The Process of Conducting Qualitative Research as an Adjunct to the Development of Therapeutic Abilities in Counselling Psychology

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This paper argues that the process of conducting qualitative research augments the development of many of the fundamental psychotherapeutic skills needed by counselling psychology students. By conducting qualitative research the student optimally develops a psychologically sophisticated understanding of their own worldview and personality, an intellectual rigor, and trust in the process and an empathic, open, curious and respectful ability to become immersed in the research participant’s lived world. Leaving the security of the already known, maintaining an optimal distance from the data and resisting the pull for premature closure, the student learns to tolerate complexity, confusion and ambiguity. The student gradually identifies patterns and forges meaning at increasingly higher levels of abstraction. These skills are transferrable to the process of conducting psychological therapy.

Keywords: Counselling psychology, psychotherapy, post-graduate training, qualitative research

This paper postulates that there is an overlap between some of the basic attributes and skills employed by qualitative researchers and psychotherapeutically oriented psychologists. It is argued that one of the ways of augmenting the therapeutic training of post-graduate counselling psychology students is through the students’ experience of conducting qualitative research.

Some fundamental aspects of the counselling psychologist’s worldview, way of being, and style of relating to therapy clients cannot be learnt solely from books or lectures. This form of knowledge is primarily obtained experientially. In counselling psychology training programmes the experiential learning comes from interactive coursework including group work and role plays, conducting therapy with clients, writing case reports, supportive clinical supervision and the student’s personal therapy. Conducting qualitative research may be another important experience which indirectly augments the therapeutic skills of the training counselling psychologist.

This paper focusses on the qualities and skills developed by students while conducting qualitative research. Links to the therapeutic process are discussed. The reader is encouraged to consider whether these skills are similar to those required by a counselling psychologist conducting therapy. Therapy clients and practicing clinicians are invited to reflect on these processes and skills in relation to their own therapeutic experience.

Some authors (Braun & Clarke, 2006; Holloway & Todres, 2003) have argued that the skills employed by researchers across the range of qualitative methodologies are relatively generic. However, in order to undue confusion, this paper will focus on material from those methodologies that gather their data from interviewing the participants and are grounded in social constructivist paradigms such as phenomenology, hermeneutics, grounded theory, narrative and thematic analysis.

Counselling psychology

Counselling psychology positions itself between the orthodox science of psychology, the therapeutic practices of psychotherapy and counselling, and disciplines such as rhetoric, anthropology and philosophy (Davey, 2010). It has constructed an identity which espouses the complementary aspects of scientist practitioner and reflective practitioner (Woolfe, Strawbridge, Douglas, & Dryden, 2010, p. 2).

Counselling psychology attempts to focus on the enhancement of wellbeing, prevention and the psychological development of the normal person. Practitioners are based mostly in primary health care organisations, non-governmental organisations and community-based organisations rather than in mainstream psychiatric services such as District Health Boards and Probation Services.

Presently Auckland University of Technology (AUT) offers the only professional training in counselling psychology in Aotearoa New Zealand. The six year programme consists of an undergraduate degree which includes traditional psychology papers such as abnormal psychology, psychological assessment, approaches to psychological intervention, qualitative and quantitative research methods and social psychology. The honours degree includes some specific counselling psychology foci. Selection for the counselling psychology programme takes place upon completion of the honours year. The masters and internship years share many fundamental aspects of the clinical psychology training with a specific focus on the counselling psychology epistemology and style.
The counselling psychology programme was approved by the Committee on University Academic Programmes (CUAP) in 2006, the first honours programme began in 2007, the Counselling Psychology Scope was approved by the Psychologists Board in 2009 and full accreditation of the AUT programme was achieved in 2011 (New Zealand Psychologists Board, 2012).

The first group of students were registered with the New Zealand Psychologists Board Health Practitioners Competence Assurance Act 2003 (Ministry of Health, 2003), under the Counselling Psychology Scope of Practice, in February 2011. Three cohorts are currently gainfully employed as counselling psychologists.

