

Doing
Research in
Counselling and
Psychotherapy

1

Doing Research in Counselling and Psychotherapy: Basic Principles

| | |
|--|----|
| Introduction | 2 |
| Principle 1: The primary aim of research is to create knowledge products | 2 |
| Principle 2: The meaning, significance and value of any research study depend on where it fits within the existing literature | 5 |
| Principle 3: Developing reliable and practically useful research-based knowledge in the field of counselling and psychotherapy requires the adoption of methodological pluralism | 6 |
| Principle 4: The purpose of therapy research is to produce practical knowledge that contributes to social justice | 9 |
| Principle 5: Good therapy research requires paying attention to reflexivity, i.e., the personal meaning of the research for the researcher | 11 |
| Principle 6: To produce genuine knowledge requires commitment to an ethic of care | 12 |
| Principle 7: Research is a collaborative activity | 13 |
| Principle 8: Social context is always a key factor in any research on therapy | 15 |

| | |
|---|----|
| Principle 9: The research training environment plays a crucial role | 17 |
| Conclusions | 19 |
| Suggestions for further reading | 19 |

Introduction

The aim of this book is to encourage and support the reader to carry out research into counselling, counselling psychology, psychotherapy, or related topics in fields such as social work, mental health and coaching. In preparation for carrying out research, it is important to develop an understanding of the ways in which therapy research has grown and developed, the types of methodological approaches that have been employed, and the social, political and cultural factors that have shaped this enterprise. These themes are addressed in an earlier book – *An Introduction to Research in Counselling and Psychotherapy* (McLeod, 2013a). In the opening chapter of that book, a definition of research is offered and explained: *a systematic process of critical inquiry leading to valid propositions and conclusions that are communicated to interested others*. That same definition functions as the anchor point of the present volume. However, the following chapters adopt a rather different focus. *An Introduction to Research in Counselling and Psychotherapy* looked at therapy research from the outside, from the perspective of a student or practitioner seeking to learn from that body of knowledge. Now, we shift perspective, to consider what therapy research looks like from the inside, from a position of someone actively involved in making a contribution to knowledge.

This opening chapter introduces some key guiding principles, which serve to orient the efforts of anyone undertaking therapy research. These principles can be regarded as an attempt to begin to define what therapy researchers should be trying to accomplish, in terms of practical knowledge that is informed by a specific set of values.

Principle 1: The primary aim of research is to create knowledge products

There is a sense in which any therapist who takes his or her work seriously is engaged in ‘research’, through activities such as observing what happens in a therapy session, keeping notes, testing hypotheses or hunches about what might be helpful for a client, identifying themes and patterns, reading about the client’s problem, and so on. This kind of personal research is essential to good practice. However, it is different from the type of ‘research’ that is being discussed in this book. What we are concerned with here is an understanding of ‘research’ that views it as

a collective, rather than an individual, undertaking. Throughout human history, but particularly over the past two hundred years, knowledge has advanced through the sharing and dissemination of 'knowledge products' such as books, articles, reports, conference presentations, and so on. What researchers do, is to create knowledge products that take their place in a vast marketplace of knowledge. These products may ultimately be used and traded in ways that are beyond the control or imagination of the person who carried out the study. It might be helpful to regard the distinction between personal research and formal research as similar to the difference between a writer and an author. Many people gain great satisfaction and meaning from the experience of writing. But something different happens when that same work gets published – it becomes part of a collective 'literature'.

Throughout the main chapters of this book, that describe different types of research, there is a strong and consistent emphasis on what needs to be done to arrive at a final end product that will fulfil the standards of the relevant knowledge marketplace. Achieving these standards can be a frustrating experience. The standards that prevail within the various different subdomains of therapy research are socially constructed – they arise from a consensus about what makes sense, what is acceptable, what readers and consumers of research will 'buy'. This consensus can change over time, in response to developments in research methodology.

It is important to acknowledge the powerful social and political forces that underpin the concept of a research marketplace. Open publication of, and access to, new knowledge is a central characteristic of democratic societies. Much anger and resentment is generated in such societies when knowledge is hidden, for example when a drug company conceals evidence of the negative side-effects of a new treatment, or a government analyses data that are collected from the global flow of personal emails. On a smaller scale, a similar kind of expectation of transparency has been a crucial driver of psychotherapy research. We expect approaches to therapy to be backed up by evidence that is independently verifiable. We wonder: if the proponents of a therapy are not willing to provide such evidence, then what are they trying to hide?

It is probable that many readers or users of this book will be novice researchers, who have little or no experience of seeing a research project through to the point of publication as a knowledge product. The majority of novice researchers are university or college students. Unfortunately, in most places it is possible to gain a degree, even a PhD, without publishing the findings of the research that has been carried out. What this means is that there exists a vast amount of potentially useful knowledge that is not readily accessible to others, and remains buried on library shelves or in university websites. Some on-line databases, such as PsychInfo, include abstracts of unpublished dissertations and theses. It is fascinating to scroll through these unpublished works. Many of them are fascinating, imaginative, highly meaningful, and potentially of substantial practical relevance. But, as lengthy documents that have not been subjected to the quality control procedures employed by academic journals and book publishers, they are unlikely ever to be read by more than a handful of people. In a field such as counselling and psychotherapy research, where there are major gaps in almost any area of the research literature, this is a tragic situation.

