

## **Reflexivity**

In line with Smith et al. (2009), and recognising the double hermeneutics in Interpretative Phenomenological Analysis (IPA), it is crucial for researchers to minimise their own preconceptions while acknowledging the impossibility of completely eliminating them. Making explicit the researcher's personal motivations, preconceptions, and contexts allows the readers to consider these factors when interpreting presented research findings. Here, I - the key author (MZ) of the study – shortly reflect on my research process and results, as part of researcher reflexivity. As the key author (MZ), I had the largest role in designing the study, data collection and analysis.

My motivation behind researching informal caregivers' experiences is rooted in both personal and professional interests. With an educational background in health/clinical psychology and physiotherapy, and my previous professional roles in healthcare, I became aware of the psychological impacts of illness on both patients and their caregivers. This awareness extended to understanding how illness and lifestyle changes due to health conditions such as acquired brain injury (ABI) shape personal and collective narratives, such as family dynamics and expectations from healthcare professionals. My clinical encounters, where I often instructed family members in simple home-based rehabilitation exercises, highlighted to me the often-unacknowledged role of informal caregivers. Their willingness to engage in caregiving was frequently presumed by healthcare professionals; their challenges and support needs either not discussed at all, or insufficiently. These insights not only underpinned my research interest, but also informed my decision to engage volunteer caregivers in my study by recognising them as 'experts by experience' and ensuring their voices were valued and heard.

My successful pursuit of a Ph.D. in informal care shaped my research, and I approached this topic from a largely outsider's perspective - due to my lack of personal experience in caregiving. This outsider's perspective extended also to the specific population of caregivers comprising the study, i.e., those providing care to people who sustained ABI. Conducting the research with ABI informal caregivers, I entered the recruitment phase the study with limited experience and a simple working knowledge of the psychosocial aspects of providing care to ABI survivors. Since my Ph.D. and over the last 5 years, I have extensively

deepened my understanding of informal care's psychosocial aspects and its impacts. In the current IPA study, for which the data was collected while I was still a Ph.D. student, in the initial stages I grappled with balancing my role as a 'competent researcher' whilst acknowledging my naivety to garner richer insights. Although I introduced myself to the participants as a researcher in psychology, my relative inexperience in this field played a significant role in the study. I was mindful of not letting my preconceptions, derived from my professional background in healthcare, influence the study. Acknowledging my lack of experience during interviews and genuine curiosity, I found that participants were more generous in their responses, enriching my understanding of their experiences beyond otherwise more superficial interpretations. This openness about my learning curve was not a disadvantage; rather, it fostered a transparent and authentic engagement with participants, showing my genuine interest in understanding and accurately representing their perspectives. The length of interviews, ranging from 60 to 180 minutes, may evidence this curiosity that led in exploration of participants' experiences, and participants' involvement in sharing their stories with me.

As I have never had a direct personal experience of caring for an ABI survivor, I found it challenging yet crucial to empathise with participants' experiences without overidentifying. One might argue that it might have been easier for me to mitigate a risk of overidentifying with participants' experiences given my lack of personal experience. However, according to a phenomenological approach, I endeavoured to understand the world from the caregivers' perspectives – and indeed, particular aspects of caregivers' experiences strongly resonated with me (e.g., around their challenges of providing care). This required careful balancing to avoid projecting my own beliefs onto their experiences, especially when considering aspects such as the caregiving burden. Member reflections in the form of regular discussions with my research team helped me recognise how my interpretations were intertwined with personal experiences. The focus was on acknowledging the interplay between data and context in knowledge creation/generation. Throughout this process, I saw my responsibility in faithfully representing caregivers' 'priorities' in their experiences while also considering the broader research implications and my own interpretive insights, such as recognising the significance of short breaks from caregiving.

My experience in a diverse, multinational team significantly influenced the analysis. This research team, with backgrounds in health and clinical psychology, physiotherapy,

social care, social policy, and from various three different nationalities (Polish, British, Serbian), shaped my perspective on the analytic process and the write-up of the Discussion. The team's reflections highlighted the dominance of Eurocentric concepts in psychology, and the continuously favoured thinking and intervening on an individual level. These insights led me to appreciate the value of integrating systems-level thinking, more common in disciplines such as social policy, into our analytic approach. Collaborating with team members provided a novel viewpoint, allowing me for example to connect caregivers' expressed needs for short breaks from caregiving with their experiences of caregiving burden, and systems-level implications.

To me, interviewing individuals who had been in close contact with complex health condition such as ABI, and in some also a near death of their care recipient, prompted reflection on the current care crisis and future sustainability of informal caregiving. Participants emphasised the significance of support and short breaks from caregivers; additionally, their accounts reflect the complexities of caregiving – for example how wider family members (who at times also offer practical support with caregiving) can lack understanding of ABI, and thus at times contributing to caregiver burden. Participants' insights challenged also my assumptions about supporting caregivers and promoting care sustainability, underscoring the necessity for societal change to genuinely support ABI caregivers in their roles.