Practicing Without a License: Design Research as Psychotherapy

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ABSTRACT

This paper considers the potential for participants to experience psychotherapeutic effects through their involvement in design research. Drawing on literature in human-computer interaction, psychotherapy, and feminist sociology, I argue that vulnerable participants may experience qualitative interviews therapeutically when they engage in reflexive activity about sensitive topics with researchers who employ psychotherapeutic techniques that encourage disclosure and reflection. I discuss ethical concerns and suggest the need for trauma-informed research practices, updated consent procedures, and revised pedagogy that better support researchers and participants engaged in emotionally charged encounters.

Author Keywords

Design research; qualitative research; semi-structured interviewing; psychotherapy; emotion work; trauma-informed research.

CSS Concepts

Human-Centered Computing~Human-Computer Interaction (HCI); Social and Professional Topics~Professional Topics~Computing Profession

INTRODUCTION

Recent work has begun to explore emotional components of design research. Of particular interest has been “emotion work” performed by researchers: how researchers may experience emotional distress during research activity, how this experience may impact their work, and steps that researchers can take to manage these experiences and maintain their wellbeing [5]. This paper extends emotion work discourse by considering what happens on the other end of the audio recorder during research encounters. I consider how emotionally charged moments are experienced by participants, and in particular, how qualitative design research may sometimes be experienced as a form of therapy.

My interest in this topic arises from an experience studying elderly people who lived with several long-term medical conditions. The study population was at elevated risk of social isolation, depression, and other mental health concerns. Our study protocol involved home visits, a common design research method in which researchers conduct interviews and observations of participants in their homes. After one such visit, two graduate students conducting the research reported a particularly charged session in which a participant described feelings of loss and social isolation in great detail. Tears were shed during the session, and hugs were exchanged at its conclusion.

While remarkable, experiences like this are not uncommon when working with vulnerable people. Many researchers have reported that participants experience strong emotions during qualitative interviews and have discussed the bonds that can be created between researchers and participants. However, I was struck by the response of a clinical psychologist who was collaborating on the project. After speaking with the students and reviewing the transcript, she observed that “this looks a lot like therapy.”

In this paper, I follow my colleague’s insight by considering whether and under what conditions study participants may experience qualitative research as a form of therapy. I also examine attendant ethical issues and practical implications. The discussion is largely focused on semi-structured qualitative interviewing, a method that has gained widespread adoption in design research and which can bear a striking resemblance to psychotherapy.

Drawing on literatures in psychotherapy, feminist sociology, and computer-human interaction, I describe characteristics of psychotherapy and therapeutic relationships and how these relate to qualitative research. I examine the potential for participants to experience qualitative interviews as therapeutic and consider how study design and data collection techniques can increase the likelihood that this will occur. Three aspects are considered in detail: participant vulnerability, topic sensitivity, and researcher-participant rapport. Finally, I discuss potential benefits and risks to participants, and suggest several ethical and pragmatic implications for research practice and pedagogy including the need for trauma-informed research practices, changes to consent procedures, and enhancements to training curricula.

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Considering design research through the lens of psychotherapy foregrounds participants' emotional experience and the seriousness with which we should view the perhaps unintended consequences of our research interventions. This paper is intended to provide a construct for fresh thinking about how research affects participants and to suggest ways that practice and pedagogy might better support researchers and informants through emotionally charged encounters.

PROMPTING REFLEXIVITY: QUALITATIVE RESEARCH AS THERAPEUTIC ENCOUNTER

Psychotherapy is a rich and diverse field, with many variants and subdisciplines. Following Birch and Miller I use the term 'therapeutic' to describe "a process by which an individual reflects on and comes to understand previous experiences in different—sometimes more positive—ways that promote a changed sense of self" [10]. This definition generally holds across a range of "allied disciplines" including counseling, psychotherapy, psychology, and psychiatry and related areas [14]. It considers therapy as a type of "emotional processing" and the therapy session as "a site for telling stories in a certain way" [40].

