

The relationship between psychotherapy practice and research: A mixed-methods exploration of practitioners' views

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Abstract

Background: References are frequently made to a strained relationship between therapeutic practice and research. This study has developed in response this critique.

Aims: This study aims to explore therapists' views on the relationship between research and clinical practice, 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?*

Methodology: The study is anchored in mixed-methods framework (Hesse-Biber, 2010; Priest, 2013) drawing from a survey ($n = 92$) distributed within and outside the UK and coupled with interviews ($n = 9$) approached within a narrative thematic framework.

Findings: Both the survey and 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."

Implications: 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.

KEYWORDS

mixed-methods, narrative thematic, psychotherapy, research training, therapy research

1 | 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 widely acknowledged practice-research divide in psychotherapy. This study is triggered by this critique, focusing on therapists' own expressed experiences as expressed in a survey ($n = 92$) and an interview ($n = 9$).

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 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 and expert," whereas practice was seen as

"subjective, busy, messy, difficult, soft, warm, pressured and flexible" (Darlington & Scott, 2002, p.4). Taubner, Klasen, and Munder (2016) suggest that the relationship between clinical research and practice is "compromised by reciprocal criticism and prejudice" (p.320).

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 (Norcross & Prochaska, 1983), that therapists seldom read research (Beutler, Williams, Wakefield, & Entwistle, 1995; Boisvert & Faust, 2006; Morrow-Bradley & Elliott, 1986); that therapists rely more on discussions with colleagues than on research (Norcross & Prochaska, 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, Abreu, Ogilvie, & DeMaria, 2011). 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).

1.1 | 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 as follows:

- 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?

1.2 | Positioning ourselves in the research

The study has grown out of an earlier qualitative enquiry (Bager-Charleson, du Plock, & McBeath, 2018) into therapists' embodied engagement with research during data analysis. As trainers, supervisors and researchers with an interest in reflexivity, reflective practice and training (Bager-Charleson et al., 2018; Bager-Charleson & Kasap, 2017; Bager-Charleson, Dewaele, Costa, & Kasap, 2017; Bager-Charleson, 2017a,b, 2014, 2012, 2010a,b, 2004; Du Plock, 2010, 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 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 study based on dissertations ($n = 50$), interviews ($n = 7$) and research journals ($n = 20$) across 19 cohorts and years gave a broad pool of data, the research was limited to one doctoral programme.

1.3 | Participants

This study reflects an expansion of previous research to include participants across training institutes, modalities and countries. The survey presented here 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. The survey was distributed to nine training institutes in England, Wales, Scotland, Sweden and Malta over a period of one year. It was also posted at the Metanoia Institute web site for a year, available for both the public and students, and on the BACP online Research notice board, available to its approximately 40,000 members. Our interviewees ($=9$) were recruited from the survey. We interviewed everyone who volunteered to expand on their experiences through interview.

2 | 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 legitimised with a

reference to how each perspective may answer different research questions (Creswell & Clark, 2011). 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 organising 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 and Clark (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 we approach our study as

a process that is on-going, changeable and iterative in nature ... prior to, during, and after [its] implementation (Wright, 2009, p. 63).

We adhere to Priest’s (2013) flexible approach to mixed methods and agree with Hesse-Biber’s (2010) critique of a “methods-centric” tradition which “employs qualitative data as ‘handmaiden’ or ‘second best’ to the quantitative data” (p.456). In our case, a mixed-method approach has offered what Hesse-Biber (2010) refers to as an opportunity to expand the research on different levels:

1. Employing a quantitative method can help to “cast a wider net,” which;
2. can “help to generate new qualitative research questions to pursue in depth”; which, in turn can
3. provide a more robust understanding by triangulating results (p.465-466).

Like Hesse-Biber (2010), we approach triangulation as a question of “seeing whether research findings of two studies on similar topics are in agreement” (p.457). This means, as Landrum and Garza (2015) suggest

that together, quantitative and qualitative approaches [can be] 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.199).

