Research

The Importance of Qualitative Research in Psychotherapy:
Looking at Suicide through a Family Constellations Lens

By .Brendan O'Brien

Introduction

Although suicide is a major public health concern globally, our understanding of suicide remains fragmented and incomplete (O'Connor, 2011). From the International Handbook of Suicide Prevention, Research, Policy and Practice (ibid) we know that statistically, there is a strong correlation between mental health issues, social and economic deprivation, and suicidal behaviours. However, relatively few people who have a diagnosed mental disorder, in conjunction with social and economic disadvantage, choose to take their own lives. This suggests we may need to look beyond these variables as we study suicide.

The link between trauma and suicide is well-established (e.g. Ferns Report, 2005; Fromm, 2012 p12ff; Hellinger, 2003, p.145ff)). Trauma is acknowledged as a root not only of suicide, but of mental illness, addiction, economic poverty and indeed the poverty of spirit that often precedes a suicide or suicidal behaviour. Thus, O'Connor, Platt and Gordon say "we need to move beyond the psychiatric model of suicidal behaviour` and accept that suicide is more than just a by-product of mental disorder; it is more accurately conceptualized as a phenomenon in its own right" (2011, p.627). It is this phenomenon that Family Constellations Ireland has been examining over the last three years.

Counselling Research

Counselling and psychotherapy are relatively recent disciplines. Prior to the 1930s psychoanalysis dominated the field. Since psychoanalysis, a host of therapies from Person-centred, to C.B.T, to Gestalt Therapy, Family Systems and beyond have been accepted as valid and effective forms of therapeutic practice. This variety of counselling approaches, suggests that new insights can lead to significant changes in practice over time. As different theories evolve, practitioners can adapt and integrate new theoretical approaches into their work (Ward, 2011).

At some level, every psychotherapist is engaged in "research". He has a theoretical map or guiding hypothesis that is constantly challenged as he meets new clients with new stories that call for ongoing creative engagement. McLeod points out (2003, p.3) "the knowledge base of counselling is not fixed, dogmatic and immutable". As the professional therapist learns about human nature, he may be faced with "burning questions" that may best be answered via formal enquiry (McLeod, 2003: p.2), communicating the findings to the broader community. Thus, many counsellors and psychotherapists engage in research as a core part of their therapeutic practice, albeit, informally.

Yet, West and Byrne (2009) wonder whether it is worth doing

research at all. Practitioners rarely read research (McLeod, 2003) and it has been suggested that counselling researchers are "*essentially irrelevant* to the processes of counselling and psychotherapy" (Mahrer in West, 2009, p. 311). One of the main reasons for a certain apathy when it comes to research, is the perceived gap between research and practice.

The 1949 American Psychological Association conference pioneered the scientist-practitioner model for psychologists (Baker & Benjamin, 2000). There was to be significant training in both research and practice, and these pioneers were clear that training "should be viewed as dynamic and experimental rather than fixed and prescribed" (ibid, p.243). Alas, this did not happen. Counselling researchers became stuck in the groove of a narrow "scientist-practitioner" model of enquiry (Blair, 2010, p.19). Albee (1998) argued that when graduate psychology students trained in psychiatric settings, they "sold their souls to the devil: the disease model of mental disorders" (p.248). Consequently, psychology, counselling and psychotherapy, experienced great difficulty in developing as independent academic disciplines. Psychological and counselling researchers found themselves shackled to a narrow medical model despite evidence suggesting that studies based on the therapeutic experiences of clients and of therapists may be more relevant and effective areas of research (Henton, 2012, p.11).

For counselling researchers, it was impossible to compete with the billions in funding made available to pharmaceutical companies aligned to the medical model of mental health and who were known for "exerting unreasonable influence on GPs and psychiatrists" (West & Byrne, 2006, p.310). In the "swampy lowlands" of counselling practice and research (Darlington & Scott, 2002, p.1), it was a "war, involving deeply held beliefs, political passions, views of human nature and the nature of knowledge, and – as all wars ultimately involve – money, territory and livelihoods" (Tavris, in Henton, 2012, p.13).

