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## Becoming a Research Practitioner: A meta-synthesis

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**Abstract:** Mental health and emotional wellbeing are notoriously difficult to research and understand. Psychotherapy plays a significant role in generating new knowledge in the field. This study offers a meta-synthesis of earlier published, primary research reports into therapists' experience of and involvement in postgraduate research. Meta-synthesis is an approach of synthesising findings from different studies to enable deeper understanding about a research topic. The synthesis involved 're-searching' and reviewing three studies previously published by the authors in response to an upcoming conference about postgraduate research with a new, transdisciplinary audience focusing on identity, access and opportunity when transitioning to postgraduate research. Our meta-synthesis followed three analytic phases, namely revisiting and reviewing the original findings (meta-data analysis), considering the original methods (metamethod and metatheory phase) and discussing, comparing and contrasting the primary research to create understandings (the synthesis phase). The new interpretations highlighted a loss of self, a re-positioning or attempt to understand self in new contexts, and a newly emerging, integrated (transformed) sense of self across personal, professional, and educational contexts. The synthesis suggests further that researchers in the field of therapy often are particularly disadvantaged in terms of having few professional research opportunities and limited access to academic journals. Our synthesis highlights room for improvement in postgraduate research to support diversity, access, and opportunity.

**Keywords:** Meta-synthesis, academic writing; practitioner research; postgraduate research; student mental health.

This study provides a meta-synthesis of three earlier published, primary research reports into therapists' engagement with postgraduate research. The following three papers formed a three staged study into how counsellors, psychotherapists and counselling psychologists experience their engagement with research: i. Bager-Charleson, du Plock, & McBeath (2018), ii. Bager-Charleson, McBeath, & du Plock (2019), iii. McBeath,

Bager-Charleson, & Abarbanel (2019). The studies included a narrative research study based on doctoral dissertations (n = 50), interviews (n = 7) and research journals (n = 20) across 19 cohorts on one professional doctoral programme; one mixed-methods study with findings from a survey (n = 92) and interviews (n = 11) gained via training institutes and therapist member organisations across Europe; and one survey (n = 248) distributed in UK and Europe into therapists' engagement in academic writing.

## Background: Therapists as Research Practitioners

The three studies under scrutiny were conducted under the umbrella of a research group titled Therapists as Research Practitioners (TRP) at Metanoia Institute. The TRP-group aims to enhance, deliver, and make policy recommendations for research training for counsellors, psychotherapists, and counselling psychologists. The synthesised studies explored obstacles and opportunities for the therapeutic practitioners to engage with research, focusing on therapists' own experience.

Triggered by an upcoming conference presentation, the authors have aimed to 're-search' and synthesise the findings across the studies which utilised 'transitions to postgraduate research' as its lens. Further questions emerged namely: How does postgraduate research training impact therapists' sense of identity? How do therapists access research training, and how do they engage in a wider academic community, across disciplines? And what are the occupational opportunities for therapists to advance as researchers during and after their research training?

## Methodology

### Meta-synthesis

'Meta-synthesis' has "become a generic term for the range of methodological approaches whereby the findings from several research studies are synthesised to produce a new and expanded understanding about the topic of inquiry" (Paterson & Thorne, 2003, p.39). It offers an alternative to systematic reviews and meta-analysis which aim for objective, neutral analyses of previous research. Meta-synthesis re-examines previous analyses, including considering how knowledge is embedded in personal, social, and cultural context as part of the findings.

Our meta-synthesis follows three analytic phases as we

- revisit and review the original findings (meta-data analysis),
- consider the original methods (metamethod and metatheory phase) and
- discuss, compare and contrast the primary research (the synthesis phase) by "digging deep to generate new knowledge about the phenomenon under study" (Paterson, 2007, p.76).

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<sup>1</sup> The conference referred to in this paper is: the UKCGE annual even 2020: UK Council for Graduate Education, <http://www.ukcge.ac.uk/events/ac2020-155.aspx>

## Positioning Ourselves in the Study

The original purpose for the synthesis involved presenting the research for a transdisciplinary audience with a shared focus on postgraduate training. The prospect of presenting at the upcoming research conference by the UK Council for Graduate Education (UKCGE)<sup>1</sup> triggered a re-engagement within the research team around the research from new angles. As part of the preparations a new member also joined our team.

The meta-synthesis study was led by Dr Bager-Charleson, chair of the TRP group, who raised themes and questions with the group which included the other leading TRP researcher Dr McBeath with Professor du Plock and Dr Adams. We asked ourselves: How might we sum up our research so far? What key findings might be relevant for a transdisciplinary context? Dr Adams had not participated in previous studies and added new perspectives, both directly and indirectly – sometimes simply by prompting the others to make tacit knowledge explicit.

## Our New 'Lenses'

A meta-synthesis is "an interpretation of what the authors of primary research reports have constructed or interpreted in their research" (Paterson & Thorne, 2003, p.40). Each study had originally been positioned as distinct and separate studies. Engaging the synthesis, they became jigsaw like puzzle pieces in a larger puzzle. The conference theme was *Transitions in postgraduate research through the lenses of access, identity and opportunity*, which shifted our focus to post-graduate research on a more general level.

The members of our research team represented a variety of interests. Our new member, Marie Adams, brought experience from research and teaching in the field of practitioner self-awareness and self-care. Her arrival required existing team members to address 'taken for granted' knowledge and make that explicit. Each of us approached also 'transition' in different ways at the time of the study, especially in terms of personal investment. Two of us had recently experienced bereavements of significant others, one (Sofie) was engaged in moving her mother into a care home at the time of study, and Alistair had recently expanded his clinical practice to include expertise in the field of transgender issues. As Sofie engaged

in her mother's care home transition, she experienced doing this study as particularly anchoring and reassuring at the time. Some team members picked up on how her idealising of the research process got in the way of hearing the participants' struggle. The final stage of the meta-synthesis involved a shared reflection over a draft synthesised themes, and Alistair noted how Sofie had neglected to highlight the important frequency with which therapists had referred to 'shame and fear of failure' in that summary.