2.1 | 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 ongoing respect for the participants. Both the validity and the ethical requirements of the study rely ultimately on “trustworthiness” and “authenticity” (Josselson, 2013; Finlay 2016), especially during the second phase of the study which involves engaging with participants with an interest in unique and personal experiences.

2.2 | 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 feasibility 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 nine therapy training institutes, both UK and European, as well as the BACP Research Network. The largest number of participants was from England (61%). All participants from the training institutes taking part in the survey would have had “research” introduced in their training curriculum. The survey generated a total of 92 responses, with contact details from respondents willing to be contacted for further input including qualitative-based interviews.

3 | FINDINGS

With regard to self-declared theoretical orientation 31% of the survey respondents identified as Integrative, other significant groupings were Transactional Analysis (17%), Psychodynamic (15%), Gestalt (13%) and Person-Centred (12%). The remaining number included Cognitive Behavioural Therapy Existential, Pluralist and Cross-cultural. The gender breakdown of survey participants was female (83%) and male (17%).

The survey contained multiple choice questions analysed using Statistical Package for the Social Sciences (SPSS). Dummy variables were created for each possible response to multiple choice questions. For each variable, the number 1 was assigned if a particular response was chosen; if a response was not chosen, spread sheet cells would be left blank. This process produced a dichotomous data

spread sheet populated with either 1s or blanks. This spread sheet was then analysed using the multiple response option in SPSS. This process allowed multiple choice data to be presented as percentages that sum to 100%; it also analysed responses as opposed to cases or respondents. Following statistical convention responses to multiple choice questions have been presented as bar charts, as the data are categorical rather than continuous.

The survey contained questions that sought to better understand therapists' perceptions of the relationship between their practice and research. 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.

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. Although 36% reported more than 40 training hours, 20% of respondents had only experienced up to 10 hours of formal research training (Figure 2).

A further 13% had between 20 and 30 hours of training. It is 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 epistemological considerations, or reflections on how knowledge might be acquired in both research and practice. The survey asked to what extent respondents

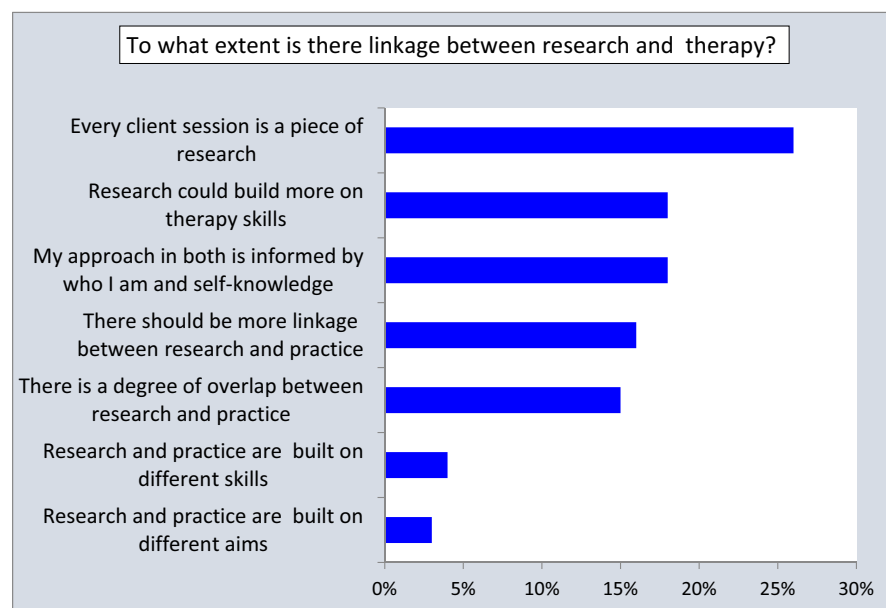


FIGURE 1 Perceived linkage between research and clinical practice (multiple choice) [Colour figure can be viewed at wileyonlinelibrary.com]



FIGURE 2 Survey respondents amount of research training [Colour figure can be viewed at wileyonlinelibrary.com]

had reflected on how knowledge might be acquired. Of those with a minimum of research training (10 hr or less), only 3% had reflected on how knowledge might be acquired. By contrast, for those with over 40 hr research training this figure was significantly higher at 46%.

