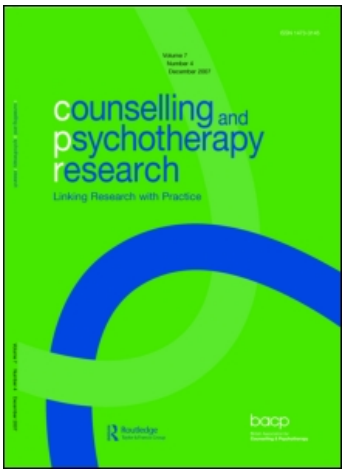

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Reflexive action research: Developing knowledge through practice

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Reflexive action research: developing knowledge through practice

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This paper gives an overview of different ways of conducting counselling and psychotherapy research. An approach to research is described which overcomes the research-practice gap: reflexive action research. It is argued that this approach to research is particularly appropriate and relevant for practitioners since it draws upon skills and awareness necessary for clinical work, and can complement positivist methods of research which are already well established in the profession. The wider use of systematic clinical case studies is suggested as a means of promoting the reflexive action research approach. Further consideration of issues of validity and reliability is required on the part of those intending to apply this approach within the field of therapy research.

Key words: action research, case study method, pluralism, reflexivity, subjectivity

Two important developments in the counselling and psychotherapy profession in recent years have been the growth of university-based training courses and the expansion of counselling and psychotherapy research[1]. For some therapists these developments are unwelcome (see, for instance, House and Totton, 1997). For others, therapy research can take on an aura of mystique - something difficult and complicated which lies beyond their reach, which has little relevance to the development of their clinical work and technique. But this need not be the case. In fact I will argue that we are more familiar with doing research than we realise and that it can actually enhance and further our clinical work.

The remoteness of much research for practitioners has been described in various ways: the research-practice gap (McLeod, 1999, p.6), the theory-practice gap (Freshwater, 2000, p.9), the "divide between the academy and the consulting room" (Clarkson, 1998a, p.13). Fundamentally, however, these authors are describing the same phenomenon: namely that, although therapy research has increased significantly in recent years, much of it has little relevance to the practice of therapy. McLeod (1999, p.6), for instance, says that surveys in the USA have shown that "books and articles on research were given low ratings in terms of relevance for practice, in comparison with sources of information and learning such as colleagues, supervisors, personal therapy and clients", in spite of the fact that therapists in the USA "undergo a highly research-orientated training". It seems that, once a research project carried out for a Masters or PhD has been completed, it just gathers dust on library shelves. Even the authors, once they have qualified and are practising, pay little attention to these research projects.

In the light of this situation, one solution would be to exhort therapists to read research projects as a part of their continuing professional development. Another would be to conclude that many therapists in training have traditionally undertaken research which is irrelevant to clinical practice - that the methods of research are inappropriate. However, I do not want to get drawn into a debate about the merits of different methodological approaches, so I will adopt a third viewpoint: namely, that it is important to establish practitioner-relevant research methods in order to supplement traditional methods.

In the next section I will look at how we might go about this. First, different viewpoints on therapeutic research are examined. Second, an approach to research which arises naturally out of clinical experience and the practice of therapy is described. Finally, I will examine the significance of this approach for therapeutic work and the development of the profession.

[1] Counselling and psychotherapy will henceforth be referred to as therapy, and counsellors and psychotherapists as therapists.

Approaches to research

The most visible form of research in the profession is the one which arises out of traditional scientific methodology, which is known as positivism when applied to the study of human behaviour. This model of research is associated particularly with 'evidence-based practice' policies, and the pursuit of efficacy research. McLeod (1999, p.13) refers to this approach as the "scientist-practitioner model" which he claims "is frequently cited in the counselling and psychotherapy literature". Many counselling agencies require counsellors to evaluate their work in at least a rudimentary way using standardised questionnaires. So, whatever one thinks about this approach to research, it is arguable that all therapists should have a basic understanding of its strengths and weaknesses, merely by virtue of its ubiquity and standing in society. This is a model of research that is "dominant in government, industry and commerce" (Neville, 1989). An NHS manager, for instance, is much more likely to be impressed by statistics regarding the efficacy of therapy than, say, by therapist opinions about the work being helpful because it created a warm and empathic feeling. But such research perpetuates the research-practice gap. For example, one does not even have to be a therapist to be an efficacy researcher.