## Critical Friends

After establishing our ground aims in face-to-face meetings, *Skype* and over the telephone, we communicated regularly by email. We shared articles and analyses together with earlier stored details linked to the published research reports. We found our online contact sufficient to raise questions, offer suggestions and directions, and to discuss how the team members could reach agreed-on deadlines. Our group provided space for being vulnerable while also being a safe place to reflect, and be given opportunities for lively, in-depth discussions as part of the analysing and synthesising. Feeling safe and held by the group felt paramount. The term 'critical friends' fits well into the job-description of research team members in meta-synthesis studies. We resonated with Paterson and Thorne (2003) who write:

The research method of meta-synthesis, perhaps more than any other, requires that the researchers be willing to debate with each other in a respectful but open manner. It requires that they truly listen to others' perspectives and grapple with difficult issues in qualitative research. Many times, it requires that researchers be willing and able to risk voicing opinions not shared by everyone else in the group' (2003, p.28)

## Critical Realism

We position our meta-syntheses under the umbrella of critical realism (Bhaskar, 1975, 1998) as an alternative to classic positivist and interpretivist paradigms. It suggests, to some extent, a unifying view of reality and the acquisition of knowledge. Critical realism accepts the principle of an objective reality independent of our knowledge. It also accepts that our knowledge of the world is relative to who we are and that, ultimately, our knowledge is embedded in a non-static social and cultural context.

## Literature Review: Postgraduate Research Transition

Our interest turned to the well-being of postgraduate researchers in a higher education context and culture, with the view of positioning counsellors, psychotherapists, and counselling psychologists in that broader context. We found three overarching themes in our new literature review:

- Disorientation, self-doubt, and anxiety in higher education
- Transition
- Transformative learning

### Disorientation, Self-doubt, and Anxiety in Higher Education

Based on a literature review about 'transition' in postgraduate research together with a qualitative focus group with Masters students and supervisors, McPherson, Punch, and Graham (2017) suggest that transition into postgraduate research in general is often accompanied by disorientation, self-doubt and anxiety. Metcalfe, Wilson, and Levecque (2018) conducted interviews with key staff and postgraduate researchers at ten Higher education institutes (HEIs) alongside a pilot survey across six HEIs, with findings suggesting there needs to be a change in the education process:

Systemic culture change is needed by the [whole Higher Education Institutes HEIs] sector. The academic culture of high-achievement, expectations of high workloads and not displaying any weaknesses can mitigate against PGRs feeling this is a safe environment. (2018, p.30)

Thorley's (2017) scoping research across ten Higher Education Institutes (HEIs) suggests that mental health related problems are higher among postgraduate students in the United Kingdom (UK) relative to other sections of the population. His study showed that although several HEIs hold regular Postgraduate Research meetings and progress reviews this would involve little opportunity to refer to personal problems. Studies including undergraduate training in Thorley's transdisciplinary study show how alarmingly the number of student suicides increased by 79%, for instance, between 2007 and 2015, and the number of students (1,180) experiencing mental health problems who dropped-out of university due to "mental health problems" (Thorley, 2017, p.4) increased by 210% in 2014/15 compared to 2009/10, triggering higher education providers to report "significant increases in demand for counselling services" (Thorley, 2017, p.4). Barden and

Caleb's (2019) review of research in the field highlights further increase in reported mental health problems since 2018.

Metcalfe, Wilson, and Levecque (2018) applaud the increased interest in the wellbeing and the mental health of undergraduate students but assert that there is still little understanding about emotional and mental health related issues amongst Postgraduate Researchers. Postgraduate researchers were found to be "unwilling to talk about any wellbeing issues if they feel it will reflect badly on how their progress is viewed" (Metcalfe et al 2018, p.30). In fact, with options ranging from: 'never', 'at least once or twice a year', to 'every day', 58% of PGRs had considered suspending or leaving their doctoral training programme *without telling their supervisor*. Metcalfe et al. (2018, p.41) concluded that "for HEIs to provide a safe working environment for PGRs that supports their wellbeing and mental health the whole sector needs a systemic culture shift".

## Transition

The concept of 'transition' helped us also into new areas of insight. O'Shea (2014, p.137) compares transitions to "some type of reorientation [which] can both constrain or open-up opportunities as well as initiate change both on an individual level and also more broadly in relation to others". Meyer (2019) stresses the importance of acknowledging and normalising 'psychological transitions' linked to life stage changes, moving, loss etc. Ecclestone extends this thinking in terms of 'transition' as something which 'combine turning points, milestones or life events with subtle, complex processes of 'becoming somebody' personally, educationally and occupationally (2009, p.12). These strands pertaining to transitions expanded our view of transformative learning perspective into a *personal, professional and educational* domains of change. Our previous research included references to Mezirow's (2009) concept of transformative learning, and we referred then to transformative learning as something which inevitably causes stress as part of the requirements in postgraduate research to generate new knowledge. The educational theory about transformative learning suggests the importance of letting go of old knowledge to generate new, and how engaging in 'disorienting dilemmas', i.e. challenging earlier held set beliefs about the world, becomes part of this.

## Transformative Learning

Our meta-synthesis study developed this thinking further. Mezirow (2009) defines a "disorientating dilemma [as something] which challenges something which we hold as true,

valid and reliable and involves letting go of familiar frameworks in ways which can involve stages of loss and

confusion" (2009, p.36). This resonated particularly with our own earlier findings that showed how individuals could pay a personal price for transformative learning, for instance, how they experienced somatic levels of pains during the research (Bager-Charleson, du Plock & McBeath, 2019; Bager-Charleson, McBeath & du Plock, 2019). The conference approached transition also through the lens of opportunity and access, which added interesting perspectives on transformative learning domains. O'Shea (2014) compared as mentioned 'transitions' to both constraining and empowering opportunities. Ecclestone (2009) extends this thinking in terms of 'transition' as something which "combine turning points, milestones or life events with subtle, complex processes of 'becoming somebody' personally, educationally and occupationally" (2009, p.12). These transitional strands expanded our view of transformative learning perspectives into *personal, professional and educational* domains of change. We return to this in Table 1 towards the end of this paper.

## Returning to 'Therapists and Research'

Our meta-synthesis involved re-vising earlier literature reviews and identifying or summarising the essence of our earlier studies, with transition into postgraduate research in mind. The following section recounts this process.

## Literature Review: Therapists' Unstructured and Patchy Knowledge

A number of studies have described therapists' research knowledge as unstructured or 'patchy', and often guided by personal interest (Prochaska & Norcross, 1983; Morrow-Bradley & Elliott 1986; Beutler, Williams, & Wakefield, 1995; Boisvert & Faust 2005; Morrow-Bradley & Elliott; Castonguay et al 2010; Darlington & Scott, 2002; Tasca 2015). Our literature reviews (Bager-Charleson, du Plock, & McBeath 2019; Bager-Charleson, McBeath, & du Plock, 2019; McBeath, Bager-Charleson & Arbarbanel, 2019) further develop these points painting a picture suggesting that therapists, historically, have rarely initiated research; they seem to be more informed by clinical experience, supervision, personal therapy, and literature than by research findings; their research is also

described as based on poorly integrated knowledge gained from workshops, books, and theoretical articles.

