

16 The Voice Centred Relational Approach in communication disorders research

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What is the Voice Centred Relational Approach?

The Voice Centred Relational Approach (VCRA) is a qualitative methodology developed in the 1980s by feminist researchers including Mikel Brown and Gilligan (Gilligan, 1982; Mikel Brown, Debold, Tappen, & Gilligan, 1991; Mikel Brown & Gilligan, 1991, 1992). It explores the different voices (stories or perspectives) within data, taking the view that there are multiple voices within a person's narrative. For example, if you interviewed someone about being a speech and language therapist, you might hear multiple voices (stories) within their responses: for instance, a biomedical voice when they talk of dysphagia management; a frustrated voice when talking of services they would like to but cannot offer; an expert voice when talking of areas they are skilled in; and a reflective voice when thinking critically about their practice. Understanding these voices, how and when they arise, and how they interact can give nuanced insight into a phenomenon and is the focus of a voice-centred analysis. The VCRA recognizes that some people's voices are often unheard in research. This includes women's voices (Mikel Brown & Gilligan, 1991, p.934) and, we suggest, the voices of those experiencing communication disability. Listening for what is not said and who is not talked of can give rich insights into the experiences of people with communication disability. It considers that researchers are in a relationship with the participants and data through the analysis process. Use of a Listening Guide (LG), the key analytic method, prompts the researcher to listen closely to the different voices and those which are often unheard (Mikel Brown & Gilligan, 1991; Sorsoli & Tolman, 2008). It is fundamentally a collaborative, relational method. It provides a degree of structure in analyzing

narratives and stories although its flexibility allows researchers to customize the research process to their particular theoretical frameworks and research questions. A VCRA analysis does not try to produce one tidy account of a phenomenon. Instead, it embraces the different and sometimes contradictory experiences and perspectives people have, believing these help provide rich understandings of everyday life. The VCRA is particularly useful if a researcher is interested in exploring relationships (between people or between ideas/concepts) and wants to explore complexities or tensions.

In this chapter, we first introduce the relational ontology central to this approach before focusing on the analytic process associated with the VCRA, the Listening Guide. While we provide a summary of theory and methodology below, we also refer readers to more detailed discussions in the literature (e.g., Bright, Kayes, Worrall, & McPherson, 2018; Doucet & Mauthner, 2002; Gilligan & Eddy, 2017; Gilligan, Spencer, Weinberg, & Bertsch, 2003; Mauthner & Doucet, 1998; Mikel Brown & Gilligan, 1991).

A relational ontology: The theory of the Voice Centred Relational Approach

The VCRA is underpinned by a relational ontology. This holds that relationships are a fundamental part of being, and that people and objects exist in relationship with each other. This makes VCRA a useful approach for exploring relationships. The relational ontology also prompts researchers to view themselves in relationship with participants and with the data. It influences how they interact throughout, and even beyond, the research process. It calls researchers to listen closely to the participant, to listen for what is said and unsaid in the participant's words and actions, listening for different voices and the relationships between the voices (Gilligan, 2015; Mikel Brown & Gilligan, 1991). It also requires the researcher to listen to their own response to the data and the voices that they identify. Mikel Brown and Gilligan (1991) describe this as "opening of self to other, creating ... an avenue to knowledge" (p.47). There is no pretence of objectivity, but instead a reflexive embracing of relationships and research in which the researcher is an active participant holding responsibility for ethical relationships with participants (Mikel Brown & Gilligan, 1991).

Listening Guide

The Listening Guide (LG) is the primary analytic method of the VCRA. The

LG, and its analytical strengths, was key to us both selecting the VCRA as our methodology for our PhDs. The LG analysis prompts researchers to attend to the “multiplicity of voices that speak within and around us, including voices that speak at the margins and those which in the absence of resonance or response, tend to be held in silence” (Gilligan & Eddy, 2017, p.76). It requires and helps researchers attend to the voices of the participant(s) and the interplay between these voices, to the relationship between the participant and researcher, and to the cultural setting which surrounds the participant and influences the participant’s voices (Mikel Brown & Gilligan, 1991). While traditionally used with interview data, as long as there is a first-person voice the LG can be used with a range of data sources including written texts, speeches, and focus groups (Bright, Cummins, Waterworth, Gibson, & Larmer, 2018a; Bright et al., 2018b; Gilligan & Eddy, 2017; Petrovic, Lordly, Brigham, & Delaney, 2015).

