

**EDITORIAL**

# Counselling and psychotherapy research special section: What core knowledge is needed to be a therapist?

What core knowledge is needed to be an effective therapist? What can therapy achieve and how?

## 1 | FROM MYSTERY TO EVIDENCE

Significant changes have emerged in the field of counselling and psychotherapy during the last couple of decades. From being relatively steeped in mystery, evidence and accountability have been put to the forefront. Symington (1986) described once psychotherapy “as impossible to convey the sense of ... as it is to explain to an eight-year-old child what it is like to be in love” (p.9). The changes towards transparency may be reasonable and welcomed—but are potentially confusing for the many therapists who find themselves caught between contrasting schools of thought. The evidence-based approaches emphasise the importance of certainties and a for therapy commonly held “truth”; whilst postmodern and contemporary thinking emphasise differences with socio-cultural, linguistic, gender related and other context dependent interests in mind. Both bring a refreshingly demystifying approach to traditional therapy; they argue for transparency and accountability—but from different angles.

In this journal issue, we will bring a broad selection of research which put therapists core skills and knowledge to the forefront. They will be presented in terms of three overarching themes:

### 1. Therapy and theory.

What is the overarching theory for psychotherapy? In what “discipline” do we position counselling and psychotherapy; in what ontological and epistemological contexts does psychotherapy belong? This will be explored in the following article contributions:

- *Ontological and Epistemological Reflexivity: A Core Skill for Therapists*, by Carla Willig.
- *The Relationship between Psychotherapists and Research. An Exploration of Therapists' Views*, Bager-Charleson, McBeath, A., du Plock, S.
- *Teaching and learning evidence-Based practices: Promoting dialogue for counsellors and psychotherapists*, Robert Allan.
- *Graduate training in psychotherapy: The importance of ongoing clinical activity for the training faculty*, James C. Overholser.

### 2. The therapist's use of self

What can research tell us about essential characteristics and development of the psychotherapist? How can we explain to another—and ourselves, what we do? This is explored in the following studies:

- *How Psychotherapists Develop revisiting the International Study of Therapist Development of the SPR-Collaborative Research Network (SPR/CRN). What has happened within the therapists' professions since then?* by Michael Helge Rønnestad, David E. Orlinsky, Thomas A. Schröder, Thomas M. Skovholt, Ulrike Willutzki.
- *What are Psychotherapists' Motivations for Practice? An In-Depth Survey into factors drawing therapists into their profession*, Dr Alistair McBeath.

### 3. The socio-cultural context of therapy

How does socio-cultural tensions and technological development impact counselling and psychotherapy practice and theory? What is the role of therapy in context of social change? This is explored in context of socio-cultural and technological development, in the following articles:

- *The talking cure—building the core skills and the confidence of counsellors and psychotherapists to work effectively with multilingual patients through training and supervision*, by Dr Beverley Costa and Professor Jean-Marc Dewaele.
- *Van Rijn, B., Chryssafidou, E., Falconer, C., Stiles, W.B. Digital Images as Meaning Bridges: Case study of assimilation using avatar software in counselling with a 14-year-old boy.*

## 2 | POSITIONING OURSELVES IN THE SECTION

As trainers, research supervisors and programme directors for training programmes for counselling psychologists and psychotherapists, we have followed the changing discourse surrounding therapeutic knowledge for some time. Some of our research has triggered the idea of this special section. Between 2016 and 2019, we conducted one narrative inquiry and one mixed-methods study into how therapists generate knowledge. We were particularly interested in therapists'

engagement with research (Bager-Charleson, du Plock, and McBeath, 2018a; Bager-Charleson, McBeath, & du Plock, 2018b) based on therapist own accounts.

### 3 | LITERATURE REVIEW ABOUT “PATCHY KNOWLEDGE”

Our initial study began with a literature review which reflected a view on therapists' knowledge as patchy, unstructured and often informed by personal interests, clinical experience, supervision, personal therapy, general literature and discussions with colleagues than by research findings (Morrow-Bradley & Elliott, 1986; Safran, Abreu, Ogilvie, & DeMaria, 2011; Castonguay et al., 2010; Norcross & Prochaska, 1983). Further studies echoed the idea of therapists seldom reading research or instigating research (Norcross & Prochaska, 1983; Morrow-Bradley & Elliott, 1986; Beutler, Williams, Wakefield, & Entwistle, 1995; Boisvert & Faust, 2006).

### 4 | THERAPISTS' NARRATIVES ABOUT RESEARCH

Our qualitative inquiry (Bager-Charleson et al., 2018a) focused on therapists' embodied engagement with research during the stages referred to data analysis. This study was based on dissertations ( $n = 50$ ), interviews ( $n = 7$ ) and research journals ( $n = 20$ ) across 19 cohorts. We were curious about the stages when therapist-researchers will generate own, new knowledge. Our professional doctoral programme at the Metanoia Institute provided a good setting for the study that would help us gain insights into how accredited therapists reason about undertaking research.

