

# The Relationship Between Psychotherapy Practice and Research: An Exploration of Practitioners' Views

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## **The Relationship Between Psychotherapy Practice and Research: A Mixed-Methods Exploration of Practitioners' Views,**

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## **Abstract**

References are frequently made to a strained relationship between therapeutic practice and research. This study has developed in response this critique. Our aim has been to explore therapists' views on the relationship between research and clinical practice within a mixed-methods framework, drawing from a survey (n=92) distributed within and outside of the UK, and coupled with interviews (n=9). Both the survey and the interviews were guided by some of the following questions: *What sort of relationship do therapists feel that they have with research? What amount of formal research training do therapists have? To what extent do therapists feel that their own research is valued? To what extent does research inform therapists' clinical practice?*

Both the survey and the interviews suggested a sense of 'homelessness' for researchers in the field of therapy. Obstacles were referred to within and outside the therapeutic community. Some referred to little training and many felt unsupported among colleagues and employers when pursuing research. 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'*. To meet the increased requirements of research-supported practice the study suggests that more systematic efforts are required to support psychotherapists' engagement in research activities.

## **Introduction**

Within the profession of psychotherapy there is a discernible tension between psychotherapy practice and research. Goldfried and Wolfe (1996) described the

relationship as a 'strained alliance'. Tasca (2015) refers to a 'practice–research divide, which is widely acknowledged as a problem in psychotherapy' and Henton (2012) has suggested that psychotherapy and research are often characterised as 'opposing domains'. An almost dichotomous relationship between psychotherapy practice and research is also identified by Darlington and Scott (2002). In referencing what they called the 'researcher-practitioner split' they note the different language that is used to describe psychotherapy and research. In a word-association experiment, practitioners described research as 'objective, hard, cold, scientific, factual, time-consuming, difficult, prestigious, tedious, expert', whereas practice was seen as 'subjective, busy, messy, difficult, soft, warm, pressured, flexible' (Darlington & Scott, 2002, p.4). Taubner *et al.* (2016) suggest that the relationship between clinical research and practice is, 'compromised by reciprocal criticism and prejudice'.

Interestingly, the problematic dynamic between psychotherapy practice and research has been particularly voiced by researchers from the field of psychology and psychiatry, who suggested for instance that therapists, historically, have rarely initiated research (Prochaska & Norcross, 1983), that therapists do read research 'but not as often as researchers do' (Boisvert and Faust 2005; Beutler *et al.*, 1995; Morrow-Bradley & Elliott, 1986); that therapists rely more on discussions with colleagues than on research (Prochaska & Norcross, 1983); that therapists' research often stems from a seemingly unstructured integration of knowledge gained from workshops, books, and theoretical articles (Beutler, Williams, & Wakefield, 1993), that therapists' knowledge around research tends to be 'patchy' and in-depth knowledge is associated with topics of personal interest and that therapists are more informed by clinical experience, supervision, personal therapy, and literature than by research findings (Morrow-Bradley & Elliott, 1986, Safran *et al* 2011). To sum up, from studies particularly represented by researchers with a background in psychology and psychiatry it is, as Castonguay *et al* (2010) put it, 'well established that the practice of many full-time psychotherapists is rarely or non-substantially influenced by research' (p.349).

### **How do therapists describe their relationship to research?**

This study aims to provide a broad perspective on the links between practice and research, using a survey and interviews with counsellors and psychotherapists within and outside the UK. Some key questions have been:

- How do therapists describe their relationship to research?
- What amount of formal research training do therapists have?
- To 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?

### **Positioning ourselves in the research**

The study has grown out of an earlier qualitative inquiry (Bager-Charleston, du Plock & McBeath 2018a) into therapists' embodied engagement with research during data-analysis. As trainers, supervisors and researchers with an interest in reflexivity, reflective practice and training [Bager-Charleston 2010, 2012, 2014, 2016, 2017, du Plock 2010, 2015, 2016, McBeath 2016, 2018] we were guided by an interest in epistemic overlaps and the differences between therapeutic practice and research. Our professional doctoral programme provided a good setting for the study that would help us gain insights into how accredited therapists reason about undertaking research. The study identified three stages of therapists' embodied engagement with research including 'feeling overwhelmed', 'developing coping strategies' and 'feeling illuminated, personally and professionally' through research. Focusing on the stages generally referred to as 'data-analysis' showed there is 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'*. Most therapists aimed to keep a relational focus and to draw from their embodied and emotional responses as sources of knowledge, as in clinical practice. Many, however, expressed surprise over how little