Alternatively, we can adopt a pluralistic approach and base our research on methodologies which are congruent with the therapist's theoretical approach - a view referred to in Clarkson (1998b, p.251). We could claim, for instance, that psychodynamic therapists should undertake case study research since psychodynamic therapy has a long history of such research stemming from Breuer and Freud's *Studies in Hysteria*, whilst humanistic therapy is best suited to phenomenological and existential research in view of its phenomenological and existential origins (Rowan, 1983), and the techniques of cognitive-behavioural therapy are congruent with efficacy research. However, in reality, the situation is not so straightforward. In the field of psychodynamics, for instance, there are also advocates of efficacy research (Fonagy and Moran, 1993), process research (Luborsky et al, 1993), discourse analysis (Lepper, 1996) and laboratory-based experiments (Rustin, 1991). Furthermore, although humanistic therapy has a natural affinity with phenomenological and existential methods, the work and notions of one of its principal founders - namely Carl Rogers - is saturated with positivistic assumptions (Lynch, 1999).

A third possibility would be to adopt a pluralistic approach based on the skills of the therapist. Such an approach would build on the view that research should be congruent with our personal predispositions. A psychodynamic therapist who is good at mathematics might thus be best advised to adopt an evidence-based practice approach based on questionnaires and statistical analysis; one who is more literary may be best advised to adopt a narrative approach or write case histories, since, as Freud said of his own case histories, they "read like short stories and .... lack the serious stamp of science" (Breuer and Freud, 1895, p.231); whilst a linguist might undertake discourse analysis. This would make a virtue out of necessity by working with the inevitable fact that researcher-practitioners all have limited capacities and perspectives.

All of these possibilities are reasonable and feasible. However, I will also argue in this paper that there is another approach to research which more comprehensively addresses the issues which I mentioned at the beginning - the mystique and inaccessibility which research holds for many clinicians, its irrelevance for the development of technique, the problem of the research-practice gap and the development of the identity of the profession. I will thus spend the rest of this paper elaborating this method, which is more closely linked to the practice of therapy, since it is based on what actually takes place in the consulting room.

I will refer to this method as *reflexive action research*. It already has a significant, albeit often neglected, place in the literature in recent years. It has been variously called learning by inquiry (Clarkson, 1998b), transformational research (Braud and Anderson, 1998; Rowan, 1998), practitioner research (McLeod, 1999), whilst in other fields it has been referred to as action research (McNiff et al, 1996), reflexive action research (Freshwater, 2000) and critical reflexivity (Freshwater and Rolfe, 2001).

In view of the fact that reflexive action research has been well documented - and my claims about its importance to the development of the profession - it is surprising that it has been relatively neglected in the therapeutic literature and that it is more widely used in other professions which work with people, such as education and nursing. It is especially surprising in view of the fact that its underlying principles are relatively easy for clinicians to understand - and put into practice - since they are already familiar with them, even if they are unaware of this. Applied to the practice of therapy, its fundamental principle is that we constantly re-evaluate and re-search our clinical experience, including our biases, limitations and blind spots. Its approach to knowledge is thus cyclical rather than linear. It involves re-visiting clinical experience rather than designing a research project and follows a series of distinct stages. Indeed it argues that continuous professional development is itself a form of reflexive action research -

"...reflexive action research....involves re-visiting clinical experience rather than designing a research project"

as is the practice of therapy itself. Clarkson (1998b, p.250) is unequivocal about this:

> "Inquiry into relationship is by the same token research. And if psychotherapy is about relationship then it must also be research in a sense. The fact that the work of the clinic is too frequently left unreflected and unreported in a rigorously reflected qualitative way does not mean that it cannot be done."

The familiarity of reflexive action research for therapists arises out of the fact that we have, for the most part, been trained to do it, are doing it all the time in our practice and professional supervision, and therefore have a natural facility for doing it. It thus cuts through the mystique which research holds for many therapists. It makes it accessible, overcomes the research-practice gap, encourages us to do what we are good at doing, and values our clinical experience.