Qualitative research in counselling psychology

There has been a substantial increase in qualitative research conducted by postgraduate counselling psychology students around the world (Morrow, 2007). There are signs that Aotearoa New Zealand is following this trend. In the United Kingdom both of the major counselling psychology journals, the “Journal of Counselling Psychology” and “The Counselling Psychologist”, have published special editions on qualitative issues. Morrow asserts that within the field of therapeutic psychology, counselling psychology has led the way in qualitative inquiry in “...dissertation research, program curriculum, and overall acceptance of qualitative methods” (p. 209). Rafalin (2010) states that counselling psychology is clear in its commitment to research, but that the nature of research and how it fits within the broader domains of science is debatable. Pugh and Coyle (2000) maintain that non-traditional research is characteristic of counselling psychology. Qualitative research has moved beyond specific traditional methods such as phenomenology and grounded theory and has developed methods responsive to the experience-based questions that interest a practice-based discipline (Thorne, Kirkham, & O’Flynn-Magee, 2004). Many authors see this trend as exciting and long overdue.

These developments reflect a shift from the demonstration of the truth to the achievement of understanding, subject-object dualism to collaboration with participants, fragmentation to holism (Rennie, 1994) and multidimensional complexity (Rafalin, 2010). There is a focus on client-centred agendas (Rafalin, 2010), interpretivist-constructivist paradigms and clinical expertise arising from extensive experience where reality is seen as complex, contextual, constructed and ultimately subjective (Lincoln & Guba, 1985; Thorne et al., 2004). Politically this may be seen as an attempt to counterbalance the hegemony of globalisation, capitalism, managerialism, managed care and postpositivism.

Counselling psychologists are frequently drawn to researching topics that are personal, sensitive, emotionally charged and difficult to articulate meaningfully. Some examples of recent qualitative research conducted by counselling psychology students at Auckland University of Technology include: Chinese immigrants’ experience of their sense of identity before, during and after migration to New Zealand (Shen, 2012), the experience of identity and cultural adjustment for immigrants transitioning in New Zealand (Stewart, 2010), the experience of birth and becoming adoptive mothers in open adoption (Kalizinje, 2010), first time mothers’ experiences of returning to their careers (Walker, 2010), the therapist’s experience of the therapeutic relationship with clients diagnosed with autism (Lines-Sherwood, 2010), the therapist’s experience of mindfulness of their therapeutic relationship with clients in an alcohol and drug programme (Beherens, 2012), counsellors’ experience of counselling troubled adolescents in New Zealand secondary schools (Rethfeldt, 2011), risk and protective factors in young people (Stanley, 2010), Nichiren Buddhists’ experience of personal transformation (Baird, 2011), psychotherapists experience of using mindfulness as a stress-reduction tool in their psychotherapy practices (Gabites, 2011), psychologists’ experience of the breathing space when working mindfully with clients (Gabites, 2012) and the dynamics, concepts and issues of the psychotherapy learning group (Farrell, 2011).

The congruence between qualitative research and counselling psychology

It has been argued that qualitative methods are congruent with research and practice in counselling psychology (Cohen, Sargent, & Sechrest, 1986; McLeod, 2011; Morrow, 2007; Ponterotto, 2005; Rafalin, 2010; Rennie, 1994; Yeh & Inman, 2007). Qualitative research provides an alternative to the restrictive confines of traditional psychological methodology and offers the possibility of research designs that encourage detailed and in-depth consideration of complex and multifaceted human phenomena (Morrow, 2007) such as psychological therapy. Qualitative research has the potential for promoting counselling psychology’s multicultural and social justice agendas (Morrow, 2007; Ponterotto, 2005) and its focus on clinical health and illness phenomena (Thorne et al., 2004). Qualitative methods may also help bridge the gap between research and clinical practice which is a central aim of counselling psychology (Rennie, 1994; E. N. Williams & Hill, 2001).

