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Researching experiences of skin cancer patients: An intersubjective reflexive exploration of learning to feel comfortable in my 'skin' as a practitioner-researcher

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Abstract: This paper offers two parallel explorations: The first is an expression of my experience into becoming "seen" as a practitioner-researcher and learning to feel comfortable in my "skin" as I journey from being a novice researcher to becoming a researcher and academic. The second exploration is the story of my unfolding PhD research which aimed to explore skin cancer patients experiences of the helpful factors of psychotherapy using constructivist grounded theory (CGT). Looking through the lens of autoethnography and reflexivity, I share the birth of my research using extracts and reflective commentary of my data via CGT memo-ing. I aim to explicate my experience of "imposter syndrome" and shame, as well as how I became emotionally entangled within an intersubjective reflexive process during data gathering. Here, vulnerable parts of myself were exposed along with parallels with my co-researchers (participants).

Keywords: Autoethnography; Constructivist Grounded Theory; Doctoral research; Shame; Skin cancer; Reflexivity

If anyone asks me what my occupation is, I always reply that I am a psychological therapist. I never describe myself as a researcher. I could take an analytical view on this and wonder what this really means. I could delve into my unconscious and make an all too obvious connection to my early educational experiences and attachments to my primary caregivers. Of course, such connections are valid as Nori et al. (2020, p. 518) state, PhD students from "low educated" backgrounds experience "so called imposter syndrome". Thus, the influence of childhood development and family dynamics are an ever-present factor during the process of completing a doctorate. It is fair to say my experience of imposter syndrome is activated in all parts of my conscious and unconscious being – and of course, within my body when I think of myself as a practitioner-researcher. My "saboteur" is alive, ready and armed waiting to unpick my efforts as I engage in my doctoral research.

My doctoral research aims to explore the struggle of skin cancer patients and their experience of helpful factors of psychotherapy via reflexive constructivist grounded theory methodology.

During the research process I have been repeatedly confronted by parallels between my participants' journey through shame and healing from their skin cancer, and my own shame journey learning to be a researcher. This paper attempts to interweave these two stories and my emotional entanglement with my participants, using autoethnographic reflexivity. I make references to my reflective diary and "memo-ing" to show my struggle to feel comfortable in our "skin". In writing this paper I hope to not only inspire more practitioners in the psychotherapeutic professions to engage in research, but to inspire a conversation about the important role of shame for the practitioner-researcher and reflexivity within their research.

Early Stages – Resisting Research

I recall the trepidation the very notion of research evoked during my initial clinical training. To help illustrate where this may sit within the profession, a publication "Setting the scene: Why research matters" by Vossler et al. (2014) perfectly illustrates the divide and resistance to research in the world of psychotherapy. The politics of research and move towards "evidence-based practice" feels like a strong starting point to some of the resistance observed. The recent shift seen within two of the largest professional bodies, the British Association of Counselling and Psychotherapy (BACP) and the United Kingdom Council of Psychotherapy (UKCP), shows the expectation that psychotherapists are now asked to incorporate research into their practice and "become consumers and producers of research" (Vossler et al., 2014, p. 1). However, how does one evidence that psychotherapy works, particularly when therapists have felt "homeless" within the world of research for over 30 years (McBeath & Bager-Charleson, 2020, p. 3).

The debates around the relative value of quantitative and qualitative methodologies, the suspicion of randomised controlled trials (and the perceived influence they have regarding the endorsement of particular modalities, treatment models and funding - such as CBT - due to their ability to measure the "potency of an intervention") are all woven into the complicated relationship our profession has with research (Vossler et al., 2014, pp. 4-7). Therefore, it may not be a surprise that there is an "academic-practitioner divide" (McPherson, 2020, p. 42). In spite of this, my curiosity about research grew over many years, and I found myself increasingly drawn to academic papers and searched for a research degree.

Reflecting on the Process of Finding a Research Focus

Why skin cancer?

I worked within a health psychology service specialising in long term health conditions in an acute hospital setting offering inpatient and outpatient psychotherapy to oncology patients. My work within oncology evolved into setting up a small part of the service with a colleague that focused specifically on the psychological needs of skin cancer patients. The lead plastic surgeon felt this was an area within plastics and oncology that was often overlooked, inconspicuous within the system.

Over time, I came in touch with the heightened emotional and psychological processes my patients were having following their skin cancer diagnosis. Many themes were noticeable across my patient work. One of these centred around skin cancer not being taken as seriously as other cancers. I became acutely aware of wanting to explore my patients' lived experiences and felt increasingly compelled to research skin cancer. Several discussions over two years with a psychotherapeutic institution led to my applying to be a PhD student.

