

Open Research Online

The Open University's repository of research publications and other research outputs

Writing for publication for counsellors and therapists, Part 2

Journal Item

How to cite:

Barker, Meg (2011). Writing for publication for counsellors and therapists, Part 2. *Sexual and Relationship Therapy*, 26(2) pp. 191–198.

For guidance on citations see [FAQs](#).

© 2011 College of Sexual and Relationship Therapists



<https://creativecommons.org/licenses/by-nc-nd/4.0/>

Version: Accepted Manuscript

Link(s) to article on publisher's website:

<http://dx.doi.org/doi:10.1080/14681994.2010.518713>

Copyright and Moral Rights for the articles on this site are retained by the individual authors and/or other copyright owners. For more information on Open Research Online's data [policy](#) on reuse of materials please consult the policies page.

oro.open.ac.uk

Writing for Publication for Counsellors and Therapists – Part II

Meg Barker*

Department of Psychology in Social Sciences, The Open University, Milton Keynes, UK

Abstract

Following from the first article in this series, in the previous issue of this journal, this article will continue to take you through guidance about how to write for publication. In 2009 and 2010 Taylor & Francis funded two workshops on this topic for members of the British Association for Sexual and Relationship Therapy. Using some of the exercises and feedback from these workshops these linked articles will consider further strategies for writing, following on from the ideas presented in the last article. After that, the current article will focus on some of the main forms of writing which counsellors and therapists can consider: case-studies and basic small-scale quantitative and qualitative research.

Keywords

Writing, research, evaluation, reflexivity, case-studies, quantitative, qualitative.

* **Email:** meg@megbarker.com

This is the second article in my series about writing for publication, based on the Taylor & Francis workshops which I put on for BASRT members in 2009 and 2010. Last issue we looked at some of the main reasons that counsellors and therapists put forward for wanting to write, and also the major anxieties and blocks that prevent them from writing. I put forward a gradual exposure model to help with writing progression. This issue I want to share a few other key strategies for writing, and to cover some of the major kinds of writing for publication that you might consider, so that you feel more able to pursue them.

Further strategies for writing

Along with the gradual exposure model, there are many additional strategies which I have used to good effect in order to beat my anxieties about writing for publication.

First, the more you know about and understand the process before embarking upon it the better. Hopefully this series of articles will help writing and publication to seem less mystifying in general. For journal articles you can read the 'instructions for authors' for a specific journal you're planning to submit to (for *Sexual and Relationship Therapy* you can find them under www.tandf.co.uk/journals/titles/14681994.asp). These set out the kinds of submissions they accept and how to prepare your manuscript. The journal 'aims and scope' are also useful for thinking about whether what you want to write fits there. You can chat to the editors at conferences or over email about what they're looking for. You can correspond with people who have already been published there to find out about the experience. For other kinds of publication (such as book chapters) there will be equivalent information and people to support you.

Possibly the most helpful thing that I found helpful in getting published was writing with other people. When we write together any criticism feels less personal, and we can also draw on other's experience and expertise for the aspects of writing that we are less sure about. Earlier in my writing career I found it incredibly useful to write with my colleague Darren Langdridge, who was far more experienced than I was in academic writing. Now I

love writing with my PhD students to help them get a foot on the publication ladder, knowing that I know the rules of the game, even if it is very unfamiliar to them.

One of my best writing experiences was writing with the current editor-and-chief of *Sexual and Relationship Therapy*, Alex Iantaffi. Together with another colleague we wrote two chapters (Barker, Iantaffi & Gupta 2007 and Barker, Gupta & Iantaffi, 2007). The three of us huddled around a laptop all sparking off ideas as I transcribed the main points. During the day we kept each other enthused. We all brought our own particular skills. I think I imposed a nice clear structure on our story, whereas the others were brilliant at putting a sentence just right, or synthesising ideas which I would never have put together. We all brought different areas of knowledge to bear. The whole was certainly greater than the sum of its parts, and the process was enjoyable and empowering. Also, both chapters were for books which our colleagues were editing so the process of getting them published was friendlier than submitting to an anonymous journal. Writing chapters or articles for special issues or edited volumes on a particular topic can often feel less daunting.