One of the major implications of viewing research as a matter of ‘making things’ lies in the area of research training. Many research training courses and modules require students to learn about a wide range of methodological issues, with the assumption that it is necessary to possess a comprehensive knowledge of research methods in order to design a study. It is as if the student needs to be able to develop a research plan from first principles. By contrast, if the task is to create a research product, it makes a lot more sense to adopt an apprenticeship model of training, where the novice researcher basically copies a previous product, under the close supervision of an expert. Apprenticeship learning is based on practice, with occasional time out to learn about underlying principles. The topic of research training is discussed in more detail later in this chapter.

The notion that the purpose of research is *primarily* to generate research products in the form of publications and other means of disseminating findings does not detract from the importance of the role of research involvement in counsellor and psychotherapist development as a whole. There are many ways in which carrying out research can help both trainee and experienced therapists to develop interpersonal skills and awareness, extend and consolidate theoretical understanding, reflect on practice, and gain a deeper appreciation of client needs and issues. These dimensions of learning make a significant contribution to therapist competence and effectiveness.

Exercise 1.1 Reflecting on the type of research product you want to create

Thinking in terms of research products means that it is necessary for a researcher to decide, at the start, what kind of product he or she is trying to manufacture, and where it can be ‘sold’. The main outlets for counselling and psychotherapy research consist of:

- brief, non-technical reports in professional journals such as *Therapy Today* or the *Healthcare Counselling and Psychotherapy Journal*;
- conference presentations. Increasingly, abstracts and PowerPoint slides of conference papers are also disseminated on the internet;
- reports produced by counselling agencies or professional organisations;
- papers in research journals or general academic journals, such as *Counselling and Psychotherapy Research*, *New Zealand Journal of Counselling*, *Journal of Counseling and Development*, and *Psychotherapy: Theory, Research, Training and Practice*;
- books, and chapters in edited books;
- performances, such as plays, videos and art exhibitions.

In relation to research that you may be planning to carry out, which of these types of product would be most appropriate and realistic? What are the factors that influence you to make this choice? Can you identify specific examples of publications within that type of product, that you might be able to use as a template for your own work? Who do you know, or could consult, who has experience of publishing work of that type, and who might be able to advise you?

Exercise 1.2 Reading research papers

One of the best ways to learn about research is to read articles in research journals. To build an appreciation of research, it is important to read papers that are reports on specific research studies, rather than discussion articles. A specific research report will always include a 'method' section that provides detail on how participants were recruited, and how data were collected. A commitment to read one or two research papers each week will fairly quickly lead to an appreciation of what is possible in research, and the strengths and limitations of different research approaches. It is good to read papers from a position that gives space for an appreciation of the knowledge and information that is being offered, as well as a more critical perspective. Although it is natural to be drawn to studies that reflect one's own personal interests and methodological preferences, it can also be instructive to read papers that fall outside that horizon.

Principle 2: The meaning, significance and value of any research study depend on where it fits within the existing literature

Research is a collective endeavour. Although many research studies are carried out by individual investigators, the reason why research-based knowledge is taken seriously in our society is that it is based on the work of thousands of investigators over many decades. The research community has generated a network of knowledge, where each specific idea, statement or assumption in a research paper is linked to, and supported by, other studies and other theories carried out by different people in different locations. This is what gives research its credibility and persuasive power. The findings of a single study can be intriguing and stimulating. But the findings of a single study will never be taken as a basis for action until they are replicated, or supported by other types of evidence.

The construction of the research literature is organised around a constant process of critical appraisal. Researchers are people who ask awkward questions: Is this true? Is this valid? Are these conclusions justified by the evidence? How can we get better evidence in relation to this issue? The research literature is also organised around a sustained collective effort to answer particular questions. Although there also needs to be space for innovative or maverick researchers who ask new questions, or open up new possibilities, for the most part the research literature reflects a gradual, cumulative progress toward a shared objective. Philosophers and sociologists of science have made a major contribution in developing ways of making sense of how research is organised at a collective level. An introduction to these ideas, along with suggestions for further reading, can be found in McLeod (2013b; see Chapter 3).

One of the main tasks for any new researcher is to become familiar with the research literature around their topic of interest. The process of arriving at an

understanding of any subfield within the counselling and psychotherapy literature is a complex and demanding undertaking. It can be helpful to adopt a historical perspective, looking at how knowledge has been built up over time, because in any field of research there are likely to be interesting and potentially significant findings and directions that emerged at various stages but were then never fully exploited or explored. It is also helpful to track the evolution of different research methods that have been used and essential to read the literature from a critical perspective, with a feel for what is missing and what does not 'feel right'. This can be hard, because new researchers generally do not have enough time to immerse themselves in the literature, and may lack confidence in their ability to critically evaluate what they are finding. It can be useful, again, to adopt an apprenticeship model, and work with someone who already knows the literature well.