value this epistemic positioning appeared to have in the general discourse about ‘research’, for instance in regular research textbooks and journals. The findings in our study also highlighted issues surrounding gender, culture and seemingly unhelpful ‘stereotypes’ in counselling and research. One therapist described how she “*would only go so far in the world of research*’. She chose not to tell her counselling colleagues about her research interest (PhD study): *‘As a counsellor, and a woman who identifies as being black [t]here’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’*.

Although the dissertations (n=50), interviews (n=7) and research journals (n=20) gave a broad pool of data, we wanted to continue our study outside the programme, across training institutes and ideally to different countries. The survey presented in this paper is a mixed-method study into both novice and senior therapists’ more general experiences from research, across different training programmes within and outside the UK.

### **Methodology**

With ‘Critical Realism’ (Finlay & Ballinger, 2006, p.258) as an umbrella we have adopted a mixed-method approach into therapists’ accounts of their experiences of research. Combining quantitative approaches to the data with qualitative is often legitimized with a reference to how each perspective may answer different research questions (Creswell et al., 2011, p. 62). Our survey aimed to ‘collect and measure a participant’s values, attitudes, and beliefs about selected subjects’ (Saldana 2012 p. 93) with an interest in shared ways of organizing events about research, and their presentation in ways that transform meaning into numbers for statistical analysis and a fixed, linear string of response. The interviews, on the other hand, are aimed to contribute to a complementary “three-dimensional” (Saldana, 2012, p. 93) perspective, allowing us to gather and assess language-based meanings as narrated by individual therapists who volunteered to share their feelings regarding what they value, believe, think, and feel about therapy research.

We resonate with what Creswell et al (2011) refer to as the value of ‘fixed methods designs’ as involving ‘studies where the use of quantitative and qualitative methods is

predetermined and planned at the start of the research process, and the procedures are implemented as planned' (p. 54). We are, however, also allowing new and emerging research questions to guide the study, which is not uncommon in mixed-method research. Our study complements the fixed design with an 'emergent design', which means that we approach our study as 'a process that is on-going, changeable and iterative in nature ... prior to, during, and after [its] implementation' (Wright et al 2009, p. 63).

### **Ethical Considerations**

Research in the field of personal experiences can be emotive for participants. This research project reflects the principles set out by Metanoia's Ethical Framework for Research, with its emphasis on on-going respect for the participants. Both the validity and the ethical requirements of the study rely ultimately on 'trustworthiness' and 'authenticity' (Josselson 2016, Finlay 2016), especially during the second phase of the study which involves engaging with participants with an interest in unique and personal experiences.

### **On-line Survey**

One component of the mixed methods research methodology was an on-line survey designed to capture therapists' thinking and the level of their knowledge around the relationship between psychotherapy research and clinical practice. The survey was hosted by a commercial organisation that is a recognised industry-lead in this regard.