Related to this there is the importance of writing what you know. This advice, often given to writers of fiction, holds just as well for professional and academic writing. It is good to stay within your comfort zone of knowledge and understanding rather than straying too far outside it. That way you can be confident of having read a lot of the key materials on the topic (or having heard them at various conferences and seminars over the years), and of knowing the area pretty well in terms of therapeutic experience. It is dangerously easy, as therapists, to think that we can write on a topic because we have seen one or two clients with a particular issue. I think it can be okay to do this, but if we do it behoves us to acknowledge the limitations of our knowledge, to thoroughly search the existing literature so we know what else has been said, and to be extremely cautious in generalising beyond the specifics of our cases.

For those who do very little writing currently, or who don't really enjoy what they are doing, I recommend cultivating a real love of writing before going further. It is much easier to do what we love. Go to a nice stationary shop and really fetishise the process of finding a beautiful journal and a pen with which to write in it. Allow yourself a couple of times a week sitting in a café or in the park and just writing for the fun of it, something which no-one else will see. Alternatively create your own blog somewhere like wordpress.com where you can put your writings. You can write memories, or descriptions of what you're seeing, or letters you won't send. Natalie Goldberg (2005) and Julie Cameron (1999) have both written inspirational books about getting writing more creatively, and Kathleen Adams' (1990) opens up the possibility of writing as therapy.

During the writing workshop which I ran, the issue came up of people worrying that their articles wouldn't 'fit'. It seemed as though the assumption was that we needed to make what we wrote fit a particular place. Whilst this can be a good way of ensuring that it gets published, it can be an arduous and quite saddening process adapting our 'darling' into something different just so it gets into a particular journal. Perhaps it is also useful to consider finding the place which best fits the piece that we have written. Going back to our reasons for writing it is important not to take other people's view on the kind of publication that is more or less worthwhile. If we are confident in what we have written perhaps it would be better to find a smaller newsletter or website to publish it rather than trying to shoehorn it into a place where it isn't fully embraced.

What kinds of writing are possible for counsellors and therapists?

Something that came out strongly in the second Taylor and Francis workshop, when we discussed anxieties about writing, was the distinction between 'bottom up' and 'top down' work. The attendees were familiar with the often-published top-down research in academic and professional journals. These are the big research studies about a particular issue, or theoretical essays applying certain academic ideas. Mostly these involve asking a question and going out to answer it with a research study or literature search. However the other possibility is bottom-up work. This is work which starts with the experience of

the practitioner or client and uses that as the basis of suggesting ideas, perhaps about approaches which work particularly well, or commonalities in the experience of a particular problem.

One of the major blocks to writing for the attendees at the workshops was the sense that only top-down work was valuable, whereas bottom-up work was the kind of thing they would be most able to provide. I challenged this perception by suggesting that, in an ideal world, there would be a balance of both kinds of work and each would speak to the other. A therapist would write about something they had noticed which would then be taken up by a researcher who would go and see whether the same thing applied across a wider sample of people. A theorist would suggest a particular model for understanding how a problem worked, and a therapist would write about whether that had been a useful idea for them in their client work.

We have seen that it can be easiest to start with reviews, essays and opinion pieces. However, once you get to this point what kinds of more 'bottom-up' work might you be able to do yourself? Here I want to very briefly touch on three: case studies, small-scale quantitative studies, and small-scale qualitative studies. However, therapists might also consider becoming involved in larger scale, top-down, research projects that are going on. Oftentimes these have several people working on them, and writing them up, and it is invaluable to the research team to have a therapist in the group to help them to design an appropriate study and to consider therapist and client implications throughout. Find out about the research going on in the various counselling bodies you are part of, or your local university counselling or psychology departments, and let it be known that you are keen to get involved.

