

# Clients' experience of research within a research clinic setting

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**Aim:** *This study explored the impact that the research process has on individual clients and their progress in therapy.*

**Method:** *This was a relatively small-scale qualitative study (N=17). The data consisted of an archive of semi-structured interviews from a university-based psychotherapy research clinic that were analysed using a version of grounded theory analysis.*

**Findings:** *Some clients described as helpful the use of questionnaires, particularly the Personal Questionnaire (PQ) and Helpful Aspects of Therapy (HAT) Form, and the Qualitative Change Interview. Research procedures reported by other clients included the use of recording equipment, questionnaires (particularly the HAT Form), and interviews. The meaning that the research process had for clients was also considered, and provided evidence for a 'moral trade-off' experienced by participants.*

**Discussion:** *There appears to a great diversity of client experiences of the research process, some positive and some negative. Questionnaires, recording equipment and interviews were the most commonly discussed aspects of the research process.*

**Implications:** *These findings give us some indication of the issues that should be considered when planning research in the counselling psychology field.*

**Keywords:** *Client experiences; impact of research; psychotherapy research methods; counselling psychology.*

THE IMPACT that research may have on our clients is of great importance to counselling psychologists. McLeod (2003) has stated that this is an important area that is awaiting further development in considering the therapeutic value of clients participating in research. One of the very first statements made by the British Psychological Society (BPS) in the *Code of Ethics and Conduct* (BPS, 2006) is that we should be mindful of the need to protect the public. In other words the welfare of the public is of utmost importance. Yet this could be brought into question if we, as psychologists, are conducting research on the public without being fully aware of the impact of such research. The purpose of this research investigation is to develop and expand our understanding of the effects that the research process has on the individual and on their progress in therapy.

It could be said that Carl Rogers gifted many things to the psychotherapy world, and one of those was the idea of the research clinic. His research clinic was based at the University of Chicago in the 1940s, and McLeod (2002) suggests that this provided a foundation for further clinics to build on. Many researchers have since embraced the idea of research clinics, including Shapiro et al. (1991) at the University of Sheffield, Elliott (1991) at the University of Toledo, and McLeod at the University of Abertay (Cooper & McLeod, 2010). There is no doubt the psychotherapy and counselling research clinics have played an important role in helping counselling psychologists understand what works for whom. In spite of this, there has been far too little research into how research clinics affect clients participating in them.

Research is a necessary component of being a counselling psychologist; it plays an integral part in training and is important for building the knowledge base and theories for each field. The BPS (2011a) refers to research and development as being one of the key tasks of a counselling psychologist. The very process of research can have an impact on the participant, resulting in client change, for better or worse. It is, however, impossible to gauge whether the extent and nature of these effects without more research in this area.

Berger and Malkinson (2000) considered these questions and suggested that research could have therapeutic effects, although they also raised concerns over the potential detrimental effects of research, for example, when a researcher's probing question reveals intimate information. Other research has found that participating in particular research procedures could become positive growth experiences, including filling out questionnaires, being observed and the use of problem solving (Steinglass, 1995). Bussell et al. (1995) also conducted a study in which they gave participants a follow-up questionnaire to explore any unintended effects of the research process. Responses to this varied, with some claiming positive and others detrimental effects, while some reported no difference.

The research process typically involves multiple encounters between participant and researcher over time, with data gathered from the participant being influenced by the researcher through verbal and non-verbal cues (Gilgun et al., 1992). Berger and Malkinson (2000) have proposed that there are seven aspects of the research process that can have a therapeutic effect on participants. These are as follows: the researcher-participant relationship; use of inclusion criteria for informants; interactional situations created by the study; topics addressed by the researcher; language used in the research; experiential tasks used by the researcher; and interpreting data and dissemination of findings. The situation created by the

researcher is of particular interest. This is because creating a context in which participants can reflect on important events in their life can be considered a form of therapeutic intervention in itself. The language used within the research can also have positive effects on participants. For example, asking questions and giving the opportunity for positive as well as negative responses can have a therapeutic effect. The sharing and discussion of findings with participants also appears to be a rewarding experience for both researchers and participants. This can help participants to feel less like subjects and more like partners. John McLeod presented some findings of his study into the impact of the research process at the British Association for Counselling and Psychotherapy (BACP) research conference in 2007. His study demonstrated that most of the clients found the research was facilitative, however, because some clients found it hard to engage in the therapy, the research tasks therefore felt irrelevant for them.