### **Therapists and Research Practitioners (TRP) Metanoia research group**

Our earlier mentioned research group, the TRP group, had developed in response to the critique of therapy research as unstructured and patchy. We were interested in how counsellors, psychotherapists and counselling psychologists described their experiences of doing research. This developed, as previously mentioned, into a narrative thematic inquiry into counsellors' and psychotherapists' engagement with research; a mixed methods exploration of practitioners' views on the relationship between psychotherapy practice and research; and a mixed-methods inquiry into counsellors' and psychotherapists' engagement in academic writing. Our research findings from these three studies suggested a great deal of stress and discomfort among therapist researchers, which we now approached in the context of a general, cross-disciplinarian transition into postgraduate research in mind. Each project is initially summarised below and will be amplified and returned to through the lens of our meta-synthesis study.

### **Study 1: "Therapists have a lot to add to the field of research, but many don't make it there."**

Our first study (Bager-Charleson, du Plock & McBeath, 2018) was based on doctoral dissertations (n = 50), interviews (n = 7) and research journals (n = 20) across 19 cohorts from one professional doctoral programme. The study identified three stages of therapists' embodied engagement with research including 'feeling overwhelmed', 'developing coping strategies' and 'feeling illuminated' through the research. The title of our write-up of this study reflects therapists' opportunities and access to research training, to which we will return after referring to some of the findings suggesting both a personal and professional painful transition from therapists to researchers.

### **The Painful Impact of Postgraduate Research on the Therapist's Personal and Professional Identity**

Several therapists described becoming unwell during their data-analysis work with for instance

- unexplained pain,
- hypertension,

- palpitations,
- chest pains,
- panic attacks and
- difficulty sleeping

Associated with somatic disturbances was a feeling expressed by many therapists of 'excessive immersion' whilst attempting to analyse their data. The stage of 'data analysis' particularly involved typically a high level of stress, often coupled with shame and confusion; "I underestimated the data-analysis," said one therapist, "you're desperately trying to find themes and codes and things but, actually, this is somebody's life." (A1).

The same therapist said:

The end-result [of my data analysis] was very nicely polished and well presented, but I don't think it really captured what went on and how that journey to the data analysis from the interviews, how it really played itself out, and how difficult it became. (A1)

Another therapist stated that, "I really did eat, sleep and breathe the research". (A2)

Whilst self-awareness and self-care are significant in clinical training, therapists referred to a research culture where personal investment typically was regarded as a weakness. One therapist reflected on self-care in research: "The literature on qualitative research emphasises the importance of protecting the research participants. There is not much on protecting the researcher". (A3)

Several therapists referred to shame. One described an overwhelming 'shame' when faced with not knowing; during stages when old understandings failed to make sense. The therapist, 'Peter' (B1), described some painful stages towards what we as researchers construed as transformative learning:

At first, I read and read and read...but how could I ever retrieve, synthesise, analyse this mass of thinking? How would I even remember certain key points as they disappeared under the constant input I was subjecting myself to? (B1)

There was a period of confusion and shame:

[It was] shaming – something I didn't talk to with anyone in case they would think I was being ridiculous, or that I should give the research up if simply reading books was giving me such high levels of stress. (B1)

The stress mounted:

About 15 months into the [programme] I began to have heart palpitations. These were extremely alarming and at

some points I began to wonder if I was actually having a heart attack....Apart from palpitations the other main embodied experience I encountered during my research was, on the morning when I finally decided I had to stop reading and start 'creating', an incredible tightness across my chest and a heavy 'band like' feeling across my forehead. I was sat in my study, with hundreds of quotes/cards strewn across the floor, and a deep sense of foreboding. At that point I literally had no idea of how I was going to shape the literature I had read (subject-related and method/methodology-related) into a coherent, elegant, 'whole'. I remember groaning out loud at the prospect – as though I was involved in heavy physical labour. (B1)

This therapist referred however to a "happy ending". The therapist described becoming "aware of how easily we/I seek solid ground to live on, when actually there may be no such solidity" as an empowering both personal and professional outcome. He referred to an illuminating experience in terms of "learning to live with uncertainty and possibility" as part of research:

The palpitations, amazingly and much to my relief [...] stopped and have never returned. For me, they attest to the reality that undertaking research into areas which are deeply meaningful and important to us as people, not just as academics, lays us open to challenge and struggle at very deep levels. To my mind, they represent an existential struggle with fundamental concepts or building-blocks of what it means to be human; a far-from-easy letting go of aspect of life which have felt like certainties and an opening up to anxiety and learning to live with it without the need to simply resolve it. (B1)

### Conflicts with Prior Frameworks of Understanding

References highlighted a gap for therapists in terms of their epistemological positioning in research compared to their relational, embodied and emotion guided practice. Many found it as mentioned difficult to see the currency of being emotionally and embodied attuned in research. "The impact of the written word" could be "very disorientating", as one therapist put it, and continued:

Words on the written page... they're very personal... so rife with emotional content and splitting, and polarities and mess...What do you do with that? How do you find an expression? (A4)

Many found research too rigid or limited and looked for new 'mediums':

You could find words, of course you could, but somehow they felt inadequate, a blunt instrument. I found other mediums actually allowed for actually going to places you wouldn't go to... I used music, drawing and cooking to help

participant connect with the experience we wanted to talk about. (A5)

### Stereotypes and Glass Ceiling for Therapists

Turning our attention to the therapists' 'narrative knowing' also highlighted issues relating to gender, culture and professional stereotypes surrounding self-sacrificing counsellors. The quote in the title of this first study, namely; "Therapists have a lot to add to the field of research, but many don't make it there" (Bager-Charleson, du Plock & McBeath, 2018) captured this complexity. The citation came from 'Moira', a middle-aged counsellor working in the charity sector with sexual abuse. Moira spoke in the interview about "a sense of a glass ceiling" in the counselling profession driven by stereotypes about counsellors as selfless nurturers and silent listeners. Moira had always enjoyed reading and writing but says that she kept her doctorate research secret from many of her colleagues as it represented a "showing off". "It can almost be a race to the bottom to work near all those who we help' rather than 'writing articles and stuff", said Moira:

There's a glass ceiling... I still feel there's a, you know, research is sort of about showing how clever you are, wanting to show off and all my whizzy little ideas. It's in my DNA to help those who are marginalized and in a way my own kind of experiences of barriers, of racism, of hitting a ceiling that I can only as a woman, who identifies as being black that I would only go so far, and that, and the whole world of research and being with all these well-spoken, articulate, bright people... My dad tells everybody that I'm a social worker, because he simply doesn't understand [laughs] what the hell I do... he tells everybody that help the poor and, in a way... and that's still what I am... it can almost be a race to the bottom to work near all those who we help... not writing articles and stuff! (A6)

### Supervision, Personal Therapy, and the Importance of Space to Reflect

Supervision was described as a crucial coping/support strategy, through its opportunity to explore the emotional aspects of research work. One therapist captured its value with these words, saying: "The research tapped into my fears

around failing, and supervision helped me to understand and contain those feelings”.

A fear and vulnerability around failure was articulated by a substantial number of therapists, and both supervision and personal therapy became significant to explore this:

I certainly had not expected this experience when I embarked on the research and was taken completely by surprise, so I now realised that not only did I need supervision in dealing with writing a doctorate and working with challenging material, I also needed personal therapy to separate out my issues from those of the victims. (C1)

Reflexivity (Finlay & Gough, 2003; Josselson, 1996) became an important context to consider both personal and epistemological positionings. Reflexive research journals and space for reflexivity in supervisions were emphasised as essential to understand self and knowledge in the research. One therapist described how researching into sexual offenders surprised her through its intensity. She had worked for many years and expected resilience. One transcript felt impossible to read, and when turning to countertransference in her research supervision helped her to move beyond the written and connect with her own underlying responses. “I didn’t expect feelings being so important to consider in research”, she said.

Resonating with values consistent with clinical practice, therapists described reflexive exploration as a familiar space:

To be uncomfortable with research can be essential, it can protect us from going too far, as Josselson (1996) writes when she suggests that our ‘anxiety, dread and shame’ are there to honour our participants and to remind us that our research is both about and by real people. (C2)

In summary, feeling lost, isolated, and emotionally vulnerable during the process of research were often referred to. Several discrete coping strategies were identified, which included:

- Reconnecting with therapy practice
- Research journal
- Supervision
- Personal therapy
- Embracing discomfort
- Developing ‘other mediums’ to help to go ‘where words wouldn’t go’.

The outcome was however often also illuminating and transforming on both personal and professional levels.

## Study 2: “Psychotherapists are second class citizens within the NHS.”

Our second study (Bager-Charleson, McBeath & du Plock, 2019) reflected an expansion of previous research to include participants across training institutes, modalities, and countries. The study was conducted as a mixed-method study with a survey distributed via training organisations within and outside the UK. The study generated data from an online-survey (n = 92) and interview (n = 9) based narrative and thematic analysis. Key questions asked were How do therapists describe their relationship to research? What amount of formal research training do therapists have? What extent do therapists feel that their own research is valued? How do therapists perceive research—what sort of activity is it? To what extent does research inform therapists’ clinical practice?

Not feeling valued as a researcher was regrettably again a recurring theme. Our survey suggested that among the research active, only 2% answered that their research as valued “to a large extent” by colleagues. This offered a background to the critique of therapists’ comparative low involvement in research.

### “As a therapist I am feeling homeless with my research.”

This second, broader study resonated with our first study in terms of research active therapists referring to a sense of homelessness and isolation. Some chose for instance to keep their research interests to themselves; one therapist described being actively discouraged at work from making herself “overqualified” for her role as a counsellor. She described studying for a research degree as a “guilty hobby” which she kept quiet about both in her family and at work.

I always spend time on learning extra about my clients... But when I ask my manager [about doing more research training] she says, you’re already overqualified for [being] a counsellor...” She makes me feel that wanting more training is a bad thing ... an escaping from work. (Ab2)

Another described how, “all my colleagues are scared of research”. The findings overall suggested that more systematic

efforts are required to understand and foster psychotherapists' engagement in research activities.

**“Research can be a lonely and unsupported process.”**

‘Paul’ was a psychoanalytic therapist who referred to therapists as ‘second class citizens’ within the NHS:

The largest upset is to not find research which reflects what I work with. Being a psychotherapist can feel like being a second- class citizen in the NHS. Cognitive, neuro, biological, outcome measures – there’s a whole bunch of people I can contact and speak to. But I’m not working within those approaches ... I struggle with the idea that emotions are measurable, and that I need a scientific practice. (Ab3)

**“We need a broader structure for research.”**

Again, many referred to research as often too narrowly defined. Eva, a Gestalt therapist in Sweden said:

We need a broader “structure” for research. I feel frustrated always needing to struggle to explain our theories. I want to do more research, but I want research training which helps us to research the things that we actually work with... I mean what it’s about to be human. (Ab4)

‘Paul’ resonated with this:

I work phenomenologically, understanding each unique person in relationship with others. I struggle with the idea that emotions are measurable, and that I need a scientific practice. And... we can’t work with the mind without thinking about what we *mean* by the mind. I mean, in the 80s I worked in - well what best would be described as asylums, which were quite sickly, immoral and abusive really. Those things, the bigger picture is massively important to me.

The emphasis on the value of embodied, unspoken and socio-culturally formed means of knowing was referred to as significant for clinical practice in our survey responses (see Figure 1).

This seemed, in turn, to resonate with the survey respondents favoured choice of methodology (see Figure 2).