An imbalance in neurotransmitters and levels of serotonin, dopamine or noradrenaline were implicated in a variety of conditions (Blair, 2010, p.20). Symptoms and clinical observations were collated and categorised in the Diagnostic and Statistical Manual of Mental Disorders, (American Psychiatric Association, 2013). Over time there was much criticism of this model. The overlap between the varying diagnoses was significant. Scientific tests and their results, frequently sponsored by pharmaceutical companies, were called into question (West and Byrne, 2006).

Much early research by counselling psychologists and later psychotherapists was limited by the demand for such "scientific" evidence leading some practitioners away from engagement with research (Blair, 2010, p.27), because only data perceived as empirically verifiable constituted evidence .Randomised Control Trials (RCTs), were applied when trying to ascertain and measure counselling effectiveness (West & Byrne, 2009, p.315). Such trials may be useful in comparing results of measurable medical procedures, but be of little use when trying to reach conclusions about the deeply individual experiences of depression, grief and loss that arise in everyday family life. When applied to research on suicide, such trials may be useless. Hjelmeland and Loa Knizek state that RCTs fail to take account of the "context" of a suicide. Individuals severed of their context "do not exist in real life" (Hjelmeland, 2011, p.595). Each person who takes his/her own life has an individual and personal story that cannot be measured by a Randomised Control Trial.

Over time Cognitive Behavioural Therapy, therapeutically predisposed to the measurement of outcomes, became established as the "standard" treatment for many psychological conditions (Blair, 2010, p. 21), because it lent itself quite easily to Randomised Control Trials, which had become the accepted norm. Many outcomes in counselling practice cannot be measured in this way. One practitioner-friendly survey found that clinical experience, relevant literature and pure research were more useful to clinicians than outcome research (Morrow-Bradley and Elliott, 1986). Many were unhappy with this idea of "evidence-based practice" (Henton, p.14). Margson, Barkham, Evans et al. (2000) suggested that "practise-based evidence" (West & Byrne, P.311), where counselling psychologists and psychotherapists would rely on their lived experience of day-to-day therapy and present the outcomes of their work and research in a less 'scientific' manner, was of more value.

Research on process-experiential therapy showed that "significantly helpful events" in therapy for clients and counsellors alike came from "relational impacts, especially feeling understood" (Eliot et al. 1990, in Greenberg et al. 1993 p.314). Thus a client who feels heard, who is warmly received and feels herself in a positive relationship with a therapist will likely have a better outcome.

Blair (2010, p.24) calls for a "broader definition of evidence" as he quotes Strawbridge (2006) who states that research must "respect both the complexity of therapeutic processes and the centrality of

subjective experience" (2010, p.24). Human interactions cannot easily be described by statistical notation. Much of what happens in the therapeutic process is not in the realm of the measurable. Roger's Core Conditions (1957), therapeutic attunement to the inner world of the client, the demeanour of "I-Thou" in relationship (Buber, 1937), speak to a different kind of experience. This is a subjective experience learned through context and relationship. The manner in which we research and present uniqueness of the experience requires a different approach from more limiting scientific models that perpetuate a myth of statistical presentation as being the only reliable source of hard fact.

Suicide Research

Hjelemeland and Knizek (2011) categorize research of suicidality into three categories: (1) (neuro)biological research; (2) epidemiological research focusing on rates, trends and risk factors; and (3) intervention studies including randomized controlled trials (RCTs) "which are considered to be the gold standard in intervention research" (ibid., p.593). Each of these categories has its own shortcomings. The biomedical approach focuses on a given point in time. The epidemiological (risk factor) studies also fail to take into consideration the personal context which is essential when "a particular person at a particular time in his or her life is contemplating, or has actually carried out, a suicidal act". (ibid. p595). RCTs are often stripped down to include a few basic demographic and biological variables and end up giving us limited information on a fiction of the "average individual" who, in the real world does not actually exist. In this regard McLeod describes the standard of RCTs as "gold plated" rather than golden (2011, p. 242). We need to move away from "cause and effect" thinking to focus on the individual experience of suicide within a given family and the cultural context in order, to find meaningful insights.