While the LG bears some similarities to other qualitative analytic approaches, including thematic analysis, it is designed to look beyond predominant themes to what may be unspoken and to attune to and analyze the dynamic nature of voices, considering how and why they may align (or not) (Gilligan & Eddy, 2017; Gilligan et al., 2003; Sorsoli & Tolman, 2008). Using the LG requires the researcher to actively engage in a series of four sequential ‘listensings’ of the data, with each listening focusing on a particular element designed to help the researcher develop a relationship with a person’s distinct and multilayered voice. The focus of each listening can be adapted to the needs of the study and its research questions (Gilligan et al., 2003) although there are two dominant approaches to the LG.

In each of these two approaches to the LG, Listensings One and Two are the same: (1) listening for the plot and the researcher’s response, and (2) listening for the self. We detail these below. In the third and fourth listensings, the researcher’s chosen theoretical perspective determines the focus of the listening. For this reason, we do not detail them in this section of the text. However, in our case studies, we demonstrate how we enacted these listensings, which sees the researchers listen for relationships and others in Listening Three, and for the social context in Listening Four (Bright et al., 2018; Mauthner & Doucet, 1998). Another approach sees researchers listen for specific voices in these last two readings. For instance, in their study of adolescent girls’ voices of moral development, Mikel Brown and colleagues (Mikel Brown et al., 1991) listened for voices of ‘care’ in Listening Three and voices of ‘justice’ in Listening Four. These voices were selected because of the theoretical underpinnings of their research. This highlights how the LG, and the VCRA more broadly, is

a research framework that can be modified in response to the specific study and its theoretical context (Bright et al., 2018b; Woodcock, 2016).

Listening One: Listening for the plot and for the researcher's response

In this first listening, the researcher attends to two things: (1) the story (stories) being told, and (2) their own response to these stories. This helps develop an understanding of people's experiences and sees the researcher move into a relationship with the data. The researcher might ask 'What is going on here?' When listening, the researcher might attend to the "recurring words, themes, events, chronology of events, protagonists, plot, subplots and key characters" (Doucet & Mauthner, 2008, p.405). They might note shifts in tone, absences, silences, changes in style (Mikel Brown & Gilligan, 1991). When listening to their own response, the researcher asks questions such as 'What is my response? How do I identify or distance myself from this story?' This helps facilitate reflexivity and helps the researcher examine their own assumptions and views which may influence their interpretation of the narrative and how they may then write about it (Doucet & Mauthner, 2008).

Listening Two: Listening for the self

The researcher listens for the voice(s) of the speaker to understand how they speak of themselves. It is a vital part of the relational approach. Tuning into another's voice "... is a way of coming into a relationship that works against distancing ourselves from the person in an objectifying way" (Gilligan et al., 2003, p.163). The researcher particularly focuses on statements containing the personal pronoun 'I', attending to how the participant speaks of themselves (Gilligan et al., 2003).

Constructing i-poems may be one part of the listening process. I-poems are a common, but not essential, part of the LG, and can help the researcher tune into the multiple voices of the participant. I-poems are constructed by the researcher, taking participant's statements using the pronoun 'I' and creating them into poetic form (see the case studies for examples). These can help highlight particular voices or can help the researcher tune into different voices which might be lost in a standard transcript. However, other pronouns can give interesting insight into voices, so researchers may include these. I-poems may be challenging if the participant omits pronouns (for example, due to

aphasia), and the researcher may need to insert these before constructing the i-poem. As well as being an analytic tool, i-poems can also be used to (re) present data. Some researchers have used them as a ‘trigger’ for focus groups (Nind & Vinha, 2014). When used in presenting findings, audience members have said the poems helped them engage with the material, making them think differently about how they themselves talked.

Rigour

Several of Tracy’s (2010) criteria (see Chapter 12) for qualitative research resonated well with the VCRA. For instance, she suggests poly-vocality (highlighting the multiple voices within the data, the very focus of the analysis) is one way of demonstrating credibility, ‘a counter’ to a more reductionist approach which might propose one way of thinking and knowing. Such an approach is also congruent with a social constructionist epistemology (Berger & Luckmann, 1967). When presenting the research, producing a multilayered, multivocal text brings these different voices to the fore (Bright, Kayes, Cummins, Worrall, & McPherson, 2017).

