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THE CONCEPT OF THE 'SELF' IN QUALITATIVE PSYCHOLOGICAL RESEARCH

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Kovács, A. (2019). Kutatás és egzisztenciális pszichoterápia: az emberi élet jelentésrétegei. *PSZICHOTERÁPIA*, *28*(4), 340–341.

Pados, E., Kovács, A., Kiss, D., Kassai, S., Kapitány-Fövény, M., Dávid, F., … Rácz, J. (2020). Voices of Temporary Sobriety – A Diary Study of an Alcohol-Free Month in Hungary. *SUBSTANCE USE & MISUSE*, *55*(5), 839–850. http://doi.org/10.1080/10826084.2019.1705861

Conference papers and presentations

Kaló, Z., Kovács, A., Kiss, D., Kassai, S., Pados, E., & Rácz, J. (2018). Assessing Qualitative Psychology in Central Europe - Some Preliminary Findings. In *2018 SQIP Annual Conference on Qualitative Research Methods : Abstracts :* (pp. 19–19).

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Kovács, A., & Kiss, D. (2019). Meeting the mysterious mad lady of my childhood - the experience of a researcher at a psychiatry. At *Phenomenology and Art Conference (PhAR), Aston University, Birmingham, UK*.

Kovács, A., Kiss, D., Kassai, S., Pados, E., Kaló, Z., & Rácz, J. (2021a). Kvalitatív pszichológiai paradigmák Közép-Kelet-Európában. In *Út a reziliens jövő felé. A Magyar Pszichológiai Társaság XXIX. Országos Tudományos Nagygyűlése* (pp. 108–109).

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Szécsi, J., Demetrovics, Z., Kalo, Z., Kapitány-Fövény, M., Kovács, A., & Rácz, J. (2022). Jelenorientáció és pszichoaktív-szer használat: a szélsőségesen deprivált élethelyzet szociológiai-pszichológiai-egzisztencialista csapdája. Elméleti-módszertani előkészítés. In *Addiktológia, XVII, Supplementum* (pp. 5–6).

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1. Introduction

This dissertation aims to explore the concept of 'self' in three different qualitative psychological methods. By analyzing the role and nature of 'self' in these methods, it will be possible to improve the rigor of the methods, compare findings from different approaches, and create a framework that can be easily taught to psychology students.

The dissertation is divided into three parts. The first part provides the rationale for the study and introduces three qualitative research methodologies: Thematic Analysis, Narrative Analysis, and Interpretative Phenomenological Analysis. Each method is presented with its epistemological foundations, and the conceptualization of 'self' within each paradigm is discussed. The section then includes philosophical and psychological examples to help explain the identified self-concepts.

The second part of the dissertation comprises four studies. One of the studies examines the epistemological consistency of recent qualitative research in Central Eastern Europe, while the other three use different qualitative methods to examine various populations and psychological phenomena.

The third part is a discussion that reflects on the 'self' concepts in qualitative methods, their importance in promoting transparency, and the applicability of knowledge based on qualitative methods.

1.1. Rationale

Scientific psychology is the study of behavior, emotions, and thinking with the aim of investigating, explaining, predicting, and changing them (Passer & Smith, 2004). Similar to natural sciences, psychology has a dominant objectifying, positivistic scientific epistemology (Michell, 2003; Breen, 2008). However, due to the subjective nature of human behavior, experience, and perception, even scholars in the 19th century expressed doubts about the possibility of an objective investigation of psychology (William James, 1890; Dilthey, 1996). Reducing human experience to theoretically measurable, isolated factors with little or no sensitivity to contextual and personal characteristics can lead to misinterpretations (Armistead, 1974; Harding, 1992). Postmodernist approaches suggest that psychological phenomena interfere with objectivity due to their intersubjective and subjective nature (Ratner, 2002). Granzka and Moradi praise qualitative research as "a way of thinking and doing research from

a critical, intersubjective perspective, and with a commitment to the rich, nuanced description of experience above and beyond a concern with correlation or causation" (2021, p. 251).

As a reaction to the positivistic dominance in psychological research, qualitative methods have gained increasing attention in the past decades in many psychological fields, such as counseling (Berríos & Lucca, 2006), nursing, psychotherapy, and health psychology (Davidsen, 2013; del Rio Carral & Tseliou, 2019; Rennie, Watson, Monteiro, 2000; Stainton-Rogers & Willig, 2017). Qualitative methods aim to explore knowledge based on people's lived experiences by investigating personal experiences rooted in first-person accounts (Denzin & Lincoln, 2011). The strength of qualitative methods lies in their primarily interview-based data collection method, detailed analysis, and sensitivity to subjectivity. Its perspective is claimed to be close to 'real-life' (i.e., personal experience) and psychological practice (Creswell et al, 2007). Subjectivity means that the investigated phenomenon (behavior, perception, experience) can only be investigated in connection with the subject. The subject or the self is the agent who owns or is affected by an experience (Strozier, 2002). However, to understand what we call subjective, a proper definition of what we consider to be the "subject," "I," or "self" is needed.

According to Wittgenstein, the difference between "I" and "self" is that the word "I" is an indexed phrase that indicates the person who is perceiving, experiencing, or acting (Gaynesford, 2016). Its meaning changes according to the context. "Self" refers to the "I" regardless of the context. In this dissertation, for simplicity and clarity reasons, we use the word "self."

Qualitative methodologists refer to abstract philosophical and epistemological concepts when describing and teaching qualitative methods (del Rio Carral & Tseliou, 2019). As a result of this abstraction, comparing qualitative methods is difficult and can result in confusion in wording or inconsistency in scientific literature. Placing the question of self at the center of comparing qualitative methodologies may help to overcome the complexity of philosophical language.

Different concepts of selves lead to knowledge of different natures (Padgett, 2008). Investigating the underlying self-concepts in philosophy, psychology, and qualitative methods may aid in understanding and applying qualitative methods, help in qualitative and mixed-method research planning, assist in finding proper implications for qualitatively generated scientific knowledge, and help to make systematic analyses of qualitative studies.

1.2.   Qualitative Research in Hungary

Above, I mentioned the growing trend of qualitative psychology research at an international level. This dissertation would not be complete without briefly introducing the qualitative researchers in Hungary and acknowledging their fundamental contribution to qualitative psychological research.

As discussed in the first article of the next chapter (Kovács et al., 2019), qualitative research has been receiving increased interest in Western European countries since the 1970s, while in Central and Eastern European countries, such as Hungary, qualitative research methodologies have been developing in a unique way. Political and ideological factors have had strong effects on both applied and academic psychology, with qualitative research methods gaining less attention and acceptance. Nonetheless, Hungarian psychology researchers have increasingly focused on qualitative research, using various qualitative methods, such as Thematic Analysis, Interpretative Phenomenological Analysis, Narrative Analysis, and Grounded Theory, to explore different psychological fields.

In the field of addiction sciences, researchers such as József Rácz and his team (Rácz, 2006; Rácz, Csák, Faragó & Vadász, 2012; Rácz, Csák & Lisznyai, 2015; Rácz & Lackó, 2008; Pados et al., 2020), Zsuzsa Kaló (Kaló, 2009; 2019; Kaló, Mándi, Váradi & Rácz, 2013), Márta B. Erdős (B. Erdős & Kelemen, 2005; B. Erdős, Vojtek, Kelemen & Szijjártó, 2017), and Tremkó (Tremkó & Golenya, 2018) have published many valuable studies that have received international recognition. Qualitative studies in clinical psychology and medicine (e.g., Csabai, 2004; 2018; Kassai et al., 2016), sexual behavior and sexual minorities (Takács et al., 2006, 2013), healthcare (Zörgő, Purebl & Zaná, 2018), international psychology and adaptation of international students (Hossein-Nezhad, Safdar & Luu, 2019; Yerken & Luu, 2022; Erturk & Luu, 2022), social psychology, stigmatization of minorities (Orosz et al., 2018), and environmental psychology (Sallay et al., 2019) have significantly contributed to international scientific discourses in recent years. Thanks to highly skilled researchers, many important papers have been published by Hungarian narrative psychologists, and narrative psychology has become well-known and appreciated in Hungarian universities.

According to Hungarian narrative psychologist János László, critics of individualistic and cognitive psychology drove researchers towards narrative psychology. In the 1990s, the Narrative Research Center was established by János László, which became the center of computer-based narrative content analysis (László, 2000). It was a text-based quantifying analysis, a unique groundbreaker of narrative methodology. However, the methodology used

post-positivist, natural scientific epistemology. The research team members developed, extended, and used narrative content analysis in a wide range of applications (e.g., László, 2005; László, 2011; László, Ehmann, Pólya & Péley, 2007; Péley, 2002; Ehmann, 2002; Hargitai, 2004). Csaba Pléh referred to narrative theory as the new metatheory of psychology (2012).

Qualitative research methodology has become increasingly popular in education. In 2004, Szokolszky Ágnes, a respected psychological research methodologist, included qualitative research in the valuable Handbook of Psychological Research (Szokolszky, 2004). English language qualitative methodological books have been translated and published in Hungarian, such as Strauss and Corbin's famous grounded theory methodological book, which was translated into Hungarian by Bea Ehmann and published in 2015 under the title 'A kvalitatív kutatás alapjai' (Strauss & Corbin). Grounded Theory has been discussed by Viola Sallay and Tamás Martos (2018), while József Rácz, Szilvia Kassai, and Judit Nóra Pintér wrote a valuable book on Interpretative Phenomenological Analysis in Hungarian, which was published in 2017 (Rácz, Kassai & Pintér, 2017). In 2018, a special issue on qualitative research was published in the Magyar Pszichológiai Szemle, edited by József Rácz, Szilvia Kassai, and Zsuzsa Kaló (2018). This issue considers vital perspectives in the applicability, methodology, and epistemology of qualitative methods, such as grounded theory, case studies, and Interpretative phenomenological analysis (Rácz, Pintér & Kassai, 2017).

Currently, the Qualitative Research Team at Eötvös Loránd University is working on The Handbook of Qualitative Research in Psychology, edited by József Rácz, which is in press (Rácz, 2023 in press). This book introduces the philosophical underpinnings of qualitative research, provides guidelines for interview writing and research planning, and demonstrates four qualitative methods through previous research of the authors.

By 2023, many universities offer courses in qualitative research methodology for their students, and many studies have been published by Hungarian universities in international journals using qualitative research methods. With this dissertation, I hope to contribute to the work of the many brilliant Hungarian qualitative psychologist scholars.

1.3.   The Qualitative Approach

To analyze three qualitative psychological methods, we must first define what we consider qualitative and what its criteria are. Scientific research is grounded in philosophical questions and considerations (Guba & Lincoln, 1994; 1982). The research methods contain assumptions about the general features of the world, nature of mind, matter, reason, and proofs for knowledge (Blackburn, 1994). These assumptions can be categorized into scientific paradigms (Kuhn, 1970), referring to philosophical beliefs, theories, and standards for research methodology. According to Kuhn, the basis of the paradigms are the answers to three questions: "What are the fundamental entities of which the universe is composed? How do these interact with each other and with the senses? What questions may be legitimately asked such as entities and what techniques are employed in seeking solutions?" (Kuhn, 1970, pp. 4-5).

These considerations are building on each other and create the basis of any scientific investigations: ontology, epistemology, and methodology. Ontology is considered to be the "nature of reality" (Saunders et al., 2009), answering the question of what the researcher thinks about reality, whether it is one objective reality existing or parallel realities based on the differences between perceivers. Epistemology is the theory of knowledge. It deals with the question of what can be considered knowledge and what are its criteria (Stainton-Rogers & Willig, 2017). The methodology answers the question of how we can collect data and produce knowledge based on the epistemological background (Camic, 2021).

Researchers seem not to agree on the names and number of epistemologies when it comes to psychological research. Al-Ababneh (2020) discussed four types (positivism, interpretivism, realism, and pragmatism), while Carla Willig and Stainton-Rogers in their well-known Handbook of Qualitative Psychology introduced three types (realist, social constructivist, and phenomenologist). Other famous qualitative psychology theoreticians such as Guba & Lincoln (1994), Lincoln, Lynham & Guba (2011), Patton (2002), and Rossman & Rallis (2003) named four (positivism, postpositivism, critical theory, and constructivism). These categorizations, however, overlap with each other. In general, they agree on the division between qualitative and quantitative research epistemologies.

Kidder and Fine (1987) asserted that numerous qualitative studies adopt quantitative research design and epistemology. They differentiated between "clear" qualitative studies (Big Q) and qualitative studies that utilize quantitative logic (small q). Big Q studies are unstructured investigations that involve a continually changing set of questions without a structured design.

These studies employ inductive data analysis and are exploratory, aiming to answer an open-ended research question by analyzing and understanding participants' accounts. In contrast, small q research has a structured design and involves deductively analyzing participants' accounts with identifying theory-based concepts, codes, and themes. Small q research aims at hypothesis testing, where the hypothesis or the research question remains unchanged throughout the research process. Small q researchers seek to validate or falsify hypotheses or conduct correlation or frequency testing. In contrast, Big Q researchers continuously discover new questions throughout their research as they understand what is relevant to the participants. They use open research questions and collect data through interviewing. The researcher is actively engaged in the research process and also affects the knowledge gained through it. Many differences are rooted in this division.

The main difference between small q qualitative and quantitative studies is that small q studies do not involve quantification. The data does not get transformed into numbers to be statistically analyzed, while they still follow the positivistic epistemological considerations and use the phrasing and criteria of quantitative research.

In our article entitled "Mapping qualitative research across Five Central-Eastern European Countries – a paradigm analysis" (Kovács et al., 2020), we analyzed the epistemological paradigms employed in qualitative articles. We were interested in examining the researchers' congruency in epistemological paradigm usage in qualitative psychological studies. To accomplish this, we used an extended version of Petty, Thompson, and Stew's (2012) table on qualitative (interpretivist) and quantitative (post-positivist) epistemological considerations. The division between the two epistemologies is very similar to what Kidder and Fine (1987) referred to as Big Q and small q studies. However, due to word count limitations, we had to reduce the text of the table in the article, here we quote the original one:

Table 1. Post-positivism and Interpretivism (Petty, Thompson & Stew, 2012, pp. 269)

	Post-positivism *(quantitative)*	Interpretivism *(qualitative)*
Ontology	One objective reality. Social reality is ordered and these uniformities can be observed and explained. Deterministic view of social life such that social action and interaction are the product of external forces on social actors.	Multiple realities (perspectives). Reality is socially constructed. Reality is pre-interpreted, intersubjective world of cultural objects, meanings and social institutions.
Epistemology	Only accepts what can be directly observed by the senses. Observation is theory neutral. Discover a reality that will be known imperfectly and probabilistically due to limitations of the researcher. Absolutist: objective knowledge possible through observation, uncontaminated by theory. Value-free knowledge.	Understand the multiple social constructions of meaning and knowledge. Requires insider status; researcher being immersed, to learn the local language, meanings and rules. Relativist: ultimate truths are impossible. Knowledge is value laden.
Knowledge	Objective knowledge (facts) can be gained from direct observation or experience, but is imperfect and fallible. Theories, hypotheses, background knowledge and	Observation involves interpretation.

	values of the researcher influence what is observed.	
Purpose of research	Deductive reasoning strategies tests hypotheses. General laws and theories that explain and predict. Results can be generalized.	Inductive reasoning strategies to explore, describe, understand, explain, change, evaluate. Analysis of the frames of meanings of social actors obtained from everyday concepts, meanings and accounts; abstraction leads to explanation. Findings are specific to time and place.
Research question and hypotheses	Explicitly defined at the start of the study.	Broad research question that becomes refined during data analysis. Does not identify hypotheses.
Research instrument	Often uses external instruments that ideally are valid and reliable. Researcher may also act as observer.	The researcher
Participants	Subjects are passive.	Participants actively involved in constructing the 'reality' with the researcher.
Relationship between researcher and participants	Detached and impersonal. Researcher to remain objective. Participants are subjects to be studied.	Involved, immersed in the participants world. Participants are actively contributing.

Data Measure.	Quantitative data (numbers) is derived from strict rules and procedures.	Interpret words (spoken or written) and meanings to gain understanding of phenomena. Use of thick description.
Use of thick description.	Variables Controlled.	Not controlled.
Role of lay language	Reject lay language. Language describes objects in the world, therefore precision important.	Accepts lay language as the very medium of social life.
Credibility	Replication.	No attempt to replicate studies.
Natural versus social science	Possible to use assumptions and methods in natural sciences and social science.	Fundamental differences between natural sciences to social science requiring different procedures.

This table is a matrix that compares qualitative and quantitative paradigms from 13 aspects. These aspects are ontology, epistemology, data gathering, method of analysis, and presentation style. The main difference is that postpositivist (or quantitative) studies aim for comparability, objectivity, and replication, they tend to assume that psychological concepts and theories are objective and based on reality which is uniform and examinable. While interpretivist (qualitative) studies consider experience as subjectively or socially constructed, thus the experience is personal and cannot be unbounded from the self. It can only be understood with the self.

In other words, post-positivist researchers tend to examine psychological models, theories, processes, etc., which are separated from the one who is experiencing them. Interpretivist researchers are focusing on the experience of the self and state that the experience

cannot be isolated from the self who is experiencing it, as experience consists of personal meaning and relevance.

Despite the detailed conceptualization of paradigms, interestingly, there is an inconsistency between the wording of Petty-Thompson and Stew's article and the wording of postpositivism.

Postpositivism comes from the positivistic epistemology of natural sciences. As Clark summarizes "Positivist inquiry is achieved throughout the verification and replication of observable findings concerning directly perceivable entities or processes" (Clark, 1988, p. 143). Positivism considers reality as one, objective reality, in which knowledge and concepts can be identified. In scientific psychology, positivism considers people as parts of one reality, their psychological processes are communicated by the language, and because of the uniformity of language and shared experience of being a human, these processes are objectively, directly measurable, and understandable (Clark, 1998).

Postpositivism, in contrast, states that the absolute truth does not exist (Guba & Lincoln, 1994). Postpositivism is a revolt against positivism in social sciences: it emphasizes the subjective and personal perspective of facts (Panwahr, Ansari & Shah, 2017). Postpositivism is thus rather a mixture of positivism and interpretivism than a clean epistemology itself (Clark, 1998; Fischer, 1998). Postpositivist studies praise themselves for using methods and epistemologies throughout the research process of triangulation to give a complex picture of the focus of the research (Phillips, 1990; Wildemuth, 1993). The sources of a postpositivist research can be the literature on social constructivist nature/phenomenologist/positivistic studies, knowledge gained with qualitative/quantitative methodologies, and confirmatory/disconformity evidence (Panwahr, Ansari & Shah, 2017). Postpositivist research aims to "shift from a narrow interest empirical analytic theory to the progress of an affluent perspective on the affairs related with human beings" (Panhwar, Ansari & Shah, 2017, p. 255).

According to Guba and Lincoln (1994), postpositivism is more like a reflexive eclecticism than a standardized paradigm. Postpositivistic studies aim to examine psychological facts while also considering personal perspectives. The psychological phenomenon, the research methodology, and the active nature of the researcher are discussed, but the nature of the self of the person in question is not explicitly articulated. Researchers are free to choose

what and how they conceptualize the self, and which epistemologies they apply in their research.

However, it appears that Petty, Thompson, and Stew (2012) might have mistakenly introduced the positivist paradigm instead of the postpositivist one in their comparison table. Despite this, their table helps to highlight the main differences between qualitative studies of postpositivist (or positivistic) and interpretivist nature, emphasizing the importance of the 'self' of the subject of the studies.

It's worth noting that the categorization of epistemologies used in this discussion includes Postpositivism, Social Constructivism, and Phenomenology. Thematic Analysis is considered a postpositivist method as it relies on the positivist tradition to some extent. Interpretivism is divided into two categories - Social Constructivism and Phenomenology - both of which focus on the interpretive act of meaning-making, albeit in different ways. That is why the three epistemologies which are discussed in this dissertation are Postpositivism, Social Constructivism, and Phenomenology.

1.4. Three Qualitative Epistemologies: Postpositivism, Social Constructivism and Phenomenology

The strength of qualitative studies lies in their subjective nature and focus on personal experiences. However, the concept of "personal" and how these methods view the "self" in relation to psychological phenomena remains unclear. While literature on these methods emphasizes the interactive nature of qualitative data collection, the active participation of both researcher and participants, and underlying philosophical perspectives, a comparative study on the analysis and comparison of "selves" is missing.

A comparison of qualitative methods through their concept of "I" or "self" may facilitate more adaptive and reflective use of qualitative psychological methods, further improvements, and proper implications. This section focuses on the epistemology of psychological research and the concept of "I" and "self" in three commonly used qualitative approaches: Thematic Analysis, Narrative Analysis, and Interpretative Phenomenological Analysis. These three methods were chosen as they are among the core qualitative approaches (Frost, 2021) presented in many qualitative methodological handbooks besides grounded theory (e.g., Stainton-Rogers & Willig, 2017; Breakwell et al., 2006; Smith, 2015). Furthermore, they are among the most commonly used qualitative analysis methods in healthcare (Renjith et al., 2021) and counseling

research (Creswell, 2007). For clarity and coherence reasons, this dissertation excludes grounded theory due to its complexity and roots in sociology (Glaser & Strauss, 2017).

The studies presented in this dissertation were conducted with the Qualitative Psychology Research Group at Eötvös Loránd University in Budapest, Hungary. This dissertation aims to compare the three most frequently used qualitative methods. Given that the fields of the studies are secondary, the topics of research vary: mapping qualitative research epistemology in the Central Eastern European region, investigating recovery from addiction and chronic illnesses, analyzing the impact of psychobiographic courses on the professional identity of psychologists, and investigating how individuals diagnosed with schizophrenic disorder make sense of the homicide they committed. As these studies necessitated different epistemologies and concepts of experience and self, these four articles were selected to illustrate the usage, implication, and limitation of the three qualitative methods.

To maintain paradigmatic and wording consistency, this dissertation follows Carla-Willig and Stainton Rogers' paradigmatic categories, with a minor difference (Stainton-Rogers & Willig, 2017). Carla-Willig and Stainton Rogers identify three epistemologies: realism, social constructivism, and phenomenology. In this dissertation realism is referred to as postpositivism for clarity and coherence.

1.4.1. Thematic Analysis with Postpositivist Epistemology

Thematic Analysis is a research method that is commonly associated with postpositivist epistemology. Its popularity has grown since Braun and Clarke's 2006 article that introduced a detailed, step-by-step guide for executing Thematic Analysis. This method has gained attention from many social scientists and psychology scholars and has become one of the most cited articles of the year in the field of psychology (Braun, Clarke & Hayfield, 2019). Thematic Analysis is based on the traditions of content analysis, but it is more flexible in research design and allows researchers to choose the most appropriate epistemology and methodology for their research (Braun & Clarke, 2019). It is defined as a rigorous and systematic approach to coding and theme development (Braun & Clarke, 2019, p. 591). Before beginning the analysis, researchers must make several decisions, such as whether to use an inductive or deductive approach to the analysis, determine the unit of analysis, and decide on the amount of interpretation required. Additionally, they must choose an appropriate epistemology for their analysis.

Thematic Analysis does not implement epistemology in the methodology, but rather offers the freedom to choose an appropriate approach. Because of this freedom and wide applicability, Braun and Clarke refer to Thematic Analysis as having a reflexive postpositivist epistemological and philosophical grounding (Braun & Clarke, 2019). Although postpositivism derives from positivism, it aims to use other perspectives as well to achieve context-sensitive and complex knowledge.

In our second study (Kőváry & Kovács, 2021), we utilized Thematic Analysis to explore how psychobiography courses impact students' identities. We adopted a postpositivist epistemology since we were interested in examining psychological effects and assumed that psychological effects are universal and comprehensible regardless of the perceiver. Therefore, we viewed our participants' accounts as valid representations of their experiences and as relevant information to our research questions of how psychobiography courses and research are described by students and how they utilize their experiences resulting from psychobiography courses and research (Kőváry & Kovács, 2022, p. 28). Our epistemology held that psychological information is an aspect of reality that can be identified by the researcher. To identify themes, we used an inductive approach to map and explore our participants' experiences rather than a pre-existing codebook for hypothesis testing. We searched for latent meaning, as certain concepts like 'self-analysis' or 'reflective ways of thinking' were not explicitly present in the texts, and some interpretation was required.

Our postpositivist Thematic Analysis (Kovács & Kőváry, 2021) viewed human experience as understandable based on the uniformity of psychological concepts and shared reality. This paradigm focused on psychological concepts rather than individuals, contending that individuals were comparable to each other since they shared similar meaning-making and experiencing capabilities. The postpositivist paradigm did not emphasize self, personal perspective, and subjectivity, and these concepts were not clearly defined and were not of great importance (Stainton-Rogers & Willig, 2017). The analysis process indicated that data was not independently coded, and the interviews' codes were mixed and thematized together (Braun & Clarke, 2006), suggesting that postpositivist thematic analysis considers psychological experience as shared, comparable concepts that have a single, objective meaning across individuals. In our research, we aimed to discover patterns in the impact of psychobiography courses across the collected interviews. Thus, our focus was on function rather than subjective meaning.

Regarding the self, the postpositivist paradigm viewed psychological concepts as relatively objective, and individuals could possess them, considering the self as a container of diverse psychological concepts. This notion of the self has been present throughout the history of philosophy and psychology.

1.4.1.1.Philosophical and Psychological Examples of the Postpositivist Self Concept

To provide a more in-depth discussion of the self-concept described in postpositivist and postpositivist thematic analysis, I will draw on the contributions of philosophers and psychologists throughout history. I am not attempting to present an exhaustive list of thinkers who have addressed this topic, but rather to offer some examples that facilitate a deeper understanding.

For instance, a similar self-image can be found in some of Hume's writings. Hume asserted that although we experience the self as a stable entity existing over time, there is no core to the self. According to him, the 'self' is nothing but a "bundle or collection of different perceptions" (Hume, 1739/1962, p. 252). The unity of self cannot be conceptualized. Therefore, we cannot be directly aware of ourselves, only of our experiences at any given moment. There may be connections between the events, thoughts, and ideas we experience over time, but there is no evidence that a stable core of self exists. The self is more like links in a chain. Hypothesizing a unifying self over the bundle of perceptions is like seeking a chain apart from the links that compose it (Reid, 2002). Interestingly, Hume also views ideas as not fundamentally different from experiences in his work A Treatise of Human Nature (Hume, 1739/1962). According to Thomas Reid, this conceptualization threatens to reduce the self to a collection of ideas and to disregard the external world and our existence (Michael & Michael, 1987).

Kant emphasizes that metaphysics contemplate something that lacks empirical experience. Metaphysics deals with abstract constructs, so it is more of an intellectual concept than a material and perception-based reality (Kant, 1760-1790/1997; Marshall, 2010). The 'self' is not a component of an immortal soul but rather a perceiver of reality. According to Arthur Melnick, in Kant's works, the 'self' is understood as an activity because this avoids constructing the 'self' as an entity (Melnick, 2009).

The idea of the self as a collection of thoughts and emotions that can be altered by counseling and therapy has a long tradition.

1.4.1.2.   Postpositivist Self-concept in Psychology

John Watson (1878-1958), the founder of the behaviorist movement, stated that intrapsychological processes such as emotions and thoughts are impossible to precisely describe and directly observe (Calkins, 1921). He argued that psychology should deal with what is most objectively measurable, which is behavior. According to Watson, behaviorism is rooted in the idea that all psychological processes, emotions, decisions, and thoughts are manifested in various behaviors (Watson, 1913). Adaptive and maladaptive behaviors are considered to be the results of a learning process, and therapy aims to correct behavior through new learning processes. However, Watson did not examine the epistemological roots of his science, and it was later operationists and logical positivists who created the logical interpretation of mental processes (Skinner, 1959). In behaviorism, the nature of the self is not important; behaviorists focus on the prediction and control of behavior through learning and re-learning (Zaifar & Namaziandost, 2019).

The cognitive approach puts human cognition in focus, aiming to adapt to the world (Sternberg, 1996). Beck stated that people do not react to the exact and objective context, but to their interpretation of this context (Beck, 1979). Interpretation is made through cognitive processes, emotions, and behavior (Beck, 1979; Brown, 2014). Reactions are rooted in personal life experiences.

Cognitive and cognitive-behavioral techniques thus focus on different aspects of the self, such as self-esteem (Campbell, Chew & Scratchley, 1991), self-efficacy (Goldin et al., 2012), appearances of self-disclosures (Husain & Hodge, 2016), and self-monitoring (Cohen et al., 2016). As cognitive researchers are interested in the nature of adaptation and cognitive processes, the focus is on ways of adapting to the many challenges the environment presents, rather than on the construct and nature of the self (Sternberg, 1996).

Scheme therapy builds upon the cognitive approach and proposes that interpretations and meanings are organized into different patterns or schemes of thoughts and behavior (Young, Klosko & Weishaar, 2006). Young identified five main schemas with several sub-schemas (e.g., Disconnection/rejection, Impaired Autonomy and/or Performance, Impaired Limits, Other-Directedness, and Overvigilance/inhibitions), which represent categories of cognitive processes (Marin & Young, 2010). These approaches aim to identify a person's cognitive characteristics

based on a list of cognitive patterns. Cognitive patterns or schemas are believed to be universal, and individuals may possess some of them. These therapies use a deductive way of knowledge creation and focus on cognitive patterns rather than on the self and its subjective interplay with the external world. The 'self' is less emphasized, and the different interpretative and meaning-making functions take the forefront. Cognitive and schema therapies focus on well-articulated malfunctions and aim to find alternatives to them.

1.4.2. Narrative Analysis with Social Constructivist Epistemology

In our third study we carried out a social constructivist, form-focused, holistic narrative analysis (Kovács et al, 2020).

Social constructivist epistemology considers reality and psychological phenomena to be created through social interaction, i.e. socially constructed (Gergen & Gergen, 2003). It states that experiences do not have meaning per se, but people are creating meaning through social agreement and language. Social constructivist researchers are examining how meaning is constructed through interactions in the social world.

Language is the basis of social interactions, a uniformized code through which individuals are constructing meaning, affecting, and connecting. Social interactions consist of social discourses, which are topics and themes in the communication (White, 2004). These can be based on group memberships, values, and social norms. Members of the social reality are using these discourses to indicate their places in society, or position themselves in an interaction with another person and indicate their identities (Van Dijk, 1997). That is why social constructivist researchers are interested in through which social discourses are people constructing their realities and their selves (Phillips & Hardy, 2002).

Narrative psychology builds on the social constructivist epistemology (Earthy & Cronin, 2008). It states that a psychological experience is constructed through interaction when it gets translated into language (Polkinghorne, 1996). Narrative psychology researchers claim to stem from the tradition of storytelling. They state that creating stories are helping in connecting experiences, emotions, and thoughts over time. The first narrative theory of the self was made by Tomkins (1979), who depicted humans as scriptwriters, who are organizing their emotional lives throughout the events of playwright-like life. A few years later, in 1985 McAdams created the life-story model of identity (McAdams, 2003).

It means that the person constantly creates and recreates the self by integrating life events into the story. This helps usto navigate the challenges that arise from differing values, priorities, and reactions in various situations. Narrative identity has more functions: it can help to integrate and make sense of changes in the self, creating continuity and congruency over time (Ricoeur, 1990, McAdams, 2011). And, as McAdams writes about narrative identity "The self comes to terms with society through narrative identity" (McAdams, 2008, p. 243). Narrative identity helps the person to overcome psychological difficulties and connect to other members of society.

Narrative identities are not created in isolation, but rather are shaped by the sociocultural context in which they exist (Earthy & Cronin, 2008). They are shaped and influenced by the available stories of the social-cultural environment (McAdams & Pals, 2006, Earthy & Cronin, 2008). Narrative identity is described as an "internalized, evolving and integrative story of the self" (McAdams, 2008, p 242). Similarly, Thorne (2006 in McAdams, 2008) regarded life stories as autobiographical projects, yet these stories are not the life itself, but a selective reconstruction of a life event (Earthy & Cronin, 2008).

Life narratives or narrative identities help people to organize social roles and features of personal life (Habermas & Bluck, 2000 in McAdams, 2008). According to Ricoeur continuity in narrative identity has two forms: the idem and ipse identity. Idem identity means material continuity – the different self-experiences within a person over time, while the ipse identity means a sense of sameness over time (Gals, 2003). It means that while people can have different experiences of the self in different life stages, still they can have a sense of sameness. In different life stages, people might have different identities, group memberships, or different roles in different social situations, but the unity and continuity of the ipse identity gives a connecting, continuous framework (Gergen, 1991 in McAdams, 2008).

The potential of narrative identity is within its therapeutic effect. McAdams states that some stories are more appropriate than others (McAdams, 2003). Even if life events and experiences cannot be changed, the connection and meaning among them, i.e. the narrative which is connecting them can be modified through psychotherapy or counseling (Madigan, 2011; McAdams & Janis, 2004; Polkinghorne, 2004). Realizing the potential of narrative identity, narrative psychology attracted the attention of many researchers and practitioners in the fields of recovering from addiction (Koski-Jännes, 1998; Kovács et al, 2019; Kiss et al 2023, in press; Rácz, 2006), chronic illnesses (Llewellyn et al., 2014; Hydén, 1997), trauma and

recovery (Foster & Hagedorn, 2014; Hall, 2011), migration (Eastmond, 2007; Jannesari, Molyneaux & Lawrence, 2022), etc.

Earthy and Cronin (2008) argue that when analyzing life interviews, a narrative analyst should focus on the purpose of the story being told and why the interviewee has chosen to present their account in a particular way (p. 4). As storytelling has many possible aspects to focus on, the narrative researcher has to make several decisions before engaging in research: the unit of analysis, the focus of analysis, and its combinations (Earthy & Cronin, 2008).

According to Lieblich et al. (1998) there are two possible units of narrative analysis, categorical and holistic. Categorical narrative analysis is dealing with one specific story of an event, while holistic narrative analysis is examining the effect of an event on the narrative identity. Categorical narrative analysis can be made after a single interview with a person while holistic approaches prefer multiple interviews through a specific time frame, to be able to monitor the changes in life-story.

Narrative psychology is concerned with the structure, content, and function of the stories told (Murray, 2003). The content-focused narrative analysis might focus on the manifest content (the events, the characters, and the influence and interaction among characters and the protagonist within the life narrative) and the latent content (deep contents which include interpretations such as motivations or intentions of participants). Content-focused narrative analysis is overlapping specific forms of thematic analysis (Lieblich, Tuval-Mashiach & Zilber, 1998).

Narrative analysis focusing on the form is aiming to identify the structural motives of the narrated story. It might focus on the frequency of events, the language used, and the structure of the storyline. In 1988 Gergen & Gergen (1988) named three elements of the narrative structure which might be identified in a story in narrative psychology researches: the progressive graph, the regressive graph, and the stable graph. The regressive graph is used when there is a story, or unit of a story depicting loss, grief, unsolved difficulty, etc. The progressive graph indicates development and growth, while a stable graph can be used to mark those events which did not indicate any emotional changes neither positive nor negative. Gergen & Gergen (1988) then created a set of 'classic narratives' which might appear in stories: romance, comedy, and tragedy. Fry (1957) in Western literature found four main forms of narrative: comedy romance, tragedy, and satire. Plummer (1995) investigated modernist tales and found three turning points of tales: suffering, crisis or turning point, and transformation. These turning

points are determining the units of narrative whether they are a. taking a journey, b. engaging in a contest, c. enduring suffering, d. pursuing consummation or establishing a home.

In psychological research, Hännien & Koski-Jännes (1999) introduced the V-shaped narratives in their research on the life story of people recovering from addiction, where the drug consumption is depicted as a sequence of loss of relationships, money, and control, and marked with a regressive graph, which is running towards the "rock bottom", from where the recovery starts and the people regains control over their lives and retrieve their relationships, social status, etc. Guo, Klevan & McAdams (2016) identified redemptive narratives which are in constant progress and narratives of contamination that have a constantly regressing storyline.

The narrative analysis considers the self as being constructed by social interactions. The self is a story which is the research participant is creating in interaction with the researcher (Holstein & Gubrium, 1995). The narrative is influenced by the available stories of the socio-cultural context. The narrative is not the 'real' self, but an interpretation of reality through the act of story-telling. The goal of social interaction is both locating oneself in social reality and creating meaning, connection, and a sense of continuity between experiences and stages of one's life. The structural or thematic elements of the narrative are rooted in society, people use such elements to create their self-narratives. The narrative analysis we carried out examined both the content and the structure of the stories told by our interviewees.

Considering the self as socially constructed through social interactions and language is detectable throughout the history of philosophy and psychology too. Below I am presenting some examples from philosophers who refer to similar self-concepts. I believe that these examples help to illuminate and discuss the nature of the socially constructed self. Due to the limitations of my skills as a qualitative psychologist and the specific focus of this dissertation, this introduction may not be written with the level of philosophical complexity expected in some academic writing, and may oversimplify certain concepts.

1.4.2.1.Socially Constructed Self in Philosophy

Traces of socially constructed self can be discovered in the works of Michel de Montaigne, a stoic philosopher of the 16th-century renaissance era who considered the 'self' to be conceptualizable only through its perceptions and morals. Sensations and morals are determined by the social and cultural context (Montaigne, 1935). Self belongs to the world and

is shaped by habits and experiences. Self is a self-aware cultural construct that is a part of the 'reality'.

Hegel approached the question of the 'self' as it is not separated from the others. Self-knowledge cannot be gained through introspection, but only in relation to others (Hegel, 1807/2018; Lauer, 1993). He does not put the self in the center of his philosophy, but Spirit, which has three meanings: the self as a perceptive, improving agent; the power which connects people; and the things we consider to be important, i.e.: the culture. Hegel does not isolate the self from the community.

Nietzche emphasizes communication, more precisely on grammar when it comes to the self (Gardner, 2009; Nietzsche 1883/ 1989). The existence of self is based on our belief in the language and grammatical system. This would mean that when we perceive something, we tend to interpret it based on our own perspective, feelings, and experiences. These perspectives, feelings and experiences are articulated and conceptualized through the grammar and language. This can lead us to project our own (grammarly created) subjective views onto the object we are perceiving. As a result, the object may reflect our projections rather than its own inherent qualities. And our projections are based on the rules of grammar and on the logic of language. Through this interaction, we reach a concept of 'self'. Nietzche concludes that perspectivity can be the only possible way in reaching the truth, as it considers the perspective of the person and its relation to the object at the same time (Nietzsche, 1886/1966).

Cooley (1908) and Mead (1930) went further in arguing the role of culture and society in the nature of the self. They stated that the "I" cannot even be created by itself. Mead (1930) argued that we create this sense of "I" through others' reactions to us. He called it a mirrored self. We create our concept of I by interpreting and learning how others might see us. This is the core idea of symbolic interactionism as well.

Within psychology, there is a school of thought that views the self as a product of society and culture.

1.4.2.2.   Social Psychology

Social psychology portrays the self as a construct of social interactions and group memberships (Tajfel & Turner, 2004). Social psychology and social constructivism emphasize the importance of culture and context in understanding what is happening in society and in the individual (Derry, 1999; McMahon, 1997). Knowledge is created through socially agreed-upon

ideas and meanings of the world (Ernest, 1999). Mead (1863-1931) and Schubert in the 'theory of the self as self-organizing' stated that the self emerges naturally out of the social behavior and interaction between biological and communal life (Mead & Schubert, 1934).

People are interpreting their experiences through the act of communication, which means that meanings and even self are created in social interactions. This process is reactive, meanings are created through social interactions and also, they then get subjectively interpreted affecting the social reality (Hewitt, 2003; Storolow, Atwood & Branchaft, 1994). Storolow described it as an "endlessly shifting, constitutive intersubjective context of intrapsychic experience" (1995, p. 393). The 'self' cannot be isolated from the context to understand how and why it is thinking, feeling, and behaving in an exact way. Storolow and Atwood claimed the importance of society and context over "the myth of the isolated mind" (Stolorow and Atwood, 1992, p. 7)

Leary and Tangney stated that social sciences regard the 'self' as an organizing construct, which is constantly evaluating, and structuring its behavior toward its conscious or unconscious goals (Learey & Tangney, 2011). Morf and Mischel emphasized the interconnected nature of the self and the environment by stating that the self is a psycho-social dynamical processing system (Morf and Mischel, 2012). They argue that the self is consisting of an intra-psychological system that is affecting and affected by the outer world (non-Self) (2012). Similarly, symbolic interactionist scientists claim that society and the individual are inseparable. They are dynamically and mutually affecting eachother (Rose, 2013).

