

**“It was really good, she sort of took some words what happened, like what I would say”:
Adapting dyadic interview techniques to capture the stories of marginalised voices in
research**

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Abstract

Qualitative research continues to rely heavily on verbal language from solely the participant, which often omits the lived experiences of many people across a range of populations. This paper describes adaptations to an established research methodology, dyadic interviewing, which aims to open up possibilities of hearing unheard voices. Namely, we present an extension to the dyadic interview method as outlined by Caldwell (2014), in which the clinical systemic technique of Internalised Other interviewing is used to further focus in on the perspective of the participant. This method has been used by the authors in a research project with people with intellectual disabilities (Head et al., 2018), which gave people who may not have otherwise participated an opportunity to have their voices heard. A critical analysis of the use of the method is presented, with practical advice on its use. The authors argue that the methodology could be used with a number of populations in clinical and social research.

Introduction

Listening to marginalised voices in research

Qualitative research can be invaluable for exploring in-depth personal accounts of phenomena, and has been used across a range of experiences, including those marginalised and overlooked from more positivist forms of research. However, despite a ‘commitment to power redistribution’ (Karnieli-Miller, Strier & Pessach, 2009) from researcher to researched, the knowledges produced from qualitative frames are not simply ‘giving voice’; in the vast majority of qualitative approaches, there is inevitably and explicitly a co-construction process during every stage of the research. As such, there is an acknowledgment of the fundamental “inherent imbalance in the relation between the researcher(s) and the researched in qualitative health research” (Råheim, Magnussen, Sekse, Lunde, Jacobsen, & Blystad, 2016, p. 2). Not least, who is chosen by the researcher to be researched in the first place. Much qualitative analyses rely on verbal data provided by *only* the participant, which can exclude many people from being able to contribute to research - and therefore to the ‘evidence base’ that is held about them. We refer here to research with people with intellectual disabilities (e.g. Cluley, 2017); children (e.g. Barker & Weller, 2003); refugees (e.g. Pernice, 1994); and people with dementia (e.g. Hellstrom, Nolan, Nordenfelt & Lundh, 2007); though the same can be said for a wide range of populations.

Dyadic interviewing as a qualitative methodology

Dyadic interviewing is a technique of interviewing participants in pairs, for example couples or family members, to gather qualitative data which acknowledges that experiences being researched are relational in how they are storied and given meaning. “Dyadic interviews allow participants to stimulate ideas that might not have been either recognised or remembered” (Morgan, Ataie, Carder & Hoffman, 2013, p.1277), thus allowing for both participants to react to and build on each other’s contributions in the interactions that take place during the interview. There is a history of using dyadic interviewing as a technique in healthcare research, as it is noted that decisions about health treatment are often made with a partner or other significant person, rather than alone (Polak & Green, 2016). It can also be used with people who may struggle with verbal communication, for example people with intellectual disabilities (Caldwell, 2014). For example, a recent study used dyadic interview techniques to explore sibling relationships between adult siblings, one with and one without a diagnosis of intellectual disabilities (Rossetti, Lee, Burke & Hall, 2020). The authors found that this method meant both participants were able to co-contribute to the story of their experiences as siblings.

Dyadic interviewing as a means of addressing power differences

While many dyads may have been able to negotiate some semblance of a power balance, Caldwell (2014) noted that there is likely to be a power imbalance in a pair where one person is labelled as having an ‘intellectual disability’, and one is not. She therefore suggests a specific method to dyadic interviews in intellectual disability research to mitigate some of this power difference, and support the person with intellectual disabilities not to be overshadowed by the voice of their counterpart. Caldwell (2014) suggests that in the first instance, the person with an intellectual disability (who we will from here forward call the ‘participant’) chooses someone who knows them well to act as a key support person (KSP). Rather than be interviewed together, whereby the key support person might dominate the conversation, Caldwell recommends the following procedure for the interview:

1. The researcher interviews the participant on their own about a topic.
2. The researcher then meets separately with the key support person and interviews them about the same topic to gather further details.
3. A final interview is conducted with the participant (on their own) again, using questions guided by the previous two interviews, to add further layers of detail about the experience being investigated.