Conceptualizing therapy as a form of reflective storytelling highlights similarities with semi-structured interviewing, a qualitative research method that has found widespread adoption among design researchers. Brannen describes semi-structured interviewing as a way to "generate responses which are embedded within the participant's experiences" [11]. Asking questions of a "personal nature" is a "necessary feature," which may lead to participants disclosing "'deeply' personal and private" stories about "currently salient and immediate concerns" [11]. Disclosing and reflecting upon such stories can lead participants to a "a new understanding of past events" [10]. Thus, the degree to which a semi-structured qualitative interview establishes "a space in which individuals can reflect on, reorder and give new meanings to past, difficult experiences" seems to closely mirror the work performed of a therapeutic encounter [10].

Given these similarities, it is understandable that researchers and participants can experience interviews differently. While the researcher may approach the interview as a data-collection activity, participants may experience the session as therapeutic [10]. This can lead to "tension or anxiety" at the end of a research interview, "because the subject has been open about often personal and emotional experiences and may be wondering about the purpose and later use of the interview. There may perhaps also be feelings of emptiness; the subject has given much information about his or her life and may not have received anything in return" [33].

Sociologists have previously established a relationship between qualitative research and therapy. Shamai describes qualitative research's therapeutic effects, arguing that participants "do not simply share information but are also affected by the process" [57]. Birch and Miller describe the qualitative interview as a "therapeutic opportunity" in which participants' emotions are "unleashed" and observe that such interviews prompt reflection and encourage participants to "revisit and reorder past experiences," quoting one participant stating that involvement in research "helped to organize her experiences and feelings" [10]. They report that participants experience qualitative interviews as a form of therapy and note that the boundaries between data collection and counselling can become blurred [10].

CHI researchers have similarly reported participants describing qualitative research as therapeutic [68]. In one notable example, participants mistook a design researcher for a psychologist during qualitative research encounters [69].

To be clear, comparing design research to psychotherapy is not to suggest that design research is equivalent to psychotherapy. While there may be similarities between qualitative interviews and therapy encounters, there are also key differences. Although design researchers employ particular techniques that are similar to, and some cases, borrowed directly from, psychotherapy, psychotherapy is "based on elaborate theory" and involves "significantly more" than mirroring a handful of therapeutic techniques [63].

In particular, participants bring very different expectations to psychotherapy and design research encounters. Effective therapy is predicated on patients' desire to change and their expectation that psychotherapy will enable that change [14, 62]. Obviously, study participants do not typically bring such expectations to design research encounters. For their part, psychotherapists approach patient interactions with the intention of easing suffering and enabling change. They receive extensive training to this end and are responsive to particular sets of professional and ethical considerations [23]. Design researchers do not typically approach research encounters with an expectation of relieving suffering; their professional training and obligations are accordingly quite different.

It is also worth noting that design research is not unique in producing therapy-like effects. Indeed, psychotherapy researchers have cataloged a range of other practitioners who may routinely achieve such effects including medical doctors, traditional healers, and religious figures [62, 63]. Wampold suggests that like psychotherapy, these practices are enabled by the human mind's innate abilities of "interpreting events, constructing explanations and attributing causality" [63] --- capacities that are also at the heart of qualitative interviewing.

Qualitative research's capacity to mimic therapy can be beneficial to participants and researchers alike. Morrissey et al suggest researchers who allow themselves to emotionally vulnerable provide opportunities for participants to engage in care and strengthen researcher-participant relationships [45]. According to Kvale, subjects often experience interviews as genuinely enriching, enjoy talking freely with an attentive listener, and sometimes obtain "new insights into important themes of their life world" [33]. Brannen describes "therapeutic pay offs and opportunities for personal growth" when participants are encouraged to talk about themselves in the presence of a sensitive researcher [11]. Bergen observed that conducting feminist qualitative research enabled her to interact with participants as both counsellor and researcher [9].

That said, the toll that emotionally fraught interviews take on researchers has also been noted. Moncur reports techniques employed by HCI researchers to manage the emotional distress of studying end-of-life issues and recommends that researchers consider their own emotional wellbeing when planning research activities [24]. Morrissey et al observe that researchers may experience emotional distress even when investigating topics that don't appear to be particularly sensitive [45]. Wolters et al describe the need for researchers to design support processes that include "three ingredients: an attitude of kindness… a supportive team... and a reflective practice." [35].