Goffman offers a more simple concept of the individuum. He regards the 'self' to be a hanger of all the social roles which society wants one to play (Goffman, 1959/2021/). We gain knowledge of others through our consumption and roles in society. We create knowledge of others and of ourselves through such characteristics.

1.4.3. Phenomenology and Interpretative Phenomenological Analysis

Interpretative Phenomenological Analysis (IPA) is explicitly building on phenomenologist and hermeneutic philosophical traditions. It considers human experience to be inseparable from the perceiver (Husserl, 1930/2012, Eatough & Smith, 2017). The experience and the experiencing self are in interaction, the experiencing self is actively living and interpreting the experience. This interpretation or intention towards an experience is rooted in the personal perspective, or horizon of the experiencing self (Brentano, 1874/2012; Husserl,

1900/2012; Smith, Flowers & Larkin, 2022). In IPA, an experience can only be understood if we grasp the perspective of the individual undergoing it.The interpretations of an experience are stemming from previous experiences, emotions, relevance to the existence and values of 'self', and its future goals.

In many IPA studies, the self is portrayed as a position from which experiences are interpreted and understood. Throughout one's life, these positions might change because of various events, such as chronic illnesses, addiction, or homicide committed in psychotic episodes, which is the topic of our fourth study of this dissertation (Kovács et al, 2022). IPA seeks to understand how individuals perceive and interpret their experiences. For this reason, idiography and subjectivity are of key importance (Smith, Flowers & Larkin, 2022).

To uncover the subjective nature of experiences, researchers must pay close attention to personal accounts. To do so, they have to suspend their prior knowledge of a subject or experience. When one becomes aware of their preconceptions, personal relevance, and aims, and seeks to suspend them while trying to understand the other person's account, it is referred to as 'bracketing' (Smith & Shinebourne, 2012). IPA during the analysis is using double hermeneutics, which refers to the researcher interpreting the way the participant is interpreting their experience.

The circular nature of self and experience appears in the IPA interviews as well and is referred to as a hermeneutic circle: the whole is more than the sum of parts, and are interconnected and interdependent with the whole (Larkin, Watts & Clifton, 2006). The hermeneutic circle however is a resonant concept in literature rather than a concept of one author, who were discussing it, such as Heidegger, Gadamer, or Dilthey (Heidegger, 1927/1962; Gadamer, 1966; Dilthey 1900/1972; Makkreel & Rodi 1996; Smith, Larkin & Flowers, 2012). IPA is determined to keep the focus on the self with the experience, as the experience is only understandable precisely from the perspective of the self (Smith, Flowers & Larkin, 2022). Because of its complexity, and priority of idiography, IPA suggests a rigorous and detailed analysis of interviews.

According to IPA self and experience are an undividable unity, the experience cannot be understood without the self, and the self cannot be examined without experience. Throughout the steps of the analysis, we can see that this focus on idiography is of key importance (Smith, Flowers & Larkin, 2022).

The self as the agent of meaning and decision-making has appeared throughout the history of philosophy and psychology too.

1.4.3.1.Self as the Center of Being and Agent of Meaning Making in Philosophy

A similar self-concept can be captured in philosophy long before the phenomenologists. Saint Augustine argued that the 'self' has two levels and is created through self-awareness and self-reflection. In De Trinitate (A.D. 416/1990) Saint Augustine highlighted the importance of intuitive self-awareness (se nosse) over plain, discursive thinking (se cogitare). According to Johannes Brachtendorf's interpretation of Saint Augustine's work, consciousness and the identity of self evolves from intuitive self-awareness (se nosse), while moral and intellectual perfection is based on reflexive thought (se cogitare) in Saint Augustine's philosophy.

Rousseau stated that the existence of self manifests in the acts of perception and not in the acts of thinking (Bertram, 2020). The perception does not involve any judgment and evaluation. They appear during comparing the perception to past perceptions or thoughts. Self has three characteristics that can be achieved only through comparison with others: preserving itself, perfecting itself, and pitying others. According to Rousseau, the self is experienced through direct perception, from the opinion of others, and also through an act of unrealized perfectability. This means a person can change himself by comparing himself with others, however, the self aims to preserve itself (Rousseau, 1755; Bertram, 2020).

Fichte was the first who put the self at the heart of his philosophy (Fichte, 1889/1991, La Vopa, 2001). In his first published book in 1795, he introduces the theory of subjectivity (Neuhoser, 1990). He considered the 'self' as the only entity in which being and thinking occur at the same time. He stated that the 'self' is the center of the cosmos because everything can be understood from the aspect of the self.

The focus on the self affected many generations of philosophers. Schlegel (1772-1829) articulated that 'self' should be considered the basis of philosophy (Schlegel et al., 1958; Pasesorski, 2014). The 'self' has two dimensions: the empiric self and the absolute self. The empiric self can be objectified, while the absolute self is a 'holistic and immediately self-positioned agent' (Posesorski,2014 pp 224). History is created through constant comparison of the I and the Not-I. Self is the first, self-related knowledge that we call to be ourselves – every knowledge and meaning is connected to this prior knowledge of ourselves.

Francios-Pierre Gonthier de Biran (1766-1824) argued that we do not know about self through sensual impressions (Hallie, 1959). He emphasized the primacy of consciousness and

the individual's self-conscious, willful, and bodily response to the outside world as means to penetrate its hidden essential truths (Athanassoglou-Kallmyer, 2015, pp. 331.) Self is understood upon the interaction, or „embodied exchange" with the object. In this process, through cognition self and object fuse into a new unity.

Bergson in his study Time and Free Will (Bergson, 1889/2018)   made a distinction in the self. He considered that there is a deep and a surface self. The surface self is in interaction with the world and others and has emotions as they are understood in psychological theory. It is socially created through interactions. The deep self is the pure interiority that experiences differences in quality but not in quantity. This is a pre-reflexive, pre-narrative layer, which is not constructed through the social world, time, and grammar.

German phenomenologist, Edmund Husserl considered the 'self' as transcendental which is constantly interpreting the experiences and interactions with the world. He stated that the 'self' is not a closed and isolated entity but it is open to other selves (Zahavi, 2003; Husserl, 1960, 2013). As Jacobs summarized Husserls point 'selves that are socio-historically embedded become persons in and through their active relating to what they attentively experience' (Jacobs, 2021, pp. 281). According to Husserl the 'self' is not the same as a person, not all the possible selves are becoming persons, only those which get into active relation with their experiences (Jacobs, 2021).

Heidegger, Husserl's student emphasized the existential experience of being in the world, and the fundamental experience of temporality, which provides context for understanding all being (Blattner, 2005). However, Heidegger himself did not focus on the question of self, but rather on the ontological experience of existence.

Similarly to Heidegger, Gadamer rejected Husserl's idea on phenomenological reduction, and bracketing, and claims that all understandings arise through our prejudices (Moran, 2000). Thus the meanings we create, psychological phenomena are created by the self, based on previous structures of experiences and meaning-making.

Merleau-Ponty, a French philosopher, and contemporary of Heidegger and Sartre put emphasis on the primacy of perceptual experience. He argued that phenomenological description might remind us of the nature of pre-reflexive experience which is prior to the distorting effect of scientific and philosophical theories (Moran, 2000). He did not refuse the idea of reduction but suggested the primacy of perceptual, embodied experience. He believed that sensual perceptions are fundamental, as they are the most natural dimension of human experience (Merleau-Ponty, 1945/1996; Racher & Robinson, 2003).

Jaspers, a German philosopher and psychiatrist (1883-1969), a forerunner of existential psychiatry, building on phenomenological traditions highlighted that the 'subjective self' is missing from the scientific discourse (Jaspers, 1913). Jaspers stated that the 'self' by its nature is different from the object or other existence and it has different meanings (Jaspers, 1970). One is the empirical self, which is the self-concept of everyday life. Most of the sciences refer to this sense of self: medicine, psychology, sociology, etc. The second is the 'self' as the consciousness. From the perspective of this self, everything else is part of the objective world, while the self is the opposite of it. The self-reflectivity is important, as through self-reflection the 'self' is creating an object from itself. Through self-reflection however, we reach the existential self, which means the self is in connection with its existence and opportunities. Jaspers emphasized the ability to decision-making as a unique capability of the 'self' as it can form its existence through its choices (Thornhill & Miron, 2006)

Language philosopher Wittgenstein, in his theory of language games, stated that the concept of 'self' has not been yet uniformized in grammar and language. Wittgenstein considered the 'I' as an indexed phrase, which is determined by the context. Wittgenstein, in his book Tractatus logico-philosophicus, makes difference between the psychological and philosophical concept of self (Wittgenstein, 1922/2013). The 'self', in a psychological sense, means the human being, the human body, and the human soul, but the philosophical self is 'the metaphysical subject, the limit of the world, not a part of it.' (Wittgenstein, 1922/2013, p. 75) He adds that 'What brings the self into philosophy is the fact that 'the world is my world' (Wittgenstein, 1961, p. 70). By this, he emphasizes the importance of the subjective perspective over all scientific considerations. He considers the 'self' as not the creator of meanings and reality, but the limit of it, the frame in which reality can happen. Reality and knowledge, the way we know the world is rooted in our perceptions and in how other 'selves', and other people influence us.

The similarity in these philosophers thinking is that they argue that the self cannot be reduced to cognitive functions and sociocultural traits. There is a deeper, prereflexive inner self, which is the fundamental experience of existance and selfness.

1.4.3.2.Self as the Center of Being and an Agent of Meaning Making in Psychology

The idea of conceptualizing the self as the center of being, constantly interpreting the world from its own perspective, is widely accepted in many schools of psychology.

Existential psychologists often refer to their phenomenological roots (Owen, 1994). Existential psychology encompasses various forms that may differ philosophically and culturally (Spinelli, 1989, 2001). According to Paul Wong, there are four universal characteristics that define existential psychological approaches.

'[First] the overarching assumption is that individuals have the freedom and courage to transcend existential givens and biological/environmental influences to create their own future. Second, they emphasize the phenomenological reality of the experiencing person. Third, they are holistic in their focus on the lived experience and future aspirations of the whole person in action and context. Finally, they attempt to capture the high drama of human existence, the striving for survival and fulfillment despite the human vulnerability to dread and despair. ' (Wong, 2006, pp 192).

Existentialists claim that rather than focusing on 'real' or lived reality, metaphysical realms are trying to conceptualize the self (Johnson, 1967). The term 'existential self' would not reduce the self to phrases such as self-concept, self-structure, and organism, but would combine the self-as-doer and self-as-object. It is important to recognize the self as a being with the capacity to set intentions and pursue goals, and to activate oneself by objectifying the self. (Johnson, 1967).

Existentialists, drawing upon Husserl's Cartesian Meditations (1960), view the self as an agent that creates meaning and essence, unifying intentions found in the act of knowing. One's experience can be understood through 'bracketing' the world and focusing on the processes and meanings of the self. However, as the self is inseparable from the world, we cannot suspend our beliefs in the world for long, the world is always entering the subjective experience to assert itself (Rice, 1950)

Existential psychology considers existence to contain both subjective and external reality (Johnson, 1967). Understanding the person's psychology starts with the exploration of the structure of existence of the person and its being-in-the world (May, 1958). To understand the being-in-the-world of a person, Rollo May, building on Binswanger's concepts (Binswanger, 1963) introduced three aspects where the self exists: Umwelt which is the world

around, generally called the environment; Mitwelt which is the with-world, basically the social world and the Eigenwelt which is the own world, ones relationship with oneself. In existential psychology, the self appears to be a way of being in the world which consists of intra- and interpersonal processes and self-activation.

1.4.4. The Complexity of Self-concepts in Practice

We must note that the concept of self might be divided and conceptualised in research theory, but in psychology practice it is rather fuzzy and multidimensional. To provide some examples, this subchapter discusses the 'self' concept from the perspectives of two psychological schools: psychoanalysis and person-centered psychology.

Psychanalysis, with one of the longest history in psychology, appears to have elements of all the selves discussed above: collection of ideas and emotions, created by society and the center of being and meaning making.

Interestingly, Freud himself in his early works appeared to use a phenomenological stance to examine his clients experiences. Later, through further conceptualisations he invented models in order to create an explanatory framework, or as Irwing Yalom (2020) regards, to turn psychology into a natural science through taking over its methods and inner logic. However, in the later history of psychoanalysis, we can observe an attempt to return to the phenomenological way of thinking.

Freud believed that human nature is a dynamic system which is processing and transforming energy within the self (Sandler et al, 2018). In his different periods, he used terms such as ego, self, or Das Ich to refer to the person from different aspects or to name various functions of it.

McIntosh found that according to Freud self has two meanings: 'one's person as the object of one's narcissistic or aggressive chatetic investment: the person one believes, wishes, or hopes oneself to be, as distinct from the actual object, one's (or another's) actual person.' (McIntosh, 1986, pp. 429) and 'a stable syndrom of interrelated traits of behavior or thought' (pp. 429).

In the object relations framework of psychoanalysis, the 'self' is regarded to arise from the early mother-child interactive experiences through which the infant learns how to

differentiate self from others. This creates a complex process of integration of self and distinction from the rest of the world (Fast, 1990).

Similarly to the question of the 'self', Ego has two meanings in psychoanalysis. One is used to refer to the person as a subject (Das Ich), who is actively feeling, desiring, and acting (McIntosh, 1986). The other is the conscious regulating subsystem which organizes and directs its activity. It is in interaction with the Id and Superego and originates from the Id (Fast, 1990; Lampl-De Groot, 1947). The Id consists of all the inherited characteristics and is there since birth (Lapsley & Stey, 2011). It is following the Freudian pleasure principle which means it is aspiring to find joy and fulfillment, so it is impulsive, irrational, and amoral. It is in the subconscious domain of self. Superego is the moral level of the human mind. It consists of the moral education of our parents and is aiming for perfection and morality. Its tools are banning and punishing, norming and rewarding. It is subconscious as well. The ego is controlling the desires of the Id and Superego and helps the person to get interaction with the outer world. (McIntosh, 1986).

Alfred Adler (1870-1937) also a psychoanalyst in the beginning, and later the founder of individual psychology put more emphasis on the interpersonal nature of self (Scott, Kelly & Tolbert, 1995). He thought that the person is a holistic, undividable unity that can be understood through his communication with others (Adler, 1927/2013; Adler, 2014). He considered the self as an aim-oriented organization, i.e.: its behavior and interaction with the outer world has a goal. However, these aims are not always conscious. Adler also emphasized the importance of the body in the sense of self (Adler, 1927/2013).

Erik Erikson (1902-1994), a psychoanalyst himself, who later created the widely known psychosocial development model, seemed to integrate the two theories by stating that both instinctual drives and relationships with others are shaping our personality and creating the self (Erikson, 1950; Ewan, 2014).

Storolow (1995) examined the meaning of Self in Kohut's works and found that 'the term self to refer both to a psychological structure (the organization of self-experience) and an existential agent (an independent initiator of action).' (p. 394). Heinz Kohut (1913-1981) was a psychoanalyst who created the school of self-psychology. Kohut in a late-life interview concluded that "The self...is, like all reality...not knowable in its essence...We can describe the various cohesive forms in which the self appears, can demonstrate the several constituents that make up the self ... and explain their genesis and functions. We can do all that but we will still

not know the essence of the self as differentiated from its manifestations. (Kohut, 1977 quoted by Siegel, 2008, p 1999). Psychoanalysis considers the 'self' in the question of harmonizing the inner needs with the outer world. It seems that the 'self' is rather a mechanism that helps maintain the essence of 'self', the existential agent which is however out of question.

Another example of complex self-concepts is in the person-centered psychology. Carl Rogers, the founder of person-centered psychology and a critic of Freud's theories considered the person as being a holistic unity, which is more than the sum of its parts. He emphasized the innate tendency of a person to grow and develop. He highlighted the importance of the role of making independent decisions and creating aims according to its values. Rogers (1959) used the importance of self-concept which is how people are feeling and thinking about themselves. It consists of three components: Self-image (one's view of oneself), self-esteem or self-worth (how much value one places on oneself), and Ideal Self (which is the Self one wishes to be). Here the concept of self is created through three comparisons, rooted in social interactions. Self is a complex reflection of oneself. Self-concept is needed for someone to be aware of oneself. Rogers emphasized one's perception of attitudes toward the self in therapy (Rogers, 1950).

The existence of self is articulated and developed in relationships with others (Rogers, 1950). The self by its nature has the potential in growing and developing, forming itself, and also changing the world around it. It means that the self can decide to create aims and form itself, and also the experience of 'selfhood' creates a basis for connecting with others. Activision, the potential to grow, self-concept, and 'selfhood' are those which are creating and maintaining the self. Self has more functions: maintaining the existence through monitoring oneself, developing and growing, and interacting with others. Self has a certain internal and relational structure, which is 'selfhood'. 'Selfhood' is the universal and shared experience of being a human in a community (Woolever, 2013). Through this shared experience, we can empathize with others (Woolever, 2013).

As we can see in practice many different aspects of selves appear, and are often used simultaneously. In research, it is often beneficial to use reduced and simplified epistemologies and research designs for the sake of comparability, transparency, and generalizability.

1.5.   Summary

Different methods and approaches might lead to different interpretations and knowledge (Gale, 1993). For trancparency reasons, Morrow (2005) emphasizes the importance of self-reflexivity during research and indicates the necessity of the researchers' ability to explain the used paradigms clearly (Morrow & Smith, 2000).

Ponterotto (2005) claims that simultaneous usage of different paradigms might occur in one study. He primarily examined international journals (mainly North American) and found that positivism continued to be the primary concept in psychological research, although the prevalence of constructivism had been increasing since 1995. Between 2013 and 2015, an increase was detected in the number of constructivist/interpretivist studies (Ponterotto, Park-Taylor & Chen, 2017).

Upon discussing the concept of self in three qualitative methodologies of three different epistemologies we found that the concept of self has fundamental differences among these methods. We summarized these differences in the following table:

Table 2. Self concepts in qualitative methods

	Inductive Positivistic Thematic Analysis	Narrative Analysis	Interpretative Phenomenological Analysis
Epistemology	Postpositivist, or naive realism	Constructivist	Phenomenologist
Experience	Objectively existing	Subjective. It can be captured through the narrative of the person	Experience has more layers, its relevance and meaning is created by the self.
Self	Not relevant. Thoughts and emotions as being universal, objectively meaningful, and able to be	Self is creating itself and its relationship with the experience by using narrative	1. Self is a subjective, yet partially intersubjective being, who is interpreting, and making sense of the happenings, events

| | understood without examining their subjective quality | elements learned from the society. | from its personal perspective.

2. IPA studies tend to use different forms of 'self' to refer to the various qualities of perceiving and making sense of experiences |
|---|---|---|---|

Keeping the 'self' in sight, it is easier to make difference between positivistic (quantitative) and constructivist/phenomenologist (qualitative) epistemologies. If the experience and the self cannot be divided from each other, we have to consider what we think about the 'self'. Whether it is a general term, a base of understanding, who receives predefined (objectively existing) psychological experiences (postpositivism – Thematic Analysis); is it a creative act in which the person interprets experiences in a form which is thought by the culture and society (Narrative Analysis); is it a perspective, a point from which one sees and interprets the world (Interpretative Phenomenological Analysis). However, we must keep in mind that all of these perspectives are abstract concepts of knowledge. Using one epistemological paradigm in a qualitative study helps providing transparent knowledge which is easier to interpret and compare.

After the discussion of self-concepts in three different qualitative methods, the second part of my dissertation consists of four studies that were published in international scientific books and journals. One of them focuses on the paradigmatic congruency of qualitative studies across Central-Eastern European countries. In this study, we developed and utilized a tool to highlight the epistemological variances. In the second article, we used narrative analysis to compare the narrative of recovering from chronic illness and addiction. In our third study, with Kőváry Zoltán, we examined the effect of psychobiographic courses on the identity of ex-students from a postpositivist perspective with thematic analysis. In our fourth study, we carried out an IPA study with people diagnosed with schizophrenia who committed homicide. In the ast chapter of the dissertation we will compare and discuss the concept and importance of self in the qualitative methods applied in our studies. Understanding the nature of self in qualitative methods might aim the comparability of qualitative studies, or find implications to them.

2. Studies of Various Qualitative Methods

2.1. Mapping qualitative research in psychology across five Central-Eastern European contries: Contemporary trends: a paradigm analysis

Asztrik Kovács, Dániel Kiss, Szilvia Kassai, Eszter Pados, Zsuzsa Kaló & József Rácz

Abstract

The present study describes the current state of qualitative psychology and gives an overview of the philosophical paradigms used in English language qualitative psychology studies from the post-socialist countries of Central Eastern Europe. For political and historical reasons academic life of this area is unique thus providing a special field for investigation. This study explored the following research questions: Which philosophical paradigms are used in qualitative psychology? What kind of methods are applied? What kind of fields in psychology are examined? Thirty-five articles were analysed from 5 countries. Articles were examined through their paradigmatic considerations, using a dichotomous qualitative quasi-testing to distinguish positivist/post-positivist from interpretive/constructivist paradigms. We examined the methodology and content of various articles and analysed the keywords to explore common themes of interest. A dominant constructivist philosophical approach was present. Pure positivist articles were found to be quite rare, but mixed paradigms seemed to be frequent. Most of the methodologies were not specified. In terms of interest, the most commonly examined field was found to be social psychology. In the post-socialist era mixed paradigms were conspicuous as culture and tradition might have had a significant effect on ontology, epistemology and knowledge of the researcher.

1. Introduction

   1.1.   Rationale

The aim of the present study was to assess the status of qualitative psychology in the academic life of Central-Eastern Europe. The common political and historical background of these countries made the evaluation of academic life in Central-Eastern European different from the one of the "Western World"[1] (Tímár, 2004; Stenning & Hörschelmann, 2008) thus providing a special field for investigation. This study aims for a comprehensive understanding of the modern trends of qualitative psychology in Central-Eastern Europe. In our study we examined five countries of the area with the most similar socio-cultural background among Central-Eastern European countries. They gained their scientific foundation under the successful educational system of the Austro-Hungarian Monarchy (Buklijas & Lafferton, 2007) and later were under the influence of Soviet Union.

Our particular focus was on the presence and state of psychological qualitative research in the scientific life of 5 Central-Eastern European post-socialist countries (Hungary, Slovakia, Czech Republic, Poland and Romania). Our aim was to analyse the current articles, which were written after the countries have joined the European Union (Hungary, Poland, Czeck Republic and Slovakia in 2004, Romania in 2007) as the Europeanization might have had effects on the scientific trends. We focused on the paradigmatic considerations under which studies are completed. As we had not yet found any regional surveys on this field we aimed to provide support for such research in psychology.

   1.2.   Psychology in Central-Eastern Europe

After World War II, during communist and socialist periods, the selected countries were under the influence of the Soviet Union. The Communist regime was efficient in maintaining control over the collective memory and social discourse (Gille, 2010). Academic life became a target of the ideological clearings and the "bolshevization" of science, which meant the subordination and prohibition of "Western" psychology (Szokolszky, 2016; Kovai, 2016). This led to the prohibition of psychoanalysis, the Gestalt approach in psychology (Wertz, 2014). Instead of following the Western science a so-called "pavlovization" took place, which was based on the theories of the famous Russian scientist, Ivan Pavlov. This led to the medicalization of psychology which, however, saved it from becoming the part of the

ideological movement. Other less clinical medical fields of psychology were prohibited. In the 1960s the political regime weakened and psychology became "tolerated" (Szokolszky, 2016). In 1967, the Transnational Committee established the first conference in Vienna where Eastern and Western social scientists could meet. However, the discussion of philosophical and ideological considerations was excluded from the meetings (Moscovici & Marková, 2006). In 1968 the crisis in Prague and later the student revolution at many Western European and American universities challenged the cooperation of the two "worlds". Socialist countries were excluded from the ballooning internationalization of Western psychology (Danziger, 2006).

The change of regime in 1989 caused a political and economic shift in Central Eastern Europe. It resulted in a complex situation, in the context of the contracting world economy. Because of the rapid change of ideologies, politics, economics and society, this area became a special laboratory for social (Schwarts, Bardi & Bianchi, 2000), economic and political investigations (Stanilov, 2007). However, politicians of the fallen regime managed to transform their political influence into economic values, enabling them to keep their influence and power in the new system. Ex-communist professionals were kept in politics as there was no one to replace them (Bunce & Csanádi, 2015). The singularity is caused by the peculiarities of the fallen regime, as politics had effects on family norms and individual preferences (Robila & Krishnakumar, 2004), values and priorities (Schwarts, Bardi & Bianchi, 2000), leading to a long-standing change that affected forthcoming generations (Alesina & Fuchs-Schündeln, 2007). This influence had a deep-rooted effect on the concept of trust and honesty (Rose-Ackerman, 2001) thus establishing a political-geographical-social post-socialist condition (Gille, 2010). As psychology science and practice was considered to be suspicious in the eyes of the regime, psychology had a different history, traditions and evaluation than its "Western" counterpart.

1.3. Qualitative research trends

Qualitative research has received more and more attention in the past 25 years (Rennie, Watson, Monteiro, 2000). Numerous studies have been implemented to monitor trends in qualitative methods (e.g.: Sexton, 1996; Ponterotto, 2010; O'Neill, 2002). These studies claimed to detect an increasing presence of qualitative psychology research especially in the fields of counselling (Berríos & Lucca, 2006) and health psychology (Davidsen, 2013) albeit

the increasing qualitative interest is present in most psychological fields (Stainton-Rogers & Willig, 2017).

Qualitative psychological studies are based on different philosophical approaches of reality and epistemology (Guba & Lincoln, 1994; 1982). This results in diverse methodological choices and even multiple variations of a single method. In other words, there are no "standard methods". Different methods and approaches might lead to several interpretations and knowledge (Gale, 1993). For this reason, Morrow (2005) emphasizes the importance of self-reflexivity and indicates the necessity of the researchers' ability to explain the used paradigms clearly, in addition to making the research transparent (Morrow & Smith, 2000).

Transparency means the clear explanation of the study's purpose (Morrow, 2005; Guba & Lincoln, 1994), goals, methods and procedures (Elliott, Fischer, & Rennie, 1999). These are embedded in the researcher's perspective and basic belief system (Gehart, Ratliff, & Lyle, 2001). These beliefs might be presented in a philosophical frame alias paradigmatic knowledge (Morrow, 2005; Guba & Lincoln 1994; Gehart, Ratliff & Lyle, 2001; Ponterotto, 2005). In some qualitative studies, transparency might be missing leading to the distortion of the results (Ponterotto, 2010). Therefore, paradigms are established to gain some standards which helps to make qualitative research easy to evaluate (Guba & Lincoln, 1989).

1.4. Qualitative Psychology in Europe

Marecek et al. (1997) state that qualitative research blossomed in Europe as European psychologists were familiar with philosophies that supported new methodologies (Wertz, 2014). Qualitative research is still considered to be secondary in psychological research in Europe (Symon & Cassel, 2016). The author's representation of Europe seems to be based on Western European countries, such as the United Kingdom, Germany and France. Other parts of Europe, such as Central-Eastern Europe received little attention. Steps were made to improve the usage of qualitative methods: the Centre for Qualitative Psychology was founded in 1999 in Tubingen, Germany, and held an annual meeting in Europe and in Israel. Some articles (Angermüller, 2005; Konecki, 2005; Bruni & Gobo, 2005) were written (mainly on sociology) on comparing European and American qualitative research but they focused on Western

European countries only. Wretz (2014) considered qualitative psychology as causing the re-blossoming of humanistic psychology, which had deep roots in Europe.

According to previous findings common topics of qualitative research in the "Western World"[1] are social issues, gender, ethnicity (Marchel & Owens, 2007) and sexual identity (Peel, Clarke & Drescher, 2007). Common fields include education, cultural psychology (Swartz & Rohleder, 2017), counselling (Marchel & Owens, 2007) and drug abuse (Olsen et al., 2015). However, qualitative studies seem to appear in every field of psychology (Stainton-Rogers & Willig, 2017).

1.5.   Paradigm shift, blurring paradigms

Leading researchers categorize qualitative studies into four main philosophical paradigms: positivism, post-positivism, critical theory and constructivism (Guba & Lincoln, 1994; Lincoln, Lynham & Guba, 2011; Patton 2002; Rossman & Rallis, 2003; Gehart, Ratliff & Lyle, 2001), supplemented with their combinations (Ponterotto, Park-Taylor & Chen, 2017). The characteristics of the four paradigms, according to Guba and Lincoln (1984), are 1) the positivist paradigm is mainly used in hard science: it is focused on the examination of one objective reality, uses deductive, manipulative and mainly quantitative methods. 2) Post-positivism states that there is one "real" reality, however it is imperfectly understood. It is objectivist and the methodology concentrates on hypothesis falsification. 3) Critical theory states that virtual reality is influenced and shaped by social, cultural, political, economic, ethnic and gender evaluations, thus subjective interpretations can be examined. 4) Constructionism claims that reality is constructed due to local, individual and specific influences and contexts, thus parallel realities might exist. It focuses on subjective interpretations.

Ponterotto (2005) claims that simultaneous usage of different paradigms might occur in one study. He primarily examined international journals (mainly North American) and found that positivism continued to be the primary concept in psychological research, although the prevalence of constructionist views had been increasing since 1995. Between 2013 and 2015, an increase was detected in the number of constructivist/interpretivist studies (Ponterotto, Park-Taylor & Chen, 2017).

Having considered the theoretical background and fields of qualitative research, we reached three explorative research questions:

1. Which philosophical paradigms are used dominantly in psychological research in Central-Eastern Europe?

2. Which methods are frequently used and under what considerations?

3. Which fields of psychology are usually examined with qualitative approaches?

2.   Methods

2.1   Data collection

The selection criteria of the articles were that one of the authors had to belong to one of the universities of the above-mentioned countries (e.g.: Krahé et al, 2015). First-authorship was not obligatory. Studies available on scientific databases were not categorized by the universities, countries or nationalities of the authors. This led us to three data collection methods:

1. We searched the EBSCO host, ResearchGate, ScienceDirect and Google Scholar. We searched by the country name or author nationality and used some of the keywords used by Rennie, Watson and Monteiro (2002). These were "qualitative" "qualitative psychology" "qualitative analysis," "qualitative research," "phenomenology," "discursive psychology," "content analysis" and "case study". Thirty-nine articles were found in this way.

2. On SCImago Journal we searched for English-language psychological journals of the above-mentioned countries publishing qualitative articles of national authors: the Slovakian Studia Psychologica, the Polish Psychological Bulletin, the Romanian Journal of Applied Psychology, the Czech Cyberpsychology and the Hungarian European Journal of Mental Health. As most of the journals were operating on an international-level, it was difficult to find articles for our

goals.In some cases we found psychology journals such as Ceskoslovaka psycholigie, but we could not reach whole texts of English language articles. Twenty-five national qualitative articles were found fulfilling the inclusion criteria.

3. We collected the e-mail addresses of all psychology institutions, associations and universities in the target geographic area based on the list of psychology-resources.org. We sent 46 e-mails asking for information about qualitative education, research and publications. We received 16 answers with 18 articles and 8 lists of publications.

The study included 82 English language articles in total from which we analysed 35 the most current seven by each country. The earliest article was published in 2005, the most recent one in 2018. The smallest number of articles (seven) was found in the group of Romanian qualitative researchers. To have a balanced sample, the seven most recent articles from each country were being analysed.

2.2   Data analysis

This study is not a meta-analysis as it is not collecting and re-analysing the relevant empirical literature. Our research neither could be called a systematic review because we did not want to collect evidence to answer a research question. Our research focused on the manifest content of texts: their philosophical considerations. That is why we created the phrase "paradigm analysis" similarly to Chandler's paradigmatic analysis in linguistics (1994).

2.2.1. Deductive content analysis - first research question

A theory-driven deductive content analysis was carried out (Elo & Kyngäs, 2008; Hsieh & Shannon, 2005). Due to clarity and simplicity issues, the categories of our content analysis were based on a two-paradigm system introduced by Petty, Thomson and Stew (2012, 269.) In this system, the two main paradigms are positivism/post-positivism and interpretivism/constructivism. We added the category of modes of representation and type of research phenomenon from Harré's (2004) distinction between the philosophical perspectives of natural science and human science.

The deductive content analysis was based on our criteria system with opposing aspects. The coding system is presented in Table 1.

Table 1. Deductive paradigm analysis of the examined articles

	Post-positivism	*Interpretivism/constructivism*	
Ontology	One objective reality	Multiple realities	
Epistemology	Absolutist	Relativist	
Knowledge	Objective, direct, theory-driven, hypothesis-focused	Subjective, non-direct, data-driven, interpretative	
Phenomenon	Material	Human/intentional	
Mode of representation	Metrically	Discursively	
Method of analysis	Deductive	Inductive	
Generalizability	Generalize	Descriptive level	
Research question	Defined (narrow, fix)	Flexible (broad)	
Researcher's attitude	Neutrality (passive)	Involved (active)	

Participant's attitude	Passive	Active	
Variables	Defined and controlled	Undefined and non-controlled	
Results language	Scientific	Lay (quotations)	
Reliability	Reproducibility, replication	Not relevant, not needed	

The coding process was the following: the first author read the articles and took notes on the description and usage of the qualitative approach. Then, the second and third authors tested the categorization. Table 2. depicts some examples from the reviewed articles which led us to the conclusion of categorizations.

Table 2. Examples for the usage of our deductive paradigm analysis table

	Post-positivism	*Interpretivism/constructivism*	
Ontology	*One objective reality* Investigating objective materialistic phenomenon such as wages (Surugiu, 2013)	*Multiple realities* "...story telling reflects the way in which our experience is structured and our understanding of the world and ourselves within it is constructed." (Chrz, Cermák & Chrzová, 2009).	
Epistemology	*Absolutist* "Analysing and interpreting the results, the author decided to use Ainsworth's tripartite concept of attachment styles" (Adamczyk, 2016)	*Relativist* "If we as researchers want to learn something about the experience of being a parent of a physically disabled child, we may focus on the way such experience is structured through narration." (Chrz, Cermák, & Chrzová, 2009).	
Knowledge	When direct, theory driven hypothesis was used e.g.: "The majority of the studied adolescents will display insecure attachment styles, determined on the basis of documents analysis, observation and interviews." (Adamczyk, 2016)	Subjective, inductive, data driven: "the second reading: analysis and interpretation of conversations through the categories applied the third reading: an attempt to capture the experience of the individualparents in its completeness." (Chrz, Cermák, & Chrzová, 2009).	

Phenomenon	Material		Human/intentional
	wages, salary (Surugiu, 2013)		"The second purpose was to examine the similarities and differences between peer helpers and fellow helpers: considering how they might differ in the process of becoming a helper, in their practices of helping, and in the personal relationships involved in delivering help." (Rácz & Kaló, 2007)
Mode of representation	Metrically (Surugiu, 2013)		Discursively – quotations (Pietkiewicz, & Skowrońska-Włoch, 2017).
Method of analysis	Deductive "The content of interviews was coded using a coding frame..." (Rácz, Csák, & Lisznyai, 2015).		Inductive "We first analysed all transcripts and produced a master list of emerging themes. This master list was gradually enriched in an iterative process." (Pavlova, Uher & Papezova, 2008).
Generalizability	Generalize "Young people with anxious-ambivalent attachment style are characterised by low self-esteem..." (Adamczyk, 2016)		Descriptive level "Thus, despite the reasonably large sample for a qualitative study, it was impossible to make generalizations..." (Kelmendi, 2015)

Research question	Defined (narrow, fix) "Deficits observed in emotional, behavioural and social sphere can be associated with early childhood disorders of attachment relationships." (Adamczyk, 2016)	Flexible (broad) "What aspects of such life events are functional in triggering the onset or deterioration of the disorder?" (Pavlova, Uher, & Papezova, 2008)	
Researcher's attitude	Neutrality (passive) Analysis of journals (Bianchi & Fúsková, 2015)	Involved (active) Interview (Takács et al., 2013)	
Participant's attitude	Passive Questionnaires, participant observations.	Active The semi-structured, face-to-face interviews followed the pattern of McAdams' (1993) life story interviews with a focus on the participants' peer helping involvement and experiences. (Rácz & Kaló, 2007)	
Variables	Defined and controlled Frequencies were examined and used (Bianchi, & Fúsková, 2015).	Undefined and non-controlled "It involved search across the data set to find repeated patterns of meaning." (Pietkiewicz & Skowrońska-Włoch, 2017)	
Results language	Scientific metrical, statistical	Lay (quotations) (Pietkiewicz, & Skowrońska-Włoch, 2017)	

	(Bianchi, & Fúsková, 2015).		
Reliability	Reproducibility, replication "...in-depth interview should be replaced by standardized qualitative methods." (Adamczyk, 2016)	Not relevant, not needed Where its not mentioned. (Pietkiewicz, & Skowrońska-Włoch, 2017)	

Discrepancies were discussed and consensus was reached. We classified the articles into the following five categories: 1. interpretivist /constructivist; 2. positivist /post-positivist (mixed methods, quantifying qualitative approach); 3. mixed paradigms with post-positivist dominance; 4. mixed paradigms with constructionist dominance; 5. cannot be clearly identified.

We classified the articles by the detachment between the first and second broad categories first, then, according to the complexity of previously used paradigms, we created the 3rd, 4th and 5th dimensions. We divided the articles into the most suitable categories, with the sensibility to the dominantly used paradigms (3rd and 4th category). Those which used elements and considerations simultaneously from both paradigms more than two times, or were problematic to be categorized were put into the 5th "cannot be clearly identified" category. On some occasions, it was difficult to categorize an article as little information was given about the data analysis (e.g.: Adamczyk, 2016). In these instances, we used the context to form conclusions as they seemed to use a kind of content analysis, but research questions were hypotheses. There was no reflection on whether the research used inductive or deductive coding systems. In such cases, we put a question mark in the categorization table. This way we found more than 3 problematic categories, so we put the questionable article into the 5th category (cannot be classified).

2.2.2. Analysis of methods - second research question

Cited methodologies and references were collected from the articles, following the research method of Marchel and Owens (2007). We put them into inductive categories according to which method was stated to be used in the study.

2.2.3. Content analysis - third research question

The third focus of our study was to explore the topics of the examined articles. We collected the keywords of the articles or used the words of the title. A simple form of content analysis (Neuendorf, 2016; Elo & Kyngäs, 2008) had been carried out on the collected words, to order them in higher categories according to their scientific fields within psychology. This way we included sub-categories. When all the keywords were put in sub-categories, we systematized them and divided them into supra categories.

3. Results

Our first step was to analyse the underlying paradigmatic considerations, focusing on the frequencies of the different aspects.

Table 3 depicts the density of our previously defined subcategories in the articles and differentiates the positivist/post-positivist and the interpretive/constructivist aspects used.

Table 3. Frequencies of the different paradigmatic aspects used in the articles.

Positivist Aspect	*Frequency*	*Constructivist aspect*	*Frequency*	*Both*	*No data*
One objective reality	**4 (11,43%)**	Multiple realities	**28 (80%)**	**3 (8,57%)**	**0**
Absolutist epistemology	**5 (14,23%)**	Relativist epistemology	**20 (57,14%)**	**9 (25,71%)**	**1 (2,86%)**
Objective, direct, theory-driven, hypothesis-focused knowledge	**4 (11,43%)**	Subjective, non-direct, data-driven, interpretative knowledge	**20 (57,14%)**	**10 (28,57%)**	**1 (2,86%)**
Material phenomenon	**0**	Human/intentional phenomenon	**33 (94,29%)**	**2 (5,71%)**	**0**

Metrically represented	**2 (5,71%)**	Discursively represented	**26 (74,29%)**	**7 (20%)**	**0**
Deductively analysed	**4 (11,43%)**	Inductively analysed	**19 (54,29%)**	**11 (31,43%)**	**1 (2,86%)**
Generalizing	**16 (45,71%)**	Staying on descriptive level	**13 (37,14%)**	**5 (14,29%)**	**1 (2,86%)**
Previously given (narrow / fix) research question	**8 (22,85%)**	Flexible (broad) research question	**22 (64,86%)**	**4 (11,43%)**	**1 (2,86%)**
Neutral (passive) researcher	**6 (17,14%)**	Involved (active) researcher	**25 (71,43%)**	**3 (8,57%)**	**1 (2,86%)**
Passive participant	**4 (11,43%)**	Active participant	**30 (85,71%)**	**1 (2,86%)**	**0**
Defined and controlled variables	**4 (11,43%)**	Undefined and non-controlled variables	**23 (65,71%)**	**7 (20%)**	**1 (2,86%)**
Scientific presentation	**3 (8,57%)**	Lay (quotations) presentation	**26 (74,23%)**	**6 (17,14%)**	**0**
Reproducibility need for replication	**8 (22,86%)**	Reproduction not relevant, not important	**20 (57,14%)**	**3 (8,57%)**	**4 (11,43%)**

Our findings show that 80% of the articles shared the concept of multiple realities which is the basis of the interpretivist/constructionalist view. Strong constructivist dominance appeared in the aspects of the researchers' activity (71%), participants' activity (85,71%), undefined and non-controlled variables (65,61%) and discursive representation (74,29%).