Caldwell (2014) advises that interviewing a dyad where the research participant has chosen their key support person is a way of recognising the construct of interdependence and the role it may play in participation for some people with intellectual disabilities. She describes how the information from a dyad is a useful way of ‘cross-checking’ and ‘triangulating’ the verbal data that the participant provides (Caldwell, 2014), though she explains the purpose of this is not to ‘member check’ or validate the participants’ responses. Instead the data collected from the key support person functions as a “secondary source that parallels their supportive role” (Caldwell, 2014, p.10).

Caldwell (2014) suggests that, if the relationship within the dyad is the subject of interest, participants can be interviewed alongside their key support person. However, if the individual with intellectual disabilities is the main participant, and their experience the subject of interest, Caldwell (2014) recommends the key support person should be interviewed separately to save the risk of them speaking over or speaking for the participant. However, while we commend this consideration of how power dynamics could impact on the ability of the participant to contribute, as researchers we wondered how being excluded from the second interview might feel for a participant; and whether this fitted with policies, such as Valuing People Now (Department of Health, 2009) which emphasise the need for inclusion. Furthermore, if the participant’s experience is the subject of research, we wondered how their voice could be kept central, rather than the key support person’s version of events taking over. We therefore describe here a research project which drew on the suggestions made by Caldwell (2014), with some adaptations to further address some of the power dynamics described above.

Applying and extending the dyadic interview method in our research

(1) the application of dyadic interviewing with adaptations

In 2012, undercover filming at Winterbourne View, a hospital for people with intellectual disabilities and other complex needs, uncovered abuse and mistreatment of patients. The UK Government subsequently launched the Transforming Care programme in England, UK (Department of Health, 2012) to support people with intellectual disabilities to move from hospitals and other settings into their own homes in the community. Our research explored how people with intellectual disabilities experienced moving out of hospital as part of the Transforming Care agenda (Head et al., 2018), via an NHS Trust in the south of England. The project used a qualitative design, interviewing 10 adults with intellectual disabilities, who then chose a key support person to participate alongside them; a constructivist Grounded Theory analysis was used to analyse the data. This method was used as not only was the topic area

under researched (and therefore well suited to Grounded Theory), it also allowed development of a model to understand the process of moving.

All participants were invited to take part in an initial interview on their own about their experiences of moving out of hospital. Participants then took part in a second interview, and were invited to choose whether to involve a key support person in this second interview. Details of the procedure for seeking informed consent and example interview questions can be found in Head (2017) and Head et al. (2018). For the second interview with the key support person, we chose to alter the method suggested by Caldwell (2014). In our study, the person with an intellectual disability was invited to join this second interview. Throughout this interview, the key support person was asked to add to what the participant had said, and then the views of the participant were sought again, to allow the participant to build on what was being said. In this way, layers of discussion about a topic were developed, and the participant could elaborate on the data provided by the key support person. In this way, the key support person might highlight events or experiences which the participant had forgotten about, or had not brought up themselves. Having the participant present to listen and comment was therefore a further step to address the power that the key support person had in telling the participant's story.

(2) using Internalised Other interviewing as a research tool.

Interviewing an Internalised Other (Tomm, 1987, cited in Mudry et al., 2016) is a clinical tool used in systemic therapy, which involves someone being invited to 'step into the shoes' of someone else in the system. From this position, they are asked to talk in the first person about an experience from the other's perspective. The technique can support people to appreciate the 'multiverse' of different views and positions that can be taken on a topic. It has been noted to be particularly useful in bringing in the voices of clients who are non-verbal (Baum, 2007), or who are not present (Haydon-Laurelut & Wilson, 2011).

In our research, we combined dyadic interview techniques with ideas from Internalised Other clinical work, to develop a research technique which we believe is unique in the published literature. For the second interview, the key support person was invited to 'step into the participant's shoes', and subsequently to respond to the interview questions 'as if' they were the participant. In this way, the aim was for the key support person to reflect on how the experience had been for the participant, rather than from their own perspective. Their account was used to add further layers of meaning and detail to the accounts already provided directly from participants.

