

Special feature: The Politics of Research. Three papers commenting on *Practitioner-based Research: Power, Discourse and Transformation*, by John Lees and Dawn Freshwater (London: Karnac, 2008)

The Problem that is Research

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ABSTRACT *In this paper the author considers the newly published book Practitioner-based Research: Power, Discourse and Transformation in the context of the current research agenda in the psychological therapies. He questions the dominant research paradigm with its emphasis on quantitative and/or reductionist methodologies. He postulates that a different approach is needed to understand human suffering and mental health. He contextualizes psychological therapy in a social context and proposes that it is a political act where its focus is on empowerment and liberation. Copyright © 2010 John Wiley & Sons, Ltd.*

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Practitioner-based Research ... An interesting book that raises important questions for therapists.

When first asked to review this text my heart sank. It was sitting on my bookshelf and looking like it would be a heavy read.

THE CONTEXT

Several years ago, as part of a restructuring exercise in the university where I work, psychological therapies were moved from social sciences to health. At the time I believed it would be good for us in relation to, building on our strengths, funding and future developments. How wrong I was. Working in a health faculty in a university, teaching counselling and psychotherapy, has been a difficult task in recent years. The move towards the Health Professions Council and government regulation in line with other professions allied to medicine has put counselling and psychotherapy in a difficult position. Currently the teaching of research methods in my faculty at post-graduate level is online and has a strong emphasis on quantitative methodologies. This is an approach to research that strikes fear

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into the minds of a considerable number of my students. The online teaching pedagogy further alienates. Furthermore many therapists are at odds with the nature and process of research and consequently are ill equipped to make best of it.

A moment ago I talked about my heart and how I felt. Of course in a medical-model-based faculty, feelings have little place. Rationality is at the head of things.

No matter about student feedback or academic concerns, we are bounced into this one-size-fits-all approach. Not surprisingly there have been students failing.

Our postgraduate therapy courses are MAs, Master of Arts. Yet the approach to health-care has been so much focused on science. This of course raises big questions for therapists who are for the most part trained to focus on the art of therapy

The quest for the gold-standard approach to the psychological therapies and the current Holy Grail of cognitive-behavioural therapy (CBT) puts therapists even more on their guard in relation to the whole area of research. Clearly such approaches are limited in their application to, in the main, short-term or symptomatic approaches to treatment. Even research meta-studies (Stiles et al., 2006) claim that no therapy is better than any other. For myself, I practised cognitive and behavioural approaches to therapy in the NHS in the 1980s and my MSc research was quantitative in the main. So I have no axe to grind on that front.

So it was in the current climate that I was asked to review this text not surprisingly my heart sank.

However I had only to read the first page of the introduction to realize this was going to be an altogether different read.

A BRIEF REFLECTION ON SOME OF THE CHAPTERS

In the first chapter John Lees promotes the therapist as researcher and the therapist her/himself as a valid reference point in the practice of research. He proposes that therapists liberate themselves from the shackles of scientific objectivism, that the therapist take hold of and prize their internal locus of evaluation rather than the external locus of objective researcher;

I have found this liberating in my approaches to research supervision in that, yes, I can encourage the researcher to use all of her/himself in the research process . . . and particularly, the critical reflexivity can come from the being of the therapist as opposed to encouraging the therapist researcher to seek outside of themselves in their attempt to evaluate.

Trish Westwood critiques the language of the academic focused on scientific objectivism. Somehow in this attempt to write academically something of the self is lost.

Barbara Hunter reflects on how the tutor-tutee relationship can get in the way of the creative process through which both parties combine to create what is needed.

Geoffrey Denham warns against the words of therapy and what we may miss with our focus on treatment and interventions. So much of what we as therapists work with is not in the words of therapy alone. Modern quantitative therapeutic research may not have the means to measure the meaning the client communicates.

Boyd again visualizes the alchemical meeting of client and therapist.

Christine Crosbie explores the deconstruction of therapy . . . and the healing in the meeting.

Jana Helena, in a moving piece that reflects something of my own journey into therapy, describes how the medicalization of therapy removes the personal element from it, which of course is what makes it work.

I am reminded of the old Hindu story of the wise man and the king:

The king was a dictatorial ruler who wanted omnipotence in every sphere. He heard that there was a wise man in a distant part of his empire who knew the answers to life's great questions and had many followers. So the king summoned this wise man to his court so that he could have these truths.

The wise man arrived and he was shown into court. The king sat there surrounded by his courtesans. 'Here you are at last he said... have some tea and then tell me all that you know, so I can be similarly enlightened.' The wise offered to pour the tea for the king who was emproudened by the role this great man took in front of him, and as he poured the king boasted to his court: . 'Look how even the wisest man in my kingdom kneels at my feet and serves me.' The wise man poured and poured and continued to pour until the tea overflowed down the cup onto the tray. Finally the king looked down and noticed. 'What are you doing?' he blustered. The wise man responded 'Your Majesty, the cup is as you are now, so full it has no room to learn, no space to receive.'