The importance of the literature is also reflected in the fact that literature reviews are highly significant and highly valued research products in their own right. Chapter 10 of this book looks at what is involved in writing a literature review paper.

Exercise 1.3 Becoming a connoisseur of reviews

Find at least three literature reviews that have been carried out within the area of your topic of interest. These can be stand-alone review papers or reports, or introductory literature review sections within research articles. Make notes on the strengths and limitations of each review. What was helpful or unhelpful in the way that each author or group of authors structured the review that they produced? What have you learned that can guide you in your own literature reviewing?

Principle 3: Developing reliable and practically useful research-based knowledge in the field of counselling and psychotherapy requires the adoption of methodological pluralism

Methodological pluralism is the idea that there are many ways in which reliable, valid, and practically useful knowledge can be attained. Within the field of research in counselling and psychotherapy, there has been a growing acceptance, over the past twenty years, that a pluralistic stance in relation to knowledge is necessary if real progress is to be made in bridging the gap between research and practice. To appreciate the significance of this stance, it is necessary to know a little about the history of therapy research (McLeod, 2013b; see Chapter 2). Historically, therapy research has been dominated by the methods and assumptions of psychology, which

have emphasised the use of quantitative, statistical methods to analyse data derived from the experimental manipulation of variables. The dominant role of measurement in psychology arose from the need for psychology in the early years of the twentieth century to establish itself as a scientific discipline. As a result, the first generation of researchers in counselling and psychotherapy, in the 1950s and 1960s, made use of the research tools that they had been taught as psychology students, namely quantitative methods.

What has gradually become apparent, as the psychotherapy research community has grown, and as the research literature became substantial enough to function as a credible source of knowledge for practice, is that quantitative methods could only take us so far. There are many aspects of therapy that are better understood through the use of qualitative methods, such as open-ended interviews, or intensive analysis of patterns within single cases. One of the distinctive characteristics of recent research in therapy has been a search for ways of combining information that has been collected using different methods. However, there are still some influential figures who continue to assert that different sources of knowledge should be organised in a hierarchy of validity/credibility. For these individuals, controlled experiments, such as randomised controlled trials, are at the top of the knowledge hierarchy, while case studies or studies that use qualitative interviews provide only supplementary or supporting evidence. The adoption of a methodologically pluralistic stance involves rejecting the notion that there is a hierarchy of knowledge, in favour of a more nuanced position that argues the choice of method depends on the question that is being asked and the situation in which research is being carried out.

Behind this debate there are important philosophical questions. Quantitative research reflects a particular way of seeing the world, in terms of cause-and-effect relationships between 'variables' or 'factors'. Quantitative research refers to a reality that can be reduced to the deterministic laws of physics, biology and evolution, in which there is no place for human choice and intentionality. By contrast, qualitative research refers to a quite different way of seeing the world, in terms of people interacting together to construct a language and culture that at the same time shape them but can also be shaped by them. Within the 'socially constructed' world of qualitative research, human action is not for the most part 'caused' by physical or biological events and processes. Instead, responses to these events and processes will depend on what they mean to people.

Some researchers have taken the view that the assumptions and realities envisaged in qualitative and quantitative research mean that knowledge derived from these sources is incommensurable. These cannot be combined, because they represent fundamentally different and incompatible ways of seeing the world. This position leads to a basic separation between 'science' on the one hand, and the domain of arts, philosophy and humanities on the other hand. This split has been congenial to some therapists, who have used it as a way of justifying their disregard for science on the grounds that therapy is an art or craft that draws on philosophical and aesthetic insights and that scientific knowledge has no relevance.

In my own view, the existence of distinctive and contrasting world-views and epistemologies associated with the qualitative and quantitative research traditions

needs to be taken seriously. We need to understand what is possible, and not possible, within each approach. There are different criteria for good research associated with each approach. For example, on the whole quantitative research produces the most reliable findings if large samples of participants are used. In qualitative research, large numbers of participants usually result in superficial findings, because of the impossibility of capturing and conveying subtleties in meaning. However, counselling and psychotherapy are activities that require paying attention to all aspects of the person. The problems being experienced by a client will always reflect a mix of objective events ('I became depressed because I developed cancer, or lost my job') and the meaning that the person attributes to these events ('my mother died of cancer, and I keep thinking about her'). In addition, clients themselves make sense of their problems in living using a combination of 'scientific reasoning', philosophical analysis and creative expressiveness. The point here is that the practice of therapy requires taking account of different worldviews and epistemologies. It makes sense, therefore, that research into therapy is equally willing to reflect these multiple positions.

The situation in therapy, and by implication in therapy research, is in fact more complicated than this. Clients in therapy (and therapists themselves) draw heavily on knowledge derived from personal experience. Some of this knowledge does not fit at all easily into either the qualitative or quantitative research world-views and epistemologies. These research epistemologies are, in the end, different forms of rationality that reflect the prevailing values of modern secular societies. Personal experience, by contrast, makes use of culturally-shared, commonsense, emotions and 'gut feelings', and knowledge that is derived from spiritual practices. In recent years, therapy practice and research have moved in the direction of embracing these ways of knowing.