According to McLeod:

...the activity of doing qualitative research (identifying and clarifying meaning; learning how the meaning of aspects of the social world is constructed) is highly concordant with the activity of doing therapy (making new meaning, gaining insight and understanding, learning how personal meanings have been constructed) (2011, p. 16).

Similarly Gair (2012) asserts that qualitative research has much in common with the professional helping philosophy, process, theories and ethical considerations of counselling psychology. Stiles (2011) and Grafanaki (1996) maintain that engagement in qualitative research tends to foster a compassionate view of human experience and deepens the researcher’s understanding aesthetically, emotionally and cognitively.

Many practicing clinicians and students show little interest in traditional academic research (Cohen et al., 1986) believing that it is irrelevant to their daily
therapeutic work (Elliott, 1983). They are drawn to the potential of qualitative research because of its congruence with the paradigms and methods employed in their practice (McLeod, 2011; Morrow, 2007; Morrow & Smith, 2000). Counselling psychologists tend to do research that focuses on the psychological realm (Wertz, 1986), which understands “people and the world from a psychological perspective” (Chamberlain, 2009, p. 47), and includes meaning construction, psychological reality and unique individual subjectivity (Rafalin, 2010). The objective is to add greater depth of understanding to the already available therapeutic insights and practice logic in a manner consistent with the knowledge of experienced practitioners who have gained their understanding through pattern recognition and reflective practice observations (Thorne et al., 2004).

Some fundamental aspects of the counselling psychologist’s worldview, way of being, and style of relating to clients in therapy cannot be learnt entirely from books or lectures. This type of knowledge is primarily obtained from direct experience. In training programmes experiential learning comes from interactive coursework including group work and role plays, conducting therapy with clients, writing case reports, supportive clinical supervision and the student’s personal therapy (Rizq, 2010; F. Williams, Coyle, & Lyons, 1999). It is argued that the process of conducting qualitative research is another important experiential learning process that indirectly augments the therapeutic skills of the training counselling psychologist.

**Phases of qualitative research**

There are numerous ways in which the sequence of tasks in qualitative research may be described. In order to explicate the processes, skills and attitudes employed by researchers this paper proposes five sequential phases. The phases are a) reflexivity and the choice of topic, b) the research interview and data gathering, c) thematic analysis, d) meta-analysis and, e) presentation of the research. These phases are used heuristically to facilitate the present discussion and should not to be viewed as inflexible. The researcher does not move mechanistically from one clear developmental phase to another, but rather moves between the phases reflexively reworking, re-contextualising and synthesising (Thorne et al., 2004) as in a hermeneutic spiral.

**a) Reflexivity and the choice of research topic.**

Reflexivity is an awareness of the researcher’s shaping and contribution to the construction of meanings in the research. Ideally qualitative researchers engage in an ongoing process of reflexivity - before, during and after the completion of the research. Willing (2001) describes two forms of reflexivity employed by the qualitative researcher, epistemological and personal. Epistemological reflexivity consists of reflecting upon the researcher’s assumptions about the world and knowledge, how the research question was defined and limited, and how the design and methods of analysis constructed the data and findings. Personal reflexivity concerns the ways in which the researcher’s “own values, experiences, interests, beliefs, political commitments, wider aims in life and social identities have shaped the research” (Willing, 2001, p. 10). It is suggested that counselling psychologists should extend their personal reflexivity to include what may be termed “psychological reflexivity”. Psychologically reflexivity is a mindful, psychologically sophisticated manner in which good clinicians understand their own latent and manifest motives, drives and processes. The task of the university is to provide a safe space in which researchers may curiously, openly and honestly reflect on their topic of investigation. Ideally supervisors and researchers reflect upon a variety of questions: How has the student’s background shaped the research question and their psychological motivation to investigate it? What would the social and personal implications be if the assumptions were invalidated by the research? Why would the student dislike finding something different? Thinking like a therapeutic psychologist, it is useful to be aware of the student’s research passion and how it connects to their cognitive structures (Beck, 2005), schemas (Young, Klosko, & Weishaar, 2006), internal working models (Bowlby, 1979), internal object relations (Fairbairn, 1952; Ogden, 1983) or complexes (Jung, 1969).

