

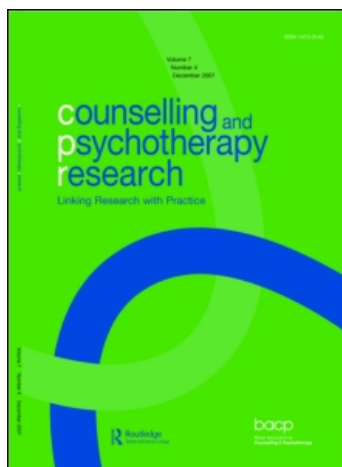
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Introduction: Critical issues in the methodology of qualitative research

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Theme Section

Critical issues in the methodology of qualitative research

Introduction: Critical issues in the methodology of qualitative research

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North American (USA and Canada) institutions and discourses around counselling and psychotherapy are globally important. The size, power, diversity and resourcefulness of the North American therapy world allows it, most of the time, to dominate international debates and define global trends. From a European perspective, the 'CanAm' literature can serve as a source of cues around emergent issues that will soon become significant in European contexts

One of the recurrent, and increasingly salient, themes within the North American psychotherapy research community has been the topic of research methodology: what are the most appropriate methods for conducting research on therapy? Within the last two years, there have been three major North American publications around this issue. The prestigious *Journal of Clinical Psychology* devoted a special issue, edited by Alvin Mahrer (1999), to the question: 'How can research discover how to do psychotherapy?' Second, the American Psychological Association (APA) published a collection of papers, edited by Stephen Soldz and Leigh McCullough (2000) on the theme of 'Reconciling empirical knowledge and clinical experience'. Third, *Prevention and Treatment*, an on-line electronic publication of the American Psychological Association, hosted a debate on the importance of promoting systematic case-study research in psychotherapy (Fishman, 2000).

Why has there been this increase in attention given to methodological issues? The central issue which appears to underpin concern over research methods and approaches arises from the nature of the knowledge base upon which mainstream North American counselling and psychotherapy has been built. The huge expansion of therapy in North America in the 1950s rested on the promotion of clinical psychology (and later, counselling psychology) as alternatives to both medical-model psychiatry and pastoral care. A fundamental element of the case for clinical psychology was that it was a scientific activity, with interventions based on scientific theories and evaluated by scientific methods. In the meetings of the American Psychological Association in which clinical psy-

chology was born in the 1940s and 1950s, a central guiding image was that of the 'scientist-practitioner': all therapists would be scientifically trained and operate according to scientific principles. The outcome of this is that the majority of counsellors and psychotherapists in North America are psychology graduates. Before entering therapy training, therefore, they have completed several years of education and training which places great emphasis on experimental design, objectivity, reductionism, measurement accuracy and validity, and have been socialised into a cognitive framework constructed around scientific beliefs and values. It may be worth noting, too, that the North American educational system is highly competitive: graduates who are successful in gaining places on counselling and psychotherapy training programmes need to have gained high grades in research and methods modules.

The decision of North American counselling and psychotherapy to identify itself with the methods and knowledge base of academic psychology has turned out to have been a highly effective strategy in terms of gaining both public legitimacy and making a place for itself within institutions such as universities and healthcare systems. In the 1990s, however, there were several developments which, taken together, have precipitated a crisis in the scientist-practitioner model. It became apparent that, once they had completed their Doctorates in clinical psychology, practitioners lost interest in 'research'. Another element of the crisis facing the CanAm model of psychotherapy has been the policy of using in public institutions only those therapies that have been proven to be 'empirically validated'. Healthcare administrators and policy-makers literally apply the findings of outcome research studies: if a form of therapy is not supported by research, it cannot be used. Finally, the expansion of *managed care* in the USA has transformed the working lives of many counsellors and psychotherapists. In contrast to the state-operated public healthcare systems which operate in most European countries, in the USA health care is paid for by insurance policies (normally subsidised by employers). In recent years,

these companies have introduced initiatives to enable cost containment by restricting the number of sessions of therapy that are available to clients in their schemes, and closely monitoring the effectiveness of the therapy delivered by individual therapists. Psychological care is *managed*. As a result, counsellors and psychotherapists have much less professional autonomy and job security. The managed care approach is justified in terms of research which has shown that brief therapy is effective, and maintained by the use of outcome measures to manage the work of individual therapists.