Survey respondents were asked to what extent they felt that colleagues valued their own research (Figure 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 (Figure 3) below.

Apart from surprise 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. About 31% stated that it was valued by colleagues “to some extent,” and a further 20% replied “not really”.

3.1 | Interviews

The survey provided us with what Hesse-Biber (2010) described as “a wider net” and an opportunity to “generate new qualitative research questions [to] be pursued in depth.” The survey raised especially questions surrounding therapist researchers’ “lack of appreciation by colleagues” (pp.465-466). It also alerted us to how so few therapists expressed links between research and practice. These questions were carried over into our qualitative section, which aimed for a deeper insight into participants’ narratives (for instance, their language-based meaning making) surrounding therapy research. Rather than addressing the mentioned questions directly, our overriding aim during the interview stage was to be guided into individual therapists’ ways of organising their experiences surrounding “research.”

3.2 | Participants

We interviewed nine therapists from the UK (Wales and England), Malta and Sweden, using the qualitative method of narrative

thematic analysis. Participants were chosen from those who had volunteered in the survey. Ten volunteered in the survey, and nine agreed to interviews. The participants included eight women and one man in ages ranging from 40 to 55. Two participants were still in training, and seven had worked as psychotherapists for between eight 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.

4 | NARRATIVE THEMATIC ANALYSIS

Each interview lasted between 45 and 60 min 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 and Jefferson’s (2000) FANI (Free Association Narrative Interview) method and 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 invitation to add, delete and expand on these.

We analysed the interviews in seven stages. This included comparing interpretations between two research team members, and between researcher and participants. In brief, author 1 interviewed and worked alone during stage 1–3, with the input of author 2 who during stage 4 explored the transcripts and suggested themes again

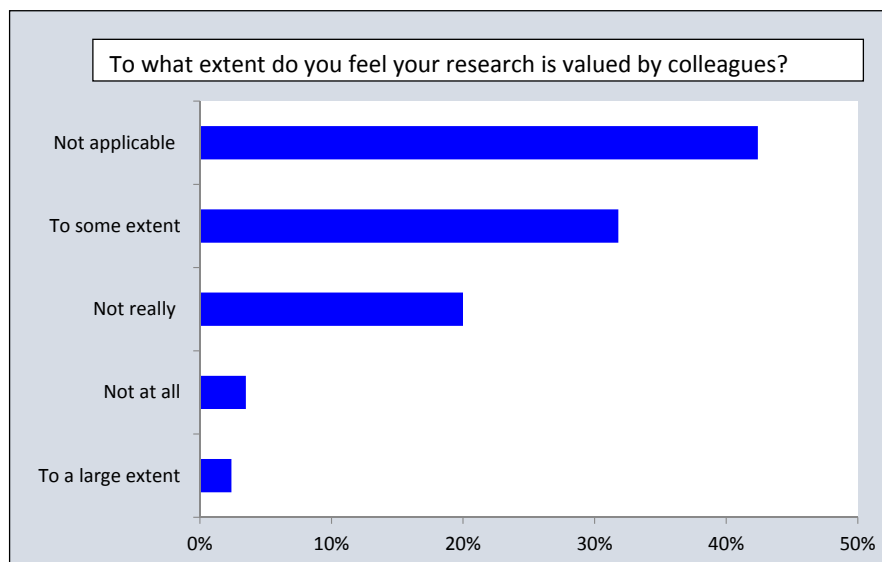


FIGURE 3 Survey respondents’ description of their colleagues’ attitudes to research [Colour figure can be viewed at wileyonlinelibrary.com]

and returned a revised version. This was discussed and synthesised (stage 5), before being presented and discussed with the participants (stage 6) whose feedback led to a second synthesised reading between author 1 and author 2 (stage 7). The survey and interview findings were then arranged into a coherent enough write-up (our story) of the study. Following interview analysis, 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.

