#### Research

# Teaching Research: An Exploration of "Here Be Dragons" Territory and the Development of the Practitioner-Researcher

By Karen Walsh



#### Introduction

ccording to folklore, when explorers were charting new maps of the world, the territories that were vet undiscovered and unvisited were described as "Here be Dragons". In teaching research in counselling and psychotherapy our experience can be described employing a similarly strong metaphor. The introduction of research as a topic to students, colleagues and other practitioners, generally evokes anxiety. "We are not dragonland explorers" they protest, metaphorically speaking.

# **Schism between Practice and Research**

People who become counsellors generally do so out of a desire to become a practitioner. Currently,

however there is a clear schism between practicing counselling and researching it. As far back as 1986, a survey suggested that counselling practitioners rarely engage in or consult research, and feel more negatively than psychologists towards research (Morrow-Bradley & Elliott, 1986). Indeed, experience with clients, supervision, and consultation with others is more valued (Ogilivie et al., 2005). In 2010, Castonguay and colleagues concluded that 'the practice of many full time psychotherapists is rarely or non-substantially influenced by research' (2010, p.346). Two years later McDonnell et al... (2012) noted that research continues to have only a minimal impact on counselling and psychotherapy practitioners.

#### **Ireland Is No Different**

So where does Ireland stand in this matter? The most recent study of Irish counsellors and research was conducted by Ó Braonáin (2015). He found from 54 responses (sampled from a total of 200 IACP practitioners - a response rate of 27%) that 87% believed that research was relevant to their client practice. When asked if they were likely to conduct research 31% said yes and 44% said maybe. Yet from this survey only 13% had already conducted research as qualified psychotherapists. One question evoked and to date unanswered by this research or that of an earlier study by Ryan (2013), is to what extent research is consulted to enhance practice? We know that research should be relevant to our practice but how many practitioners consult it about their clients? When did we as practitioners last consult a research article and for what purpose? In the absence of research, it seems likely we are no different from our counterparts in other countries.

#### Why the Schism?

Why don't counselling practitioners use research? McDonnell et al.,. (2012) found that practitioners believed that research is not relevant to practice. Many of the research questions reported are far away from the complex reality of every day practice. The research client groups bear little resemblance to those we meet in practice. In addition, the manner



in which research findings are communicated make it difficult for some practitioners to find what is relevant to practice and according to some study findings there is too much emphasis on statistics (Morrow Bradley & Elliot, 1986). Furthermore, when looking to engage in research into their own practice, counselling practitioners are apprehensive and overestimate the potential negative effects on their clients and on the counselling/therapy process (Marshall, 2001). The schism is wide between practice and research. However, this gap is characterized by one further distinctive attribute, it is the source of conflict. Indeed, stronger metaphors may again be apt. "Calling it a gap is like saying there is an Israeli-Arab gap in the Middle East. It is a war, involving deeply held belief political passions, views of human nature and the nature of knowledge, and – as all wars ultimately involve – money, territory and livelihoods" (Tavris, 2003, p.xiv). In developing the practitionerresearcher, how then are we to negotiate two intrinsic challenges of studying research, namely dragons (a territory not explored and often avoided) and conflict?

# **Knowledge is Power**

In "The Art of War" Sun Tzu writes "if you know the enemy and know yourself, you need not fear the result of a hundred battles". This must be our developmental approach. Any intrepid practitioner looking to engage effectively must take into account the "complex and controversial field of psychotherapy research" (McDonnell et al., 2012) which he or she approaches. First, they must understand that researchers' attitudes to research are impacted by their theoretical orientation (McDonnell et al., 2012). Each researcher holds beliefs about the purpose of

research and how research should be conducted. For simplicity, let's look at two broad orientations, P and C.

# Orientation P: Positivism to Post Positivism

P believes that there is real and objective truth. The goal of research, is to uncover that truth. The researcher stands apart from the subject of his/her investigations and produces impartial knowledge of the phenomenon under study. Through objective measurement and deductive reasoning, Universal Laws can be uncovered. Researchers can replicate the findings of each other's work. Broadly speaking, P is the orientation that underlies Quantitative Research.