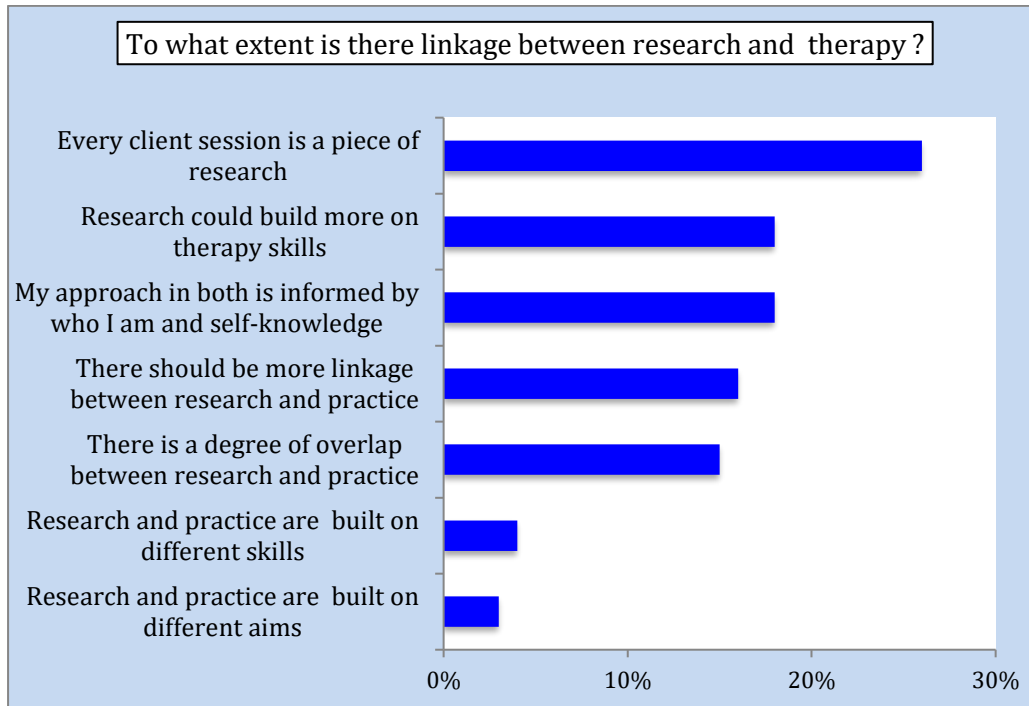
The content of the survey, which included both fixed and multiple response questions, was generated by the authors with additional input from interested research colleagues within a focus group with Professor Jeannie Wright from Malta University and Dr Linda Finlay from the Open University, UK. A pilot survey was run to ensure that all questions were readily understood and that the survey met technical expectations.

The final survey version was launched in October 2016 and ran until June 2017. A link to the survey was hosted by the Metanoia Research Academy website and publicised

to a variety of therapy training institutes, both UK and European, as well as the BACP Research Network. The survey generated a total of 92 responses and also provided further contact details from respondents willing to be contacted for further input including qualitative-based interviews.

### **Findings**

The survey contained questions that sought to better understand therapists' perceptions of the relationship between their practice and research. The survey included, for instance, a question about therapists' understanding and use of research in their practice. The responses highlighted variability and ambivalence on the topic. An overview of the data is shown in Figure 1, showing how 26% of participants chose to describe *'every session as a piece of research'*. Other respondents are more cautious; 15% refer to *'a degree of overlap'* between their clinical practice and research, and 16% chose to respond that *'there should be more linkage than there seems to be in reality'*. These replies suggest a sense of the gap between research and practice: 18% responded that *'research could build more on therapy skills'* and 6% chose to refer to their clinical practice and research as widely different with regards to aim and skills.



**Figure 1. Perceived linkage between research and clinical practice**

Respondents were also asked how many hours of formal research training they had received. The replies testify that research, as a professional activity, is currently not promoted as a key component of a psychotherapist's training. For example, as highlighted in figure 2, although 36% reported more than 40 training hours, 20% of respondents had only experienced up to 10 hours of formal research training.