Crystallization is another component of Tracy’s approach, seeking to understand the phenomenon from different perspectives (Tracy, 2010). Crystallization promotes credibility by opening up different ways of viewing and understanding situations (Ellingson, 2009), providing “deepened, complex, thoroughly partial, understanding of the topic” (Richardson, 2000, p.934) to “construct a multi-faceted, more complicated and therefore more credible picture of the context” (Tracy, 2013, p.237).

Strengths and limitations of VCRA

Strengths

This approach facilitates deep interpretation of data. The LG is a flexible analytic tool that can be modified in response to the specific study, the research questions and theoretical context (Bright, Kayes, et al., 2018; Gilligan, 2015; Woodcock, 2016). It acknowledges the importance of relationships, relational research and an inclusive research process. It is therefore an appropriate analytical approach for communication disability research as it allows meaning making to be co-constructed between researcher and participant (and other communication partners), and helps the listener attend to the voices of those

who may struggle to have their voices heard. The LG specifically encourages the researcher to listen to their own voice and how they are positioned in their relationship with the participants and the data. The emphasis on researcher reflexivity, facilitated through Listening One, is a real strength of this approach, making the researcher's perspective, voice and influence in constructing data and findings explicit. This contributes to ethical and more mindful research. Finally, the focus on narrative and close listenings to voices (stories and perspectives) is applicable in clinical practice as well as to research. The series of listenings can help attune a therapist to relationships and voices in clinical practice (Gilligan, 2015; Gilligan & Eddy, 2017).

Limitations

Because the focus of the VCRA is on relationship, it therefore can only be used in research which acknowledges the research process as relational (Gilligan & Eddy, 2017). While not only applicable to the VCRA, data analysis can be time-consuming and “messy and confusing” (Mauthner & Doucet, 1998, p.122) but this is where we begin to learn from the data as we learn about the methodology. Reflexivity throughout the process requires close attention to the researcher's own responses during data gathering and analysis. While the outcome of the process is rich data, the process of reflexivity can at times be confronting as you closely examine your own thoughts and reactions.

How have we used the VCRA?

As we have shown, the VCRA can be used in many different contexts. In this chapter on the VCRA, we draw on our experience of using it in different contexts. Felicity, who researches rehabilitation and health education, has used it in several studies, including exploring professional practices in stroke rehabilitation, using data from interviews, focus groups and observations (see Case study 1 below) (Bright, 2016; Bright, Kayes, et al., 2017). Another study analyzed clinical records to explore how clinicians constructed the patient and themselves within clinical documentation (Bright, Brand, & Kayes, 2017). A third, informed by a critical approach (Gibson, 2016) analyzed student assignments to explore how students conceptualized ‘good communication’, trying to identify how such understandings came about (Bright, Cummins, et al., 2018). Maxine has used this approach with case studies of people with aphasia, analyzing self and identity through life story narratives (Bevin,

2005). The following two case studies demonstrate how the VCRA is a diverse methodology, useful with a range of questions and data sources.

Case studies

Felicity's case study gives a detailed account of theoretical grounding and the analytical process. Maxine provides another context for using the VCRA, discussing how she used it with people with aphasia. She presents an alternative approach to using the Listening Guide.

Case study 1 Engaging people experiencing communication disability in rehabilitation

Felicity Bright

My research explored patient engagement in stroke rehabilitation (Bright, 2016). This case study focuses on one aspect: practitioners' experiences of engaging people with aphasia. Data were constructed with 14 rehabilitation practitioners of different disciplines through individual interviews with four participants and two focus groups with ten practitioners. Data were analyzed using the LG.

Theoretical positioning

Before commencing data collection, I developed the theoretical framework. A social constructionist epistemology (Berger & Luckmann, 1967) holds that there are multiple realities and that knowledge is constructed through social interaction. This was congruent with the position that multiple voices can be evident in people's stories, and that these are influenced by people's social context (Gilligan, 2015; Mikel Brown & Gilligan, 1991). The LG prompted me to consider the different voices in the data (Listening Two of the LG) and how these came about (Listenings Two-Four of the LG). My research also drew on symbolic interactionism, a theory that requires attention toward objects (including other people), meaning-making, actions, and social interaction. I tailored the LG to help me attend to the different objects in the stories, the reported relationships and interactions, and people's interpretations and resultant actions.