My research ideas grew organically. Focusing on skin cancer and the psychological impact grew into a curiosity as to whether existing therapeutic models and modalities were helpful to this patient group. Given how the skin is our biggest organ and perhaps symbolic as a container, led me to reflect on whether a specific model of working is needed and, indeed, based on what the experts themselves (skin cancer patients) say are helpful.

I procrastinated at great length on my ability to conduct a systematic literature review. I eventually completed it. I found the process exhausting, interesting and infuriating. However, these moments were coupled with moments of incandescent joy and excitement, mostly when I found publications of meta-analyses' and systematic reviews. This search took me into the wilderness towards a pathway that slowly opened up into something visible and expansive. I could see the emergence of a gap revealing a focus area for my research idea, as I write:

> A small systematic review of the literature revealed common themes arising around distress, anxiety, depression and changes to body image as impactful psychologically across the different types of skin cancer and indeed generally within oncology. There is some divisiveness emerging around whether psychological interventions are helpful to oncology patients, with a lack of an agreed core model of working within this area of

> health. However, the literature reveals themes of what emerges for oncology patients psychologically, with several RCT studies focusing on psychotherapeutic interventions and reporting on an overall improvement for patients with regards to quality of life. Moreover, there appears to be a lack of research on psychotherapy in skin cancer patients and a distinct lack of theory of how to work specifically with skin cancer patients. Furthermore, there appears to be very little literature that focuses on oncology patients view(s) of the helpful factors within psychotherapy, and indeed skin cancer patients and psychotherapy.

Slowly but surely my research aims were crystallising.

Reflecting on my Methodology

Why Constructivist Grounded Theory?

Langley (2020) highlights the importance of choosing a methodology that "fits" with the practitioner's clinical philosophy. Constructivist Grounded Theory (CGT) is a qualitative research approach that honours an open approach to be taken whilst discovering the participants' experience from their own world view. Charmaz (2014, p. 6) highlights that "every way of knowing rests on a theory of how people develop knowledge." GT and, in particular, CGT offers the researcher the opportunity to use oneself in the work. It does so by drawing attention to understanding the relationship between the researcher and participant, in turn considering the impact on the research data. It has flexibility by allowing the researcher to collaborate with participants openly.

Charmaz (2014, p. 3) asserts that grounded theory allows us to "attend to what we hear, see and sense while gathering data." One of the benefits of CGT is the use of intensive interviewing. Intensive interviewing does not require the researcher to ask multiple questions, but to stay with the participant's narrative. Here, non-verbal responses from the interviewer are seen as a useful tool, providing "gentle guidance" (Charmaz, 2014, p. 56). CGT can allow the individual's narrative to unfold looking through the lens of the participant, whilst simultaneously considering the researcher's own world views (reflexively). The data can then be gathered and sorted using a method of coding, where emerging themes can arise, allowing a theory to follow from the data. I therefore concluded that CGT can be seen as a good fit for the purpose of understanding ill health, specifically cancer-related illness with a focus on lived experiences.

Why autoethnography and reflexivity?

My move into autoethnography stems from my engagement with reflexivity which is integral to CGT as a methodology.

Autoethnography can be thought of as "placing the self within a social and cultural context" (Reed-Danahay, 2019, p. 24). It may be seen to differ from autobiography for this reason. McPherson (2020, p. 42) states that autoethnography is both a "research method and a writing approach." This allows for the researcher to reflexively engage with self in the research process to open out the wider social and cultural meanings. This notion is echoed by Lapadat (2017, p. 589), who draws attention to the researcher as positioned within the research as the "subject and the researcher." Therefore, this approach feels like a natural fit whilst sharing my journey as a practitioner-researcher using CGT with my co-researchers.

Reflexivity can be described in various ways within the research sphere. Finlay (2016) refers to reflexivity being a critical lens to examine not just the research, but the researchers understanding and navigation of the "messiness" within qualitative projects. The positioning of "self" within the research becomes integral, as the researcher is tasked with not only their own interpretation of the data (Charmaz, 2015, p.164), but the need to be ethical, transparent and provide rigour to their project. This does present itself as a paradox. Finlay (2016, p.121) reminds us that the literature specific to reflexivity acknowledges the necessity of the researchers' awareness of self in order to understand the "world beyond." This gives way to reflexivity not being a rigid process, but something more fluid, multi-faceted and consistent with the practitioner's core philosophy.