Therapeutic training and therapeutic practice

In a fundamental sense therapy training is based, to a greater or lesser degree, on the notion of reflexivity, whereby our practice is informed by our ongoing reflections on our experience. In psychotherapy training - certainly in the psychodynamic tradition - this is usually achieved by personal therapy. As Schafer (1983, p.4) says:

> "Students learn more about the analytic attitude from undergoing their own personal analyses and the supervision of their clinical work than they do from case seminars, more from case seminars than from didactic courses on technique and the theory of the analytic process, and more from these didactic courses than from independent reading."

In counselling training there is also an emphasis on personal therapy, but the development of reflexivity is incorporated into the training process itself in the form of experiential learning. As Noonan (1993, p.26) puts it: "the primary flow of the student's learning on such courses is from 'inside to outside' as opposed to the usual direction of academic learning which is from 'outside to inside'". Students develop an awareness of the way in which they react 'to an idea or situation'. Their gaze is turned in on themselves: their 'reaction is observed and explored for its personal significance before the subject is conceptualized'. Clarkson (1998b) refers to this process as 'leading forth from within' (p.242) whilst Rose (1997) describes it as 'process learning': "experiential knowledge or the knowing of our being through creativity, play, dreams, dialogue" (p.389).

As training is a preparation for clinical practice it is not surprising that the effects of 'inside to outside' learning permeates therapeutic practice - in particular the ability to work with therapeutic experience, process it and bring about change. As such, the therapeutic process is similar to reflexive action research (Freshwater, 2000, p.36). Indeed it is precisely for this reason that I would put forward reflexive action research as the quintessential research method for therapists.

The most important principle that therapy training, clinical work and reflexive action research share is a concern with change and transformation. If reflection goes no further than enhanced understanding of self then it could be viewed as mere 'navel-gazing'. However, if it then enables us to do things differently and modify our actions, it is a different matter. I would take the view, for instance, that, as well as attempting to measure whether a piece of clinical work is effective or not, it is also important for therapists to use research to understand more fully the circumstances in which the clinical encounter is transformative.

My interest in reflexive action research arises out of the fact that it has influenced my professional development over the years. My clinical training, for instance, taught me that good clinicians have the ability to reflect on their experience in a such a way that their approach to clinical experience is transformed. Moreover, as a clinician, I had, at first, no idea about the research-practice gap. I took it as self-evident that the only viable form of clinical research was based on clinical experience. The mark of a good piece of written work was an ability to place oneself at the centre of the narrative.

As my career progressed, I adopted such principles in my published clinical writing and promoted them as Editor and then Managing Editor of *Psychodynamic Counselling* from 1994 to 2001. However, as I then embarked on an academic career in the field of counselling, I began to encounter quite different assumptions, which saw such research as having little value since it was deemed to be too personal and based solely on the opinions of the author, and argued instead for a position of detachment on the part of the writer. This led to a great deal of inner conflict, turmoil and confusion, which I attempted to address to some degree in an earlier paper (Lees, 1999). The current paper attempts to take a further step in resolving this inner conflict and confusion by finding a way forward which honours both the principles of my training and clinical experience and academic standards of rigour.

Basic principles of reflexive action research

In order to become transformative, reflexive action research needs to go beyond reflection. Kolb's

(1984) experiential learning cycle, for example, includes active experimentation as well as reflexive observation and abstract experimentation on concrete experience. Similarly, clinical training, clinical work and reflexive action research are about praxis and are concerned with change for both therapist/researcher and client/participant. This process involves two stages. First, we become more thoughtful and self-aware as we perform our clinical actions. We engage in 'reflection-on-action' - we process and think about our experience. Second, we develop the capacity for 'reflection-in-action' whereby we have a different relationship with our actions based on our emerging reflexive capacity: that is to say, our actions are transformed (Freshwater, 2000). As McNiff et al (1996, p.106) have said: "people do research on themselves rather than on others; they do research with others in order to understand and improve their social practices".