# Orientation C: Constructivism to Critical Theory

C believes that truth is relative. What is true for me may *not* be true for you. Truth is constructed and negotiated by deeply embedded cultural historical and linguistic influences. It is impossible to be objective because a researcher's identity and standpoint shapes the research produced. One of the values of research is that it should be transformational and empowering for participants. Broadly speaking, C is the orientation that underlies Qualitative Research.

These differing beliefs of P and C within research are often a source of controversy and are part of the roots of the schism between research and practice. An unthinking explorer becomes more afraid of dragons if the dragons are fighting amongst themselves. Our developing practitioner-researcher must instead become a thinking explorer.

# **Understand the Skirmishes**

Across these orientations, two

of the most controversial issues are the use of Randomised Control Trials (R.C.T.) – primarily a quantitative research method - and Evidence Based Practice (E.B.P.). Let's seek to understand these broadly.

#### R.C.T.

Participants in an R.C.T. are randomly selected to either a group receiving the particular treatment under investigation or to a group receiving a placebo treatment or a standard treatment as the control. In some countries there are requirements for therapies to employ R.C.T. research as evidence for their effectiveness. For example, R.C.T.s are seen by the National Institute for Clinical Excellence (NICE) in the U.K. as the gold standard. R.C.T.s are controversial. Like all research methods there are real shortcomings. R.C.T.s are favoured by the medical profession and herein lie some of the seeds of disagreement.

A population of researchers and writers disagree that counselling a client is equivalent to treating a patient with drug therapy (Elkins, 2009 & Mollon, 2009). Others argue that although R.C.T.s have internal validity the findings cannot be generalised to actual counselling practice (Henton & Midgley, 2012). Other issues have also been identified such as the finding that RCT outcomes can be predicted by looking at the allegiances of the Principal Investigators (Luborsky et al..., 1999), and that RCTs tend to study pure treatment models but real therapy is often delivered in a more mixed and hence impure manner (Henton, 2012) and that the therapy outcomes are due to wider common factors such as the therapeutic relationship (Norcross & Wompold, 2011) or client/therapist characteristics (Bohart, 2006). A famous row in 2011 in Therapy Today (the U.K. equivalent of this



journal) between Mick Cooper and House et al. is further testimony that there is a real skirmish.

#### E.B.P.

Evidence based Practice is a top down research method. The term was coined originally from Evidence Based Medicine which attempted to reduce error in medical treatment choice by grounding therapeutic decisions in the best available research evidence (Sackett, 2000). It attempts to integrate this evidence with the efficacy of treatments in real-world settings, with clinical judgment and with client preferences. It is controversial in that researchers, apart from clinicians, decide what good research is, and also decide what weight is given to client issues and clinical research. Once the developing practitioner-researcher is aware of these conflicts, one further aspect must be developed for the approaching challenge.

# **Attitude**

From general teaching of research in related subjects (such as the Social Sciences) student motivations often pose an obstacle to teaching research. Baloglu and Zellhart (2003) write of students' anxiety and even antipathy towards quantitative methodology such as statistics. Students who apply for Social Sciences-like subjects do not have a concurrent interest in Mathematics and research is seen as being associated with mathslike methodologies (MacInnes, 2012 and Williams et al., 2008). Studies have shown us that trainee counsellors are deeply ambivalent about research: they feel alienated from it (Gelso, 1979) and they fear it (Moran, 2011). In Widdowsen (2012), this negative attitude was confirmed. Students felt it was irrelevant to practice, difficult to read and understand research articles and they had little time or resources

to dedicate to it. Interestingly, students also wanted to learn about research, undertake research and make use of existing studies and knowledge in their work!

## **How Training Hinders**

In acknowledging the attitude problem, it is also noteworthy that, according to Gelso (2006) the training institutes do little to help. "Although this is starting to change, historically, research methods training is a weak area in the academic counselling community, as many came into teaching via practice. In addition, not all lecturers in this area.... have any research methods background" (Rutten & Hulme, 2013, p.8). MacInnes, (2012) adds to this, claiming that the teaching of skills is delivered in contexts largely divorced from situations in which those skills are used.

