

Mixed Methods Research Special Section, CPR January 2021

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Building Bridges with Mixed Methods Research? Editorial CPR

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Bridging broad and deep knowledge

Mixed methods research involves the use of both qualitative and quantitative approaches and methods in one study or sequentially in two or more studies.

Our own involvement in mixed methods research has grown out of a shared in interest in the concept ‘research-practitioner’; Psychotherapy is a notoriously complex and ever-developing field, and our growing sense have been that mixed methods research can contribute to more complete – both broad and deep, sense of knowledge and understanding. Mixed-methods research adds a much welcomed opportunity to add different aspects of a phenomenon or experience.

Our own studies span from interests into therapists’ unique, individual to shared to commonly held experiences in the field (Bager-Charleson, du Plock & McBeath 2018; Bager-Charleson, McBeath & du Plock 2019; McBeath, Bager-Charleson & Abarbanel 2019; Bager-Charleson, McBeath, du Plock & Adams 2020). Beginning with a qualitative, narrative study about ‘therapists and research’ the focus moved towards mixed methods areas to understand as many different aspects of therapists’ engagements with research as possible. Mixed methods

research has, further, been a valuable approach in understanding the feasibility of implementing interventions in different sociocultural contexts, thus incorporate clients' perspectives and experiences in their further re-design and implementation (Erucar & Vostanis, 2020; Getanda & Vostanis, 2020).

Moving beyond the qualitative-quantitative divisive chasm to survive and develop

Our research has highlighted an often referred disciplinarian 'homelessness' for research interested counsellors, psychotherapists and counselling psychologists. With psychotherapy still being positioned between arts and sciences, we hope in this section to invite readers to a discussion about mixing methods research as a potentially underestimated 'epistemological home' for therapists. We resonate with other pluralistically inspired disciplines, such as those within human geography (Sui and DeLyser's 2012) who refer to unhelpful 'divisiveness' to explore multi-layered aspects of life. They suggest that for a multifaceted discipline to develop and survive we need to 'move beyond the qualitative-quantitative [divisive] chasm between scientific and humanistic knowledge' (p.111).

To some, mixed methods inquiry paves the way for inter-disciplinary communication, allowing for different standpoints to be negotiated and integrated. Others draw on mixed methods for more pragmatic reasons, to bring credibility to a research project by triangulating research results. This flexibility triggers however also often to misunderstandings and disagreements within the research community, with institutional disparity with inconsistent guidance as a result. Critique is sometimes made to one methodology mis-using, violating or drawing from the other as a 'hand maiden'.

Dialectical mixed methods

To us, mixed methods research offers opportunities to combine unique, individual and generalisable, shared perspectives to mental health and emotional wellbeing. An important logic behind mixed methods is thus that "the whole is greater than the sum of its parts" in ways where dialogues guided by interests in learning from new, other perspectives can support more comprehensive and insightful outcomes. This type of mixing goes beyond using qualitative and quantitative methods.

An often-ignored obstacle for research progression in therapy is the internal sub-disciplinary divide between medically versus socially constructionist-based research – and the rich variation both between and within the different approaches. Whilst evidence-based approaches emphasise commonalities, certainties and objectivity, the social constructionist approaches view mental health and emotional wellbeing with socio-cultural, linguistic, gender related and other context dependent interests in mind. Within these perspectives, psychotherapists are often grappling with an added 'gap' (Bondi & Fewell 2016, Bager-Charleson, McBeath & du Plock 2019; McBeath, Bager-Charleson & Abarbanel 2019, McBeath 2021, Bager-Charleson 2021) relating to a divide between an often idiographic embodied, intuitive and emotional understanding in practice 'versus' objective, rational and nomothetic modes of explanations.

We use the term 'dialectical engagement' for learning and research which develop through the interplay between these different perspectives. Each approach brings a different paradigmatic viewpoint leading to different ontological and epistemologically anchored questions regarding mental health inquiry.