Reflexive practice can be exploited using CGT, and Charmaz (2015) stresses of the importance of demonstrating the construction of research findings – what I think of as the "how" and the "why." In order to understand the construction of a theory, deconstruction is necessary. The positioning of the researcher is therefore of importance within CGT specifically, as not only does it acknowledge that the researcher is "contingently implicated" within their research (Finlay, 2016, p.120) this forms part of the construction of the theory.

Standing by CGT

The PhD registration panel was a complicated birth one whereby I had to not only assert the research problem and illustrate why CGT was an appropriate methodology, but also evidence that I would remain rooted within my philosophical understanding as a therapist and now researcher.

I found myself wanting to hide in the registration panel, which opened the shutter to the cave of my "saboteur" who came running out in the middle of my panel and prevented me from being able to say how passionately I believed that CGT was the right methodological fit. I can still remember the examiner saying, “You have an excellent idea, but I do not think CGT is the right fit here, I think your philosophy fits better with IPA.” The corrections from this panel enabled my internal critique to dominate my psyche and soma to such an extent I almost walked away from my doctorate. Slowly and thoughtfully, I stayed in the darkness, looking for the gold, the sublime, in tradition with psychosynthesis and transpersonal schools of thought (Robertson & Van Gogh, 2018). My supervisory team’s support was integral to this part of my journey.

I eventually sat another PhD registration panel and allowed myself and my ideas to be seen – really seen. This was something the examiner noticed; the parallel between my struggle to be seen and skin cancer patients**’** experiences of their illness being visible. Having passed the panel with minor corrections, the birth of my research idea felt complete, and I could move to the next phase of the journey with my new baby. Like many new parents the trepidation of “what now” set in.

Delving More Deeply

Owning my approach

Reflexivity is a central component to my research and as such, consideration has been given to my own assumptions and understandings that may be attached to the theoretical framework, in particular the use of language. My research assumed a position of recognising that knowledge is abstract and critical reflection allows a “circling of consciousness” where I can engage with material on a critical and embodied level (Luca, 2009). CGT allows for consideration to the non-verbal communication within the data and memo writing is a way of exploring this and gaining an analytical perspective. This perspective acknowledges the researcher as self, as well as in relation to the participants, arguably bringing transparency to the research process and findings.

Bager-Charleson and Kasap (2017) draw attention to psychotherapists relying “heavily on their emotional and embodied responses” during the process of data gathering in research, with feelings being “homeless” in spite of attention to reflexivity. The notion of *intersubjective reflexivity* (Finlay, 2002) is of interest here; not only does this speak to my therapeutic philosophy as a therapist, but it resonates when I consider how this approach addresses the “unconscious intersubjective dynamics.” Such dynamics take into account the influence of our own relationships and how these impact on the research (Hollway & Jefferson, 2000).

Celebrating memo writing

Like a baby becoming a toddler and exploring their environment I am finding my stride as I learn the language and dance of research. As I code the data from intensive interviews, I engage in a deeply reflective and reflexive space with the use of memo writing. Memos in CGT can be thought of as a rigorous and reflexive process allowing the researcher to stay close with the data and wonder what the codes mean as the construction of a theory slowly emerges. It is the memo writing that has elucidated the true extent my participants have deeply moved me. This has revealed the parallels between the subject area and my own feelings as a practitioner-researcher.

I am becoming aware of how the participants have become my co-researchers via the process of memo writing, as a conscious embodiment of what is being expressed on a spiritual and soulful level is emerging. I wonder about the depths of my unconscious within this process and indeed within my co-researchers. The concept of “unknown thought” held within an object relations lens in psychoanalysis feels present within the research. Unknown thought is the idea that so much of our experience is indescribable and we may grapple with the “something” but not understand its routes, meaning or the driving processes (Bollas, 1987). I feel the memo is starting to almost pick at the edges of unknown thought, allowing more of a conscious knowing, whilst full knowing may not be possible, or indeed the purpose of my research.

Embracing symbolic interactionism

The use of transparency may be inherent within CGT and specifically memo writing. However, this relies on the researcher’s ability to be attuned with their own epistemological motivations when analysing their data.

Symbolic interactionism can be viewed as: an emphasis on the use of language, the significance of this in relation to selfhood and social life with the study of “action and process.” It recognises the meanings we make in life can be temporary as experience changes. Ergo, it is through the process of our actions we become to know the world and construct meanings, acknowledging that reality is not fixed, but fluid (Charmaz, 2014, p. 263).