In addition to considering the cultural/contextual perspectives in suicidology it is commonly suggested that a variety of qualitative methodologies are also required. "We need to change our focus from explaining to understanding" (Hjelmeland, 2011, p. 596). Elliott sees understanding as a way of knowing that "relies on active direct, experience, or close interaction with its object." This contact does not stay on the surface, but "seeks to find its basic, implicit underlying nature" (McLeod, 2011 p.40). Explanation is very much a "left-brain activity" with an emphasis on logic, fact and scientific accuracy, whereas understanding is much more "right-brained". It is about being with, emotional contact, empathy, about reaching out to those affected to better understand the phenomenon under review. Such understanding may help us make sense of the deepest of human experiences – one of which is suicide. It is, in fact, "understanding suicidal behaviour" (O'Connor, 2011, p.630) and "developing and evaluating interventions" (p.625) that are seen as the core challenges in relation to saving lives through suicide research.

Family Constellations as developed by Bert Hellinger (1998) and others has been used as a tool for research as we support individuals and families who wish to make sense of the death of a loved one through suicide.

A family constellation is a process that allows people look at their family story in a new and creative way. A client chooses people to "represent" members of the family and places them in relation to one another. As 'representatives' are placed on the floor they experience a variety of "feelings and thoughts very close to those the family members felt – *without prior knowledge*" (Beaumont in Hellinger, 1998, p. xii). Hellinger refused to speculate on how this occurred. "I'm unable to explain this phenomenon, but I see that it's so, and I use it" (Beaumont in Hellinger, 1998, p. xii). For some it is the *experience* of being a representative – as various thoughts and feelings arise - that helps them really understand the whole process of family constellations. Representatives are often selected not just for family members but also for elements that may have an effect on the family system such as a country, war, poverty or death. In an Irish context, famine (Crowley, 2012), civil war (Coogan, 2001), and emigration (Moran, 2013) all have had a profound effect on family life.

As the constellation unfolds, new insights into the hidden dynamics of the family story emerge. They explore the unconscious processes that affect family life. The family secrets, the unspoken truths, the under-acknowledged traumas, are allowed to surface so that "entanglements" Hellinger (1998, 2006) from the past, loosen their binds. The core aim of each constellation is to find what is of benefit to the client as he/she seeks a solution to the presenting family difficulty (Hellinger, 1998; Schneider, 2007; Hellinger, 2001). In the work, it is often evident that something is 'out of order' in the system and needs to be re-balanced. Frequently family difficulties are unconsciously kept alive from one generation to the next.

Family Constellations

In our experience when working directly with people bereaved by suicide, using Family Constellations

can be very healing. The variety of feelings including longing, hope, grief, loneliness and love that surface through representatives across constellations seems to align – for the client – with an understanding of our core humanity. It is being and the understanding of "Being" that are at the root of phenomenological research which "describes the common meaning for people of their lived experience of a concept or phenomenon" (Creswell, 2013, p. 76).

Very often in a constellation, what surfaces is the "not yet known" – what has yet to be discovered. This can never come into being, if we complacently believe that our current body of knowledge is complete. This is particularly so for research that seeks to illuminate the core philosophical questions of life and death. It is the very same questioning stance of the Enlightenment that lies at the core of phenomenological enquiry (McLeod, 2011). Can we be open to experience? Can we reflect on our world anew? Can we "bracket off" all that we think we know to be true? Can we lay aside all of our existing theories and beliefs as we reflect upon and analyse our human experience? (Creswell, 2013).

As we go to look at the story of suicide in a particular family, in a particular place and at a particular point in time, we may gain insight into a reality that has not yet unfolded. We may understand better an aspect of our "everydayness" (Heidegger, 1962), of an ordinary life, even of a choice towards death. This is at the heart of phenomenological research but not characteristic of the rationalist scientific approach that has dominated suicide research up to now (Hjelmeland, 2011, p21).