I would suggest, therefore, that there is a strong argument to be made that therapy research needs to be pluralistic because good therapy is pluralistic. It seems clear that each time a therapy theory, or programme of therapy research, disregards one of these world-views or epistemologies, it is heading for trouble.

At the same time, at this stage in the development of therapy research, there are some major challenges associated with the adoption of methodological pluralism. One of these challenges is political – the most powerful researchers and research institutions still operate on the basis of a hierarchy of knowledge that places quantitative methods at the top. The second challenge is practical. It takes time and effort to learn how to do research well – any type of research. As a result, researchers tend to specialise in one particular methodology, because they feel more confident and competent when they use that approach. If they become university or college teachers, they then have a tendency to encourage their students to adopt their preferred methodology, thus perpetuating the tendency toward specialisation. In addition, academic departments develop reputations as centres for excellence in particular research approaches. It makes a lot of sense for individual researchers to develop special expertise in particular methodologies. However, if the potential of a methodologically pluralistic perspective on therapy research is to be realised, it is necessary for initial research training to enable students to develop a genuine understanding and appreciation of a range of methodologies.

Exercise 1.4 Imagining different ways that a topic could be investigated

Chapters 10 to 14 describe the main methodologies that are currently used in research on counselling and psychotherapy. Identify a research topic that is of interest to you. As you read these later chapters, imagine how this topic might be investigated using each of these approaches. Alternatively, if you have access to a group of colleagues, each member could look at how the topic could be explored using one or two of the methodologies, and then share their ideas with the group as a whole. Once you have generated ideas for a set of possible studies on the same general topic, reflect on the following questions: To what extent, and in what ways, do you find that different methodologies contribute valuable alternative and complementary understandings of the topic? To what extent do different methodologies lead to conflicting understandings of the topic? Is there one approach that clearly seems to be the best way to investigate that topic (and if so, why)?

Principle 4: The purpose of therapy research is to produce practical knowledge that contributes to social justice

There are some branches of scientific inquiry that are driven by a simple human desire to understand and make sense of the world. This type of work is sometimes described as ‘blue skies’ research. Even when it yields discoveries of practical value, such as new technologies, these are by-products, they do not represent the reason why the work was carried out in the first place. Therapy research is not like this. It is down to earth rather than being up in the sky. Counselling and psychotherapy are forms of practice in contemporary society that aim to help people to achieve learning, personal development and emotional healing. Therapy research always comes back to the central question: ‘How does this knowledge help us to do better therapy?’ This is one of the reasons why methodological pluralism makes sense within therapy research. It is possible to spend a lifetime thinking about the philosophical implications of what it means to measure human experience as opposed to interpreting the way that people talk about their experience. Yet it is not hard to identify both qualitative and quantitative studies, and personal experience studies, that have something useful to contribute to how to do better therapy.

There are many ways in which the organisation and dissemination of research, across all fields of study, have created barriers between research and practice. Research is largely carried out in universities, which are somewhat inaccessible to ordinary people. Academics primarily write for other academics, and publish in journals that are not read by practitioners. Academic journals are also often hidden behind paywalls. When practitioners do read research articles in academic journals,

they are put off by the way in which academic authors emphasise methodological rigour at the expense of practical relevance. Beyond these factors, the academic world is generally structured in terms of ‘disciplines’: psychology, sociology, biology, and so on. By contrast, practical issues are not generally structured along these lines. A therapy client, for instance, may report psychological, social and biological issues all at the same time.

As with other principles that are discussed in this chapter, there is a lag between the way that research has traditionally been pursued, and an emerging progressive consensus about the preferred direction of travel. Inspired by the ideas of writers such as Fishman (1999) and Flyvbjerg (2001), there has been a movement within therapy research to embrace the principle that the purpose of that research is to generate practical knowledge that makes a difference.

But makes a difference to whom? Accepting that therapy research should aim to produce practical knowledge inevitably leads to further questions about the kind of practical knowledge that is intended. For example, a lot of current research is aimed at demonstrating the effectiveness of specific brand-name therapies such as CBT, psychodynamic or person-centred. The findings from this kind of research have a particular kind of practical outcome – mainly in terms of securing the jobs and careers of therapists who operate within that approach. Other research looks at how to do these therapies in a more effective manner, for example by adding client feedback tools (Lambert, 2007, 2010). This is a more direct form of practical knowledge, but it is still limited to the goal of enhancing a conventional form of therapy. It is possible to think about even more radical types of practical knowledge, which explore ways that people seeking help can be more in control of the therapy choices that are on offer. An example of this kind of research is the action research study by Davidson et al. (2001) in which people with mental health problems designed their own community support programme.