In this paper, I argue that the tendency for participants to experience a qualitative interview as therapeutic is not a random occurrence, but rather arises as a result of specific decisions that are taken in planning and conducting design research. On the one hand, we recruit emotionally vulnerable people for our studies and develop protocols that engage them in reflexive activity about sensitive topics. At the same time, we build rapport by demonstrating congruence and empathy—techniques that were adopted from psychotherapy [34], and which encourage disclosure and reflection.

VULNERABLE PEOPLE, SENSITIVE TOPICS

Psychotherapists generally hold that therapy is predicated by the involvement of a patient who is vulnerable or experiencing some form of emotional distress (e.g. see [23, 54]). This would suggest that an encounter is more likely to be experienced as therapeutic by participants who are vulnerable or anxious.

A growing number of design research projects intentionally recruit vulnerable participants. This is particularly true of "sensitive topics" research that "intrudes into the private sphere or delves into... deeply personal experience," particularly if it may "threaten those studied through the levels of emotional stress they may produce" [37]. Participant vulnerability may be assumed for projects involving, for example, survivors of domestic violence [69], parents of sick newborn infants [46], or people experiencing homelessness [67], dementia [45], chronic illness [38, 39], end of life [44], or life disruptions [18, 56]. Indeed, in projects like these, participant vulnerability is a central reason for their involvement (to its credit, the CHI community has begun to address ethical issues associated with conducting research in sensitive settings' [16, 65]).

It is worth noting that participant vulnerability is not limited to "sensitive topics" research. People can experience emotional distress for a variety of reasons including traumatic life experiences, major life transitions, underlying medical or psychological conditions, adverse school or work experiences, poor diet, lack of sleep, or in response to myriad "everyday stressors" [28]. Participants in design research studies may experience vulnerability for reasons that have little to do with the study topic or setting, and in ways that can be very difficult to predict.

Similarly, people can also experience emotional distress in a wide range of settings, including work [36], school [66], and home [25]. Study participants may also associate intense emotional experience with a range of activities, including using social media [67] and procuring childcare [11]. While certain settings and topics—hospitals and healthcare, for instance—may be "overtly" sensitive [65], people can experience vulnerability in virtually any site or in relation to virtually any activity, again in ways that are very difficult for researchers to anticipate.

By recruiting vulnerable people to reflect deeply on sensitive topics, researchers increase the likelihood that participants experience research as therapeutic. However, it is virtually impossible for researchers to predict participant vulnerability or topic sensitivity a priori. It is therefore exceedingly difficult to know with certainty whether a given participant in a particular study is likely to experience a research interaction therapeutically. While not every qualitative interview is experienced as therapy, it does seem clear that many interviews hold that potential.

BUILDING RAPPORT

Carl Rogers—founder of humanistic or person-centered approach to psychotherapy — famously argued that effective treatment depends wholly on a "congruent or integrated" relationship between a vulnerable or anxious patient and a therapist whose "empathic understanding and unconditional positive regard" is communicated to the client [54]. According to Rogers, if a therapeutic relationship is properly established, "no other conditions are necessary" for treatment to occur [54].

Now, not all psychotherapy is Rogerian. The humanistic tradition with which he is associated is but one of three main "forces" in psychotherapy (the other two being behavioral and psychodynamic therapy) [63]. Nonetheless, subsequent research has established the importance of therapist/patient relationships across many forms of therapy [26, 64]. The quality of the therapeutic relationship is generally acknowledged as a key predictor of successful outcomes in psychotherapy [23, 29] independent of particular treatment [63]. Indeed, a comparative review of evidence-based treatments found that "the therapy relationship accounts for as much of the outcome variance as particular treatments" [48], while another found that "measures of therapeutic relationship variables consistently correlate more highly with client outcome than specialized therapy techniques" [35].

Qualitative research also emphasizes relationships between researchers and participants, typically described as "rapport." Among qualitative researchers, rapport is often considered in relation to quality of data collection rather than on outcomes for participants. Portigal describes rapport as "what makes for great interviews" [51]. Adler and Adler describe various ways that researchers structure "membership in the affairs" of research participants, and how the role that researchers play in the lives of their informants shape the quality of their insights [1]. Agar sees rapport as an essential aspect of qualitative research without which "people wouldn't let you into their world or talk to you about it" [2]. Feminist sociologists argue that rapport plays a central role in the co-construction of meaning between researchers and their subjects [13].