A relational orientation throughout the research process

The relational nature of this research prompted me to closely attend to relationships in the data and in my interactions with participants. This relational ethic of care (Tracy, 2010) informed the whole research process from study design to dissemination. There was extensive consultation before starting the research. I prioritized my relationships with the participants, recognizing that the research involved close examination of practitioners' ways of working, as well as close attention to patient experiences at a challenging time in their lives. There was a process of *whakawhanaungatanga* (Māori word for getting to know each other and develop a connection) in the early stages of the research. The relationship was still important when discussing findings. I considered how the findings might be interpreted, seeking to be respectful and fair when describing interactions. This was helped by situating findings within the sociocultural location and the broader context of the participants and attending to 'why' people acted as they did, not simply describing their behaviour.

Data analysis

Interviews and focus groups were digitally recorded and transcribed verbatim. I familiarized myself with the material, taking notes about what 'jumped out' at me. I then moved to a structured data analysis process using the LG. In Listening One, I asked, "What is happening here?" and noted my responses. There were times when I had a strong reaction to the data, or the data reminded me of other data or literature. Recording this helped me consider how this could impact on and/or inform analysis. In Listening Two, I focused on the voices of the participants, asking 'How do they perceive and/or speak about themselves?'. A small section of this analysis is in Table 16.1.

I noted statements where they used a personal pronoun such as 'I' or 'you' (speaking of themselves in the third person). The latter often indicated they were talking about something with which they weren't completely comfortable. I created i-poems to explore the different voices. Looking closely at how people talked of themselves gave insight into how they viewed engagement, and what seemed to help (or hinder) their own engagement and their patient's engagement, as shown in Table 16.2.

The focus of the third and fourth listening was determined by the research question and the theoretical framework. The third listening focused on how

Table 16.1 Listeners one and two.

Data	Listening #1: The story	Listening #1: My response	Listening #2: I statements
<p>Interviewer Can you think of a patient you worked with who was involved but you wouldn't necessarily consider was engaged?</p> <p>Participant Someone who was not engaged. I wonder if the patients who are not engaged were the ones who are not so memorable because we are probably likely to discharge them sooner, to not have very satisfying sessions with them. I'm bound to have all manner of patients who were not engaged but I can't think of any. But there's one guy who comes to mind. He'd had a stroke, was in the acute stroke unit. And he had swallowing and communication problems but he also seemed to have no will to live and he wasn't engaged because he wasn't engaged with anyone – with family. He was involved because he was in the hospital bed and you couldn't have a rehab programme without him but I remember and going to say to the allied health leader that I was concerned about the man because he wasn't engaging with anyone or anything but in the sense wasn't even interacting. So that would be a pretty extreme version. He wasn't the one who comes along for a therapy session every week but you never feel like you've got them. But I can't think of anyone who came along every week but I never really felt I had them.</p>	<p>Disengaged patients – pushed out of memory 'we' are more likely to discharge them sooner; 'we' don't have satisfying sessions with them. Do we discharge b/c not satisfying or are they two sep things? We = speaking for speech therapy more broadly? We <i>discharge them</i> – discharge as an active verb. Dispel? Dismiss? Engagement as interaction – most basic form – human interaction Patient had switched off from life You've never got them/had them – those who attend but you haven't made sense of? Connected with? Haven't got them on board? Interpersonal or speaking as a professional – connecting patient to what's happening? Making sense of the patient?</p>	<p>I was impressed with Margaret's honesty – I wouldn't disagree with her. The 'good' patients rise to the fore; the 'non-(compliant / motivated/engaged)' get forgotten – easier for us to forget them than have to dwell on them and think about what they might represent? Interesting that we don't have satisfying sessions – what about the reverse? I sometimes wonder if we do have rehab programmes without the client. They're there physically (bum on seat – DiClemente – just cos they attend doesn't mean they're present) but not mentally Why can't she think of anyone? Shut them out or it's never happened? Cos I can think of a number who I've not connected with or totally felt they're on board.</p>	<p>'we' – the voice of the profession; we discharge – it's not just me, other people do it too; <i>situating self alongside other therapists</i> I had <i>people on a list</i> I can't recall those who didn't fit with what I wanted as the therapist <i>The voice of the therapist with expectations, therapist with 'preferred' patients (remember the good patient)</i> I was worried so I went to the team leader ... <i>therapist looking at how the person is, beyond the diagnosis</i> You as the voice of the <i>slightly struggling therapist</i> <i>Remember the 'good' patients</i> <i>Switches between the broader you – more of theory- I know these kinds of patients exist – and I – my clinical practice</i></p>

Table 16.2 T'-poem.