Paraphrasing Winnicott’s (1949, p. 70) famous statement on therapeutic research it is suggested that most qualitative research is to some extent an attempt on the part of the counselling psychologist to understand and resolve a central personal conflict. This may also apply to supervisors who direct the student’s choice of research topic. The extent to which this process is conscious depends on the psychological sophistication of the researcher, supervisor and their supervisory relationship.

Extending this line of reasoning, it is suggested that student researchers are encouraged to reflect upon and link their motives for engaging in the research with their psychological reasons for choosing to become a counselling psychologist. This involves a continual reflection upon the historical, characterological and dynamic reasons why they entered the helping profession and what their strengths, trigger points, biases and blind spots are. This deeper level of psychological understanding reflects why personal therapy, ongoing supervision and professional development are mandatory in counselling psychology, as they are in many other therapeutic traditions.

In the author’s experience a thorough psychological understanding of the student’s underlying motivation for researching the particular phenomenon, at that particular time in their life, often assists navigating the problems that inevitably occur during the research process.

**b) The research interview and data gathering.**

The research interview is the phase of qualitative research which is most overtly congruent with the process of engaging in psychological therapy. Some authors (Alma & Smaling, 2006; Gair, 2012) have highlighted the similarities between the process and goals of empathic counselling and qualitative research. Gair maintains that the common quest “is to be able...
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The quality of the research is fundamentally dependent on the depth and richness of the information gathered from the participants during the research interviews. This in turn is dependent on the skill of the researcher, the narrative and reflective capacities of the participant and the relationship that is developed between them (Grafanaki, 1996; Polkinghorne, 1991). Linking research and therapy, Grafanaki (1996, p. 331) has coined the term “research alliance” as the research counterpart of the therapeutic alliance. Similarly Watts (2008) speaks of a “shared narrative space”. An open and trusting relationship facilitates the gathering of data that is authentically grounded in participants’ experience and gives rise to a greater depth, complexity and richness of the data gathered (Cowles, 1988; Grafanaki, 1996).

According to Morrow (2007) the responsibility to treat research participants with high regard and respect is paramount as they frequently disclose sensitive information. The interviews may re-stimulate painful memories and trigger unresolved emotional conflicts. A similar process may occur vicariously in the researcher and supervisor.

In qualitative research the amount of time and effort spent interviewing the participants is characteristically less than the time spent on the analysis of the data. On the other hand the face-to-face contact in psychological therapy takes up most of the time. Although some processing of therapeutic material takes place while writing up clinical notes, in supervision, clinical reading, personal therapy, and at other unexpected moments in life, much of the therapist’s reflection takes place during the therapy sessions.

A similar process occurs with counselling psychology students who may consult with their therapy clients on multiple occasions but characteristically only interview each research participant once. As there is less time for error, corrective feedback and the development of a working relationship, research interviews may be more pressured. This is exacerbated when students receive less training in research interviewing than they do in therapy skills. Fortunately some of the therapeutic knowledge is transferrable to the research interview. Kalizinje (personal communication, May 18, 2012) said that she was clearly aware of how her therapeutic training as a counselling psychologist influenced her ability to interview and understand her research subjects in her second dissertation.

Gair (2012) shows that there is agreement in the qualitative literature that the researcher needs to listen intently to understand the lived reality of participants. Wertz (1986, p. 569) recommends that the researcher engage in “empathic immersion” in the participant’s world rather than being a distant spectator. Smythe, Ironside, Sims, Swenson and Spence (2008) encourage the researcher to maintain an openness to “the play of the conversation” and to develop a great self-discipline to let the interviewee find their own way. Similarly, Stein (1917/1989) (as cited in, Gair, 2012) recommends a deep absorption so that the “foreign objective story” becomes the “felt subjective story” that connects with the researcher’s feeling, spirit and humanity.