#### **Our Part**

For our own part, in Cork Counselling Services Training Institute, we inadvertently began our teaching backwards! In 2013, we expanded our training to degree level, beginning with a top-up programme for those with a Diploma. Our training-needs analysis (TNA) clearly showed us that we needed to provide trainees with an opportunity to upskill in research. However, student feedback after the first module on research was very mixed. "Really the time would be better spent on further aspects of practice", "I was completely overwhelmed", "We needed more teaching" and (thankfully) "I'm amazed that I'm interested in research" and "I can do this." Our institute needed to take stock.

# **How Training Can Help**

We could not accept the feedback that the time spent teaching research is wasted. As an institute teaching Humanistic Integrative Therapies, we believe it is a moral, ethical and interpersonal imperative to engage in the systematic study/research of our work. Research is also not alien to our approach as Rogers and colleagues were ground-breaking pioneers in the realm of research in psychotherapy (Rogers & Dymond, 1954; Rogers, Gendlin, Kiesler, & Truax, 1967).

Without research, we are saying to clients and the public that we know counselling works based solely on our experience of practice. This stance is simply not credible and we believe it is in direct conflict with the values we espouse. Research shows that only in 30%-40% of instances do therapists agree with clients on what is significant in sessions. In fact, it suggests that 60%-70% of time we are not clear about what is and what is not working in therapy (Timulak, (2008), Lambert (2010). We need to study what clients and counsellors co-create in the therapeutic space and to systematically study what clients say and what they experience as its impact on them We also do not believe that this is the sole preserve of Humanistic Integrative approaches but it is an imperative for all of the relational therapies.

At the same time, we cannot ignore the difficulties in what we were looking to do. It is complex. How do we conduct research that is systematic meaningful valid and reflective of practice and ensure it reflects the values we espouse? This is the world to which we need to introduce counselling students. It is not an insignificant challenge.

As a result of our deliberations, we have decided to teach research forwards! We believe that rather than bringing it in to the end of our programmes, that students need to incrementally learn about research and the need for research from the beginning.



# **Teaching Research Effectively**

We believe that we need to support students from their enrolment to critically read and understand research. We would like students to eventually be able to acknowledge the limitations of R.C.T.s and E.B.P. and to accept that they will not help answer many of our practice questions (McLeod, 2017). All forms of research have a place in the practitioner-researcher's arsenal and should be employed according to the question posed. Both quantitative and qualitative methodologies are required in our understanding of the complex and rich tapestry of relationships in which both counsellors and clients engage.

We aim to develop students' appreciation that the conflict about what research means, what it measures and how it measures is hugely valuable. As McLeod (2017) points out, since the time of Galileo there has always been a political dimension which has meant an ongoing and necessary debate about the validity of research findings. This should not be seen as a reason to reject research, on the contrary, such conflict is eventually the source of major paradigm shifts in science. "We owe almost all our knowledge not to those who have agreed but to those who have differed" (Colton, 1800).

In line with our own preliminary research and the prevailing wisdom from Geslo (2006) and Widdowsen (2012), we want to support students to gradually find their own research questions from practice, and to reassure all trainee counsellors that research skills are not alien to practitioners. Additionally, we want to use our experience as practitioners and researchers to mentor and encourage senior students to actually engage in conducting research. We believe by fostering inclusiveness and acknowledging

the novice researcher both internally and externally, that the student can become a researcher. Whether a developing practitioner-researcher is excited or deeply perturbed by research in counselling and psychotherapy, it is important that their voice is heard and their work is seen.

Our aim is that the relational therapists will become a practitioner-researcher, returning to the roots of their approach and becoming re-involved in research. Otherwise," practice that is based too much on one source of knowledge may end up being problematic or destructive in some way" (McLeod, 2017p.36). The profession must chart new maps of the world - of territories undiscovered and unvisited. A brave world of research with its accompanying conflicts, developments and challenges awaits.