The transformational (or consciousness-raising) nature of reflexive action research has led to it being viewed as a political act. However, in contrast to, say, Marxism, which is orientated towards the raising of class consciousness as a precursor to mass action, it is concerned with individualised and localised change. Nevertheless, Maxey (1999, p.199) sees it as having "enormous liberatory potential": "....by actively and critically reflecting on the world and our place within it, we are more able to act in creative, constructive ways that challenge oppressive power relations rather than reinforce them" (ibid, p.201). Freshwater (2000, p.26), citing the work of Freire, refers to this as a process of 'conscientisation', whilst Samuels (1993) links therapy with political change, citing the feminist slogan 'the personal is political'.

The transformational aspects of reflexive action research/practice, when applied to clinical work, have been likened to Casement's notion of the 'internal supervisor' (Freshwater, 2000, p.31), which allows practitioners to be available and present for the client - to be aware of "the process of being with the patient at any given moment" and be "available to comment on the process and adapt their responses according to the emerging situation" (ibid, p.32). Indeed many therapeutic notions - for instance, congruence and counter-transference in clinical work and parallel processing in clinical supervision - incorporate such reflexive action research principles. Sanders and Wills (1999, p.134) suggest that the clinician become a "participant observer" in his/her work by developing the technique of "decentring": "the process of stepping outside one's immediate experience and thereby not only observing the experience but also changing the nature of the experience itself". We then become more attentive in our work, flexible to changing circumstances and prepared for the unexpected: "reflexive practice, the immediate turning of practice back on itself, enables us to utilise present experiences in order to improve our ongoing practice, and prompts the question: 'how can I do it better now in this current situation?'" (Freshwater and Rolfe, 2001, p.529).

The emphasis on change distinguishes reflexive action research from many other forms of research: it is "primarily about affording change in clinical practice as opposed to collecting data and generating theory" (Freshwater, 2000, p.31). The 'data' arises out of ongoing clinical experience. The researcher-practitioner places him/herself at the centre of the project, rather than as a detached observer-researcher. S/he thereby dissolves the research-practice gap: "the conventional boundaries between research, practical application and personal growth and transformation melt away" (Braud and Anderson, 1998, p.43). A piece of clinical work is both a research project and a process of learning/transformation for the therapist and client, whilst a research project can also be a piece of clinical work. The boundary between researcher-respondent and therapist-client is also obscured: "reflexivity has destabilized boundaries between myself, my research and those with whom I engage in my research" (Maxey, 1999, p.203). The same can be said about the stages of the research process. In quantitative research, and also in most approaches to qualitative inquiry, the researcher engages in a linear process by dividing the research project into a series of stages - question, literature review, data collection, data analysis, results. Clinical practice can also be viewed in a linear fashion - problem/diagnosis treatment plan, putting plan into action, interpreting/learning, evaluating results. However, in reflexive action research/practice, the distinctions are not so clear-cut due to the fact that we constantly return to the same experience to view it in new ways. As we do this, we raise new questions, necessitating new reading and viewing the material differently. So, for example, the literature - and emergent questions - become part of an ongoing process and not just something which we do at an early stage of the project.

Freshwater and Rolfe (2001, p.526) adopt Schon's topographical metaphor of the "high, hard ground" and the "swampy lowlands" to describe the difference between conventional research and reflexive action research. On the one hand, the "high, hard ground" approach conceptualises research "as a straightforward linear process with a coherent and logical plot" and, on the other, the "swampy lowlands" is the place where research (and clinical practice) actually take place - where "messy, confusing problems defy technical solution". They view the former as arti-

ficial and removed from experience and the latter as nearer to experience. In view of the fact that (as I said at the beginning of this paper) it is not my intention to replace one form of research by another then it is perhaps reasonable (in a basic therapy training) to familiarise students with both approaches to research and practice. They need to be able to live from day to day in the swampy lowlands in their work, and research, and also to survey it and show that it has a logical coherence.

The transformational and cyclical nature of reflexive action research means that the research/clinical practice field is destabilised and boundaryless:

> "The notion of a 'research field' is brought into question when viewed with reflexivity: rather than the field of any particular research endeavour being out there waiting to be described by the researcher, it is a construction of the researcher himself or herself. In this sense the field is dynamic, unstable and in constant process and, as we have seen, challenges the traditional notion of validity and reliability" (Freshwater and Rolfe, 2001, p.534).