See Box 1 for a summary of the suggested approach to adapting the dyadic interview as described above. As suggested by Haydon-Laurelut and Wilson (2011), it is important to ‘warm the context’ of the interviewee to the ideas of Internalised Other interviewing (Burnham, 2018) to prepare them and encourage openness to new ideas. As such key supporters were invited to respond as the main participant, with acknowledgement that it may feel a strange request at first (Haydon-Laurelut & Wilson, 2011). It was also explained that they would be gently reminded to step back into the participant’s shoes if they began to lose the participant’s voice. At the end of the interview, the key support person was then invited to step back into their own shoes, and to become themselves again. Meanwhile, participants were invited to listen and think about whether their key support person was ‘getting it right’. The interviewer asked participants multiple times during the process about their thoughts, and they were additionally invited to interrupt with their thoughts at any time in the key support person interview.

Box 1: Suggested method for adapting dyadic interviews, and using Internalised Other interviewing in research with people who may be in a less powerful position:

Gain consent from the participant and key support person.

Interview 1: with the participant alone:

At the end of the interview, check what information the participant would be happy to talk about further with their key support person is present in interview 2.

Interview 2: around one week later:

- Warm the context in the session.

Now I am going to ask you [key support person] to answer as [participant]. So if I ask you a question, you will try to think of how [participant] experienced what happened, and answer saying “I...” This is to try to think how [participant] really felt or experienced it, rather than using our own personal opinions or thoughts on what happened. It might feel a bit strange at first, and people often forget at first and start speaking about the person again. That’s ok, but I might just gently remind you to use the first person as we go along.

- Invite key support person to step into the participant's position.

- Ask participant questions (e.g. *last time you talked about x, can you say any more about that?*) This is to get as much direct data as possible from the participant.
- Then question the key support person about the participant's experiences, asking them to expand on or supplement the information provided by the participant

[to participant] Is it ok if I ask other [participant's name] a bit more about this? [Turn to key support person] Can you tell me any more about....

- Offer the participant plenty of opportunities to comment.

How is [key support person name] doing? Is (s)he getting things right? Is there anything else you want to say about this? [Key support person] said it was like this / felt like that (etc), do you agree? Can you say a bit more about that?

- At the end of this interview: Invite the key support person to step out of the participant's position, and back to being themselves again.
- Debrief: Invite comments from both parties on the experience as a mini debrief. This involves open questions about each person's experiences of using someone else's voice / hearing someone else 'speak for' them - how it felt and whether it felt strange, easy, difficult, uncomfortable or something else.

The key support person was required to be someone who knew the participant well throughout the process of moving, so they would be able to give a thoughtful and meaningful account to their experience. Although involving a key support person for their second interview was offered as an option only, we found that nine (out of ten) participants chose to invite someone to take part in this role. For most people this was a family member; for others, perhaps those for whom family connections had broken down over time, they chose someone in a professional position such as the manager in their home, their key worker or their social worker.

In line with the aims of the method, it was found that the participant and key support person both speaking with the participant's voice added layer upon layer of meaning, expanding what had been said by just the participant with new perspectives and reflections. An illustrative example is given in box 2:

Box 2: Sections of transcript illustrating the technique in use.

Interview 1

Interviewer: When you were in hospital, did you see yourself as a patient?

Pamela: Yeah. We were treated like patients.

Interviewer: And what does that mean to you, to be a patient?

Pamela: Er, horrible, because it made me feel low, and it made me feel that I couldn't do anything for myself.

Interviewer: Do you feel like a patient now?

Pamela: No.

Interviewer: What do you feel like now?

Pamela: Really good, I can do things myself now.

Interview 2, with Pamela's key support person (KSP)

Interviewer: When you were in hospital, do you remember how you thought of yourself?

KSP: (support worker, speaking as participant): As a patient. Because it was a hospital environment.

Interviewer: And so what does that mean, to be a patient?