Charmaz (2015) draws attention to the tradition of symbolic interactionism as a main theoretical perspective to grounded theory. The core of symbolic interactionism is not simply defined by language, action and process, but it acknowledges that these actions are interpreted through shared language and communication, noting that society proceeds people as we live in a world in process (Kelly & Cordeiro, 2020). This gives way to the notion that our meanings lead to actions that are left behind within the collective, forming part of society allowing for new and multiple constructions to co-exist.

Such communication can be attended to by the researcher using CGT, if attention is given to the actions or in-actions within the research by looking at the use of language. For this reason I have paid particular attention to the use of gerunds within the transcripts of my co-researchers and my responses, analysing this within the memo. This not only sits firmly within the tradition of symbolic interactionism, but arguably has the potential to provide greater transparency when we look at the co-construction (and deconstruction) of the theory itself, revealing the perspective of the researcher and participants simultaneously. Memo writing is one way of bringing this awareness to the surface due to its analytical nature. Therefore**,** the process of memo writing is not only a reflexive tool assisting with the process of intensive interviews and coding for the emergence of a theory, but "records your path of theory construction" (Charmaz, 2015, p. 164).

Striving to be ethical

I am aware that the centrality of this paper focuses on myself, but it is impossible to do this without referring to the parallels with my co-researchers' experiences and contributions thus far. It is therefore vital to acknowledge that this article would not exist without my co-researchers.

Consent in qualitative research focuses on participants making informed decisions. Finlay (2020, p. 8) alerts us to the difficulty with this in qualitative research due to the evolving nature of what is discovered during data collection, as it twists and turns organically evoking "emotional intensity." Consent is therefore a fluid process, relying on the skill of the practitioner-researcher to use their therapeutic presence and skills to hold the participants respectfully. Reflexivity could be seen to have a role with this process, as it encourages a deep reflection on the part of the researcher in relation to the participants material, and like consent, is fluid.

My ethical stance is not only embedded within reflexivity (Finlay, 2020) but within Josselson's (2011) approach. She asserts that ethical research needs to be firmly rooted within trust, respect and empathy and as researchers we must own our "interpretive authority" to be a truly reflexive researcher:

> We need to say who we are as interpreters who bring our own subjectivity to the topic or people we are writing about. Interpretive authority cannot be implicit, anonymous, or veiled. (2011, p. 46)

In order to be able to own the interpretive authority Josselson speaks of, it feels integral to consider my own subjectivity and stance as a person and therapist in order to communicate this in a clear authentic way. Ellis (2007, p. 3) highlights the importance of working from "hearts and minds" acknowledging the interpersonal relationships made during research, and for researchers to "take responsibility" for their actions. This has certainly come to the forefront during a recent intensive interview with one co-researcher. I sensed that we could perhaps be moving between the modes of research and therapy, partly due to my natural curiosity and relational core of my philosophy as a therapist. Deciding to explicitly name this as a dilemma enabled not just a refocusing but honoured the relational intersubjective space that we inhabited and the intimate nature of co-constructing research.

The Emergence of my Findings

Making space for shame

Shame is a primitive emotion and plays a role in identify formation, contributing to the development of what is considered to be pro-social behaviour and moral conscience (Kaufman, 1974). It may not come as a surprise that literature regarding shame within the psychotherapeutic context mostly focuses on client experiences, with little said about therapists' responses within the therapeutic encounter (Drini et al., 2023).

It feels important to reiterate the "messiness" (Finlay, 2016, p. 120) of qualitative research in psychotherapy as I consider how this may parallel with life and the intersubjective nature and space of psychotherapy. Therefore, ethics are integral for practitioners in the psychotherapeutic field to help navigate such messiness. Bond (2015) explains that ethics are a combination of the practitioners' personal values, morals, understanding of laws and social norms. This stance is certainly acknowledged for psychotherapists who work in line with BACP's ethical framework (BACP, 2018). If one takes the view that research should be ethical in line with Bonds' (2015) ideas and the BACP's Ethical Framework (2018), practitioners' experience of shame (contained within their values and morals) will sit within the way one holds one's research and the analysis of the data. Certainly, McPherson (2020, p. 50) draws attention to his own process of being a practitioner-researcher making reference to his experiences of shame, noticing the diminishment of this feeling following the publication of his research.

It would be reasonable to argue that making space for shame explicitly is necessary within the research itself - from the perspective of researchers' and participants' alike. This may be connected to a rise in understanding specific to the phenomenon of imposter-syndrome with doctoral researchers (Nori et al., 2020). It may be prudent to wonder, that if we make space for shame in research, how do we use this within the research itself. CGT's rigorous frame could be one such way, due to its ability to honour 'self' in the research couched within its reflexive core, showing the construction of the research findings.