## Conclusion

And so if the world of research is "here be dragons" territory for us, we need to consider the following! In the land of the imagination where people are afraid of dragons - it is first and foremost a reasonable fear! Dragons do have a number of qualities that make being afraid of them a very commendable response. Attributes like their terrible size, their ability to spout fire, or the way they crack boulders into splinters with their massive talons.... and yet, let's not lose touch with one salient and concrete fact (from Whiteland, 2000) that "the only terrifying quality that dragons do not possess is that of existence."

# References

Baloglu, M., & Zelhart, P. (2003). Statistical anxiety: a detailed review. Psychology and Education, 40, 27–37. Bohart, A. C. (2006). The active client. In J. C. Norcross, L. E. Beutler, & R. F. Levant (Eds.), Evidence-based practices in mental health: Debate and dialogue on the fundamental questions. Washington, DC: American Psychological Association.

Castonguay, L.G., Nelson, D.L., Boutselis, M.A., Chiswick, N.R., Damer, D.D., Hemmelstein, N.A., Jackson, J.S., Morford, M., Ragusea, S.A., GowenRoper, J., Spayd, C., Weiszer, T., & Borkovec, T.D. (2010). Psychotherapists, Researchers, or Both? A Qualitative Analysis of Experiences in a Practice Research Network. Psychotherapy: Theory, Research, Practice, Training, 47(3), 345-354.

Colton, C.C. (1800:2014) Lancon or many things in few words: Addressed to those who think. Whitefish MT: Kessinger.

Cooper, M. (2011). Meeting the demand for evidence-based practice. *Therapy Today, 22* (4), 10–16.

Elkins, D. N. (2009). The medical model in psychotherapy: Its limitations and failures. *Journal of Humanistic Psychology*, 49, 66–84.

Gelso, C.J. (1979). Research in counselling: Methodological and professional issues. *The Counselling Psychologist* 8(3), 7-35.

Gelso, C.J. (2006). On the making of a scientist practitioner: A theory of research training in professional psychology. *Training and Education in Professional Psychology*, S (1), 3-16.

Gelso, J. (2009). The time has come: The real relationship in psychotherapy research. .Psychotherapy Research, 19 (3), 278-282.

Hammersley, M. (2012). Is it possible to teach social research methods well today? Discussion paper presented at HEA Social Sciences Teaching and Learning Summit: Teaching Research Methods, University of Warwick, June 21–22.

Henton, I. (2012). Practice based research and counselling psychology: A critical review and proposal. Counselling Psychology Review 27 (3) 11-28.

Henton, I. & Midgley, N. (2012). "A path



in the woods." Child psychotherapists' participation in a large randomised controlled trail. Counselling and Psychotherapy Research 12 (3) 1-10.

Lambert, M. J. (2010). Prevention of treatment failure: The use of measuring monitoring and feedback in clinical Practice. Washington DC: APA.

Luborsky, L., Diguer, L., Seligman, D. A., Rosenthal, R., Krause, E. D., Johnson, S., et al.,. (1999). The researcher's own therapy allegiances: A "wild card" in comparisons of treatment efficacy. *Clinical Psychology: Science and Practice*. 6, 95–106.

MacInnes, J. (2012). Quantitative methods teaching in UK higher education: the state of the field and how it might be improved. Paper presented at the HEA Social Sciences Teaching and Learning Summit: Teaching Research Methods, University of Warwick, June 2012.

McLeod, J. (2017). Why read research? *Therapy Today*, 28, (5), 34-37.

Marshall R.D., Spitzer R.L., Vaughan S.C., Vaughan R., Mellman L.A., MacKinnon R.A. & Roose S.P. (2001). Assessing the subjective experience of being a participant in psychiatric research. *American Journal of Psychiatry*, 158 (2), 319-321.

McDonnell, L., Stratton, P., Butler, S., & Cape, N. (2012). Developing research-informed practitioners – an organisational perspective. Counselling and psychotherapy research: Linking research with practice, 12 (3), 1-11.

