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Chapter 2

Attitudes to and perceptions of research

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Introduction

As we have seen in Chapter 1, the importance attributed to research in counselling and psychotherapy has increased dramatically in recent years, indicated for example by the fact that decisions about the commissioning of psychological therapy services are now often based on research evidence. There is a growing awareness and understanding that research really matters for the profession, with leading figures and professional bodies continuing to stress the benefits for counsellors and psychotherapists of engaging with research about what they are doing with their clients (see Chapter 1). It is therefore no surprise that research awareness and skills are being increasingly required in practitioner training and continuing professional development (CPD) of counsellors and psychotherapists (Cooper, 2010).

Yet, trainees and practitioners often harbour negative or ambivalent feelings towards the growing research emphasis and new research related training requirements (Moran, 2011; Widdowson, 2012a). Whilst they recognise the importance of research, they often experience a clash of cultures between what counsellors and psychotherapists characterise as the 'subjective' nature of their work (focus on individuals, subjective experience, reflexivity; Daniel & McLeod, 2006) and the values and practices in mainstream research involving quantitative data collection and analysis (positivist science, objectivity, generalizability). The underlying concern is that an increased focus and reliance on this kind of research can lead away from the engagement with the clients' individuality and uniqueness and create a greater dehumanisation of the therapeutic work (Cooper, 2007, 2010).

In this chapter we will encourage you to reflect on your own images and fantasies about research and explore the nature of the most common concerns and suspicions towards research held by trainees and practitioners. We will look at the underlying reasons for the 'research-practice gap' and discuss the role of research in our culture and society and

in the field of counselling and psychotherapy more specifically. We will also explore the range of social, personal and professional meanings that are associated with research, and investigate the experiences of research participants (clients, therapists) when asked to participate in research. The chapter concludes with approaches to de-mystify research and integrate it into practice, highlighting the commonalities between counselling and psychotherapy practice and research (such as for example curiosity and systematic inquiry). We hope that this chapter will both encourage you to engage in research and reassure you that any concerns or anxieties you might have are surmountable.

Exploring the gap – attitudes to research

[START BOX]

Activity 2.1

Spend 15 minutes coming up with all the attitudes and feelings you hold in relation to research and inquiry. To aid your reflection, try completing the statement 'Research is...', using your own ideas and meanings to make a list of completed statements.

Comment

Hold onto your list whilst you go through the book so that you can check for potential changes in your attitudes towards research.

By the way, the method used for this activity is a 'sentence completion task' (SCT), a semi-structured projective technique often used in psychology and other disciplines for the assessment of attitudes, beliefs and personality (Holaday, Smith & Sherry, 2000). SCT respondents are usually provided with a statement or beginning of a sentence ('stems', just as in the activity above) and then asked to complete that sentence in way that makes sense to them. The answers can be analysed quantitatively (e.g. categorising and counting answers types) or qualitatively (e.g. looking at underlying motivations in answers given).

Alternatively, we could have also asked you to complete a questionnaire about your attitudes to and interest in research, such as the 'Attitudes Towards Research Scale' (Papanastasiou, 2005), the 'Interest in Research Questionnaire' (IRQ, Bishop & Bieschke, 1994) or 'Past Attitudes toward Research' scale (PATR; Royalty, Geslo, Mallinckrodt &

Garrett, 1986). These scales present a number of statements (e.g. 'Research makes me anxious' or 'Research is useful to every professional'), and respondents answer by circling a score (usually from 1 to 5 or 1 to 7) indicating how much they agree or disagree with each statement. Whilst attitudes towards research can be assessed more broadly with a SCT (because this is a free-response questionnaire), the advantage of employing a scale with fixed items is that answers can be quantified and compared – closed versus open responses is one of the main differences between qualitative and quantitative research methodologies that you will hear more about in Chapter 6.

[END BOX]

The lack of engagement with research by counselling and psychotherapy trainees and practitioners and their low interest in research findings is a phenomenon that is well known in counselling and psychotherapy. This 'science-practice' or 'research-practice' gap was first identified in the 1980ies in a now classic study by Morrow-Bradley and Elliott (1986). This survey of the utilization of psychotherapy research by practising psychotherapists in the US showed that the majority of respondents did not consider research papers to be a useful information source for their practice, and that they were not engaged in doing or participating in research in their field. Since then research has become far more important for counselling and psychotherapy practice internationally (as portrayed in the previous chapter), and with growing demands for professional accountability and evidence-based practice many trainees and practitioners now do not have a choice about taking account of research (Midgley, 2012). However, this does not necessarily mean that the gulf between the research and practice worlds and discourses has now been bridged. Ogilvie, Abreu and Safran's (2005) found that psychotherapists reported that for their experience with clients, supervision and consultation with others are still more useful sources of information for clinical practice than research. Looking at the literature on current practitioner-research engagement, McDonnell, Stratton, Butler and Cape (2012) come to the conclusion that research has still only a small impact on counselling and psychotherapy practice.