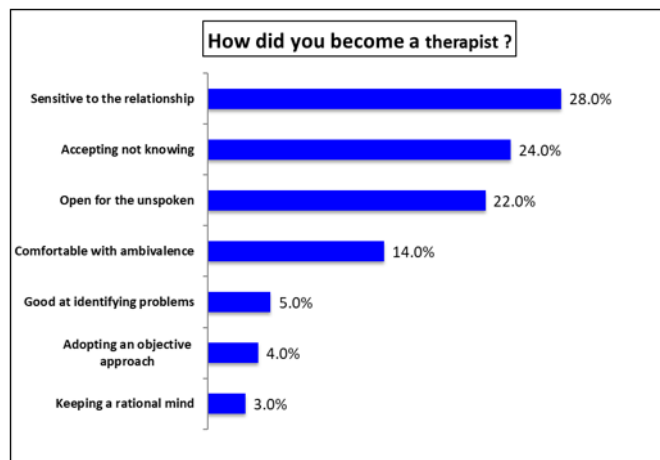


Figure 1: Sources of learning to become a therapist

In the interviews, Eva echoed the earlier mentioned sense of “homelessness’ among therapists interested in research. She referred to a combined lack of preparation and actual relevant research opportunities:

My training didn’t involve much research at all, it was about being experiential and working with embodied processes in therapy. It doesn’t fit in with the evidence-based framework. [...] Measuring won’t help us to understand what it’s about to be a person, a human. (Ab3)

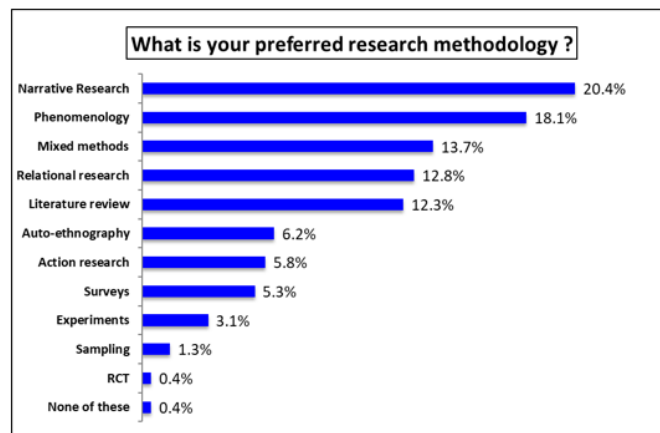


Figure 2: Favoured research Methodology

**“Research is too little too late, in clinical training.”**

Few spoke however in positive terms about the role of research in their original therapy training and, interestingly, some of those had undertaken research training elsewhere as part of their social work degree before therapy training. The others expressed a feeling of “too little too late”: A trainee at the end of her Integrative training, referred to the research



training as poorly-timed; the research units felt like unwanted “add-ons” at a busy period of the training:

I came from a medical background and had looked forward to the research, but the timing made it feel like a burden alongside the other projects we needed to do. Most people on my course do not know anything about research apart from as personal development. It is an uphill struggle to make people believe that more research will be beneficial, I do not know why it has to be like that in therapy. (Ab4)

Most resonated with what Henton (2012) describes as common stereotypes among therapists about research by nature being objective, detached, and therapeutic practice being experiential, emotional and relational. Some expanded as described earlier this framework, finding ways of incorporating emotions in their research. Other referred to the divide as fixed, which seemed to have become a reason against incorporating research at all in the early clinical training. One therapist said: “My [clinical] training didn’t involve much research at all, it was about being experiential and working with embodied processes in therapy.”

Despite the occasional sense of pain, lostness and loneliness, the participants in both survey and interviews described overall their own relationship to research as positive.

### **“Experimenting with ideas and then finding new knowledge is fascinating.”**

Rosanne worked as a Systemic therapist in Milan. She described research as a significant part of her therapy practice:

Research helps me as a psychotherapist to look wider. During one session, we come to find so much knowledge about one person. When I go deeper with research, I can understand the client better without getting lost’.

Another therapist referred to trying to share her enthusiasm:

Everyday I talk about research, I have become really passionate about the process, the exciting process about not knowing anything and then finding out, experiment with ideas and then finding new knowledge. (Ab1)

Others spoke of research mindedness and illumination. One said:

I think about an everlasting lasting ‘research-mindedness’. For me it’s become an enthusiasm for ‘finding out’ which helps me to understand everything that happens much better. Every new client session leads to new readings, checking out of new facts and data. And every encounter

with the data illuminates something new’. My research led to lasting research mindedness. I understand the clients better ...each encounter with the data illuminating something new.

Many shared the positive experience of ‘exploring’ and ‘finding out’; One said “reading and writing, exploring .... I need it in my life, like fresh air”.

Our survey (n=92) (Bager-Charleson, McBeath, & du Plock 2019) also reflected an overall positive view to research, 48 % describing their relationship to research as ‘friendly’ (see Figure 3).

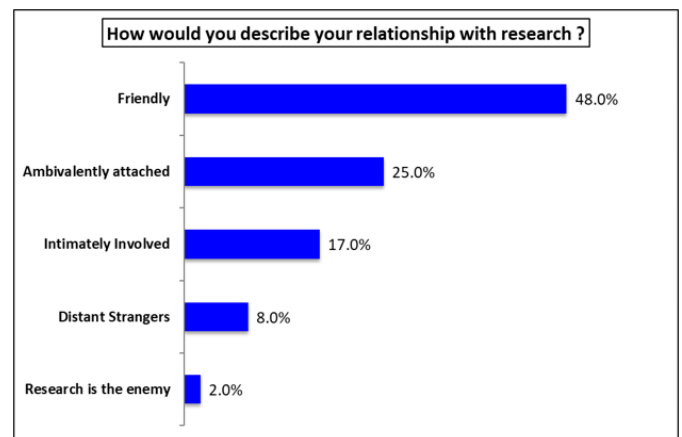


Figure 3: Attitudes to research.

### **Study 3: “Once upon a time psychotherapy practitioners and researchers were the same people.”**

Our third study (McBeath, Bager-Charleson, & Abarbanel 2019) focused on opportunities and obstacles for therapist researchers to access others and disseminate their own research within the wider academic community through articles, conference papers and other forms of written contributions. Our study into academic writing was conducted as a collaborative project with the European Association for Integrative Therapists (EAIP) exploring obstacles and/or benefits for therapists’ knowledge to be communicated in academic publications. The content of the survey was derived from the authors’ review of relevant literature, discussions with colleagues and feedback from a pilot survey which involved twelve psychotherapists. The survey (n=248) focused on a number of key issues including:

- Psychotherapists’ confidence around academic writing
- The key elements of good academic writing

- An audit of psychotherapists' academic output
- Whether academic writing should be a taught skill for therapists
- The key reasons for academic writing
- The extent to which clinical practice is informed by published work.

The survey provided us with a rich amount of free text comments, thus bringing both a quantitative and qualitative data perspective. It was important to gauge the extent to which therapists' clinical practice is informed by reading published output such as journals/articles.

