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Research-active therapists and therapy trainees: The need for continuity and clinical significance in our research

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Mick Cooper is Professor of Counselling Psychology, as well as Acting Director of the Centre for Research in Psychological Wellbeing (CREW) at the University of Roehampton. Aside from being a research-active practitioner, with research interests in counselling with children and young people as well as humanistic, existential and relational approaches to therapy, Mick is co-developer of the pluralistic approach to therapeutic practice. He has published numerous research articles and texts including his latest book 'Psychology at the Heart of Social Change: Developing a Progressive Vision for Society'. Mick kindly agreed to be interviewed by two of our editors (Deborah Bailey-Rodriguez & Eva Fragkiadaki) to discuss qualitative research within psychotherapy and counselling research, his own research journey as a therapist and to give us tips and pointers for therapy trainees and bridging the gap between research and therapeutic practice for our Special Issue.

D: Can you start by telling us a bit about your qualitative research within psychotherapy and counselling research?

M: I see myself very much as a mixed methods researcher. I was involved in developing a pluralistic-approach to therapy and I think I'm very 'pluralistic' in my approach to research too. I think that different methods can be very useful for different questions. So probably about half of my research has been qualitative, mainly thematic analysis. I've recently done a study, just about to be published, using Consensual Qualitative Research (CQR; [see here for information on CQR](#)¹), which is a really interesting method over from the States. But I also

¹ <https://mick-cooper.squarespace.com/new-blog/2019/7/9/why-i-love-qualitative-research-1>

know stats fairly well, I mean not brilliantly, but enough to publish on things like measure development and randomised trials. So, I'm pretty mixed in my outlook and perspective.

E: Fantastic, thanks for that. So you have conducted a lot of psychotherapy research using a range of qualitative approaches, the pluralistic method (e.g. Cooper & Knox, 2018; Smith et al., 2021), and you have published studies that have used thematic analysis (e.g. Dhesi et al., 2021; van Rijn et al., 2018), Interpretative Phenomenological Analysis (IPA; e.g. Halsall & Cooper, 2020; Simonsen & Cooper, 2015), grounded theory (e.g. Gibson et al., 2020; Wallace & Cooper, 2015). So, can you tell us a bit more about your journey in becoming a researcher-practitioner and research-active therapist?

M: I trained firstly in person-centred and then in existential therapy, as an existential psychotherapist before being a counselling psychologist. So, I was very interested in phenomenology, and had a kind of phenomenological epistemology; understanding people in terms of their lived experiences. So qualitative research is very important to me in terms of being able to understand how people experience their world, which of course from a phenomenological perspective is the primary data of being, and trying to use qualitative data to get in depth into how people experience, how people feel. I came from a position that that was often missing in mainstream psychotherapy research which, much more did and still does, adopt quantitative methods, which struggle to unpack the complexity, nuances, and reality of lived experiencing. But I guess I'm also a bit of a nerd and so I like stats and for a long time actually I didn't do any quantitative research other than basic evaluation. But I partly realised that to get published in the higher-level journals it was really difficult without having some quant knowledge and so there was a pragmatic element of developing my quant skills, and I guess I also felt that quantitative methods helped to answer certain questions that qual struggles with, particularly with comparative questions. If you want to understand, say, how different genders experience something at that general level, then quant does have value to do comparative work. What was also very influential for me was when I wrote a book called *'Essential Research Findings in Counselling and Psychotherapy: The Facts are Friendly'* (Cooper, 2018), which reviewed the data in the counselling psychotherapy field and I went into that very much thinking that I would review both quant and qual research. But as I went into it, I found that I was drawing much more from the quantitative data than the

qualitative data and that actually, the quant data often felt clearer and more straightforward to apply to practice. I struggled to really know what to do with a lot of qualitative research - I think particularly where it's very autoethnographic, reflexive. Although from my phenomenological background I've really understood the kind of rationale and motive behind it; when I was trying to think about what that means for practice and then particularly for clients, it was more problematic. And sometimes I felt it was a little bit 'self-focused', and more therapists writing about themselves than writing about what was of value to clients and service users. So, I maybe became more critical of some of the very self-reflexive autoethnography research, and I also felt part of the issue was that often it's very, very fragmented fields. There's a thing in our field, I don't know if it's our field generally, but students often seem like their priorities are to find something that nobody else has ever asked before. So, what we end up with is all these really small qualitative research projects in lots of different fragmented areas. And nothing builds on anything, and it doesn't seem to really contribute to knowledge. People like Laco Timulak [Ladislav Timulak; Professor in Counselling Psychology at Trinity College Dublin] have done some fantastic work on qualitative meta-analysis (see Marren et al., 2022; Timulak & Creaner, 2022), bringing qualitative data together. But studies need to be asking similar kinds of questions, like what's helpful in therapy? What do clients really value? And then you can bring studies together, and then small qualitative studies can be triangulated and begin to say something which is meaningful for the field. But I think where students are starting with trying to identify something as far away from anyone else as possible, it leads to problems.