According to our results, generalization was the most commonly used post-positivist aspect which suggests that even the authors of these qualitative researchers try to generalize

their results. Interestingly, the category where both considerations reached relatively high frequency, was the method of coding. Deductive 4 (11,43%) and inductive 19 (54,29%) coding systems seemed to be used. In 11 articles both theory-driven and data-driven research appeared to be used simultaneously. In some cases interviews and the coding process followed some theories, or inductive coding was completed with the coding system of a handbook (Ghorghe & Liao; 2012). In such cases research questions coming from a theoretical standpoint might have an effect on the coding process and the results. The barrier between theory influenced coding process and the inductive coding was ambiguous.

Table 4. Number of used paradigms of the articles by country (n=35)

	1 Interpretivist/ constructionist	2 postpositivist / positivist	3 mixed paradigms with post-positivist dominance	4 mixed paradigms with interpretive/ constructionist dominance	5 cannot be identified
Slovakia	1 (2,86%)	1 (2,86%)	1 (2,86%)	1 (2,86%)	3 (8,57%)
Romania	-	-	-	3 (8,57%)	4 (11,43%)
Poland	3 (8,57%)	-	1 (2,86%)	2 (5,71%)	1 (2,86%)
Czech Republic	5 (14,29%)	-	-	1 (2,86%)	1 (2,86%)
Hungary	2 (5,71%)	1 (2,86%)	-	1 (2,86%)	3 (8,57%)

Among Czech and Polish articles we found interpretive/constructive paradigmatic considerations (5 Czech and 3 Polish articles), while "cannot be identified" articles were the

most common among the Romanian (4), Slovakian and Hungarian articles examined (3, 3). All in one presence of the used paradigms are depicted in Table 5.

Table 5. Frequencies of the paradigms used (n=35)

1. interpretive/constructivist	11 (31.43%)
2. positivist / post-positivist (mixed methods, quantifying qualitative approach)	2 (5.71%)
3. mixed paradigms with post-positivist dominance	2 (5.71%)
4. mixed paradigms with constructionist dominance	8 (22.86%)
5. cannot be identified	12 (34.29%)

Most of the articles could not be clearly classified into the first 4 clusters, because of the lack of description provided or the opposing paradigmatic aspects they used simultaneously. Constructivist dominance appeared among the studies analysed (11). However, clearly positivist articles were found to be rare (2). Mixed paradigms seemed to be frequent (10).

Twelve articles were put in the fifth category as they used simultaneously the post-positivist and the interpretive considerations or not enough information was given for the categorization. The interpretivist/constructivist paradigm seemed to be used in almost one-third of the articles examined, and two used a dominantly interpretivist paradigm. Post-positivist was the least frequently used. We found two pure post-positivist articles and two dominantly post-positivist ones.

Our second research goal was to analyse the frequency of the different methods used in the articles. Figure 1. shows the distribution of the methods.

Figure 1. The percentage of the different methods applied in the articles
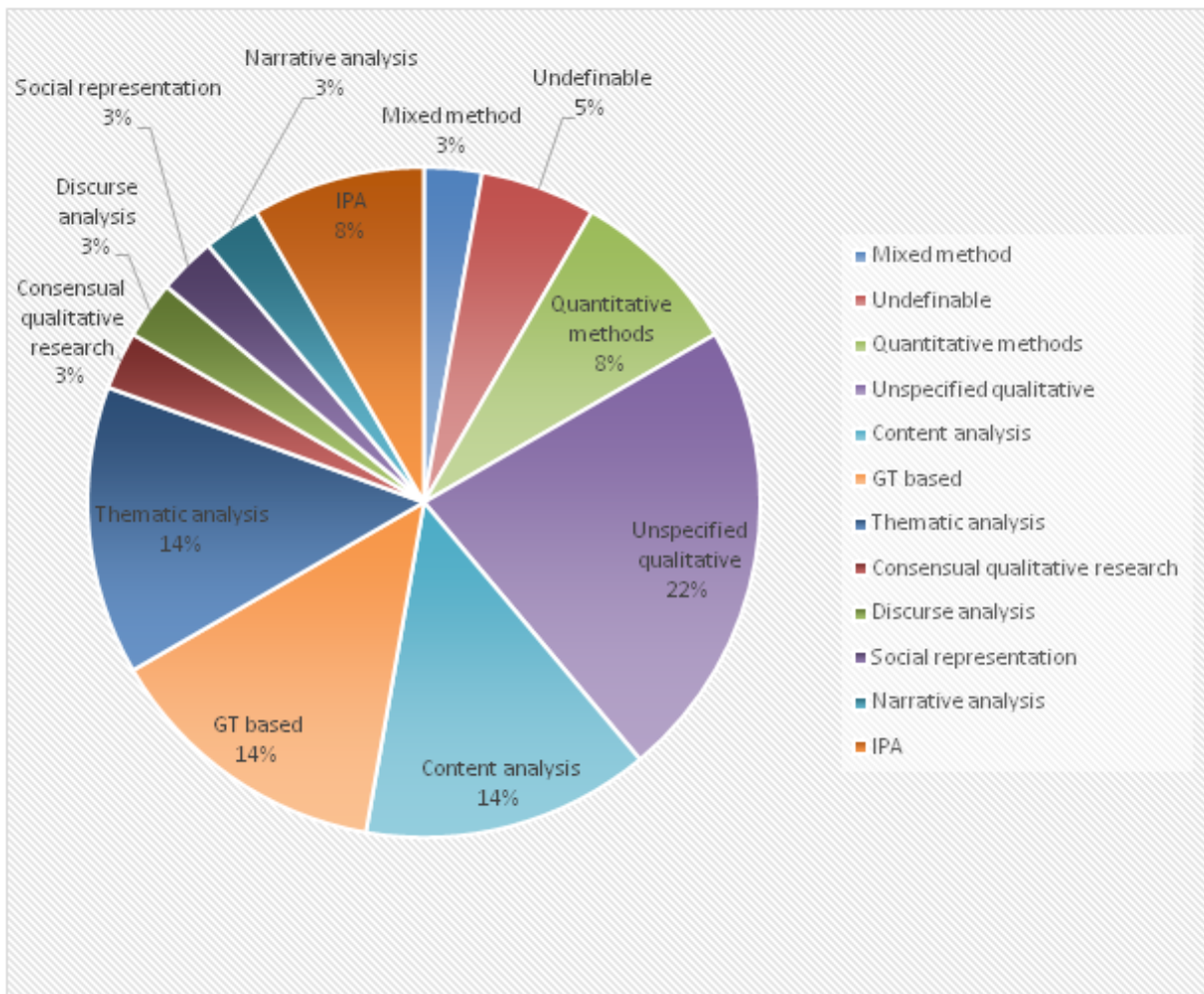
22% of the article's accurate methodology was unspecified. These articles did not name or cite their applied methods. The second most popular choices were content analysis, thematic analysis and methods, which were said to be based on Grounded Theory.

Our third goal was to detect the fields of qualitative research in Central-Eastern Europe. The categorization of the keywords of the articles is depicted in Figure 2.

Figure 2. Thematic analysis of the keywords

In the analysis of keywords, five categories emerged. The titles are written in capital italics, subtitles are written in bold with a capital initial letter.

The keywords are presented in simple letters, the sizes of them represent their frequencies. The table represents the prevalence of each of the five categories. They were social psychology (42,95%), health and clinical psychology (31,54%), methodology (16,1%), developmental psychology (7,38%) and religion (2,01%).

4. Discussion

The aim of this study was to assess qualitative psychology in Central-Eastern Europe. We analysed the paradigms, the methods and the fields of 35 qualitative research articles of five countries: the Czech Republic, Hungary, Poland, Romania and Slovakia. Our findings show that constructivist/interpretivist considerations seem to be dominant among the analysed qualitative articles. In our study, post-positivist elements, such as generalization and deductive

coding, also occurred. We found a substantial presence of paradigmatic eclecticism and confusion with the simultaneous usage of both constructivist/interpretivist and post-positivist considerations. According to the methodological analysis of the 35 articles, unspecified methods are used most frequently. Moreover, methodological descriptions were laconic and not detailed.

The content analysis of the keywords presented that the most commonly examined field is social psychology, which is in concordance with previous studies (Stainton-Rogers & Willig, 2017). In the brief literature of qualitative research paradigms, counselling journals are analysed by Ponterotto et al. (2017) and Gehart et al. (2001) as qualitative studies are the most used in the field of psychological counselling. Our study found that counselling was only mentioned once.

The seeming paradigmatic inconsistency might be rooted in the sociological and ethnographical traditions where a study is considered to be qualitative when it uses interviews or focus groups (Demuth, 2015). As sociology and ethnography have a longer tradition in the examined countries, this might cause a mixture of considerations and less strict methodology and epistemology, than mainstream qualitative psychology has. In psychology the reliability and transparency of qualitative studies has become vital and rigorous. However, qualitative psychology is still looking for its own identity and formula in the global psychological discourse, which might result in ambiguity (Gürtler and Huber, 2006). Knoblauch et al. (2005) state that research questions in which qualitative methods are used, might be influenced by political, economic, social and cultural backgrounds of the researcher.

As a conclusion, we suggest that paradigms might be used in a mixed way unless the researcher uses them consistently and transparently by the description of the epistemological foundation, the methodological choices and the process of analysis.

4.1. Reflections and Limitations

Our aim was not to conduct a critical study, but to explore the circumstances of post-socialist qualitative approaches and suggest some possible explanations for their state. Our study used post-positivist and interpretive/constructivist paradigmatic considerations at the same time almost in every coding aspect. As our study was based on our presupposition of the existence of paradigms, both deductive and inductive categories, theory and data-driven categorizations were used. Multiple realities and the objective existence of philosophical paradigms occurred at the same time. This study is neither a post-positivist nor an interpretivist/constructivist study, but a mixture of them. Self-reflectively we would put our

study in the "cannot be categorized" category. But our examining process appeared to be a suitable one, as it provided a frame for the examination of paradigms. As a result, we could concentrate on the exact aspect of the paradigm considerations, and decisions were easier to make as they were dichotomous questions. However, we must state that our method is reductionist and further refinements are needed such as observing the interconnections of the categories and introducing the theoretical considerations of our method in a theoretical article.

Finding suitable articles proved to be difficult. We suppose that due to searching issues, and the fact that we could only analyse English language articles, our study could reach only a small part of the qualitative studies published in this area. Thus, we could present only a small section of it. As sampling turned out to be difficult and time-consuming, a small number of qualitative research papers were found. This is why we did not have the option of selecting papers based on their quality or using other criteria. Because of the small number of articles we had access to, which included studies carried out by a multi-national research team, where at least one author was Central-Eastern European were analysed. We considered them to be connected to the research trends in this geographic area. However, it might lead to imprecision. The small amount of English language qualitative psychology research might be because of the language sensitivity of qualitative research, or the lack of proper language skills as well.

The sixteen answers received from the Central-Eastern European universities were neither enough to make generalizations or valid statements for the whole area. Information about the situation of qualitative psychology at universities was rarely available in English.

As we used deductive coding categorization we focused on the hypothetical paradigms and fields of the studies in which the exact logic of the articles was not presented or discussed.

Without many previous studies on this topic, we had to create most of our research tools, such as our paradigm-analysis coding system, which requires further discussions, reviews, applications and refinement.

4.2. Suggestions for further research

The examination of qualitative paradigms and qualitative psychology in a geographic area is an unexamined field of the psychological discourse. We believe that, because of its cultural and scientific background, it might be an important pathway for further studies as precious knowledge could be gained on the intercultural interpretations of epistemology, methodology and ontology in a newly growing and progressing theoretical approach in psychological qualitative research. We consider it to be vital for qualitative research to create

such reflections, mappings and reviews in order to detect the quality of studies and also to examine the paradigms used and work on the paradigm theory as well.

4.3. Conclusions

The examination of how it is possible to manage plural epistemologies, methodologies and ontologies simultaneously might also be needed in the theory of qualitative psychology. The American trend of qualitative psychology suggests making qualitative research more transparent and adopting higher standards in the description of qualitative methods (Bluhm et al, 2011). However, Symon et al. (2018) draw criticism about whether the standardization of quality in qualitative research would be inappropriate and lead to the marginalization of alternative methods.

All in all, the rise of qualitative research was a paradigm shift; an answer to the positivist psychology's expanded anomalies. Perhaps the true nature of the qualitative approach is that it does not require a rigorously defined identity and formula or systematically structured frames.

References

Cited literature

Alesina, A & Fuchs-Schündeln, N 2007, 'Goodbye Lenin (or not?): The effect of communism on people's preferences', *American Economic Review,* vol. 97(4), pp. 1507-1528.

Angermüller, J. 2005, '"Qualitative" Methods of Social Research in France: Reconstructing the Actor, Deconstructing the Subject', *Forum Qualitative Sozialforschung/Forum: Qualitative Social Research* 6, (3). http://www.qualitative-research.net/index.php/fqs/article/view/8 Accessed: 16.08.2018.

Berríos, R., & Lucca, N 2006, 'Qualitative methodology in counseling research: Recent contributions and challenges for a new century', *Journal of Counseling & Development,* vol. 84(2), pp. 174-186.

Bluhm, D. J., Harman, W., Lee, T. W., & Mitchell, T. R. 2011, 'Qualitative research in management: A decade of progress', *Journal of Management Studies, 48,* pp. 1866-1891.

Bruni, A., & Gobo, G. 2005, 'Qualitative research in Italy', *Forum: Qualitative Social Research* 6, (3). http://www. qualitative-research. net/fqs-texte/3-05/05-3-41-e. htm.

Buklijas, T., & Lafferton, E. 2007, 'Science, medicine and nationalism in the Habsburg Empire from the 1840s to 1918', *Studies in history and philosophy of biological and biomedical sciences*, *38*(4), 679-686.

Bunce, V., & Csanadi, M 1993. 'Uncertainty in the transition: post-communism in Hungary', *East European Politics and Societies*, *7*(2), 240-275.

Chandler, D 2006, 'Semiotics for beginners'. https://s3.amazonaws.com/academia.edu.documents/34512504/Semiotics_for_Beginners.pdf? AWSAccessKeyId=AKIAIWOWYYGZ2Y53UL3A&Expires=1541519057&Signature=qpJ2 3Wsx8mMQW7RthrMKdZw3PuM%3D&response-content-disposition=inline%3B%20filename%3DSemiotics_for_Beginners_by_Daniel_Chandl.pdf Downloaded: 06.11.2018.

Danziger, K 2006, 'Universalism and Indigenization in the History of Modern Psychology' in: Adrian C. Brock (ed.) Internationalizaing the History of Psychology, New York University Press, New York, London pp. 208-226

Davidsen, A S 2013, 'Phenomenological approaches in psychology and health sciences', Qualitative *Research in Psychology,* vol. 10(3), pp. 318-339.

Demuth, C 2015, 'New directions in qualitative research in psychology', *Integrative Psychological and Behavioral Science,* vol. 49(2), pp. 125-133.

Elliott, R, Fischer, C T & Rennie, D L 1999, 'Evolving guidelines for publication of qualitative research studies in psychology and related fields', *British Journal of Clinical Psychology,* vol. 38(3), pp. 215-229.

Elo, S, & Kyngäs, H 2008, 'The qualitative content analysis process', *Journal of Advanced Nursing,* vol. 62(1), pp. 107-115.

Gale, J 1993, 'A field guide to qualitative inquiry and its clinical relevance', *Contemporary Family Therapy*, vol. 15(1), pp. 73-91.

Gehart, D R, Ratliff, D A & Lyle, R 2001, 'Qualitative research in family therapy: A substantive and methodological review', *Journal of Marital and Family Therapy,* vol. 27(2), pp. 261-274.

Gille, Z 2010, 'Is there a global postsocialist condition?', *Global Society,* vol 24(1), pp. 9-30.

Guba, E G & Lincoln, Y S 1982, 'Epistemological and methodological bases of naturalistic inquiry', *Educational Technology Research and Development* vol. 30(4), pp. 233-252.

Guba, E G & Lincoln, Y S 1989, *Fourth generation evaluation*. Sage, London.

Guba, E G & Lincoln, Y S 1994, 'Competing paradigms in qualitative research', in N K Denzin & Y S Lincoln (eds.). *Handbook of Qualitative Research*, Thousand Oaks, Sage Publications, Inc., CA, US, pp. 105-117.

Gürtler, L & Huber, G L 2006, 'The ambiguous use of language in the paradigms of QUAN and QUAL', *Qualitative Research in Psychology,* Vol. 3(4), pp. 313-328.

Harré, R 2004, 'Staking our claim for qualitative psychology as a science', *Qualitative Research in Psychology,* Vol. 1(1), pp. 3-14.

Hsieh, H F & Shannon, S E 2005, 'Three approaches to qualitative content analysis', *Qualitative Health Research,* Vol. 15(9), pp. 1277-1288.

Knoblauch, H., Flick, U., & Maeder, C. 2005, 'Qualitative methods in Europe: The variety of social research' In *Forum Qualitative Sozialforschung/Forum: Qualitative Social Research* (Vol. 6, No. 3). Accessed 16.08.2018 www.qualitative-research.net/fqs-texte/3-05/05-3-34-e. htm

Konecki, K. T. 2005, 'Polish qualitative sociology: The general features and development', Forum Qualitative Sozialforschung/Forum: Qualitative Social Research 6, (3). Accessed 16.08.2018. http://www.qualitative-research.net/index.php/fqs/article/view/12/25

Lincoln, Y S, Lynham, S A & Guba, E G 2011, 'Paradigmatic controversies, contradictions, and emerging confluences revisited' in N K Denzin & Y S Lincoln (eds). *The Sage handbook of qualitative research, 4*, Sage, London. pp. 97-128.Marchel, C & Owens, S 2007, 'Qualitative research in psychology: Could William James get a job?' *History of Psychology,* vol. 10(4), pp. 301-324.

Marecek, J., Fine, M., & Kidder, L. 1997, 'Working between worlds: Qualitative methods and social psychology', *Journal of Social Issues*, *53*(4), 631-644.

Morrow, S L 2005, 'Quality and trustworthiness in qualitative research in counseling psychology', *Journal of Counseling Psychology,* vol. 52(2), pp. 250-260.

Morrow, S L & Smith, M L 2000, 'Qualitative research for counseling psychology', in S D Brown & R W Lent (eds.), *Handbook of Counseling Psychology*, Willey, New York, pp. 199-230.

Moscovici, S., & Marková, I. 2006, *The making of modern social psychology: The hidden story of how an international social science was created*. Cambridge, Polity Press.

Neuendorf, K A 2016, *The content analysis guidebook*, Sage, London.

O'Neill, P 2002, 'Tectonic change: The qualitative paradigm in psychology', *Canadian Psychology/Psychologie canadienne,* vol. 43(3), pp. 190-194.

Olsen, A, Higgs, P & Maher, L 2015, 'A review of qualitative research in Drug and Alcohol Review', *Drug and Alcohol Review,* vol. 34(5), pp. 475-476.

Patton, M Q 2002, 'Two decades of developments in qualitative inquiry: A personal, experiential perspective*', Qualitative Social Work,* vol. 1(3), pp. 261-283.

Peel, E, Clarke, V, & Drescher, J 2007, 'Introduction to LGB perspectives in psychological and psychotherapeutic theory, research and practice in the UK', *Journal of Gay & Lesbian Psychotherapy*, vol. 11(1-2), pp. 1-6.

Petty, N J, Thomson, O P, & Stew, G 2012, 'Ready for a paradigm shift? Part 1: Introducing the philosophy of qualitative research', *Manual Therapy,* vol. 17(4), pp. 267-274.

Ponterotto, J G 2005, 'Qualitative research in counseling psychology: A primer on research paradigms and philosophy of science' *Journal of Counseling Psychology,* vol. 52(2), pp. 126-136.

Ponterotto, J G 2010 'Qualitative Research in Multicultural Psychology: Philosophical Underpinnings, Popular Approaches, and Ethical Considerations*', Cultural Diversity and Ethnic Minority Psychology,* vol 16(4), pp. 581-589.

Ponterotto, J G, Park-Taylor, J & Chen, E C 2017, 'Qualitative Research in Counselling and Psychotherapy: History, Methods, Ethics, and Impact' in C Willig & S W Rogers (eds.). *The SAGE Handbook of Qualitative Research*, Sage, London, pp. 298-522.

Psychology Resources Around the World, Accessed 16.08.2018, http://psychology-resources.org/explore-psychology/association-organisation-information/country-information/

Rennie, D L, Watson, K D, & Monteiro, A M 2002, 'The rise of qualitative research in psychology', *Canadian Psychology,* vol. 43(3), vol. 179-189.

Rennie, D L; Watson, K D & Monteiro, A 2000, 'Qualitative Research in Canadian Psychology', *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research,* vol. 1(2), http://nbn-resolving.de/urn:nbn:de:0114-fqs0002295. Downloaded: 2018. 05. 31.

Robila, M & Krishnakumar, A 2004, 'The role of children in Eastern European families', *Children & Society,* vol. 18(1), 30-41.

Rose-Ackerman, S 2001, 'Trust and Honesty in Post-Socialist Societies', *Kyklos,* vol. 54(2-3), pp. 415-443.

Rossman, G B & Rallis, S F 2003, 'Qualitative research as learning' in G B Rossman & S F Rallis (eds.), *Learning in the field: An introduction to Qualitative Research*, Sage, London, pp. 1-30.

Sexton, T L 1996, 'The relevance of counseling outcome research: Current trends and practical implications', *Journal of Counseling & Development,* vol. 74(6), pp. 590-600.

Stainton Rogers, W & Willig, C (2017). The SAGE handbook of qualitative research in psychology. *The SAGE Handbook of Qualitative Research in Psychology*, 1-664.

Stanilov, K 2007, 'Taking stock of post-socialist urban development: A recapitulation', in K Stanilov (ed.) *The Post-Socialist City: Urban Form and Space Transformations in Central and Eastern Europe after Socialism,* Springer, Berlin, pp. 3-17.

Stenning, A & Hörschelmann, K 2008, 'History, Geography, and Difference in the Post-Socialist World: Or, Do We Still Need Post-Socialism?', *Antipode*, vol. 40(2), pp. 312-335.

Swartz, L & Rohleder, P 2017, 'Cultural Psychology', in C Willig & S W Rogers (eds.). *The SAGE Handbook of Qualitative Research*, Sage, London, pp. 563-574.

Symon, G., Cassell, C., & Johnson, P. (2018). 'Evaluative practices in qualitative management research', A critical review. *International Journal of Management Reviews*, *20*(1), pp. 134-154.

Szokolszky, Á. (2016). 'Hungarian psychology in context. Reclaiming the past'. *Hungarian Studies*, *30*(1), pp. 17-55.

Tímár, J 2004, 'More than Anglo-American', it is Western': hegemony in geography from a Hungarian perspective' *Geoforum, 35*(5), pp. 533-538.

Wertz, F. J. 2014, 'Qualitative inquiry in the history of psychology' Qualitative Psychology, 1(1), 4-16.

Analysed articles

Adamczyk, M. (2016). Attachment styles and adolescent's psychosocial functioning-case studies. *Psychoterapia, 3*(178) 89-102.

Bianchi, G., & Fúsková, J. (2015). Representations of sexuality in the Slovak media-the case of politics and violence. *Annual of Language & Politics & Politics of Identity, 9,* 43-70.

Boczkowska, M. M., & Zięba, M. (2016). Preliminary study of religious, spiritual and mystical experiences. Thematic analysis of Poles adult's narratives. *Current Issues in Personality Psychology, 4*(3), 167-176.

Buczkowski, K., Marcinowicz, L., Czachowski, S., Piszczek, E., & Sowinska, A. (2013). "What kind of general practitioner do I need for smoking cessation?" Results from a qualitative study in Poland. *BMC Family Practice, 14(*1), 159-. doi:10.1186/1471-2296-14-159.

Buzea, C. (2015). Romanian employees' folk theory on work: a qualitative study. *Procedia-Social and Behavioral Sciences, 187*, 196-200.

Chmielecki, M. (2013). Knowledge sharing among faculties-qualitative research findings from polish universities. *Contemporary Management Quarterly/Wspólczesne Zarzadzanie*, *12*(3), 93-102.

Chrz, V., Cermák, I., & Chrzová, D. (2009). Between the Worlds of the Disabled and the Healthy: A Narrative Analysis of Autobiographical Conversations. In Robinson, D., Fischer, P., Yeadon-Lee, T., Robinson, S. J., & Woodcock, P. (Eds.). *Narrative, Memory and Identities,* 11-19, Huddersfield: University of Huddersfield.

Cirtita-Buzoianu, C., & Daba-Buzoianu, C. (2013). Inquiring Public Space in Romania: A Communication Analysis of the 2012 Protests. *Procedia-Social and Behavioral Sciences, 81*, 229-234.

Císař, O., & Koubek, M. (2012). Include 'em all?: Culture, politics and a local hardcore/punk scene in the Czech Republic. *Poetics, 40*(1), 1-21.

Fabula, S., & Timár, J. (2017). Violations of the right to the city for women with disabilities in peripheral rural communities in Hungary. *Cities, 76,* 52-57.

Gheorghe, I. R., & Liao, M. N. (2012). Investigating Romanian healthcare consumer behaviour in online communities: Qualitative research on negative eWOM. *Procedia-Social and Behavioral Sciences, 62*, 268-274.

Halama, P., & Halamová, J. (2005). Process of religious conversion in the Catholic Charismatic movement: A qualitative analysis. *Archive for the Psychology of Religion, 27*(1), 69-92.

Kadlcik, J., & Flemr, L. (2008). Athletic career termination model in the Czech Republic: A qualitative exploration. *International Review for the Sociology of Sport, 43*(3), 251-269.

Kékes Szabó, M., & Szokolszky, Á. (2013). Dyadic interactions and the development of object use in typical development and autism spectrum disorder. *Practice and Theory in Systems of Education, 8*(4), 365-388.

Kelmendi, K. (2015). Domestic violence against women in Kosovo: A qualitative study of women's experiences. *Journal of Interpersonal Violence, 30*(4), 680-702.

Krahé, B., De Haas, S., Vanwesenbeeck, I., Bianchi, G., Chliaoutakis, J., Fuertes, A., ... & Meijnckens, D. (2016). Interpreting survey questions about sexual aggression in cross-cultural research: A qualitative study with young adults from nine European countries. *Sexuality & Culture, 20*(1), 1-23.

Kwaśniewska, J. M., & Lebuda, I. (2017). Balancing Between Roles and Duties–The Creativity of Mothers. Creativity. *Theories–Research-Applications, 4*(1), 137-158.

Levicka, Katarina; Zakova Martina; Stryckova, Daniela (2015) Identity of Street Workers Working with Drug Users and Sex workers in Slovakia, Revista Românească pentru Educaţie Multidimensională, 7(2), 19-23.

Masaryk, R., & Hatoková, M. (2017). Qualitative inquiry into reasons why vaccination messages fail. *Journal of Health Psychology, 22*(14), 1880-1888.

Miovský, M. (2007). Changing patterns of drug use in the Czech Republic during the post-communist era: A qualitative study. *Journal of Drug Issues, 37*(1), 73-102.

Panaitescu, C., Moffat, M. A., Williams, S., Pinnock, H., Boros, M., Oana, C. S., ... & Tsiligianni, I. (2014). Barriers to the provision of smoking cessation assistance: A qualitative study among Romanian family physicians. *NPJ Primary Care Respiratory Medicine, 24*, doi:10.1038/npjpcrm.2014.22.

Pavlova, B., Uher, R., & Papezova, H. (2008). It would not have happened to me at home: Qualitative exploration of sojourns abroad and eating disorders in young Czech women. *European Eating Disorders Review, 16*(3), 207-214.

Pietkiewicz, I., & Skowrońska-Włoch, K. (2017). Attitudes to professional boundaries among therapists with and without substance abuse history. *Polish Psychological Bulletin, 48*(3), 411-422.

Popper, M., Bianchi, G., & Lukšík, I. (2015). Challenges to the Social Norms on Reproduction: "Irreplaceable Mother" and Affirmative Fatherhood. *Human Affairs, 25*(3), 288-301.

Racz, J., & Lacko, Z. (2008). Peer helpers in Hungary: A qualitative analysis. International *Journal for the Advancement of Counselling, 30*(1), 1-14.

Rácz, J., Csák, R., & Lisznyai, S. (2015). Transition from "old" injected drugs to mephedrone in an urban micro segregate in Budapest, Hungary: A qualitative analysis. *Journal of Substance Use, 20*(3), 178-186.

Roberson Jr, D. N., & Pelclova, J. (2014). Social dancing and older adults: playground for physical activity. *Ageing International, 39*(2), 124-143.

Sorina-Diana, M., Dorel, P. M., & Nicoleta-Dorina, R. (2013). Marketing performance in Romanian small and medium-sized enterprises-A qualitative study. *Annals of the University of Oradea, Economic Science Series, 22*(2), 664-671.

Surugiu, R. (2013). Labor Conditions of Young Journalists in Romania: A Qualitative Research. *Procedia-Social and Behavioral Sciences, 81*, 157-161.

Takacs, J., Amirkhanian, Y. A., Kelly, A. J., Kirsanova, V. A., Khoursine, R. A., & Mocsonaki, L. (2006). "Condoms Are Reliable but I Am Not": A Qualitative Analysis of AIDS-Related Beliefs and Attitudes of Young Heterosexual Adults in Budapest, Hungary and St. Petersburg, Russia. *Central European Journal of Public Health, 14*(2), 59-66.

Takács, J., Kelly, J. A., PTóth, T., Mocsonaki, L., & Amirkhanian, Y. A. (2013). Effects of stigmatization on gay men living with HIV/AIDS in a Central-Eastern European context: A qualitative analysis from Hungary. *Sexuality Research and Social Policy, 10*(1), 24-34.

Trif, V. (2013). Cognitive representation of academic assessment in Romania. A qualitative analysis. *Procedia-Social and Behavioral Sciences, 78,* 81-85.

Wójcik, M., & Kozak, B. (2015). Bullying and exclusion from dominant peer group in Polish middle schools. *Polish Psychological Bulletin, 46*(1), 2-14.

Zörgő, S., Purebl, G., & Zana, Á. (2018). A qualitative study of culturally embedded factors in complementary and alternative medicine use. *BMC Complementary and Alternative Medicine, 18*(1), 25. DOI 10.1186/s12906-018-2093-0.

Žuchová, S. (2006). Attitudes of medical students towards people suffering from mental illness - comparison of quantitative and qualitative experimental methods. *Studia Psychologica, 48*(4), 349-360.

2.2. Discovering the "I" in the "Thou" – The Psychological Effects of Psychobiographical Research on Personality of the Researcher

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ABSTRACT

In our opinion psychobiography is not only an excellent research method, but if it were a part of the training of psychologists in higher education, it would support their personal and professional development in several ways. This idea came to our minds due to our personal experiences as psychobiographers, and due to the investigation of outstanding psychologists' and philosophers' creativity. These psychologists and philosophers also conducted investigations concerning other talented individuals' personality and creativity, who deeply affected them. Our aim is to demonstrate this phenomenon by analyzing three historical cases with the use of psychobiography: philosopher Friedrich Nietzsche, Sigmund Freud, the father of psychoanalysis, and Hungarian psychiatrist Leopold Szondi, the discoverer of "family unconscious". These (and other) cases suggest, that a psychobiography, or more generally, the investigation of a particular person's creativity, who affects the researcher, might cause significant beneficial transformations in the scholar's personality. We believe that the psychodynamics of this transformation can be understood theoretically with the psychoanalytic model of Norman Holland (1976). To support this idea scientifically, we designed a qualitative empirical study: we interviewed nine psychologists, who had formerly participated in a psychobiography course at our university, and who had completed an entire psychobiographical analysis. We interpreted the interviews with inductive thematic analysis (Terry, Hayfield, Clarke & Braun, 2017), and the results suggest, that the supposed interrelations exist, which empirically supports our opinion: psychobiography improves the researcher's skills, professional identity and personality.

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Key words: *psychobiography – self-knowledge – historical cases – interpretation – interview – inductive thematic analysis – university education*

INTRODUCTION

In our chapter we would like to evince that the process of psychobiographical research has a great influence on the researcher's creativity and personality development.[3] Historical cases provide psychobiographical evidence for this assumption. For example Friedrich Nietzsche's lifelong obsession with composer Richard Wagner, Sigmund Freud's Leonardo essay, Henry A. Murray's encounter with Herman Melville's work, or Leopold Szondi's Dostoevsky influence all suggest, that one of the greatest psychobiographers of the 20th century, Erik H. Erikson was right. In his "Young Man Luther" (1958) Erikson stated, that when a clinician (~ psychologist) is dealing with a biographical case, they will soon find out that the "imaginary client" has also been dealing with them. That suggests that knowing the Other cannot be separated from knowing myself; these phenomena influence each other, so the analysis of the Other sooner or later turns into a virtual "mutual analysis" (Ferenczi, 1988/1932). Apart from the fact that this is a highly important hermeneutical insight concerning psychobiography and qualitative personality research in general, it has significance in higher education and in the training of psychologists. Fortunately, some universities worldwide support students' psychobiographical research during university years, and our conviction is that the beneficial psychological effects influence not only professional skills but improve the self-knowledge of psychology students as well. Self-knowledge is relevant in the process of becoming a psychologist, as the therapist's personality is one of the most important factors of successful psychological interventions (Rogers, 1965; Duncan, 2002).

In this article – after defining our subject – we firstly present three historical cases that shed light on this phenomenon. These cases are of the existentialist philosopher Friedrich Nietzsche; the father of psychoanalysis and psychobiography, Sigmund Freud; and, the creator of "fate analysis" and the discoverer of the "family unconscious", Hungarian psychiatrist Leopold Szondi. Following this we outline a theory concerning the dynamics of personality

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[3] Psychobiography is a branch of applied personality sciences. Psychobiographycal research aims to explore the lives and personalities of historical figures from artists to pliticians (Shultz & Lawrence, 2017).

transformation during psychobiography research, based on Norman Holland's (1976) ideas. In the third part, we focus on the question that conducting a psychobiographical research can support psychology students' intellectual and personality development during university education. Related to this, we present a qualitative empirical research project of our own. This research tries to unfold, how psychobiographical courses influence and shape students' personalities and professional skills and identity following the courses. Written interviews with open-ended questions were used as data, and the texts were analyzed with the use of inductive thematic analysis (Terry, Hayfield, Clarke & Braun, 2017). The participants of the study were psychologists, PhD and former MA psychology students from Eötvös Loránd University, Budapest, Hungary, who had conducted psychobiographical research previously during the course. The results help us to understand how psychology students make sense of their research experiences, and how psychobiographical courses deeply influence the personal and professional development and identity-forming of future psychologists.

"DISCOVERING THE I IN THE THOU"

Psychobiography is an idiographic, qualitative, contextualist psychological research method. It follows the strategy of discovery, based on phenomenological-hermeneutic traditions and narrative construction of reality. By using it, the researchers are trying to unfold the relations between eminent person's creative activity, personality dynamics and their (inner) life history (Kőváry, 2011, 2019). The official initiator of this method was Sigmund Freud (1856-1939), the creator of psychoanalysis. However, it is remarkable that some decades before he published "Leonardo da Vinci and a Memory of His Childhood" (1957/1910), the "founding text" of psychobiography, German philosopher and psychologist Wilhelm Dilthey (1833-1911) developed "methodological hermeneutics" which is, in principle, parallel with Freudian psychobiography[4]. Dilthey (1989/1883) emphasized, that human sciences (*Geisteswissenschaften*) are different from natural sciences in their subject and approach, so therefore they need their own different methodology. Dilthey identified this method as "descriptive psychology". The aim of its usage is not to *causally explain* but to *understand*

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[4] It is notable, that psychiatrist and existential philosopher Karl Japers (1883-1969) after adapting Dilthey's (and Husserl's) approach as *Verstehende Psychologie* in psychopathological research, stated that with this he *explicitly* elaborated the methods, that Freud *de facto* had been using (Jaspers, 1998/1977).

(*Verstehen*), what kind of psychological experiences (*Erlebnis*) inspired the birth of particular creative products identified as personal human expressions. Dilthey (1996/1900, p.237) called these expressions "fixed and relatively permanent objectifications of life" (*fixierten Lebensäusserungen*). According to him this category contains every kind of intentional human act from the cry of a baby to "Hamlet".

According to Dilthey, this "understanding" is about reconstructing the influencing psychological experiences (with the use of empathy and intuition) in order to recognize the author's intentions – even better than the authors themselves did. To achieve this, says Dilthey, we have to investigate the whole person's psychological life (and not only isolated functions like cognition) in biographical context (1989/1883).In our opinion this is literally psychobiography! It is important to note that, later in his life Dilthey changed descriptive psychology to hermeneutics, because he realized that human psychological life and its "structures" cannot be investigated directly, but only indirectly by the systematic interpretation of fixed objectifications of life, especially texts[5]. Interpretation is beyond rational processes; in order to understand the relationship between different expressions of lived experiences in a case, we have to "lose ourselves" in a "strange life", and understanding comes into view when we discover "the I in the Thou" (Dilthey, 1990). This was the very first time in modern intellectual history, where a philosopher/psychologist stated that the understanding of other people, via their expressions of life, does not exist without self-knowledge.

Dilthey discovered the importance of self-knowledge in the hermeneutic process, but he did not reflect on the other side: how understanding of other persons supports, in turn, our self-knowledge. After Dilthey's death this methodological approach to hermeneutics (that was criticized as "psychologism" by philosophers) was rejected for a long time. Martin Heidegger (1962/1927) and his disciple, Hans-Georg Gadamer (1975/1960) "de-psychologized" hermeneutics, whilst, in parallel, post-structuralist literary critics and philosophers began to talk about "the death of the author" (Eagleton, 1996). So psychological aspects concerning the author were banished form interpretations. Personality psychology and creativity research were similarly "depersonalized" at the same time, as researchers rather focused on decontextualized constructs, traits and their correlations with different variables (McAdams, 1997). The "methodological" or "psychologized" version of hermeneutics returned only with the works of

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[5] Psychological phenomena often can be identified as „texts". For example in a dynamic therapy the therapist is not analyzing the patient's dream directly, but the her/his verbal reports (Ricoeur, 1981). That is why the psychologist's activity is very close to text interpretations, hermeneutics.

Paul Ricoeur (1981), who was deeply interested in psychoanalysis and the psychobiographical approach also returned to psychology at the same time (Stolorow & Atwood). Ricoeur discovered the other side of hermeneutical dialogue in the process of interpretation. Understanding is not only "discovering the I in the Thou", as Dilthey said, but in order to create ourselves psychologically we are constantly identifying ourselves with our "heroes" via reading and understanding texts. As Ricoeur emphasizes, constructing our identity always overlaps with identifications with Others. Thus only the construction of the self via the mediation of the Other can be an authentic way to self-exploration (Ricoeur, 2001). We are convinced that this "mutual analysis", that unfolds during the process of psychobiographical research, is extremely beneficial for psychologists and psychology students. We try to present this firstly with the use of psychobiography itself, and then by presenting our qualitative research.