Rapport is an essential component of both psychotherapy and qualitative research, and likely contributes to participants experiencing design research as therapeutic. Indeed, the design researchers' strategies for establishing rapport are similar to, and in some cases were appropriated from, psychotherapy. The next sections consider two such strategies in detail.

Congruence

Rogers describes congruence as the degree to which a therapist is authentically engaged in the session, meaning the degree to which "the therapist is himself or herself in the relationship, putting up no professional front or personal facade" [53]. This is often described in terms of whether the therapist reveals or masks emotional responses that he or she may be having during the session: "the term 'transparent' catches the flavor of this condition… the client experiences no holding back on the part of the therapist" [53]. For Rogers, congruence is an essential component of a therapeutic relationship, the basis for establishing a meaningful connection between therapist and patient and a necessary condition for the patient to disclose and reflect upon emotional experience.

Congruence is not limited to Rogerian therapy. Congruence (also referred to as "genuineness" in the psychotherapy literature [32]) is recognized as one of the "common factors" found in most therapies regardless of theoretical orientation [48]. Klein et al's meta-analysis of psychotherapy research found correlation between congruence and patient outcomes, suggesting that congruence fosters attachment and strengthens the therapeutic relationship [32].

Among qualitative researchers, congruence involves being open with participants about intentions, goals, and most crucially, emotional responses to their stories. This may involve researchers sharing personal experiences or simply expressing emotions during interviews. Many do this naturally; it is a familiar aspect of everyday conversation. There may also be a greater likelihood of researchers expressing emotion when working with vulnerable people and sensitive topics because participants' stories can be emotionally charged, and because it is common for researchers to develop personal connections to participants and their concerns. This seems particularly true with repeated contacts between researchers and participants, as is often found in participatory design and co-design projects.

Balaam et al describe tensions between the desire to be genuine with concerns about "professionalism," which some understand as demanding that researchers maintain emotional and social distance from participants [5]. Their paper provides vivid, often moving accounts of researchers attempting to balance these competing impulses across a range of research projects.

Expectations that researchers remain aloof from participants may be something of an anachronism in contemporary social research. An earlier generation of feminist scholars cast notions of professional detachment as a means through which researchers assert power over their participants. Pushing back against this construct, feminists called for a more egalitarian social science, demanding "the interviewer must invest their personal identity in the exchange, even becoming friends with the interviewee" [49]. While design researchers do not often make such forceful articulations, one may discern a sympathetic perspective among proponents of action research [30], feminist HCI [6, 21], co-design [7] and other contemporary design movements. Presenting one's authentic self to participants does seem to address power imbalances in qualitative research and strengthen bonds between researchers and participants, and by extension, may lead to more meaningful exchanges and richer data. It may also increase the likelihood of participants experiencing therapeutic effects during interviews.

Empathy

The HCI literature sometimes refers to empathy as an emotional state residing within designers that allows them to "feel for" [7] or "understand" [8] intended technology users. While therapists' emotions are considered within psychotherapy research, in the context of the therapeutic relationship empathy "should not be confused with the meaning of empathy as identification with the client or the sharing of common past experiences" [42]. Rather, empathy "is a specifiable and learnable skill" [42] that is implemented through reflective listening [4], a therapeutic approach that employs silences, questions, and reflections [60] to test the therapist's "ability to see the world in the way the speaker sees it" [55]. In other words, therapeutic empathy may be understood as a set of behaviors that are exhibited by the therapist and experienced by the patient. While these behaviors are ideally an expression of genuine interest on the part of the therapist, empathy should not be equated with a therapists' internal disposition toward the patient.

As with congruence, empathy is a "common factor" that transcends any particular therapeutic approach [48]. In addition to being a central concept for Rogerian and humanist psychotherapy, other theoretical orientations also emphasize the importance of therapist empathy in effective care. For example, cognitive behavioral therapy (CBT), a widely used behavioral approach, emphasizes the need for therapists to "step into the client's world" and convey "an understanding of the client's thoughts and feelings" to the client [72]. Motivational interviewing (MI), another well-known evidence-based treatment also places great importance on therapist empathy [43].