Relational ethics

I am reminded of Ellis et al. (2011, p. 11) who state that autoethnography as a qualitative methodology "seeks to disrupt the binary of science and art." The ethics of my sharing aspects of self in this article through my own lens, I hope illustrates the usefulness of such a disruption – particularly within the field of psychotherapy, whilst I acknowledge that it may not be a "comfortable read" (Denshire, 2014, p. 831).

Lapadat (2017, p. 593) states that autoethnography holds ethics centrally at its core. However, in spite of this, ethical challenges are encountered most notably "researcher vulnerability" and "relational ethics." I am therefore reminded of the dilemma that sharing parts of myself, or a story about myself tends to implicate others. It feels prudent to acknowledge the power dynamics that can be experienced within the therapeutic relationship, particularly "power over" (for the client). Therefore, it feels necessary to note the existence of this within therapeutic research and the world of academia.

Denshire (2014) asserts that autoethnography challenges such power dynamics, giving a voice to absent researchers. It feels important to acknowledge that psychotherapists report the challenge of engaging in research and knowing where to place emotions during the process itself (Bager-Charleson & Kasap, 2017). It would be fair to wonder about the "absence" that Denshire (2014) speaks of and whether autoethnography can be one way of providing a voice for psychotherapists and the entangled emotions experienced during qualitative research.

From Reflective Memos to Themes

With regards to the mechanics of the memo, it is somehow writing itself, always open on my computer during coding or thesis chapter write-ups. This allows reflection to be spontaneous, immediate and creative, accompanied with images to represent what is being experienced in the here and now. It is slowly evolving and organically moving into potential focused codes and theory in keeping with other researchers' experiences of CGT (Langley, 2020).

Extracts from the memo-ing transcripts are included below where attention in the initial coding has focused on gerunds to allow for language to be considered in terms of its action and symbolic meaning. This is in tradition with CGT and symbolic interactionism. For the purpose of this article, I have avoided using full direct quotes from the transcripts that could reveal my co-researchers' identities. This is to respect their individual wishes.

The extracts from my memo are separated by potential focused codes:
(a) Existential awareness of alienation and loneliness;
(b) COVID-19 preventing human connection;
(c) Therapeutic relationship as helpful;
(d) Therapy facilitating coming out of the darkness;
(e)Therapy helpful after it ends.

There are other codes within these and it's important to acknowledge that as the research progresses and more data is gathered, the use of constant comparison is likely to give way for a deeper construction of the findings.

As I reconnect with the memo, I am aware the following extract is the opening; the introduction of what had occurred no less than 30 minutes into coding the first intensive interview using CGT. I immediately feel the parallels between the process of becoming a practitioner-researcher (struggle of being seen) and the experience of my co-researcher sitting with their diagnosis.

> Am I too close to this subject [skin cancer]. The way in which I ask questions and I share my knowledge of the subject matter leaves me wondering if I am guiding this research to fit my narrative, and my beliefs. What are my beliefs?
>
> My beliefs: I believe psychotherapy, counselling and talking therapy to be very helpful for oncology patients, particularly skin cancer. However, this may not be the point of this research entirely. Do I want to give these patients a voice, or am I trying to give the profession a voice through my own beliefs…
>
> I wonder if this is what is frightening me as I start to engage with this process I notice my avoidance - my internal voice saying that I am not good enough to do this research; I am not bright enough; grounded theory is too complex for me; no one will buy into this research and it will just fill up a sage journal database if I am lucky enough to be published. Now, if I connect this to what is happening for J at this point in the interview, I can see that I could be paralleling with J's experience of diagnosis and just being left with this, with no information. Is studying for a PhD evoking an existential awareness of isolation and loneliness/alienation – is this what is happening for J?

The notion that the researcher is within the research itself is supported by CGT and the reflexive core of this methodology can be seen to provide rigour. Indeed, Charmaz (2014) states that one cannot delineate a rigid line between the researcher, the research and the participant. This therefore shows the construction of findings (in the case of CGT as it becomes a theory) is vital. Consequently, I wonder about the lens both I and my co-researchers are looking through. I feel excited that we are co-constructing an existential meaning making process of their skin cancer diagnosis and experience of psychotherapy. At the same time, trepidation seeps in as I want to do the best by my co-researchers. The fear that I may not be able to do this is ever present.

> This [existential awareness of alienation] feels like it could be across the interviews somehow, so something to ponder on when I progress with the coding. We are born alone, thrown into chaos and we die alone. I feel alone at times with this research, thrown into chaos and at times I disconnect and want it to be over.