So what are the reasons for the continuing gap between research and practice at a period when it becomes increasingly important for the profession to engage with

research? A number of different explanations are discussed in the literature (Morrow-Bradley & Elliott, 1986; Ogilvie et al., 2005; Stewart, Stirman & Chambless, 2012), such as

- Research topics, measures and samples in studies are not relevant and don't capture the complexity of clinical practice;
- Methods used in studies are not well-described and too statistics-heavy;
- Research findings are not communicated in an accessible way; the language employed in research publications is unfamiliar and alienating for many practitioners;
- Practitioners experience logistical barriers like lack of time or money and specific training to understand or engage with research.

In combination with these explanations, attitudes to and perceptions of research held by trainees and practitioners can be considered to play a key role in their relationship and engagement with research. The information we have about practitioners' attitudes and beliefs about research derive mainly from practitioner surveys in an US context (Morrow-Bradley & Elliott, 1986; Pagoto, Spring, Coups, Mulvaney, Coutu & Ozakinci, 2007; Riley, Schumann, Forman-Hoffman, Mihm, Applegate & Asif, 2007; Cook, Biyanova & Coyne, 2009). However, more recently, two UK studies have investigated research related attitudes and perceptions of trainees in counselling and psychotherapy programmes using focus groups (Moran, 2011; Widdowson, 2012a), and you will see in Chapter 17 ('Student top tips') that in preparation for this book we have conducted our own focus group study on trainees' experiences with research. Results from these three studies, as summarized below, show that trainees hold ambivalent feelings about research, both recognising the importance of research whilst also fearing research (the study findings are presented as 'Research is...' statements so that you can compare them easily with own attitudes and images as collected in Activity 1):

1. Negative attitudes and perceptions of research: Research is...

...intimidating and anxiety provoking (especially statistics and big numbers).

...boring and time consuming.

...complex, difficult to understand and frustrating.

- ...degrading of the uniqueness and human aspect of therapy.
- ...irrelevant to practice and far removed from the realities of the consulting room.
- ...open to misuse to suit political ends.
- ...an ethically dubious activity with the potential for exploitation of clients.
- ...separate from and difficult to integrate into clinical work.

Insert drawing 2 here

Interestingly, these negative attitudes often go along with trainee self-perceptions that they lack knowledge of both practical research skills and counselling and psychotherapy research findings.

[START BOX]

Pause for reflection

Do you think anxiety about and distaste for research could be a defence against anxiety about 'not being good enough' to do research?

[END BOX]

2. Positive attitudes and perceptions of research: The picture is not all bad. The following positive attitudes and perceptions of research are less evident among trainees than negative attitudes but they are more frequently expressed by those who are at a more advanced stage in their training: Research is...

- ...interesting, creative, exciting and satisfying.
- ...valuable in terms of building knowledge and establishing a foundation for practice.
- ...useful in understanding how counselling and psychotherapy works and what interventions and approaches are effective.
- ...an ethical requirement because when practice is evidence-based clients are protected from cowboy practitioners.
- ...important in promoting the wider acceptance of counselling and psychotherapy.
- ...useful in influencing policy makers and funders.

In the next section we will have a closer look at the different meanings research can have on a personal, professional and social level as these will influence the personal attitudes and beliefs held about research.

3. Different meanings of research

The images, fantasies and assumption people hold about research are formed by – and can tell us a lot about - personal and professional experiences with research and the ways in which the role of research is portrayed and understood in our culture and society. Negative experiences and myths about research can act as hindrance and prevent us from becoming interested and engaged with research, and so it is useful to look closer at the some of the personal, professional and cultural meanings of research.

Personal meanings

McLeod (2013) argues that we are all ‘intuitive’ scientists as we constantly ask questions and look for evidence to confirm or change the ‘models’ and ‘theories’ we have about ourselves, others and the world around us (e.g. feedback to test how attractive we are or how successful it would be to propose to a loved one). Intuitive research strategies feature also prominently in counselling and psychotherapy sessions where practitioners collect ‘evidence’ and develop hypotheses to come to a better understanding of their clients and the presented problems. Moodley (2001) argues in this context “that counsellors and psychotherapists are themselves engaging in research when they practise therapy since every counselling and psychotherapy session is basically a (re)search process” (p18).