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. Verbatim is an established way of recounting a session in psychoanalytic practice, where the therapist's memory becomes a hermeneutic appropriation (Ricoeur, 1970) to be explored in supervision (Bager-Charleson, 2017a,b; Clarke & Hodgett, 2009; Urwin & Sternberg, 2012). This involved taking note of "experience-near" (Bondi, 2013; Hollway, 2006, 2011) interpretations, with attention to both the participant's "narrative knowing", coupled with the interviewer's own narrative, embodied and emotional responses, as customary in psychoanalytical session write-ups (Hollway, 2006; p. 463). "Narrative knowing" refers to how people "conceptualise the self by linking diverse events of their lives into unified and understandable wholes through their stories." Polkinghorne (1991) 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 (1997) highlights three levels of narrative positioning in terms of self in relation others, to the listener(s) and in relation to own biography and socio-cultural context

Stage 2: Semantic and latent themes within and across the interviews. Interviews were transcribed approximately 4–8 weeks after they took place and approached within the framework of Thematic Analysis (Braun & Clarke, 2006). Like psychotherapy, narrative research (Chase, 2005; Riessman, 1993; Bamberg 1997; Polkinghorne (1991)) distances itself from objectifying, positivist accounts of people. It is, as just suggested, not the event itself, but the (changeable) meaning that we attached to it, that is, of interest in both narrative research and psychotherapy. In previous studies, (Bager-Charleson & Kasap, 2017; Bager-Charleson et al., 2017, 2018) we expand on a narrative thematic exploration as a hybrid of narrative analysis. Highlighting themes within and across narrative challenges traditional approaches to narrative research, which typically—again, like psychotherapy, aims to highlight the ambiguity and changing, ongoing nature of meaning making. 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 sacrificing some of the richness of ambiguity.

To us, the "themes" help however to "push an interpretation along" (Ricoeur, 1981), and provide a narrative communicated in a shorter space than narrative enquiry typically requires (Bager-Charleson, 2004). A narrative enquiry will inevitable "only" catch one or more stages or phases of changing, ongoing meaning making processes as approached through a person's ways of organising events and experiences in his/her narratives. A narrative thematic focus provides a snap shot, a glimpse of certain stages at certain times, both within and across narratives, in this case with reference to therapists' narratives about research. We combined a focus on what Braun and Clarke (2006) describe as "manifest," semantic or "question lead" themes with looking for "latent," for instance, more implicit, unspoken themes which might move the reading "beyond" what is said. Our analysis, or 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 and 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

Stage 6: Discussions with the participants. We forwarded our readings to each participant with an invitation to add, delete and expand on them. Any 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, with the survey and interview findings arranged into a coherent enough write-up (our story) of the study.

4.1 | Interview findings: the homeless researcher

Overall, the interviews proved a rich source of narratives and meaning. At a superordinate level, it became apparent that many 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 narratives that seemed to promote this sense of "homelessness" will now be discussed.

4.2 | Theme 1: "Experimenting with ideas and then finding new knowledge is fascinating"

All participants spoke enthusiastically about "research" in terms of gaining new knowledge on both of a personal and professional level. Some 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 "research mindedness." For me it is becoming 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.

4.3 | 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 the goals of further learning in terms of "finding out" and "illuminating." As the interviews proceeded, we interpreted a sense of what Polkinghorne (1991) and Gergen (1999) describe as protagonists' regressive trajectory towards their goal or "valued endpoint." 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 have always loved research. Reading and writing ... finding out... it is like breathing for me. I have 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 had 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:

4.4 | 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.