These principles can be demonstrated by surveying the process of writing this paper and the way in which it has been transformative in regard to my struggle with the research-practice gap. It has helped me to become more conscious and clearer about my relationship with both the 'high, hard ground' and the 'swampy lowlands'.

It has been transformative in that it has made me more aware of my biases. My first submitted draft of this paper included a polemic against positivism (even though I claimed that I was being even-handed). However, the peer reviewers felt that the references to positivism should be 'edited down', and that some of them were 'confusing and unnecessary'. As a result of these comments I felt that maybe I had a 'chip on my shoulder' when it came to positivism.

As regards the 'high ground' and the 'swampy lowlands' I have found it difficult in this paper to incorporate both personal experiences and a complexity of material within a logical linear narrative. It is as though one is continually failing to capture the essence of what one is trying to say: the original experience is continually being lost and overshadowed by new experiences and thoughts, and the complexity is obscured by 'high, hard ground' snapshots. Earlier drafts of the paper included little reflexivity about my own process. It stuck too much to the high ground. Reflection on the process of writing therefore helped me to incorporate more of the 'swampy lowlands' in the account and become more aware that it is easy to remain wedded to the high ground even when one is trying to inhabit the swampy lowlands.

Validity and reliability

An obvious criticism of reflexive action research is that it is too personal and thus unreliable. However, the reflexive action researcher would respond to this by saying that all research incorporates personal bias. This point of view is not new. Over a hundred years ago Steiner (1886, p.7) addressed the issue of how our personal predispositions constantly limit the way we view the world:

> "The thinking of many men is effectual only in one definite way; it serves only for a certain type of objects.... There are men whose intellects are especially adapted to think out merely mechanical interdependencies and effects; they conceive the entire universe as a mechanism. Others have the impulse to take into consciousness everywhere the secret mystical element of the external world; they become adherents of mysticism .... all sorts of errors arise from the fact that such a way of thinking, entirely appropriate to one type of objects, is declared to be universal."

Still further in the distant past - some 2,500 years ago - the Greek philosopher Heraclitus came to a similar conclusion: "Most men do not think (*phroneousi*) things in the way they encounter them, nor do they recognize what they experience, but believe their own opinions" (Fragment IV) (cited in Clarkson, 2000, p.308).

The basic argument is that any approach to research - even, say, a clinical trial - reveals as much about the researcher as the researched. In view of this, reflexive action research attempts to make a virtue out of necessity by adopting an approach to research which places the personal experience of the therapist/researcher at the centre of the project. This characteristic, along with the instability of the field, has important consequences for validity and reliability. For example, the positivist notion of internal validity, or its qualitative equivalent, credibility (Lincoln and Guba, 1985), are dependent on a stable field. The qualitative researcher may attempt to assess whether the project has done what it has set out to do by taking the study back to the participants "so that they can judge the accuracy and credibility of the account" (Creswell, 1998, p.203). However, in terms of reflexive action research, this is a fruitless exercise since both the participants' and researcher's perception of the field will have changed by the time they revisit it because of its unstable nature and the transformational nature of the research. In the words of Heraclitus: "we cannot step in the same river twice" (Fragment XXII, cited in Geldard, 2000, p.53). If we are able to "step into the same river twice" then the reflexive action research project has, by definition, failed.

Instead of attempting to apply universal standards of validity the usual criteria of reliability and

validity need to be replaced by a different set of criteria which take into account the transformative, unstable, cyclical and boundaryless nature of reflexive action research. Freshwater and Rolfe (2001, p.532) suggest three principal criteria:

- detailed writing which makes the research process transparent;
- the exposure of the researcher's bias (or 'interest');
- the way in which the research is received by the community.

Instead of using criteria which can be broadly applied to any project, it is more a question of assessing the depth with which the experience is tackled and the research undertaken - which will incorporate its ability to be transparent and engage with its bias and limitations. The quality of a piece of reflexive research is dependent on its ability to 'speak for itself'. However, this is only a beginning. It is clear that more work needs to be done to articulate the validity and plausibility criteria that are appropriate to this style of inquiry.