Client case studies

Case studies are a great way to illustrate a particular therapeutic practice or the importance of taking account of certain issues, or applying certain theories, in therapy. Those who have read the case studies of Yalom (1991) or Orbach (2000) for example,

will appreciate how moving they can be, and how very useful to the trainee therapist. Many attendees at the workshop felt anxious about exposing their therapy to public scrutiny, but it is useful to remember that it is the places in such books where authors admit to *not* being perfect therapists that are often the most valuable and which remain with us, as readers. Remember also the possibility of writing with others. Several people on your team could offer brief case studies on the same issue, or you could ask therapists from different approaches to say how they would address the same case. To give some further examples, the February 2009 edition of *Sexual and Relationship Therapy* included one case-study based piece on the importance of integrating psychological and biological aspects in sex therapy, and another which illustrated the complexities of working with a translator. For my MA dissertation I wrote up a case study applying the theories of Simone de Beauvoir to my work with a young woman with vaginismus.

It is important to make sure that you are ethical in any use of case study material from clients. Bodies frequently have guidelines on this that you must follow as a member (the BACP, UKCP and BPS in the UK for example).

Generally, it is wise to follow the following guidance (adapted from Papadopoulos, Cross & Bor, 2003). You need to ensure that the client has adequately understood the nature of the case study and how you intend to use it, and has a written summary of this. You need to ensure they have given valid consent in writing, after having enough time to reflect on it, and knowing that they may withdraw consent after this point. Also you need to be sure that they have the capacity to give consent and do not feel compelled to give it due to their desire to please you or because they are worried that their treatment will be affected. There are certain specific ethical issues to think through such as whether clients will be able to see the report themselves (if so you should probably make further therapy sessions available in case there is anything they want to discuss) and whether you will record the sessions or write them from memory. Obviously all case study materials need to be kept secure and any published material should be anonymised. This goes further than changing client names because they may also be recognisable from their occupation,

relationship, location or other description. There is a sensitive balance to be struck between retaining the reality and unique aspects of the case and protecting anonymity.

Ideally it is good to have a standard consent form that you, or your organisation or clinic, use with all clients. There is plenty of advice about this in Mick Cooper's various books about researching with clients including example materials that can be adapted in the latter volume (Cooper, 2008; Cooper & McLeod, 2010). You might also consider the possibility of conducting an interview with an existing client for them to re-tell the story you have heard in therapy (something done to great effect in Langdridge, 2009).

Finally there is the option of completely fictionalising case studies as Susie Orbach does in her (2000) book of case studies, *The Impossibility of Sex*, capturing the truth of the therapeutic encounter but without using real clients. This gets around many of the ethical concerns raised above. Another possibility, which I used in a recent paper on relationship conflict for *Sexual and Relationship Therapy* (Barker, 2010), is to use your own experience as a case study given that you are able to give easy informed consent! Of course you may not feel comfortable with the level of self-disclosure this would involve and the potential of colleagues and clients potentially reading this, and it may depend on how exposing the topic is that you are writing on.

In terms of writing up the case study, you will probably want to consider something along the lines of the following structure:

- Introduce the theory or practice that your article or chapter is focusing on, outlining it clearly for the reader
- Explain that your case study will illustrate this
- Introduce your client giving some context, background and presenting issues
- You may want to describe, in depth, particular moments from the therapy which illustrate key points you are making well. You can even use 'verbatim' transcripts from sessions if they were recorded, or roughly from memory, to bring them to life

- Be sure to clearly state how the case study relates to the points you are trying to make
- Finish the story. Readers will be keen to hear how therapy ended and how things were for the client
- Conclude the paper by return to the practice implications of what you have presented
- Be sure to be cautious about the generalisability of one case. How might things differ with different clients? What aspects of this case might apply more broadly, and to whom?

For more details on different ways of writing up case studies see Davey (2006).

Small-scale quantitative research

Another option for small-scale research projects is to conduct some quantitative research. Quantitative research is that which puts numbers to things. For example, the evaluation forms at BASRT events ask people how useful they found it on a scale of 1-5 or similar.