I think in my own journey, partly pragmatically, partly from a service user perspective, I became more interested and more involved in quantitative research and ended up conducting a fully powered randomised controlled trial (RCT) which is obviously a very quant method. But at the same time what I realised was within doing that, there was lots of qualitative research we could do. So we did an RCT of school-based counselling for young people and the stats on that is obviously the main outcome analysis, which we published in the *Lancet Child & Adolescent Health* [journal] (Cooper et al., 2021). But, it also gave us an opportunity to conduct a really in-depth qualitative study of the young peoples' experiences and case studies - there were some really interesting case studies that have been published that came out of that, which traced an individual young person's experience (e.g., Ralph & Cooper, 2022), and we have more case studies being developed. So, I really like that kind of mixed pluralistic approach that uses different methods to ask different questions, and also allows for

triangulation and deeper digging into what findings mean. One of the interesting findings from this ETHOS study (Cooper et al., 2021) for instance - and this is something we haven't published yet - is that when we asked the young people about the counselling and what they found helpful, we could rate it - we used quant to code the quality of interviews so that we could get a basic indication of how helpful they were saying the counselling was. And then we compared those ratings against the actual outcomes for the individual young people. It was a pretty low correlation. And I think what that shows is that many of the established outcome measures, which are of course so prevalent in our field, don't necessarily indicate what's helpful, or what young people experience is helpful. So, I think there's a lot of fertile ground in those kinds of tensions and multiple perspectives that can help us understand more about how clients experience what they want from therapy, both at the general level through quant, and at the more individual level through qual.

D: That's excellent, thank you. To follow up on some of the things you were saying about the smaller studies and students wanting to do something that's very far away or very unique and it's quite fragmented, and you offered some insights as to how that could work together and be triangulated, etc. Perhaps my question ties in with this in terms of what can be done from the trainee perspective when learning research methods; what are your thoughts on how to bridge this? What can be done to foster research-active practitioners, or to bridge that gap between practitioners and research?

M: Well, I think part of it is practitioners developing familiarity with the evidence that is out there today, and that was why I did that book about essential research findings (Cooper, 2008), because I think there is a wealth of information out there. But I think that many trainees have a fairly sketchy knowledge of that body of evidence. I think programmes should start, not just by teaching research methods, but teaching research findings - that would be such a good way of opening up research-minded standards for trainees. For instance, if you are teaching something like person-centred therapy on a course: of course, teach what Rogers said in 1957 about the necessary and sufficient conditions about therapeutic personality change, but bring into that fairly rapidly also the latest evidence from, say, Norcross' *Psychotherapy relationships that work* about what the evidence now says about empathy congruence, unconditional positive regard and the other therapeutic relationship variables, as well as tailoring (Norcross & Lambert, 2019). I think part of the problem in our field is that

often training is modality-specific, and while you've got people learning, say, person-centred therapy, psychodynamic therapy, the focus is going to be on the methods and the ideology suited to that approach, rather than what the latest evidence says. And if you teach therapeutic practice that way around, then I think trainees are never really going to take research that seriously. It's always an 'auxiliary': it's maybe a way of finding out a little bit more about something, but it's not really integral to practice because, at the end of the day, practice is based on a set of ideologies and systems that are set out decades before, whether or not the evidence supports them. So, I think we need a radical shift in how we think about training and I think training, which is less modality-centred if that was possible, it would be a real way of opening up, leaning much more to what the evidence is telling us, qualitative as well as quantitative.

E: That's very interesting, and I can completely relate to all of that, also supervising so many doctorate level, counselling psychology projects and I hear you, where is that going? It's like small qualitative projects here and there with no continuity.

M: And just to add to that, the thing that I find most frustrating is that, and this is my personal soapbox, is that there is so much that could be done to contribute to service user experience by trainees, at doctoral and master's levels. If they were doing work, say focused on what people with addictions find helpful in therapy, or what autistic clients find valuable in therapy - that if all those projects were actually looking at service user experiences and building up a body of knowledge about what's helpful in our practice, there's so much that could be contributed.