In order to optimise the depth, quality and openness of the material shared by the participant the researcher needs to develop certain qualities. These include active listening, accurate understanding, warmth, acceptance, respect, genuineness, a non-judgemental attitude (Grafanaki, 1996; McLeod, 1994; Mearns & McLeod, 1984) the ability to be fully present, engaged, sensitive, respectful, non-judgemental (Grafanaki, 1996), to listen intently (Gair, 2012) and empathically and to engage fully in the unfolding relationship.

These attributes are similar to those employed by good psychological therapists. Coyle (1998) discusses how the therapist’s use of counselling skills can enhance the qualitative interview and Poulin (2007) shows how the use of self as an instrument of data collection and interpretation is used by the helper and the interpretive researcher. Morrow (2007) suggests that counselling psychologists are well skilled in developing positive, respectful, and collaborative relationships because of their clinical training and experience. Interestingly some of Goedeke’s (personal communication, June 19, 2012) respondents only agreed to participate in her research on embryo donation after they had thoroughly Googled her and decided they would be in professional, safe, trustworthy and knowledgeable hands.

For the participant to feel heard, accepted and understood the researchers need clearly to demonstrate their empathy (Alston & Bowles, 1998). This is manifest in the researcher’s style and content of questions as well as their verbal and non-verbal behaviour (Watts, 2008). As is well known in the therapeutic arena, research participants intuitively and subtly test the researcher to ascertain what material is safe to divulge (Grafanaki, 1996). The phenomenon of research participants frequently reporting personal benefits from the research interviews further extends the parallel between research and therapy.

Sounding a cautionary note, Hart and Crawford-Wright (1999) argue that the trend towards deepening the research relationship may blur the boundaries between the process of psychological therapy and research leading to new ethical dilemmas. These ethical issues become more pertinent when clients are enlisted as research participants.

c) Thematic analysis.

This phase marks the initial identification of recurrent meanings or themes (Braun & Clarke, 2006; Wertz, 1986). Thematic analysis is identified as one of the shared generic skills across different qualitative analyses (Boyatzis, 1988; Holloway & Todres, 2003). In order to obtain a felt sense of the participant’s lived experience; the researcher repeatedly listens to the audio recordings and reads the transcripts. The researcher develops a sensitivity to the emerging findings (Morrow, 2007) referred to as “emergent design” (Glaser & Strauss, 1967; Morrow & Smith, 2000). Researchers employ different styles of data analysis depending on
their chosen methodology and aim. According to Smythe et al. (2008) this is not a process of simply doing whatever the researcher likes but rather an extremely attentive attunement to thinking and listening to how the text speaks.

Throughout the data analysis the researcher continuously returns to the verbatim interviews. This allows for an iterative process of mutual influence between the data and the analysis thereby shaping the direction of the research. Thorne, Kirkham and O’Flynn-Magee state that the researcher “must remain sceptical of the immediately apparent, and must create data collection pathways that challenge, rather than reinforce, the earliest conceptualizations” (2004, p. 5). They go on to say that thematising too meticulously, too early or in too much detail can derail the process. They urge the researcher to let go of their “life raft”.

Deep and prolonged engagement with the data and analysis demands space and time. This is frequently a luxury in the modern postgraduate counselling psychologist’s life. Many student researchers only progress as far as summarising the text into obvious themes or headings. This form of “objective thematising” removes the experience from its specific context (Harman, 2007). This results in a failure to capture the experiential flow and to make the shift to an abstract and meta-analytic process. The analysis fails to achieve the primary task of making meaning of experience and runs the risk of collapsing into Cartesian dualism and positivistic empiricism.

d) Meta-analysis.

