research, as summarised in Figure 1.

Figure 1. Integrating methodological framework into the study design

A Voice Centred Relational Approach					
Research principles	Entering the field	Participants	Data gathering	Data analysis	Dissemination
The researcher and participant are in ongoing relationship.	Establishing relationship is an integral component of the research process.				There is a relational ethic in representing the voices of participants.
People exist in inter-dependent relationships.					
Knowledge is constructed through interaction with the self, with others, and with the broader social context.		It is beneficial to include all parties involved in engagement.	Using multiple methods to construct data with participants may facilitate a more comprehensive understanding of how engagement occurs. Exploring multiple forms of interaction (self, inter-personal and contextual) is anticipated to facilitate a broader understanding of engagement.	Data analysis may consider how people speak of themselves, and how they speak of others and their surrounding context. It should consider what people attend to, why and how this informs action. It should explicitly attend to the different forms of relationship (self, interpersonal and contextual). Analysis should explicitly consider the multiple voices within the data.	Knowledge claims should reflect the partial, situated, constructed nature of knowledge. Poly-vocality should be evident in dissemination. Researchers should not claim to know the individual, instead presenting a partial understanding of the person's story.
People act in response to the meanings objects hold. These meanings arise through social interaction.					
Multiple constructed realities exist. Knowledge is partial and situated.					
The researcher actively constructs knowledge through interaction with participants and data.		The researcher is an active participant in the research process.		Reflexivity through the research process is imperative.	

Entering the field: The researcher in relationship with the participants

The theoretical framework prompted explicit attention to the relationship between the participants and research. These relationships were integral throughout this research and influenced how I entered the field, seeking to develop relationships prior to collecting data through a process of *whakawhanaungatanga*[3], "allowing time and space to establish relationships" (Jones, Crengle, & McCreanor, 2006, p. 70) through informal interactions and sharing information and knowledge. This involves spending time with participants, meeting them multiple times before completing consent, attending to the relationship during data collection by spending time talking with them and their families outside periods of data collection, and sharing some information about myself. While important for engaging people in clinical services (Drury & Munro, 2008), social constructionist researchers have suggested relationship facilitates open communication between parties throughout the research process (Jankowski, Clark, & Ivey, 2000; Morrow, 2005). Carol Gilligan commented the voices of individuals are very responsive to the outside world, that a tense research situation or relationship could constrain or flatten participant voices (Hamer, 1999). The research process is a "relational encounter" (Kiegelmann, 2009, p. 6) with the researcher an active participant in the process (Gilligan et al., 2005). Creating an environment where participants felt comfortable sharing their experiences (Jankowski et al., 2000; Latimer, 2008) could enable a deeper, more nuanced understanding of their experiences (Charon, 2010). In a sense, this reflected a process of engaging research participants in the research process before then studying how they engaged in their rehabilitation, reflecting an view that develop[ping relationships helped create a relational research environment which might facilitate communication and understanding of people's experiences (Jankowski et al., 2000; Latimer, 2000; Morrow, 2005).

Recruitment and sampling: Determining who are participants

Viewing people as existing in inter-dependent relationships prompted me to recruit people experiencing communication disability *and* their rehabilitation practitioners. A relational ontology considers people are entwined in relationship (Mauthner & Doucet, 1998; Tronto, 1995) , therefore considering the relationship was important. Social constructionism and symbolic interactionism prompted consideration of how people acted together and separately as well as how they made meaning, interpretations and decisions about engagement based on their interactions within each person and between themselves (Berger & Luckmann, 1967; Blumer, 1969; Charon, 2010; Gergen, 1985). Additionally, the vast majority of engagement research has focused on perspectives of practitioners *or* patients (Bright et al., 2015) rather than incorporating the perspectives of patients *and* practitioners, and there has been limited exploration of relational aspects of engagement. Accordingly, patients, their families *and* rehabilitation practitioners were recruited as participants. Data were gathered from patient-practitioner dyads (i.e. pairings of consenting patients and consenting practitioners), although interviews were completed separately with each individual member of the dyad.