To properly conduct a quantitative piece of research you need at least some basic training in research methods and data analysis, so you may want to sign up to a course on this through a local college or the Open University, for example, if you are enthusiastic. Cooper (2008) and McLeod (2003) both give good introductions to this kind of counselling research. In terms of counselling research, one useful type of quantitative research is 'outcome research' where counsellors measure the level of improvement of their clients from pre- to post- counselling. In the UK this often uses the CORE measures, details of which can be found on www.coreims.co.uk (see also Barkham & Barker, 2010).

However, just because you are a counsellor does not mean that you have to conduct your research on counselling per se. You might be more interested in a particular issue. In this case you could conduct a survey-based study. There are many websites available for

collecting survey data (a good one is www.surveymonkey.com). The bonus of this is that you don't have to input any data yourself: it will do it for you. For example, you might want to find out what BASRT members thought about a particular issue, such as new drug treatments for 'female sexual dysfunction'. You could create a survey with several questions about this topic, perhaps with tick boxes from strongly disagree to strongly agree. Then you could email all the BASRT members asking them to go and fill out the questionnaire. You could discover the average responses, whether therapists from different approaches had different perceptions, etc.

Do remember that for any research study you need to gain ethical approval before you go ahead with the research. This is easy enough if you are connected to a university or to the NHS (they have their own ethics committees). If not you might want to ask your accrediting body if they have any procedures for this (Relate certainly do, for example).

Small-scale qualitative research

The alternative to quantitative research is qualitative research which focuses on the experiences or understandings of participants (usually in the form of direct quotes in their own words) rather than putting numbers to things like their attitudes or well-being.

Case studies are really a form of in-depth qualitative research. This kind is often known as process research because it focuses on the process of counselling (see McLeod, 2010). Other kinds of qualitative research involve talking to non-clients about a counselling relevant issue. For example, you could have a focus group discussion with counsellors about their views on different kinds of relationships (same-sex relationships or non-monogamous relationships for example). Or you could conduct one-to-one interviews with older women about their experiences of how their sexual desire had altered across the course of their lives. Alternatively you could ask people to write online detailed accounts of their experience of counselling for a particular issue. You could analyse existing online discussions on a forum (with permission). You could explore the possibilities of more creative methods for eliciting participant data (see Reavey, 2010).

Again, of course, you need ethical approval and to ensure that your research adheres to all the ethical requirements. Also there are practical issues around obtaining suitable participants, getting them all together (if it is a focus group discussion), transcribing all of the data (if it is audio-recorded), and so on. Another important thing is to think about whether you are part of the group you are researching yourself or not. If not it is good practice to ask someone from that group to look over each stage of the research to make sure that you are using correct and respectful terminology, for example, and to consider the potential positive and negative impacts of the research on the group. This would be particularly important, for example, when writing on a particular cultural group or sexual or gender minority.

Analysis of qualitative data takes many forms. It may well be the one that is closest to your therapeutic approach (e.g. from a phenomenological perspective, or a psychoanalytic perspective). However, most qualitative analysis involves the same basic tasks of identifying the key themes that are present in the data, and structuring your analysis around these, using quotes from the participants to illustrate each theme. Basic introductions to qualitative research and analysis can also be found in Cooper (2006), McLeod (2003) and McLeod (2010). Etherington (2004) is an excellent book about the importance of reflexivity in qualitative research, which means recognising that you, as the researcher, are vital in terms of how the research is conducted, analysed, and presented. She is a counsellor herself and has some very interesting ideas about how we can use ourselves in research.

Conclusions

Now that you have read about all the different kinds of writing you can do, you may want to go back to the stepping stones which we covered last issue. What kind of writing would you like to aim at next? If it is a small scale piece of research you could start putting things in place to collect the data. If it is a case study, you could start writing records of your sessions, or recollections. For any piece of writing (book review, essay,

case study, or research) you might like to start collecting all the reading that you have on the topic. That way, by next issue, you can have the materials you need to start writing.