This vital phase marks the transition to a style of symbolic, sophisticated and meta-analytic thinking. This higher order process is the most complex, time consuming, unclear, frustrating, and anxiety producing. The lure of premature closure is at its apogee. The meta-theoretical and abstracting process shares much in common with some of the abilities employed by seasoned counselling psychologists while conducting therapy. As such, it is an indirect and unexpectedly fertile training ground for postgraduate students learning to conduct psychological therapy.

The process of engagement in this phase has been described as exciting, interesting, exhausting, overwhelming (Grafanaki, 1996; May, 1989), shocking, disconcerting, restless (Smythe et al., 2008) and frustrating. To tolerate these experiences and remain open, curious and resistant to the temptation of premature closure, the researcher needs to be sufficiently supported and grounded.

Thorne et al. state that many new researchers “cannot conceive of the intellectual chaos that inductive reasoning inevitably represents in the luminal space between the preliminary framework and the eventual structural decisions” (2004, p. 5). Remaining open to multiple perspectives and unexpected responses may conflict with the researcher’s need for control and structure. This is evident when students make the transition from positivist empirical research which deals with facts (Poulin, 2007) and for those who have a strong need for predictability and “near” data (Grafanaki, 1996).

Many authors consider the researcher to be the primary instrument of qualitative inquiry (Eisner, 1993; McAllister & Rowe, 2003; Poulin, 2007; Willing, 2001). The basic characteristics needed by the researcher have been variously described as the ability to be amenable to unexpected incidents (Grafanaki, 1996), to be flexible, open and willing to change, courageous, ready, wakeful (in the Heideggerian sense), still and expectant (Smythe et al., 2008). In order to perceive and interpret the experience, beliefs, desires and intentions of the participant the researcher needs to have a strong theory of mind (Baron-Cohen, 1995) or an ability to mentalize (Fonagy, Gergely, Jurist, & Target, 2002). It may be postulated that engagement with qualitative research develops interpersonal and empathic skills while doing qualitative research hones the abilities to use logic through statistical methods.

The ability to tolerate uncertainty is vital for the qualitative researcher. Employing the phrase “creative uncertainty” (van Deurzen, 2002) argues that an ability to attend is correlated with an ability to sit with uncertainty. To develop a qualitative stance (Eisner, 1993) the researcher needs the ability to block out the noise (Rock, 2009; Smythe et al., 2008) and distractions, and inhibit the pull towards that which is clear, easy and habitual. The ability to contain and channel frustration and to defer gratification helps the researcher tolerate the not knowing, and to stay immersed and “dwelling” (Wertz, 1986) in the ambiguous material. Neuropsychologists point out that the process of forging new neural pathways takes up greater stores of energy than when reinforcing the old pathways (Rock, 2009). This resonates with Carl Rogers’ (1951) view that increased insight is dependent on the development of sufficient psychological strength to endure new perspectives.

Merton ironically argues that as the qualitative researcher: “You do not sit down and solve problems; you bear with them until they somehow solve themselves” (Merton, 2007, p. 23) (as cited in Smythe et al., 2008). Similarly, Smythe et al., note: “If I try to force it, it doesn’t work. I don’t know how to make it happen but I know it when it does” (2008, p. 1394). The common adage is reversed and becomes “don’t just do something, sit there... and think”. Discussing a similar theme, Epstein (1985, 2007) states that the thirst for certainty, craving for identity and the tendency to cling to whatever provides a sense of security, is unproductive.

Practicing clinicians and researchers adapt to increased stress, frustration and uncertainty in personally specific ways. Passing successfully through this chaos leads to an illumination of the phenomenon under investigation in a new and meaningful manner (Thorne et al., 2004). It is here that book learning and didactic teaching most clearly need to be enhanced through direct experience. Once again the need for good supervision, reflection, introspection and personal therapy and is emphasised.

Many authors have described the optimal mental space needed for generating this form of creativity and insight. Smythe et al. (2008) speak about “the play in the unrest”. They refer to Gadamer’s bicycle wheel analogy – if the wheel too tight it cannot turn and if it is too loose the wheel will fall off.