What we see here is that an emphasis on practical knowledge, as opposed to ‘academic’ outputs, has the effect of opening up the question of who research is for. An increasing proportion of counselling and psychotherapy practitioners and researchers have arrived at the conclusion that both research and practice should be informed by a social justice agenda (Chapman and Schwartz, 2012; McLeod, 2013a; Ratts, 2009; Sperry, 2008). Yes, we are working to help individuals to overcome problems in living and maximise their potential. But unless we do this in a way that takes account of the wider society, all we are doing is papering over the cracks. If therapy is not aligned with other efforts to build a more sustainable and equal society, then it can be accused of impeding these initiatives.

Exercise 1.5 How might your research be used?

Take some minutes to reflect and make notes on the possible practical value of your research. This could be research that you are planning to undertake, or research that has been completed. In what ways might that research make a practical difference? What can you do to draw attention to, and promote, the practical value of your work? What examples have

inspired you of therapy research that has had an impact on people's lives? In what way might your research be designed or planned to maximise its practical relevance? In what way might it be written up?

Principle 5: Good therapy research requires paying attention to reflexivity, i.e., the personal meaning of the research for the researcher

A commitment to the development of self-awareness represents a key value for therapists. The majority of therapists participate in personal therapy at some point in their career, as well as a range of other personal development activities (McLeod and McLeod, 2014). Within society, therapists can be viewed as specialists in relationships, emotions and ways of thinking. The practice of therapy involves a capacity to reflect on, and find meaning in, therapist-client interaction. It is not surprising, therefore, that therapy researchers expect each other to be aware of the personal meaning of the research that they undertake. Paying attention to researcher reflexivity comprises one of the distinctive features of all types of therapy research.

Almost everyone who engages in therapy research will have trained as a therapist and been a client in therapy. Therapy researchers therefore have a high level of personal knowledge of the issues they are investigating, and possibly also a high level of personal investment in particular ways of thinking about these issues. One of the most striking examples of the influence of therapist's personal beliefs on the results of research, was documented by Luborsky et al. (1999). They looked at the previous training and theoretical allegiance of lead investigators running randomised controlled trials (RCTs) where two approaches of therapy were compared to discover which of these was more effective with a particular type of client. RCTs hold a special place in the world of therapy research, as a type of investigation in which every possible effort is made to ensure objectivity and eradicate bias. Nevertheless, Luborsky et al. (1999) found that the results of such studies were closely linked to the theoretical allegiance of the lead researcher. For instance, in studies that compared CBT and psychodynamic therapy, if the researcher was an adherent of CBT, that approach would come out on top. If the main researcher was a psychodynamic therapist, then that approach would be found to be more effective.

In an RCT, clients fill in questionnaires and undergo various procedures around which the lead researcher has no direct involvement. In other types of research there may only be one researcher, who interviews the participants, transcribes the recordings of the interviews, analyses the transcripts, and then selects representative quotes for inclusion in the results section of the ensuing article. In such instances, it is easy to see that the study as a whole will be shaped by the way a researcher personally makes sense of the topic being investigated.

These are situations in which the personal meaning of the researcher may get in the way of gaining a satisfactory understanding of the experiences of the subjects of

the research, for example clients. There are also other situations in which the personal awareness of the researcher represents a major strength and advantage. For example, personal experience of an issue may help to sensitise a researcher to aspects of that phenomenon, or may make it more likely that research participants will trust the researcher. There are also methodologies that make it possible for researchers to systematically explore, and report on, their personal experience (see Chapter 14).

There are some areas of science in which it is not possible for the researcher to have personal experience of the subject being studied (e.g., geology, evolution, microbiology). There are also other areas where a researcher may be motivated by personal and family experience (such as a cancer researcher whose father died of the disease), but not a way that has led them to want (unconsciously) to arrive at a particular set of conclusions. The prevailing assumption in science, right or wrong, is that scientists are engaged in solving intellectual puzzles, rather than pursuing personal quests. It is hard to see how therapy research can ever be just an intellectual puzzle.

The implication of this set of considerations is not that therapy researchers should necessarily write at length in research papers about their life experiences, feelings and expectations about the topic, and so on. Doing so may be useful in some situations, but in other contexts it will just get in the way of telling the story of what was found. What is needed, really, is a willingness to engage in on-going reflexive self-monitoring, and also engage in conversations with colleagues about what comes up. In other words, to behave like a therapist when being a researcher.

Exercise 1.6 The personal meaning of your own research

Identify a research topic around which you are intending to carry out research, or perhaps have already investigated. Give yourself some time to reflect, answer, or discuss the following questions: What are the points of connection between this topic and your personal life? What makes this topic interesting for you? What is your personal experience of the phenomena you plan to study/have studied? Are there any personal issues that you may be trying to understand through developing an academic knowledge of this topic? In what ways might the personal meaning of the topic: (a) sensitise you to aspects of the questions you are exploring?; (b) contribute to a deeper understanding of the question?; (c) function as a source of bias and error?

Principle 6: To produce genuine knowledge requires commitment to an ethic of care

There is no doubt that rationality constitutes a key value within contemporary society, and that in many respects science represents an arena in which it is allowed its fullest expression. Rationality permeates research – from the level of philosophical logic and mathematical equations that underpin research design and data analysis, through to the structure of scientific papers and the ways that research is written up.