Pursuing the historical polarity around qualitative and quantitative approaches can may limit the potential of research. Keeping the dialectics in mind, progress in mixed methods designs may allow researchers to grasp empowering opportunities offered by viewing qualitative and quantitative methods as *complementary* rather than competing approaches. This research potential has been eloquently captured by Landrum and Garza (2015).

We argue that together, quantitative and qualitative approaches are stronger and provide more knowledge and insights about a research topic than either approach alone. While both approaches shed unique light on a particular research topic, we suggest that methodologically pluralistic researchers would be able to approach their interests in such a way as to reveal new insights that neither method nor approach could reveal alone. (p 207).

Augmentation

Landrum & Garza (2015) offers to term ‘augmentation’, which we adhere to. We see opportunities in mixed methods for interdisciplinary learning as a result of researchers seeking complementary perspectives “not to ‘confirm’ their own perspectival view but to augment it, providing a more complex and full description of the phenomenon being investigated” (Landrum & Garza 2015). The stance invites researchers usually trained in only one method to reach out of their comfort zone and think beyond their usually implemented methods. It involves to our mind as mentioned a ‘dialectical engagement’ (Bager-Charleson 2010) as an ‘ongoing and recursive process of trying to understand an other’, as Carter and Gradin (2001) use the term; In doing so, ‘own beliefs and assumptions are disclosed, and these assumptions themselves can become objects of examinations and critique’ (Carter and Gradin 2001, p. 4).

Resonating with this openness for perspectives, Hesse-Biber (2015) uses the concept Reflexive Mixed Methods Research approach (RMMR) to learn about both self and others in context of roles and opportunities in research. To be ‘reflexive’ in research means asking questions about what values and ideologies might guide sub-disciplinary mixed methods project in psychotherapy related research; What type of epistemological, paradigmatic lens is, for instance, favoured in understanding emotional wellbeing and ‘mental health’ -and why? What questions can a deductive mode of research inquiry versus an inductive one bring into the forefront? How do they compete and how - if at all, might they be ‘augmented’ and complement each other through a mixed methods inquiry? Practicing reflexivity in research involves considering both self and ‘the other’ critically with potential dialectical learning in mind, assuming that “all knowledge is affected by the social conditions under which it is produced and that it is grounded in both the social location and the social biography of the observer and the observed “ (Mann & Kelley, cited in Hesse-Biber 2011,p. 506).

Inviting you to a dialogue about approaches

We hope to offer a taster of how varied mixed methods research can be, inviting you as the reader to engage in our conversation about complementarity, dialectic engagement and/or augmentation in research. You may for instance relate to and agree with some authors - and disagree with others. We hope that you will experience the contribution as an invite to debate rather than as a fixed statement. The special section is, as mentioned, guided by our interest into systematic and creative bridging research aiming to understand, contribute to and actively support our clients. We hope to invite you as a reader (practitioner and/or researcher)

to think about your practice-based questions and how different research methodologies potentially may be drawn upon *dialectically* to generate deep, idiographic, and broad, nomothetic new knowledge within reflexive frameworks.

Each contributor expands in her/his way on methodological bridging, with different and sometimes contrasting examples. You will for instance see examples such as **Rolland's** exploration of language awareness in talking therapies. She is interested in how language options, from the main therapy language(s) to code-switching are negotiated between client and therapist. Rolland draws from an 'explanatory sequential design' (Plano Clark 2011) for deep and broad knowledge, choosing an initial gathering of quantitative data through a web survey followed by qualitative data collection through 'follow-on' interviews to elaborate on the quantitative results.

Bohr et al aim for a 'conversation' between different sources of data to evaluate, starting at the opposite end to Dr Rolland. They draw from an integrated 'exploratory sequential design' with an initial qualitative 'data collection' which they then seek to 'test' quantitatively.