The insight and understanding we speak of is an '*experiential knowing*'. It is difficult to measure (thereby posing difficulty for scientific research) but in doing a constellation clients consistently report new insights, and understandings that cannot easily be quantified or replicated – and sometimes cannot be expressed in words (again problematic for scientific research). Yet people report being touched to the core of their being. People speak of deep healing as they try to integrate a very difficult event in their family story.

Most major psychotherapy research ideas are based on practice (Henton, p.15). Freud, Jung, Rogers, Perls, Bowlby, Satir, Moreno, Mahler, Levine and a host of others have based their work and research on their lived experience in the field. In fact, Bowlby dedicated the final Volume on Loss to "My Patients who have worked hard to educate me". This is an acknowledgement of the fact that it is through our lived practice that we gain real and meaningful knowledge.

Each workshop is audio-recorded in full. Much time is given to listening to recordings and reading transcripts of the work in order to note patterns and themes that emerge. This is the first stage of data analysis (Agar, 1980). This process might be considered a 'hermeneutic study' (McLeod, 2011) that attempts to interpret the texts and audio material in an effort to understand each suicide and its effects "from the point of view of the historically and culturally situated individual" (Denzin & Lincoln, 1994 p.512). Each client had his/her own vocabulary and phrases to describe the family experience of suicide. Each family told its own story in its very particular way. It is in the study of this story – *as told by the family* – that we may gain insight into the suicides that form part of qualitative suicidology research.

But hermeneutics is not limited to the interpretation of texts (McLeod, 2011) It is "a collective and dialogical process" (McLeod, 2011, p.32) involving not just the researcher and the workshop participants but all of those who choose to read the final research document. As we struggle with the phenomenon that is suicide, which is, in a very real sense, part of our human experience – our "everydayness" (Heidegger, 1962) - we may be involved in a "genuine act of discovery" (McLeod, 2011 p.35) where our understanding of an important element of our human nature is deepened.

Methodology

A year after our first workshop, we conducted semi-structured interviews with participants in order to explore the longer-term effect of a constellation. Again, data was gathered and analysed. A summary account of each constellation – with diagrams – was presented. Significant themes were identified and a method of working with suicide and suicidal behaviour was also generated.

That the research is neither quantitative nor solely reliant on statistical data should not provoke speculation as to lack of rigour in terms of research process. Participants draw on their own "vast reserves of cultural knowledge" (McLeod, 2011, p. 47) as they, in a co-operative endeavour with the researcher, try to appreciate new understandings of suicide and suicidal behaviour in their families. Working from 'lived experience' rather than from theory (Colaizzi, 1978), participants are asked to come "with an open heart" to explore the deaths of their loved ones through a family constellations lens.

The Phenomenological Stance

Polanyi (1962) speaks of the "tacit" dimension of unfolding knowledge. This pre-logical phase of knowledge,

this "tacit knowledge" is made up of "a range of conceptual and sensory information and images that can be brought to bear in an attempt to make sense of something" (Smith, 2003, p.2). It is "the knowledge of approaching discovery" (Polanyi, 1967, p.5). Working from the edge of awareness, the representatives chosen in constellations are asked to tune in to their 'embodied experience' (Gendlin, 1984) in the hope that insights may be gained into varying aspects of suicidal behaviour in the families being studied. While West (2011, p. 43) acknowledges that the vagueness of working with what we cannot yet name" can be difficult, he also suggests that this working outside the box offers the "tantalising hope" of real innovation (p.45). At a concrete level, representatives often report experiences that make very real sense to the client at the centre of the constellation, revealing rich and meaningful insights into the family dynamic.

Beaumont uses the word "soul" in relation to constellation work not as a theological or metaphysical term, but as a "dimension of everyday experience" (Beaumont, 2012). "The soul, in Latin, the anima, is that which animates, that is, it is life giving. This soul is not individual. It is not something which the individual possesses. The individual participates in it. This greater soul steers evolution. Evolution is guided by something all-knowing and that is the soul. If you can give yourself over to the movements of the soul then you will progress" (Hellinger, 2006, p.67). It is our view that Family Constellations Work allows the possibility of exploring our humanity at this level of soulfulness, a different realm of experience that helps us to understand some of the deeper aspects of human behaviour. We may need to move beyond the rational if we want to come to terms with suicide and suicidal behaviour.