The connection between psychotherapist empathy and design research is direct and well established. Techniques associated with reflective listening have been widely adopted by social scientists and design researchers, and are described as important research methods for developing empathic understandings of participants' perspectives [7]. Kvale explicitly acknowledges the connection between Carl Rogers and semi-structured interviewing, citing Rogers's writings on therapeutic interviews as a source of inspiration for the development of qualitative interviewing for research purposes." [34].

Widely employed research techniques that are shared with reflective listening include open questions, reflections, and affirmations. These techniques elicit responses and produce data. But they also build rapport by projecting authenticity and demonstrating empathy and unconditional positive regard. As such, they establish relationships between researchers and participants that mirror those between therapists and patients. As Duncombe and Jessop put it, "the development of techniques for 'doing rapport' has been reinforced by the adoption of counselling skills and language into the repertoire of the qualitative interviewer" [20]. I would suggest that adopting counseling techniques has also had the perhaps unintended consequence of creating research encounters that at times may closely mirror counseling sessions. Indeed, Kvale notes the danger that "close personal rapport … may lead to the research interview moving into a quasi-therapeutic interview" [34].

ETHICAL CONSIDERATIONS

We have seen that participants can experience design research as therapeutic and have identified several factors that may contribute to their doing so, including participant vulnerability, topic sensitivity, and researcher/participant rapport.

The likelihood that a participant will experience a particular research activity as therapeutic may be very difficult to predict, and to some extent, may lie outside a researcher's control. For example, participant vulnerability may result from a range of pre-existing social and emotional factors that may not be apparent to a researcher. That said, we have identified a number of decisions that increase the potential for research to be experienced as therapeutic. These include recruiting, topic selection, and employing particular rapport-building techniques like congruence and empathy.

Recognizing that participants may experience qualitative interviews as therapeutic, and that their likelihood to do so is a consequence of specific decisions taken in the design and implementation of design research studies, raises ethical issues for the researcher.

On the one hand, there are potential benefits to participants. Semi-structured interviews "provide an opportunity to be reflexive about currently salient and immediate concerns" which may produce "therapeutic pay-offs" and "opportunities for personal growth," resulting both from engaging in reflective work with the support of a sensitive and empathic researcher and from the recognition that the participant is a member of a wider collective [7].

At the same time, participants face risks. Studies suggest that while the majority of patients derive significant benefit from psychotherapy, as many as 5% of patients experience adverse effects, often resulting from "damaging interactions between therapist and patient" [50]. Inattentive or poorly trained researchers may similarly initiate damaging interactions. At the very least, such interactions may cause participants to feel discomfort or unease [46]. We may also inadvertently reinforce negative self-image among participants, for instance, through lack of empathy or apparent disinterest. In extreme cases, researchers risk retraumatizing participants, causing them to experience "traumatic stress reactions, responses, and symptoms" through recounting trauma narratives [19].

There are also pervasive ethical issues associated with the inherent manipulation of establishing rapport to facilitate data collection. To be clear, my intention in raising these concerns is not to impugn design researchers' motivations. Most design researchers are well intentioned and are genuinely interested in and care about participants. Nonetheless, Brinkmann and Kvale raise view "warm, empathic interviews" as inherently instrumental and manipulative [12].

Regardless of the authenticity with which we approach our work, our primary concern in conducting qualitative interviews and similar research activities is data collection. We do not typically intend to provide direct support to participants, and indeed, we are often unqualified to do so. At the same time, our training provides us with "a battery of skills in 'doing rapport'" [20] that are quite effective at encouraging a participant to reveal "intimate experiences and emotions that she might have preferred to keep from others or even not acknowledged... herself" [15, 31].

Our ability to entice participants to share their most personal stories and feelings raises the potential of using rapport to exploit participants in order to 'gain source material' [31]. At the very least it highlights tensions between the goals of therapy (helping patients), academic research (producing knowledge), and commercial design activity (creating product, producing profits). How we navigate these tensions, and the ways that we engage participants in considering them is taken up in the next section.

IMPLICATIONS FOR PRACTICE

This paper is not a call to stop doing qualitative interviews or to cease working with vulnerable people. Nor do I think it possible to avoid therapeutic effects of research encounters by effectively drawing “neat boundaries” around empathy, congruence, or other techniques that may lead to inadvertent disclosures or emotional distress [10, 20]. Indeed, feminist scholars and participatory design practitioners alike might question whether such boundary-drawing is even desirable, preferring instead a more egalitarian social science that encourages collaborative approaches to knowledge production that blurs boundaries between researchers and participants.