The 'disengaged clinician'
I had gone on the workshop We needed to do this programme I was feeling disengaged I was engaged for the wrong reasons I had a project I needed to do I needed to do a case study She was crying and I couldn't help her I didn't understand what was going on You were justifying it because it was a health issue I was justifying it in science ... that paternalistic ethical ... I was too much on my agenda

people spoke of: (a) the 'other' – patients, family and rehabilitation practitioners; and (b) the relationships between themselves and the 'other'. I created 'other' poems and 'we' poems to explore these in more detail (see Table 16.3). The fourth listening attended to the context surrounding practice and how this influenced people's thoughts and (reported) actions.

After completing the LG, the analysis was synthesized into a narrative, drawing all the analytic material from each individual participant together. I also returned to the i-poems, moving beyond "What are the different voices?" to ask, "How do these arise?" and "What are the consequences?", reflecting my social constructionist and symbolic interactionist framework which prompts attention about how people create meaning and how and why they act as they do. The analysis process was messy, using different tools to try and best make sense of the voices in the data. I commandeered whiteboards and mapped out the voices, the actions and priorities associated with each voice, the engagement strategies evident within each voice, and the ways in which these voices developed. This was important for moving analysis beyond simply describing 'the voice of the disengaged practitioner' (for example) to really grapple with 'why' the practitioner felt disengaged (i.e., how these voices came about), and for developing rich understandings of how rehabilitation practitioners worked to engage people experiencing communication disability.

Table 16.3 T'-poem.

Interview	I-poem
<p><i>Interviewer:</i> <i>Can you think about a time you were working with a client where you felt really engaged in what was happening?</i></p> <p><i>Participant:</i> Ah. I would say, I think that scenario with the woman, the first one I was talking through, yeah, I definitely felt engaged in that. Why? She was, I think we had rapport, we developed quite a strong relationship quite quickly. How did we do that? We found a connection, that connectivity.</p> <p><i>Interviewer</i> <i>How did you do that?</i></p> <p><i>Participant:</i> It was a chat on the steps after the session had finished where we just started sharing each other's stories and we found points of interest. So yeah, I think that taking the time, that very, she is Māori but I think any situation requires that sort of "where is there a similarity between us?"</p>	<p>I definitely felt engaged We had rapport We developed quite a strong relationship quite quickly We found a connection We just started sharing each other's stories We found points of interest "Where is there a similarity between us?"</p>

Case study 2 Identity and aphasia

Maxine Bevin

This case study explored self and identity in aphasia using the life story narratives (McAdams, 2001) of eight people with aphasia (Bevin, 2005). Participants presented with a range of severity of aphasia. As an important goal of the project was to encourage a more inclusive process for people with aphasia, no one was excluded because of severity. A key foundation for this project was the centrality of language in maintaining and negotiating a sense of self. I was cognisant of the challenges of life story interviews with people with more severe aphasia and the importance of the co-construction of narratives (with the researcher and/or other communication partners). I considered this research would be a positive contribution to aphasia research and practice. The research questions were:

1. How does aphasia impact on self and identity?
2. How do people with aphasia tell about self and identity?
3. What research methodology enables people with aphasia to tell their stories?

I identified with a critical realist ontology acknowledging that there is a reality but how we know it is shaped by language and culture (William, 1999). Epistemologically, a relational constructivism assumes that identity is both the product and the process of self-narrative construction (Botella, Herrero, Pacheco, & Corbella, 2004).

I believed that the VCRA addressed the concerns that arose for me during the research experience: informed consent, power and position, collaboration, and the worth of the research to participants' lives. As I approached the analysis of each video-recorded interview, I was adapting the LG to reflect my own background in communication disability, psychology and my research interest in self and identity, and aphasia.

The VCRM involves at least four sequential listenings (Gilligan et al., 2003; Mauthner & Doucet, 1998; Mikel Brown & Gilligan, 1992). I tailored these to my research context and background, resulting in these four listenings:

1. Listening to the story the participant tells and listening for the research relationship
2. Listening for the self
3. Listening for the other
4. Listening for aphasia and stroke.