(a) Existential Awareness of alienation and loneliness

> I need to spend more time reflecting on this, I am not sure what type of code this really is…is it a focused code, is it a theme….am I interpreting it too much? Does this really encapsulate the confrontation of *life vs death*…is this a code in itself?
> We are aware of our existence, but suddenly it confronts 'us' [humans] in a tangible surreal way – we are fragile beings.

Image 1 by Kimklin (2015)

> This image (Kimklin, 2015) encapsulates the very essence of what I am experiencing right now as I write this. Suddenly, you are alone; isolated; facing death; but simultaneously something grows and flourishes outside of you and you cling to this as you fight for your life, face your mortality, as J said: '…crying in the bath.'

This is the start of the construction of wondering whether I had found a focused code, which through constant comparison and memo writing is becoming 'something' or 'anything.' I use these words intentionally, as I pay attention to the use of language used by my co-researchers. My attention becomes attuned to an action or in some cases in-action on the part of others, when consideration is given to my co-researchers experience of diagnosis and the involvement of, and disengagement of medical clinicians.

> **'anyth-ing'**
>
> As I start paying attention to the gerunds in 001's script and the use of language that denotes action I am fascinated with: 'anything' …thought of as anyth-'ing' and the ways it is used in the interview. It is used to denote 'nothing' happening, or nothing useful in regards to the process of diagnosis and lack of information, and also the process of finding more information through google leading to significant distress. It therefore feels that it speaks to the 'action of' and the 'in-action' of others/things/institutions – in this case the NHS. It feels like this is not only a gerund, but maybe a progressive verb – something continuous and ongoing? It conjures up an image of a box where everything must fit. This box is the NHS and its ways of doing things, this mantra of 'we do what we do, because we do what we do' feels so present. The idea a fragile young human being comes to a consulting room with their life and places faith in the system 'THAT box' and entrusts something from their core – the self, the soul and the spirit that is trying to contain the dilemma of cancer – life and death, only to be met with 'nothing' or 'anything' (as in-action). This is like being left at sea…and this brings me to the film *Life of Pi.* The idea that you are at sea alone and suddenly this tiger appears and it frightens you, but you try and work with it, you try to placate, develop a relationship and understanding with the tiger, as you go on a journey together. Does the NHS send people out to sea with their diagnosis, who in this metaphor is the tiger?
>
> This image below (Richter, 2018) really represents J's journey and response to diagnosis:

Image 2 by Sarah Richter (2018)

> You stand tall (the resilience that she speaks of), but there is a wild roar inside and you anticipate a fight away from the world, but somehow are still there.
>
> **'It was the worst of the worst'**
>
> So, this feels like an in-vivo code.
>
> The helplessness of diagnosis and lack of information feels so present here, whether this is a code or part of the process of diagnosis – its feels so poignant and I want to make sense of this. I feel constant comparison here could test this as a code or lead to something else or provide something completely left field.
> It's the worst of the worst
> Worst of the worst is death
> Worst of the worst is the not knowing when death comes
> Worst of the worst is salience
> Death is inevitable
> Cancer certainly leading to death
> Death salience?...
> My death is inevitable
> Cancer as a life sentence
> Is this existential awareness of own mortality – could be this be a focused code…not sure yet.

In many ways I believe psychotherapists are naturally researching with their patients in every session. This work for me involves an embodiment of the "anything" or "something," again bringing me back to Bollas' (1987) well coined term of "unknown thought." I am aware of my engagement with not just images during my memo-writing, but music**.** I recall listening to classical music, in particular *Adiemus*, composed by Karl Jenkins (1995) during the literature review. This piece of music reminds me of a television advertisement shown during my childhood in which a child dives into the depths of the ocean until he finds a pearl contained within a well buried oyster shell. It is only now as I write this that I wonder about the "shadow self" (Jung, 1969) and whether my co-researchers and I are embarking on something much more within the research. Maybe we are diving into the ocean looking for a pearl within our shadow self.

> **Existential journey: Dying with, not from cancer**
>
> This feels really important to acknowledge, that my co-researcher's experience has changed over time – P is moving through a process and at this juncture is thinking about life as something P can live with, not fear. This is really interesting, because this does feel like something cancer patients (in my experience) struggle to name – what if I survive and die with cancer rather than from cancer.