Alarming, lack of career opportunities was unambiguously referred to by others. Trainee Anne has worked "for a big research organisation 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 about her options to build on her research interest after graduating as a therapist; "The scientists and researchers I work with; they know they have a career in research—you get rewarded and promoted. That kind of recognition does not exist in therapy".

4.5 | Theme 4: We need a broader "structure" for research

Eva, a Gestalt therapist in Sweden says,

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.** [...] Measuring won't help us to understand what it's about to be a person, a human.

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.

4.6 | 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, a trainee at the end of her Integrative training, refers 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.

The interviews resonate with the lack of support addressed in the survey. Anne does not expect it to be easy to publish the research and says; "the effort required to produce research is usually not warranted by the numbers who read." The previously-mentioned PhD student, Jamie, enjoyed doing research but echoed others' feelings of ambivalence, loneliness, lack of support, unfamiliarity and restricted frameworks in which research is construed. Jamie suggested 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 is a flaw in the training that you are so much on your own, dealing with dead ends, worrying.

4.7 | Theme 6: "Therapy happens beyond words—communicating, that is, difficult"

Several participants emphasised an interest in finding knowledge that related to therapeutic practice which, "happened beyond words." Rebecca, a senior lecturer, described her research training as rigorous having 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 endpoint 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:

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 did not get clearance. I am not sure I will 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 (Figure 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."

With the findings emphasising relational sensitivity, ambivalence, openness to "not knowing," it was unsurprising 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 (Figure 5), with narrative research and case study research generating the highest response.

This resonated with the qualitative section of the study. Linked to the issue of "therapy happening beyond words" another therapist, Betty, said "I'm not interested in generalisations and trends... Rationally I can appreciate the need for research, but I feel incredibly bored and averse to this as a topic and in some ways resent it being part of therapy training as it seems to have very little room for nuance." However, some spoke about finding compromises. Betty reflected for instance over her resistance as a "closed position": "Having said this [research being boring] I'm very aware that my strong feelings keep me in a closed position and they are probably

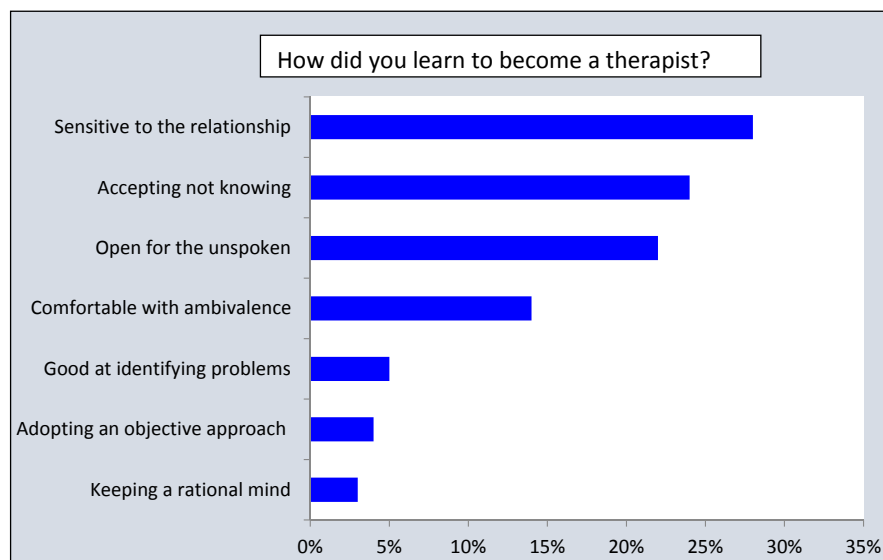


FIGURE 4 Survey respondents' description of how they learned to become therapists (multiple choices) [Colour figure can be viewed at wileyonlinelibrary.com]

there because I don't understand the link." Another therapist reflected over research obstacles:

there is a big chasm between how I see myself and what I am doing, and the field of research ... I see research as something done by someone else. Someone clever. Someone who can use long words and complicated terminology. The flip side of this is that I also think I might quite enjoy research.