KSP: It means you're always in need really, of help, and support and stuff. And you haven't got any choices. What to do. You're under someone else's authority.

Interviewer: Ok, so what about being here?

KSP: I'm free like, I'm just... Pamela. Here.

Interviewer: And that's different from being a patient... How is that different?

KSP: Well, I ... I got an identity now. I'm not a number or something I'm... just a name...you know I'm called by my name. You know, and that's how people see me. As an individual.

Later checking in with Pamela

Interviewer: And one thing that [KSP] said that really struck me was about you now being 'Pamela', not a patient or a number.

Pamela: Yeah. That made me feel good, being Pamela. Being called Pamela. It's nice to have your own name called, you don't feel like a patient, like stuck in a hospital, in just one place. And it felt really good because everybody sort of met, mixing in, you know everybody mixing in.

The example in Box 2 demonstrates how further rich data was gathered from Pamela after listening to her key support person talk. The discussion seemed to scaffold some of her explanations around being part of a group and “mixing in” with others, as well as bringing to light how she saw a dichotomy between being a patient and having a name.

The novel interview technique was also useful in adding further detail to descriptions by those who may have been less able to provide a full verbal narrative themselves, as demonstrated in Box 3.

Box 3: Sections of transcript illustrating the technique in use (Interview 2).

[Discussion of an incident of “breaking the rules”]

KSP (participant’s father, speaking as participant): That’s the sort of thing I like at [new house]. To do those things, which don’t happen in institutions. It’s just like home, like being at home.... I’m back to the person I used to be. I think I’ve discovered how to be mischievous again. In a way that I was never mischievous at [hospital].

KSP (to participant): Do you remember, you let [housemate’s budgies] out one day? What happened when you opened the door and let them out? Do you remember that?

Dave: Yeah

KSP: Tell [interviewer] what happened when you let these birds out.

Dave: Fly round the room!

The technique was also useful for allowing the key support person to add further detail to a narrative that the participant found hard to talk about (but felt comfortable with the key support person discussing) or had forgotten the details of. This demonstrates the way in which the key support person’s role in the research parallels their supportive role. As illustrated in Box 4, Larry perhaps did not remember the sequence of life events that precipitated going into hospital, but his key support person was able to add extra detail to his story.

Box 4: Sections of transcript illustrating how key support person could build on participant story (Interview 2).

Interviewer: Do you remember how long you were there for?

Larry: I don’t want to know, in that place. I wish I didn’t go into it. It wasn’t very nice.

Interviewer: Do you remember how old you were when you first went there?

Larry: Aw god, now you're asking me! I'm old as my boots.

KSP: As old as your boots! [Pause]. That's a very long time, a very long time.

Interviewer: [speaking to KSP] Other Larry, do you know any more about that? Was that straight from Mum and Dad's?

KSP: Er, well no, I had a bit of a... an interesting life, leading up to being 'locked away', if you like. Erm, I think I was seen as being, you know, a bit of a tearaway. A little bit, slow, or what have you, different. And, I sort of, was sent to different places to get me out of my bad habits and things. And then, they started putting me into, you know, more secure mental health units...

Discussion

Our research into peoples' experiences of Transforming Care illustrated the complex processes that people went through while moving, and did so while keeping the voice of the person who had moved central throughout (Head et al., 2018). This was done through giving participants the opportunity to be interviewed directly about their experiences, and by having someone who knew them well, a key support person, provide further information, from the participant's own viewpoint using the Internalised Other technique. We found the method was useful in two main ways:

1. For people who were relatively verbally able, the key support person's interview added new angles to the descriptions of the participant's experiences. These acted as a 'springboard' for further discussion, and topics were then explored in more detail with the participant directly.
2. For people who were less verbally able, the key support person was able to generate data around experiences that the participant did not have the language for. They used their knowledge of the participant to try to understand what it was the participant had felt or thought.