However, in the world of counselling and psychotherapy, research that makes a difference, that is memorable or that inspires readers to change their practice, is not achieved merely through the application of rationality. The essential ingredient of research that makes a difference, alongside logical rigour, can be characterised as commitment to an *ethic of care*. The most obvious way in which therapy researchers take care is in the area of research ethics, by ensuring that no harm comes to research participants. Even here, a lot of the time, the level of care exhibited toward research participants will be the minimum necessary to receive ethical approval for a study to go ahead. It is instructive to read research papers with this question in mind: ‘To what extent did this researcher *really* care about what happened to the participants?’ There are relatively few studies that pass this test.

A further aspect of care is reflected in the attitude of the researcher toward the work being undertaken. Within university systems, a licence or accreditation to practice as a therapist will depend on completing a research study. In many instances, the student cares passionately about his or her topic. In other instances, the dissertation or thesis, and subsequent published articles, are just hurdles to be negotiated in order to secure a good job as a practitioner. Career research academics do not always care about the research they carry out. There are many occasions when research studies and programmes are undertaken for reasons of career advancement or income generation. Again, it is possible to read research papers with the question in mind, ‘To what extent did this researcher demonstrate a passionate interest in the topic of the study?’ Some researchers produce work that conveys joy, wonderment, and enchantment, while others do not. These qualities are hard to convey in technical reports in scientific journals, but can be observed (or not observed) when a researcher presents his or her work at a conference, or writes for a more popular readership. Carl Rogers was a good example of a researcher who possessed these qualities, and expressed them in much of his writing. Care is often visible in writing, through flow and aesthetic quality.

Exercise 1.7 Your own personal ethic of care

What are the ethical values that underpin your research? How much do you care about the research you are carrying out? In what ways does this care (or lack of care) exhibit itself in the way you go about your research business? Who do you talk to about your level of care/indifference in relation to your research?

Principle 7: Research is a collaborative activity

There is an image of the seeker after truth that represents an attractive metaphor for many researchers. The seeker after truth sets off alone on a long journey of discovery, or withdraws from the everyday world to meditate in a cave, or wanders

dreamlike around a garden like Isaac Newton or Charles Darwin, or whatever. This is a heroic and inspiring type of image, which has some relevance to what can happen during the research process. A lot of the time, the creative process of arriving at a new understanding may be facilitated by a period of immersion in the topic, which can be greatly aided by withdrawing from everyday demands. But it is also an incomplete image. The question being investigated by the seeker after truth is never just their own personal question – it is always one that has been asked before, in some shape or form, which has then been passed on to the seeker. Even on a journey of discovery someone will be cooking the meals or, on the end of the line when the time comes to phone a friend. And at the end of that journey, the truth that has been uncovered will require an audience.

This point is worth emphasising because the way that counselling and psychotherapy research has been organised has had a tendency to promote an individualistic model of inquiry. Most published research studies will have been conducted by students, and there is pressure on students to be able to demonstrate that what they hand in is their own individual work. There is no university regulation that prohibits a student from doing their research as part of a team. But it is generally regarded as safer and clearer, for assessment purposes, if the project has transparently been a solo effort.

On the whole, successful scientific research is carried out by teams – in labs, research institutes and clinics. Probably the single most influential programme of research in the field of counselling comprised the output of the team that was led by Carl Rogers from the mid-1940s to the mid-1960s (McLeod, 2003). Although nowadays this body of research is generally attributed to Rogers, even brief scrutiny of books such as Rogers and Dymond (1954) or Rogers et al. (1967) reveals that at least 20 active researchers were involved at any one time. Closer examination of these texts, and the flow of ideas within that group, makes it possible to see that many of the major breakthroughs and insights in fact originated in the work of lesser known members of the group.

Historically, research teams have been based in a single geographical location, to make it possible to engage in regular conversation. In recent times, the internet has made it possible for researchers to collaborate even when they are located many thousands of miles from each other. Even in these situations, however, international research teams will usually find ways to organise face-to-face meetings on a regular basis.

From the point of view of a person who may be taking a lead role in a research study, for example a student undertaking a dissertation project, other people can take on a variety of supplementary roles:

- Source of research skills and knowledge (tutor, supervisor, mentor, consultant).
- Provider of emotional support.
- Dialogue and challenge around theoretical ideas and analysis of data.
- Provider of complementary skills – no one individual is good at everything – one member of a team may generate creative possibilities, another one is well organised and gets things done on time, another one binds the group together, etc.
- Member of a research network.

In addition to these functions within a research team, counselling and psychotherapy research almost always requires collaboration with people and groups within the community, such as clinic managers who enable access to clients, and therapists or clients who are willing to be interviewed or complete questionnaires. An important external point of contact for any research study is its relationship with the relevant ethics committee; developing an understanding of ethics committee requirements and procedures is essential to the success of any project.

The collective nature of research can be regarded as a source of potential enjoyment and personal development. Research relationships offer opportunities to spend time with people you like, or who stimulate personal growth and learning.