As I reflect on the above extract from my memo, I feel the urge to say that this feels equally as existentially present as being with the notion of death. Yalom (2008) reminds us that to live, one has to consider death and that of your own. Existentially, existence could be thought of as knowing and not knowing. We know we will die, we may not know how or when, so the juxtaposition of this for P when she suddenly realises she may not die from skin cancer feels powerful.

The following extracts in this article reveal my co-researchers' experiences of not just being diagnosed during the COVID-19 pandemic, but also the sense of loneliness as a result. It's important to acknowledge that at the time of writing this article, research specific to the adults diagnosed with cancer during COVID-19 appears to be limited to the best of my knowledge. However, Yan et al. (2021) refers to the results of their cross-sectional survey in Canada within the adolescent and young adult cancer survivors during the pandemic. The ages of participants ranged from 18 to 49 years old. High psychological distress was reported by almost 70% of participants and 78% reported a negative impact on cancer care as a direct result of the pandemic. My co-researchers thus far fit within this reported age range.

> **COVID as an excuse?**
>
> J draws attention to having a diagnosis during lockdown and the perception it did not go as well as it could have as a result.
>
> I could analyse the comment re[garding] a child and wonder about J's inner child, but I do not want to fall deeply into the personal story (whilst it has deeply touched me on many levels of my psyche/soma). However, I am very interested in the idea that COVID made this a much harder process and that somehow the NHS were not able to offer the service patients needed leading to distress for patients.

b) Covid-19 'preventing human connection'

> This feels like a very strong in-vivo code because there is something about the reality of Covid preventing that human connection. If not an in-vivo code, it definitely needs to be considered in terms of how it has affected the process of diagnosis for these participants at the very least. I do feel a little angry and sad as I write this, as how cruel is this …. you are diagnosed with SC very young and you can't even hug your Mum! The most soothing nurturing connection in the world - we are wired for social connection.
>
> This a stark reminder of how COVID prevents human connection, prevented even further during treatment due

> to the restrictions in a hospital (no visitors) during the first part of the pandemic. This is very sad.

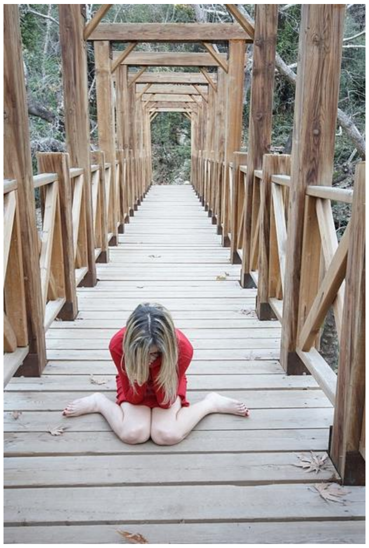

Image 3 by Engin Yakhurt (2018)

> The image above (Yakhurt, 2018) just encapsulates how it felt for me to hear this, but also how it feels as I am coding this interview. There is this beautiful soul alone on a journey not really knowing the destination and is alone, because of something so powerful and invisible prevents that connection at their darkest hour.
>
> SC treatment as lonely;
> SC treatment as isolating;
> SC treatment as a journey for one?...
> Support for SC treatment as lonely
> SC throughout COVID as isolating…
> Is this really what we mean by existential awareness of alienation and isolation?...

The psychological notion of loneliness as a "negative" feeling, arising from a discrepancy between an individual's perceived wishes or desires and the reality of social relations, is being considered in relation to the COVID-19 pandemic. Dahlberg (2021) reminds us that several studies of the general population have found an increase in loneliness since COVID-19. This is echoed by Groarke et al. (2020) who assert a need to consider the greater impact on the younger population, particularly those who are unmarried and living alone. These demographic factors are certainly relevant to this research and indeed a proportion of my co-researchers thus far.

The "helpful factors" of psychotherapy as a colloquial term is interesting in itself. When we wonder about this specifically within oncology (generally), we see a small, but interesting amount of literature, but to my knowledge nothing specific to skin cancer. Below are extracts from my memo which show the emerging picture of what my co-researchers found helpful within their own psychotherapy.

(c) Therapeutic relationship as helpful

> Normalisation of responses as helpful?
> Learning about survival mechanisms as helpful?
> Therapy available in-spite of pandemic…significance of this, therapy represented 'someth-ing' rather than in-action of 'anyth-ing' as a progressive verb.
>
> So going to therapy is in a sense an action – leading to a process – outcome could be lowering of distress, but is there an absence of this within this interview. Was I really listening out for this?...need to reflect more.