More specifically, most of us will have gathered some kind of experience as either researcher and/or research participant in a ‘research project’, for example by taking part in some survey research on the High Street or answering phone surveys, or by filling out personality and attitude questionnaires in magazines. The way we experience our research involvement – e.g. as boring or interesting – will shape the personal meaning we attach to research (e.g. as painstaking process or a fun thing to do).

[START BOX]

Pause for reflection

Have you ever participated in a research project (either as researcher or as participant)?
Think about what you liked/disliked about the experience.

[END BOX]

Professional meanings

In the professional context of counselling and psychotherapy research can have very different functions dependent on the aims researchers want to accomplish with it.

Among others, research can be used to

- protect jobs and demonstrate that a service is effective
- give voice to people who may be marginalised in society
- provide an evidence base for new approaches for working with clients or for counselling and psychotherapy in new areas
- prove that one approach is more effective than another one
- protect clients from harmful ways of working or unscrupulous practitioners
- answer questions that are important for the personal and professional development of practitioners.

It seems obvious that the motivations behind research will influence how it will be perceived and what meaning it will have for research participants and recipients. For example, research conducted with the aim to empower clients will probably be seen in a favourable light, while strategic studies to prove the superiority of one therapeutic school over the others might get a more ambivalent reception.

Professional meanings of research – e.g. as helpful or unhelpful for practice – are also affected by the experiences and reactions of research participants (clients, therapists) when asked to participate in research. How clients and therapist experience research as participants is still an under-researched area (Stone & Elliot, 2011; Tracey, McElearney, Adamson & Shevlin, 2009). The information box below summarises the design and evidence from three qualitative studies on this topic conducted in the last few years. In doing so it provides you with an example of how to summarize and critique research.

[START BOX]

Information box 2.1: How do clients and therapists feel about participating in research projects?

Studies / Design

(1) The qualitative study of Unsworth, Cowie & Green (2012) investigated both therapists' (n=9) and their clients' (n=10) perceptions of the use of routine outcome measurement with computer software in the NHS context. Focus groups with therapists and individual interviews with clients were conducted and inductively analysed.

(2) Stone & Elliot (2011) investigated clients' experience of research within a university-based research clinic (where clients participate in research in exchange for free treatment). In their small-scale qualitative study they analysed archive material of semi-structured interviews with 17 clients using Grounded Theory (see Chapter 12).

(3) Tracey et al. (2009) conducted a qualitative study exploring the views and experiences of 18 practitioners of the process of implementing an 'impact evaluation' for a school counselling service. A broad range of sources was used to gather data, including focus groups, recordings of meetings, documents, discussion boards and structured questionnaires. The collected material was analysed using Thematic Analysis (Chapter 13).

Study findings

The findings draw a mixed picture of *client* experiences of research as having both positive and negative aspects. Many clients seem to benefit in some way from the research (e.g. visual measures can help to reflect and track the process in therapy) and appear more at ease with routine outcome measurement than their therapists (Studies 1, 2). However, they also report difficult or hindering research effects, e.g. they feel inhibited by the recording of the session or have difficulties articulating their feelings or rating their feelings in terms of a number (Study 2). Especially in the research clinic setting clients seem to feel a moral obligation to take part in the research and to evidence through their responses that the intervention has worked well for them (Study 2).

Therapists' experiences of participating in research seem to be equally ambivalent. They can feel anxious and resistant as they may fear their work is judged in the research process based on a set of scores (Study 1). They can also be concerned that the research demands will interfere with the therapeutic relationship and increase their workload (Study 3). However, through practice and over time, therapists seem to be able to see potential benefits of the research for the recognition of their work and service, their practice development and professional identity (Studies 1, 3).

Limitations

All three studies employed a qualitative research methodology with small samples that are not fully representative of the subject population which limits the generalizability of the findings (the ability to apply the findings to a wider population from which the sample came). The studies were focused on the immediate effects of participating in research projects; it is therefore not clear how these experiences are represented long-term. It can also not be ruled out that researchers' own opinions and desires (e.g. that research is experience as beneficial) did not have an impact, perhaps unconscious, on data analysis and interpretation (this effect is called researcher allegiance).

[END BOX]

The research evidence presented above can inform you when planning your own study in an ethically sound way (you will learn more about research ethics in Chapter 8). It will help you to decide how to recruit and inform participants about your project and how to make sure that they benefit from participating in your research. Funding bodies for research in counselling and psychotherapy (e.g. National Institute for Health Research in the UK) typically require researchers to consult service users and take their views into consideration in planning and conducting research. The aim with this is to make sure that the research on a service has relevance to those who use the service, in other words that it is experienced by them as valid and useful.