Firth et al. (1986) emphasise the importance of the researcher not being the client's therapist, which is the practice that the research clinic followed in this study. Firth et al. (1986) suggest that this is beneficial for a number of reasons, for example, the client is more likely to open up more about helpful and unhelpful aspects of therapy. Also if the therapist is aware of unhelpful aspects they may change their work style to suit what is said and this would make therapy inconsistent. There could be anxiety and pressure for the therapist to feel they must do well, and having direct access to this information could be potentially hindering as it could lead to the client feeling pushed into getting better. The client may also be fearful of not wanting to ruin the research; therefore, they may not always be honest and open because of this. For example, Firth et al. (1986) report the case of a client who did not want to change his Personal Questionnaire (PQ) because he was afraid of upsetting the experiment. The PQ is an expanded target complaint questionnaire that is individu-

alised for each participant. There is also the opposite problem of clients attempting to sabotage the research. For example, Firth et al. (1986) found that some clients would complete their PQ randomly, leading to the collection of inaccurate data.

There are some obvious issues surrounding the recording of sessions in counselling psychology. Some participants may find this to be a distraction, which could potentially lead them to hold back in sessions, in turn interfering with the therapeutic process. However, Firth et al. (1986) rarely found that clients raised concerns over being recorded, although some participants did show distress about the possible use of recordings. Firth et al. (1986) have also discussed the concern that while researchers may be testing one mode of therapy, a client may appear to require a different mode. It would certainly be ethically problematic to retain clients in this situation if it were felt that this type of therapy was detrimental to them and that they would benefit more from a different type of therapy.

Marshall et al. (2001) carried out a study of clinical and ethical concerns in psychiatric research. They explored the subjective experiences of being a participant in a long-term psychodynamic psychotherapy. To measure this they disseminated a questionnaire that assessed both the positive and negative reactions to self-report questionnaires, structured diagnostic interviews and tape recording of sessions. They found that interviews and questionnaires were slightly to moderately helpful as they promoted self-realisation and facilitated therapy. Clients also appeared to adjust to audio recording quite quickly, roughly within two sessions.

Orne (1962) considered the use of experiments in behavioural research and found that certain factors have an effect on participants. Some participants have a need to feel that they have made a contribution and wish to be perceived as being a 'good subject'. Not wanting to ruin the experiment, they will behave in a way that they perceive will help the researcher. Participant expectations

can also influence results. For example, when a test is given twice with an intervention in between, the participant could easily guess that a change is to be expected. Orne (1962) believed that there were two variables that cause a change in behaviour in participants. One is the experimental variable, and the other is perceived demand characteristics. This does not mean that we should seek to eliminate demand characteristics, as this would be almost impossible, but perhaps suggests that we should take them into account when conducting research.

Anderson and Strupp (1996) held that role identification of the participant can significantly affect results. They also found that it was impossible to study participants without the context of the experimental situation having an influence. Lambert and Hill (1994) suggested that research procedures also have an impact on the participant, for example, the use of voice recorders and questionnaires. The participant's awareness of research instruments can also heighten demand characteristics. For example, the tests given to participants at the beginning of a study could inadvertently indicate the objectives of the study. Horvath (1984) suggested that these demand characteristics could also be an important component for psychotherapeutic treatment.

Rosnow and Rosenthal (1997) have suggested that participants change their behaviour as soon as they identify as being 'a subject' in an experiment. For example, research participants may be more easily persuaded to do what the researcher wants and act in such a way that reflects what they perceive as being behaviour that is desired. They have suggested that participants almost see themselves as acting in an altruistic way to assist the research. For the participant there may also be the desire to be looked upon favourably by the researcher, and this could affect behaviour. The classic study by Milgram (1963) shows the length to which participants will go to obey the researcher. This demonstrates not only obedience towards researchers, but also a deep trust

that what participants are asked to do has purpose. This emphasises the importance of how researchers treat their participants. If researchers treat clients as though they are nothing more than passive receptors, then subjects will identify with this label. However, treating participants as co-researchers, equal to that of the researcher team, would involve less interference from the researcher and would portray a much truer account.

One of the main concerns for counselling psychologists is that participants may become distressed and mental health could deteriorate as a direct result of the research process. Jorm et al. (2007) reviewed studies that examined distress following participants' involvement in psychiatric research. They found that generally less than 10 per cent of participants experience such distress, which is a relatively small minority. This figure, however, mainly represents studies that were conducted shortly after the research experience and few have actually considered the longer-term effects. Martin et al. (1999) were one of the few that did investigate the long-term effects. They found that eight per cent of women that took part in a community survey about childhood sexual abuse had negative feelings about the interview afterwards. However, this figure dropped to only two per cent after six years. This suggests that even though some participants show distress after taking part in research, this distress is lessened as time passes and is less likely to have long-term effects. From the evidence that Jorm et al. (2007) collected, they concluded that there is little support for the idea that research causes harm or distress on a long-term basis, even in studies that consider traumatic experiences.