Exercise 1.8 Who is in your research team?

Who are the people available to you in relation to your research endeavours, or who might be available? How satisfying and supportive is your contact with these individuals? In what ways might the collaborative dimension of your research be enhanced? If you are at the stage of planning a research study, who can you recruit to your team?

Principle 8: Social context is always a key factor in any research on therapy

Counselling and psychotherapy are forms of help that focus on individual and personal dimensions of experience. Often, therapy will explore the ways in which family and community processes have shaped the beliefs and choices of a client. But therapy is not primarily an instrument of social change. Nevertheless, one of the defining characteristics of practically useful therapy research is that it takes account of social context. The reason for this is that while research seeks to identify general therapeutic interventions, strategies and concepts, in practice these ideas are always applied within a specific social, organisational and cultural context. For example, a great deal of research has shown that therapy tends to have a better outcome if a strong alliance between therapist and client has been established by around the third session (Muran and Barber, 2010). This is a useful idea, because it draws therapist attention to a particular aspect of therapy that needs to take priority right at the start. At the same time, studies on the therapeutic alliance are of limited value to practitioners unless they also describe the context within which a study has taken place. For example, the therapeutic alliance may be different in court-mandated clients, or bureaucratically-organised managed care systems, compared to clients seen in private practice settings. The type of relationship a person has with a professional expert is likely to differ across culture and social class. There are historical differences in therapeutic relationships – for example, contemporary clients have

access to much more information about therapy, and possibly have clearer expectations, compared to clients seen by Freud or Rogers. The context includes the therapist. Some therapists are trained to be highly attuned to relationship factors, while other therapists have been trained in ways that may lead them to be less relationally-oriented.

The example of research into the therapeutic alliance illustrates some of the ways in which it can be hard, or even impossible, for practitioners to evaluate the implications of research findings for their own personal practice, in the absence of information about the context within which the research was carried out. In general, therapy research studies typically provide only limited data on the cultural and organisational context.

There is also a broader sense in which an appreciation of social context has an influence on therapy research. Shifts in approaches to therapy that are used in a society largely arise as a result of social change. For example, during the eighteenth century there was a shift from religiously-oriented to secular frameworks for emotional support. In the early and mid-twentieth century, psychoanalytic ideas and practices were transformed through exposure to American cultural values. From the 1970s, brief therapy and managed care emerged as a means of accommodating the requirements of large-scale healthcare systems. At around the same time, feminist, multicultural and gay-affirmative models of therapy were a response to political change in western democracies in the direction of equality of opportunity and social inclusion. A powerful analysis of these developments can be found in Cushman (1990, 1992, 1995). Another valuable perspective can be found in the writing of Jerome Frank (1973) who studied psychotherapeutic practices at various times in history and in a variety of cultures. His conclusion was that it was possible to identify common factors, such as the provision of healing relationships and rituals that instilled hope, even when the ways in which these elements were delivered varied a great deal according to the social context.

Exercise 1.9 Developing an awareness of the social context of research

Here are two ‘thought experiments’ that are relevant to the development of an awareness of the significance of social context in therapy research. First, as you read research papers, take a few moments to reflect on the extent to which the findings reported by the authors might be linked to the specific group of clients and therapists that were studied, the organisational context in which data were collected, and the time and place when the study was carried out. To get a handle on these issues, it can be useful to try to imagine how clients, therapists, etc. from different social groups or at different points in the past, might have responded to the research tasks (e.g., questionnaires, interviews) used in the study. A second reflective experiment involves taking some time to make a list of cultural factors within your own research. How might you collect information on these factors and report that information in

publications in a way that would be helpful for readers? To what extent, and in what ways, would paying attention to such factors diminish or deepen your understanding of the topic you were investigating?

Principle 9: The research training environment plays a crucial role

Although several thousand research studies on counselling and psychotherapy have been published over the past decades, it seems clear that there exists a substantial gap between research and practice (Cohen et al., 1986; Morrow-Bradley and Elliott, 1986). For the most part, therapy practitioners do not regard the findings of research studies as being relevant to their work, and are reluctant to take part in research. One of the reasons for this is that the research inputs that counselling and psychotherapy students receive as part of their primary training are a major turn-off, and leave most of them with a negative attitude to research in all its forms. A team of researchers, led by Charles Gelso at the University of Maryland, has carried out a series of studies into the characteristics of facilitative and non-facilitative research environments in university postgraduate degrees in counselling and clinical psychology in North America (Gelso et al., 2013). Their conclusion, on the basis of this evidence, was that there exists a set of essential characteristics associated with research training environments that can prove effective in encouraging an interest in research and capacity use research to inform practice:

1. Members of academic faculty function as models of appropriate scientific behaviour and attitudes.
2. Scientific activity is positively reinforced in the environment, both formally and informally.
3. Students are involved in research early in their training, and in a minimally threatening way.
4. The environment emphasises science as a partly social-interpersonal experience.
5. It is emphasised in training that all research studies are limited and flawed in one way or another.
6. Varied approaches to research are taught and valued.
7. The importance of students looking inward for research ideas and questions is emphasised when they are developmentally ready for this responsibility.
8. Students are shown how science and practice are interconnected.