### An 'Academia Versus Practitioner' Dichotomy

A total of 31% of respondents indicated that their clinical practice was informed by reading journals/articles 'to a large extent'. A further 57% chose the response 'to some extent'. So, over 80% of participants indicated that their clinical practice is informed by reading published material. The survey included options for free text comments, which most used. It became particularly clear here how lack of access and opportunity were major contributing factors to therapists' absence on academic platforms such as peer reviewed journals. One survey contributor became a co-author in our write-up (McBeath, Bager-Charleson & Arbarbanel 2019). She addressed the lack of access issues in clear terms:

Even if I did have access to scholarly resources and even if my research methods were accepted as rigorous, chances are that I would not be able to get my work published in prestigious, well-respected academic journals. This is because I am not affiliated with a university or mainstream research institute. A sole practitioner is effectively a nonentity in the scholarly domain of our field. (Abarbanel, 2012, p.4)

The lack of access was addressed in the survey too. The free-text comments included comments such as: "Journals are not open access and the language often obscured meaning."; and "It is difficult to access academic reading materials once you stop being a student."

### Exclusion

From both the survey and free text comments, there were clear indications of several psychotherapists experiencing a sense of exclusion. Some expressed not knowing what academic writing involved or required. Many lacked opportunities to participate. Several associated academic writing with a sense of fear and failure. Overall, less than 50%

expressed confidence about writing an article with 8% being 'very confident' and 40% being 'confident'. Nearly a third of respondents (32%) expressed a lack of confidence about writing for publication with 22% being 'not confident' and 10% being 'not at all confident'. Reasons for psychotherapists lacking confidence about academic writing appear to be related to lack of training, opportunity and lack of exposure. Many therapists have never engaged in academic writing before; this reason accounted for 22% of all responses. A further 20% accounted for fear of rejection.

The free-text comments included reference to an intellectualisation of the profession and one that comes at the expense of clinical skills development.

The emphasis is now on academic qualifications and use of academic language [...] we are moving away from trainee therapists focusing on their own personal process which in my opinion is what enables us to heal others. (FT2)

There is a danger that institutes will produce first-class theorists and academics who are lauded for their intellects, but who in reality may pass unnoticed as they fall short when faced with the practical task of working with clients. (FT15)

The current research training in psychotherapeutic programmes is still dominated by ... a 'top dog' and 'under-dog' attitude. There are excellent practitioners, who do practitioner research and are dismissed by academics. (FT18)

A total of 26 free text comments were offered about the key features of good academic writing. These included being creative/original in presenting ideas, effectively disseminating knowledge, and evidence of reflexivity. There was a single mention of the need to offer a clear ontological and epistemological position within academic writing.

Overall, five main themes were created from the data:

- Fear and lack of confidence
- Writing style
- Difficulty in accessing academic writing
- The academic-practitioner gap
- Lack of knowledge and support

The fear and lack of confidence was striking. The list below summed up the sub-themes.

Within the qualitative data the word fear appeared several times in terms of:

- Fear of not being able to write to the required standard
- Fear of negative evaluation

- Fear of criticism or doing harm or being found out to be a rubbish therapist and others are better than me
- Fear of being rejected
- Fear of failure and peer judgement.

That practitioners expressed a lack of confidence may be expected by those with little or no experience of academic writing. However, the comments above also seemed to be acknowledging a far more brittle experience, namely, the possibility of feeling personal and professional shame or humiliation.

## Synthesising Conclusions

Homelessness and isolation were frequent themes when therapists describe their transition into research. When revisiting these experiences through the lens of Higher Education research, we felt that our findings coincided with frequently referred to themes in cross-disciplinary studies, for instance to the earlier referred to study by McPherson, Punch and Graham (2017) about how transitions from undergraduate to postgraduate education often is at least initially characterised by feelings of anxiety, self-doubt and disorientation. Our findings resonated with Metcalfe, Wilson and Levecque's (2018) suggestion about the postgraduate research culture being characterised by a high workload combined with a lack of shared discourse about showing weakness.

Therapists appear, in this sense, to share distress and pressure with others in the transition to postgraduate research. There are, however added pressures for counselling, psychotherapy and counselling psychology researchers. A significant disadvantage is the lack of professional support for a transition into research.

### **Stereotypes: Therapy is a Calling and Research is a Career**

Stereotypes about counsellors/psychotherapists as selfless listener is regrettably often reinforced by low-waged working conditions offering limited research opportunities. Some of our researcher practitioners reported feeling actively discouraged from making themselves 'over-qualified'. Some therapists described being discouraged by their employers to train for and to do research. "You are already overqualified for what you do", said one manager according to one of our participants. These stereotypes of a low-waged, self-sacrificing listener were often justified on the basis of psychotherapy being more a calling than a career. "Research is about showing

how clever you are" said one therapist, referring to her postgraduate research as a 'secret' in her charity counselling agency. Many therapists express, for instance, worry about 'doing harm' to clients through their research relating to their practice. In our second study (Bager-Charleson, McBeath, & du Plock 2019), one therapist referred to a shaming ethical procedure.

So much is communicated beyond words for us play therapists, and we developed a video-recorded research study to learn more about that. We had come so far, worked so hard ... but didn't get clearance. I'm not sure I'll recover after that. The ethical system is not designed to research those kind of unspoken things that are so fundamental for us. (C6)

This sense of vulnerability and 'homelessness' trickled through into writing academically about practice, referring to:

- Fear of negative evaluation
- Fear of criticism
- Fear of doing harm
- Fear of being found out to be a rubbish therapist
- Fear of being rejected
- Fear of failure
- Fear of peer judgement

### **Research is about "Being Objective and Detached."**

The sense of the epistemological 'gap' between clinical practice and research was, as suggested, an often referred to obstacle for therapists' transition into postgraduate research. One therapist interested in phenomenology and social constructionism described feeling as a 'second class' professional within the NHS. Many therapists objected to an evidence-based, often quantitative research model, describing it as detached from their emotional, visceral, and often idiographic approach in practice. It would be interesting to explore this further in terms of how some of the rejection of quantitative research, for instance use of surveys, stems from lack of exposure and training. Counselling psychologists typically enter their postgraduate training with undergraduate degree which includes some quantitative research. They were included in the participant cohorts for all three studies, revisited here. Might they have felt more confident if encouraged to include more quantitative research in their studies? Might training institutes sometimes inadvertently collude in stereotyping a practice versus research culture?