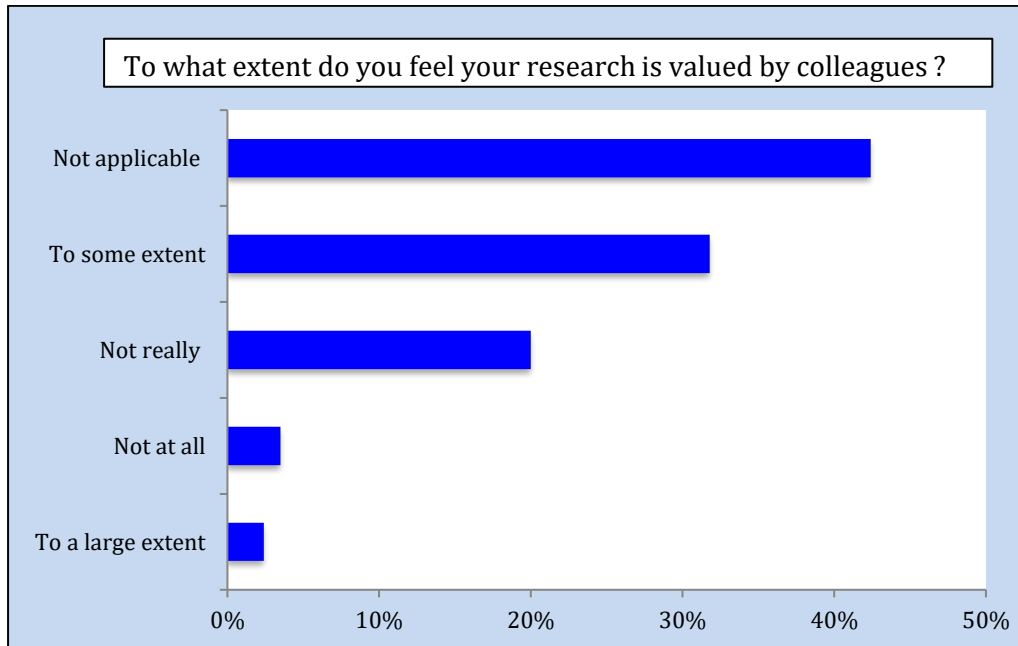


**Figure 2: survey respondents amount of research training.**

A further 13% had between 20 and 30 hours of training. It's hard to imagine that such variability would apply to such formally recognised key activities as supervision and personal therapy.

Also of interest were responses around what might be termed epistemological considerations, or reflections on how knowledge might be acquired in both research and practice. The survey asked to what extent respondents had reflected on how knowledge might be acquired. Of those with a minimum of research training (i.e. 10 hours or less) only 3% had reflected on how knowledge might be acquired. By contrast, for those with over 40 hours research training this figure was significantly higher at 46%.

The survey respondents were asked to what extent they felt that colleagues valued their own research (fig. 3). Perhaps the most striking finding was that as many as 42% referred to not being engaged in research, as highlighted in the non-applicable option in Figure (fig. 3) below.



**Figure 3: Survey respondents' description of their colleagues' attitudes to research.**

Apart from being surprised to find that 42% experienced research as 'not-applicable' to their own situation and role as a therapist, we were disheartened to learn that only 2% described their research as valued 'to a large extent' by colleagues. 31% stated that it was valued by colleagues 'to some extent', and a further 20% replied 'not really'.

### **Interviews**

The in-depth interviews were conducted to gain a deeper insight into participants' language-based meaning making in the field of therapy research. Our overriding aim was to be guided into individual therapists' ways of organising their experiences surrounding 'research'.

### **Participants**

We interviewed 9 therapists from the UK (Wales and England), Malta and Sweden, using the qualitative method of narrative-thematic analysis. The participants

included 8 women and 1 man in ages ranging from 40-55. Two participants were still in training and 7 had worked as psychotherapists for between 8 and 20 years. The participants were trained to work within psychoanalytic (1), Systemic (2), Gestalt (2), Integrative (1) Transactional Analytically (2) and Play therapy (1). We have concealed age and time of practice, except from distinguishing between being accredited, in practice and being a trainee.

### **Narrative-Thematic analysis**

Each interview lasted between 45 – 60 minutes, and began with the question:

*‘What comes up for you when you hear the word research?’*

Towards the end of the interviews the following question was raised:

*‘How do you think that training can prepare psychotherapists for doing research?’*

The interview was inspired by Hollway & Jefferson’s (2000) FANI (Free Association Narrative Interview) method, and aimed to be guided by each participant as much as possible. We allowed for silences and transparency which included sometimes stopping to feedback interpretations made during the conversation, for instance by saying *‘I’m hearing ... am I right in thinking that you mean that?’*. After the interviews, each participant was contacted again with some suggested ‘upcoming themes’ coupled with an invite to add, delete, expand on these etc.

When analysing, we approached the interviews in stages. The final presentation has been formatted in nine stages. These were as follows:

- **Stage 1: Verbatim guided by focus on the participant’s ‘narrative knowing’.** Immediately after an interview we recounted the interview from memory in verbatim. This involved taking note of ‘experience-near’ (Hollway 2009, Bondi 2013) interpretations, with attention to the participants’ ‘narrative knowing’ coupled with the

interviewer's own embodied, emotional responses, as customary in therapeutic write-ups.