Because of the diverse range of communication abilities of the participants with aphasia, I chose not to use i-poems. In working with the transcripts and reflecting on the research and the research questions, I added two further listenings. Listening Five was concerned with the research process: how I talked about it and what theoretical perspectives I was giving voice to in the practice of research. Listening Six explored how our communication created a shared reality and enabled us to develop our relationship.

I began by transcribing all verbal, vocal and nonverbal behaviour of the participants, their communication partners (if present) and my own from the videotaped interviews. I then highlighted the written transcripts with coloured pencils to track the data relevant to that particular listening. I recorded my

reactions and reflections as I went through each listening. There were several other questions that further guided this process (Fraser, 2004; Gilligan et al., 2003, Mauthner & Doucet, 1998):

- What did I learn about the research questions through the process?
- How have I come to know this?
- What is the evidence on which I base my interpretations?
- Have the research questions changed?
- Have I distinguished the participants' accounts from my own?
- Do my analyses maintain a respectful tone towards participants?

I incorporated a concept of “enfolding literature” (Eisenhardt, 1989, p.544), an ongoing comparison of emergent concepts, theory and hypotheses with the existing literature. As an apprentice in qualitative inquiry, reviewing and reflecting on the extant literature both supported the research and helped me develop new ideas, perspectives and interpretations.

Having completed the analyses of the interview transcripts, the next task was to consider how to condense the new understandings into an interpretation of the interviews. I chose to use each interview as a case study and I constructed individual interpretative narratives incorporating data from the interview, the videotaped recordings, the process of analysis and my ongoing contact with participants. I adapted an approach by Way (1997) using narrative summaries to condense interview stories while using quotes from participants.

The following exemplar is from an interpretative narrative of an interview with John, a man with a mild aphasia, which provides an example of how the LG helped me develop more nuanced understandings about relational practices. As a background to this, John had previously talked about the stroke precipitating him giving up practising law and he commented “and I have / neh/ never been happier since”. John identified it as a positive change as he was able to pursue other interests including becoming ‘a full time gardener’.

As I considered my contact with John, I thought about Shotter’s (1993) notion of language as sociorelational and dialogical; that the meaning of an utterance is dependent on subsequent utterances within a relationship and the ongoing dialogue. Shotter (2004) advances this with a notion of a “sense of collective-we between us” (p.103). It is only within such a shared reality that we are able to express to one another who we are and to achieve this there are interactive responsibilities to our joint action.

Reviewing our interview material, I listened and looked for times when the movement of the conversation showed the dialogical nature of our interaction. In the following segment, John was talking about going back to work after the stroke specifically to complete work on his files by writing in longhand because he was not able to communicate well verbally:

John: Yes. So, I was able to /pring/, the partners up to speed and, take ah over, the tasks, that I, had been involved in.

Maxine: And was there any, as, as you were, communication /im/, verbal communication improved, was there any time you thought, oh, oh I would like to go back into the office?

John: No.

Maxine: (Laughs)

John: No, no.

Maxine: No hesitation! (Laughs)

John: No (Laughs)

(Both laugh)

The responsiveness is created through the interplay between us. There could be no prediction of the responses or the way in which they were to be produced by either of us but each response becomes part of the developing story between us. The presence of humour, of shared laughter, John's repeated repetition of 'No' and my acknowledgment of John's swift responses, in contrast to the hesitations sometimes present within his delivery, these all carried with them the shared reality of the meaning for him of not returning to work.

The VCRA, the analysis and the process of developing the interpretative narratives allowed me to 'listen' to the voices within the interviews and to consider further the self in aphasia as an ongoing construction in dialogue with others. It also enabled me to reflect on my own role in creating meaning – an important component of reflexivity.

Top tips

- This approach is best aligned with research where relationships (between people and/or ideas) are central to the research philosophy, questions and process.
- Transcribing audio- or videotapes of interview is time consuming but it is the beginning of data interpretation and enables 'listening' to take place.
- I-poems are a very useful technique to help you engage with the participant's voice(s) as well as for sharing findings.
- Allow time to trial different analysis tools to supplement the Listening Guide. These need to be congruent with the VCRA but can provide significant depth and assist in representing the complexity of people's voices.
- The VCRA is applicable in clinical practice as well as to research as it can help a therapist attune to relationships and voices.

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