THREE HISTORICAL CASES

a, Friedrich Nietzsche

Although Nietzsche was not an "official" psychologist, in his writings he often referred to himself as a "moral psychologist". He is frequently compared with Freud (Assoun, 2006, Lohmann, 2008), and his psychological qualities were acknowledged by several authors, includingThomas Mann, Otto Rank, Carl Gustav Jung and Rollo May. The latter (May, 1983) linked him not only to psychoanalysis, but to existential psychology as well. Besides being one of the most influential philosophers of modernism, Nietzsche intuitively discovered the idea behind psychobiography around the same time that Dilthey identified "descriptive psychology" as a method for the human sciences. In "Beyond Good and Evil" Nietzsche wrote the following: "It has gradually become clear to me what every great philosophy up till now has consisted of—namely, the confession of its originator, and a species of involuntary and unconscious auto-biography" (Nietzsche, 2004/1886, p. 10). As a philosopher he was not an exception – his writings are passionate, personal, self-reflective, and massively feature a life-historical aspect that influenced him more deeply than almost anything else in his conscious existence. This aspect is his relation to composer Richard Wagner and Wagnerian music which affected deeply him from the beginning, even after their "breakup" in 1876. According to contemporary

psychobiography (Isaacson, 2005) we have to say that Wagner, as a co-player, turned to a counter-player in Nietzsche's life, but remained an important a self-object (Kohut, 1977) who helps to maintain the balance of the personality.

Nietzsche was a shy, withdrawn, valetudinary but art-loving and brilliant minded young man - he became a professor of classical philology at the age of 25 (Frenzel, 1993). He had a decisive encounter with two giants of 19th century German culture in the 1860's: Richard Wagner and philosopher Arthur Schopenhauer (Safranski, 2000). Wagner was also a follower of Schopenhauer, a philosopher who held music above all else, so it was an important connection point between him and Nietzsche. Wagner was born in the same year as Nietzsche's beloved father, a pastor, who died when Nietzsche was four; this loss had traumatic psychological effects on him (Arnold & Atwood, 2005). From the middle of the 1860's Nietzsche became acquainted with Schopenhauer's dark, pessimistic but consolatory philosophy[6], Wagner's overwhelming, Schopenhauerian music – and Wagner himself. Nietzsche became the composer's nearest "employee", a kind of a secretary; in these years (1868 ~ 1876) the philosopher dedicated his entire talent to "promoting" Wagner and Schopenhauer, especially in his early philosophical works ("The Birth of Tragedy", 1872; "Untimely Meditations", 1873-1876 – one of the "Meditations" was about Wagner, another was about Schopenhauer, see Safranski, 2000). Mostly because of Wagner's tyrannical personality, tension began to grow between them, the philosopher displayed psychosomatic manifestations (usually the sign of intrapsychic conflict between dependency and anger), and finally he chose himself and independence. The apropos of the breakup was Wagner's final musical drama, "Parsifal", a Christian themed work, that Nietzsche couldn't stand (Frenzel, 1993). Following this, until his mental breakdown (1889), Nietzsche was mostly a lone and restless wanderer, suffering from different illnesses (Safranski, 2000). From a psychological point of view the satisfying "symbiosis" with Wagner ended with a painful "separation" (Mahler, 1974) or a symbolic birth-trauma (Rank, 1999/1924) that forced Nietzsche to find his authentic, independent self.

After experiencing this "paradise lost", in the next period (1876-1883) - which refers to a new beginning, a "rebirth" - sometimes called the "philosophy of the morning", in his books ("Human All Too Human", 1878-1880; "Daybreak", 1881; "The Gay Science", 1882), Nietzsche began to reconstruct himself intellectually as a "free spirit", which at least partly

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[6] See Irvin D. Yalom's popular book, „The Schopenhauer Cure: a novel" (2005).

meant "free from Wagner". The last active period (1883-1888) began with another emotional trauma: Nietzsche wanted to marry Lou Salome, who betrayed him (Frenzel, 1993). In this phase, Nietzsche wrote his most important books ("Thus Spake Zarathustra", 1883-1885; "Beyond Good and Evil", 1886; "On the Genealogy of Morals", 1887), while in the last year1888, he created several shorter, and more provocative works. These are intellectually brilliant and influential texts ("The Antichrist", "Ecce Homo", "The Twilight of the Idols", "The Case of Wagner" and "Nietzsche Contra Wagner"), but show some subtle signs of psychological disintegration. The last two contain a direct reference to Wagner, while the German title of "Twilight of the Idols", "Götzen-Dämmerung" refers to to Wagner's "Götterdämmerung" ("Twilight of the Gods") (Frenzel, 1993). It seems that ten years after the breakup,Nietzsche was still obsessed with this overwhelming influence, and with the use of his psychological philosophy (according to him a "confession of its originator, and a species of involuntary and unconscious auto-biography") desperately intended to understand the Wagner-phenomenon and the nature of his obsession, which, at least partly, was against his own wish (Kőváry, 2016). "Wagner is a neurosis" – claimed Nietzsche in "The Case of Wagner" (2005/1888, 242.), a magnetiseur, who showed us how to hypnotize with music; this all suggests that writer Romain Rolland (1931) was right when he referred to the "musical unconscious"[7]. Without this neurosis, of which the number one victim was Friedrich Nietzsche, neither psychoanalysis nor existential psychology would have been born this way.

b, Sigmund Freud

Sigmund Freud's science, psychoanalysis, was originally established in order to understand and treat psychopathological manifestations like hysterical symptoms. Freud (1955/1895) realized that regular medical methods were not helpful in this context, that is why he had to apply something that was closer to the methods of creative writers than to those of natural scientists. That method was psychoanalytic case study, that focused on "objectifications of life" (symptoms) and their relations to life historical context (biography) and psychodynamic processes related to the unconscious. Following this, between 1895 and 1910, Freud extended his approach to dreams (1900), parapraxes (1901), jokes (1905) and artistic creativity (1907-1910), describing the different "languages of the unconscious", so psychoanalysis as a clinical theory and method transformed into a general depth-psychology of the human psyche which is

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[7] Romain Rolland was also the man who suggested the expression „oceanic feeling", see Freud, 1961/1930

much closer to human sciences (*Geisteswissenschaften)* than to medical/natural sciences (Kőváry, 2017). Freud did not give up his position as a natural scientist and a physician, and when he created his abstract ideas about the psyche (his so called "metapsychology"), he insisted on the impersonal and mechanistic principles and concepts of natural sciences. That is why German philosopher Jürgen Habermas (1991/1968) was talking about the scientistic *self-misunderstanding* of *metapsychology* in the case of psychoanalysis. For Freud, this adherence to natural sciences meant that his approach to psychological phenomena was objective, and represented a superior and unquestionable scientific knowledge that had to be accepted by the affected - and everyone else. Everything else is – according to the title of a book by Freud – is "Resistance to Psycho-Analysis" (Freud, 1961/1925).

Freud's attitude towards self-involvement and subjectivity was controversial. His interest in dreams was not purely scientific; when his father died in 1896, Freud began to manifest neurotic symptoms and at that time he was already aware of the fact that neuroses originated from unconscious conflicts. Being the only psychoanalytic therapist in the world, he couldn't lay himself on the couch in order to unfold his unconscious. As his patients had already been talking about their dreams during the sessions, and Freud successfully applied free associations to analyze them, so he began to conduct his famous self-analysis via his dreams (Anzieu, 1986). This process, analyzing his patients and himself concurrently, led to the birth of "Interpretation of Dreams" (1953/1900), which contains a lot of Freud's own dreams as examples. In the book's foreword, Freud confesses, that the book was significant for him subjectively as a part of his self-analysis. The father of psychoanalysis continued his self-analysis indirectly in "Leonardo", as different authors like Jones (1964), Elms (1994) and Blum (2001) emphasized. However, self-reflections were not parts of the scientific work at that time, neither epistemologically nor personally, although nowadays we believe that in a qualitative study it is always necessary (Willig, 2008). Expectations were different those days and Freud considered himself as a representative of objective natural sciences, so he did not feel that he should indicate these subjective aspects. Some say that this "indirect self-analysis" was a scientific mistake, but according to Blum (2001), the Leonardo-essay was rather a good chance for Freud to expand the territory of psychoanalysis, to (re)construct his self and to improve his scientific creativity.

By acknowledging the importance of countertransference in psychoanalytic therapy, Freud admitted the relevance of emotional self-involvement in the process of therapy. It is notable, that this insight was related to a significant historical case: C. G. Jung's much troubled

relationship with Sabine Spielrein (Etkind, 1993). Freud saw countertransference as an obstacle, that must be removed in order to ensure the analyst's objectivity. But countertransference can be understood and used differently, as Sándor Ferenczi - and related British object relations theorists - emphasized (Mitchell & Black, 1995). Ferenczi and his followers believed that the subjective feelings and the empathy of the analyst that emerges during the sessions are equally as important as scientific knowledge about psychodynamics. These subjective feelings and mental activities that are beyond rationality are not the obstacles to scientific cognizance in psychoanalysis; but if we understand them in supervision, it might help us to understand the patient and the process of the analysis more deeply. In this context we would like to refer to a historical Hungarian version of psychoanalytic supervision that was based on this recognition. A representative of the Budapest School of Psychoanalysis, Vilma Kovács (1883-1940), the disciple of Ferenczi, in her article "Training Analysis and Control Analysis" (1993/1933) emphasized that a particular candidate's training analyst and her/his first supervisor has to be the same person, because the themes that dominated the training analysis would appear in the first cases of the future analyst. It also suggests that self-knowledge and knowing the Other, deeply and mutually pervade each other.Freud himself experienced it in his most inventive period, perhapsbecause he was personally involved, which is an unmistakably existential aspect.

c, Leopold Szondi

Leopold Szondi (1889-1986) was a Hungarian-then-Swiss psychiatrist, who invented "fate analysis" and discovered the so-called "family unconscious", which he placed between Freud's "personal" and Jung's "collective" unconscious(Szondi, 1993/1955). Szondi believed that, while the Freudian unconscious uses the language of symptoms and the Jungian uses the language of symbols, the family unconscious influencesour significant choices – the choice of love-object, occupation, ideals and world-view, illness and forms of death. The Szondi-theory and practice are not widely accepted, but those who get to know it deeply usually find it revealing and useful. The basic idea of family unconscious was born circa 1911, when Szondi was 18 years old (Szondi, 1996/1954, 1996/1973). He read the novels "Sin and Punishment" and "Brothers Karamazov" by the Russian writer and forerunner of existentialism, Fyodor Dostoevsky. Szondi was shocked by the penetrating power of Dostoyevsky's psychological

portraying of sinners and saints and began to wonder where this special talent was coming from. Szondi began to study Dostoevsky's family history, and he realized, that for centuries before Dostoevsky was born, the writer's family was full of violent murders and holy men – so the writer elaborated and projected these deep unconscious influencing tendencies into the figures that he created in his stories. Dostoevsky became Szondi's first "patient", whom he analyzed by using an original idea which came into being by studying the writer's works and life. It was a special form of psychobiography, trying to reveal the interrelations between life and thought.

But an insight like this cannot be separated from the inventor's whole personality. Hungarian psychoanalyst Imre Hermann, who was an expert in the subject of creativity, claimed that no significant idea (even scientific ideas) can come to existence without the involvement of the unconscious (2007/1945). From a philosophical point of view, as Kierkegaard wrote, every significant knowledge has an existential relevance because it is "an existing spirit who now asks about truth, presumably because he wants to exist in it… All essential knowing concerns existence, or only such knowing as has an essential relation to existence is essential" (Kierkegaard, 2009/1846, pp. 160. and 166). We must also keep Erikson's (1958) discovery in our mind: when psychologists (or a future psychologists, like Szondi) are dealing with a biographical cases, they will soon find out that the "imaginary client" has been dealing with them. Sometimes, as in the case of Freud, this aspect remains implicit. Can we recognize the influence of this dimension in the emergence of Szondi's creativity, that couldn't have existed without the involvement of the unconscious (Hermann) and "an essential relation to existence" (Kierkegaard)?

We can find an existential aspect, a primary indicator of psychological salience (Alexander, 1990) in Szondi's writing "Fate-Analysis and Self-Confession" (1996/1973). Before Szondi writes of this Dostoevsky-experience and the problem of choice, he reveals, in the previous a paragraph that in the *same year* his father died, and according to the Jewish tradition, he prayed the Kaddish in his religious community for one year, twice every day. This was an important part of his conscious grief. But according to our assumption, it was not accidental that during the same time he came under the influence of Dostoevsky. Szondi never mentions that there might be a meaningful connection between the two; it might have been a blind spot for him, an "omission" as a primary indicator of psychological saliency according to the abovementioned Irvin Alexander (1990).

Why do we think that there has to be a connection? It is impossible that two experiences of such importance can exist within a personality without any kind interrelation at the same time. If this interrelation does not come into being consciously, the unconscious surely will create it. From a psychological point of view Dostoevsky's life and works are strongly related to the death of the father as a motif. In "Dostoevsky and Parricide" Freud (1961/1928-1927) claims, that "Brothers Karamazov" is the greatest novel ever written, and it is no surprise that besides Sophocles' "Oedipus Rex" and Shakespeare's "Hamlet" it is also about parricide, the death of the father, an important aspect of universal Oedipus-complex. Freud also notes that Dostoevsky's epilepsy probably contained psychological factors, as its first serious manifestation was related to the situation when the writer learned about his father's death. The father was a cruel landlord and his bondmen beat him to death. As the father was also harsh to his son as well, the son's murderous temper was probably repressed, and when the unconscious wish finally fulfilled indirectly, the outburst of the epileptic seizure, a death-equivalent was an identification with the dead father and a self-punishment as well. Dostoevsky's intensive moral attitude (his "saint" part) in Freud's interpretation, is also related to these guilty feelings, a "punishment" for his unconscious "sin".

Freud's Dostoevsky-interpretation was published fourteen years after Szondi's fruitful insight. But we believe that these scientific explanations were not necessary at all for the experiences that led to Szondi's illumination: the emotionally involved Hungarian young man, reading Dostoevsky's works and life history, was able to "discover "the I in the thou". It means that studying Dostoevsky's life and works presumably surely helped the young Szondi to cope with the unconscious, ambivalent parts of his grief. These parts were probably related to rage and murderous temper, that are always the part of the Oedipus-complex. The same psychological conflicts affected Freud at the time of his father's death, which led to the discovery of the meaning of dreams and – later – the importance of the Oedipus-motif. It is another primary indicator of psychological saliency, that Szondi was occupied with this topic on a lifelong basis. In his old-age work, "Cain the Lawbreaker – Moses the lawmaker" (1986) he deals with the question, that how murderous temper ("Cain's rage") is transforming into an ethical approach psychologically and historically. (The same interpretation appears in Nietzsche's "Genealogy of Morality".) We can conclude that this imaginary "mutual analysis" that Szondi conducted, helped him to mourn his father unconsciously and was not independent from this, to release his creativity by becoming an innovative psychiatrist. Mourning and working through depressive feelings is strongly related to creativity (Haynal, 1985).

PERSONALITY TRANSFORMATION DURING PSYCHOBIOGRAPHICAL RESEARCH - A THEORETICAL OUTLINE

According to existential psychologist Viktor E. Frankl (1971/1950) in the long run, life's meaningfulness is the most important key to human well-being. Frankl says that there are three ways to achieve this: first to create something new and valuable, second is the reception the world, to discover the beauty and truth of existence , and third is to bear the suffering that is an inevitable part of life. However, reception and creation cannot be separated from each other. Every creative process starts with a reception as inspiration: an openness to new experiences or encounters makes "preparation" (including inspiration) possible, which is the first phase of the creative process (Runco, 2007). These experiences can be very different, but most of the time a real inspiration is beyond the horizons of everyday usual influences . So every time creative persons (like Nietzsche, Freud or Szondi in our cases) start to write a psychobiography or something similar, they are first impressed by someone else's creative activity, expressed via a "fixed objectifications of life" (Dilthey, 1990). Something transformative happens inside the future creator and this experience – thanks to the person's creative will (Rank, 1989/1932) - sooner or later will manifest itself in another "objectification of life", a written form of interpretation of the Other's creative product – in our context, as a psychobiography.

To understand this process psychologically, we always must interpret the interpreter in order to unfold the personal psychological sources of their knowledge and attitude towards the subject (Stolorow & Atwood, 1979). Our interpretation of the Other's activity in a psychobiography might contain a "self-analysis" as well, because if we start to reflect on our emotional involvement during our psychobiographical analysis, we will surely achieve deeper self-knowledge - we discover the "I in the Thou". The first psychobiographer who reflected on this was Erik Erikson, who – besides emphasizing that during these analyses, the analyzer too is by their "patient" – noted, that interpreter has to examine what this subject that they are currently working on mean to them personally, in their actual life, and longitudinally as well (Erikson, 1968).

The psychodynamics of this process can be unfolded with the use of Norman Holland's model which he displayed in his article "Literary Interpretation and Three Phases of Psychoanalysis" (1976). According to this, the reader's response, the process of literary interpretation from a psychological point of view is similar to the psychoanalytic phenomenon of countertransference, which is an unconscious/unreflected reaction to the patient's personality. Holland found that this process has four phases: *expectation, defense, fantasy and transaction*. In the *expectation* phase we approach the text, an "objectification of life" with openness under the influence of our wishes, motivations or needs, like curiosity or the wish to understand something. *Defense* comes into view, because the material always contains parts or aspects that would take us beyond our boundaries and it raises anxiety, then a defense against it. Defense will result in a special selection of the material; that is why, if later we later return to the same text or work of art, our experience will probably be different - due to our personal changes. In *fantasy* we project our wishes onto the selected material, which gives a personal, subjective and unique tone to the experience. Finally, in *transaction,* the internalized material transforms into themes, which manifest themselves in as interpretation. Henry A. Murrays "Thematic Apperception Test" is also based on these psychodynamic aspects (Kőváy, 2020). From a psychoanalytic point of view, dreams are also the results of a transaction, which was provoked by unconscious "vibrations" aroused by a daily experience. Dreams are especially important, because a dream is the richest and most complex form of our everyday creativity, how we transform our emotional experiences via the unconscious. That is why they can serve as an excellent and irreplaceable tool in psychotherapy (Krékits & Kőváry, 2017).

Two important dimensions of this process are worth mentioning. According to Holland (1976) in order to keep ourselves away from the provinces of the non-self, which raises anxiety, we always apply defenses unconsciously and select the "harmless" material. But that will not keep us away from the temporary dissolution of the self-other boundaries, which Dilthey (1990) formulated as a necessary "losing ourselves in a strange life". Psychologists and therapists named this experience by using several different expressions like "participation mystique" (Jung, 1976/1921, adopted from anthropologist Lucien Levy-Bruhl) or "refusion with the object" (Kernberg, 1986). This is an experience that is longed for and feared at the same time, because it is connected to the unconscious, regressive wish to return to the "womb", or return to "paradise lost" in mythologies. It promises heaven, but might put us through hell, because losing our individuality by returning to the "womb" always raises "death fear" (Rank (1968/1929-31). In special cases this regression is beneficial: in the psychoanalytic theory of

creativity, Ernst Kris (2000/1958) talks about inspiration as a "regression in the service of the ego". It means that in the creative process first we lose ourselves in the unconscious (inspiration), and after this phase which is psychologically dominated by primary mental processes (like in dreams), we return to consciousness with valuable raw material, which must be elaborated upon successfully, using secondary mental processes. As Hungarian writer Arthur Koestler (1990/1964) says: creation assumes plunging into dreamlike states; the creator backs off to be able to jump farther.

Another important factor is a lived experience, a necessary encounter with the world (May, 1976), that enhances the basically intrinsic motivation to create. This external factor is press, one of the "6 P-s" of creativity (person, process, press product, potential, persuasion, see Kozbelt, Beghetto & Runco, 2010). Hungarian psychoanalyst Imre Hermann (2007/1930) called this a "triggering force" that interacts with "talent as a whole" (biological and psychological givens) and "driving partial roots" (instinctual drives that are sublimated in creativity). The necessary triggering forces can be very different: conflicts, crises, traumas, boundary situations (Jaspers, 2008) or peak experiences (Maslow,1968) as well. Maslow claims, that peak experiences are acute identity experiences. It means that a personal interest behind psychobiographical research often comes from a "turn of fate" situation in the author's life, an "essential relation to existence", according to Kierkegaard (op. cit.)

The indirect working through of this situation with the use of psychobiographical research might lead to personal transformation, creating or (re)constructing the authors identity. This activity supports the individuals becoming themselves; the historical cases we discussed above all suggest that. Another convincing example of this is the case of Henry A. Murray (Kőváry, 2020). Murray was a biologist/physician, conducting research in biochemistry when, in his 30's, he experienced an early midlife crisis. In 1927 three important encounters happened in his life: he met Christiana Morgan, who influenced him deeply, then she introduced Murray to her former therapist, Carl Gustav Jung, while at the same time Murray also discovered Herman Melville's "Moby Dick". Following this, Murray began to write Melville's psychobiography, which became a lifelong project for him. He never published it entirely, but the finished parts – according to Barresi & Juckes (1997) - are said to be among the best psychobiographies ever been written. These encounters made Murray one of the greatest personality psychologists of the USA, and he realized his creative potential by founding an independent trend in personality psychology called personology.

We believe that working on our personal psychological issues indirectly during psychobiographical research ("discovering the I in the Thou") can be highly beneficial. The study can establish an optimal aesthetic distance (Scheff, 1979) between our self and the still unresolved conflict/trauma/issue, which always determines our choices of subject. Dealing with something that is impersonal is related to overdistancing, which means that our research process will not contain existential aspects that vitalize the project. Underdistancing can cause self-re-traumatization, as sometimes happens when traumatized authors are trying to overcome their traumas by direct autobiographies (Rosenblum, 2012). According to these aspects we think that psychobiography is an optimal method to develop the training of psychology students.

PSYCHOBIOGRAPHY AND UNIVERSITY EDUCATION

One of us (Zoltán Kőváry) formerly elaborated in detail why psychobiography could play an outstanding role in the training of psychologists in higher education (Kőváry, 2019). In here we are only summarizing these ideas briefly. Psychobiography is a research method that improves its user in different ways. On one hand it requires the researcher to integrate psychological knowledge at a very high level: the researcher has to use personality psychology, developmental psychology, occasionally general and social psychology as well, and the different areas of applied psychology: the psychology of creativity, cultural psychology or even psychopathology as well. Also, psychobiography is an interdisciplinary or transdisciplinary approach, so philosophy, anthropology, linguistics, literary criticism, history, religion, sociology or medical sciences frequently come into view - depending on the research questions. "Pure" psychology is usually not enough. As contemporary psychobiography attempts to avoid pathography, it might help psychology students to avoid the "psychiatrization" of psychological phenomena, to separate the different levels of understanding, and to discover the "existential" behind the "clinical". During the research, significant questions are raised, which affect the essence of psychological research, such as how can we formulate proper research questions, that help us to understand the particular person's most important psychological dimensions? What kind of documents will help us to find the relevant information? In qualitative research epistemological reflections are always necessary: how the knowledge and the methods that I use fit the nature of the subject? What are the limitations of my approach? What is the real nature of the psychological phenomena I investigate? What kind of contexts (personal, social,

cultural, historical) shaped the studied person's experience? We believe that these questions help students to get a clearer picture about their science.

We also believe that this kind of deep studies support the development of skills that will be extremely important in practice: counselling or psychotherapy. This research method is closer to psychotherapy than any other kind of research methods: we are investigating the whole person in her/his life historical context in order to find interrelations between "objectifications of life", intellectual, social, aesthetic, spiritual experiences, personality dynamics and several contexts. "Every therapy can be seen as a unique research project" (Adams, 2019, p. 179), so from a point of view this kind of research can be seen as an "imaginary psychotherapy", as Erikson (1958) referred to it. We suppose that a psychobiographical study improves empathy and psychological sensitivity (Kőváry, 2019); this is related to the intrapersonal and the interpersonal dimensions of the research process as well. The interpersonal is related to the "case discussions" that we can organize during our courses, when students make presentations about their research findings. As the subjects of psychobiographies are mostly well-known people, other students can relate them personally more easily than to clinical cases, and the source of the information about the subject is not limited to the presenter's report; it can be completed from other, or different sources. The validation of the interpretation is easier too, as research studies are based on public and freely available documents. There are no ethical issues, the identity of the protagonist can be revealed, and no interrelations with any kind of contextual aspect have to be kept secret.

The final aspect we must mention is the question of self-knowledge. In qualitative research it is related to necessary "personal reflections" (Willig, 2008). We know that the personality of the researcher always influences the research project, just like in the process of psychotherapy. It shows up in the choice of subject, in the formulation of research questions (which is related to "defense" or selection according to Holland, 1976), in the process of interpretation and in drafting conclusions too. The exclusion of subjectivity in these dimensions is impossible, because if we do not reflect on them subjective factors will influence our work implicitly. The researcher has to clarify the nature of their relationship with their subject several times during the study. The researcher is part of the process and the research project is an excellent opportunity to unfold the peculiarities of this participation; otherwise it remains the part of the interpretation that is unreflected. As Kierkegaard wrote more than 170 years ago: "When truth is asked about objectively, reflection is directed objectively at truth as an object to which the knower relates. Reflection is not on the relation but on it being the truth, the true that

he is relating to. If only this, to which he relates, is the truth, the true, then the subject is in the truth. If the truth is asked about subjectively, reflection is directed subjectively on the individual's relation; if only the how of this relation is in truth, then the individual is in truth, even if he related in this way to untruth." (Kierkegaard, 2009/1846, pp. 166-167).

Reflections during the research project can reveal several important psychological factors about the researcher: they can be uplifting or disturbing, but always informative, insightful, cathartic and transformative, and it happens in a safe optimal aesthetic distance (Scheff, 1979). Reflected identification with the protagonist helps us to remain close enough to ourselves, so the insights can go "deeper" than in mere cognitive understanding, but the subject remains far psychologically far enough to avoid emotional overwhelming. Self-knowledge that is coming from these insights and reflections are very important. The personality of the psychologist is one of the most important factors in psychotherapy and similar activities: Otto Rank and Carl Rogers were the first pioneers who emphasized this (Kramer, 2019), but modern "common factors"-researches suggest the same (Duncan, 2002). Therefore, psychology students – beside professional skills - have to improve their personalities as well, in order to become the psychologist they want to become (Kőváry, 2019). Training therapies serve this aim: the candidate's personality becomes more integrated and less neurotic, and they also experience the effects of the method they intend to apply in the future. Universities cannot provide this as a part of the curriculum (because of ethical issues, for example), and students mostly cannot afford training therapy in their university years. (It is not useful, if their parents or someone else supports it financially; the personal financial effort is an inherent part of the process.) We suppose, that until a student can afford a training therapy, during the university years a reflected psychobiography research can serve as a "prologue" to professional self-knowledge. Psychobiographical studies also support identity-forming, because - as one of our students claimed - a student can feel like a "real psychologist" during the research.

These benefits of psychobiography are still not recognized widely. According to Ponterotto et al (2015) some parts of psychobiography appear in different psychology courses in North-America, but complete psychobiography courses are rare. There is an impressive "school" of psychobiography in South-Africa (Mayer & Kőváry, ed. 2019); where psychobiography is applied in higher education and in the training of psychologists frequently and successfully. In our home country, Hungary, EU, psychobiography presents in two universities and on different levels of education. In Eötvös Loránd University, Budapest, where we work, writing a psychobiography is an option to write an applied thesis. (The students have

to submit not one long, but two shorter theses: an empirical and an applied one.) Hence "The method of psychobiographical research" is an optional course at master's level for the students of clinical/health psychology specialization. The course is available for PhD students as well in a different form. Psychobiography is the part of the curriculum at the University of Pécs, Institute of Psychology, in the theoretical psychoanalytic program of the psychological doctoral school. Our experiences concerning the psychological effects of psychobiography writing emanate from the personal reports of the students after submitting their papers. These impressions supplemented our personal experiences and the elucidations of the historical cases that we presented above. That is why we decided to examine this phenomenon empirically, too; in the final part of our chapter we present this study. Our research questions were the following: *How are psychobiography courses and research described by students? How can they utilize their experiences resulting from psychobiography courses and research?*

OUR EMPIRICAL RESEARCH

Method

A call for application was sent to twelve people who participated in psychobiography courses in the past four to five years at Eötvös Loránd University, Budapest, Hungary. Nine of them agreed to participate in our research. A structured written interview with seven related questions was sent to them, and they were asked to fill that form and send it back to the second author via e-mail, with the completed consent form. The interviews contained seven questions which address their experiences in the psychobiography research, and the possible effects of the course on their professional career and on their personality.[8] Then the second author downloaded these files which did not have names on them and deleted the original e-mails. Following this, we analysed the collected written interviews to identify the common topics: we used inductive thematic analysis with a realist epistemology (Terry, Hayfield, Clarke & Braun, 2017). At first the interviews were read carefully and primary notes were taken in a research diary. Then we put our interview into a three-column table. The first column contained the interviews, the

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[8] The interview structure is in the appendix of the dissertation

second the codes and the third, the themes. Codes were annotations of texts, short summaries, highlighting relevant pieces of texts, self-reflection and personal relevancies. Themes contained information relevant to our research questions. They were interpretations of personal relevance, experience of research, the nature of knowledge gained at the course, utilisation of such knowledge and acts of self-reflection, for example: Research topic was created by comparing his life to the object's life; Self-reflection during the analysis and the research changed her relationship to the object.

At first, we read and reread the texts, then codes were made in all the interviews. Codes and texts were considered together and themes were identified. Throughout the nine interviews we identified 91 themes. Themes were then printed and cut into separate slips of paper. Then we carefully read the themes again, relevant themes were categorised into main and subthemes. We continued the categorisation of themes until we reached a structure of main and subtheme categories which was well defined and did not have any overlapping. In total we created two main themes (*Psychobiography and self-knowledge* and *Utilisation in praxis*) and 7 subthemes.

Results

According to our interviewees, a psychobiography course had several influences on their lives. In *Table 1*. we present the main fields of effects, and its layers:

Main themes	Subthemes
Effects on self	Choosing the object
	Interaction with the analysed person
	Self-analysis through the research
Useful skills	Reflected way of thinking
	Idiography
	Theoretical hand-holds
	New perspectives

Table 1. Themes and subthemes in the interviews

1.   Self-knowledge

All of our interviewees mentioned their emotional involvedness in the research at various levels. As they chose to investigate artists by themselves, they chose someone who was significant in their lives. Through the research they were reflecting on their own involvedness and gained new insights on many levels.

a, Choosing the object

As the leader of the psychobiography course asks students to do their own research, they have to choose their own object for analysis. Our participants reported choosing their objects based on their preferences, or sympathy. It means they had some interest or even emotional connection to the artists they chose to investigate:

I have started to listen to their (Nirvana) music before the psychobiography course, in a crisis-like, stuck stage of my life. I felt that even their music rough and powerful it eased my mind. (B2)

It immediately became obvious to me who to choose. The world he has created has moved me even during high school. Still it defines my way of thinking very much. (h, 3)

He is associated with my first love [...] my sense of love is totally intermingled with Ady's (20th century Hungarian poet) narcissist pathos. (E2)

Choosing the object of the research appears to be an important stage of getting involved in the study. In these quotations it appears, that the objects they choose were artists who had strong connections to their personal life, and also influenced the process of research. It also means, that they do not just analyse a person, but analyse their connection with that artist, their relevance in their lives.

b, Interaction with the analysed person

A strong emotional connection motivated them to carry on their research and to understand more of what that person meant to them, or that feeling/part of their life which was associated

with what the object meant to them. The research process was depicted as an interaction between the object and the researcher by some.

> *By reading more raw data, and by gaining various perspectives on Lennon (by him, by biographers, family members, artist colleagues etc), the object of the research started to speak to me. (G)*

> *There are two centuries between us, but still I felt like I knew him in person (H)*

The researcher interacts with the object. It is described as a dynamic process with *changing emotions, and moods (A)* or *an emotional rollercoaster (H)*. Diving into one's art and one's life provides an opportunity to get closer to the person's thoughts and to understand them better during the research. But by this process one's connection and the personal meaning of the artist changes. In many cases this connection becomes more lively and closer, but in one case the deeper understanding caused a sense of distance between the interviewee and the object.

> *I am building a wall between us. It is like when I am analysing the other after breaking up, I am rationalizing my deeds, depersonalizing and distancing them. This is the good word: distancing. This is what is actually happening during the psychobiography research. (E)*

During the research one gets to know more of their object. As these artists were important parts of their lives, getting to know more about them caused change in how they were experienced and interpreted. They gained more perspectives and became complex, more lively, closer, sometimes more distant. So, they can set the "optimal aesthetic distance" (Scheff, 1979).

c, Self-analysis through the research

Some interviewees claim that the research is more about the researcher than about the object (C, G, B). Finding the object and the topic in itself consists a lot of personal decision. One has to choose a person and find something in their lives to focus on. They "instinctively" follow what Alan C. Elms (1994) suggests: Let the subject choose you! Topics are usually made by active comparison of oneself as a researcher and the objects life and works and were described as emerging.

> *I was analysing John Lennon's life through the similarities and differences between our lives and personalities. (G)*

The comparisons gave opportunities to self-investigation as well as they shared one's attention: paying attention to the life of the object while paying attention to one's own life. The personal relevance is key of importance, as one also discovers where and how his *own private life is connected (c,7)* with the artists life.

Understanding the object and my life (...) through the emerging topics

An example of such dynamics can be detected in E's interview:

During analysing Ady (Hungarian poet) I could experience many emotions associated to my relationships and my personality. (E7)

The topics and issues in the object's life shed light on their personal opinions and experiences, gave opportunity to investigate how they are functioning, what are their personalities like, how they see themselves and different other phenomena in their lives. One of our interviewees described it as

Understanding the person in details while understanding my life events that time through a topic of my interest (F2)

The understanding and personal relevance is associated with various emotions.

On a certain point I became so frightened when I was busy with Ledger's life. I investigated this fright and realized that I identified with him too much (...) This helped me to understand what motivated me to analyze this certain topic. (D6)

The first strong biographic parallel between me and the musician's (John Lennon) childhood is that my parents were so young and had a stormy relationship which made me feel neglected many times (G6)

The emotions which were associated with the topic appeared in the interviewee's life. In some cases, these emotions were strongly connected to their own personalities or life events, which get more reflected and understood during the research.

It showed some overlap with my own connection type, which made me more conscious and aware in my relationships. [...] I started to think more actively about this kind of thoughtful, protecting connection type. So it made changes in my own life, which recognition and consciousness is useful during my work (as a psychologist) (F, 6)

Investigation of a certain phenomenon seems to lead to the understanding of one's own personality, life events, which provides self-knowledge. One becomes more aware of how they are thinking, why they are feeling certain emotions. It gives a structured approach to their life and personalities, which understanding and knowledge in turn changed one's identity. New pieces of information however in one case caused a conflict with oneself:

> *When I learnt that Ady (poet) cheated on Leda (his adored love,) and he told it to her many times in a detailed manner, I was so deceived. I saw him as an arrogant, shabby, narcissistic sot. I became angry. Not only with him, with myself too, because I adored him so much when I was 16. I was blaming my naivety that I didn't look after him more. (E, 6)*

Understanding the adored poet more made her understand and see her own 16 years old self as a naive girl. This caused a sense of blaming and feeling guilty at the same time for adoring and thinking about him in a rapturous manner. It later turned into acceptance, both the towards the object and towards oneself. Many interviewers claimed that self-knowledge is the most important benefit of the research (B5, H7)). They addressed it as it improves the essence of the psychologist's work: *curiosity, integration, understanding and acceptance*.

2. Useful skills

Our second main theme consists of all those skills which our interviewees reported to be learnt during the psychobiography research and are useful in their professional work and identity.

a, Reflective way of thinking

Many interviewees mentioned a new quality of thinking learnt during the research.

> *For me it is like when somebody is thinking while speaking. Always thinking and reflecting, and in the end this is the point.* (C3)

The new way of thinking, the reflection and consciousness are considered to be the most beneficial and useful affect as one gains an experience of a new quality of thinking: a way of thinking while continuously reflecting on how and why the researcher is interpreting these phenomena. Another interviewer described it as that writing psychobiography gave a new *aspect of investigation* for him which he thinks is the most useful *(F,3)*. Many interviewees

report to have *improved their ways of thinking,* they are looking *for cultural and literary connections (H,5),* or in general *gave a systematic frame of thinking and understanding (A, 5).*

b, Idiography

The idiographic approach of psychobiography research method was reported to be useful during the act of counselling as well from many aspects.

Conceptualisation of a case. Understanding client's situation and motivation through their own pre-lives. (I, 5)

For practising psychologists it might be useful to practice the approach that every client is a new world, and it doesn't matter how great amount of generalized knowledge one learn in the university, he will meet a unique and matchless person every day in his work as a psychologist. (b4,)

Focusing on one person and understanding themvia their own life and the way of their thinking appears to be a helpful approach in psychology practice. It was reported to be a new approach which they did not meet during their studies but gives a sense of freedom and complexity to work with clients (G5) and protects from *reducing clients to their diagnoses* (F). This person-centred approach is described as influencing them by becoming *more careful both in their work and in their personal connections (I7).* The personal focus helps to gain empathy towards the client, getting closer through understanding (F3, G4), which in return helps clients to *trust* their psychologists.

c, Theoretical hand-holds

During the course our interviewees learnt and utilized many psychological theories and concepts which helped them later in their professional lives.

Many times I can place my clients' stories and experiences in those psychoanalytical models that we discussed at the courses. (...) the theoretical hand-holds help me to control my anxiety and various emotions which are rising when I am working with my clients. (D5)

For beginner psychologists it was reported to be useful to learn some special theories and concepts which they can use in their work and interpretation of clients. Psychobiography courses were said to create an opportunity for not only hearing and learning about such theories,

but also give a chance to actively, creatively use them (A5,G4) and integrate them in their ways of thinking. Formerly learned theories "come to life", so their usefulness became clearer.

d, New perspectives

Two of our interviewees mentioned that psychobiography courses made them to consider doing Ph.D. and becoming a researcher, which they were not planning before.

> *I feel its effect on that since then (the course) I have it in my mind that I will participate in the (...) psychoanalytic Ph.D. programme (at Pécs), where besides the classic empiric research methods I can use other approaches as well. (D5)*

> *I met theoretical psychoanalysis on this course for the first time and since then it became my aim to accomplish the connected Doctoral School. (C5)*

Psychobiography courses not only gave practical knowledge and new ways of thinking for the participants, but in some cases, it introduced a possible new path of career.

CONCLUSION

In this chapter we wanted to demonstrate, that psychobiography – besides that it is a useful idiographic research method to investigate eminent creativity – has several beneficial effects on the researcher, too, because most of the time it is not a one-way process but rather a "mutual analysis". On one hand it provides an opportunity to realize creative potentials, enhances the author's epistemological consciousness, supports the development of the researcher's professional skills and their identity as a scholar. On the other hand, it has psychodynamic and existential effects, too, because it can help the researcher to work on their personal psychological issues in a safe "optimal aesthetic distance", a distance that they can set and control during the analysis. In this text we have tried to evince this in several ways. First, after defining our subject, we outlined three historical cases (Friedrich Nietzsche, Sigmund Freud and Leopold Szondi), that all suggest, that a dedicated, long lasting research on another person's life and works will help the researcher becoming the individual who they really are, professionally and personally too. It recalls Otto Rank's (1988/1932) opinion: creating something and ourselves in parallel, are the two sides of the same coin. Following this, we interpreted the psychodynamics of this phenomenon with the use of Norman Holland's (1976)

theory. In the last part of the writing we presented our empirical research on the subject: we interviewed nine psychologists who had previously participated psychobiographical courses at Eötvös Loránd University, Budapest, Hungary and during this they had have to conduct a psychobiograhical study. The inductive thematic analysis of the interviews suggested that the supposed interrelation between psychobiography, self-knowledge and psychological skills truly exists. The results support our proposal that psychobiography should be an integral part of the psychology students' curriculum.

REFERENCES

Adams, M. (2019). Existential-Phenomenological Therapy: Method and Pratcice. In E. van Deurzen (ed.): *The Wiley Word Handbook of Existential Therapies* (pp. 154-167). Hoboken, NJ: Wiley & Sons.

Alexander, I. (1990). *Personology. Method and Content in Personality Assessment and Psychobiography*. Durham and London, UK: Duke University Press.

Anzieu, D. (1985). *Freud's Self -analysis*. London, UK: The Hogarth Press and the Institute of Psycho-Analysis

Assoun, P.-L. (2000). *Freud and Nietzsche*. New York, NY: The Athlone Press.