'Narrative knowing' refers to how people 'conceptualize the self by linking diverse events of their lives into unified and understandable wholes through their stories', as Polkinghorne 1988 (p. 91) puts it. He compares narrative research with psychotherapy, suggesting that both focus on the personal and cultural *meanings* of events (rather than on events themselves) and how these meanings are accessible through peoples' stories about themselves and others. Bamberg (1994) highlights 'three levels of narrative positioning', which resonate with our own relational focus, namely:

- how the narrator positions her/himself in relation to others culturally and personally, when telling his/her story about their chosen event (in this case about research in therapy); who is 'good', 'bad', 'right', 'wrong' etc, in the stories?
- how the narrator positions her/himself in relation to an audience/listener(s), when telling; what might for instance the interview situation mean to the participant?
- how the narrator – as the 'protagonist', talks about her/himself for instance in context of their own biography and socio-cultural or professional contexts. Bamberg (in Chase 2005) refers to this point as; 'how the narrators position themselves to themselves' (p.663)

## **Stage 2: Semantic and latent themes within and across the interviews**

The interviews were transcribed approximately 4-8 weeks after they took place and were now approached within the framework of Thematic Analysis (Braun and Clarke 2006). Like psychotherapy, narrative research (Chase 2005, Riessman 1993, Bamberg 1994, Polkinghorne 1988) distances itself from objectifying, positivist accounts of people. In one of our previous studies (Bager-Charleson, McBeath, Du Plock 2017) we do however expand on a Narrative Thematic exploration (Bager-Charleson, McBeath, Du Plock 2017) as a hybrid of Narrative analysis. Highlighting themes within and across narrative challenges traditional approaches to narrative research which typically values ambiguity. As Riessman (1993) suggests; 'when many narratives are grouped into a similar thematic category' we invariably 'neglect ambiguities' and lose sight of 'deviant responses that don't fit into a typology, the unspoken' (p.3). Our compromise to combine breadth with depth involves sacrifices with regards to the

richness of ambiguity. To us, the ‘themes’ helped us to ‘push our interpretation along’ (Riceour 1981) and provide a narrative which can be communicated in a shorter space than narrative inquiry typically requires (Bager-Charleson 2004). Most importantly, as part of the mixed-methods study, a focus on themes helped us to bridge findings and emergent questions from the survey with key points in the interviews. We wondered if the therapists would chime with survey findings from the survey such as the minimal level of training and the lack of appreciation shown by colleagues. But we also wanted to be open to different and other priorities and experiences. We combined a focus on what Braun and Clarke (2006) describe as ‘manifest’, semantic or ‘question lead’ themes with looking for ‘latent’, e.g. more implicit, unspoken themes which might move the reading ‘beyond’ what is said. Our reading of the transcripts during this phase came, in short, to be guided by an interest in question-lead and latent ‘codes’, ‘clusters’ and overarching ‘themes’ in ways that Braun & Clarke (2006) suggest in their six-stage approach to thematic analysis, which involved looking for anything and everything which ‘stood out’ (codes), followed by considering ‘clusters’ (themes) within and across the transcripts. This process lasted approximately five months.

- **Stage 3: Comparing Verbatim with the Thematic transcript readings.**

The initial ‘experience-near’ readings based on the verbatim account were then compared and combined with the listening of the recorded interviews again and re-visiting the thematic analysis.

- **Stage 4: Second reading.**

The sets of readings were forwarded to the second reader (Author 2) who explored the transcripts and suggested themes again, and returned a revised version.

- **Stage 5: Synthesising readings, interviews**

A synthesised version took form.

- **Stage 6: Discussions with the participants**

We forwarded our readings to each participant with an invitation to add, delete and expand on them. Any of the changes were incorporated into the analysis section.

- **Stage 7: Synthesised reading, stage 2**

A new discussion took place within the team over 6-8 weeks where the survey and the interview findings were arranged into a coherent enough write-up (our story) of the study.

### **Interview Findings: The Homeless Researcher**

Overall, the interviews proved a rich source of narratives and meaning. At a superordinate level it became quite apparent that many of the stories reflected *frustration, disappointment and even sadness* around the topic of research. There was a sense of homelessness among therapists seeking to engage in research. Some of the narratives that seemed to promote this sense of ‘homelessness’ will now be discussed.