5 | 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." This creates an interesting background, we think, to the suggestion about therapists relatively low involvement in research addressed in our literature review earlier (Castonguay et al., 2010; Safran et al., 2011).

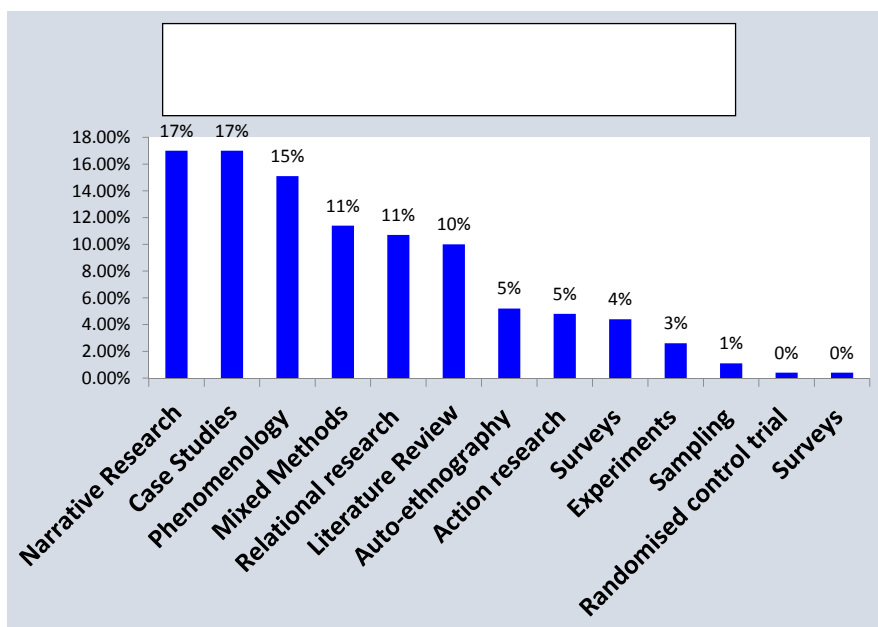


FIGURE 5 Survey respondents' description of which research strategy that most interest them (multiple choices) [Colour figure can be viewed at wileyonlinelibrary.com]

Some therapists referred to personal obstacles, in terms of lack of exposure and a sense of conflict with how they regarded themselves as counsellors. Some felt actively discouraged from doing other forms of research than using CORE or other forms of regular outcome monitoring. Rosanna referred to a manager saying “she was already over qualified” for her counselling position within the IAPT service, when she suggested undertaking a doctorate.

Another significant problem seemed to be the sense of discrepancy between “research” and clinical practice; “Most of our therapy work happens beyond words.” This resonated with 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%). Interestingly, some referred to lack of exposure to and understanding of research. One therapist spoke about her own “closed position...because I don’t understand the link.”

In summary, not feeling valued as a researcher was, regrettably, 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. We believe this offers a significant background to the critique of therapists’ comparative low involvement in research, suggested in the studies referred to in our literature review. With parallels to our earlier study (Bager-Charleston et al., 2018), 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 how, “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.” Those who did engage with research referred to it as bringing significant changes on all levels: “Since very recently I allowed myself to engage in research, I have been experiencing my clinical work as energised and more exciting. I believe that my clients have been benefiting from my research activities”. A stronger, more cohesive research community could provide a broad framework for practitioners to develop their research skills and sense of research identity.

6 | LIMITATIONS AND AREA OF FURTHER STUDIES

One limitation of the study was a relatively modest survey response total of 92, which meant that the power to generalise from findings was less than from a larger response total. The achieved sample size also precluded meaningful analysis of associations between variables. On reflection, a more proactive approach could have been utilised such as harnessing social media with targeted purposeful

sampling. Correspondingly, the relatively low response rate might reflect a finding in itself, with regards to therapist and their readiness to engage in a debate about research.

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 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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