Barresi, J. & Juckes, T. J. (1997). Personology and the Narrative Interpretation of Lives. *Journal of Personality*, 65:3, september 1997, 693-719.

Blum, H. (2001). Psychoanalysis and Art, Freud and Leonardo. *Journal of American Psychoanalytic Association*, 49. 1409-1425.

Dilthey, W. (1989/1883). *Introduction to the Human Sciences. Wilhelm Dilthey Selected Works. Volume 1*. Prinecton, NJ: Princeton University Press.

Dilthey, W. (1996/1900). The Rise of Hermenutics. In: *Wilhelm Dilthey Selected Works. Volume 1V. Hermeneutics and the Study of History* (pp.231-265). Princeton, NJ: Princeton University Press.

Dilthey, W. (1990). Vázlatok a történelmi ész kritikájához. (Outline to the Critique of Historical Reason.) In Csikós, E. & Lakatos, L. (eds): *Filozófiai hermenutika (Philosophical Hermeneutics)* (pp. 61-91). Budapest, HU: A Filozófiai Figyelő Kiskönyvtára 4.

Duncan, B. L. (2002). The Founder of Common Factors: a Conversation with Saul Rosenzweig. *Journal of Psychotherapy Integration*, 2002. Vol 12. No. 1, 10-31.

Elms, A. C. (1984). *Uncovering Lives*. New York, NY: Oxford University Press.

Erikson, E. H. (1958). *Young Man Luther: A Study in Psychoanalysis and History*. New York, NY: W.W. Norton & Company.

Erikson, E, H. (1968). On the Nature of Psychohistorical Evidence. In Search of Gandhi. *Daedalus*, Vol. 97, No. 3, 695-730.

Etkind, A. (1993). *Eros of the Impossible*. Oxfordshire, UK: Routledge.

Frank, V. E. (1971/1950). *Homo Patiens*. Kansas City, KS: Pax Publishing.

Ferenczi, S. (1988/1932). *Clinical Diary*. Cambridge, MA: Harvard University Press.

Frenzel, I. (1993). *Nietzsche*. Budapest, HU: Pesti Szalon Kiadó.

Freud, S. (1953/1900). The Interpretation of Dreams. In J. Strachey (ed.): *The Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume IV (1900): The Interpretation of Dreams*. London, UK: The Hogarth Press and the Institute of Psycho-analysis.

Freud, S. (1955/1893-95). Studies on Hysteria. In J. Starchey (ed.): *The Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume II (1893-1895)*. (pp. 1-323). London, UK: The Hogarth Press and the Institute of Psycho-Analysis, London.

Freud, S. (1957/1910). Leonardo da Vinci and a Memory of his Childhood. In J. Strachey (ed.): *The Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume XI*. (pp. 59-139). London, UK: The Hogarth Press and the Institute of Psycho-analysis.

Freud, S. (1961/1925). The Resistances to Psycho-Analysis. In J. Strachey (ed.): *The Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume XIX (1923-1925): The Ego and the Id and Other Works* (pp. 213-223). London, UK: The Hogarth Press and the Institute of Psychoanalysis.

Freud, S. (1961/1928). Dostoevsky and Parricide. *The Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume XXI (1927-1931): The Future of an Illusion, Civilization and its Discontents, and Other Works* (pp. 175-198). London, UK: The Hogarth Press and the Institute of Psycho-analysis.

Freud, S. (1961/1930). Civilization and its Discontents. In J. Strachey (ed.): *The Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume XXI (1927-1931): The Future of an Illusion, Civilization and its Discontents, and Other Works*. (pp. 59-149). London, UK: The Hogarth Press and the Institute of Psycho-analysis,

Gadamer, H-G. (1975/1960), *Truth and Method*. New York, NY: Seabury Press.

Habermas, J. (1991/1968). A metapszichológia szcientista önfélreértése. (The scientific self-misunderstanding of metapsychology). *Thalassa* (2), 1991, 93-114.

Haynal, A. (1985). *Depression and Creativity*. New York, NY: International Universities Press.

Heidegger. M. (1962/1927). *Being and Time*. New York, NY: Harper & Row.

Hermann, I. (2007 [1930]). A tehetség pszichoanalízise. (The Psychoanalysis of Talanet). In I. Herman: *Magyar nyelvű tanulmányok 1911-1933 (Studies in Hungarian Language 1911-1933)* (pp. 85-97). Budapest, HU: Animula.

Hermann, I. (2007/1945). *Bolyai János. Egy gondolat születésének lélektana. (János Bolyai. Psychology of a Born of a Thought).* Budapest, HU: Animula.

Holland, N. (1976). Literary Interpretation and Three Phases of Psyhoanalysis. *Critical Inquiry*, 1976. 3: 221-233.

Isaacson, K. (2005). Divide and Multiply. Comparative Theory and Methodology in Multiple Case Psychobiography. In W. T. Schultz, W. T. (ed.): *The Handbook of Psychobiography* (pp. 104-112). New York, NY: Oxford University.

Jaspers, K. (1998/1977*). Filozófiai önéletrajz. (Philosophical Autobiography).* Budapest, HU: Osiris Kiadó.

Jaspers, K. (2008). *Mi az ember? (What is man?).* Budapest, HU: Media Nova Kft.

Jones, E. (1964). *The Life and Work of Sigmund Freud*. London, UK: Penguin Books.

Jung, C. G. (1976/1921). *Psychological Types*. Princeton, NY: Princeton University Press.

Kernberg, O. F. (1986). Identification and its Vicissitudes as Observed in Psychosis. *Int J Psychoanal*. 1986;67 (Pt 2):147-59.

Kierkegaard, S. (2009/1846). *Concluding Unscientific Postricpt*. Cambridge, UK: Cambridge University Press.

Koestler, A. (1990/1964). *The Act of Creation*. London, UK: Penguin Books.

Kohut, H. (1977). *Restoration of the Self.* New York, NY: International Universities Press.

Kovács, V. (1993/1933). Kiképző analízis és kontroll-analízis. (Training Analysis and Control Analysis). In *Lélekelemzési tanulmányok (Psychoanalytic Studies)* (pp. 240-249). Budapest, HU: Párbeszéd Kiadó.

Kozbelt, A., Beghetto & Runco, M. A. (2010). Theories of Creativity. In J. C. Kaufman & R. J. Sternberg (eds). *The Cambridge Handbook of Creativity* (pp. 93-113). Cambridge, UK: Cambridge University Press.

Kőváry, Z. (2011). Psychobiography as a Method. The Revival of Studying Lives: New Perspectives in Personality and Creativity Research. *Europe's Journal of Psychology* Vol. 7. (4) 739-777.

Kőváry, Z. (2016). Psychobiographical Research and Personality Psychological Background of Creativity: The Case of Friedrich Nietzsche. In G. B. Moneta & J. Rogaten, J. (eds.): *Psychology of Creativity: Cognitive, Emotional, and Social Processes* (pp. 169-196). New York, NY: Nova Science Publishers.

Kőváry. Z. (2017). From Sublimation to Affect Integration: Psychoanalytic Approaches to Creativity from Freud to Selfpsychology. In K. Martin & M. Siegward (eds.): *Psychoanalytic Theory: A Review and Directions for Research* (pp. 65-111). New York, NY: Nova Science Publishers.

Kőváry, Z. (2019). Psychobiography, Self-knowledge and "Psychology as a Rigorous Science". Explorations in Epistemology, Clinical Practice and University Education. In C-H. Mayer & Kőváry, Z. (Eds.): *New Trends in Psychobiography* (pp. 99-115). Springer International Publishing.

Kőváry. Z. (2020). Personology (Murray). In V. Zeigler-Hill & T. K. Shackelford (Eds.): *Encyclopedia of Personality and Individual Differences*. Springer International Publishing (in press).

Kramer, R. (2019). *The Birth of Relationship Therapy. Carl Rogers Meets Otto Rank*. Giessen, DE: Psychosocial Verlag.

Krékits, J. & Kőváry, Z. (2017). Back to the Dreams. The Phenomenological-Daseinsanalytical Interpretation of Dreams. In Okabuge Nebolisa (Ed.): *Dreams and Dreaming: Analysis, Interpretation and Meaning* (pp. 1-26). New York, NY: Nova Science Pubslishers.

Kris, E. (2000 [1952]). *Psychoanalytic Explorations in Art*. Madison, CT: International Universities Press.

Lohmann, H-M. (2008). *A huszadik század Ödipusza*. (Oedipus of the 20th Century). Budapest, HU: Háttér Kiadó.

Maslow, A. (1968). *Toward a Psychology of Being*. New York NY: D. van Nostrand Company.

May, R. (1976). *The Courage to Create*. London, UK: Collins.

May, R. (1983). *The Discovery of Being*. New York, NY: W.W. Norton & Company.

Mahler, M. (1974). Symbiosis and Individuation—The Psychological Birth of the Human Infant. *Psychoanalytic Study of the Child*, 1974; 29:89-106.

McAdams, D. P. (1997). The Conceptual History of Personality Psychology. In R. Hogan, J. Johnson & S. Briggs (eds.): *Handbook of Personality Psychology* (pp. 3-39). San Diego, CA: Academic Press.

Mitchell. S. & Black, M. (1995). *Freud and Beyond*. New York, NY: Basic Books.

Nietzsche, F. (2004/1886). *Beyond Good & Evil*. Coradella Collegiate Bookshelf Edition.

Nietzsche, F. (2005/1888). The Case of Wagner, In A. Ridley & J, Norman (eds.): *The Antichrist, Ecce Homo, Twilight of the Idols and Other Writings* (pp. 263-282). Cambridge, UK: Cambridge University Press.

Ponterotto, J., Reynolds, J., Morel, S. & Cheung, L. (2015). Psychobiography Training in Psychology in North America: Mapping the Field and Charting a Course. *Europe's Journal of Psychology*, 2015, Vol. 11(3), 459–47

Rank, O. (1968/1929-1931). Life Fear and Death Fear. In O. Rank: *Will Therapy and Truth and Reality* (119-134). New York, NY: Alfred A. Knopf.

Rank, O. (1989/1932). *Art and Artist. Creative Urge and Personality Development.* New York, NY: W.W. Norton c Company.

Rank, O. (1999/1924). *The Trauma of Birth*. Oxfordshire, UK: Routledge.

Ricoeur, P. (1981). *Hermeneutics & the Human Sciences*. Cambidge, UK: Cambridge University Press.

Ricoeur, P. (2001). A narratív azonosság. (Narrative Identity). In László, J. & Thomka, B. (eds.): *Narratívák 5. Narratív Pszichológia. (Narratives 5. Narrative Psychology)(pp. 15-27).* Pécs, HU: Kijárat Kiadó.

Rogers, C. (1965). The Therapeutic Relationship: Recent Theory and Research. *Australian Journal of Psychology*, XIII. 1965. 95-108.

Rolland, R. (1931). *Goethe és Beethoven (Goethe and Beethoven)*. Budapest, HU: Dante Könyvkiadó.

Rosenblum, R. (2012). "In More Favourable Circumstances: the Ambassaadors of the Wound. In. J. Székács-Weisz & T. Keve (eds.): *Ferenczi for Our Time: Theory and Practice* (pp. 117-145. London, UK: Karnac.

Runco, M. A. (2007). *Creativity. Theories and Themes: Research, Development and Practise*. San diego, CA: Elsevier Academic Press.

Safranski, R. (2000*). Nietzsche. A Philosophical Biography*. New York, NY: W.W. Norton & Company.

Scheff, T. J. (1979). *Catharsis in Healing, Ritual and Drama*. Berkley, CA: University of California Press.

Stolorow, R. D. & Atwood, G. E. (1979). *Faces in a Cloud: Subjectivity in Personality Theory*. Northvale, NJ: Jason Aronson.

Szondi, L. (1986*). Káin a törvényszegő – Mózes a törvényalkotó (Cain, the Lawbreaker – Moses the Lawmaker).* Budapest, HU: Gondolat Kiadó.

Szondi, L. (1996/1954). *Ember és sors. (Man and Fate)*. In Szondi, L: *Ember és sors (Man and Fate)* (pp. 5-43.). Budapest, HU: Kossuth Könyvkiadó.

Szondi, L. (1996/1955). A tudattalan nyelvei: a szimptóma, a szimbólum és a választás. (Languages of the Unconscious: Symptom, Symbol and Choice). In Szondi, L: *Ember és sors (Man and Fate)* (pp. 43-91). Budapest, HU: Kossuth Könyvkiadó.

Szondi, L. (1996/1973). Sorsanalízis és önvallomás. (Fate-analysis and self-confession). *Thalassa*, 1996/2, 5-39.

Terry, G., Hayfield, N., Clarke, V., & Braun, V. (2017). Thematic Analysis. *The Sage Handbook of Qualitative Research in Psychology* (pp. 17-37). Newbury Park, CA: Sage Publications.

Yalom, I. D. (2005). *The Schopenhauer Cure: a Novel.* New York, NY: Harper Perennial.

Willig, C. (2008). *Introducing Qualitative Research in Psychology. Adventures in Theory and Method.* Berkshire, UK: Open University Press.

2.3. Rehabilitation from Addiction and Chronic Illnesses: a Comparative Analysis of the Narratives of Hungarian Patients

Abstract

Background

In Hungary the psychological care provided during the rehabilitation of patients with chronic illnesses is insufficient. Patients with addiction, on the other hand, appear to make more use of psychological services. Narratives of patients recovering from addiction and patients with various chronic illnesses were examined in order to gain a better understanding of psychological phenomena during rehabilitation.

Methods

Semi-structured interviews were carried out. Narrative and thematic analysis was used in order to determine the structure and characteristics of patients' narratives.

Results

The narratives of patients recovering from addiction were found to be more structured and uniform; they identified with their illness and played an active role in their recovery. Patients with a chronic illness mainly recounted passive events and physical difficulties. Stigmatization was mentioned by both groups.

Implications for practice

The level of stigmatization experienced by patients with a chronic illness may be one of the reasons why they use health care services more frequently than patients with an addiction. The authors believe that teaching patients to provide good narratives about suffering from and recovering from chronic illnesses may aid them in the rehabilitation process. An adaptive mixture of different illnesses and addiction narratives might be beneficial in the recovery process of various patient groups.

Key words: rehabilitation; recovery; chronic illness; addiction; narrative analysis; qualitative study

Introduction

This paper focuses on the rehabilitation of patients with chronic illnesses in Hungary. In Hungary patients with chronic illnesses are treated using the biomedical model. This means that they are provided with organic medical care, with little or no attention paid to reform treatments, such as psychological rehabilitation (European Commission, 2018) and self-management support (Elissen et. a., 2013). As chronic illnesses cause stress and disruption of identity (Bury, 1982), psychological rehabilitation could provide patients with coping strategies, help them identify with and make them more aware of their illnesses (Llewellyn et al. 2014), and improve self-management (Mackey et al, 2016; Renders et al., 2000).

Narrative of patients with chronic illness

Chronic illnesses may be experienced as disruption-events that threaten patients' lives (Bury, 1982) and can change a patient's self-image, body image and environment-concept (Frank, 1991; Frank, 2004). They also threaten the continuity of their identity (Hannum & Rubenstein, 2016), which has an impact on their environment, social relationships and all aspects of their lives (Breakwell, 1983). As identity, experiences, and self-awareness are constructed through narrative meaning-making (Ricoeur, 1991), disruption-events might alternate and influence patients' narratives of their lives and personalities (Llewellyn et al., 2014). Hydén (1997) suggests using three categories to understand patients' meaning-making processes. These are: *illness as a narrative*, which is an integrated, coherent story about the illness; *narrative about the illness* is a practical informative story which is told by others, e.g. family members, doctors or journalists; and *narrative as an illness,* which occurs when a loss or lack of narrative causes the illness.

The effect of the disruption-event on the patient's identity can be remedied by narrative reconstruction and the furtherance of choices (Llewellyn et al, 2014). Williams states that it is crucial for patients in western cultures to find a rational, causal explanation for their illnesses (Williams, 1984), and they wish to find a meaning for their struggles (Fife, 2005). Jackson et al. (2018) carried out a meta-analysis of 37 qualitative studies of patients with neurological chronic illnesses and found that patients' interactions with professionals allowed them to participate, provided them with autonomy and gave them the opportunity to choose their recovering behaviour. Shields examined the narration of people with life-threatening illnesses and found end-of-life to be a central topic of their interviews (Shields et al., 2015). He also emphasized turning points of the illness narration in the case of patients with cancer (Shields et

al., 2015). Similar results were reported by Molzahn et al. (2019) who carried out a research on the experiences of patients with chronic kidney disease and their family members. They implicated professionals to discuss with participants their relationship towards end-of-life (Molzahn et al., 2019). Interactions with professionals might help to reach an advanced communication style and improve self-efficacy and self-management (Renders et al., 2000; Mackey et al., 2016). This finding correlates with narrative identity theory, as the narratives are processes of meaning-making created from a historical and social context (Ricoeur, 1991). Narrative recovery might develop communication skills which may help patients relate more positively towards their illness and aid recovery.

Frank and Rak examined narratives from patients with chronic illnesses and identified three types: the restitution type, the search-discovery type and the chaos-narrative (Frank & Rak, 1996).

Narrative of patients recovering from addiction

People recovering from addiction are more aware of the benefits of narrative recovery. Narratives during recovery from addiction could be considered illness-narrative. The searching-discovering type was found to be the most common among Hungarian patients with addiction (Rácz, 2006), which means that patients recovering from addiction say they improve and become 'closer to themselves' during the recovery process. Hänninen and Koski-Jännes (1999) identified five types of addiction recovery narrative: Alcoholics Anonymous, personal growth, co-dependence, the "love-story", and mastery. Thune (1977) found that participants in AA programmes learn in a typical narrative structure. It begins with the first time they use alcohol, then the first problems occur, then they try to give up but fail. After this, narratives reach rock-bottom, they have to choose between life and death, and this ends with them seeking the help of AA groups, learning the AA narrative, drawing moral conclusions, and finally leads to gratitude and identity recovery. In the recovery narrative the critical points are to take responsibility for addiction and to redeem passivity through activity (Hä nninen & Koski-Jännes, 1999; Taïeb et al., 2008). These changes help patients re-evaluate the drug user lifestyle and their sense of self recovery and help them find the reasons for their addiction (McIntosh & McKeganey, 2000). The narrative of addiction plays an important role in changing addictive behaviour, narrative of which challenges and overtakes the biomedical understandings of addiction as a disorder of compulsivity (Pienaar & Dilkes-Frayne, 2017).

Comparing narratives of patients with chronic illnesses and those recovering from addiction

Addiction and chronic illnesses do share several features, such as chronic physical and mental changes, difficulty in managing the experience of stigmatization (Ware, 1992), and effects on the lifestyle of the person or family afflicted (Fotopoulou et al., 2015). Hänninen and Koski-Jännes (1999) state that the narratives of recovering addicts are similar to those of people with chronic illnesses, as both are life-long and involve changes in self-image and a need for explanation. However, the experiences of these two groups are also quite different, for example in relation to social acceptance and personal responsibility, which might be detectable in the way of the recreation of identity through narration. Social factors are the main determinant of recovery from both mental health difficulties (Tew, 2013) and addiction (Laudet & White, 2008; Mawson et al. 2015). These social factors are called 'recovery capitals' (Cloud & Garfield, 2008).

As psychological recovery is emphasized and encouraged more among patients recovering from addiction, and they are taught strategies and a narrative of recovery, a comparison between people with a chronic illness and people recovering from addiction might aid in developing a proper scientific approach to this problem. This research aims to contrast the experience of living with a chronic illness to the experience of recovering from addiction.

This study may help us acquire a deeper understanding of people afflicted by addiction and chronic illnesses, and may help them progress towards recovery or rehabilitation by learning from each others' life narratives. It also enables us to examine the effect of the shortcomings of psychological rehabilitation for chronic illnesses. Our research questions were: how the story and experience of recovery from chronic illness and addiction is narrated? What is the structure of the narrations? What are the common and distinctive features of recovery from addiction and chronic illnesses?

Materials and Methods

Data collection

Two groups were recruited for the study: 1. patients recovering from addiction with at least one year of recovery (n=6), and 2. patients with various chronic illnesses who stated to have been asymptomatic, as their illness did not have serious effects on their everyday life for more than a year (n=6). Participants were recruited through self-help groups, online forums and at a meeting of Narcotics Anonymous. [9]

Table 1. Participants

Code	Age	Illness	Qualification	Employment state	Sex
Participants with a chronic illness					
C1	24	eczema, thyroid-problems	university	employed	female
C2	41	asthma	university	employed	female
C3	32	recovered from side-paralysis	secondary school	employed	male
C4	67	Raynaud's syndrome, Brugada syndrome	university	employed	female
C5	50	diabetes, hernia	college	employed	female
C6	28	bipolar depression, insulin resistance	secondary school	unemployed	female
Participants with addiction					
A1	21	gambling	college	student	male
A2	33	GHB	college	employed	male
A3	50	Heroin	professional training	employed	male

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[9] Ethical permission was provided by the Ethical Committee of Eötvös Loránd Science University in 2015 (2015/260). The interviews were carried out between 2015 and 2017.

A4	24	Alcohol	college	employed	male
A5	32	designer drugs, alcohol	secondary school	unemployed	male
A6	41	Alcohol	university	employed, student	male

Table 1. shows a description of the participants. Their names have been changed to code names to protect their identities; C is for patients with a chronic illness, and A is for patients recovering from addiction.

Semi-structured interviews were conducted based on the elements of McAdams' life story model (1995): Life Chapters, Key Scenes of Life Story, and Challenges of Life (McAdams, 1995)[10]. 12 interviews were completed. Informed consent was signed, IRB approval was given by the Ethical Committee of Eötvös Loránd University. Interviews were voice recorded and transcribed verbatim.

Data analysis

The interviews were analysed from two aspects in order to gain a complex insight into the experiences of patients recovering from addiction and patients with chronic illnesses. The two inductive analyses were: 1) narrative analysis to uncover the structural characteristics of the narrative (Riessman, 2005), and 2) thematic analysis to find the important themes and topics of the recovery experience of our participants (Braun et al., 2019).

Narrative analysis: the second author read the interviews and focused on shapes, patterns and characteristics of the narrations of the life stories. A short summary was made of each interview's narrative structure, with a special focus on the turning points of life. The common turning points and narrative structures were identified and categorized by the first, second and fourth author as it is suggested by Joyce (2015). Then the structure of narrations of the two

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[10] The structure of the semi-structured interview can be found in the appendix of this dissertation

participant groups were compared and presented under the title: *Structural characteristics of the narratives* in the results part.

Thematic analysis: it was carried out to explore the main topics of the recovery processes in the interviews. The second author of this article read and coded the interviews. Once the codes were ready, the first and fourth authors confirmed the codes. Then the first, second and fourth authors discussed the codes and established that themes and sub-themes were in consensus. The codes than were put into themes and categories. The themes of the thematic analysis are presented and compared in the *Results of thematic analysis* part of the Results. The two analyses were aimed to explore the complex relationship of narration and experience of recovery.

Results

These two investigation methods allowed us to conduct a deep analysis of the interviews and carry out a multi-dimensional comparison of the narratives. The narrative structures of the interviews are presented in the first part of this chapter. In the second part the Results of thematic analysis is displayed.

Structural characteristics of narratives

Table 2 provides an overview of our findings on the structures of narratives. In the table we marked with X the interviews where the mentioned narrative structure appeared.

Table 2. Structural characteristics of narratives

Structures of narrations used	Number of patients recovering from addiction	Number of people with chronic illness
V shaped narrative	XXXXXX	X
Pilgrimage		XXX

Narrative characteristics of illness

In our first analysis we wanted to detect the shape and patterns of the narratives of patients with chronic illnesses and those recovering from addiction. We identified two narrative patterns: V-shaped narratives (seven times), which were characteristic for patients recovering from addiction and Pilgrimage narrative, which was found in two cases. We were unable to categorize the remaining 3 interviews, as they seemed to be unstructured, or not story-like.

V-shaped narratives

This narrative structure was typical of the group of patients recovering from addiction, although it also appeared in the narrative of a patient with bipolar disorder (in the group of patients with chronic illness). The V-shaped narratives of patients recovering from addiction started with a contamination narrative, beginning with the first use of drugs leading to the lowest point when patients reported being lonely and had to choose between recovery and death. This was followed by the "raising" narrative of redemption in which drug use was ceased and recovery took place. Revaluation and comparison of the past and future also typically appeared in their narratives.

Pilgrimage narratives

We called pilgrimage narrative when the patient had to undergo several failed treatments before the correct diagnosis was found. One of the patients with a chronic illness used this kind of narration when she described her experience: after four or five unsuccessful treatments the correct diagnosis was finally found. In one patient's case the pilgrimage experience and narration was still ongoing.

Results of thematic analysis

An overview of the results of the thematic analysis is presented in Table 3.

Table 3. Sub-themes and main themes and the number of participants in each group that reported the themes.

Main themes	Sub themes within main themes	Reported by number of patients recovering from addiction	Reported by number of people with chronic illness
Recovery capitals used in the recovery process	Self-care	XXX	XXX
	Pro-social sublimation of experiences	XX	X
	Mentors, guides	XX	
	Relationships	X	XXX
	Work	XX	XXX
Experience of the illness	Recovery identity	XXXX	X
	Stigmatization	XX	X
	Role of diagnosis:		
	• Liberation from moral denouncement	X	X
	• End of pilgrimage		X

Two main themes (Recovery capitals used in the recovery process, Experience of the illness) emerged from the text with eight sub-themes. In the table we marked with X the interviews where the theme appeared. Interviews of patients recovering from addiction and those with chronic illnesses are presented in different columns.

Recovery capitals

Sources of motivation and assistance were key themes in the interviews. The two groups mentioned several sources of recovery capital, which we subdivided into five main themes.

Self-knowledge

Self-knowledge was mentioned in both groups. For patients recovering from addiction, this meant gaining psychological insight into and awareness of their lives in relation to their families, personal characteristics and people with similar conditions in the family.

> my grandfather was drinking, my mother's brother too [...] also my father [...] So I brought that family pattern with me... my ex-wife also... we gave it to our daughter too. (A6)

For chronically ill patients, self-knowledge was reported in relation to medical knowledge of their illnesses.

Members of both groups became "experienced experts" during the recovery process. They mentioned the lessons they learned from their illnesses:

> Life proves that if you have the knowledge and the will then you are fortunate. So you are the master of your own destiny. (C2)

Pro-social transformation of experiences

The transfer of values gained during recovery appeared to be rooted in the development of self-support. Interviewees used their experiences to help other people.

> The person I was mentoring became a mentor at the rehabilitation programme... so I could transfer the value... in many ways it is more important for me that being sober. (A4)

This may have been done by sharing a deterrent example – as in the case of patients recovering from drug addiction – or sharing their experiences with fellow patients – as in the case of chronically ill subjects. Pro-social transformation of experiences may also help them assign meaning to their past and, in some cases, ongoing experiences.

Mentors and the role of guides

Most of the interviewees recovering from drug addiction mentioned the role authentic mentors or sponsors play as models in the patients' long-term recovery process. "My mentor was a 27-

year-old guy, and I saw all the things he went through and it gave me power several times."
(A1)

However, mentors were not mentioned by many in the chronically ill group. Only one interviewee spoke about a mentor, and even then it was more as a model for personality development than a model for recovery.

> there was a group [...] for me it was like, that no matter how many bad things happen, they will always see it in that positive way, and it had a great impression on me, that I should not only look at the bad side, but the good one as well (C1)

Personal relationships

Relationships seemed to be a recovery capital in both groups. The significance of social connections was, however, different in the two groups. For the participant with mental illness (C6), relationships encouraged illness admission, while patients with drug addictions were guided to sobriety by relatives and friends. Interviewees also reported that personal relationships served as a protective milieu to make up for the shortcomings in health care services, especially for chronically ill patients.

Work

Work is a vital source of positive self-evaluation and pride for patients. For two of the chronically ill patients, the narrative of life was dominated by workplace success, leaving the illness-narrative in the background. In one instance, illness and work were connected: the patient worked in healthcare, where she helped her fellow patients.

Work also served as a symbol of freedom and independence.

> My biggest fear is that... I don't know, that I will lose my job and I will not be able to find a new one, and I will have to move back to my parents and I'll have to live there, with them. (A2)

Experience of the illness

We examined interviewees' relationships with their illnesses. We found that the following themes define this relationship:

Recovery identity

Patients recovering from drug addiction appeared to identify with their illness more than chronically ill patients. Several patients recovering from addiction reported that their addiction was part of their identity to such an extent that they mentioned it when they introduced themselves. They perceived addiction as lifelong, with one single incident of drug use potentially leading to relapse. Addiction remained the focal point of their lives, taking responsibility for maintaining their abstinence and to redeem passivity through activity. "I am XY. 42 years old. Clean for 3 years. In recovery." (A4)

Illness was reported as a passive event in the lives of patients with chronic illnesses. They said that it "happened", "came out", and that it was "diagnosed" and "treated". They spoke about their illnesses in the third person singular and in a medical way. Their recovery behaviour appears to be more passive to the effects of illness.

For out participant with a chronic mental illness, recovery identity was as important as for patients recovering from addiction. Later, however, identity with the illness seemed to weaken: "I do not think I am a bipolar anymore. I mean I am asymptomatic." (C6)

Stigmatization

Patients recovering from addiction reported experiencing stigmatization from both society and the health care system. One interviewee compared being an *addict* to having a "scarlet letter" (A3), and reported that he was refused painkillers because of his addiction, and felt that he was a morally weak person in the eyes of society.

A patient said that misconceptions and a lack of knowledge of mental illness in wider society were behind stigmatization:

> If you say that you are bipolar or something, then everybody will think that you are a raving lunatic, who... who, I don't know... is living on drugs [medicines], because they think about drugs like that. (C6)

Patients with a chronic illness felt discrimination in health care settings:

> ...the doctor is impatient because he thinks I should go back to work, I shouldn't bother him while on sick leave. (C5)

Role of the diagnosis

For patients recovering from addiction, a diagnosis meant liberation from society's moral stigmatization, and their "weakness": "We are not morally weak, it is an illness." (A2)

The central theme and the end of the "pilgrimage" narrative for patients with chronic illnesses was the correct diagnosis. It appeared as the turning point of their narration, after which proper medical treatment is received. During the interviews, one participant was still in the wandering phase in their narrative.

The participant who was diagnosed with bipolar disorder gave a narrative that was more like that of a patient recovering from addiction than that of a patient with a chronic illness. The participant mentioned that after the rock-bottom phase, illness admission occurred followed by a search for help, incorrect diagnosis and therapy, until the right diagnosis and treatment were found.

I had some clear moments when I decided that things weren't OK, which later was said to be good, because it meant I had illness admission [...] Then, from the age of 18, for the following 3-4 years they said I was schizophrenic. Then they diagnosed psycho-affective disease. Now it turns out that I probably have acute bipolar disorder. (C6)

Discussion

Our study focused on deficiencies in the psychological recovery from chronic illnesses. We compared the narrative of recovering from chronic illness to that of recovering from addiction. We found that the narrative styles for addiction and chronic illnesses are different. Patients recovering from addiction use a V-shape narrative, where the establishment addict identity is the aim of the recovery. Patients with chronic illnesses treat their illness in a medical, distant manner. Their recovery was mostly the result of assistance from health care services and their social environment. Recovery capitals appear to be important for both groups, although to differing extents. For people with an addiction, recovery capitals, such as nurturing social connections, work, and the pro-social sublimation of experiences are part of the motivation for and the goals of recovery and maintaining sobriety. For patients with chronic illnesses within this study, recovery capitals are the basis of physical care and physical recovery. Our findings

show that stigmatization and stereotyping was reported by both groups. This suggests that a proper diagnosis may help to build up resilience against these two phenomena.

The narrative of patients recovering from addiction was structured and uniform, while that of patients with a chronic illness tended to be more diverse. This is perhaps because patients recovering from addiction learn from their mentors' narratives and use what their mentors learned during their own recovery (Thune, 1977; Taïeb et al., 2008). Identification with the illness was stronger and more important for patients recovering from addiction (Charmaz, 1991). Similar recovery capitals were mentioned in both groups. However, patients recovering from addiction put the emphasis on the motivational function of recovery capitals. It helps them maintain their new identity. Participants with chronic illnesses highlighted a stable background and the important role of their quest for physical health. This is typical of the narrative of patients with a chronic illness (Williams, 1984). The narrative of a long-term illness becomes normalized over time, as the participants learn to live with their illness and they begin to identify as an ill person (Weckesser & Elaine, 2017). However, interaction with professional mentors may also aid recovery from chronic illness by improving self-evaluation, self-efficacy and communication skills (Jackson et al., 2018).

The narrative of patients recovering from addiction tended to be more structured and uniform. This is the result of the narratives taught during rehabilitation programs (Thuna, 1977). There is also a cultural stock of narratives (Hänninen & Koski-Jännes, 1999) in the media (such as books and movies) (Taïeb et al., 2008) and in AA groups (Swora, 2001). However, the narratives of patients with chronic illnesses were more diverse. Few presentations of public, or book-stories about recovery appeared in the interviews of patients with chronic illness. Different processes of different chronic illnesses might result in different shapes of narratives as well (Kleinman, 1988).

Patients with chronic illness tended to put the emphasis on being exposed to their illness and to the health care system. They may identify less with their illnesses than patients recovering from addiction. The patients' relationship with their own chronic illnesses appeared to be more medical and passive compared to that of patients recovering from addiction. This kind of narrative is called the illness as narration in Hydén's study (1997), where the symptoms and illness career is the core of the life-story. Our interviewees with chronic illnesses appeared to separate their identity from the illness. Their aim was to achieve symptom-free status. Mental illness appeared to be an exception. In that instance, responsibility for the illness and

identification with the illness were deemed essential for recovery, as was the case with those recovering from addiction. All patients recovering from addiction said that they rebuilt their identities during the recovery process.

For patients recovering from addiction, recovery capitals played a huge role in motivating them to change and maintain their new identity. Patients with chronic illnesses placed more emphasis on a stable social and economic background and physical treatment. Improving the quality of family relationships is one of the goals of the recovery from addiction, and is necessary for long-term rehabilitation (Kelly & White, 2001).

Both interview groups reported stigmatization. Patients with an addiction described it as a moral weakness. Patients with chronic illnesses mentioned that society trivializes and delegitimizes their illnesses (Ware, 1991). Delegitimization is more typical for patients with a mental illness (Stuart, 2006), which was confirmed by the findings of our study. Stigmatization may influence society's reaction to the illness and as a result have an effect on the success of recovery (Perlick, 2001; White, 2007). Stigmatization turned out to be more typical for patients recovering from addiction. They perceived that addiction is treated by wider society as a moral weakness and not as an illness. The experience of being labelled by society makes patients feel ashamed and morally inferior, thereby rendering recovery more difficult (Lloyd, 2012). Normalization of the illness appears to help patients with chronic illnesses (Joachim, 2000), thus we suggest that "normalizing" addiction may decrease stigmatization and moral stress (Englander et al, 2018; White et al., 2002). This in turn may encourage patients with addictions to seek psychological rehabilitation services. We believe that teaching patients to give good narratives about recovering from chronic illnesses may aid the recovery process. The narrative might then help patients to take control of their illnesses, as we saw in the case of patients recovering from addiction and the chronically mentally ill participant.

There were several limitations to our study. As our research was based on 12 interviews, we cannot draw general conclusions for all age groups, patient groups, other types of patients, or all types of chronic illnesses, as they may form different narratives (Shields et al., 2015). All interviewees were Hungarians, and therefore our findings might relate exclusively to the Hungarian context and we might not be able to draw conclusions in relation to other countries' psychological rehabilitation programs. Furthermore, all patients recovering from an addiction in this study were male, and all participants with a chronic illness except for one were female. This may limit the extent to which we can draw general conclusions from our findings in

relation to both men and women. As our method focused on the pattern and content of the narration of recovery, we were not able to measure frequency and causality.

Implications

This study suggests that in practice helping patients recovering from addiction to consider their addiction as a chronic illness through their narratives could help them progress in their recovery. In addition, teaching patients with chronic illnesses to give narratives and provide stories about their recovery from chronic illnesses may help them to internalize control over their illnesses more effectively. Taught narratives help patients with chronic illnesses to develop their recovery identity and find the best rehabilitation process for their chronic illnesses (Baldwin, 2005). Helping patients with chronic illnesses to create and modify narratives might help to change their attitude, expectations and assessment of their experience, which in turn may help them to alter their perception (Dunn et al., 2016). Their experience of illness may change from a passive to an active one. A change in the relationship between patient and medical care from client-as-patient to client-as-partner may increase the extent to which responsibility is taken. This will result in a shift in the patient role and a change in clients' narratives (Thorne & Paterson, 1998). The narrative of addiction recovery is a more active and structured recovery method. It contains various well-structured elements, such as recovery capital and recovery narrative. It is taught to patients with addictions. Patients with chronic illnesses are treated using the bio-medical model in Hungarian health care. We suggest that the creative usage of the recovery model for addiction may have a greater impact on psychological rehabilitation than the existing biomedical paradigm. Paying attention to the recovery model, recovery capitals (Hennessy, 2017) and recovery narration (Llewellyn et al., 2014) might help patients to integrate their illnesses in their identities, to actively master their identities, and to recover their healthy identities. Creating a coherent and integrated narrative of the illness (Hydén, 1997) also helps people with chronic illness to develop psychological skills and tools for recovery, create hope and continuity in their lives (Warren & Manderson, 2008). Education on recovery and treatment of chronic illness, and interaction with mentors (Jackson et al., 2018) help creating a narrative which also helps patients to change their relationship with their illnesses and might result in behavioural changes (Namukwaya et al., 2017). As the narratives of patients recovering from addiction are uniform in nature, we call them the 'addiction recovery model'. This 'addiction recovery model' may help us to gain a better understanding of patients' lived experience of recovery from chronic illness.

We suggest that an adaptive and creative mixture of narratives from different patient groups and narrative establishing techniques (McAdams, 1995) and presence of mentors may shape and help the recovery process of other patient groups.

Declaration of interest statements

There are no conflicts of interest in relation to this study.

All procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional and national) and with the Helsinki Declaration of 1975, as revised in 2000. The study was accepted by the Research Ethical Committee of Eötvös Loránd University, Budapest, Hungary. Informed consent was obtained from all patients before they were included in the study.

References

Baldwin, C. (2005). Narrative, ethics and people with severe mental illness. *Australian & New Zealand Journal of Psychiatry*, *39*(11-12), 1022-1029. [11.09.2018] https://doi.org/10.1080/j.1440-1614.2005.01721.x

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, *3*(2), 77-101.

Braun, V., Clarke, V., Hayfield, N., & Terry, G. (2019). Thematic analysis. *Handbook of Research Methods in Health Social Sciences*, 843-860.

Breakwell, G. M. (1983). *Threatened identities*. Chichester (UK): Wiley.

Bury, M. (1982). Chronic illness as biographical disruption. *Sociology of Health and Illness,* *4*(2), 167-182. [11.09.2018] http://dx.doi.org/10.1111/1467-9566.ep113939

Charmaz, K. (1991). *Good Days, Bad Days.* New Brunswick (NJ): Rutgers University Press.

Cloud, W.& Granfield, R. (2008). Conceptualizing Recovery Capital: Expansion of a Theoretical Construct, *Substance Use & Misuse, 43*(12-13), 1971-1986.

Dunn, D. S., Ehde, D. M., Wegener, S. T. (2016). The foundational principles as psychological lodestars: Theoretical inspiration and empirical direction in rehabilitation psychology. *Rehabilitation Psychology, 61*(1),1-6.

Elissen, A., Nolte, E., Knai, C., Brunn, M., Chevreul, K., Conklin, Durand-Zaleski, I., Erler, A., Flamm, M., Frølich, A., Fullerton, B., Jacobsen, R., Saz-Parkinson, Z., Sarria-Santamera, A., Sönnischen, A., Vrijhoef, H. (2013). Is Europe putting theory into practice? A qualitative study of the level of self-management support in chronic care management approaches. *BMC health services research, 13*(1), 117.

