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Silence and the narrative research interview

Durkin, Jackson and Usher's (2020) recent contribution describes challenges Durkin faced using narrative interviews as part of a doctoral study of patients' experiences of receiving or expressing compassion in hospital. We were particularly interested in comments the authors make regarding silences in interviews and the role of researchers' prior professional experience and transferrable 'skills' brought to interviews. We wanted to append some additional comments regarding these matters.

Transferrable interviewing 'skills'

Durkin came to her study as a novice researcher, but with professional experience completing value-based interviews as part of job candidate assessment and managerial interviews, including mentoring, mediation and interviews completed as part of disciplinary investigations. This experience is described as valuable in developing rapport and knowing how and when to use nonverbal encouragement and appropriate prompts in interviews as a qualitative researcher.

For other researchers in nursing and healthcare research, the experience brought to interviews will likely be derived from a dual identity as a clinician and researcher and core and possibly further specialist professional training (Hay-Smith et al 2016). Practicing clinically and undertaking qualitative research in child and adolescent mental health services, our own experience has acquainted us with different ways researchers who have a clinical background as a mental health professional bring a particular clinical sensibility to interviews. This is not so much a skill-set as an identity in which a certain way of listening becomes integrated in who they are and how they act during the working day. This way of

listening can be advantageous in the generation of experience-rich narratives. However, and notwithstanding the fact that it not uncommon for research interviews to be viewed as having quasi-therapeutic qualities and a cathartic experiences by participants, the mental health clinician-researcher needs to reflect carefully to ensure interviews are conducted to avoid them becoming therapy (Long and Eagle 2009, Lakeman et al 2013). This should involve clear parameters on how the clinician-researcher will act in interviews, as well as avenues for participants and the researcher to speak together about interviews and any ways they anticipate taking part may benefit them.

The use and function of silence in interviews

We agree with Durkin et al that silences in interviews should be viewed as meaningful data and that the interviewer's silence can have a role in, as they put it, 'letting go of control and power', encouraging participants to take an active role in the direction the interview takes. At the same time, we would also emphasise that silences or pauses in conversations are heterogeneous phenomena (Poland and Pederson 1998) and some context for the function of pauses is helpful.

Pauses, silences and gaps in mundane and institutional conversation can be a powerful part of the social interaction. Extensive research in linguistics, pragmatics and conversation analysis illustrate that pauses are tied to the process of turn-taking in talk. The sequential organisation of talk (particularly interview talk) matters for the conditional relevance of adjacently placed turns, in that the occurrence of the initial speaker's turn establishes the relevance of the next item to it (Schegloff 1968). Furthermore, there is a differentiation between pauses, gaps and lapses that can be central to the meanings conveyed by speakers. One of the early evidence based contributions about the use of pauses in conversation and how they function in talk came from the work of conversation analysts. Sacks et al (1974)

reported that the categorisation of silences is dependent upon its place and context which is governed by the turn-taking rules of conversation. Pauses occur within a speaker's turn. A gap refers to the silence that occurs at the transition relevance place at the end of a complete turn where another speaker could step in and take the conversational floor. Lapses are silences at the end of a turn when no other speaker takes the opportunity to take the conversational floor and these tend to be longer than a gap. For institutional talk, and particularly in research interviews, the pause, gap or lapse has important significance because of the nature of the interaction, its purpose and function, and in the context of clinician research in particular, these are interesting foci, because of the overlap with other contexts and practices.

This can be related to our earlier reference to the mental health clinician as research interviewer. In different ways, the quieter the interviewer presence is, the more it may be viewed as somehow 'therapeutic'. This is especially in the case of an approach to narrative interviewing that draws explicitly on principles derived from psychoanalytic therapy - as in Hollway and Jefferson's (2000) free association interview narrative interview method. However, this is much scope of misunderstanding with more generalised views around this and sweeping assertions about silence in this context can distort the nature of its role in the therapeutic action of treatment sessions, psychotherapeutic technique, and patient-therapist relationship (see, for example, Lane et al 2002, Urlić 2010). In psychoanalysis and psychoanalytically orientated psychotherapy, moments of silence can function as a form of communication from the patient, relating important psychodynamic information regarding intrapsychic conflicts and transferential dynamics, even just that something is very hard to talk about. For their part, the therapist can also use silence to demonstrate understanding and to relate a sense of safety, but they must do so tactfully so as to avoid relating the impression of disinterest and disengagement. While the natural rules of conversation illustrate that long

pauses should be avoided as they signal some form of trouble in the interaction (Levinson, 1983), the production of silence depends on the specificity of the context, and for therapy, it is part of the institutional business of leaving conversational floor space for the patient to take up. The benefits have, all the same, to be reflected on in real time during sessions. The novice therapist for instance, may rationalise their own use of silence as therapeutic neutrality when it is actually a way of managing their own anxiety about not knowing what to say or do or to shield themselves from their patient. Silence may also function as a means of unconsciously expressing annoyance or frustration with a patient.

This point by no means detracts from - but rather amplifies - Durkin et al's conclusion that the differences between interview contexts need to carefully reflected on as some 'skills' brought to qualitative research may be more transferrable than others. It also adds support to their view that there should be early consideration of how non-verbal data can be captured.

References

Durkin J, Jackson D, Usher K (2020) Qualitative research interviewing: reflections on power, silence and assumptions. Nurse Researcher, 28, 4, 31-35.

Hay-Smith EJC, Brown M, Anderson L, Treharne GJ (2016) Once a clinician, always a clinician: a systematic review to develop a typology of clinician-researcher dual-role experiences in health research with patient-participants. BMC Medical Research Methodology, 16, 1, 1-17.

Hollway W, Jefferson T (2000) Doing Qualitative Research Differently: Free Association, Narrative and the Interview Method. Sage Publications, London.

Lakeman R, McAndrew S, MacGabhann L, WarneT (2013) 'That was helpful . . . no one has talked to me about that before': research participation as a therapeutic activity. International Journal of Mental Health Nursing, 22, 1, 76–84.

Lane RC, Koetting MG, Bishop J (2002) Silence as communication in psychodynamic psychotherapy. Clinical Psychology Review, 22, 7, 1091-1104.

Levinson S (1983) Pragmatics. Cambridge University Press, Cambridge.

Long C, Eagle G (2009) Ethics in tension: dilemmas for clinicians conducting sensitive research. Psycho-analytic Psychotherapy in South Africa. 17, 2, 27-52.

Poland B, Pederson A (1998) Reading between the lines: interpreting silences in qualitative research. Qualitative Inquiry, 4, 2, 293-312.

Sacks H, Schegloff E, Jefferson G (1974) A simplest systematics for the organization of turn-taking for conversation. Language, 50, 4, 696—735

Schegloff E (1968) Sequencing in conversational openings. American Anthropologist, 70, 6, 1075-109.

Urlić I (2010) The phenomenon of silence: a group-analytic exploration of meanings in psychotherapy and in everyday life. Group Analysis, 43, 3, 337-353.