However, recognizing that participants may experience interviews as therapy and acknowledging the attendant ethical issues suggests that we approach our practices differently. In particular, it suggests that we rethink how we engage vulnerable participants in reflecting on sensitive topics, particularly when those participants may have experienced trauma. It also suggests we reconsider our approach to consenting participants, and our approach to training and supervision.

Trauma-informed research

Inviting participants to engage in a reflexive project may lead to the revisiting of unhappy experiences [10], and in extreme cases, may retraumatize participants [70]. While there may be elevated risks of participants experiencing emotional distress when researching “sensitive topics,” as described above, there is the very real potential for these effects to manifest in ways and contexts that cannot be predicted by researchers or participants.

It is therefore incumbent upon qualitative researchers to develop mitigation strategies for addressing the emotional risks undertaken by participants. This need is particularly urgent when working with people who may have experienced traumatic events.

There has been growing recognition of trauma’s effects on people in recent years, which has led to the development of “trauma-informed” approaches to mental health and medical care. The literature on trauma-informed mental health care suggests several principles that seem applicable to design research, including the importance of acknowledging trauma’s widespread impact, recognizing signs and symptoms or trauma and responding appropriately, and avoiding retraumatization [59]. Reeves et al describes aspects of working with trauma survivors that seem salient for design researchers [52]:

- It may be difficult to ascertain whether someone has experienced trauma as participants often will not disclose trauma, particularly before a trusting relationship has been established. Instead, researchers may need to “use their intuition and interpretation” to recognize signs and symptoms of trauma, many of which will be nonverbal [52].
- Establishing trust with participants is crucial. This is obviously related to rapport-building, as described above, but with previously traumatized participants it is particularly important to “recognize and work against imbalances of power” in relationships [52].
- Researchers should seek to minimize distress and maximize participant autonomy. In particular, this may entail seeking consent during research encounters to perform or continue procedures, and to allow for breaks or stopping a session entirely.
- Working with trauma survivors may require multi-disciplinary collaboration. Few design researchers are qualified to address the emotional and psychological needs of trauma survivors. In cases where the likelihood of retraumatization seems high, it may be good practice to include mental health professionals in research sessions (a practice adopted by Yoo et al [71]. At the very least, researchers should be prepared to make “appropriate referrals to other needed services” [52].

To be clear, participants may experience emotional distress during qualitative interviews regardless of whether or not they have previously experienced trauma. While the stakes may be elevated for trauma survivors, the principles the principles outlined above would seem to apply to most research encounters. As a general rule, researchers should be capable of recognizing signs of emotional distress and be prepared to respond appropriately. Depending on circumstances, these may include offering encouraging words, suspending the interview, and directing the participant to mental health resources.

Rethinking consent

In addition to the risk of experiencing emotional distress during research encounters, there is also the very real possibility that participants wind up sharing more personal information than they intend. Indeed, the experience of “disclosing too much” is common in therapy and can lead to feelings of anxiety and regret [27]. Similarly, concerns that “the openness and intimacy” of qualitative interviews “may be seductive and lead subjects to disclose information that they may later regret” [34] have been raised by feminist scholars [22, 49].

Rapport breaks down “social distance” between researchers and participants [46]. As a trusting relationship develops, participants may develop heightened expectations of confidentiality that don’t correspond with researchers’. This in turn raises questions about what researchers can and should do with participant disclosures that are intended to be made “in confidence,” how they will determine what disclosures are intended to be kept “off the record,” and how and when they will inform or remind participants about their approach to these issues.

As Toombs et al observe, these issues are particularly problematic in long-term research “because participants open up and allow themselves to be more vulnerable with researchers they trust” [61]. Duncombe and Jessup are particularly concerned with perceptions of trust, raising the specter that “‘doing rapport’ becomes the ethically dubious substitute for more open negotiation of the interviewee's fully informed consent to participate in the interviewing process" [20].