9. Statistics teaching is made relevant to applied research; and emphasis is given to the logic of a research design as well as statistics.
10. Students are taught during the latter part of their programme how research may be conducted in practice settings.
11. Each student is able to develop a relationship with their research supervisor that is characterised by creating a rapport, being an apprentice to the supervisor, and identifying with that supervisor as a role model.

All of these elements of a productive research training environment make sense to me, based on my experiences as both a student and teacher. One further element that I would want to add is this:

12. Encouragement and an opportunity to work collaboratively on research tasks with fellow students.

The importance of these 12 themes is backed up by the findings of a study by Duffy et al. (2013), who interviewed research-active counselling psychologists about their views on what had been helpful in their research careers.

Gelso et al. (2013) carried out their research in North America, and their findings inevitably reflect the experience of tutors and students on courses where the majority of participants held psychology degrees. In other countries, a significant proportion of counselling and psychotherapy trainees will come from non-psychology backgrounds, and there will be differences in the relative weighting given to research as against clinical practice and personal development. Nevertheless, it is likely that there are some general lessons that can be derived from the work done by Gelso et al. (2013). Essentially, what they are saying is that if trainee therapists are to appreciate the value of research, they need to be taught by tutors who model how this is done. Gelso et al. (2013) are in effect recommending a form of apprenticeship learning, where practical research tasks are tied in to what a student can handle at each stage, and the students join in with research being carried out by their tutors or supervisors before being expected to come up with their own ideas. Throughout training, research is not treated as an academic requirement that is separate from clinical practice, but as a means of enhancing that practice.

The development of facilitative research environments within university and college training programmes is not just a matter of enabling and inspiring students to do good research and then continue to use research to inform practice throughout their careers. These environments are also essential for research-active academic staff, by giving access to a steady stream of students who are able to contribute to the research being done by the tutor and then can take that line of inquiry forward in creative ways. Finally, such environments function as a resource for therapy practitioners and managers of therapy services and clinics, through providing flexible, low-cost or no-cost opportunities for research collaboration.

Conclusions

This set of principles is intended to function as a series of points of reference for anyone carrying out research in therapy. The following chapters provide guidelines and information on general research skills, such as using qualitative and quantitative methods, and then show how these skills can be applied to create different types of research product. Throughout all of these chapters, it will be helpful to refer back to basic principles, by reflecting on various questions: for example, ask yourself ‘How does using this research method, or recruiting participants from this population, look when considered in light of the principle of generating practical knowledge, using my own reflexive knowledge, and so on?’ These principles can be viewed as equipping novice researchers to reflect critically and constructively on the many decision points that can arise throughout the life of a research project.

Suggestions for further reading

The research principles outlined in this chapter reflect my own experience as a researcher, research supervisor, and consumer of research. I make no claim that these principles are comprehensive or complete, or are right for everyone. In the end, it is vital to be able to identify one’s own personal principles. A sense of the underlying personal experiences and values that have shaped the work of well-known contemporary figures in the field of therapy research can be found in the following edited books:

- Castonguay, L.G., Muran, J.C., Angus, L., et al. (eds) (2010) *Bringing Psychotherapy Research to Life: Understanding Change through the Work of Leading Clinical Researchers*. Washington, DC: American Psychological Association.
- Hoshmand, L. and Martin, J. (eds) (1994) *Method Choice and Inquiry Process: Lessons from Programmatic Research in Therapeutic Practice*. New York: Teachers’ Press.
- Soldz, S. and McCullough, L. (eds) (2000) *Reconciling Empirical Knowledge and Clinical Experience: The Art and Science of Psychotherapy*. Washington, DC: American Psychological Association.

Companion website material

The companion website (<http://study.sagepub.com/mcleod>) for this book provides access to a range of papers in which leading researchers reflect on the values and principles that have influenced their work:

- Busch, R., Strong, T. and Lock, A. (2011) Making sense of epistemological conflict in the evaluation of narrative therapy and evidence-based psychotherapy, *Refereed Proceedings of Doing Psychology: Manawatu Doctoral Research Symposium*, 2011: 49–56.

- Duffy, R.D., Torrey, C.L., Bott, E.M. et al. (2013) Time management, passion, and collaboration: a qualitative study of highly research productive counseling psychologists, *The Counseling Psychologist*, 41: 881–917.
- Gray, K. and Wegner, D.M. (2013) Six guidelines for interesting research, *Perspectives on Psychological Science*, 8: 549–53.
- Mackrill, T. (2009) Constructing client agency in psychotherapy research, *Journal of Humanistic Psychology*, 49: 193–206.
- Rogers, C.R. (1965) Some questions and challenges facing a humanistic psychology, *Journal of Humanistic Psychology*, 5: 1–5.
- Strong, T. (2010) Collaboration, generativity, rigor, and imagination: Four words to focus and animate our practice-oriented inquiries, *Human Systems: Journal of Therapy, Consultation and Training*, 21: 380–96.