Social and cultural meanings

Social and cultural understandings and views of research have a subtle but crucial impact on the way how people feel and think about research. In our modern societies, science is

part of almost every aspect of our lives. This has not always been the case as the rise of modern science is closely linked to industrialisation, modernisation and technical and medical progress in the last century (McLeod, 2013). During this time science has advanced rapidly, and new discoveries and developments are now promoted globally by a huge knowledge industry encompassing universities, research institutes and mass media. Media and journalists are a significant source of information for the public on science and technology, and they present research in ways that influences the public view and understanding of research (see our example in Information Box 2).

[START BOX]

Information box 2.2: ‘Infidelity ‘can make relationships stronger!’ – Media representation of research

When our research appeared under this headline in The Daily Telegraph on May 15th 2010, friends and relatives swiftly phoned Andreas and Naomi to let us know that we were being quoted as saying that the solution to a rocky relationship was to have an affair.

The story was picked up in various media outlets following a BACP press release about a presentation on infidelity which we did at the BACP research conference. The research findings we presented were based on an interview study with 7 experienced Relate couple counsellors about their experience of working with infidelity. The study conclusion was that for (the minority of) couples who go to couples counselling following infidelity, *if* they decided to work on staying together, and *if* they were prepared to look at how both parties might have contributed to a couple context in which the infidelity happened, *then* they might end up with a better understanding of each other and their relationship. Not exactly what the headline suggested.

This incident exemplifies that it is hard to explain briefly the complex findings of most research in a way that does not caricature or misrepresent them. It also shows the media tendency to present research findings as ‘truth’ – after all the finding here was based on the experience of a small group of albeit experienced couple counsellors.

[END BOX]

In the public view, science is often equated with natural science, e.g. physics, chemistry and biology, drawing on images of researchers as dressed in lab coats and working away with test tubes in scientific laboratories. This mirrors the dominance of the ‘positivist’ approach to research (see Chapter 6) that assumes the existence of an objective reality, with the goal of research “to act as a ‘mirror’ to that reality in as objective and reliable a fashion as possible” (McLeod, 1999, p11). The mainstream, positivist approach to research, together with the quantitative methods as usually employed by positivist researchers (e.g. large samples and statistics), is generally seen as ‘true’ or ‘hard’ science compared to ‘softer’ qualitative approaches.

The rise and increasing influence of science in society has led to a strong emphasis on evidence and ‘scientific proof’ as important criteria in societal discourse and decision making (Cooper, 2011). Politicians and decision makers tend to favour positivist, quantitative research as this approach promises objective and reliable evidence for their decisions. Hence, in the discourse about science and evidence-based practice other types of research and evidence are often neglected and devaluated. Together with the perception that research funding and research topics are in many cases determined by political and economic factors and pressures, this contributes to the perception that research and the interpretation of research findings are open to misuse to suit political ends. Examples of the influence politics and stakeholder interests can have on the funding and use of research are the practices in pharmaceutical research (Haley, 2012) and the ‘Increased Access to Psychological Therapy’ (IAPT) programme in the UK (see discussion in Chapter 1).

4. Conclusion: De-mystifying research and integrating it with practice

[START BOX]

Pause for reflection

Think about how research needs to be conducted and presented to catch your attention and be of interest and relevance for you...?

[END BOX]

We have seen in the previous section that attitudes to and perceptions of research are influenced by the social, personal and professional meanings that are associated with research activities and outcomes. We have also heard that fears and concerns about research are often related to, or even caused by, a lack of confidence in one’s own knowledge about and capacity to engage with research. It might therefore not come as a big surprise that trainees and students who enter counselling or psychotherapy training are often found to be ambivalent about both whether they are really interested in and whether they have the capacity to do research (Gelso, 2006). At the beginning of their training, most trainees have little to no knowledge of and experience with research, and typically their main motivation to do the training is to become a practitioner, not a researcher.

The good news is that there is consistent evidence that attitudes to research do modestly improve during training as students learn more about research and develop a research related sense of efficacy (Perl & Kahn, 1983). However, for the initial ambivalence to be resolved, and for students to develop a research related sense of efficacy, the quality and timing of the research training they get needs to be right, as well as the extent to which their research experiences are integrated with other aspects of the counselling and psychotherapy training (e.g. clinical practice; Gelso, 2006). Looking at the findings from Gelso (2006), Moran (2012) and Widdowson (2012a), we have identified and synthesised four factors or conditions that can play a key role in reducing anxieties and enhancing research attitudes and interest (see table 2.1).