As Munteanu et al note, rapport can create entanglements between researchers and that defy expectations of formal ethics review boards [46]. Indeed, there is growing literature within HCI addressing the gap between formal ethics procedures and the contingencies of practicing research "in the wild" [24, 46, 47]. Recognizing this gap is not to suggest that researchers should refrain from building rapport or establishing meaningful relationships with their subjects. Nor is it necessarily desirable or feasible to design the potential for inadvertent disclosure out of our research encounters. Instead, it may be more productive to reconsider how we approach informed consent.

Research is a dynamic [17]. It is not uncommon for researchers to adapt processes to contend with unforeseen obstacles or to pursue unanticipated lines of inquiry. Indeed, one reason semi-structured interviewing has become so widespread in design research is its flexibility in allowing researchers to develop and explore new ideas in response to interviewee responses. Given the "messy" nature of real-world research, Sin points out, there's a very real sense in which "it is not always clear what the participant is consenting to and what participating in a research project entails" [58]. As such, signed consent forms and institutional review board approvals may be insufficient to ensure that research is conducted ethically.

Rather than considering consent as a thing to be "obtained" before research commences, we might consider consent as an ongoing process that is revisited throughout a research project as relationships and the attendant expectations of trust and confidentiality evolve.

Ethical considerations should form "an ongoing part of research" [41], and indeed, consent should be subject to "ongoing negotiation" both between and during research encounters [58].

Approaching consent as an ongoing negotiation is complicated when we acknowledge that these negotiations are shaped by researcher-subject relationships. Collapsed social distance resulting from rapport can influence participants' consent decisions, which places a higher burden of responsibility in ensuring that consent is given freely and fully given throughout a research encounter.

It may also suggest that participants have the right to reconsider and possibly revoke consent even after a research encounter has concluded. Approaching consent in this manner thus requires researchers and participants share risk more equitably. Participants may still face the risk of inadvertent disclosure, but researchers also run the risk of not being able to use certain data without ongoing participant approval.

Training and Supervision

Balaam et al observe that many design researchers are "ill-prepared" to engage in emotionally fraught work [5]. There is a need to develop pedagogy that address therapeutic effects of design research.

As described above, design researchers who work with vulnerable participants should be trained to recognize signs of emotional distress and respond appropriately. They should also be trained to recognize and mitigate how interpersonal effects associated with rapport-building may influence participant disclosure and to approach consent as an ongoing negotiation. Following American Psychological Association (APA) guidelines, they may also require specific training to work with unfamiliar research populations [3].

While emotional engagement with participants can yield deep insights and may be perceived positively by interviewees, it can also place interviewers in roles that they do not feel capable of fulfilling. Design researchers need to be able to recognize when a participant perceives an interview as an opportunity for therapeutic engagement that crosses the boundaries of the researcher/participant relationship and to be able to develop a plan of action for when this occurs [10].

LIMITATIONS AND FUTURE WORK

This paper contains several limitations that may be addressed with future work:

- The lack of direct engagement with participant perspectives is an obvious limitation. The literature suggests that participants experience design research as therapeutic, and that vulnerability, topic sensitivity and rapport are contributing factors. However, this is no substitute for empirical study of participant experience and perception.
- This paper focuses exclusively on semi-structured qualitative interviews and leaves unaddressed the question of whether other design research activities may also have therapeutic effects.
- This paper considers congruence and empathy but doesn't address how other psychotherapy "common factors" might relate to design research.
- Finally, this paper introduces the notion of "trauma-informed research" and suggests pedagogical enhancements to better prepare researchers for emotionally fraught work. Both of these topics should be developed more fully in future work.

CONCLUSION

The potential for participants to experience qualitative research as therapy exists at the intersection of two long-standing trends within CHI. On the one hand, we have increasingly embraced approaches and methods that bring researchers and participants closer together in more meaningful and emotionally rich ways. At the same time, our field has expanded to embrace ever more diverse participants and perspectives, many of whom experience varying forms and degrees of vulnerability and emotional distress.

These are positive developments. Working more closely with a greater variety of people and perspectives enriches our experience and enables our field to find greater relevance and impact. However, new approaches raise new challenges.

Research encounters that mirror therapeutic experience can provide benefit to researchers and participants alike. At the same time, they complicate ethical considerations and may pose unanticipated risks. Moving forward, we will do well to carefully consider how people may be affected by participating in research projects, and to evolve our practices and pedagogy accordingly.

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