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This is the leeway between structure and freedom where there is room to play. This is similar to the tension between flexibility, consistency and coherence described by Holloway and Todres (2003).

The therapeutic literature is replete with similar advice. For example, Epstein posits that the ideal approach requires a middle ground, where the viewer surrenders to the unconscious experience of the object:

This attention is not just passive, receptive, empathic listening, it is a means of attending to all phenomena equally, impartially and dispassionately, with rapt interest and active, close scrutiny but with a slight distance, so that one allows a thought or impulse to completely exhibit itself, noting all of the reverberations created before acting (2007, p. 118).

Borrowing from “The second coming” (Yeates, 1994) Colart (1986) describes therapeutic movement as “slouching towards” rather than “arriving at”. Similarly Ogden (1985) writes that reverie must be allowed to accrue meaning without the therapist or client feeling pressured to make immediate use of them. He goes on to describe how the use of reverie requires the therapist to tolerate the experience of being adrift (Ogden, 1997, p. 160). Khan (1977) speaks eloquently about the importance of “lying fallow”, while Bion (1967) urges therapists to focus on the material while eschewing memory, desire or understanding.

In his 1817 letter to his brothers, the poet John Keats famously defined negative capability as the: “capable of being in uncertainties, mysteries, doubts, without any irritable reaching after fact and reason”(Gittings, 1970). This concept has been repeatedly discussed in the psychotherapy literature (c.f.Simpson, French, & Harvey, 2002). Eisold, for example, has written of the capacity to live with and tolerate ambiguity and paradox and, advises therapists "to tolerate anxiety and fear, to stay in the place of uncertainty in order to allow for the emergence of new thoughts or perceptions” (2000, p. 161).

This type of openness to uncertainty and curiosity paradoxically requires a firm base consisting of trust in the process, good supervisory support, a solid theoretical foundation, discipline, effort and time commitment (Grafanaki, 1996; Polkinghorne, 1991; Smythe et al., 2008). This is analogous to the view held by many therapists that a clear and firm therapeutic frame creates an environment which allows the therapist and client to delve safely into areas of experience they would otherwise defensively avoid (Casement, 1991; Cherry & Gold, 1989; Langs, 1975).

Throughout the process of analysing the data at increasingly higher levels of abstraction it is vital for the researcher to maintain a clear differentiation between the participant’s description and the researcher’s interpretation. This task requires the researcher to be securely grounded and attached (Bowlby, 1988) and to maintain a mindful awareness of how their own dynamics influence their understanding and interpretation of the respondent’s lived world. Similarly, an important task for therapists is to differentiate their own contribution from that of the clients (Ogden, 1985; Thorpe, 1989).

In this phase of data analysis the researcher has to take a risk and commit to making interpretations (Sandelowski & Barroso, 2002). According to Thorne et al. (2004) taking ownership of an interpretation is amongst the most challenging aspects of the analytic process, particularly for neophytes. Malan (2004) points to a similar tension by paradoxically stating that a therapist should not make an interpretation without first knowing about the patient, but that one cannot know the patient without first making an interpretation.

e) Presentation of the research.

Mainstream psychologists are directed to write research reports in a formal, dispassionate and precise manner (c.f. O’Shea, Moss, & McKenzie, 2007). In contrast, writing about qualitative research aims to capture the respondent’s lived experience by producing emotionally engaging, authentic and empathic stories. Far from being dispassionate, qualitative writing aspires to elicit the empathy and engagement of the audience (Gair, 2012; Smythe & Spence, 2012). Congruent with the focus of counselling psychology, it also attempts to make a direct social difference by empowering people to improve their lives (Liamputpong, 2007) (as cited in Gair, 2012).