Table 2.1: Factors enhancing research attitudes and interests

Factor/condition	Recommendation for training providers	Recommendation for trainees
1. Early involvement	Experiential involvement of trainees in research components and activities as early as possible. Experience should be matched to trainees’ skills level / minimal threatening involvement (e.g. facilitated by activities/reflective questions as used in this book).	<i>Don’t worry too much and get your hands on research as soon as you can!</i>
2. De-mystifying ‘perfect research’	Emphasis in research training that all research studies are limited and flawed in one way or another;	<i>Your research doesn’t need to be flawless, rather try to balance possibilities and</i>

	however, whilst methodological issues are inevitable, research can still usefully add to an unfolding body of research.	<i>limitations!</i>
3. Learning and valuing different approaches to research	Taught plurality of research methodologies in training curriculum helps trainees to fit the method to the research question and their personality/personal preferences.	<i>Familiarising yourself with the range of methodologies helps you to choose the best approach for your research and you!</i>
4. Integrating research with practice	Important in training to demonstrate links between research and practice; practice as source of ideas for research (see the next chapter on choosing a research question); Similarities between research and practice and relevance of research for practice should be emphasised.	<i>Think about your personal and professional interests when planning and doing research!</i>

The recommendations derived from these four factors, not only for trainees but also for training providers, can help to de-mystify research and enhance attitudes to and perceptions of research. If you feel you need more ideas and examples of how research can be used to inform and enhance training/practice in counselling and psychotherapy, please try the ‘Engagement in Research Self-Rating Scale’ (McLeod, 2012) presented in Activity 2.2 below.

[START BOX]

Activity 2.2: The ‘Engagement in Research Self-Rating Scale’ (ERS; McLeod, 2012)

“There are a number of ways in which research can be used to enhance counselling and psychotherapy practice. For each of the areas listed below, circle the response that accurately indicates your engagement in practice, on the following scale:

- 1 ‘I do not feel at all confident/competent in relation to using research knowledge and skills in this way’
- 2 ‘...slightly confident/competent...’
- 3 ‘...moderately confident/competent...’
- 4 ‘...considerable confident/competent...’

5 '...highly confident/competent...'

1. Using research to inform my practice in relation to specific aspects of therapy (e.g. using homework activities with clients, building a collaborative relationship etc).
2. Using research to deepen my understanding of the issues and challenges experienced by specific clients and client groups (e.g. people who are depressed, clients from a different cultural background).
3. Being able to draw on research evidence to justify and argue for the effectiveness of my approach to therapy, when questioned by others (e.g. clients, colleagues, managers).
4. Evaluating the effectiveness of my practice, or the work of the agency / organisation / placement where I am based.
5. Carrying out my own research to explore issues that interest me, as a means of furthering my personal and professional development.
6. Using research instruments, such as questionnaires, to collect feedback from my own clients and/or track their progress in therapy.
7. Reading research papers to keep up to date with developments in the field."

Comment

The ERS is an example of a self-rating scale that can help to improve self-reflection and understanding of personal research attitudes and self-efficacy. It has been designed to collect information on the ways in which counsellors and psychotherapist make use of research skills and findings in their work. By adding the scores for each item you can calculate your overall score, which will be somewhere in the range between 7 (lowest possible score) and 35 (highest possible score). If you overall score is at the lower end the ERS items provide you with some great ideas how you might be able to make more use of research to inform and enhance your training and practice.

[END BOX]

When you start to engage with research you will hopefully discover that there are more similarities between counselling practice and research you might have expected. This is expressed in a trainee quote from Moran (2012, p.176):

I think that is really exciting when I think of research in terms of – its about curiosity, it's about enquiry, it's about discovery, it's about examining, it's about process, that's what we do.

We hope this book will help you to discover how true these words are.

Suggestions for further reading

Barker, C., Pistrang, N. & Elliott, R. (2002). *Research Methods in Clinical Psychology: An Introduction for Students and Practitioners (2nd edn)*. Chichester: Wiley

- This is an accessible introduction to doing, and thinking about, research - not only for clinical psychologists.

McLeod, J., Elliott, R., & Wheeler, S. (2010). *Developing and Enhancing Research Capacity in Counselling and Psychotherapy: A Research Training Manual*. Leicester: BACP.

- This manual contains a wide range of research training resources that can be used for teaching counsellors and psychotherapists, encouraging students to learn by doing rather than listening.