Advantages of using dyadic interviews with the Internalised Other technique

The methods described can be used with people who have limited verbal abilities, as the key support person is able to add further verbal data to supplement the account of the participant. This was demonstrated for a number of participants in the study, who otherwise would not have been able to contribute to the research. In order to ensure that the participants were able to stay centred in the stories constructed, it was important to frequently 'check in'

with the participant, to gauge how far they agreed or disagreed with the key support person's account. We were however mindful that the power differential between participant and key support person might limit the participant's ability to feel able to contradict them, or express a different opinion. To counter this, we also paid close attention to non-verbal cues from the participants, including body language, facial expression and gaze direction as additional sources to either lend credence or cast doubt on the key support person's account.

Furthermore, the Internalised Other technique appears to add space for further reflection to the dyadic interview process. When answering in the first person, Haydon-Laurelut and Wilson (2011) argue that "the interviewee no longer needs to appeal, to justify, or defend his feelings in quite the same way [as when speaking in the third person about someone else] and is freed up to explore this world of experience" (p.36). In this way, the Internalised Other technique as a research tool gives the key support person an opportunity to reflect on the experience of the person they supported. It may allow them to stick more closely to the participant's viewpoint rather than trying to justify or explain these responses, as they might from an observer position.

In addition, it appears to allow previously unrecognised insights into the experiences of the participant. In our research one key support person, a father, noted at the end of the interview that being asked to respond 'as' his son made him stop and think differently about his responses to the questions than if he had been asked to answer from his position as a parent. He reported that it made him think about how his son would have felt during the delayed transition, and whether he would have understood what was happening, and what really was important for him, rather than what other people around him (family and professionals) had deemed was important. This finding therefore adds weight to the use of Internalised Other interviewing as a clinical tool for people who are going through this complex process, to help the network understand and better appreciate someone's internal world (Haydon-Laurelut & Wilson, 2011).

Ethical considerations in using the Internalised Other technique

As Haydon-Laurelet & Wilson (2011) discuss, people taking part in Internalised Other interviewing need to be comfortable sitting with and voicing some uncertainty that is inherent in taking another's position in this way. They also acknowledge that this can be unsettling for carers, and therefore people need to have a full awareness of what they are consenting to, with clear parameters to decline if they so wish. This was taken very seriously within this project, with clear and explicit consent procedures for both participants and key support persons, which

acknowledged the potential emotional impact of using this technique. Feedback in the debrief after the interviews in this research project suggested that it had certainly been a powerful technique, with a number of key support people speaking of the emotional responses they experienced when accessing their internalised version of the participant. The experience seemed to allow them to connect with some of the sadness and losses that the participant had been through (Haydon-Laurelut & Wilson, 2011). As one mother reflected at the end, “there was a couple of times where I thought I was gonna start crying.” For participants themselves, most spoke positively of the experience of having the key support person join them. They discussed feeling like it was useful having them there, and that they felt the key support person had ‘done a good job’ in using their voice. One participant explained it as: “it [key support person’s interview] was really good, she sort of took some words what happened, like what I would say.”

Epistemological considerations

Despite the measures used throughout the data collection and analysis processes to uphold and promote the participants’ perspectives, these techniques cannot claim to only represent the participants’ voices, and are best seen as a co-constructed version of reality between the participant, key support person and the researcher. This process of ‘co-construction’ is explicitly acknowledged in constructivist Grounded Theory (Charmaz, 2014), in which data analysis does not purport to be looking for a ‘truth’ but rather acknowledges the part that each plays in the resulting theory or model. We therefore suggest this technique best compliments research from a constructivist or social constructionist epistemological position. The process of memoing throughout Grounded Theory analysis allows researchers to constantly reflect on, and be aware of the impact of their own construction of the results.