Smythe and Spence (2012) argue that the qualitative researcher and reader need to share a commitment to constant thinking, a willingness to question and to remain open to emerging ideas without expecting to see the static truth. They remind us of Heidegger’s assertion that providing definitive answers shuts down and closes thinking. Good qualitative writing appeals to the reader to connect in a personal way. It aims to stimulate curiosity, reflexivity and creativity in the reader and invites them to make their own journey. Keen (2007, p. 130) speaks of a “triangulated empathic bond” formed by the perceived mutuality and empathic connection between the participant, writer and reader.

The qualitative style requires a shift from writing as reporting to writing as thinking (Smythe & Spence, 2012) and the use of the type of language which elucidates lived experience and meaning (Poulin, 2007). A style of writing which is congruent with qualitative research epistemology has only recently become accepted in counselling psychology departments in the United States of America and the United Kingdom (personal communication, Milton, M. August 21, 2011). The task of carving out a qualitative alternative within psychology is still in its infancy in Aotearoa New Zealand, the country once termed the “last bastion of strict behaviourism” (Oakes, 1999).

A similar epistemological debate occurs when counselling psychologists communicate with other professionals about their clients, be it in supervision, via case notes, formal case reports or journal articles. It is argued that in addition to a competent DSM diagnosis, coupled with a clearly argued treatment plan, counselling psychologists ought to communicate in a style that elicits the engagement, empathy, curiosity and reflexivity of the other professional by providing a psychologically sophisticated, detailed, nuanced description that is firmly grounded in the client and therapist’s lived experience. Davey (2010, p. 73) suggests that professional reports by counselling psychologists should convey facts and
formulations in addition to stimulating the reader into further thinking and “re-storying” in order to disrupt previously settled understandings and stimulate curiosity.

Experiential description

Ironically this paper, on the process of qualitative research, has been written in a traditional academic style. In order to reflect a qualitative discourse and worldview the following description, based on a reading of the literature and the author’s personal experience of the process, is presented. The style is similar to Giorgi’s phenomenological “general structure” (A. Giorgi, 1970; A. Giorgi & Giorgi, 2008) and embodies the necessary and sufficient conditions, constituents and structural relations which constitute the phenomenon of qualitative research.

The qualitative counselling psychology researcher, grounded in postmodernism and constructivism, develops a reflexive and insightful understanding of the links between their own personality, history, underlying motives, worldview and their choice of research topic. Firmly supported by a base of discipline, rigor, security, commitment and trust in the process, the researcher approaches the task with an attitude of curiosity, flexibility, compassion, empathy, respect, openness, non-judgement, self-awareness, and playfulness. Intellectually and emotionally, the researcher strives to remain deeply immersed in the material, while listening intently and remaining open to multiple perspectives and unexpected responses. By resisting the pull to premature closure, the researcher tolerates the experience of ‘not knowing’, uncertainty, ambiguity, chaos, restlessness, disappointment, being overwhelmed, surprise, and remains open to the emergence of new meaning. Maintaining an optimal distance the researcher lets go of the security of the already known, clarifies meanings, identifies links and patterns, and forges higher level abstractions. The research is presented in an emotionally engaging, detailed and in-depth manner which captures the lived experience of clinically related phenomena. The reader is emotionally and intellectually engaged and thinks deeply and reflectively about their life and practice of psychology.

Summary

This paper began by defining counselling psychology and locating it within the context of Aotearoa New Zealand. It argued that counselling psychologists are drawn to qualitative methodologies due to their interest in researching topics which are personal, sensitive and difficult to articulate meaningfully. The paper went on to illustrate the close congruence between counselling psychology and qualitative research in terms of aims, values and agendas. The experiences, attitudes and skills involved in qualitative research were then delineated using five postulated phases of the qualitative research process, namely; reflexivity and choice of the research topic, the research interview, thematic analysis, meta-analysis and the presentation of the research. The overlap and transferability between the skills needed in qualitative research and the therapeutic aspects of counselling psychology were highlighted. This led to the primary argument of the paper that one of the ways of indirectly augmenting the therapeutic training of post-graduate counselling psychology students is through the students’ experience of conducting qualitative research.

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