Englander, H., Collins, D., Perry, S. P., Rabinowitz, M., Phoutrides, E., & Nicolaidis, C. (2018). "we've Learned It'sa Medical Illness, Not a Moral Choice": Qualitative Study of the Effects of a Multicomponent Addiction Intervention on Hospital Providers' Attitudes and Experiences. *J Hosp Med*, *13*(11), 752-758.

European Commission. (2018). *Commission Staff Working Document. Country Report Hungary*. [11.09.2018] https://ec.europa.eu/info/sites/info/files/2018-european-semester-country-report-hungary-en.pdf

Fife, B. L. (2005). The role of constructed meaning in adaptation to the onset of life threatening illness. *Social Science and Medicine, 61*(10), 2132 – 2143.

Fotopoulou, M., Munro, A., Taylor, A. (2015). 'Allowing the right' and its currency in managing drug stigma in Greece. *International Journal of Drug Policy, 26*(8), 723-730.

Frank, A. W. (1991) *At the will of the body: Reflections on Illness.* New York (NY): Houghton Mifflin Company.

Frank, A. W. (2004). The *renewal of generosity: Illness, medicine and how to live.* Chicago (IL): University of Chicago Press.

Frank, A. W., Rak, R. D. (1996). The wounded storyteller: Body, illness, and ethics. *Nature Medicine, 2*(1), 98-99.

LLewellyn, H., Low, J., Smith, G., et al. (2014) Narratives of continuity among older people with late stage chronic kidney disease who decline dialysis. *Social Science & Medicine, 114*, 49-56.

Hänninen, V., Koski-Jännes, A. (1999). Narratives of recovery from addictive behaviours. *Addiction, 94*(12), 1837-1848

Hannum, S. M., & Rubinstein, R. L. (2016). The meaningfulness of time; Narratives of cancer among chronically ill older adults. *Journal of aging studies*, *36*, 17-25.

Hennessy E. A. (2017). Recovery capital: a systematic review of the literature. *Addiction Research & Theory, 25*(5), 349-360.

Hydén, L. C. (1997). Illness and narrative. *Sociology of health & illness*, *19*(1), 48-69.

Jackson, K., Hamilton, S., Jones, S., & Barr, S. (2018). Patient reported experiences of using community rehabilitation and/or support services whilst living with a long-term neurological condition: a qualitative systematic review and meta-aggregation. *Disability and rehabilitation*, 1-18.

Joachim, G. L. (2000). Living with Chronic Illness: The Interface of Stigma and Normalization. *Canadian Journal of Nursing Research Archive. 32*(3), 37-48.

Joyce, M. (2015). Using narrative in nursing research. *Nursing Standard*, *29*(38), 36-41.

Kelly, J. F., White, W. L. (2011). *Addiction Recovery Management: Theory, Research and Practice.* New York (NY): Humana Press.

Kleinman, A. (1988). *The illness narratives: Suffering, healing and the human condition.* New York (NY): Books.

Laudet, A. B., White, W. L. (2008). Recovery Capital as Prospective Predictor of Sustained Recovery, Life Satisfaction, and Stress Among Former Poly-Substance Users. *Substance Use & Misuse, 43*(1):27-54.

Lloyd, C. (2012). The Stigmatization of Problem Drug Users: A Narrative Literature Overview. *Drugs: Education, Prevention and Policy, 20*(2):85-95.

Mackey, L. M., Doody, C., Werner, E. L., & Fullen, B. (2016). Self-management skills in chronic disease management: what role does health literacy have?. *Medical Decision Making*, *36*(6), 741-759.

McAdams, D. P. (1995). *The life story interview.* Evanston (IL): Northwestern University.

Mawson, E., Best, D., Beckwith, M., Dingle, G. A., & Lubman, D. I. (2015). Social identity, social networks and recovery capital in emerging adulthood: A pilot study. *Substance abuse treatment, prevention, and policy*, *10*(1), 45.

McIntosh, J., & McKeganey, N. (2000). Addicts' narratives of recovery from drug use: constructing a non-addict identity. *Social Science & Medicine*, *50*(10), 1501-1510. [11.09.2018] http://dx.doi.org/10.1016/s0277-9536(99)00409-8

Molzahn, A. E., Sheilds, L., Bruce, A., Schick-Makaroff, K., Antonio, M., & White, L. (2019). Living with dying: A narrative inquiry of people with chronic kidney disease and their family members. *Journal of advanced nursing*, *75*(1), 129-137.

Namukwaya, E., Murray, S. A., Downing, J., Leng, M., & Grant, L. (2017). 'I think my body has become addicted to those tablets'. Chronic heart failure patients' understanding of and beliefs about their illness and its treatment: A qualitative longitudinal study from Uganda. *PloS one*, *12*(9), e0182876.

Perlick, D. M. (2001). Stigma as Barrier to Recovery: Adverse Effects of Percieved Stigma on Social Adaptation of Persons Diagnosed with Bipolar Affective Disorder. *Psychiatric Services, 52*(12): 1627-1632.

Pienaar, K., & Dilkes-Frayne, E. (2017). Telling different stories, making new realities: The ontological politics of 'addiction' biographies. *International Journal of Drug Policy, 44*, 145-154.

Rácz, J. (2006). Questions on the Interpretation of Drug Users' Autobiographies in a Country in the "Early" Phase of Drug Use. *Contemporary Drug Problems. 33*(1):99-122.

Renders, C. M., Valk, G. D., Griffin, S. J., Wagner, E., van Eijk, J. T., & Assendelft, W. J. (2000). Interventions to improve the management of diabetes mellitus in primary care, outpatient and community settings. *Cochrane database of systematic reviews*, (4).

Ricoeur, P. (1991*).* Narrative identity. *Philosophy today, 35*(1), 73-81.

Riessman, C. (2005). Narrative Analysis. Narrative. *Memory & Everyday Life,* Huddersfield (UK): University of Huddersfield, 1-7.

Sheilds, L., Molzahn, A., Bruce, A., Makaroff, K. S., Stajduhar, K., Beuthin, R., & Shermak, S. (2015). Contrasting stories of life-threatening illness: A narrative inquiry. *International Journal of Nursing Studies*, *52*(1), 207-215.

Stuart, H. (2006). Media Portrayal of Mental Illness and its Treatments. *CNS Drugs, 20*(2), 99-106. [11.09.2018] http://dx.doi.org/10.2165/00023210-200620020-00002

Swora, M. G. (2001). Narrating Community: The Creation of Social Structure in Alcoholics Anonymous Through the Performance of Autobiography. *Narrative Inquiry, 11*(2), 363-384. [11.09.2018] 10.1075/ni.11.2.06swo

Taïeb, O., Révah-Lévy, A., Moro, M. R., & Baubet, T. (2008). Is Ricoeur's notion of narrative identity useful in understanding recovery in drug addicts?. *Qualitative Health Research*, *18*(7), 990-1000.

Tew J. (2016). Recovery capital: what enables a sustainable recovery from mental health difficulties? *European Journal of Social Work, 16*(3), 360-374

Thorne, S., Paterson, B. (1998). Shifting images of chronic illness. *Image: The Journal of Nursing Scholarship, 30*(2), 173-178.

Thune, C. (1977). Alcoholism and the archetypal past A phenomenological perspective on Alcoholics Anonymous. *Journal of Studies on Alcohol. 38*(1): 75-88.

Ware, N. C. (1992). Suffering and the Social Construction of Illness: The Delegitimation of Illness Experience in Chronic Fatigue Syndrome. *Medical Anthropology quarterly, 6*(4), 347-361.

Warren, N., & Manderson, L. (2008). Constructing hope: Dis/continuity and the narrative construction of recovery in the rehabilitation unit. *Journal of Contemporary Ethnography*, *37*(2), 180-201.

Weckesser, A., Elaine D. (2017). Re-working biographies: Women's narratives of pregnancy whilst living with epilepsy. *Social Science & Medisine,185,* 110-117.

White, W. L., Boyle, M., & Loveland, D. (2002). Alcoholism/addiction as a chronic disease: From rhetoric to clinical reality. *Alcoholism Treatment Quarterly*, *20*(3-4), 107-129.

White, W. (2007). Addiction Recovery: Its Definition and Conceptual Boundaries. *Journal of Substance Abuse Treatment, 33*(3), 229-241. [11.09.2018] http://dx.doi.org/10.1016/j.jsat.2007.04.015

Williams, G. (1984). The genesis of chronic illness: narrative re-construction. *Sociology of Health and Illness, 6*(2):175-200.

2.4. The recovery of homicidal people diagnosed with schizophrenia and schizoaffective disorder – An interpretative phenomenological analysis

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Abstract

Objective: Identity recovery in people diagnosed with schizophrenia who have committed homicide poses several difficulties. Premorbid mental illnesses, the experience of psychosis and the absence of cohesive ego functions may result in the inability to integrate the homicidal act into self-identity. Problems with integration increase the risk of recidivism and further mental problems. The aim of the present research was to explore how homicidal people diagnosed with schizophrenia make sense of their act, and how they identify with the homicide.

Method: Six semi-structured interviews were conducted at a long-term psychiatric home with people who had committed homicide and who had been diagnosed with schizophrenia. The interviews were transcribed verbatim and analysed using interpretative phenomenological analysis (IPA), an idiographic method rooted in phenomenologist traditions that focuses on how

participants experience and make sense of events in their lives, and how those events affect their identity and sense of self.

Results: Three personal experiential themes were established as a result of the analysis: 1. Homicide and responsibility; 2. Homicide and self; and 3. Control over threats to self and self-evaluation. 1. Homicide was often reported to have been committed in a non-conscious, delusional state that may have led to the loss of self-determination. 2. Our interviewees struggled to integrate their act into their identities. They distanced themselves from the crime or held multiple, parallel interpretations of the act. 3. Recovering patients experienced the constant threat of entering into a delusional reality and losing control. The importance of control was central to their self-evaluation. The patients appeared to distance themselves from the homicidal act and to regard their delusional self as a threat to their lives.

Conclusion: Therapy aimed at bolstering self-control, supporting the integration of the fragmented self, and raising awareness of the connections between delusional reality and standard, intersubjective reality may be helpful in reducing the instability of the self. Therapy aimed at processing complex grief and loss of family is also needed.

1. Introduction

1.1. Homicide and schizophrenia

Although different countries have different legal standards, it is widely accepted that diseased/altered mental functioning can affect the degree of individual criminal responsibility (1). Criminal responsibility and the legal concept of sanity are affected by the cultural and legal tradition of the given country. Countries that follow a common law model (the United States, Canada, the United Kingdom, Australia and New Zealand), for example, apply a dichotomous approach based on the presence or absence of criminal responsibility. Other countries (such as the Netherlands, Belgium and Germany) differentiate among various degrees of criminal responsibility (2). In Sweden, mental illness does not preclude someone from being found guilty, although their sentence may involve compulsory medication and treatment (2). In Hungary, Section 17 (3) of the Criminal Code states that 'A person shall not be liable to punishment if he commits the punishable act in a state of mental disorder that renders him unable to recognise the consequences of his act or to act according to such recognition.' This means that if a person is found to be unable to make sense of the crime and its consequences during the forensic psychiatric evaluation because of mental illness, they cannot be prosecuted. However, they can be found incapable, placed in the custody of a guardian, and sentenced to compulsory medication and psychotherapy.

Most individuals who cannot be found guilty due to mental illness are diagnosed with schizophrenia (4). The incidence of violent crime has been found to be higher among people with schizophrenia spectrum disorders than in the general population (5,6,7). The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) states that although hostility and aggression are associated with schizophrenia, random assaults are rare (8). Nowadays, factors other than schizophrenia are claimed to predispose to crime, such as life events (physical

abuse, parents' criminal past, genetic factors), other dispositional factors (young age, male gender, lower income), or comorbid drug abuse (9,10,11). Researchers have found that crime is more common among people with mental illness who do not receive adequate treatment (12), whose pharmacotherapy is interrupted (13), or who actively experience delusions, paranoia (14) or hallucinations (6,15,16). The appropriate therapy and possible recovery of such patients poses many questions. Homicide is a traumatic event even in the life of a non-schizophrenic person, who will struggle to accept it as part of their life and accept responsibility for it (17). Understanding how schizophrenic patients who have committed homicide make sense of their act years after the homicide provides valuable information for the planning of adequate treatment.

Recovery model

From a clinical perspective, recovery is a complete return to premorbid levels of functioning (18), or to full functioning (19,8). Successful recovery consists of vocational reestablishment and the regaining of social relationships, independent functioning, and self-integrity. The goal of the recovery model in psychology is to help patients regain their health and mental well-being after disease, trauma, crisis or addiction by integrating the traumatic event and its physical and mental impacts into the patient's self-identity (20,21,22,23). The recovery of identity is aimed at re-establishing a sense of the continuity, coherence and sameness of the self (24).

Recovery after homicide

In the past decade, the recovery paradigm has attracted attention among forensic psychologists and psychiatrists (25,26,27,28,29,30,31,32,33). Adshead and her colleagues referred to life after homicide as 'life after death' for offenders (34, p9). Homicide leads to stigmatisation and self-stigmatisation; affects psychosocial circumstances, identity, and the concept of self in many ways; and has severe emotional and mental health consequences (35). The recovery process involves desisting from offending behaviour (28,36), acknowledging the intra- and interpersonal circumstances of homicide (17), and accepting its consequences in personal and social life. Taking responsibility for the lifelong impact of homicide and facing feelings of loss and grief are of key importance in risk reduction (37). Making sense of the crime, understanding the reasons and motivations behind it, and creating a relevant narrative help to prevent more serious mental problems (18) and to redefine the self by the integration of the act of homicide (36,17).Indeed, addressing the coherence, continuity and content of identity is central to forensic recovery (39).

During recovery, previous offenders report a change in their sense of self and a shift to a pro-social identity (40). The acceptance of responsibility is manifested in the emergence of an ex-offender identity and the acknowledgement of agency in the narratives of individuals who are in the process of forensic recovery (35,41,42). This change typically appears in the form of a shift from phrases such as 'I didn't do it' and 'I did it, but I was mentally ill' to 'I did it' (43). Patients tend to acknowledge that, despite their mental illnesses or drug abuse, they are responsible for the assault (35). Re-establishing the stability and wholeness of identity is one

of the aims of forensic recovery, although little is known about the identity processes of people with a mental illness who have committed a crime (44).

Recovery of people diagnosed with schizophrenia

The definition of recovery as a complete return to full functioning (16,8) does not apply to recovery from schizophrenia, as the illness appears in adolescence or early adulthood before social patterns and functioning are fully developed and independent (45). The criteria for recovery from schizophrenia have thus been revised to the sustained (i.e., longer than two years [46,47]) remission of symptoms, social functioning (48), productivity, independent functioning, and optimism about the outcome from schizophrenia (49,50,47). Many clinical studies have found that, according to these criteria, recovery from schizophrenia does occur (51,52,53,54,55,56). However, the recovery of self is a difficult question in the context of schizophrenia.

The sense of self in schizophrenia

In a psychotic state, it is extremely difficult to maintain a sense of the congruence and continuity of the self and reality (57), which hinders the individual's ability to acknowledge the intra- and interpersonal circumstances and consequences of the crime they have committed. Psychotic delusions engender an altered sense of reality (58). Feyaerts et al. (58) distinguished two realities in schizophrenia: *delusional reality* and *standard reality*. Standard reality is the world of social norms and physical rules, while delusional reality is 'a private framework that violates spatio-temporal and non-contradiction constrains of the intersubjective world' (59, p1514). Delusional reality may be experienced differently from standard reality in terms of sensual aspects, meanings and contingency (58,60,61). Delusions may appear inadequate and inappropriate from an outsider's perspective, but to the insider they are experienced as adequate aspects of reality (58,62). Karl Jaspers (60) described the delusional atmosphere as a different sense of reality in which everything has a new meaning. When this reality is questioned by society, the psychotic person tends to react with suspicion and self-protection (63).

Coping with the experience of different realities demands attempts at integration and defence. People with schizophrenic symptoms have immature defence mechanisms, such as negation, repression, fantasy and splitting (64) or delusions (65). The concepts of splitting and disruption in the sense of self in schizophrenia are as old as the concept of schizophrenia itself (66).

Primitive defence mechanisms may lead to a disembodied, 'unreal' sense of self, which is differentiated and alien from the rest of the world (67). Another possible consequence is so-called double bookkeeping (59), meaning that a person has experiences from both realities, but instead of creating consistency between them, the person experiences these realities as two isolated worlds with their own logic, sense, rules and meanings. It also means that there are two senses of self in the two different realities.

Division of the self appears in the narratives of people diagnosed with schizophrenia. Schizophrenic patients' life narratives have been found to be less coherent and elaborate than the narratives of a sine morbo control group (68). Schizophrenic patients have also been found to have difficulties in extracting meaning from past events, which indicates the disturbance of the autobiographical self (69).

The experience of psychosis has a strong impact on the sense of self. Following a psychotic episode, patients have reported undergoing a process of self-criticism, distress and anxiety in relation to their psychosis. (70) Accepting the psychotic episode, integrating it into the sense of self, and regarding it as an opportunity for personal growth resulted in empowerment and contributed to recovery (70). Therapy aimed at restoring a sense of self-unity in schizophrenic people helps them to establish a positive and integrated sense of self, contributes to their social relationships, and helps them to build hope and invest in the future (71).

Homicide and schizophrenia

Given that the recovery model emphasises the importance of re-establishing a coherent sense of identity, while even non-criminals with schizophrenia have difficulties creating a coherent sense of identity (59,67) and while recovery is challenging even for sine morbo offenders (43), the question arises as to what happens to the sense of self in patients who are diagnosed with schizophrenia after committing homicide.

There is little information in the literature about how people who are diagnosed with schizophrenic spectrum disorder make sense of homicide. The goal of our study was to investigate how homicide affected such patients' sense of self, and the progress they were able to achieve in terms of making sense of the traumatic event in their lives.

2. Method

We conducted six semi-structured interviews at a large psychiatric home.[11] Ethical permission was given by Markusovszky Hospital Regional and Institutional Committee of Science and Research Ethics and the study was approved by the director of the institution.[12] Written informed consent was obtained from the participants' legal guardians for the publication of any potentially identifiable images or data included in this article. The procedure used to select the interviewees began by contacting the director of the institution with our inclusion criteria. The director then selected individuals who fitted our criteria and asked them if they were interested in taking part in the research. If they expressed willingness, she then obtained permission from their guardians for them to participate.

2.1.Sample

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[11] The interview structure is in the appendix of the dissertation

[12] The number of the ethical permissions: Markusovszky Hospital Regional and Institutional Committee of Science and Research Ethics: 26/2017; Eötvös Loránd Science University: PPK/934/1(2017)

Our interviewees were patients who had been diagnosed with schizophrenia or schizoaffective disorder and who had committed homicide and been found to be not fully responsible for their crimes because of their mental illness (Table 1). We decided to include one person diagnosed with schizoaffective disorder, as psychosis and delusions are symptoms that are common to this disorder and schizophrenia (8).The participants had been sent to a forensic psychiatric institution after committing homicide and had become residents of the institution after being sentenced.

In four cases, a detailed diagnosis with multifaceted risk assessment had been made at the forensic psychiatric institution after the homicide, during the patients' treatment, while two of the participants, Dávid and Márk, had received their diagnosis prior to the offence. As Dávid and Márk had been declared to have committed homicide during a psychotic episode, the timing of their diagnosis before or after the homicide was not of key importance to our research question. Our interviewees had been diagnosed again prior to their transfer from the forensic psychiatric institution to the psychiatric home for permanent care. Having entered the psychiatric home for permanent care, their physical and mental health is reviewed annually, including a diagnostic review in case new symptoms arise, although the main psychiatric diagnosis (schizophrenia and schizoaffective disorder) is usually upheld. Our participants had been diagnosed with paranoid schizophrenia, residual schizophrenia, unspecified schizoaffective disorder, paranoid schizophrenia, and hebephrenic schizophrenia. No comorbid mental illnesses were mentioned in their healthcare reports.

Table 1. Participants

Pseudonym	Dávid	Márk	János	Ádám	Dániel	Ferenc
Sex	male	male	male	male	male	male
Age range	40–55	40–55	40–55	40–55	30–40	40–55
Education level	higher education	secondary education	secondary education	primary education	primary education	primary education

Age when homicide was committed	20–30	20–30	20–30	20–30	>20	30–40
Years spent in a forensic psychiatric institution	10–20	5–10	5–10	10–20	5–10	>5
Years spent in a psychiatric home	>5	5–10	10–20	10–20	5–10	10–20
Diagnostic category	schizophrenic spectrum	schizophrenic spectrum	schizophrenic spectrum	schizophrenic spectrum	schizophrenic spectrum	schizophrenic spectrum
Victim	family member	acquaintance	family member	family member	family member	family member

The offences had taken place between nine and thirty years prior to the interview. At the time of the interview, the participants were obliged to take psychotropic and neuroleptic medication and had not had a psychotic episode for a minimum of two years prior to the interview.

2.2. Procedure

We conducted one interview with each of our interviewees. The interviews were conducted by the third and fourth author. Before the data collection, the interviewers were given training by their supervisors (the first and last author, who are experienced researchers in the field of interpretative phenomenological analysis) on interview methodology, interview style, interview ethics and establishing rapport. The structure of the interviews was designed jointly by these four authors. Each interview started with descriptive and narrative questions about the participant's life within the institution, their diagnosis, and the homicidal offense. The interviewers asked questions about the impact of the crime on the participant's life, identity and about personal meaning.

The interviews lasted between 20 minutes and 1 hour and were carried out in a large psychiatric home between 2018 and 2020. In accordance with the ethical guidelines, the interviews were voluntary and participants were free to stop the interview, to refuse to answer questions, or to withdraw their participation during the interview. One of the participants stopped the interview after 20 minutes but did not withdraw his participation. Despite its brevity, this interview yielded important information about the homicide and the concept of self, which convinced us to keep it in the research.

The interviews were recorded and transcribed verbatim, and interpretative phenomenological analysis (IPA) was carried out.

2.3. The phenomenological perspective

The exploration of such a deeply subjective, intrapsychological question requires an idiographic and inductive approach. Qualitative approaches, especially IPA, are a suitable method (72) because of their sensitivity and focus on the personal perspective. Based on its phenomenological and hermeneutical roots, IPA considers the self and experience as an inseparable unity (73). There is no self without experience and no experience without self. It is the intentional relationship between the self and its experience that can be examined (74). Psychological experiences can be understood only through the personal relevance and perspective of those who undergo them. Because of its epistemological grounding, the IPA method is congruent with our research and provided rich and in-depth knowledge grounded in the lived experience of homicidal patients diagnosed with schizophrenia.

2.4. Data analysis

We chose to apply IPA, as this method focuses on how participants experience and make sense of events in their lives, and how this affects their sense of self (72,73,74). In IPA, a double hermeneutical approach is used, in which the researcher interprets the participants' meaning-making processes.

Maintaining a focus on the personal perspective, IPA is a two-step analytical process comprising idiographic analysis and cross-case analysis (73). During the idiographic analysis, the first four authors independently analysed the interviews one by one. This involved coding the interviews and creating interpretations of the interviews that were relevant to our research question.

A three-column method was used: the middle column contained the interview text, and the righthand column contained the codes that constituted the pre-analysis. These codes were based on the psychological, linguistic and social information in the interview text. The lefthand column contained experiential themes in the form of interpretations by the interviewers of experiences, meaning making, and sense of self. Between 50 and 90 interpretations were generated from each interview.

The first four authors then independently categorised the experiential themes in the lefthand column interview by interview to identify those themes that covered the personal relevance of the experience.

Three to five personal experiential themes were identified in each interview and a table was created containing the interpretations and the original quotations on which the interpretations were based. The first four authors then discussed the interpretations until they reached a common understanding of the interviews and a consensus in the idiographic analysis. We established interrater reliability by means of the independent coding, analysis and consensus.

In the cross-case analysis, we compared the six idiographic analyses of the interviews, identified the common themes, merged those that were relevant, or created new themes based on the new perspectives that emerged from the comparison. According to the consensus reached by the authors, three personal experiential themes were identified, which are presented in the results section. The themes are personal, as they represent subjective, idiographic perspectives; and they are experiential since they are rooted in lived experience (73). The three themes answer our research question: *How do homicidal people diagnosed with schizophrenia make sense of their offence years after the homicide? How does it affect their sense of self?*

The coding was carried out in Google Sheets, as this provided the option to supervise each other's work and to work simultaneously on the same document and add comments.

We then wrote up our results based on these themes and subthemes, relying on the interview texts, on the information contained in the codes in the lefthand column, and on the interpretations in the righthand column.

3. Results

The research group established five subthemes arranged according to the following three personal experiential themes: 1. Homicide and responsibility; 2. Homicide and self; and 3. Control over threats to self and self-evaluation. (Table 2.)

Table 2. Personal experiential themes and subthemes

Personal experiential themes	Subthemes
Homicide and responsibility	Avoiding abuse
	Influence of others
	Effect of psychosis
Homicide and self	Homicide is alien to the self
	Stupid mistake
	Tragedy
Control as basis of self-evaluation	

3.1. Homicide and responsibility

In all the interviews, the crime was depicted as having been committed in an altered state of consciousness, with a sense of loss of control, and under the influence of mental illness or abuse. The homicide was imputed to external factors and powers, implying that the patients were not merely offenders but also victims of the homicide.

3.1.1   Avoiding abuse

The only thing that was going through my head was not getting beaten that night. And that's why I did it then. (Dániel)

Dániel explained the homicide as being the result of continuous abuse at home. Due to his extreme sense of intimidation and vulnerability, his thoughts had been narrowed down only to avoiding a beating. When avoidance became impossible, it led to an emotional outburst in the

form of violence. His account includes agency and responsibility, as he says: 'I did it then.' However, his emphasis on the circumstances indicates that the homicide was not experienced as a free, personal choice.

3.1.2 Influence of others

The pagans did bad to me and I went nuts and I made trouble. (Ferenc)

Ferenc stated that his insanity was incited by others. He presents himself as the first victim of the 'pagans', who directed him to take the life of his grandmother.

Another interviewee (Ádám) offered a similar explanation, claiming that 'satanists' had put 'evil speech' into his mind that had driven him to commit homicide.

3.1.3 The effect of psychosis

Our interviewees tended to talk about the circumstances of the crime. Schizophrenic symptoms, such as hallucinations and delusions, were considered to be of key importance in precipitating the crime. Dávid considered the crime to be the 'fulfilment of schizophrenia'.

I was already ill and I had these stupid thoughts. (Márk)

For Márk, being ill meant having different, or *stupid*, thoughts. He depicted himself as a container for thoughts and the illness as a collection of irrational thoughts. His act was a consequence of the thoughts generated by the illness. In this way, he separated himself from the thoughts that had guided him to commit the homicide. Interestingly, a sense of being 'mentally ill' did not appear in his account. He experienced the illness as taking control over his body. János reported an experience of a similar kind:

Suddenly, from one day to the other, I started to hear voices saying 'Kill her, stab that woman' and 'she is not your mother'. (János)

János indicated that he had had no preparation for dealing with the voices, which seemed extremely convincing. They not only commanded him to commit homicide, even specifying the method to be used, but also weakened his ability to resist by claiming that the *woman* was not his *mother*. The influence of the illness was still regarded as the main cause of the homicide, even decades later.

I know that it was my fault. It was my fault because I didn't take the medicine, which is the biggest mistake in this illness. (Dávid)

Dávid pointed out that by failing to take his medication he was responsible for letting schizophrenia take control of him and for committing the homicide. He seemed to suggest a balance between maintaining a normal self-image that is not homicidal while still being responsible for the homicide – or, more precisely, for controlling the 'murderer illness'.

The interviewees inferred that the homicide had been committed while experiencing a distorted sense of reality. At the time of the interview, this reality was explained as a false or non-egosyntonic reality. The participants' thoughts, motivations and feelings were no longer understandable to them. Importantly, at the time of the interviews the participants had not experienced psychosis for at least two years. They explained psychosis as something that took total control over their actions and thoughts. Although the manner of this influence varied across the interviews, the sense of being a victim of the illness was a common experience.

3.2   Homicide and self

Our interviewees described their crime as an unintentional act, and even several years after the homicide they either denied their connection with the crime or struggled to interpret and integrate it. The multiple interpretations of the homicide created constant tension within the concept of the self, making it a struggle to create a stable sense of self. This was manifested in alienation and a sense of guilt, grief and loss.

3.2.1   Homicide as alien to the self

Most of our interviewees tended to consider their crime as incompatible with their self. Ádám, for example, appeared to be unaware of his crime 'What did I do? I still cannot imagine.' Even those who were able to speak about their crime found it difficult.

Well, I would rather not mention it, because you wouldn't believe it. You wouldn't believe that I did such a thing, which... happened (Ferenc)

Ferenc refused to speak about the homicide, because he considered it incompatible with his self. By repeating the phrase 'you wouldn't believe' he involved the interviewer in his struggle to integrate the homicide. He thought that the interviewer, who was meeting him for the first time, would find it impossible to believe he had committed such a crime. This specific and dynamic relationship with his crime is manifested in the transition from the verb 'I did' to 'happened' by the end of the sentence. The experience of the fragmented self is derived not from an egosyntonic act but from an event to which the person was subject.

3.2.2 Stupid mistake

I made a huge stupid mistake which… I still can't understand in my normal senses what this whole thing was. I would rather not talk about it at all. (Dávid)

Dávid appeared to struggle to integrate the homicide into his self. This explains why he presented two interpretations of the crime: firstly, he considered it to be a 'stupid mistake' that was his fault. He emphasised how, at the time of the interview, he was able to reflect on his act: he could not yet understand 'what this whole thing was'.

3.2.3 Tragedy

Some of our interviewees regarded themselves as victims of events. They described the crime and its consequences as a 'rupture' or 'tear' in their lives. Ferenc stated that 'It was an accident, a tragedy for me', which inevitably led to the loss of family relationships, freedom, and a healthy self-image.

I didn't even understand what I'd done, only when I got to the [forensic psychiatric] institution and they gave me the first pills. I came round and 'Oh my God, you have killed your mother'. That came to my mind at first. And I condemned myself, but I still pray for her every night. (János)

In this quotation, János indicated his shock at realising what he had done. After taking the medicine, his point of view changed. Previously, he had trusted the coercive voices in his head, perceiving his mother as a stranger who had to be killed, but this belief changed radically once he was in the hospital. Even the subject of his sentence changed: the first-person description becomes a second-person exclamation: 'Oh my God, you have killed your mother.' This appears as a complete turnaround in an inner conversation, a switch from seeing himself as someone who committed a righteous act justified by the voices to finding himself the murderer of his own mother.

Unfortunately, I did that, but I shouldn't have done that. By the way, it was a homicide. Unfortunately, I deeply regret it and I will regret it till the end of my life. (Dániel)

The conflict between regretting the homicide and acknowledging responsibility for the homicide was palpable even eighteen years after the event. Dániel placed particular emphasis on expressing his regret and sorrow, attempting to distance himself from the homicide by using a formal phrase with no indication of agency: 'by the way, it was a homicide.'

Even when schizophrenic patients who have committed homicide struggle to make sense of the homicide, it has a strong impact on their self-concept. Homicide committed in a state of psychosis appears to be an act that cannot be fully integrated into the individual's sense of self. It seems to create a fissure in the unity of the self. Although this fissure in the sense of self is not a new phenomenon in schizophrenia, homicide committed in a state of psychosis appears to amplify the threat represented by the delusional self. Homicide and its consequences force an awareness that cannot be made sense of in the context of standard, intersubjective reality. It creates an alienated, incomprehensible element in the individual's sense of self. While it contributes to self-defence against the weight of grief and responsibility, the patient in recovery is in a continuous dynamic relationship with this part of the self.

3.3   Control as a basis for self-evaluation

Some of our interviewees described their state of mind when the homicide took place as being under the influence of another force, a state in which their act was righteous and logical. Their interpretation of the homicide subsequently changed, and it was considered to be the result of a loss of self-control in the context of the psychotic reality. Losing control and committing homicide had a powerful, multifaceted impact on our interviewees, regardless of the level of responsibility they acknowledged in their interviews. This impact on their sense of self and the relationship to the self was a central motif. Control had become a central aspect of self-evaluation for all the interviewees.

I know how to control myself, what is good and what is not good. And like this I don't commit any crime. (János)

Being aware of himself and his illness and maintaining control over them were essential elements in his self-evaluation, which provided him with a sense of agency. Being a criminal and committing a crime appeared as a constant threat, while taking firm control of the self was of key importance.

I don't think I would go nuts because of the same things as back then. And anyway, to do such things I would need to get in a very very deep depression, so… I don't want to be in depression, and I don't think I will be (…). If somehow I will be and I will hurt someone, then I will rather wait one or two hours. (Dániel)

Dániel claimed that his depression – or, more precisely, his inability to acknowledge and handle his 'depression' in its early stages – played an important role in terms of committing his crime. He explained how he had gained awareness of his illness, which prevented him from losing control.

Self-control, in the form of taking medication, was mentioned in Dávid's interview:

The medication is the most important thing, that it is well regulated. (...) I am active in many senses, mental and physical, and I don't let myself go. That is the worst, when one lets oneself go. (Dávid)

Dávid emphasised the role of medication in staying well balanced and in control. He praised himself for his activity and his self-care. Experiencing his ability to be in control over these aspects of his life was essential.

Maintaining control over their habits and emotions is fundamental to their sense of self in offenders with schizophrenia and schizoaffective disorders. As recovery takes place in standard reality, the act of homicide cannot be wholly understood. Patients are forced to alienate themselves from the homicide and its consequences. Alienation is difficult, however, given the embodied experience of the psychosis, with its altered thoughts and feelings. The threat of the illness is considered to be intrapersonal: a part of them is constantly threatening outburst and violence. Constant control over their thoughts, emotions and mental state, and seeing themselves as having a part that is dangerous and permanently threatening violence, is important if the patients are to gain a sense of competence, confidence and self-trust.

4. Discussion

4.1 Summary of the findings

In our research, we explored how patients diagnosed with schizophrenic spectrum disorder experience and make sense of homicide. Our findings can be grouped according to three themes. First and foremost, the homicide was not a personal decision: the patients reported being commanded by an irresistible power. Secondly, all our interviewees struggled to integrate the homicide into their identity. They were found to distance themselves from the crime or to hold parallel interpretations of the homicide. Thirdly, self-control was central to their self-evaluation.

4.2 Identity recovery among homicidal people diagnosed with schizophrenia

The fissure between delusional and standard reality – that is, between the delusional and non-delusional self – seems to be a fundamental conflict for schizophrenic patients who have committed homicide. For healthy people recovering from committing homicide, integrating the crime and acknowledging it as an 'I did' act is of key importance in maintaining the continuity of the self, regaining autonomy, accepting the consequences of the homicide (35,17,37), and reducing the possibility of recidivism and more mental problems (75). In our study, the 'I did' narrative and agency did not occur in some cases, as participants were aiming to distance themselves from the delusional self that had committed the homicide. Link and Stueve (76) found that patients experiencing psychotic episodes explained their violence as a reaction to 'outside powers' and influences, which in our study was only part of the truth. Homicide committed in the context of delusional reality appeared to be difficult to make sense of later on, despite its significant impact on the perpetrators' lives in standard, intersubjective reality.

Psychotic experiences are extremely difficult to make sense of, as they occur in the context of an altered state of mind, or delusional reality (58), and are experienced as alien or disjoint from the intersubjective sense of self (57). Decades after the homicide, those who have been able to find an explanation for and meaning in their psychotic episodes seem to recover more successfully (78).

We found that our participants struggled to integrate the fact of homicide into their personal self. Distancing themselves from the crime, or having several co-existing interpretations of the homicide, appear to be strategies for finding meaning and defending the self from identification as an offender. Maintaining control over the illness has been shown to be important to patients, as it allows them to regain some of their autonomy and function at a higher level (80,81).

For our participants, regarding themselves as mentally ill and considering their illness as at least partly to blame for the homicide appeared as a possible means of self-defence. However, even decades after the homicide, the topic of the offence was narrated with self-alienation or extreme regret. We found that an identity as mentally ill was established prior to the establishment of a homicidal identity. This may make it easier to maintain a sense of the self as innocent, and to make sense of both the crime and the experience of schizophrenia, although at the same time it perpetuates difficulties in interpreting the homicide and accepting its consequences, such as loss of social relationships, long-term care and stigmatisation (17,37), which put the patient at risk of depression, PTSD, and recidivism (75).

According to our findings, the delusional self appears to be experienced as a threat to the recovering self, and as a violent and aggressive being who is able to commit homicide. This violent self is, however, a part of the patient and has victimised them as well. Constant vigilance over mental illness and distrust of the self was observed in the interviews, which elevated the importance and centrality of self-control in self-evaluation. It suggested that some responsibility had been taken, even if it was verbalised differently. Constant control infers a constant sense of threat and hostility within the participants' self-concept. Constant vigilance and control, however, threaten psychological exhaustion, loss of control, and a fixation on the sense of intrapersonal distrust.

4.3. Limitations

The interviews were carried out by researchers from the (blinded) university with the help of the director of the psychiatric home, (blinded). The director helped to select the interviewees and guided them to the interview. The director's knowledge of the institutional context and the residents had both advantages (a profound knowledge of the lives and backgrounds of the residents, contextual knowledge of the staff and the background of the psychiatric home) and disadvantages (the distorting influence of pre-existing knowledge). Power differences between the interviewees and interviewers may have affected the interviewees' accounts, as the service users may have wanted to meet the interviewer's requirements. The socioeconomic gap between the interviewees and interviewers may also have hindered deep understanding. Some of the participants' narratives appeared fragmentary, which may have been due to cognitive impairments, the effects of long-term care, the schizophrenia itself, and the side-effects of

medication. There were also barriers in terms of understanding and interpreting the narratives. Given the sensitivity of the topic, the interviewers had to be careful to respect the patients' boundaries and allow them to share only as much as they intended. Because of the strict rules in the institution and difficulties obtaining access, only one interview could be conducted with each interviewee. Given the small size of the available sample of homicidal people diagnosed with schizophrenia, only six interviews could be conducted. However, the number of patients and the depth of the interviews proved to be sufficient for exploratory research.

In the present study, we focused on how the participants made sense of the act of homicide and the nature of the intrapsychological processes. For this reason, and to maintain clarity, we were obliged to restrict our findings section and have not presented those parts that referred to the consequences of family relationships. A discussion of these consequences would require a separate article, as social support is essential for successful recovery and the successful integration of various realities and selves. In most cases, the victim of psychotic homicide is a family member, which has severe impacts on family relationships. The consequences of committing homicide, which include loss of social contacts, complicated grief after murdering a relative, and stigmatisation, result in extreme stress and threat to the self (58). Healthcare workers also tend to fear and stigmatise patients who have committed homicide, resulting in avoidance and a lack of therapeutic opportunities (57).

Our research involved interviews with six patients, from which we were able to obtain a complex picture. However, a longitudinal interview study might contribute to an understanding of the process that the patients go through following the homicide. Our ethical permission and difficulties in accessing this population, followed by the restrictions imposed during the COVID-19 pandemic, imposed limitations on our research. We believe that the detailed information and first-person accounts provide a basis for further research on criminals with schizophrenia and offer help to practitioners in understanding and focusing on meaning making, sense of control, and sense of self among offenders diagnosed with schizophrenia.

4.4. Conclusion and implications

Homicidal people with schizophrenia struggle to accept the unacceptable and integrate their act into their concept of the self. They experience homicide as a tragedy in their lives and as a rupture in their psyche. They seem to experience extreme guilt and anxiety when confronting their homicide. Our interviewees, who were homicidal patients diagnosed with schizophrenia and schizoaffective disorder, seemed to struggle to make sense of being mentally ill and homicidal. Our results demonstrated how the concept of responsibility emerged in connection with maintaining control over psychosis. Our interviewees presented many interpretations of the same experience, which apparently confirms the instability of the self and self-mistrust. This may be an indication of improved mental health, since the individual now accepts that they may not be experiencing intersubjective reality and cannot trust their delusional selves. Mental illness is a constant threat over which they have to maintain control, and this becomes the core of their self-evaluation. Acknowledging the difficulties in recovery among offenders with schizophrenia, reconstructing the concept of the self and the meaning of and relationship with mental illness and homicide constitute the main therapeutic focus and the focus of future research. However, this would still not ensure full recovery: the patients would remain under

legal guardianship and in a psychiatric home, although the psychological impacts of homicide and mental illness would be alleviated.