A significant obstacle was the basic problem of access. Many therapists who now worked in private practice, returned to an academic vacuum after graduating as it would be too expensive to subscribe to online platforms privately. This is a

significant problem, likely to improve by increased access and recent efforts noticed by therapy member-organisations, such as the BACP to supply search engine access to its members.

Among all these obstacles, it is easy to forget the ‘happy ending’ which actually underpinned the narratives. Having undertaken and completed their postgraduate research led to transformative learning on many levels and was generally referred to as enriching on both a personal and professional level. As one therapist said:

- For me it’s become an enthusiasm for ‘finding out’ which helps me to understand everything that happens much better.

Table 1 captures some of the themes that have emerged when we view postgraduate research through the lens of ‘transition’. Our interpretive framework highlighted personal, professional, and educational transitions, with three stages represented for each. Each transitional strand reflected to us:

- A loss of sense of self,
- A re-positioning or attempt to understand self in new contexts, and a new integrated (transformed) sense of self

Personal	Clinical practitioner	Researcher
<b>Stage 1 Losing sense of personal self</b>	<b>Stage 1 Losing sense of professional self</b>	<b>Stage 1 Not finding research identity</b>
I was feeling removed, detached, disembodied	I don’t tell my colleagues about my research	Desperately trying to find themes and codes and things but, actually, this is somebody’s life.
I had played in the words so much I lost sight of the body		
I read and read and read		
I really did eat, sleep and breathe the research		
Experiencing Pain; Hypertension; Palpitations; chest pains; panic attacks; insomnia; excessive immersion;	Research is sort of about showing how clever you are, wanting to show off and all my whizzy little ideas. [I’m a counsellor and] it’s in my DNA to help those who are marginalized	End-result was very nicely polished [but didn’t show] how it really played itself out, and how difficult it became.
I began to have heart palpitations. These were extremely alarming ...I didn’t		

talk to with anyone in case they would think I was being ridiculous.		
... an incredible tightness across my chest and a heavy ‘band like’ feeling across my forehead. [I had] literally no idea of how [to] shape the literature [into] a coherent, elegant, ‘whole’.		
It’s been horrific, I’ve agonised so much, feeling like a fraud, so stupid.  [It was] shaming [that] simply reading books was giving me such high levels of stress.	[Counselling practice] can almost be a race to the bottom to work near all those who we help... not writing articles and stuff!	Words on the written page... they’re very personal... so rife with emotional content and splitting, and polarities and mess...What do you do with that? How do you find an expression?
As a woman, who identifies as being black [in a self-sacrificing counselling profession] I would only go so far.	All my colleagues as scared of research  2% answered that their research as valued “to a large extent” by colleagues.	You could find words, of course you could, but somehow they felt inadequate.
	Cognitive, neuro, biological, outcome measures – there’s a whole bunch of people I can contact and speak to. But I’m not working within those approaches.	Measuring won’t help us to understand what it’s about to be a person, a human.  ‘I had completely lost the body as a route to knowledge.
	My training didn’t involve much research at all, it was about being experiential and working with embodied processes in therapy over.	A sole practitioner is effectively a nonentity in the scholarly domain of our field’
	when I ask my manager [about doing more research training] she says, you’re already overqualified for [being] a counsellor.	The whole world of research and being with all these well-spoken, articulate, bright people.
	The largest upset is to not find research which reflects what I work with. Being a psychotherapist can feel like being a second- class citizen in the NHS.	32% expressed a lack of confidence about writing for publication. The following responses were offered to this:  Lack of access to academic journals  Lack of opportunities to publish qualitative write-ups

		<p>Fear and shame. This was a particularly significant sub-theme. Reported reasons for not engaging in academic writing were:</p> <p>Fear of not being to write to the required standard                  Fear of negative evaluation                  Fear of criticism                  Fear of doing harm                  Fear of being found out to be a rubbish therapist                  Fear of being rejected                  Fear of failure                  Fear of ill peer judgement.</p>
<p><b>Stage 2: Positioning self in research</b></p> <p>Different sentences in each transcript, it was like a sword going through me, right there where my heart is, where my soul is, and then the tears would come and sometimes it's quite unexpected.</p>	<p><b>Stage 2: Linking practice with research knowledge</b></p> <p>I work with being human, working with embodied processes in therapy doesn't fit in with the evidence-based framework</p>	<p><b>Stage 2: Linking research with practice</b></p> <p>Self-care and reflection in research felt important. Not only did I need supervision in dealing with writing a doctorate, working with challenging material, but also I needed personal therapy to separate out my issues from those of the victims.</p>
<p>Reflexivity and looking at myself in the research helped me to understand my own reactions</p>	<p>Sensitivity to relationships (30%), accepting not knowing (27%) and openness to the unspoken (25%) are more important than a rational mind (2.5%) as sources of knowledge in clinical practice.</p>	<p>My supervisor grounded me, she was on my side</p> <p>other mediums actually allowed for actually going to places you wouldn't go to... music, drawing and cooking.</p>

<p><b>Stage 3: Finding new sense of self</b></p> <p>I learn so much, on so many levels. The research tapped into my fears around failing, and supervision helped me to understand and contain those feelings.</p>	<p><b>Stage 3: Renewed, strengthened professional identity</b></p> <p>Therapy is about always learning something new.</p> <p>80% of participants indicated that their clinical practice is informed by reading published material</p>	<p><b>Stage 3: A strong, multilayered research identity</b></p> <p>I have become really passionate about the process, the exciting process about not knowing anything and then finding out, experiment with ideas and then finding new knowledge.</p> <p>Research is just so exciting!</p>
<p>'Anxiety, dread and shame' are there to honour our participants and to remind us that our research is both about and by real people.</p>	<p>My research lead to a lasting research mindedness, I understand the clients better... each encounter with the data illuminated something new.</p>	<p>Undertaking research into areas which are deeply meaningful and important to us as people, not just as academics, lays us open to challenge and struggle at very deep levels.</p>

Table 1: On becoming a practitioner researcher, personally, professionally and educationally

## Final Reflection

To avoid psychotherapy becoming divided by areas of competence so that clinical practice fails to be informed by research and vice versa, more support is needed from training providers, employers and the wider academic community. That we are *finally* grappling explicitly with the academic/practitioner divide suggests something of a cultural shift, or at least the beginning of one. This meta-synthesis has convinced us that we need to do more. We see a need for more voices to be raised to challenge the inaccessibility of academic work (both in terms of journal access and an often objectivity driven writing). We also need more action at the ground level to introduce the research world earlier in practitioner trainings. To our mind, *we all have a role to play*.