The crisis in North American counselling and psychotherapy research can be understood as arising from pressure to reconcile the conflict between two positions. On the one hand, there is an increasing suspicion that there may be something intrinsically wrong, or limited, with the scientist-practitioner model which has served the therapy community so well for over half a century. On the other hand, the public (informed individual consumers as well as large-scale stakeholders such as the government and health insurance companies) appear to be taking the scientific claims of the therapy profession at face value. It is as though the purchasers of therapy are saying that now, after 50 years of research, the profession should know what works and what does not, and that they are willing to pay only for therapy that is empirically proven and quality-controlled. But from the practitioner perspective, the direction in which the 'psychotherapy industry' appears to be heading is deeply worrying: erosion of professional autonomy, status and payment levels, and a pervasive sense that what is being offered is not providing what many clients need. How has the North American counselling and psychotherapy research community responded to this crisis? The debate has centred around two main strategies for reforming the methodological base of psychotherapy research. First, there have been calls to reaffirm essential scientific values and strengthen the scientist-practitioner model by establishing better links between practitioners and researchers. Second, there has been a flurry of proposals for new research methodologies based on intensive study of single cases or even of single events in therapy.

These strategies are certainly useful, and take the debate forward. But it is also instructive to consider what might be lacking in these recent attempts to reformulate the method of counselling and psychotherapy research. Counselling and psychotherapy in Europe represents a tradition that has been profoundly influenced by philosophical ideas from hermeneutics, phenomenology, critical theory and existentialism. In terms of approaches to research and inquiry, this tradition has been associated with a movement toward:

- the development and extension of qualitative methods;
- placing research in a historical and social context;
- critical analysis of the influence of sources of power and privilege in the creation of knowledge;
- reflexivity: the use of the researcher's awareness of his/her role in the inquiry process;
- collaborative inquiry involving clients and service users as co-researchers.

The North American psychotherapy research establishment (with some notable exceptions) appears to be relatively uninterested in these themes. It is perhaps significant that a recent edited book on methodological issues in psychotherapy research (Frommer and Rennie, 2001) could not find a publisher in North America or Britain, and was finally published (in English) by a German social science publishing house.

The papers in this Theme Section of *Counselling and Psychotherapy Research* represent important contributions to the debate over how best to study the process and outcome of therapy. The paper by William West suggests some ways in which qualitative research can be developed, by adopting a heuristic approach which relies on the creativity and personal commitment of the researcher. John Lees argues that a more systematic use of case-study evidence, based on a reflexive action research model, would be a valuable approach to pursue. Kim Etherington offers an insight into what it can mean to carry out research that is intentionally reflexive and collaborative.

These papers describe possibilities. They have not emerged from publicly funded research programmes, but are based on small-scale, practitioner studies. They lack the rhetoric of certainty and authority that is associated with much North American psychotherapy research. Certainty and authority are seductive, but tolerance of ambiguity and acceptance of the value of local, rather than global knowledge, are also meaningful virtues. Readers are invited to contribute to the debate over method, through the pages of *Counselling and Psychotherapy Research* and by posting messages to the journal website: www.counsellingresearch.ac.uk

The various 'gaps' - between research, practice, theory, consumer views and public policy - have been well documented. How can we fill them? How useful is the kind of reflexive, heuristic, highly personal inquiry described by the writers in this Theme Section?

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This journal is supported by a website. The aim is to make it possible for readers to take an active part in shaping the journal, by engaging in dialogue over research issues, asking questions, influencing researchers, and having an impact on journal policy. It is intended that the website will act as a gateway to research for BACP members, and others, who have previously been reluctant to engage with this activity, and operate as a catalyst toward a more research-informed profession.

The website will eventually include all of the following:

- ✓ information about the journal, for example instructions for authors and subscription rates (already included);
- ✓ links to other sites on topics relevant to research in counselling and psychotherapy;
- ✓ abstracts of articles published in the journal (already included);
- ✓ discussion forum, where readers can share reactions to articles published in the journal, make suggestions around future issues of the journal, or ask for help on research matters (already included);
- ✓ an Archive for the electronic publication of items that cannot be included in the main journal, such as Masters dissertations (in whole or part) and longer versions (e.g. including technical information) or peer reviewed papers which will be published in brief form in the journal itself. The contents of the Archive will be recorded in the main journal, with a brief abstract for each item (ensuring that the author can claim a 'publication');
- ✓ work in progress forum. Readers can write in giving details about research being planned, asking for collaboration, access to informants, etc;
- ✓ news of conferences, research initiatives and sources of funding, etc.

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