#### **Theme 1: “Experimenting with ideas and then finding new knowledge is fascinating”**

All participants spoke positively and enthusiastically about ‘research’ in terms of gaining new knowledge on both of a personal and professional level. Some of these responses are highlighted below:

#### **Question: What comes up for you when you hear research?**

Jamie is an experienced family therapist who researches for her PhD:

*‘All my colleagues are scared of research. I keep telling them that research is the process... the really exciting process about not knowing anything and then finding out. This whole thing about being curious and experiment with ideas, and finding new knowledge... well, I find that absolutely fascinating, brilliant!’*

Rosanne is a Systemic therapist in Malta. She worked earlier as a social worker, which included in-depth research training. She describes 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”.*

Theresa, a play therapist describes research like this:

*“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”.*

## **Theme 2: “As a therapist I am feeling homeless with my researcher”**

Listening to the narrators with these positive research goals in mind, we experienced how ‘narrative trajectories’ seemed to move *away* from, rather than towards these goals. As the interviews proceeded, we interpreted a sense of what Polkinghorne (1988) and Gergen (1988) describe as protagonists’ regressive trajectory towards their goal or ‘valued endpoint’. Gergen (1988) offers ‘progressive’, ‘regressive’ and ‘stable’ plotlines to describe the how the narrator may refer to her/himself in the narrative in relation to this goal or valued endpoint. A progressive narrative trajectory typically describes a protagonist moving towards the desired endpoint, whilst a regressive storyline captures her/him moving away from it and a ‘stable’ trajectory implies no greater changes. Space here will not allow us to engage in each interview with the depth it might deserve. Our sense of therapists moving away from, rather than towards their research goals is highlighted in the interview below with ‘Nevine’. She is an experienced Gestalt therapist who works within an IAPT service, specialising on clients from ethnic minorities.

*“I’ve always loved research. Reading and writing ... finding out... it’s like breathing for me. I’ve done research training, and I always spend time on learning extra about my clients. Sure, supervision is important, but we need to learn more, like comparing the PHQ-9 [assessment form] with a phenomenological understanding, and then reading about other clients in similar situations... But **when I ask my manager in the NHS about doing more research training** – I’d love to do a PhD – she just says “Nevine, **you’re***

*already overqualified for what you do, you're a counsellor..." She makes me feel that wanting more training is a bad thing, a weakness ... escaping from work"*

Nevine's reference to research training as a 'weakness', and escape from rather than asset to work felt significant. It resonated in turn with what other participants described as research being a solitary pursuit for therapists:

### **Theme 3: "Research is a lonely and unsupported process"**

Peter, a psychoanalytic therapist working within the NHS says:

*"When I think of research I associate it with feeling lonely, **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. 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 described as asylums, which were quite sickly, immoral and abusive really. Those things, the bigger picture is massively important to me. Of course, we can focus on CORE, I've been employed for years collecting data .... and I've seen how that data piles up, unused and still that's what counts as research"***.

Alarming, the lack of career opportunities was referred to by others in no uncertain terms. Trainee Anne, has worked *'for a big research organization and in a UK charity for the past 10 years'*, and *'almost completed the counselling training'*. She had previously worked with HIV patients and family members to raise awareness about research that was *'helpful for the patients'*. Anne described a sense of resignation with regard to taking her interest in research further. In contrast to the other participants, she expressed an interest in evidence-based research and clinical trials based on her previous work. She expressed surprise over the lack of attention to research in her training; it was *'too little, too late, and more like an exercise in personal development'*. Her therapy training had left her disillusioned with regards to her options to build on her research interest after graduating as a therapist. Anne 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’.*

#### **Theme 4: We need a broader ‘structure’ for research**

Eva, a Gestalt therapist in Sweden says that

*‘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’.***

Eva echoes with the sense of ‘homelessness as a researcher’:

*“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.** In Sweden right now, everyone thinks that as long as you can measure something it’s OK - even though measuring reduces rather than opens up. Measuring won’t help us to understand what it’s about to be a person, a human.”*

The lack of attention on research in early training seemed to leave therapists unprepared for discussions outside their therapeutic communities, which, again, highlighted therapists’ professional homelessness as researchers.