### 5 | THEME 1: OVERWHELMED AND CONFUSED

The study suggested that therapists often “felt overwhelmed” and “confused” on different levels. One reoccurring theme was how core knowledge in clinical practise seemed to differ from what “research” typically would focus on. The stages involving “data-analysis” showed 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. Some described it as “losing” a sense of self. One therapist described “I became stuck at the structural level of data analysis. I had played in the words so much I lost sight of the body.” Another therapist said “My immersion in their stories [made it] difficult to 'let go'. I was

overwhelmed by mixed emotions. I found myself laughing at some and crying at others.” Feeling lost and its impact on knowledge acquisition was tellingly captured by one therapist who reflected that, “[it was] the task itself that was all consuming, rather than the meaning behind it.”

### 6 | THEME 2: FEELING LONELY AS A RESEARCHER

A fear and vulnerability around failure was articulated by a substantial number of therapists. One therapist stated that, “I certainly had not expected this experience when I embarked on the research and was taken completely by surprise [...] 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.” The findings in our study also highlighted issues surrounding gender, culture and seemingly unhelpful “stereotypes” in counselling and research. One therapist described her research as a “secret hobby.” She referred to how she “would only go so far in the world of research,” choosing not to tell her counselling colleagues about her research interest: “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.”

This section includes a follow-up study (Bager-Charleson et al., 2018b) across training institutes, modalities and countries. A remaining problem seemed to be a sense of discrepancy between “research” and clinical practice; “Most of our therapy work happens beyond words,” said one therapist. Some referred to lack of exposure to and understanding of research, and one therapist spoke about her own “closed position...because I don't understand the link.” Again, not feeling valued as a researcher was however, regretfully, a recurring theme; our survey suggested that amongst the research active; preventing many to take their research knowledge further. Only 2% answered that their research as valued “to a large extent” by colleagues. With parallels to our earlier study, research active therapists chose to keep their research interests to themselves, to avoid standing out. One therapist said that her manager has discouraged her from joining a training programme to learn more about research on the basis of it making herself “overqualified” for her role as a counsellor. Another described how, “all my colleagues are scared of research.”

### 7 | THEME 3: PERSONAL AND PROFESSIONAL CHANGE

Several therapists reflected on their experience of data analysis as something that facilitated both personal and professional

change after the analysis and write-up; usually this was after they had established effective coping/support strategies. There were several therapists who felt openly excited by research, one therapist said:

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... I find absolutely fascinating...

Some overarching themes were as follows:

- Improving practice
- Developing new strategies
- Finding new knowledge
- Experimenting with ideas
- Understanding self and others in new ways

## 8 | SPECIAL SECTION ABOUT THERAPIST AND KNOWLEDGE

This special section about Therapist and Knowledge has grown from our interest into therapists' relationship to research. There is a linkage between the way "knowledge" is approached by the invited contributors in terms of personal ontological and epistemological philosophies, examination of therapists' motivations and the relationship between psychotherapy practice and research. The contributions drill deeper into practitioners' feelings, emotions, motivations, fears which can serve to (a) facilitate an enhanced awareness of practitioners latent or underdeveloped skills and knowledge; (b) to promote the notion that practitioner reflexivity should be an ongoing process and; (c) that there is always new knowledge to be acquired for the benefit of both practitioners and their clients;

Willig explores, for instance, self-awareness in terms of 'ontological and epistemological reflexivity'. She stresses that each therapist holds fundamental assumptions about what it means to be human (ontology) together with beliefs about how best to develop an understanding of their clients (epistemology). Without an reflexive awareness of our own understanding of what there is to know (ontology) and how we come to know about it (epistemology), we risk ignoring how our own and the client's fundamental assumptions might differ with regard to what it means to be human and how to develop an understanding of the client's distress. Ronnestad, Orlinsky et al. describe the difficulties encountered by practitioners as "infinite." Their studies into Professional development highlight ongoing risks for "premature closure" and "inadequate closure" as a defensive process, triggered by insufficient opportunities to reflect over, understand

and address the upcoming problems. Not establishing a working alliance with clients was reported as particularly disturbing. One of the strongest predictors of positive involvement with clients was found to be breadth of theory, together with case experience across diverse treatment modalities in context of support to reflect and integrate. Costa & Dewaele and Van Rijn et al. contribute with perspectives on how knowledge develops and reflect socio-cultural and technological tension and changes. Most training models assume, for instance, that the presentations and needs of multilingual patients and monolingual patients are the same. Costa and Dewaele focus on training for therapists into multilingualism, combined with a model of cross-disciplinary research. Van Rijn et al. explores knowledge in context new requirements and potentials linked to computerised interventions. The contributions are in other words many and varied, with perspectives on knowledge which from knowledge in context of theory, personal and professional development to working with socio-cultural change.

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