Internalised Other techniques in relation to power

With such significant and often invisible, yet pervasive, power dynamics in research in this field, the use of Internalised Other interviewing must be conducted with great consideration for who is given this power of speaking as someone else, as well as how the data is analysed and interpreted. It certainly appears from the evidence of our research, that Internalised Other techniques can go some way to address the power imbalance between participant and key support person in dyadic interviewing. However, co-opting someone’s voice to speak for them can also fall into appropriation. In a clinical practice study, Nunkoosing and Haydon-Laurelut (2011) conducted a discourse analysis of referrals to a community intellectual disability service

for people whose behaviour was ‘challenging’. They describe a referral that had been written by a professional in the first person of the client being referred; for example, “...provocation of others into losing their temper with me, striking out at me or shouting at me” (p.411). Nunkoosing and Haydon-Laurelut (2011) note that “this text suggests a perversion of person-centeredness as this man’s voice is appropriated by the author of the text to serve the purposes of the author” (p. 411). Such “appropriation” of someone’s voice in research could serve to further disenfranchise marginalised populations, by paying lip service to inclusion while actually ignoring or, more dangerously, misinterpreting their contribution. Below we describe how such potential difficulties were considered and worked through in our own research.

As a starting point, our research demonstrates the central importance of careful selection of the key support person, to ensure that they truly know and understand the participant. To ensure this, we suggest that the researcher should give participants clear information (e.g. in easy-read format where needed) and appropriate guidance on choosing their key support person. In the present study, the researcher stressed the need to choose someone who knew the participant well throughout the whole process of their move, so they were well placed to understand and voice their experiences.

The participant themselves can exercise a degree of power in their choice of person to best supplement their stories, with the caveat that some participants may have a wider choice of potential people than others. The researcher then holds responsibility for negotiating the important issue of power between key support person and participant during the interview and analysis process. In our research, the researcher was clear and explicit about the technique, and the values behind it. This aimed to minimise the likelihood of a key support person slipping into re-taking their own position, or talking for the participant in ways that could (inadvertently) re-invoke the same power dynamics that have contributed to researchers not listening to these marginalised populations.

In the described study (Head et al., 2018), a number of participants chose paid professionals to join their interviews. One key support person was a support worker in the participant’s new home, and at some points seemed to struggle with connecting with what the participant might really want. When asked about the participant’s hopes for the future, the key support person said “I want to get a job;” but this was not something the participant talked about in their interviews. The researcher therefore wondered if the key support person was responding with how they thought the participant ‘should’ think (perhaps aligned with dominant capitalist and neoliberal discourses in society about how people ‘should’ spend their time), rather than connecting with what the participant actually wanted for their life. To

decrease the likelihood of this kind of response, it is therefore vital that in the explanation and preparation for the interview, the key support person is encouraged to really connect with the participant's experience, no matter whether it is considered acceptable or desirable from their own perspective.

Holding participant accounts centrally during data analysis

Another key technique used in this study to ensure the balance of power remained with participants, was in the data analysis. In all cases, direct speech from participants (from participant interviews) was given precedence. For example, where possible, participant data was coded, rather than that provided by the key support person on the same topic. This was particularly important in instances such as in the case illustrated above. Key support person data was held more 'lightly' and with a sceptical eye, always keeping in mind that it was one step removed from the real lived experience.

Where key support person data was not supported by participant feedback (through questions to participants like 'did they (key support person) get that right?'; or where the participant indicated a lack of support through their non-verbal communication; and/ or where the researcher was concerned that the participants voice had been unwittingly 'appropriated', this data was not used further in the analysis. Furthermore, participant data was also prioritised in the development and naming of focused codes, with data from key supporters added to these codes if relevant, but not the other way round: if codes were only seen in key support persons' data but not also supported by what participants said, these codes were not developed further. In this way, there was a 'hierarchy of triangulation' of data such that most weight was given to participants' data wherever possible.

In this way, the researcher played an important role in negotiating these power dynamics and ensuring the construction was weighted towards the participant. Again, use of memos as part of the Grounded Theory method allowed for constant reflexive examination of the analytic process, and how the aspects of power were influencing the outcomes.

Conclusion

In summary, the adaptations to dyadic interviewing described in this paper were used successfully in a research project which led to a greater understanding of the participant's experiences of moving; the findings have been valuable clinically and are relevant to policy development in this field. We believe that the technique could be used in research in other populations who are also marginalised and find it hard for their voices to be heard. When used

with caution, and reflexively regarding power, the techniques described here can go some way to supporting those who may be overlooked to take part in research and contribute to the evidence-base.

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