In a world of uncertainty, of paradoxes where there is no such thing as certain knowledge the counselling researcher needs to "remain open and receptive to phenomena as they are revealed to us" (Hellinger, 2006, p.65). It has been our experience when doing Family Constellations, that when we hang back and allow a constellation to unfold, real and unexpected insights can emerge.

A sensitivity to the challenging task of looking deeply at the experience of bereavement through suicide is required as we accompany people who desire to understand and learn more about what happened to their loved ones. Ethical dilemmas form part of this work and need to be addressed in an appropriate manner; clients need to be 'held' and know that it is safe to look at what has happened.

The deeply human experience of bereavement by suicide is always very personal, complex and unique. Yet, being with a group of other people also bereaved by suicide has been very helpful to those who attend our workshops. When Rita – whose daughter took her own life – was asked how she experienced a workshop, she reported it was "beautiful in a sense…people understood and there was that lovely sense of trying to mind one another….there was massive trust there…you felt held…. first of all I have to trust…to allow myself to be that vulnerable I have to know it is safe".

The Need to Communicate our Research to the Community

We need to conduct research into suicide from as broad a base as possible. It is also important that significant findings on research into suicide be "communicated effectively to the relevant audiences" (West & Byrne, p.312). It is important that professionals and lay people alike understand as much as possible about this very difficult aspect of human life. As we seek out "research-based knowledge" (Bond, 2004, p.15) we need to address "real world challenges encountered by professionals in the field" (Kasket, p. 64). Dealing with suicide presents such a challenge not just to a large variety of professionals who form a very real part of the population of "suicide survivors" (Jordan, 2008 p.682), but also to the particular communities and families who must deal with the sudden death of a loved one. Our ongoing research attempts to uncover original knowledge and insight into suicide and suicidal behaviour. Suicide prevention belongs in the realm of everyday human experience.

References

Albee, G. (1998). Fifty years of clinical psychology: Selling our soul to the devil. *Applied and Preventive Psychology* (7), 189-194.

Agar, M. (1980). Stories, background knowledge and themes: Problems in the analysis of life history narrative. *American Ethnologist*, 7(2), 223-239.

American Psychiatric Association. (2000). *The Diagnostic and Statistical Manual of Mental Disorders*.

Baker, D. B., & Benjamin Jr, L. T. (2000). The affirmation of the scientist-practitioner: A look back at Boulder. *American Psychologist*, 55(2), 241-247.

Blair, L. (2010, December). A critical review of the scientist-practitioner model for counselling psychology. *Counselling Psychology Review*, 19-30.

Beaumont, H. (2012). *Toward a Spiritual Psychotherapy - Soul as a Dimension of Experience*. Berkeley, California, USA: North Atlantic Books.

Bolton, G. (2005). *Reflective Practice*. London, UK: Sage.

Bond, T. (2004). Ethical guidelines for researching counselling and

psychotherapy. *Counselling and Psychotherapy Research*, 4(2), 10-19.

Bowlby, J. (1991). *Attachment and Loss (Volume 1).* London: Penguin.

Bowlby, J. (1991). *Loss, Sadness and Depression.* London: Penguin.

Bowlby, J. (1991). *Separation Anxiety and Anger* (Volume 2). London: Penguin

Buber, M. (1970). *I and Thou*. Edinburgh, London: T. & T. Clark.

Coogan, T. P. (2001). *The Irish Civil War*. Ireland: Cassell PLC.

Creswell, J. W. (2013). *Qualitative Inquiry and Research Design*. California, USA: Sage.

Crowley, J. W. (2012). *Atlas of the Great Irish Famine*. Cork, Ireland: Cork University Press.

Darlington, Y. and Scott, D. (2002) *Qualitative Research in Practice: Stories from the Field.* Buckingham: Open University Press.

Denzin, N. K., Lincoln, Y.S., (1994). The fifth moment. *Handbook of Qualitative Research*, (1), 575-586.