Remember that, whatever topic you are writing on, you should have a pretty good idea what has been written on it before. Most university libraries have information search tools that the librarian can talk you through, and 'Google scholar' will help you search for journal articles and chapters on any topic. If you aren't very good on the internet it is well worth getting a friend or colleague to talk you through this. You can always offer to read over their writing for them in return.

In the final article next time I will cover the specifics of writing an academic or professional paper, as well as talking you through the process of submitting for publication and how that works.

Acknowledgements

I am deeply grateful to Taylor & Francis for funding the two writer's workshops, to Tricia Evans for her marvellous organisational skills and support on the days, to NCVO and Manchester University for hosting us, and – most of all – to all of the attendees for sharing their experiences and fears so generously and for being so courageous in taking the first steps toward publication in the workshops themselves.

Notes on Contributor

Meg Barker is a writer of many things: websites, emails, textbooks, journal articles, 'self-help' materials, occasional fiction, and letters. She is fortunate enough to have a job (at the Open University) which encourages her to write (both for students and for academics) and to work in counselling practice (at Dilemma Consultancy) with an inspiring writing mentor Emmy Van Deurzen.

References

Adams, K. (1990). *Journal to the self: Twenty-two paths to personal growth*. New York:

Grand Central Publishing.

- Barker, M. (2010). Self-care and relationship conflict. *Sexual and Relationship Therapy*, 25 (1), 37-47.
- Barker, M. Gupta, C. & Iantaffi, A. (2007). The power of play: the potentials and pitfalls in healing narratives of BDSM. In D. Langdridge and M. Barker (Eds.) *Safe, Sane and Consensual: Contemporary Perspectives on Sadomasochism*. pp.197-216. Basingstoke: Palgrave Macmillan.
- Barker, M., Iantaffi, A & Gupta, C. (2007). Kinky clients, kinky counselling? The challenges and potentials of BDSM. In L. Moon (Ed.) *Feeling Queer or Queer Feelings: Counselling and Sexual Cultures*. pp.106-124. London: Routledge.
- Barkham, M. & Barker, M. (2010). Outcome research In M. Barker, A. Vossler, & D. Langdridge, (Eds.) *Understanding counselling and psychotherapy*. pp.281-305. London: Sage.
- Cameron, J. (1999). *The right to write*. Basingstoke: Macmillan.
- Cooper, M. (2008). *Essential research findings in counselling and psychotherapy*. London: Sage.
- Cooper, M. & McLeod, J. (2010). *Pluralistic counselling & psychotherapy*. London: Sage.
- Davy, J. (2006). How to write a client case study. In R. Bor and M. Watts (Eds.) *The trainee handbook: A guide for counselling and psychotherapy trainees*. pp.110-134. London: Sage.
- Etherington, K. (2004). *Becoming a reflexive researcher: Using our selves in research*. London: Jessica Kingsley Publishers.
- Goldberg, N. (2005). *Writing down the bones*. Boston, MA: Shambhala.
- Langdridge, D. (2009). Relating through difference: A critical narrative analysis. In L. Finlay and K. Evans (Eds.) *Relational centred research for psychotherapists: Exploring meanings and experience*. pp.213-226 London: Wiley.
- McLeod, J. (2003). *Doing counselling research*. London: Sage.
- McLeod, J. (2010). Process research. In M. Barker, A. Vossler, & D. Langdridge, (Eds.) *Understanding counselling and psychotherapy*. pp.307-326. London: Sage.

- Orbach, S. (2000). *The impossibility of sex: Stories of the intimate relationship between therapist and patient*. New York: Scribner.
- Papadopoulos, L., Cross, M. C. & Bor, R. (2003). *Reporting in counselling and psychotherapy: A trainee's guide to preparing case studies and reports*. London: Routledge.
- Reavey, P. (Ed.) (2010). *Visual psychologies: Using and interpreting images in qualitative research*. London: Routledge.
- Yalom, I. D. (1991). *Love's executioner and other tales of psychotherapy*. London: Penguin.