E: Definitely, definitely. Do you have any tips for therapists or therapists-in-training about engaging in research and particularly qualitative research? I mean, you've already answered a bit, but I don't know if you want to add anything to that, addressing trainees or practitioners?

M: I think it's partly finding out what the research says to date and thinking about how you can use that in your practice. I have a [website](#)² that's got [blogs](#)³ and tips about [research](#)⁴.

I think one of the key things when you're doing research is finding a question that you *don't* know the answer to. Often, trainees go into research trying to prove something or show something they believe in. Trying to identify something that you *don't* know the answer to, but really want to find out about, makes for so much more of an interesting project, and research at the end of the day is really about asking a question and answering it. It's nothing more sophisticated than that, and if you've got a question that others don't know the answer to, and others would be interested in finding the answer to, that can make for such an interesting project. I think another key tip which relates to that is around getting into developing a researcher mindset. Often trainees go into research thinking that they need to prove something, and they need to demonstrate a set of skills, which is partly true. But I think that, particularly at doctoral level for research, *you* become the teacher, you become the person who knows about a particular- you're the world expert. You need to be the world-expert in a field for it to be a doctoral level. And your role now is to teach *us* what you're learning and what you're discovering. If I'm assessing a thesis, obviously I'm looking at the standards and I need to check the standards, and that's my primary role but as a reader, I want to learn; and trainees at doctoral level have an enormous amount to teach. If they can develop the confidence that they are the ones who are now disseminating, who are discovering and then disseminating the wisdom and knowledge and the things that they're finding, that's really exciting! Sometimes, with qualitative research, it's almost perfunctory in the sense that you find an area, you review the research that you think is really interesting by the 'real experts', you do a little bit of talking to people about it and shyly do an analysis, and then when you get back to the discussion, you just really talk about what the 'real experts' have said, and it's not using what your discoveries are in a way that really adds to knowledge. So, I think a main tip is about taking yourself and your research seriously and really believing that you have a contribution, a meaningful contribution to make and thinking about, 'well what would be a meaningful contribution?' And then, 'how can I make that?' And that also involves talking to the communities, talking to experts, like if you've an interest in an area,

² <https://mick-cooper.squarespace.com/>

³ <https://mick-cooper.squarespace.com/new-blog>

⁴ <https://mick-cooper.squarespace.com/research-pointers>

talk to the leading people there and see what they think the key questions are, integrate with the community in the field. Don't just go off into a little kind of hole, a little cave away from everybody else. One of my blogs was about [how I almost failed my own doctoral research](#)⁵. My mistake when I did that was to go and do something which is very different from other people, which is fine, but then not talk to people, not integrate, not engage with others about what I was doing - partly because I was scared and I had some inkling that what I was doing was a bit weird; but rather than checking that out, I kind of avoided it. And so going to conferences, presenting posters, talking to people, talking to the experts, being integrated with your community is so important as part of research. Research is not a sole endeavour, nobody in the recent real research field goes and does individual studies; everything is a part of teams and communities, and so training is best I think, when it supports that.

E: Yeah, it's very important.

D: And just to finish off, can I ask you to briefly tell us about your project and the Consensual Qualitative Research with Sarah Knox, who you're working with?

M: Yeah. So CQR is consensual qualitative research, it's a fascinating method developed by the brilliant Clara Hill (see Hill, 2012) and colleagues in the States. Clara is such an amazing woman and it's a method where the analysis is done as a team. Our question was about: What are clients' experiences of working with preferences? Do they like being asked about their preferences? Do their preferences change in therapy? Is it important for them to have their preference accommodated? We worked as a team for a couple of years, looking at the interviews, putting the interviews into 'domains', and then the data into domains and then we had somebody who would audit it and give us feedback. So it was a really intensive process. It's published now, see Cooper et al. (2023). And what was amazing in the analysis was to see that I might have a perspective on a piece of data, but when I shared my perspective, somebody else might see it completely differently. Being able to talk about it with another person was such a good way of being able to triangulate and develop some reliability in our analysis to come to that consensus. I don't think CQR is widely used in the UK, but it's a really exciting method - partly, again, because it is about doing research as a community

⁵ <https://mick-cooper.squarespace.com/new-blog/2020/6/22/how-to-almost-fail-a-phd>

rather than in an isolated bubble.

D: That's been fantastic. We really, really appreciate your time and answering all our questions. So thank you so much, Mick.

M: Thank you. Good luck with it, it's a great project.

D: Thank you so much for that.

M: Bye bye.

E: Thanks a lot. Very nice to see you Mick.

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