Data gathering: Co-constructing knowledge with participants

Blumer (1969) stated direct examination of the participant's world is essential to understand how they make meaning and act. He suggested researchers may use any "ethically allowable principle" (p. 41) that might give a clearer understanding of what is happening. This study combined multiple

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[3] *Whakawhanaungatanga* is a Māori term defined as allowing time and space to establish relationships" (Jones, Crengle, & McCreanor, 2006, p. 70).

data collection methods, facilitating crystallization (Ellingson, 2009). Each method of data collection enabled subtly different ways of eliciting and considering how people acted, how they constructed meaning and how they acted in relationship with others (Blumer, 1969; Charon, 2010; Mauthner & Doucet, 1998; Tronto, 1995). Collecting different forms of data allowed consideration of both talk-about-action (in interviews and stimulated recall sessions) and talk-in-action (in observations of interactions) helped highlight the tensions and complexities inherent in engagement. It also highlighted poly-vocality, the different voices and perspectives within a person's way of working and talking about working (Gilligan et al., 2005; Mauthner & Doucet, 1998) . Participant observation, stimulated recall, and informal and formal interviews with both parties were used to explore how rehabilitation practitioners engaged people experiencing communication disability in stroke rehabilitation.

Observing interactions allowed for examination and detailed description of actions. The data collected from observations also enabled consideration of how participants constructed meaning within interactions, what behaviours they attended to and acted on, what roles they took and what actions accomplished (Blumer, 1969; Charon, 2010). The observations enabled a focus on the relational aspects of engagement, in particular, relationships between participants within each dyad, and between participants and their context (Doucet, 1998; Doucet & Mauthner, 2002; Mauthner & Doucet, 1998, 2003). Observing people within their real-life situations gave some insight into the social and cultural frameworks surrounding and influencing them (Gilligan et al., 2005; Mauthner & Doucet, 1998). In total, 147 hours of observation occurred, with an average of five observations completed with each consenting patient-provider dyad. While observing interactions, my role was slightly removed, not initiating conversation but responding in a socially and contextually appropriate way (Davidson, Howe, Worrall, Hickson, & Togher, 2008). This reflected that research was relational. However, this relationship was balanced by the need to have minimal influence on the interaction and the developing relationship between members of the dyad.

Stimulated recall is a method of eliciting the reasoning and thinking that underpinned action (Gass & Mackey, 2000). External stimulus (in this case, videos of interactions between the patient and practitioner) provided the stimulus or reference point for the interview. These interviews were conducted with four rehabilitation practitioners but only one dyad (patient and practitioner, separately), a total of give interviews. Stimulated recall interviews allowed for close examination of what patient and practitioner participants perceived as critical in the process of engagement. Eliciting participants' thought processes and feelings using this approach (Coleman & Murphy, 1999; Gass & Mackey, 2000; Saba et al., 2006) provided insight into the objects people attended to, how they interpreted them and how they responded (Blumer, 1969; Charon, 2010; Gilligan et al., 2005; Mauthner & Doucet, 1998). Interviews explored each participant's experiences and perceptions of engagement, enabling in-depth exploration of knowledge development (Berger & Luckmann, 1967), meaning-making and action (Charon, 2010) and structures influencing rehabilitation (Gergen & Gergen, 2007).

Analysing data: Constructing knowledge(s) and understanding(s)
Data analysis was an iterative process. Analysis occurred at different levels: *within* data from each patient-practitioner dyad and *across* all participants. The Voice Centred Relational Approach is an analytic framework, offering a flexible, principle-based approach to analysis (Gilligan et al., 2005; Kiegelmann, 2009; Mauthner & Doucet, 1998). Both the Voice Centred Relational Approach and the Listening Guide have been used with relatively small sets of interview-based data. There has been little (if any) research applying this approach in large data sets with multiple data sources. The

Listening Guide was the primary method of analysis throughout this research (see Table One). Initial analysis focused on the first 12 patient-practitioner dyads recruited into the study.