The parallels for me in this story are both the current predominant research paradigm which seeks to 'prove' effectiveness and the reality of therapy and the therapeutic relationship.

The very attempt to seek to prove effectiveness is destined to miss what actually works in therapy. It may actually impose an approach that is contrary to the needs of the individual.

Similarly, as a therapist I have to meet each client as openly as possibly. In the meeting the therapy unfolds.

Dawn Freshwater (p.209) argues for reflexive pragmatism: *one voice. many truths...*

...as you read this paper you will not read what has been written. The reader is not passive in the process but participates in the dialogue in their response to what they read. Of course there are as many ways of understanding what we have to say as there are readers.

SO WHERE DOES THIS LEAVE ME?

I am encouraged by such a radical collection of writings on this subject at this time. With the current climate in the counselling and psychotherapy profession it has been refreshing to read a book that is both challenging and liberating.

This is *challenging* in that the reader may have to step into the frame of reference of authors in a number of the chapters. Objectivity itself, a rubric of research, is questionable.

This is *liberating* in that other professionals are quite clearly at odds with the dominant reductionist research paradigm. For me the book poses questions rather than examples and legitimates by its publication the many and varied concerns therapists have about the whole basis of what we call research.

This reminds me of any change movements in which individuals stand up against the dominant hegemony, the dehumanizing by the state machine, and the current debacle in the psychological therapies.

A WORD OF CAUTION

Whilst much of what is written in this book will be a companion to the researcher, the researcher still has to do battle in the field and win through. It should not be seen as justification for an ‘anything goes’ approach to methodology. The dividing line between what may be a brilliant piece of work and one that may be shoddy is very narrow. The researcher needs to prove the paradigm in order to be successful.

WHAT IS THE PLACE OF RESEARCH?

The place of quantitative research is not to be undervalued, however. For example I myself seek the best price on the Internet when buying something. I may base my decision on what to purchase on statistical information and reviews. No doubt my client, when leaving therapy, reviews its value and her/his investment with me in the venture.

I am reminded of a piece of research that demonstrated that whilst therapists believe it was clever interventions that made their therapy successful, clients reported being listened to and understood as most important to them.

Clearly objective research can be and often is flawed. The information we get from our clients may in fact be the most useful to us.

The basis for research into the talking therapies as approved by NICE are randomized control trials (RCT). There are a number of studies that seem to favour the one-size-fits-all approach of CBT. Yet these studies cannot be held conclusive by the rigorous standards of quantitative research. RCTs select in ‘ideal’ patients for their studies and select out patients with non-standard presentations who form the greater number of clients coming through the doors of talking therapists.

Taking into account the rigorous critique made of recent RCTs, other studies, meta-analyses and reviews (Paul and Haugh, 2008a) have proven pretty conclusively that:

- No one model is more successful than any other.
- The therapeutic relationship is central to therapeutic change.
- Client motivation and extra-therapy factors play a major part in therapeutic change.

In a further review of the research Haugh and myself (2008b) proposed that what all this points to is that an approach to therapy responsive to the presenting needs of individuals will be more fruitful in the future as opposed to a school-based approach.

In my considered view the (Paul, 2009) rigidity of the model leads to rigidity in practice. After all most research indicates that most change factors are idiosyncratic to the client and the biggest variable after that is considered to be the therapeutic relationship. The core model only accounts for as much as 8% of change in the research overall (Lambert, 1992). Traditional models may in some sense become conservative or even reactionary in nature as adherence to them becomes bound in arcane concepts even in the light of accepted research. Furthermore, metastudies have indicated that no model is really any more effective than any other (Wampold, 2001). Coupled with this, there is evidence to suggest that therapeutic practice is really therapist idiosyncratic rather than model specific (Malik et al., 2003).

WHERE DOES THIS LEAVE ME?

‘Overall a refreshing read that went a long way to reassure me as an academic therapist that we are not alone and that there is room at the table for us all.’

It also brings me back to my purpose in psychotherapy. In a recent paper (Paul, 2009) I summed up my position after approximately 30 years of practice as a therapist and a journey through what seems like virtually every type of therapy with virtually every type of client in a wider range of statutory and private settings: I note that externally oppressive factors predominately are the cause of individual distress. My philosophical position remains humanistic in that I continue have a profound faith in the actualizing tendency within each individual which parallels my position that people who are subjugated will continue to seek ways of overcoming their oppression.

My approach to each client is phenomenological in that I endeavour to approach each encounter in a unique way to be facilitative in my approach to each individual. I have come to the view that therapist authenticity in its deepest professional sense is central in what *I* can offer to the encounter.

And finally and of greatest importance for me, therapy is about empowerment and liberation. For me therapy is a political act in that I work with my client in the hope that the work we do together will enable my client will to confront and deal with oppression.

Professionally I can draw an analogy with the Psychological Therapies in the UK. We need to stick together and to work together and ultimately hope we will win through.

OH AND THE BOOK?

This will sit on my bookshelf alongside my other research texts and my heart will no longer sink when I look at it. Rather, I will feel a little more hopeful for the next battle.

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