## Research Access

Some therapy member organisations have recently introduced members' access to online search platforms like EBSCO. This feels like a step in the right direction. A next welcomed step would be to introduce research options as part of, for instance, clinical placement. As part of this, the focus on research on clinical training might expand and develop. One therapist said:

The scientists and researchers I work with; they know they have a career in research – you get rewarded and promoted. That kind of recognition doesn't exist in therapy.

This seems important to change.

## Training for Broad and Deep Research

It is easy to forget the significant role psychotherapy plays in a broader context. Despite one in four people being estimated to experience mental health problems, mental health research has “lagged behind many other areas in terms of priority, funding, and therefore discoveries” (Department of Health, 2017, p.2). This study supports systematic and creative bridging across research approaches in psychotherapy – as part of mental health and emotional wellbeing development.

We suggest, as mentioned, earlier exposure in training and in placement to research, guided by research methodology which allows for both depth and breadth, facilitated through a dialogue across sub-disciplines. Tutors' own research knowledge plays a huge role in supporting trainees in developing into confident research practitioners. Our findings support a problem addressed in 2012, by the Higher Educational Academy (Rutten & Hulme 2012) in terms of psychotherapy tutors being poorly equipped for research teaching, writing:

[H]istorically research methods training is a weak area in the academic counselling community, as many came into teaching via practice... [M]any do not have any research methods background. There is a great need to up-skill Counselling tutors to become competent and enthusiastic researchers who can inspire a future generation of students to take up research themselves” (Rutten & Hulme, HEA, 2012 p.8).

As means of addressing this problem, our own training institute (Metanoia, London) is pioneering a qualification dedicated to teaching psychological therapies; the PGCertHE<sup>2</sup> (Teaching and Learning in Counselling and Psychotherapy) programme\*, in which research knowledge plays a key role. That will include training in cross-disciplinarian frameworks for ‘mixing’ methods to generate deep, idiographic, and broad, nomothetic new knowledge within reflexive frameworks. Mental health and emotional wellbeing are notoriously difficult areas to understand and research, which is likely to be reflected in therapists' research situation and which both tutors and research supervisors need to be able to relate to.

An often-ignored obstacle for research progression in the field of mental health is to our mind a sub-disciplinary divide which positioners practitioners and researchers between two contrasting schools of thought. *Evidence-based approaches* emphasise the importance of certainties and for a mental health-related commonly held ‘truth’; whilst *social constructionist inspired* approaches emphasise differences with socio-cultural, linguistic, gender related and other context dependent interests in mind. Both bring a welcomed demystifying approach, arguing for transparency and accountability –but from contrasting angles. Rather than a dialectical engagement, a reoccurring theme is regrettably often a *divide* between an idiographic, embodied and intuitive understanding ‘versus’ objective, rational and nomothetic modes of explanation (Bager-Charleson, du Plock, & McBeath 2019; McBeath, Bager-Charleson, & Abarbanel, 2019). We hope the teaching training, engagement with workplace about the importance of research (starting with placement), and improvement of general access to online research platforms, will support a ‘bridging’ towards deep *and* broad understandings in the field of mental health and emotional wellbeing. This can involve ongoing systematic evaluation of both process and outcome (Stiles, 2017; Tomm, St. George, Wulff, & Strong, 2014; Van Rijn 2020), and textbooks covering qualitative, quantitative and mixed methods research within the umbrella of reflexivity and for therapists' familiar focus on self-awareness. Prompted by this project and the upcoming teacher training, two team members (Bager-Charleson & McBeath 2020) have co-edited a book entitled ‘*Enjoying research in the field of counselling and psychotherapy*’ with the hope of building on the enthusiasm already there for some, whilst demystifying the process for still-research-shy practitioners.

## Research Supervision Research

Research supervision was, finally, referred to as one of the most significant factors for a successful transition into and out of postgraduate research. Our findings resonate with Metcalfe Wilson, and Levecque (2018) assertion about how supervisors across all postgraduate research disciplines are uniquely positioned “to notice when their postgraduate researchers slip the wrong way on that spectrum as spotting subtle signs of distress”, which in turn often “requires knowing what is ‘normal’ for that particular person” (2018, p.30). Although research supervision was not specifically focused on in this study, it seemed clear that references to ‘good’ research supervision involved a combination of emotional, clinical, and academic, knowledge and flexibility. Earlier studies

Metanoia also provides doctoral programmes for counsellors, psychotherapists, and counselling psychologists.

<sup>2</sup> The new teaching training programme at Metanoia can be accessed via web site:

<https://www.metanoia.ac.uk/programmes/special-interest/pgcerthe-teaching-and-learning-in-counselling-and-psychotherapy/>

(Stephenson 2016) support this, resonating with Kleijn, Meijer, Brekelmans, and Pilot's (2015) emphasis on the importance of 'adaptive research supervision' to meet students' needs in light of the goals of their different tasks. Research supervision is however an underresearched area in most disciplines, and something about which this study has triggered further interest. Our own initial literature review, indicates firstly that research supervision often is conceptualised as something that emerges naturally from supervisors' own experience (Lee, 2008). Lee identified, secondly, five main areas of supervision:

- Functional: where the issue is one of project management
- Enculturation: where the student is encouraged to become a member of the disciplinary community
- Critical thinking: where the student is encouraged to question and analyse their work
- Emancipation: where the student is encouraged to question and develop themselves
- Developing a quality relationship: where the student is enthused, inspired and cared for.

We resonate with these areas. We agree however also with what Lee (2008) highlights in terms of a common gap between practitioners' espoused theory and theory. Lee (2008, p.13) identifies a difference among the supervisors with regards to:

1. What [research supervisors] say they do (espoused theory)
2. What they think they do
3. What they do in practice (theory in use).

Again, we hope to see more guiding frameworks and reflective practice models in the field of research supervision to support good research supervision practice. Our meta-synthesis has however highlighted absence of guidance across postgraduate research for research supervision. Bruce & Stoodley (2013, p.5) assert that "little is known to date of the teaching lenses adopted by supervisors as they go about their supervision". Armstrong (2004, p.134) describes research supervision as "an aspect of teaching and learning that has been seriously overlooked" and that "high failure rates for research dissertations in the social sciences have been partly attributed to student dissatisfaction with supervision and poor student-supervisor relationships". In response to these statements, we are now preparing to undertake a further study on the experiences and challenges of research supervision.

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