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 are the emotions, reflections, opinions, actions, intentions within the stories? 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 within the context of the stories? 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?

Analysis of the first 12 dyads

The first reading of each dataset involved attending closely to the stories in the data and my own response to these, asking 'what is going on here?'(Mauthner & Doucet, 1998). Attending to the researcher's response makes their role in constructing knowledge explicit; this reflects the view that the researcher is in relationship with the participant and the data, and that their own social location influences how they construct the data (Doucet, 1998; Doucet & Mauthner, 2002; Mauthner & Doucet, 1998, 2003), consistent with the perspective that analysis is a relational act (Brown et al.,

1991). 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 can't help but attend to how the practitioners seem to have power and expert knowledge. I wonder where Barbara'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".

These memos documented areas such as similarities and differences across the dataset; what practitioners *did* with patients (talk-in-action) and how they talked about what they did (talk-about-action); and practitioner talk and action in different contexts, such as with the patient, in team meetings or in family meetings. Analysis focused on the practitioner and the patient's response to them and their actions, reflecting the study's overall focus on understanding how rehabilitation practitioners engaged people experiencing communication disability.

The remaining readings of the Listening Guide were then used with selected data (Mauthner & Doucet, 1998), selected for reasons such as it appeared to offer particular insight into engagement, there were a range of data sources for an interaction, or 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 poly-vocality within the data facilitated consideration of multiple realities (Gergen & Gergen, 2007) and multiple perspectives (Gilligan et al., 2005; Mauthner & Doucet, 1998) as evident in these two i-poems, one taken from an interaction between Betty (patient) and Mike (doctor), and one taken from an interview with Mike:

> If you keep making progress, it won't be long
> We'd like all of the team to assess you
> Then we'll meet with the family and the medical team and the disciplines
> Then we'll make a plan

> All you can do is give her the options and the information
> You have to respect her wishes
> All we can do is give her the information
> It's important to go with what she thinks is right
> Ultimately it's her decision
> Let her try and make a decision

These two contrasting i-poems depict voices of power and control in his talk with Betty, and responsive, patient-centred voices in his interview. These i-poems highlighted the voices of participants, capturing how they positioned themselves in relation to others. Within the analysis, attending to body language and tone of voice prompted consideration of how people spoke of themselves in talk and in action. Analysis attended to how people spoke about themselves.

The third and fourth readings were informed by the theoretical framework and Mauthner and Doucet's research (1998; 2002, 2008; 1998). The third reading focused on how the person spoke of the 'other' (people in their environment), relationship, and in particular, relationship between themselves and others in their environment. This reflected the relational ontology underpinning the study as well as the position that knowledges are socially constructed through interaction (Berger & Luckmann, 1967; Blumer, 1969; Gergen & Gergen, 2007). 'Other-poems' (poems Centred around the personal pronouns used to refer to others and the relationship between the dyad) were created to explore how people spoke of the other, as evident in one poem constructed from a patient participant's description of staff who he struggled to engage with:

> They scurry over and turn me
> They walk away not even putting the bed rails up
> I have to ask them to do it
> They don't want to talk
> I think they feel awkward because I can't talk back
> They've not even tried

Analysis considered how participants spoke (and didn't speak) of the 'other' and of relationships in both their verbal and non-verbal action. This reading considered who was present and included in interactions, whose opinions appeared to hold weight or who was silenced.

The fourth and final reading focused on focused on the socio-cultural context, considering interactions between individuals and their context (Blumer, 1969), asking what appeared to be taken-for-granted and how this came to be, what were dominant ways of working, and what was privileged and why this was, informed by Latimer's (2000, 2008) critical constructionism. Analysis considered how contextual factors were evident in, and appeared to influence practitioners' ways of working. This included considering how profession-based and organisational structures and the physical environment were evident in practitioner and patient talk, action and meaning-making.