#### **Theme 5: “Research is too little too late, in clinical training”**

Only two participants spoke in positive terms about their research training, and interestingly both 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’:

Anne is a trainee at the end of her Integrative training. She refers to the research training as poorly-timed; the research units felt like unwanted ‘add-ons’ at a busy period of the training: *‘There was a gap before we started with research. 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 don’t*

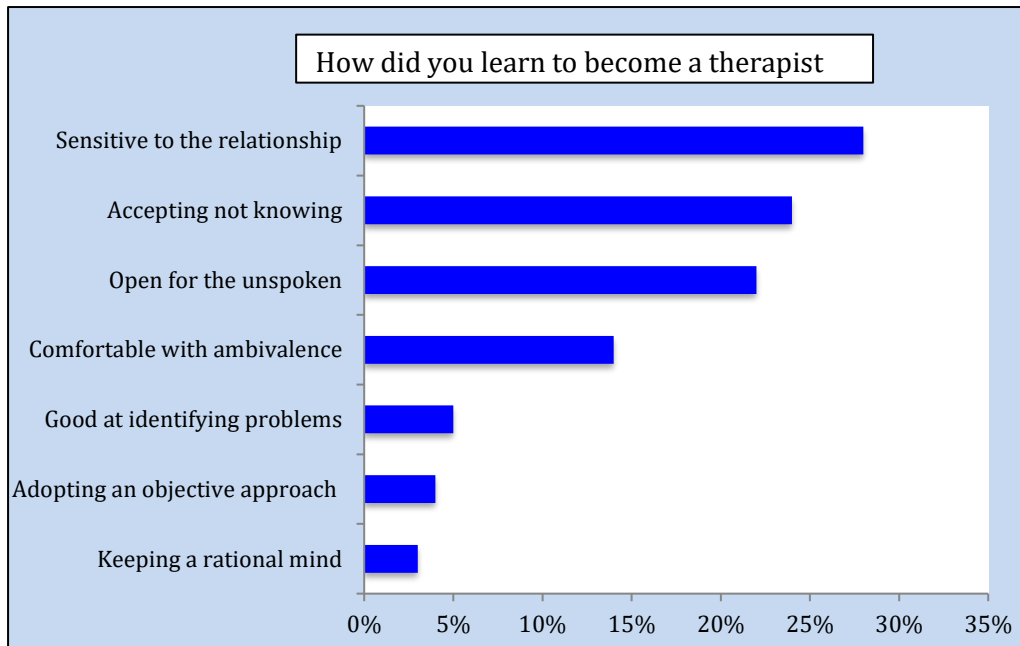
*know anything about research. It's an uphill struggle to make people believe that more research will be beneficial, I don't know why it has to be like that in therapy.'*

### **Theme 6: 'Therapy happens beyond words - communicating that is difficult'**

Several participants emphasised an interest in finding knowledge that related to a therapeutic practice which, as one therapist said 'happened beyond words'. Rebecca is a senior lecturer who described her research training as rigorous; she had undertaken a PhD which included both quantitative and qualitative research. Again however, there was a sense of her moving away from rather than towards her valued end-point in terms of research interest. She referred to a 'too narrow ethical system' for therapists with knowledge to contribute in a field like play therapy as these are areas in which much of the work 'happens beyond words':

*"I worked with a researcher in the States around a study about play therapy. **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**".*

Rebecca's experiences overlap with Eva's, and Peter's previously-expressed 'homelessness' for their research. *'I work existentially, phenomenologically and psychodynamically - but all research at my work is about measuring'*, as Peter put it. He also spoke about 'the bigger picture' and the value of an ongoing critical review of psychotherapy from a social constructionist perspective, stressing that 'the mind is more than a brain'. Returning to the survey, we found a similar emphasis on the relational as a valued epistemic positioning in practice (fig. 4). Only 7 % described a 'rational mind' and 'objective' reasoning as the basis of their learning as therapists. When asked 'how did you learn to become a therapist?' 22% described being 'open to the unspoken' (22%) as a primary source of learning, 24% referred to 'accepting not knowing', 14% answered 'comfortable with ambivalence' and 28% replied 'being sensitive to the relationship'.



**Figure 4: Survey respondents' description of how they learned to become therapists.**

With the findings emphasising relational sensitivity, ambivalence, openness to 'not-knowing' etc., it was not surprising to find a similar (real or imagined) anti-evidence-based research stance in both the survey and the interviews. RCT research was met with the lowest degree of interest (fig 5), with narrative research and case study research generating the highest response.



**Figure 5: Survey respondents' description of which research strategy they most interests them.**

Some spoke about finding compromises.