The wealth of literature in regards to the therapeutic relationship within psychotherapy may almost seem a given. Knox & Cooper (2015) highlight that the relationship between the client and therapist is integral to the process of therapy, stating the need for "being real" as a reported preference. Omylinska-Thurston & Cooper (2014) examine helpful factors in psychotherapy for cancer patients. They further reinforce the importance of the therapeutic relationship, with all patients reporting on their experiences of normalisation in relation to their emotional experiences helpful - revealing "dealing with distress" as an achieved outcome of their psychotherapeutic experience. I am therefore, not surprised that the codes emerging from my memo are aligned with what the research is saying both generally within psychotherapy and psycho-oncology.

> **Therapeutic relationship – the therapists use of self in the work**
>
> This feels as though it speaks to not only the process of therapy, but the therapeutic relationship – where the therapist used 'self' in the work. It feels like a very powerful part of the research somehow. The idea that self-disclosure facilitated a knowing and feeling understood on a spiritual level leaves me with an image of the therapist and client walking round in the darkness, getting stuck in the mud together. Then they start to find the gold 'the sublime' that Jung talks about.
>
> **Therapeutic relationship – feeling known by your therapist**
>
> It seems different aspects of the relationship is important to people in different ways. In this case having a prior relationship helped, having a therapist who understood cancer helped, taking the therapy/relationship and putting it in your back pocket helps hold and somehow contain what is being experienced week to week. This feels a tangible way of taking the relationship into your life.

(d) Therapy facilitating coming out of the darkness

Image 4 by Social Butterfly (2018) on Pixabay

> I absolutely love this, the idea that therapy somehow shows the personal power and strength in your vulnerability … . [T]his lady speaks of how having cancer during COVID simply highlighted her resilience – resilience that she did not know she had. There is only one image for this – as shown above, wonder woman – this lady is her own wonder woman!

(e) Therapy helpful after it ends

> This feels like a very rich in-vivo code for the purpose of this research, but also when we think about therapists' or the therapeutic communities' hopes? Do we hope that clients take the work with them – do we ever really get this feedback as therapists? I feel not just hopeful, but enthused by this code.

Concluding Reflections

In putting this article together, I have embarked on a reflexive process using autoethnography to share the birth of my research and of me as a practitioner-researcher using CGT. My use of intersubjective reflexivity aims to disentangle what belongs to my participants and what belongs to me, as well as acknowledging our shared journeys.

My research journey, after some initial resistance, begins with a recognition of the harsh reality and shame of the skin cancer diagnosis which parallels my own shame of being a research imposter. Both my participants and I continued to grapple with our shame and the fear of a critical outside gaze.

As the patients undergo their treatment, they are engaged in a fight against a relentless disease and alien medical interventions. There is a need to heal physically and emotionally, and psychotherapy is found to help with their coping and resilience. For me, I also found my coping and resilience as I learned the researcher's skills and to overcome my natural resistance in the face of shame.

Then through the darkness, comes some glimmers of hope and solace. Here the connection, encouragement and healing found in therapy and wider support networks is important for the patients. For myself, I, too, gained in confidence and healed through the connections I made. Now, I am finding my academic voice and beginning to feel comfortable in my "skin" as a practitioner-researcher. I recognise – like my patients – that there will be continuing challenges on the way but there is light ahead.

Today, I still occasionally lapse into my shame and anxiety, and I feel an imposter. But I'm easier with being and becoming an academic. And, yes, I can now finally own that I am a "researcher." I am feeling more comfortable in this "skin." I also acknowledge the learning doesn't stop there as I continue to gain insights and go more deeply into my reflexive processing.

Taking a closer look over my memo-ing (thus far) and engaging in a circle of consciousness, I find myself learning more about 'I' in the process of my research and the embodiment of the entangled emotions during the interviews with my co-researchers. The strength of this awareness has evolved into an understanding of shame and making space for this as an absent researcher.

I am acutely aware of the impact that sharing aspects of self within this paper is not limited to only me, but my co-researchers and their stories. Therefore, one could think of ethics as becoming part of the story within qualitative research, entwined within the researcher-practitioner relationship manifesting within the data explicitly and implicitly. Taking this a step further, within CGT ethics not only inform the research process, but become part of the necessary deconstruction and construction of the theory due to its epistemological nature.

My hope is that other psychotherapists who are thinking of researching in our profession can relate to the vulnerability of truly being seen but take the risk anyway. After all, if the therapeutic relationship calls for "being real" (Knox & Cooper, 2015) research is a way of sharing that realness demystifying the confidential and beautiful craft of psychotherapy, giving a home to the intersubjective reflexive process of qualitative research.

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