Leonard seeks, in turn, to explore 'both objective and subjective layers' of living with 'very high empathy'. She concludes that some research might tell us interesting information about biological processes, whilst others focus on experience as embodied, situated and inter-subjective processes. Leonard argues for a 'forced chasm' between quantitative and qualitative research. Leonard refers to the value of contributing with 'different yet interconnected layers of experience', seeking to combine subjective human experiencing understood in terms of idiosyncratic perception and individual context, and elements within the material world often perceived as stable and consistent over time such as biology, genetics and personality traits.

Sinclair uses what Creswell et al (2003) refers to as 'a triangulation design' to explore clients' and therapists' views and experiences of the physical environment of the therapy room, asserting that the mixed methods design enables different research questions to be addressed. *Quantitative* data supports 'an identification' of which 'variables' in terms of aspects of therapy rooms that clients and therapists refer to as most significant. *Qualitative* data offer, in turn, a context to the way these individual variables might be *experienced*, contributing in turn to a deeper understanding of why some individual 'room variables' might be 'rated' more important by clients or therapists. The study draws from three datasets, namely a quantitative survey data divided into a public health care (NHS) and non-NHS strand; a qualitative survey data -also from a NHS and non-NHS strand, and finally a qualitative interview data as a 'non-NHS strand'. These datasets are analysed separately, before being compared and contrasted with each other for the 'for the purposes of convergence, complementarity and interrogation'.

Rost offers an in-depth account of Q-methodology as a specific approach for counselling and psychotherapy 'to bridge the divide between clinical knowledge and the quantitative systematisation of it'. Rost refers to Q-methodology as a means for a 'statistically robust, reliable and valid rating scale' whilst 'supporting the possibilities of a richer, much more comprehensive understanding of the subject' for instance through collecting narrative data. The Q-methodology aims to facilitate research questions within either of these positions, whilst offering an overview of the approach in terms of three schools or strands and their different merits illustrated with examples.

Vos provides, in turn, an interesting submission reflecting his grappling with phenomenology to achieve an as ‘systematic’ research as possible. He seeks a ‘pragmatic-phenomenological methodology’ to combine qualitative and quantitative approaches, and offers a ‘Structural Pragmatic Phenomenological Analysis (SPPA)’ for a ‘a systematic, sensitive, and specific guidance to developing a reflexive understanding of individual experiences and meanings’.

In contrast to the earlier qual-quant orientated mixed methods examples, **Rodriquez** expands on *qualitatively*-driven mixed methods in psychotherapy research. She starts with the dilemma that despite the shared focus on experiences and human meaning making, qualitative researchers often adopt “an ‘either, or’ perspective on change when conducting research. Some emphasise lived experience, others on identity construction or on cognitive processes and so on. Qualitatively-driven mixed methods offer, suggests the author, a compromise to generate ‘multi-dimensional material’ combining the many options offered under the rich qualitative research umbrella.

O’Reilly supports and expands on this stance. Her paper provides, firstly, a helpful overview of the different types of mixed method approaches in terms of those which draw upon two different paradigms and can be referred to as inter-paradigm research, and those which seek to combine two different qualitative approaches in terms of an intra-paradigm research. O’Reilly offers an illustrative example of the latter, combining qualitative methods through two sets of data. She asserts that ‘it is possible to simultaneously analyse two different data sets, one naturally occurring, and one researcher generated because of the epistemological congruence in the overall design’. Her context is a UK inpatient psychiatric hospital. The research objective is to critically consider the potential reasons for discrepancies in dissatisfaction reports from patients in the interviews, compared to relative compliance in the ward rounds. Data ‘set one’ is collected weekly from ward rounds with inpatient staff meeting autistic patients to ‘review medication, listen to patient concerns, and make plans or adjustments in light of this’. The second data is generated through ‘reflective discursive interviews’ with patients and staff. Both data sets were analysed together utilising a Video Reflexive Design, and Critical Discursive Psychology approach.

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