Midgley, N. (2004). Sailing between Scylla and Charybdis: Incorporating qualitative approaches into child psychotherapy research. *Journal of child psychotherapy*, 30 (1), 89–111.

Midgley, N. (2012). The therapist's perspective on participation in research: Learning from experience. Counselling and Psychotherapy Research, 12 (3), 165-166.

Mollon, P. (2009). The NICE guidelines are misleading, unscientific, and potentially impede good psychological care and help. *Psychodynamic Practice: Individuals, Groups and Organisations*, 15, 1, 9-24.

Moran, P. (2011). Bridging the gap between research and practice in counselling and psychotherapy training: Learning from trainees. Counselling & Psychotherapy Research, 11(3) 171–178.

Morrow-Bradley, C., & Elliott, R. (1986). Utilization of psychotherapy research by practicing psychotherapists. *American Psychologist, 48 (2),* 188-197. Norcross, J.C., & Wampold, B.E. (2011). Evidence-based therapy relationships: Research, conclusions and clinical practices. *Psychotherapy,* 48(1), 98-102

Ó Braonáin, C. (2015). The research engaged therapist: Why Counsellors need to embrace systematic investigation. *Éisteach*, 15 (3), 18-22.

Ogilvie, A.J., Abreu, I. & Safran, J.D. (2005). What findings do psychotherapy researchers use in their own practice? A survey of the Society for Psychotherapy Research, *The New School Psychology Bulletin, 3* (2), 17-34.

Rogers, C.R., & Dymond, R. (Eds.). (1954). *Psychotherapy and personality change*. Chicago: University Press.

Rogers, C. R., Gendlin, E. T., Kiesler, D. J., & Truax, C. (1967). The therapeutic relationship and its impact: A study of psychotherapy with schizophrenics. Madison, WI: University of Wisconsin.

Rutten, A. & Hulme, J. (2013). Learning and teaching in counselling and psychotherapy. York: Higher Education Academy.

Ryan, L. (2013). Irish association for counselling & psychotherapy members' survey report (Report No. J.5122). Dublin: IACP.

Sackett, D., (2000). Evidence-based Medicine: How to Practice and Teach EBM, Volume 1, Edinburgh: Churchill, Livingstone.

Sun-Tzu, and Griffith, S. (1964). *The art of war.* Oxford: Clarendon.

Tavris, C. (2003). The widening scientist – practitioner gap: A view from the bridge. In Lilienfeld, S, O., Lynn, J.S. and Lohr, J.M. Science and pseudoscience in clinical psychology. New York: Guildford.

Timulak, L. (2008). Significant events in psychotherapy: An update of research findings paper presented at Scot/Con Scottish SPR seminars. Glasgow.

Whiteland, D. (2000). The book of

pages. U.K: Pow Books.

Widdowsen, M. (2012). Perceptions of psychotherapy trainees of psychotherapy research. Counselling and Psychotherapy Research. June, 1-9

Williams, M., Payne, G., Hodgkinson, L. and Poole, D. (2008). Does British Sociology Count? Sociology Students' Attitudes to Quantitative Methods. *Sociology*. 42(5), 1003-21.

# Karen Walsh

Karen Walsh (M.Sc. Psychotherapy, Dip. Couns., B.A. Applied Psychology, M.I.A.C.P) is a psychotherapist, supervisor and core trainer. She is Head of Training at Cork Counselling Services Training Institute and is a co-module leader in Research on the BSc (Hons) in Counselling and Psychotherapy. Karen has been involved in training students in counselling for over 20 years.

She is part of the management team at Cork Counselling Services and been active in helping the organisation grow and develop. She has recently been one of the leaders in designing and developing the B.Sc. (Hons) in Counselling and Psychotherapy and has co-led the programme through its accreditation with Coventry University and I.A.C.P.

Karen is committed to working as a relational psychotherapist (Integrative Humanistic) as part of a community counselling organisation. Not surprisingly her current research interests are the challenges of undertaking research as a humanistic integrative therapist and how to improve the teaching of research to practitioners.

Karen may be contacted at karen. walsh@thecounsellingservices.ie.