Conclusion

The fundamental point that I have tried to make in this paper is that a reflexive action approach has the potential to demystify research and make it more immediate and vital for practitioners. But, as it is a newly-emerging form of research - some would say the research of the future (Braud and Anderson, 1998) - work still has to be done with regard to its methodology and, in particular, the question of validity and reliability. However, it is well-suited to research in the therapy profession by virtue of the fact that many therapists have, in effect, been trained to think in a reflexive action research way; they are already doing it some extent. In order to qualify what they are already doing as 'research' they simply need to re-search what they are doing in a rigorous way.

A second point, arising from the first, is that therapists are also experienced at writing reflexive action research reports. Indeed, much of the writing and professional development in the profession are reflexive action research reports. For example, all accredited counsellors have to write at least one case study in order to gain their accreditation, whilst many psychotherapists have to read a paper about their work with a client to their peers in order to become a professional member of their training organisation. Yet it is mistaken to think that these are case studies in the sense in which social science understands them. This work - and indeed most published case studies and articles illustrated by clinical vignettes (including the classical case histories of Freud) - are not case studies but forms of reflexive action research. A case study in the social sciences usually fulfils the following conditions: it is planned, bounded, uses multiple sources of data and attempts to be objective (Creswell, 1998; Stake, 1994; Yin, 1989). By contrast, clinical case studies are usually written retrospectively rather than planned, are not necessarily clearly bounded, are based on case notes and case recollection rather than on multiple sources of data, and are subjective accounts by the therapist. Freud did not undertake a case studies in terms of the usual definition of this - he reflected on the cases. The same applies to applicants for accreditation when they write their case studies. McLeod (1999, p.35) refers to such retrospective case studies as 'clinical case studies'. But, in fact, they are also reflexive action research studies.

Following on from these points I believe there is a wealth of material in existence in the profession which is based on reflexive action research. This can be found in all clinical journals to some degree, in particular such journals as *Psychodynamic Counselling* and the *British Journal of Psychotherapy*, which include many examples of clinical case studies. In order to reach required levels of academic rigour and qualify as bona fide reflexive action research projects such articles would have to be developed and re-worked. The topics covered might include clinical case studies based on specific critical incidents, a thorough account of one case, a study of the complex interaction between the consulting room, institutional setting and supervision, a critical exploration of a theme/presenting issue or concept (such as countertransference) in the light of case vignettes, an account of a particular approach to integration, or a deconstruction of a previous piece of work in the light of reflexive action research principles. However, these themes reflect my own interests. In principle any piece of research (even a clinical trial) can incorporate reflexive action research principles.

Finally, as discussed, my purpose in writing this paper is not to create another polemic about what is good research/clinical practice, but to contribute to filling a gap which I believe exists in the counselling and psychotherapy literature. We are living in a pluralistic society and so it is appropriate to have different models for research and clinical practice. My own preference is for doing reflexive action research. However, as discussed, I think it is reasonable for all therapists to be familiar with both positivist efficacy research and reflexive action research in their basic training. On the one hand, therapists - particularly if they are working in publicly-funded organisations - are accountable to those organisations. At the very least they should be familiar with the methods of outcome and efficacy research. On the other hand, it is rea-

"...a reflexive action approach has the potential to demystify research and make it more immediate and vital for practitioners"

sonable to argue that they should also be familiar with, and adept at doing, reflexive action research since its methods emulate their training and clinical work. Such research also empowers them to value their clinical experience. Indeed this combination of methodologies equips therapists to defend their work in society at large and, on the other, furthers their clinical skills and awareness. Efficacy research alone can lead to an undermining of clinical experience, whilst reflexive action research alone can lead to insularity. This 'ideal scenario' of having knowledge of both would, I believe, further the development of the identity of the profession.

Evidence-based practice and reflexive action research may at first seem to be incompatible since they are based on opposite philosophical positions: an epistemological position of detachment and involvement, respectively. But, to quote Heraclitus again: "They do not apprehend how being in conflict it still agrees with itself; there is an opposing coherence, as in the tensions of the bow and the lyre" (Fragment XVI , cited in Geldard, 2000, p.39).

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