The previously-mentioned PhD student, Jamie, enjoyed doing research but echoed the same feelings of loneliness, lack of support and the restricted frameworks in which research is construed that others had voiced. Jamie suggested that research could be incorporated into a 'mentoring or an apprentice system', with parallels to the placement, in which research and clinical skills can develop in tandem:

*'Mentoring... we need [to be] better mentored in research training, maybe some kind of apprentice system. You need more support – like in placement for our therapy skills. It's a flaw in the training that you're so much on your own, dealing with dead ends, worrying'*

### **Concluding reflections.**

The mixed method approach outlined in this paper has confirmed that there is a tenuous relationship between research and clinical practice within the psychotherapy

profession and that much is needed to drive acceptance of a modern and relevant standard for the acquisition of research knowledge. The study raises questions about the extent to which preparative training, with its registration with appropriate professional membership organisations, includes theory and epistemological considerations as a natural component of therapeutic knowledge. One participant, Anne, who was in ongoing training still described her research training as ‘too little, too late’. Both the survey and the interviews suggested a sense of ‘homelessness’ for researchers in the field of therapy. The trainee, Anne, 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’*.

One problem seemed to be the sense of discrepancy between ‘research’ and clinical practice which was described; *‘I work existentially, phenomenologically and psychodynamically - but all research at my work is about measuring’*, as one therapist put it. *‘Most of our therapy work happens beyond words’*, said another. This resonated with the survey respondents’ reasoning around their epistemological positioning as therapists. When asked ‘how did you learn to become therapist?’ the dominating sources of learning were identified as being ‘open for the unspoken’ (22%), ‘accepting not knowing’ (24%), becoming ‘comfortable with ambivalence’ (14%) and being ‘sensitive to the relationship’ (28%). This epistemological focus remained consistent with what both the survey and the interviews described in terms of a ‘favoured research strategy’, in which narrative research and case study research were rated highest, and RCT generated the lowest interests amongst therapists. However, the aforementioned Anne had entered her therapy training with an interest in evidence-based research and clinical trials. She echoed with others in that research training being ‘too little, too late’ on the clinical training programmes, and expressed disappointment in noticing career options as a therapy-researcher limited compared to colleagues with a scientific background.

Not feeling valued as a researcher was, regretfully, a reoccurring theme; our survey suggested that amongst the research active, only 2% answered that their research as valued ‘to a large extent’ by colleagues. With parallels to our earlier study (Bager-Charleston, McBeath & du Plock et al 2018a) research active therapists chose 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. Another described said 'all my colleagues are scared of research'.

The findings suggest that more systematic efforts are required to understand and foster psychotherapists' engagement in research activities. One therapist suggested 'an apprentice system, like in our placement'. A stronger, more cohesive research community could provide a broad framework for practitioners to develop their research skills and sense of research identity. To meet the increased requirements of a research supported practice, we agree that a placement system where research skills can develop parallel to clinical skills could both signal support for research and create opportunities to re-construe and expand our framework for 'research'.

### **Limitations and area of further studies**

Many therapists construed an evidence-based discourse as a threat or a nuisance, referring to its failure to address, inform or capture the complexities of the therapeutic encounter. When asking about the primary sources of learning for therapy, listening 'beyond the words' was prioritised as 'knowledge'. Would the availability of a more diverse range of research approaches act as a facilitating factor? Might more time to research in clinical training help dispel stereotypes and open the possibility for more developments within both qualitative and quantitative research? The study leaves many questions unanswered, and some even unexplored. Recent studies (Silberschatz, 2017) suggest an increased emphasis on development of case-specific research, such as case study research within psychotherapy. This development, with its potential to combine different research approaches and embrace both complexity and messiness of life with accessible research formats, would have been interesting to explore in more depth,. Another interesting avenue for further studies would be to explore the potential of an 'apprentice' or placement system during clinical training in which a researcher forms a natural part. It is possible that this could be combined with a study into case-study research.

A limitation of this study might be that the authors hold a published interest in reflexive research, which may have attracted responders with a special interest in

qualitative research. Further interesting lines of enquiry would be to explore therapists, like the trainee Anne, who describe themselves as comfortable within the evidence-based framework. How might this interest be nourished; and what might be gained, lost or developed in terms of developed links between practice and research?

The overarching question raised – and left unanswered – revolves around how to make research a natural part of clinical training, the placement system and professional validation for therapists with more available career opportunities. It would, as suggested, seem beneficial to conduct further research into how therapists can feel rewarded for doing research.

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