The analysis from these readings were then incorporated into the original memo, a record of the developing analysis[4]:

> **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**".** *In this, Mike positions himself as an empathiser, but not a negotiator (e.g. 'it's part of the deal I'm afraid),* and Betty as someone who is expected to go with the flow. **The rehabilitation process dominates, with talk of assessments, meetings and pans**. THE REHAB PROCESS IS ALMOST AN ENTITY OF ITS OWN. REHABILITATION IS ABOUT ASSESSMENT; WHAT IS NOT CLEAR IS WHAT IS BEING ASSESSED AND WHAT THE BENCHMARK OR TARGET IS – IT ALL FEELS VERY NEBULOUS AND NON-NEGOTIABLE. THE LANGUAGE USED IS THE SYSTEM'S LANGUAGE – THE "MDT"; the patient is relatively silent, especially when Mike talks of the meeting: "we'll all meet with the family and the medical team and the disciplines and then we'll try and make a plan". Is she included in the "we"? It is all about her after all – Betty is positioned as having responsibility for the decision about going home – responsibility in the terms of 'If you keep making progress, it won't be long'. If she wants to go home, she needs to progress. It is interesting

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[4] 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. Underlined words contain hyperlinks which link to the original transcript.

Within each memo, I also reflected on the research aims, asking 'how do rehabilitation practitioners engage people experiencing communication disability in stroke rehabilitation?' summarising how practitioners' worked, how and why they worked as they did and what this accomplished, and started to explore the engagement practices evident within the data. This analytic memo then formed the basis for analysis across participants. Comparing and contrasting voices of participants over the course of rehabilitation, often using i-poems, highlighted the relational and co-constructed nature of engagement and disengagement in rehabilitation:

I hate [therapy]
(i-poem, patient participant, informal interview, week one)

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

Hate it, didn't want to try
If she'd backed off
I'm just tolerating it
Feeling negative
(i-poem, patient participant, informal interview, week four)

I didn't want to come back after Easter
It's just been too hard
He's not engaged
He's not enjoying it
I'm not sure what to do
(i-poem, practitioner participant, informal interview, week four)

I'm achieving
I'm rapt
It's magic
I'm finally feeling positive
Now, now it's good
(i-poem, patient participant, informal interview, week eight)

It's such a nice feeling
He was so interested to talk to me
It was so natural, so nice
My engagement is a lot easier
I can feel the success
I can see the change, the progression
I feel that what we're doing makes a difference

So I feel more engaged
(i-poem, practitioner participant, informal interview, week eight)

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 initially four behaviours appeared to be used when practitioners were working to facilitate engagement, over the course of analysis, understandings of how practitioners worked were challenged, developed and modified. Memos and mindmaps captured the emerging analysis.

Analysis of subsequent dyads

Subsequent dyads were analysed in two groups. The first group of eight dyads were chosen based on my 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, nuanced understandings of how practitioners worked to engage the patient in stroke rehabilitation. Mindmaps were used to visually represent relationships between actions, and between ways of thinking and acting. Data from the final eight dyads were primarily used for constant comparison. In several instances, the dyads had small amounts of data (for instance, one had one three-minute interaction between the dyad followed by one ten-minute interview with the practitioner). Datasets were reviewed and brief notes were taken. These focused on the Listening Guide questions of 'what is happening here?', 'how do they speak of themselves?', 'how do they speak of others and of relationships?' and 'how do they speak of the context?'. These summaries were then compared with the analysis completed to that point. While the new data did not identify any new ways of working, most resulted in detail being added to the existing ways of working.