Gendlin, E. T. (1984). The client's client: The edge of awareness. *Client-centered therapy and the person-centered approach: New directions in theory, research and practice,* 76-107.

Greenberg, L. R. (1993). Facilitating Emotional Change: The Moment-by-Moment Process. New York, U.S.A.: Guilford Press.

Ferns Report (2005). Irish Government Stationary Office.

Fromm, M. E. (2012). *Lost in Transmission - Studies of Trauma Across Generations*. (M. Fromm, Ed.) London , UK: Karnac.

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

Hellinger, B. (1998). *Love's Hidden Symmetry*. Phoenix, Arizona, USA: Zeig Tucker & Co., Inc.

Hellinger, B. (1999). *Acknowledging What Is*. (C. Beaumont, Trans.) Phoenix, Arizona, USA: Zeig, Tucker & Co.

Hellinger, B. (2001). *Love's Own Truths*. Zeig, Tucker &Theisen.

Hellinger Bert. (2003). *To the Heart of the Matter*. Heidelberg, Germany: Carl-Auer-Systeme.

Hellinger, B. (2006). *No Waves Without the Ocean*. (J. t. Tombleson, Trans.) Germany: Carl-Auer- Systeme Verlag.

Hjelmeland, H. K. and Knizek, B.L., (2011). *What kind of Research do we need in Suicidology Today?* In: International Handbook of Suicide Prevention Research Policy and Practice. (R. P. O'Connor, Ed.) Chichester, UK: John Wiley & Sons Ltd.

Hjelmeland, H. K. (2013, March). *Suicidology Online: Past, Present and Future. Suicidology Online*.

Jordan, J. (2008, October). Bereavement after Suicide. *Psychiatric Annals*, 679-685.

Kasket, E. (2012). The counselling psychologist researcher. *Counselling Psychology Review*, 27 (2).

Margison, F. R., Barkham, M., Clark, J. M., Audin, K., Connell, J., & Evans, C. (2000). Measurement and psychotherapy Evidence-based practice and practice-based evidence. *The British Journal of Psychiatry*, 177(2), 123-130.

McLeod, J. (2003). *Doing counselling research*. London, UK. Sage.

Mc Leod, J. (2011). *Qualitative Research in Counselling and Psychotherapy (2 ed.).* London, UK: Sage Publications Ltd.

Moran, G. (2013). *Sending Out Ireland's Poor.* Dublin, Ireland: Four Courts Press.

Morrow-Bradley, C., & Elliott, R. (1986). Utilization of psychotherapy research by practicing psychotherapists. *American Psychologist*, 41(2), 188.

O'Connor, R. P., Platt, S., Gordon, J. (2011). *International Handbook of Suicide Prevention Research, Policy and Practice*. Chichester, UK: Wiley-Blackwell.

Polanyi, M. (1962). Tacit knowing: Its bearing on some problems of philosophy. *Reviews of Modern Physics*, 34 (4), 601-616.

Polanyi, M. (1967) *The tacit dimension*. New York. Anchor Books.

Rogers, C. (1957). *On Becoming a Person*. London, UK: Constable.

Schneider, J. R. (2007). *Family constellations - Basic principles and procedures*. (C. Beaumont, Trans.) Heidelberg, Germany: Carl-Auer.

Smith, M.K. (2003). "Michael Polanyi and tacit knowledge", the encyclopedia of informal education, http://infed.org/mobi/michael-polanyi-and-tacit-knowledge/. Retrieved September 2015.

Ward, T. (2011, September). Perceptions of integration in counselling psychology training: A pilot study. *Counselling Psychology Review*, 23 (3).

West, W. &. Byrne, J. (2009, September). Some ethical concerns about counselling research. *Counselling Psychology Quarterly*. Vol.22, No.3, p.309-318.

West, W. (2011. December).Using the tacit dimension in qualitative research in counselling psychology. *Counselling Psychology Review*, Vol. 26, No.4.

Winter, R. (1987). *Action-research and the nature of social inquiry: Professional innovation and educational work*. Ashgate Publishing Company.

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