As the victim of psychotic homicide tends to be a family member, helping patients to process their complicated grief and raising their awareness of the homicide and of mental illness may help them to regain a sense of agency and autonomy and prevent recidivism. The development of self-control could be supported by identifying appropriate psychological and social resources and by providing vocational opportunities.

According to our participants, they did not receive therapy focusing on processing the homicide and losing their families either in the forensic psychiatric institution or in the permanent care home. Instead, they were advised to 'look forward' and 'start a new life'.

Helping healthcare workers to overcome their fear of patients who have committed homicide might provide opportunities for the patients to process the trauma of the homicide and acknowledge its consequences (82). Exploring the experiences of professionals who treat homicidal people may provide important information that will contribute to overcoming fears and therapeutic difficulties.

5. References

1 Meynen G. A neurolaw perspective on psychiatric assessments of criminal responsibility: decision-making, mental disorder, and the brain. Int J Law Psychiatry. 2013;36(2):93–99.

2 Grossi LM, Green D. An international perspective on criminal responsibility and mental illness. Pract Innov. 2017;2(1):2–12.

3 Hungarian Criminal Code, Act C of 2012 https://njt.hu/translation/J2012T0100P_20220401_FIN.pdf

4 Mandarelli G, Carabellese F, Felthous AR, Parmigiani G, Del Casale A, Catanesi R, Montablo D, Ferracuti, S. The factors associated with forensic psychiatrists' decisions in criminal responsibility and social dangerousness evaluations. Int J Law Psychiatry. 2019;66:101503.

5. Brennan PA, Mednick SA, Hodgins S. Major mental disorders and criminal violence in a Danish birth cohort. Arch Gen Psychiatry. 2000;57(5):494–500. doi: 10.1001/archpsyc.57.5.494

6. Minero VA, Barker E, Bedford R. Method of homicide and severe mental illness: a systematic review. Aggress Violent Behav. 2017;37:52–62.

7. Whiting D, Gulati G, Geddes JR, Fazel S. Association of schizophrenia spectrum disorders and violence perpetration in adults and adolescents from 15 countries: a systematic review and meta-analysis. JAMA Psychiatry. 2022;79(2):120–132. doi:10.1001/jamapsychiatry.2021.3721

8. American Psychiatric Association. Diagnostic and statistical manual of mental disorders. 5th ed (DSM-5). Washington, DC: American Psychiatric Association Publishing; 2013.

9. Van Dorn R, Volavka J, Johnson N. Mental disorder and violence: is there a relationship beyond substance use? Soc Psychiatry Psychiatr Epidemiol. 2012;47(3):487–503. doi: 10.1007/s00127-011-0356-x.

10. Varshney M, Mahapatra A, Krishnan V, Gupta R, Deb KS. Violence and mental illness: what is the true story? J Epidemiol Community Health. 2016;70(3):223–225. doi: 10.1136/jech-2015-205546

11. Fazel S, Langstrom N, Hjern A, Grann M, Lichtenstein P. Schizophrenia, substance abuse, and violent crime. JAMA. 2009;301(19):2016–2023. doi: 10.1001/jama.2009.675

12. Volavka J, Citrome L. Pathways to aggression in schizophrenia affect results of treatment. Schizophr Bull. 2011;37(5):921–929.

13. Carabellese F, Mandarelli G, Felthous AR, Catanesi R. Forensic psychiatric evaluation of 187 homicidal assailants with and without a schizophrenia spectrum disorder: clinical, criminological and behavioral characteristics. Behav Sci Law. 2021;39(2):190–204.

14. Walsh E, Buchanan A, Fahy T. Violence and schizophrenia: examining the evidence. BJPsych. 2002;180(6):490–495.

15. Hachtel H, Nixon M, Bennett D, Mullen P, Ogloff J. Motives, offending behavior, and gender differences in murder perpetrators with or without psychosis. J Interpers Violence. 2021;36(7–8):3168–3190.

16. Bjørkly S. Psychotic symptoms and violence toward others – a literature review of some preliminary findings: Part 1. Delusions. Aggress Violent Behav. 2002;7(6):617–631. doi: 10.1016/S1359-1789(01)00049-0

17. Ferrito M, Vetere A, Adshead G, Moore E. Life after homicide: accounts of recovery and redemption of offender patients in a high security hospital – a qualitative study. J Forens Psychiatry Psychol. 2012;23(3):327–344. doi: 10.1080/14789949.2012.668211

18. American Psychiatric Association. Diagnostic and statistical manual of mental disorders. 3rd ed (DSM-III). Washington, DC: American Psychiatric Association; 1980.

19. American Psychiatric Association. Diagnostic and statistical manual of mental disorders. 4th ed (DSM-IV). Washington, DC: American Psychiatric Association; 1994.

20. Best DW, Lubman DI. The recovery paradigm: a model of hope and change for alcohol and drug addiction. Aust Fam Physician. 2012;41(8):593–597.

21. van Weeghel J, van Zelst C, Boertien D, Hasson-Ohayon I. Conceptualizations, assessments, and implications of personal recovery in mental illness: a scoping review of systematic reviews and meta-analyses. Psychiatr Rehabil J. 2019;42(2):169.

22. Yanos PT, DeLuca JS, Roe D, Lysaker PH. The impact of illness identity on recovery from severe mental illness: a review of the evidence. Psychiatry Res. 2020;288:112950.

23. Ridings LE, Anton MT, Winkelmann J, Davidson TM, Wray L, Streck CJ, Ruggiero KJ. Trauma resilience and recovery program: addressing mental health in pediatric trauma centers. J Pediatr Psychol. 2019;44(9):1046–1056.

24. Gergel T, Iacoponi E. Psychosis and identity: alteration or loss?. J Eval Clin Pract. 2017;23(5):1029–1037.

25. Ayres J, Fegan T, Noak J. The recovery orientation of patients and staff in a high secure hospital. Ment Health Pract. 2014;17(7):20–4.

26. Ayres J, Fegan T, Noak J. Measuring recovery orientation in a forensic high-secure hospital. Br J Ment Health Nurs. 2015; 4(1):26–30.

27. Chandley M, Rouski M. Recovery, turning points and forensics: views from the ward in an English high secure facility. Ment Health Soc Incl. 2014;18(2):83–91.

28. Drennan G, Aldred D. Secure recovery: approaches to recovery in secure mental health settings. London: Routledge; 2012.

29. Hayward S, Ayres J. A service evaluation of recovery support from the patient's perspective. Br J Wellbeing. 2011;2(5):26–31.

30. Livingston J, Nijdam-Jones A, Brink J. A tale of two cultures: examining patient-centred care in a forensic mental health hospital. J Forens Psychiatry Psychol. 2012;23:345–360.

31. Simpson A, Penney S. The recovery paradigm in forensic mental health services. Crim Behav Ment Health. 2011;21(5):299–306.

32. Simpson AI, Penney SR. Recovery and forensic care: Recent advances and future directions. Crim Behav Ment Health. 2018;28(5):383–389.

33. McKeown M, Jones F, Foy P, Wright K, Paxton T, Blackmon M. Looking back, looking forward: recovery journeys in a high secure hospital. Int J Ment Health Nurs. 2016;25(3):234–242.

34. Adshead G, Brown C, Skoe EE, Glover J, Nicholson S. Studying moral reasoning in forensic psychiatric patients. In Widdershoven G, McMillan J, Hope T, van der Scheer L, editors. Empirical ethics in psychiatry. New York: Oxford University Press; 2008. p. 211–230.

35. Adshead G, Ferrito M, Bose S. Recovery after homicide: narrative shifts in therapy with homicide perpetrators. Crim Justice Behav. 2015;42(1):70–81.

36. Drennan G, Alred D. Recovery in forensic mental health settings: from alienation to integration. In Drennan G, Alred D, editors. Secure recovery: approaches to recovery in forensic mental health settings. London: Routledge; 2012. p. 1–23.

37. Ferrito M, Needs A, Jingree T, Pearson D. Making sense of the dark: a study on the identity of men who committed homicide. J Forensic Psychol Res Pract. 2020;20(2):163–184.

38. Adshead G. Safety in numbers: group therapy-based index offence work in secure psychiatric care. Psychoanal Psychother. 2014;29(3):295–310.

39. Shepherd A, Doyle M, Sanders C, Shaw J. Personal recovery within forensic settings: systematic review and meta-synthesis of qualitative studies. Crim Behav Ment Health. 2015;26(1):59–75.

40. Aresti A, Eatough V, Brooks-Gordon B. Doing time after time: an interpretative phenomenological analysis of reformed ex-prisoners' experiences of self-change, identity and career opportunities. Psychol Crime Law. 2010;16(3):169–190.

41. Maruna S. Making good: how ex-convicts reform and rebuild their lives. Washington, DC: American Psychological Association; 2001.

42. Ward T, Marshall B. Narrative identity and offender rehabilitation. Int J Offender Ther Comp Criminol. 2007;5:279–297.

43. Cox M. Group psychotherapy in a secure setting. Proc R Soc Med. 1976;69:215–220.

44. Aga N, Laenen FV, Vandevelde S, Vermeersch E, Vanderplasschen, W. Recovery of offenders formerly labeled as not criminally responsible: uncovering the ambiguity from first-person narratives. Int J Offender Ther Comp Criminol. 2019;63(6):919–939.

45. Kelly M, Gamble C. Exploring the concept of recovery in schizophrenia. J Psychiatr Ment Health Nurs. 2005;12(2):245–251.

46. Jääskeläinen E et al. A systematic review and meta-analysis of recovery in schizophrenia. Schizophr Bull. 2013;39(6):1296–1306.

47. Færden A, Ragnar N, Marder SR. Definitions of the term 'recovered' in schizophrenia and other disorders. Psychopathol. 2008;41(5):271–278.

48. Liberman RP, Kopelowicz A. Recovery from schizophrenia: a concept in search of research. Psychiatr Serv. 2005;56(6):735–742.

49. Warner R. Recovery from schizophrenia: psychiatry and political economy. London: Routledge; 2013.

50. Warner R. Recovery from schizophrenia and the recovery model. Curr Opin Psychiatry. 2009;22(4):374–380.

51 Ciompi L. Catamnestic long-term study on the course of life and aging of schizophrenics. Schizophr Bull. 1980;6(4):606–618.

52. Huber G, Gross G, Schüttler R. A long-term follow-up study of schizophrenia: psychiatric course of illness and prognosis. Acta Psychiatr Scand. 1975;52(1):49–57.

53. Ogawa K et al. A long-term follow-up study of schizophrenia in Japan – with special reference to the course of social adjustment. Br J Psychiatry. 1987;151(6):758–765.

54. Clinton M, Lunney P, Edwards H, Weir D, Barr J. Perceived social support and community adaptation in schizophrenia. J Adv Nurs. 1998;27(5):955–965.

55. Loebel AD et al. Duration of psychosis and outcome in first-episode schizophrenia. Am J Psychiatry. 1992;149(9):1183–1188.

56. Harrison G et al. Recovery from psychotic illness: a 15- and 25-year international follow-up study. B J Psychiatry. 2001;178(6):506–517.

57. Cowan HR, Mittal VA, McAdams DP. Narrative identity in the psychosis spectrum: a systematic review and developmental model. Clin Psychol Rev. 2021;88:102067.

58. Feyaerts J, Kusters W, Van Duppen Z, Vanheule S, Myin-Germeys I, Sass L. Uncovering the realities of delusional experience in schizophrenia: a qualitative phenomenological study in Belgium. Lancet Psychiatry. 2021;8(9):784–796.

59. Parnas J, Urfer-Parnas A, Stephensen H. Double bookkeeping and schizophrenia spectrum: divided unified phenomenal consciousness. Eur Arch Psychiatry Clin Neurosci. 2021;271(8):1513–1523.

60. Jaspers K. General psychopathology. 7th ed. Chicago: University of Chicago Press; 1997.

61. Schreber DP. Memoirs of my nervous illness. New York Review Books Classics; 2000.

62. Humpston CS, Broome MR. Thinking, believing, and hallucinating self in schizophrenia. Lancet Psychiatry. 2020;7(7):638–646.

63. Leptourgos P, Corlett PR. Embodied predictions, agency, and psychosis. Front Big Data. 2020;3:27.

64. Shaw RJ, Geurse MK, Steiner H. Defence mechanisms in schizophrenia. Personal Ment Health. 2008;2(4):240–248.

65. Pietkiewicz IJ, Kłosińska U, Tomalski R. Delusions of possession and religious coping in schizophrenia: a qualitative study of four cases. Front Psychol. 2021;12:842.

66. Zandersen M, Parnas J. Identity disturbance, feelings of emptiness, and the boundaries of the schizophrenia spectrum. Schizophr Bull. 2019;45(1):106–113.

67. Laing R. The divided self: an existential study in sanity and madness. Harmondsworth: Penguin; 2010.

68. Raffard S, D'Argembeau A, Lardi C, Bayard S, Boulenger JP, Van der Linden M. Narrative identity in schizophrenia. Conscious Cogn. 2010;19(1):328–340.

69. Raffard S, D'Argembeau A, Lardi C, Bayard S, Boulenger JP, Van der Linden M. Exploring self-defining memories in schizophrenia. Mem. 2009;17(1):26–38.

70. Waite F, Knight MTD, Lee D. Self-compassion and self-criticism in recovery in psychosis: an interpretative phenomenological analysis study. J Clin Psychol. 2015;71(12):1201–1217.

71. Galbusera L, Fellin L, Fuchs T. Towards the recovery of a sense of self: an interpretative phenomenological analysis of patients' experience of body-oriented psychotherapy for schizophrenia. Psychother Res. 2019;29(2):234–250.

72. Larkin M, Watts S, Clifton E. Giving voice and making sense in interpretative phenomenological analysis. Qual Res Psychol. 2006;3(2):102–120.

73. Smith JA, Flowers P, Larkin M. Interpretative phenomenological analysis: theory, method and research. London: Sage; 2022.

74. Smith JA, Osborn M. Interpretative phenomenological analysis. In: Smith JA, editor. Qualitative psychology: a practical guide to methods. 2nd ed. London: Sage; 2008.

75. Krona H, Nyman M, Andreasson H, Vicencio N, Anckarsäter H, Wallinius M, Nilsson T, Hofvander B. Mentally disordered offenders in Sweden: differentiating recidivists from non-recidivists in a 10-year follow-up study. Nord J Psychiatry. 2017;71(2):102–109.

76. Link BG, Stueve A. Psychotic symptoms and the violent/illegal behavior of mental patients compared to community controls. In Monahan J, Steadman HJ, editors. Violence and mental disorder: developments in risk assessment. The John D and Catherine T MacArthur Foundation series on mental health and development. Chicago: University of Chicago Press; 1994. p. 137–159.

77. Ben-David S, Kealy D, Hanson J, Ortiz R. Perspectives on personal identity in the early stages of psychosis: a survey of Canadian clinicians. Early Interv Psychiatry. 2021;15(4):1038–1043.

78. Bergström T, Seikkula J, Holma J, Mäki P, Köngäs-Saviaro P, Alakare B. How do people talk decades later about their crisis that we call psychosis? A qualitative study of the personal meaning-making process. Psychosis. 2019;11(2):105–115.

79. Engelstad K, Rund BR, Torgalsboen AK, Vaskinn A. Social cognition in homicide offenders with schizophrenia. Schizophr Bull. 2018;44(1):253.

80. Warmer R, Taylor D, Powers M. Acceptance of the mental illness label by psychotic patients: effects on functioning. Am J Orthopsychiatry. 1989;59(3):398–409.

81. Pejlert A, Asplund K, Norberg A. Stories about living in a hospital ward as narrated by schizophrenic patients. J Psychiatr Ment Health Nurs. 1995;2(5):269–277.

82. Noll T, Borchard B, Rosseger A, Endrass J, Habermeyer E, Gonçalves LC. Professionals' attitudes towards the importance of core principles for the mental health treatment of offenders in correctional facilities. Prison J. 2020;100(5):603–616.

3. Discussion of the four studies and the concept of self

3.1. General introduction

The theoretical framework of this dissertation is the examination of 'self' concepts in different qualitative psychological methods. Investigating the concept and role of self in psychological experience aid in establishing methodological rigor, epistemological awareness, and implications and help in the proper interpretation and comparison of scientific findings.

3.2. Summary of main findings, self in qualitative research

One of the four articles presented in the second part of the dissertation investigated the epistemological congruency of qualitative studies, and three of them were using various qualitative methods and examined different psychological fields. As the researchers' contributions to their specific scientific field are already discussed in the articles, in this general discussion the epistemological considerations and the concept of self are of priority.

3.2.1. First study

In our first study, Mapping qualitative research in psychology across five Central-Eastern European countries: Contemporary trends: a paradigm analysis (Kovács et al, 2019) we were aiming to analyze the state of Central-Eastern European qualitative research. For this reason, we designed a complex research consisting of three sub-research: a deductive content analysis examining the epistemological considerations of the analyzed studies, a content analysis investigating the used qualitative methods, and another content analysis examining the fields of the studies.

In this research, we used Petty, Thompson & Stew's (2012) table on the differences between quantitative and qualitative studies to shed light on the paradigmatic congruency of qualitative psychological research in a specific geographic region.

In our study we found that the qualitative paradigm (or constructivist/interpretivist paradigm as we named it in this study for simplicity reasons) is dominant in the analyzed qualitative studies of the Central Eastern region, only a few studies could be regarded as following the quantitative (positivist) epistemology. Epistemological eclecticism or mixed epistemological articles were found dominantly, as 22 articles from the 35 were found to use concepts, phrases, or logic of both paradigms.

The most striking difference between the quantitative and qualitative works appeared to be in the question of subjectivity. While studies of postpositivist epistemology presuppose that the existing psychological concept is objectively existing, the constructivist/interpretivist paradigm suggests that psychological concept or experience is only understandable through its connection and interaction with the 'self'. 'Self' is the one who is affected by, adapting to, or creating an experience.

Paradigmatic confusion is a problematic phenomenon. Qualitative studies might use various paradigms unless they are clear and explicit about the epistemology they work with and why (Osbeck, 2014). Without such clarity and rigor, it is difficult to properly interpret and utilize the findings of any research (Grzanka & Moradi, 2021). Only a few articles of our study mentioned the specific names of qualitative methods or introduced the steps of the analysis. This lack of information is hindering the transparency of the research and also the understanding of the nature of knowledge gained by the study (Ponterotto, 2010).

We explained the epistemological and methodological inconsequence by reflecting on the unique history of psychology and qualitative research in the post-Soviet region, and the lack of rigorous education on qualitative research methodologies. This interesting phenomenon is claimed to be rooted in the question of dominance in the scientific paradigm (Guba & Lincoln, 1994).

In psychology positivistic paradigm is dominant (Teo, 2018). Natural scientific, positivist paradigm is widely accepted and used in psychological research, making studies of different epistemology at risk of rejection, criticism, and misunderstanding.[13] In our study we concluded that the quality of the education and awareness of the methodology and epistemology is to be improved in this region to execute transparent and trustworthy qualitative studies.

In this study, we investigated which of the two epistemologies are present in qualitative research. The epistemological perspectives are reflecting on how the researcher considers human experience, and what is in the focus of the research. Postpositivist researchers consider

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[13] The epistemological stance referred to as positivist by psychologist researchers, however lacks the complexity of natural scientific positivism, and is closer to the dominant psychological research paradigm, which is naive realism (Michell, 2003). The difference between positivism and naive realism is summarized by Teo as *psychologists do not provide scientific explanations, but rather theory-dependent interpretations. (Teo, 2018, p 103). But* as in the articles of the dissertation 'postpositivism' is used, I am keeping this wording to avoid misunderstanding.

psychological experience as universal. The focus is on the quality of the experience, which can be categorized and theorized. Interpretivist researchers state that the experience is interpreted through a personal, subjective meaning-making process which is why it always has to be understood for proper understanding.

In our conclusion, we discussed that standardization of qualitative methods might be supported and help in creating knowledge which then is easier to compare, but it would also lead to limited knowledge (Symon et al., 2018). As most of the qualitative articles we examined appeared to be using different epistemologies simultaneously, we concluded that qualitative studies might be encouraged to use various epistemologies simultaneously, but should be reflexive about it and make it explicit.

In the second, third, and fourth studies of the second part of the dissertation, three studies were carried out with different qualitative methods. In these studies, we used different methods, however in all of our studies we from plural epistemological stances to create more detailed and life-based knowledge.

3.2.2. Second study – Thematic Analysis

In our second study, Discovering the "I" in the "Thou" the Psychological Effects of Psychobiographical Research on the Personality of the Researcher (Kőváry & Kovács, 2021) we examined graduated psychologists who participated in a psychobiographic course and carried out psychobiographic research during their studies. For data collection, a written, structured interview was designed with ten questions on the effects of the course on the professional identity of students.

Qualitative studies with positivistic epistemology help in theory building, both inductively and deductively (Gehman et al, 2018). In our case, the inductive thematic analysis with positivist epistemology appeared to be the most appropriate to reach our goal. We aimed to find those skills which are rising from the psychobiographic work. We did it so, as to understand what psychobiography courses add to psychology education, and what specific skills and competencies appear or get developed during the psychobiography research. For this reason, we assumed that the effects of our interviewees' report can be understood without a deep analysis of the personal perspective and a specific 'self' concept.

Because of its postpositivist nature, the postpositivist thematic analysis focuses on the content of personal accounts, rather than on the unity of content and the self, i.e.: the personal relevance (Park, Konge & Artino, 2020). An explicit and congruent concept of 'self' is not important in this case. Thematic Analysis with postpositivistic epistemology is considering thoughts and emotions as being universal, objectively meaningful, and able to be understood without examining their subjective quality. For this epistemological reason, postpositivistic thematic analysis is appropriate to compare to existing psychological models, or psychological concepts (Berkovich, 2018), and to form new psychological models on competence creation.

However, gaining new skills is not the sole effect of psychobiography research. We also carried out a second, interpretivist data analysis to explore its personal effects. In the interpretivist one psychodynamic and existential effects, which are focusing on intrapersonal experiences and subjective meaning.

Thanks to the duality of this perspective, we represented not only the technical effect of psychobiography research but also emphasized the subjective, personal experience of it. Thus we regarded the self as simultaneously living in the world of objective meanings and the subjective world of personal relevance and meanings.

3.2.3. Third study – Narrative Analysis

In our third study, Rehabilitation from Addiction and Chronic Illnesses: a Comparative Analysis of the Narratives of Hungarian Patients (Kovács, Mezőfi & Rácz, 2019), we carried out a narrative analysis to compare the narratives of people recovering from addiction and chronic illness.

Following the narrative psychologist theory (McAdams, 2008) we conceptualized the self as an agent who gets manifested in a form of a story. The narrative elements of the story are rooted in the culturally and socially available narrative elements. In this theory, the way a person narrates an experience shows the structure of the self: the self is the story we are telling. It consists of three types of patterns: the progressive graph, the regressive graph, and the stable graph (Gergen & Gergen, 1988). A raising sense of control, responsibility, and agency is marked with the progressive graph while decreasing sense of them was marked with the regressive graph. Stagnation, when no changes were reported was signed with a stable graph. In this regard 'self' refers to rather the quality of the relationship or attitude to one's own experience or life.

The story in our case regarded the experience with a chronic illness or addiction. As addiction and chronic illness are claimed to have many shared features, we were curious if there were similarities in the narrative structure of the stories our participants tell. In this analysis, we assumed that in the narrative structure of our participants, their awareness can be captured (Hännien & Koski-Jännes, 1999; Strobbe & Kurtz, 2012).

We found that the narrative of patients with addiction is more uniform: when the addiction starts, life is depicted as descending toward rock bottom. After reaching the lowest point, they reported regaining control and awareness over the addiction. In the interviews of people diagnosed with chronic illness such awareness and control did not appear. We concluded that helping people with chronic illness to create their narratives on being diagnosed and living with the illness might help in taking responsibility and gaining awareness of their illness, and integrate it into their identity, which might help to accept the effects of the illness, gaining awareness of it.

Narrative psychologists claim that the narrative is taught by the culture and the society from the early stages of life. That is why narrative reconstruction is stated to be a therapeutic goal, or a sign of successful therapy (Madigan, 2011; McAdams & Janis, 2004; Polkinghorne,

2004). The creation of a coherent narrative help patients to make sense of the effect of an experience on their lives, and raise awareness of their agency and responsibility (McAdams, 2008; Stiles et al., 2004). Analyzing the narrative structure provides a universal model for investigating the act of recovery from and coping with various mental and physical illnesses, and crises (Hännien & Koski-Jännes, 1999; Strobbe & Kurtz, 2012). With this universal model, we can compare various samples, and interpret the similarities and differences which might occur between them. The narrative analysis thus might help to understand which factors are hindering and which are facilitating good recovery (Madigan, 2011; Polkinghorne, 2004). Narrative analysis is congruent with the narrative therapeutic process, where the goal of the therapy is to help patients to create a good narrative (Madigan, 2011). Providing good narratives is an effective way of primary and secondary prevention.

In the narrative approach, the personal relevance of an experience is stated to be manifested in the way the person narrates it. The narrative structure and content of the story of participants carry important information about the personal relation, and also function as features that can be compared across cases and samples. In our narrative analysis, we regarded the self as the storyteller and also the story which is told. Then by analyzing the narrative features of the story we drew our conclusions. In narrative analysis, the self is regarded as a storyteller who is creating the story of the identity. A coherent and well-structured identity provides a sense of congruency and continuity. Coherence, continuity, and congruency are important to maintain the agency of the self. In narrative analysis, self-agency is in focus. Self-agency is a belief and trust in one's ability to take action, adapt, and have an effect on new life circumstances. In narrative analysis, the knowledge of the self and the experience is reached through the interpretation of how the experience is narrated.

Besides exploring the narrative structure we carried out another study as well. It was aiming to identify the recovery capital one uses as a source of support and energy during the exhausting process of recovery. This similarly to the inductive thematic analysis was based on the presumption that recovery is rooted in various sources of energy, viz. recovery potentials.

In combination with the narrative structure analysis, in which we regarded narrative coherency, continuity, and agency as indicators of successful recovery we regarded the 'self' simultaneously as living in a world of objective concepts and meanings, and as being created through the act of social interactions, namely narrative.

3.2.4. Fourth study – Interpretative Phenomenological Analysis

In our fourth study, The recovery of homicidal people diagnosed with schizophrenic spectrum disease – an Interpretative Phenomenological Analysis, we investigated how patients diagnosed with schizophrenia make sense of the homicide they have committed several years before. We used IPA as it examines how people perceive themselves and the world around them in various situations (Smith, Larkin & Flowers, 2022). Since we interviewed people with schizophrenia, this sensitivity to the quality of perceptions and meaning-making processes was needed.

In our study, we found that our interviewees have parallelly interpretations towards the murder and their illness. We found, that in different situations and contextual environments, the 'self' is depicted in various ways. In the psychotic experience, the 'self' and meanings are created differently, as if they happened in another reality. Indeed homicide was described as an act that was committed for outer, uncontrollable reasons, such as avoiding abuse, the influence of powers, or the psychosis taking control over them. These explanations and meanings help patients to distance, or protect themselves from the threat of homicide

In our research despite the many years, even decades have passed since the homicide, and the fact that our patients were not in a state of psychosis, still they were found to struggle to make sense of homicide and integrate it into their identity. Parnas, Urfer-Parnas, and Stephensen (2021) used the concept of double bookkeeping for such a phenomenon, which means that there are two different, yet coexistent frameworks of reality. The importance of the tension between the ideal and actual self in the difficulties of creating a coherent meaning over homicide was also discussed.

The interpretative phenomenological analysis is extremely useful when it comes to understanding the personal perspective. Here 'self' might have various meanings. It refers to the 'self' as the agent who is actively making sense of and interpreting its experiences. IPA studies tend to use different forms of 'self' to refer to the various qualities of perceiving and making sense of experiences. For example, Osborne and Smith, one of the creators of IPA examined the experience of low back pain through interviews by making concepts such as 'pain-free self' (Osborn & Smith, 1998, p.70), and 'real self' (p. 72). They also referred to the work of Kelly (1992) and Yoshida (1993), where the problematic contrast between the social

and private self was emphasized. In one of our previous study on patients in long-term psychiatric care (Kiss et al., 2021) we created the concept of 'pre-institutional self' (p. 1984) referring to how the participant imagine or remember the life and self before the institution and 'current institutional self' (p. 1985) which is the self-experience of the recent situation in the psychiatric home.

Different selves in this case refer to different agents of different realities. One person might have more experiences of selves over various experiences. IPA researchers indicate this difference by creating more selves, to make it easier for the researcher and the reader to understand the ongoing struggle of one's self-perception and identification.

It is important to note, that upon interpreting the results we used a narrative psychological framework, namely, concepts of narrative identity, coherence, and continuity, as they appeared to be more effective in enlightening the intrapsychological process of dealing with the consequences of homicide. This gave us a position where we considered the self as actively making sense of their own life, but whose meaning-making process is affected by narrative elements, and narrated in an interview setting.

3.3.   Summary of implications

In this dissertation, different qualitative methods were compared and analyzed through their concepts of 'self'. As we discussed, different qualitative methods have different approaches toward the significance and nature of the 'self'. In this sub-chapter, I am highlighting the implications this dissertation carries. The main findings of this dissertation are the followings:

1. Qualitative research epistemologies are close to the nature of psychotherapy and counseling, and help to understand-in-practice.
2. Using one epistemology in qualitative research helps to provide transparent data which is applicable for further interpretation and comparison
3. Using pluralistic epistemologies in a reflected way helps in critical, multi-layered understanding.
4. Focusing on the nature of self in qualitative methods aid in epistemological and methodological rigor.

Knowledge generated from qualitative research is generally thought to be valuable for therapeutic work, intervention, psychological models, or theory testing (Osbeck, 2014; Madill

& Gough, 2008). Because of its interactive, interview-generated nature, the collected data has more ecological validity than reductive data collecting (Cicourel, 1982). Scholars recommend using qualitative research when little is known about psychological phenomena, or the target population of research (Larkin, Watts & Clifton, 2006).

Maxwell states that qualitative studies are necessary for making implications and generalizations (2021). In his study, he mentions two kinds of generalization models. One is the duality of statistical generalization (mainly used by quantitative researchers) and analytic generalization (dominantly used by qualitative researchers). The first refers to a model testing process, while the second is the building of a psychological theory. The other is a theoretical generalization. Maxwell argues that qualitative methods and results, because of their open, inductive, and experience-based nature are important in making insightful analytic generalizations, which might manifest in the revision of psychological models, theories and concepts (2021).

In this dissertation, the epistemological background of three qualitative psychological methods was introduced and discussed through their concepts of self. This focus proved to be useful as it not only illuminated the experience but also shed light on the person who was experiencing it and their connection to their personal account. In the first part of this dissertation I summarized. the different 'self' concepts in qualitative methods are summarized (page 31, Table 2.).

To make it easier for the qualitative researcher to decide which qualitative methods to be used for what theretical background I suggest two questions. The first question, *Is the psychological experience directly understandable and measurable?* The second is: *What is the self?* Is it a socially constructed meaning making agent or is it a subjective being who is constantly meaning making from the reality from its own and unique perspective? (Figure 1.)

Figure 1. The concept of experience and self in three qualitative research methods
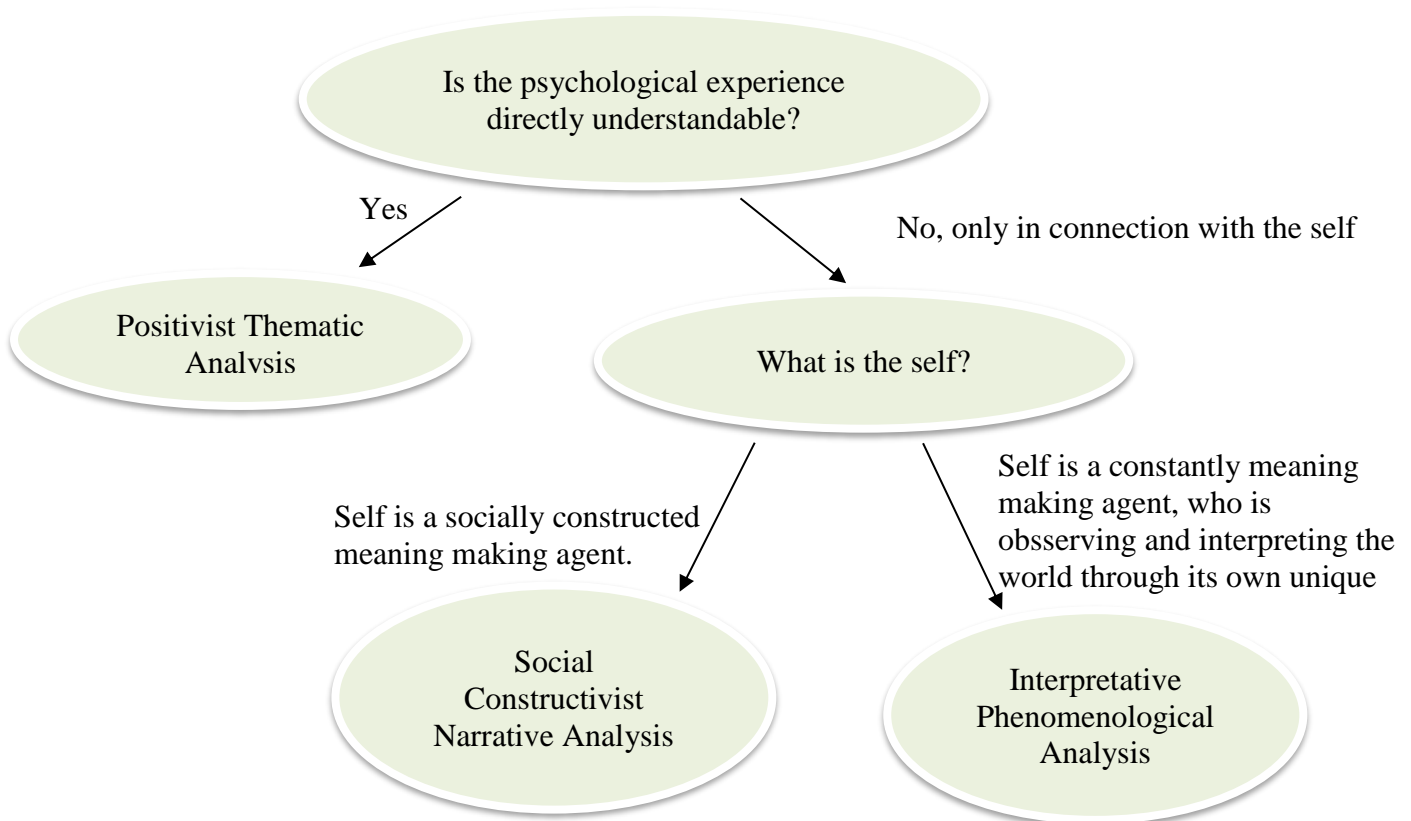
This table might help in decision making, and making the qualitative method usage more strict and transparent. However, it poses a threat of oversimplification. In this dissertation I emphasized the differences of these methods. Given my aim to provide clear differences among the methods, it was necessary to simplify, but it may also be seen as reductive. Studies with only one epistemology is difficult to find.

In our research, we found that incorporating multiple epistemologies in our studies helped us to create more transparent and experiential-based knowledge. For example, to understand what students think to be a result of psychobiography courses, we considered these effects to be both objectively understandable and self-bounded. In our narrative analysis, besides the social constructivist narrative structure analysis we identified recovery capitals, which is a concept coming from the literature rather than from the interviews. In our IPA study

we used both phenomenological and social constructivist approaches to understand the subjective and intersubjective layers of meaning making. The usage of multiple epistemologies prevented us from overlooking the nature of human experience, and objectification of self. In Table 3. the pluralistic epistemologies of our studies are summarized.

Table 3. 'Self' concepts in our studies

	Study 1	Study 2	Study 3	Study 4
Epistemology	comparing postpositivist/ realist and interpretivist/ constructionism	Postpositivist, or naive realism and phenomenologist	Constructivist and postpositivist	Phenomenologist and constructivist
Method	Content Analysis, Paradigm Analysis	Inductive thematic analysis	Narrative analysis	Interpretative Phenomenological Analysis
Experience	Objectively existing or subjective	1. Objectively existing and created through subjective meaning making 2. Personally created through meaning making	1. Subjective. It can be captured through the narrative of the person, 2.Objectively existing	1. Experience has more layers, its relevance and meaning is created by the self. 2. Narrative elements are used upon interpreting the experience
Self	The concept of self depends on which	a. Not relevant. Thoughts and emotions as being universal,	a. Not relevant. Reality and psychological	a. Self is a subjective, yet partially intersubjective

| | epistemological paradigm is used. | objectively meaningful, and able to be understood without examining their subjective quality

&

b. Self as an agent who is actively creating meaning | concepts are objective, people can possess them regardless personal meaning

&

b. Self is creating itself and its relationship with the experience by using narrative elements learned from the society. | being, who is interpreting, and making sense of the happenings, events from its personal perspective.

&

b. IPA studies tend to use different forms of 'self' to refer to the various qualities of perceiving and making sense of experiences

&

c. Narratively created. The characteristics of narrative (coherence and continuity) are reflecting psychological phenomena |

It is important to note that all of the above-mentioned concepts are valid and applicable unless it is congruent with the reviewed literature, and the aim of the study. In this dissertation, I aimed to raise attention to the importance of the concept of 'self' in psychological research.

Awareness of the theory of self of various methods might help in finding the epistemologically congruent literature and implications, and also might help in developing mixed methods (Morse & Cheek, 2015; Morse, 2016), pluralist studies (Shaw et al., 2019), or systematic analysis (Padgett, 2008).

Qualitative research, methods, and epistemologies are also reflecting the social values of the researcher and participants. These studies are not of objective nature, but means of moral education which aim the development of social discourse and society. Various epistemological paradigms help us to examine and to introduce different phenomena from new perspectives. It is aiming to despatch from the *commense* meanings and provide new inlooks in participants' experiences (Rácz, Kassai & Kaló, 2018).

As qualitative research is based on interviews, the subjective nature of psychological experience can be closely observed. It provides the opportunity to consider the person as a whole, instead of reducing it to a collection of psychological concepts. The interviews can be examined from different aspects, by using pluralistic epistemologies. This enables us to have a deeper and more detailed and also critical understanding of a lived experience. Interestingly, epistemological plurality is intuitively used in psychotherapy and counseling, it is yet underrepresented in psychological research. The reasons for this are probably the criticism of qualitative methods in general, the leading quantitative, positivist scientific paradigm in psychology (Gürtler and Huber, 2006), lack of proper qualitative education, and the complexity of qualitative research and pluralistic epistemology.

Teaching qualitative methods (Yeh & Inman, 2007) and emphasizing the nature of self and experience used in them might help in the training of practitioners. As we have discussed in the introduction part of this dissertation, various psychological approaches, such as psychoanalysis, cognitive behavioral approach, existential psychology, etc., have different concepts of self and its relation to the experience. Awareness of the 'self' concept and its relevance to psychological phenomena might increase the congruency of a scientific paper, and help to find literature and method which are compatible in epistemological terms. Interviewing and analyzing and understanding personal accounts also help students to improve skills that are important not just in psychological research, but also as practitioners.

Designing a qualitative study, creating an interview plan, conducting interviews, analyzing them, and writing a study is improving essential competencies such as creating rapport, maintaining a professional relationship, meaningful questioning, interactivity,

empathy, understanding, and creating psychologically meaningful interpretation as well. (LeChenaye & McCarthy, 2022; Yeh & Inman, 2007). Qualitative researches also provide relevant information for therapeutic work (Morrow & Smith, 2000). Because of the inductive nature of qualitative studies, during the data collection, researchers aim to stay closer to the personal account and the lived experience of participants. This provides experience-based knowledge from personal experience which help therapists and counselors to understand how their clients or patients are interpreting their experiences (Ridley, Mollen & Kelly, 2011). Qualitative psychology through its epistemological consciousness and flexibility is aiding in connecting the abstraction of scientific language with the real life. This dynamic interconnection of lived experience and scientific knowledge is called Understanding-in-practice, or understanding-in-use by Wilson and his colleagues (2014), and is considered to be essential in the science of psychology.