Presenting findings

Participants' perspectives are embedded throughout the research findings. This was done in part to ensure that the participant's voice was not dominated by my own voice, a key principle in presenting research in a Voice Centred Relational Approach (Mauthner & Doucet, 1998). It can be difficult for people experiencing communication disability to be heard in research and practice (e.g. Parr, Byng, Gilpin, & Ireland, 1997); representing their perspectives was a personal ethical concern. The findings represent similarities and differences within and across participants, aiming to capture and represent poly-vocality, the multiple voices within an individual's stories (Brown et al., 1991; Brown & Gilligan, 1992; Gergen & Gergen, 2007; Gilligan et al., 2005; Mauthner & Doucet, 1998). Techniques such as i-poems and presenting contrasting voices highlight the different voices (Edwards & Weller, 2012; Gergen & Gergen, 2007; Mauthner & Doucet, 1998), helping us "hear *more* of [the participants'] voices and understand *more* of their perspective" (Mauthner & Doucet, 1998, p. 26), and helping understand how these came about and how they impact on action Informal feedback when we present findings suggests i-poems are a powerful tool in helping people attend to the voices and the experiences of people, similar to Nina & Vinha's (2015) reflections that i-poems a useful tool in provoking transformative dialogue with focus group participants. This demonstrates

how analysis can facilitate, and indeed be a form of dissemination, and can help draw listeners into relationship with the participants and their experiences.

Conclusion

Our research proposed that engagement is inherently a relational practice, occurring within and because of the relationship between the patient and practitioner. Practitioners who enacted this practice valued and prioritised relational work, consistently and coherently weaving together relational work, communication, technical disciplinary-based work, and rehabilitation tasks. The analytic techniques in the Voice Centred Relational Approach, particularly the Listening Guide and i-poems, helped identify core components of relational engagement practices. Foregrounding relationships throughout the research process, from design to methods to dissemination, facilitated close examination of relational aspects of practice. Of course, this may be considered a limitation of the research. The relational approach to research likely contributed to the strong relational findings. This does not mean that the findings are not valid, however, it should prompt a tentativeness about them. The relational nature of engagement is *one* aspect of engagement and appears important for many but not all people experiencing communication disability. However, this methodology could be of interest to those who wish to explicitly explore relational practices in healthcare, and other contexts.

This research has advanced methodological knowledge in two ways, making the *methodology* of the Voice Centred Relational Approach explicit, and detailing how this approach can be used with large datasets. While the Voice Centred Relational Approach is an established research approach, the methodology and theoretical framework that underpins the research has commonly been implicit (Mauthner & Doucet, 2003) despite these being essential in developing and implementing research methodology (Crotty, 1998). This study has explicated the theoretical underpinnings of the Voice Centred Relational Approach and shown how they directly informed how the research was planned and proceeded. This is likely to be of use to those considering and/or utilising this approach in the future.

The Voice Centred Relational Approach has primarily, but not exclusively been utilised with relatively small set of interview-derived data. The large number of datasets and multiple forms of data in this study posed some challenges as there was a lack of specific guidance on *how* to enact this approach in a robust, methodical manner. Modifying the process to intentionally capture and compare verbal and non-verbal communication, and to compare action, talk-in-action and talk-about-action enabled close examination of practice and facilitated crystallisation. Applying this methodology to observational research helped develop rich, nuanced understandings of practice, enhancing and extending findings from interview-based research. It highlighted the tensions and complexities in practice. As such, this methodology appears to be useful in examining practice. Within this study, the emphasis on meaning-making, action and interaction facilitated consideration of why people act as they do with regard to engagement, moving beyond simply describing *what* they do. This has opened up in-depth, nuanced, and clinically relevant understandings of engagement. Detailing *how* this methodology was applied will be useful for those conducting observational research in the future. Using the theoretical underpinnings of the Voice Centred Relational Approach to develop a robust analytic process for the data has strengthened the analysis, provided nuanced insight into engagement practices, and has contributed to methodological development.

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