Qualitative research also helps to ground abstract psychological models into real, subjective personal accounts, the way practitioners have to work with them. Staying attuned to the subjective experience can facilitate the reevaluation of current psychological theories and models, as well as the development of new ones (Brinkmann, 2015).

3.4.   Limitations

This dissertation consists of four qualitative psychological studies. All of these studies were published in international journals or books. The limitations of each study are discussed in each of the articles. Here the general limitations of qualitative research and the limitations of the dissertation are discussed.

Qualitative studies are generally based on interviews with a small number of participants, which is why the findings cannot be generalized to the big population. As it was discussed in the previous section, Maxwell (2021) makes difference between statistical and analytic generalization. While quantitative researches focus on statistical generalization, qualitative researches aim to explore a specific experience of a group of people, and help the analytic understanding of psychological phenomena, rather than testing theory-driven hypothesis. As qualitative studies collect data through interviewing, researchers are actively participating in the knowledge-making process. They are affecting participants' narratives and also guide them with questions. However open questions and attitudes such as empathy, openness, and tolerance are aiding open self-disclosure more, than closed yes/no questions (Morrow & Smith, 2000, 2005).

As the data is rooted in a dialogical act in a special setting, reproducibility cannot be expected. As both interviewee's and interviewers' moods, life situations, and actual interests might influence the account of the interviewee and the outcome of the analysis. Qualitative scholars answer this question with the importance of ecological validity (Cicourel, 1982), which means that the generated knowledge is valid as interviewees have the opportunity to express their real, lived experiences during the interviewing process. And as a perspective appears in the research, it means it is present in the population.

As qualitative studies involve interpretation, subjectivity on the part of the researchers can distort the findings. Different methods, such as triangulation, and consensual coding of a research team are created to avoid such risks of interpretation (Morrow & Smith, 2000; 2005). Qualitative studies also provide quotations from the original interviews, which aids in transparency and gives opportunity to the readers to evaluate the quality of the study themselves.

Qualitative studies using multiple epistemologies are closer to the reality of psychological counseling and therapy, however, they are more difficult to compare and further interpret than those qualitative studies which use one specific epistemology with rigor.

This dissertation focuses on the concept of 'self' in three different qualitative methods. We aimed to uncover how these methods think about the self which is connected, or not connected to the psychological experience. By self, we meant the agent who is participating in the research by sharing their personal accounts. As the different methods have different meanings, in some cases we had to interpret the methodological descriptions, or indirectly infer from the method to the underlying concepts of self. This process was however needed to shed light on the importance of 'self' in qualitative research and to create a concept through which the methods can be compared to each other.

The framework of this dissertation has a philosophical, methodological focus, rather than a practical one which might be considered too abstract. As I am not a philosopher, nor an expert in the psychological schools, the quality of my interpretations do not reach the quality of scholars of these fields. However, the theoretical framework relies on four articles which are explicitly discussing the nature and implications of the qualitative methods. These studies provide an inlook into how the practical application of qualitative methods. This way our theoretical analysis is grounded in practice-based studies, which provides transparency.

3.5. Future perspectives

In the past fifty years qualitative psychological research and methodology have been attracting increasing attention and popularity. This resulted in a quick development of methodology, epistemological quality, rigor, and applicability. While this boom of qualitative research led to the appearance of a vast amount of theoretical papers on methodology and philosophy conceptualizing and theorizing qualitative research. In this dissertation, I found it important to add to this literature by highlighting the key importance of self. However the importance of subjectivity and personal relevance have been discussed by many brilliant psychological researchers, and the focus on the nature of 'self' might help in grasping the differences between the approaches.

The concept of self and its relevance to psychological experience makes interpreting and comparing qualitatively generated knowledge more congruent. Awareness of the concept of self and experience in methods help to keep the study focused and rigorous. Knowing what are the differences and similarities in the concept of psychological experience across different studies and methods aids in creating a systematic analysis of qualitative studies, and prevents false comparison (Padgett et al, 2008). It also helps in the reflective use of mixed-method studies.

Mixed method studies are using qualitative and quantitative research methods in various settings, pluralist studies use more qualitative methods on the same database to gain knowledge of different natures. Systematic analysis is the analysis of all the relevant qualitative articles (e.g. IPA articles investigating how people make sense of low back pain). Being aware of the difference in the concept of experience and self, thus the nature of knowledge provided by studies of various qualitative methodologies might prevent us from 'comparing apples to oranges' (Padgett, 2008, p. 181).

Rerefences

Adler, A. (1927/2013). *The practice and theory of individual psychology* (Vol. 133). Routledge.

Adler, A. (2014). Individual psychology. In *An Introduction to Theories of Personality* (pp. 83-105). Psychology Press.

Al-Ababneh, M. M. (2020). Linking ontology, epistemology and research methodology. *Science & Philosophy*, *8*(1), 75-91.

Armistead, N. (Ed.). (1974). Reconstructing social psychology. Harmondsworth, England: Penguin.

Athanassoglou-Kallmyer, Nina (2015).*Le Grand Tout : Monet on Belle-Île and the Impulse toward Unity. The Art Bulletin, 97(3), 323–341*. doi:10.1080/00043079.2015.1023158

Augustine, S. (1990). *the Trinity* (Vol. 5). New City Press.

Beck, A. T. (1979). *Cognitive therapy and the emotional disorders*. Penguin.

Bergson, H. (2014). *Time and free will: An essay on the immediate data of consciousness*. Routledge.

Bergson, H. (2018). *Time and free will*. Musaicum Books.

Berkovich, I. (2018). Beyond qualitative/quantitative structuralism: The positivist qualitative research and the paradigmatic disclaimer. *Quality & Quantity*, *52*(5), 2063-2077.

Bertram, C. (2020). Jean Jacques Rousseau, In Zalta E. N. (ed), *The Stanford Encyclopedia of Philosophy* (Winter 2020 Edition), Edward N. Zalta (ed.), URL = <https://plato.stanford.edu/archives/win2020/entries/rousseau/>.

Binswanger, L. (1963). Being in the World. New York, Basic Books.

Blattner, W. (2005). Temporality. *A companion to Heidegger*, 311-324.

Brachtendorf, J. (2017). Augustine on Self-Knowledge and Human Subjectivity. In Ursula Renz (Ed) Slef-Knowledge History. Oxford Scholarship Online

Breakwell, G. M., Hammond, S. E., Fife-Schaw, C. E., & Smith, J. A. (2006). *Research methods in psychology*. Sage Publications, Inc.

Breen, L. J., & Darlaston-Jones, D. (2010). Moving beyond the enduring dominance of positivism in psychological research: Implications for psychology in Australia. *Australian Psychologist*, *45*(1), 67-76.

Brentano, F. (1874/2012). *Psychology from an empirical standpoint*. Routledge.

Brinkmann, S. (2015). Perils and potentials in qualitative psychology. *Integrative Psychological and Behavioral Science*, *49*(2), 162-173.

Calkins, M. W. (1921). The truly psychological behaviorism. *Psychological Review*, *28*(1), 1.

Camic, P. M. (2021). *Qualitative research in psychology: Expanding perspectives in methodology and design*. American Psychological Association.

Cicourel, A. V. (1982). Interviews, surveys, and the problem of ecological validity. *The American Sociologist*, 11-20.

Cohen, J. S., Edmunds, J. M., Brodman, D. M., Benjamin, C. L., & Kendall, P. C. (2013). Using self-monitoring: Implementation of collaborative empiricism in cognitive-behavioral therapy. *Cognitive and Behavioral Practice*, *20*(4), 419-428.

Cooley, C.H. (1902). Human nature and the social order. New York: Charles Scribner's Sons.

Creswell, J. W., Hanson, W. E., Clark Plano, V. L., & Morales, A. (2007). Qualitative research designs: Selection and implementation. *The counseling psychologist*, *35*(2), 236-264.

Csabai, M. (2004). A hisztériával kapcsolatos diskurzusok tanulságai a szomatizációs jelenségek és a betegségmagatartás megértéséhez. *Mentálhigiéne és Pszichoszomatika, 5*(1), 55-67.

Csabai, M. (2018). Az esettanulmány tudománytörténeti változásai és dilemmái. *Magyar Pszichológiai Szemle, 73*(1), 29-41.

De Gaynesford, M. (2017). Wittgenstein on 'I'and the Self. *A companion to Wittgenstein. Hoboken: Blackwell*, 478-490.

del Rio Carral, M., & Tseliou, E. (2019). Mapping qualitative research in psychology across Europe: Contemporary trends. *Qualitative Research in Psychology*, *16*(3), 325-335.

Denzin, N. K., & Lincoln, Y. S. (Eds.). (2011). *The Sage handbook of qualitative research*. sage.

Dilthey, W., & Jameson, F. (1972). The rise of hermeneutics. *New literary history*, *3*(2), 229-244.

Earle, V. (2010). Phenomenology as research method or substantive metaphysics? An overview of phenomenology's uses in nursing. *Nursing philosophy, 11*(4), 286-296.

Earthy, S., & Cronin, A. (2008). Narrative analysis. In *Researching social life*. Sage.

Eastmond, M. (2007). Stories as lived experience: Narratives in forced migration research. *Journal of refugee studies*, *20*(2), 248-264.

Eatough, V., & Smith, J. A. (2017). Interpretative phenomenological analysis. *The Sage handbook of qualitative research in psychology*, 193-209.

Erikson EH. (1950), Childhood and Society. New York: Norton.

Erikson EH. (1950), Childhood and Society. New York: Norton.

Erturk, S., & Luu, L. A. N. (2022). Adaptation of Turkish international students in Hungary and the United States: A comparative case study. *International Journal of Intercultural Relations*, *86*, 1-13.

Ewen, R. B. (2014). *An introduction to theories of personality*. Psychology Press.

Ewen, R. B. (2014). *An introduction to theories of personality*. Psychology Press.

Fast, I. (1990). Self and ego: A framework for their integration. *Psychoanalytic inquiry*, *10*(2), 141-162.

Fichte, G. J. (1889/1991) *Science of Knowledge with the First and Second Introductions*. Cambridge: Cambridge University Press

Foster, J. M., & Hagedorn, W. B. (2014). Through the eyes of the wounded: A narrative analysis of children's sexual abuse experiences and recovery process. *Journal of child sexual abuse*, *23*(5), 538-557.

Frost, N. (2021). *Qualitative Research Methods in Psychology: Combining Core Approaches 2e*. McGraw-Hill Education (UK).

Gadamer HG (1966) *The universality of the Hermeneutical problem.* In Linge DE (Ed) Hans-Georg Gadamer. Philosophical Hermeneutics. Berkeley, University of California Press.

Gardner, S. (2009). Nietzsche, the Self, and the Disunity of Philosophical Reason. *Nietzsche on Freedom and Autonomy*, 1-31.

Gehman, J., Glaser, V. L., Eisenhardt, K. M., Gioia, D., Langley, A., & Corley, K. G. (2018). Finding theory–method fit: A comparison of three qualitative approaches to theory building. *Journal of Management Inquiry*, *27*(3), 284-300.

Gergen, K. J., & Gergen, M. (Eds.). (2003). *Social construction: A reader*. Sage.

Glaser, B. G., & Strauss, A. L. (2017). *The discovery of grounded theory: Strategies for qualitative research*. Routledge.

Goffman, E. (2021). *The presentation of self in everyday life*. Anchor.

Goldin, P. R., Ziv, M., Jazaieri, H., Werner, K., Kraemer, H., Heimberg, R. G., & Gross, J. J. (2012). Cognitive reappraisal self-efficacy mediates the effects of individual cognitive-behavioral therapy for social anxiety disorder. *Journal of consulting and clinical psychology*, *80*(6), 1034.

Gough, B., & Madill, A. (2012). Subjectivity in psychological science: From problem to prospect. *Psychological Methods, 17*(3), 374–384. https://doi.org/10.1037/a0029313

Grzanka, P. R., & Moradi, B. (2021). The qualitative imagination in counseling psychology: Enhancing methodological rigor across methods.*Journal of Counseling Psychology, 68*(3), 247–258. https://doi.org/10.1037/cou0000560

Guba, E. G., & Lincoln, Y. S. (1994). Competing paradigms in qualitative research. *Handbook of qualitative research*, *2*(163-194), 105.

Hall, J. M. (2011). Narrative methods in a study of trauma recovery. *Qualitative health research*, *21*(1), 3-13.

Hallie, P. P. (1959). Maine de Biran Reformer of Empiricism, 1766-1824.

Harding, S. (1992). After the neutrality ideal: Science, politics, and "strong objectivity." Social Research, 59, 567–587.

Hays, D. G., Wood, C., Dahl, H., & Kirk-Jenkins, A. (2016). Methodological rigor in Journal of Counseling & Development qualitative research articles: A 15-year review. *Journal of Counseling & Development*, *94*(2), 172-183.

Hegel, G. W. F. (1807/2018). *Hegel: The phenomenology of spirit*. Oxford University Press.

Heidegger, M. (1927/1962). *Being and time.* London: SCM Press.

Hewitt, J. P. (2003). *Symbols, Objects, and Meanings*. In L. T. Reynolds & N. J. Herman-Kinney (Eds.), *Handbook of symbolic interactionism*. AltaMira Press, 307-325.

Holstein, J. A., & Gubrium, J. F. (1995). *The active interview* (Vol. 37). Sage.

Hosseini-Nezhad, S., Safdar, S., & Luu, L. A. N. (2019). Longing for Independence, Yet Depending on Family Support: A Qualitative Analysis of Psychosocial Adaptation of Iranian International Students in Hungary. *International Journal of Higher Education*, *8*(4), 164-174.

Hume, David, [1739] 1962, *Treatise of Human Nature*, L.A. Selby-Bigge (ed.), Oxford: Oxford University Press.

Husain, A., & Hodge, D. R. (2016). Islamically modified cognitive behavioral therapy: Enhancing outcomes by increasing the cultural congruence of cognitive behavioral therapy self-statements. *International Social Work*, *59*(3), 393-405.

Husserl, E. (1900/2012). *Logical Investigations Volume 1*. Routledge.

Husserl, E. (1930/2012). *Ideas: General introduction to pure phenomenology*. Routledge.

Husserl, E. (1960). *Cartesian Meditations*. London: Springer.

Husserl, E. (2013). *Cartesian meditations: An introduction to phenomenology*. Springer Science & Business Media.

Hydén, L. C. (1997). Illness and narrative. *Sociology of health & illness*, *19*(1), 48-69.

Jacobs, H. (2021). Husserl, the active self, and commitment. *Phenomenology and the cognitive sciences*, *20*(2), 281-298.

James, W. (1890). The principles of psychology. New York, NY: Holt. doi:10.1037/11059-000

James, W. (2007). *The principles of psychology*. Cosimo, Inc..

Jannesari, S., Molyneaux, E., & Lawrence, V. (2022). What affects the mental health of people seeking asylum in the UK? A narrative analysis of migration stories. *Qualitative Research in Psychology*, *19*(2), 295-315.

Jaspers, K. (1913). *General Psychopathology*. John Hopkins University Press.

Jaspers, K. (1971). *Philosophy of existence* (Vol. 1010). University of Pennsylvania Press.

Johnson, E. L. (1967). Existentialism, self theory and the existential self. *The Personnel and Guidance Journal*, *46*(1), 53-58.

Kant, I. (1760-1790/1997). Lectures on Metaphysics, Karl Ameriks & Steve Naragon (trans and eds.) Camridge University Press.

Kassai, S., Kiss, M., Pintér, J. N., & Rácz, J. (2016). *The experience of auditory hallucination and the role of self-help groups: an interpretative phenomenological analysis.* Psychiatria Hungarica: A Magyar Pszichiatriai Tarsasag Tudomanyos Folyoirata, 31(1), 52-70.

Kelly, M. (1992). Self, identity and radical surgery. *Sociology of Health and* Illness, 14, 390-415.

King, N. (2022). Memory, narrative, identity. In *Memory, Narrative, Identity*. Edinburgh University Press.

Koski-Jännes, A. (1998). Turning points in addiction careers: five case studies. *Journal of Substance Misuse*, *3*(4), 226-233.

Kőváry, Z., Kovács, A. (2021). Discovering the "I" in the "THOU". The Psychological Effects of Psychobiographical Research on The Personality of The Researcher. In: Mayer, CH., Fouché, P.J., Van Niekerk, R. (eds) Psychobiographical Illustrations on Meaning and Identity in Sociocultural Contexts . Sociocultural Psychology of the Lifecourse . Palgrave Macmillan, Cham. https://doi.org/10.1007/978-3-030-81238-6_2

La Vopa, A. J., (2001). *Fichte: the Self and the Calling of Philosophy, 1762-1799*. Cambridge University Press.

LaChenaye, J. M., & McCarthy, S. (2022). The intersection of counseling microskills and qualitative interviewing and reporting in the study of sensitive topics. *American Journal of Evaluation*, *43*(2), 255-268.

Lakoff, G. (1997). *The internal structure of the self*. Cambridge University Press.

Lampl-De Groot, J. (1947). On the development of the ego and super-ego. *International Journal of Psycho-Analysis*, *28*, 7-11.

Lapsley, D. K., & Stey, P. C. (2011). Id, ego, and superego. *Encyclopedia of human behavior*, *2*.

Larkin, M., Watts, S., & Clifton, E. (2006). Giving voice and making sense in interpretative phenomenological analysis. *Qualitative research in psychology*, *3*(2), 102-120.

László, J. (2000). *Pszichológiai Kutatóintézet*. Magyar Tudományos Akadémia Pszichológiai Kutatóintézet. Magyar Tudományos Akadémia. http://real-eod.mtak.hu/6773/1/Pszichologiai_Kutatointezet_000974010.pdf. Letöltve: 2022. 02. 21.

László, J. (2005). A narratív pszichológiai tartalomelemzés. *Magyar Tudomány, 11*, 1366-1376.

László, J. (2011). A tudományos narratív pszichológiai tartalomelemzés és a pszichológiai tartalomelemzés hagyományai. *Pszichológia, 31*(1), 3-15.

László, J., Ehmann, B., Pólya, T., & Péley, B. (2007). Narrative psychology as science. *Empirical Text and Culture Research*, 3, 1-13.

Lauer, Q. (2022). A Reading of Hegel's" Phenomenology of Spirit". In *A Reading of Hegel's" Phenomenology of Spirit"*. Fordham University Press.

Lawrence, A. (2021). The Self as Activity: Beyond Reductionist and Non-Reductionist Theories of Selfhood. *Idealistic Studies*.

Lawrence, A. (2022). The Self as Activity: Beyond Reductionist and Non-Reductionist Theories of Selfhood.

Leary, M. R., & Tangney, J. P. (Eds.). (2011). *Handbook of self and identity*. Guilford Press.

Llewellyn, H., Low, J., Smith, G., Hopkins, K., Burns, A., & Jones, L. (2014). Narratives of continuity among older people with late stage chronic kidney disease who decline dialysis. *Social science & medicine*, *114*, 49-56.

Madigan, S. (2011). *Narrative therapy*. American Psychological Association.

Madil A., & Gough, B. (2008). Qualitative research and its place in psychological science. *Psychological methods*, *13*(3), 254.

Makkreel, R. A. & Rodi, F. (1996). *Wilhelm Dilthey: Hermeneutics and the study of history*. Princeton, NJ: Princeton University Press.

Marshall, C. (2010). Kant's Metaphysics of the Self. Philosophers Imprint

Martin, J. (2003). Positivism, quantification and the phenomena of psychology. *Theory & Psychology*, *13*(1), 33-38.

Martin, R., & Young, J. (2010). *Schema therapy.* In Keith Dobson (ed.) Handbook of cognitive-behavioral therapies. (332-346)

Maxwell, J. A. (2021). Why qualitative methods are necessary for generalization. *Qualitative Psychology*, *8*(1), 111.

May, R. (1958). Contributions of Existential Psychotherapy. In R. May, E. Angel, & H. F. Ellenberger (Eds.), *Existence: A new dimension in psychiatry and psychology* (pp. 37–91). Basic Books/Hachette Book Group. https://doi.org/10.1037/11321-002

McAdams, D. P. (2003). Identity and the life story. In *Autobiographical memory and the construction of a narrative self* (pp. 203-224). Psychology Press.

McAdams, D. P. (2011). Narrative identity. In *Handbook of identity theory and research* (pp. 99-115). Springer, New York, NY.

McAdams, D. P. (2011). Narrative identity. In *Handbook of identity theory and research* (pp. 99-115). Springer, New York, NY.

McAdams, D. P., & Janis, L. (2004). Narrative identity and narrative therapy. *The handbook of narrative and psychotherapy: Practice, theory, and research*, 159-173.

McAdams, D. P., & Pals, J. L. (2006). A new Big Five: fundamental principles for an integrative science of personality. *American psychologist*, *61*(3), 204.

McIntosh, D. (1986). The ego and the self in the thought of Sigmund Freud. *The International Journal of Psychoanalysis, 67*(4), 429–448.

Mead, G. H. (1930). Cooley's contribution to American social thought. *American Sociological Review, 35*, 693–706.

Mead, G. H., & Schubert, C. (1934). *Mind, self and society* (Vol. 111). Chicago: University of Chicago press.

Merleau-Ponty, M. (1996). *Phenomenology of perception.* Motilal Banarsidass Publishe.

Melnick, A. (2009) Kant's Theory of Self. New York: Routledge.

Michael, F. S., & Michael, E. (1987). Reid's Hume: remarks on Hume in some early logic lectures of Reid. *The Monist*, *70*(4), 508-526.

Michell, J. (2003). The quantitative imperative: Positivism, naïve realism and the place of qualitative methods in psychology. *Theory & Psychology*, *13*(1), 5-31.

Michell, J. (2003). The quantitative imperative: Positivism, naïve realism and the place of qualitative methods in psychology. *Theory & Psychology*, *13*(1), 5-31.

Montaigne, Michel Eyguem de. The Autobiography of Michel de Montaigne. Edited by Maurice Lowenthal. New York: Houghton Mifflin Co., 1935. The Essais of. Translated by E. J. Trechmann with an introduction by the Rt. Hon. J. M. Robertson. London: Oxford University Press, 1935. 2 volumes.

Moran D. (2000) *Introduction to Phenomenology.* Routledge, London.

Morrow, S. L., & Smith, M. L. (2000). Qualitative research for counseling psychology. *Handbook of counseling psychology*, *3*, 199-230.

Morse, J. M. (2015). Critical analysis of strategies for determining rigor in qualitative inquiry. *Qualitative health research*, *25*(9), 1212-1222.

Morse, J. M. (2016). *Mixed method design: Principles and procedures*. Routledge.

Morse, J. M., & Cheek, J. (2015). Introducing qualitatively-driven mixed-method designs. *Qualitative health research*, *25*(6), 731-733.

Murray, M. (2003). Narrative psychology and narrative analysis. In P. M. Camic, J. E. Rhodes, & L. Yardley (Eds.), *Qualitative research in psychology: Expanding perspectives in methodology and design* (pp. 95–112). American Psychological Association. https://doi.org/10.1037/10595-006

Neuhouser, F. (1990). *Fichte's theory of subjectivity*. Cambridge University Press.

Nietzsche, F. W. (1887/1989). *On the genealogy of morals*. Vintage.

Nietzsche, F.W. (1883/1989). Thus Spoke Zarathustra. London: Penguin.

Nietzsche, F.W. (1886/1966) *Beyond Good and Evil*, New York: Vintage.

Orosz, G., Bruneau, E., Tropp, L. R., Sebestyén, N., Tóth-Király, I., & Bőthe, B. (2018). What predicts anti-Roma prejudice? Qualitative and quantitative analysis of everyday sentiments about the Roma. *Journal of Applied Social Psychology*, *48*(6), 317-328.

Osbeck, L. M. (2014). Scientific reasoning as sense-making: Implications for qualitative inquiry. *Qualitative Psychology, 1*(1), 34–46. https://doi.org/10.1037/qup0000004

Osbeck, L. M. (2014). Scientific reasoning as sense-making: Implications for qualitative inquiry. *Qualitative Psychology*, *1*(1), 34.

Osborn, M., & Smith, J. A. (1998). The personal experience of chronic benign lower back pain: An interpretative phenomenological analysis. *British Journal of Health Psychology*, *3*(1), 65-83.

Owen, I. R. (1994). Introducing an existential-phenomenological approach: basic phenomenological theory and research–part I. *Counselling psychology quarterly*, *7*(3), 261-273.

Padgett, D. K. (2008). Strategies for rigor. *Qualitative Methods in Social Work Research, 2nd ed. Thousand Oaks, CA: Sage Publications Inc*, 179-198.

Pados, E., Kovács, A., Kiss, D., Kassai, S., Kapitány-Fövény, M., Dávid, F., ... & Rácz, J. (2020). Voices of temporary sobriety–a diary study of an alcohol-free month in Hungary. *Substance Use & Misuse*, *55*(5), 839-850.

Park, Y. S., Konge, L., & Artino, A. R. (2020). The positivism paradigm of research. *Academic Medicine*, *95*(5), 690-694.

Parnas, J., Urfer-Parnas, A., & Stephensen, H. (2021). Double bookkeeping and schizophrenia spectrum: divided unified phenomenal consciousness. *European Archives of Psychiatry and Clinical Neuroscience*, *271*(8), 1513-1523.

Passer, M. W., & Smith, R. E. (2004). *Psychology: The science of mind and behavior*. McGraw-Hill.

Pecorino, P. (1985). A Process View of Philosophy and Teaching. *Metaphilosophy*, *16*(1), 80-91.

Petty, NJ, Thomson, OP & Stew, G 2012, 'Ready for a paradigm shift? Part 1: introducing the philosophy of qualitative research', Manual Therapy, vol. 17, no. 4, pp. 267–74.

Phillips, N., & Hardy, C. (2002). *Discourse analysis: Investigating processes of social construction*. Sage Publications.

Pléh, Cs. (2012). Narratív szemlélet a pszichológiában: az elbeszélés mint átfogó metateória. *Iskolakultúra, 22*(3), 3-24.

Polkinghorne, D. E. (1996). Explorations of narrative identity. *Psychological inquiry*, *7*(4), 363-367.

Polkinghorne, D. E. (2004). Narrative Therapy and. *The handbook of narrative and psychotherapy: Practice, theory and research*, *53*.

Ponterotto, J. G. (2010). Qualitative research in multicultural psychology: Philosophical underpinnings, popular approaches, and ethical considerations. *Cultural Diversity and Ethnic Minority Psychology*, *16*(4), 581.

Posesorski, Ezequiel L.; Overvold, Gary E. (2013). *Friedrich Schlegel's Break wth Fichte and the Historical Transformation of Critical Philosophy. Idealistic Studies, 43(3), 207–232.* doi:10.5840/idstudies2014111214

Racher, F. E., & Robinson, S. (2003). Are phenomenology and postpositivism strange bedfellows?. *Western journal of nursing research, 25*(5), 464-481.

Rácz, J. (2006). Questions on the Interpretation of Drug Users' Autobiographies in a Country in the "Early" Phase of Drug Use. *Contemporary Drug Problems. 33*(1):99-122.

Rácz, J. (ed.) (2022). *Kvalitatív pszichológia*. Budapest: Eötvös kiadó.

Rácz, J., Kassai, S., & Kaló, Z. (2018). A kvalitatív pszichológia új szenzibilitása: Előszó. *Magyar Pszichológiai Szemle*, *73*(1), 1-9.

Rácz, J., Pintér, J. & Kassai, Sz. (2017). *Az interpretatív fenomenológiai analízis elmélete, módszertana és alkalmazási területei.* Budapest: L'Harmattan.

Ratner, C. (2002). Subjectivity and Objectivity in Qualitative Methodology. *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research*, *3*(3). https://doi.org/10.17169/fqs-3.3.829

Reid, T., Brookes, D., & Haakonssen, K. (2002). Thomas Reid: Essays on the Intellectual Powers of Man. In *Thomas Reid-Essays on the Intellectual Powers of Man*. Edinburgh University Press.

Renjith, V., Yesodharan, R., Noronha, J. A., Ladd, E., & George, A. (2021). Qualitative methods in health care research. *International journal of preventive medicine*, *12*.

Rice, P. B. (1950). Existentialism and the Self. *The Kenyon Review*, *12*(2), 304-330.

Ricoeur, P. (1991). Narrative identity. *Philosophy today*, *35*(1), 73-81.

Ridley, C. R., Mollen, D., & Kelly, S. M. (2011). Counseling competence: Application and implications of a model. *The Counseling Psychologist*, *39*(6), 865-886.

Rogers, C. (1959). A Theory of Therapy, Personality and Interpersonal Relationships as Developed in the Client-centered Framework. In (ed.) S. Koch,Psychology: A Study of a Science. Vol. 3: Formulations of the Person and the Social Context. New York: McGraw Hill.

Rogers, C. R. (1950). The significance of the self-regarding attitudes and perceptions. In M. L. Reymert (Ed.), *Feelings and emotions; The Mooseheart Symposium* (pp. 374–382). McGraw-Hill.

Rogers, C. R. (1950). The significance of the self-regarding attitudes and perceptions. In M. L. Reymert (Ed.), *Feelings and emotions; The Mooseheart Symposium* (pp. 374–382). McGraw-Hill.

Rousseau, J. J. (1755). Un Discours sur l'Origine et les Fondemens de l'Inégalité parmi les Hommes (A Discourse on the Origin of Inequality; Second Discourse).

Sallay, V., & Martos, T. (2018). A Grounded Theory (GT) módszertana. *Magyar Pszichológiai Szemle*, *73*(1), 11-28.

Sallay, V., Martos, T., Chatfield, S. L., & Dúll, A. (2019). Strategies of Dyadic coping and self-regulation in the family homes of chronically ill persons: a qualitative research study using the emotional map of the home interview method. *Frontiers in Psychology*, *10*, 403.

Sandler, J., Holder, A., Dare, C., Dreher, A. U., & Wallerstein, R. S. (2018). *Freud's models of the mind: An introduction*. Routledge.

Schlegel, F. v., Behler, E., Anstett, J., Eichner, H., Arndt, A., & Breuer, U. (1958). *Kritische Friedrich-Schlegel-Ausgabe.* Ferdinand Schöningh.Siegel, A. M. (2008). *Heinz Kohut and the psychology of the self*. Routledge.

Schultz, W. T., & Lawrence, S. (2017). Psychobiography: Theory and method. *American Psychologist*, *72*(5), 434.

Skinner, B. F. (1959). John Broadus Watson, behaviorist. *Science*, *129*(3343), 197-198.

Smith, J. A. (2015). Qualitative psychology: A practical guide to research methods. *Qualitative psychology*, 1-312.

Smith, J. A., & Osborn, M. (2015). Interpretative phenomenological analysis as a useful methodology for research on the lived experience of pain. *British journal of pain*, *9*(1), 41-42.

Smith, J. A., & Shinebourne, P. (2012). *Interpretative phenomenological analysis*. American Psychological Association.

Stainton Rogers, W & Willig, C (2017). The SAGE handbook of qualitative research in psychology. *The SAGE Handbook of Qualitative Research in Psychology*, 1-664.

Sternberg, R. J. (1996). *Cognitive psychology.* Harcourt Brace College Publishers.

Stolorow, R. D., Atwood, G. E., & Branchaft, B. (Eds.). (1994). *The intersubjective perspective*. Rowman & Littlefield.

Stolorow, Robert D. (1995). *An intersubjective view of self psychology. Psychoanalytic Dialogues, 5(3), 393–399.* doi:10.1080/10481889509539077

Storolow & Atwood, G. (1992), Contexts of Being. Hillsdale, NJ: The Analytic Press.

Strozier, R. M. (2002). *Foucault, subjectivity, and identity: Historical constructions of subject and self*. Wayne State University Press.

Tajfel, H., & Turner, J. C. (2004). The social identity theory of intergroup behavior. In *Political psychology* (pp. 276-293). Psychology Press.

Takacs, J, Amirkhanian, YA, Kelly, AJ, Kirsanova, VA, Khoursine, RA & Mocsonaki, L 2006, '"Condoms are reliable but I am not": a qualitative analysis of AIDS-related beliefs and attitudes of young heterosexual adults in Budapest, Hungary and St. Petersburg, Russia', Central European Journal of Public Health, vol. 14, no. 2, pp. 59–66.

Takács, J, Kelly, JA, PTóth, T, Mocsonaki, L & Amirkhanian, YA 2013, 'Effects of stigmatization on gay men living with HIV/AIDS in a central-eastern European context: a qualitative analysis from Hungary', Sexuality Research and Social Policy, vol. 10, no. 1, pp. 24–34.

Teo, T. (2018). The consequences of "positivism" in psychology. In *Outline of Theoretical Psychology* (pp. 103-132). Palgrave Macmillan, London.

Thornhill, C., & Miron, R. (2006). *Karl Jaspers* 6 In.: Edward, N. Z. (ed.) The Stanford Encyclopedia of Philosophy URL: <https://plato.stanford.edu/archives/spr2022/entries/jaspers/>.

Van Dijk, T. A. (1997). *Discourse as social interaction* (Vol. 2). Sage.

Watson, J. B. (1913). Psychology as the behaviorist views it. *Psychological Review, 20*(2), 158–177. https://doi.org/10.1037/h0074428

White, R. (2004). Discourse analysis and social constructionism. *Nurse researcher*, *12*(2).

Wilson, T., Yun, C. T., & Hong, T. T. (2014). Hermeneutic Practices: Mall and Media Visiting as Understanding-In-Use. *Malaysian Journal of Media Studies, 16*(2), 35–43.

Wong, P. T. P. (2006). Existential and Humanistic Theories. In J. C. Thomas, D. L. Segal, & M. Hersen (Eds.), *Comprehensive Handbook of Personality and Psychopathology, Vol. 1. Personality and Everyday Functioning* (pp. 192–211). John Wiley & Sons Inc.

Woolever, S. (2013). *The process of self-becoming in the thought of Søren Kierkegaard and Carl Rogers* (Doctoral dissertation, The University of Iowa).

Yalcin, O., Lee, C., & Correia, H. (2020). Factor structure of the Young schema questionnaire (long Form-3). *Australian Psychologist*, *55*(5), 546-558.

Yeh, C. J., & Inman, A. G. (2007). Qualitative data analysis and interpretation in counseling psychology: Strategies for best practices. *The counseling psychologist*, *35*(3), 369-403.

Yerken, A., & Luu, L. A. N. (2022). A stepping stone to the "West": Academic adaptation of international students from post-Soviet countries in Hungary. *International Journal of Intercultural Relations*, *89*, 183-194.

Yoshida, K. K. (1993). Reshaping of self: A pendular reconstruction of self and identity among adults with traumatic spinal cord injury. *Sociology of Health and Illness,* 15, 217-245.

Young, J. E., & Brown, G. (2005). Young schema questionnaire-short form; Version 3. *Psychological Assessment*.

Yalom, I. D. (2020). *Existential psychotherapy.* Hachette UK.

Young, J. E., Klosko, J. S., & Weishaar, M. E. (2006). *Schema therapy: A practitioner's guide*. guilford press.

Zahavi, D. (2003). *Husserl's phenomenology*. Stanford University Press.

Ziafar, M., & Namaziandost, E. (2019). From Behaviorism to New Behaviorism: A Review Study. *Loquen: English Studies Journal*, *12*(2), 109-116

Zörgő, S, Purebl, G & Zana, Á 2018, 'A qualitative study of culturally embedded factors in complementary and alternative medicine use', BMC Complementary and Alternative Medicine, vol. 18, no. 1, p. 25, doi:10.1186/s12906-018-2093-0

Appendix

Interview structure for the Kőváry, Z., & Kovács, A. (2021). Discovering the "I" in the "THOU". The psychological effects of psychobiographical research on the personality of the researcher. *Psychobiographical illustrations on meaning and identity in sociocultural contexts*, 21-54. study.

1. Milyen formában hallott először a pszichobiográfiáról?
2. Hogyan választott témát a dolgozatodhoz?
3. Mi a véleménye erről a szemléletről, módszerről? Változott -e ez az elsajátítás és az alkalmazás időszakában?
4. Milyen volt számára a kutatási folyamat a többi kutatási élményével összehasonlítva?
5. Hogyan látja a pszichobiográfiai kutatás Önre gyakorolt hatását szakmai szempontból?
    1. A munkája során tudja-e hasznosítani a pszichobiográfia kurzusokon megszerzett tudását? Ha igen, miben és hogyan?
6. Milyen, akár váratlan érzések, belátások jöttek elő Önben a kutatás során, amit ehhez tud kapcsolni? Mit tudott kezdeni ezekkel az érzésekkel?
    a. Volt-e esetleg olyan álma, amit össze tud kötni magában a kutatási periódussal?
7. Hogyan látja a pszichobiográfia kutatási folyamat személyére gyakorolt hatását?

Interview structure for the Kovács, A., Mezőfi, V., Gyarmathy, V. A., & Rácz, J. (2020). Rehabilitation From Addiction and Chronic Illnesses: A Comparative Analysis of the Narratives of Hungarian Patients. Research and Theory for Nursing Practice, 34(1), 65-80.

• Az élete történetének nagyobb fejezetei
• Kritikus események:
- Mi volt az élete mélypontja?
- Mi volt az élete csúcspontja?
- Mi volt az élete fordulópontja?
• Az élete legnagyobb kihívása
• Fontos személyek:
- Az a személy, csoport, vagy szervezet, aki a leginkább negatív hatással volt az életére
- Az a személy, csoport, vagy szervezet, aki a leginkább negatív hatással volt az életére
• Milyen történetek (könyv, film, családi anekdota) voltak hatással az életére?
• Alternatív jövőképek: az életének lehetséges legnegatívabb és legpozitívabb kimenetele

- Az élete központi témája

Interview structure for the Kovács, A., Ladányi, B., Farkas, N., Stempel, L., Bittermann, É., Dániel, K., & Rácz, J. (2022). The recovery of homicidal people diagnosed with schizophrenia and schizoaffective disorder–An interpretative phenomenological analysis. *Frontiers in psychiatry*, *13*, 3062.

Otthonban tartózkodás

Hogyan került az Otthonhoz?

Mikor és hogyan került az otthonba? Meséljen erről, mi történt akkor. Mióta él itt az otthonban? Milyennek látja az intézményt?

Volt-e egyéb intézmény, amelyben hosszabb ideig tartózkodott?

Hogy érzi itt magát? Milyen volt a másik intézmény, hogy érezte ott magát? Milyen volt az élete, mielőtt idekerült Szentgotthárdra? Ottani kapcsolatai? Miben más az itteni közeg, lát-e különbséget?

Le tudná írni egy átlagos napját/hetét, hogy milyen az otthonban, mit csinál itt? (Ha dolgozik, akkor a munkáját is) Mit csinál most? Mi okoz örömet/ szomorúságot itt? Mit fog ma csinálni?

Le tudná írni az intézményt, amelyben lakik? A többi lakóval, személyzettel való kapcsolatát? Tudna mondani egy történetet ezekről a kapcsolatokról?

Kinti kapcsolatai kicsodák, milyenek? (pl családja)

Meséljen róluk történetet.

Identitás

Hogyan írná le magát?

Milyen ember Ön? Mik a legfontosabb tulajdonságaid?

Mennyire változott meg ön/ az ön élete az itt eltöltött idő alatt? El tudna mesélni egy történetet, amiben ez megjelenik?

Ha össze kéne hasonlítania magát, mielőtt ide került, mit mondana? Miben más Ön, mint az otthonba kerülése előtt?

Hogyan látja magát az intézményi közegben/környezetben? Tudna mesélni egy történetet, egy helyzetet, amiben ez megjelenik?

Hogy látják/látták Önt mások? Mit meséltek? A munkatársai (ha vannak), a lakók, család, barátok?

Mit jelent önnek az otthonban való élet, az otthonhoz való tartozás?

Voltak nehéz pillanatai az itt töltött idő során? Voltak-e nehéz pillanatok az előző intézményben?

Ha volt, hogyan történt ez? Tudná valamihez hasonlítani? (metafora)?

Milyen ez?

Felmerült valaha, hogy kikerül innen/elhagyja az intézményt?

Hogy került át a másik intézményből? Hogyan fogadta, mikor megtudta h átkerül? volt-e vmi köztes állomás?

Vannak-e ismerősei az előző intézményből?

Hogy szokott viszonyulni ehhez? Hogyan változik/változik-e.

Mit gondol a jövőről? Mik a vágyai?

Milyen volt a beszélgetés?