Some studies have considered which aspects of the research process clients found distressing, but this appears to be very much dependent on the context of the study. Some examples of aspects that were found to be distressing were tests of cognitive impairment and dementia, as well as questionnaire items about highly personal issues such as

income/finances and substance use (Jorm et al., 2007). Griffin et al. (2003) listed components of the research process and asked participants to rate distress for each. They found that one of the least distressing events was paper-and-pencil questionnaires (only two per cent) whereas talking about a traumatic event while undergoing psychophysiological monitoring was found to be distressing by 48 per cent of participants.

In this study we aimed to explore the impact that the research process has on clients and how this affects their therapy. We were particularly interested in how clients experience the research process and what they find to be helpful or hindering. The guiding research questions for this study were: (1) Which aspects of the research process do clients find helpful? (2) Which aspects of the research process do clients find hindering? and (3) How do clients generally experience the research process?

## Methods

### *Participants:*

*Clients:* All participants were previous clients at a counselling and psychotherapy research clinic associated with a large UK university, seen in either of two research protocols. One protocol involved a general sample of clients seen by postgraduate students in counselling psychology or counselling; the other protocol was an open clinical trial of Person-Centred-Experiential (PCE) therapy for clients with social anxiety. Clients were recruited through a variety of websites and posters placed in supermarkets and other public places. In both protocols clients were offered free sessions of PCE therapy, up to 40 sessions for the general sample and 20 sessions for clients with social anxiety. In exchange for free counselling clients were asked to participate in various research procedures (assessment and follow-up interviews, questionnaires and audio/video recording). In general, exclusion criteria specified that clients not be currently in psychotherapy or counselling elsewhere, not have current severe substance abuse or active

psychotic condition, or be in a current domestic violence situation. In addition, clients in the social anxiety study were required to meet *DSM-IV* diagnostic criteria for social anxiety disorder.

Since this was an archival study of previously-collected data, the author was able to analyse a stratified sample of interviews including a mix of clients from both research protocols and both mid- and post-therapy interviews. Following the theoretical sampling procedure from grounded theory (Corbin & Strauss, 2008) interviews were analysed to the point of saturation for the helpful aspects categories (hindering aspects were not frequent enough to allow complete saturation).

*Client Demographics:* There were a total of 17 participants in this study; 10 from the general protocol and seven from the social-anxiety protocol. The age range was from 20 to 56 (mean: 38.24; median: 38; SD: 9.74). The participants included 11 females and six males. Nine were full-time employed (>30 hours per week), two were part-time employed (<30 hours per week), three were unemployed, and three were full-time students. The vast majority of clients were of white (English/European) origin with 15 falling within this category, one in the 'other' category, and one client not disclosing this information.

*Researchers:* The first author is a Doctoral Counselling Psychology student who conducted this research as her first year research project. She had experience of conducting two pieces of research during her psychology degree. This author takes a pluralistic stance with a working knowledge of Cognitive Behavioural Therapy (CBT) and Person-Centred Therapy (PCT). Before commencing the research she expected, based on previous experience, that participants would find certain questionnaires helpful to the therapeutic process, but that being recorded might cause some difficulties.

The second author is a Professor of Counselling at a large UK university who supervised the research and audited the qualitative analysis. At the time of the research, he had more than 35 years of experience doing psychotherapy research, including qualitative research. His theoretical orientation is Person-Centred-Experiential (PCE). Based on previous experience, he expected that in general clients in the study would find most of the research procedures helpful but that some clients would have problems with the wording of some items on the Working Alliance Inventory (Horvath & Symonds, 1991).

*Ethical considerations:* Both research protocols were reviewed and approved by relevant university and NHS research ethics committees. Information sheet, consent and release of recordings forms were given to prospective participants during screening interviews; clients were given the opportunity to review and later discuss these materials with the interviewer or the therapist before commencing therapy, with opportunities offered to review the Release of Recordings at later qualitative interviews. All of the participants in this study have given full consent.

#### ***Data collection and analysis***

Seventeen semi-structured qualitative interviews were analysed in this study and provided in-depth information. These interviews were carried out at different stages of therapy. In the Practice-Based protocol these were planned for the week after sessions 10, 20, 30, and end of therapy. For the Social Anxiety Protocol this was planned for after session 8 and the end of therapy.

Data relevant to the research questions were analysed from each interview. This was typically a small section toward the end of the interview, generally lasting about 15 minutes. An adaptation of Grounded Theory analysis (Corbin & Strauss, 2008), following procedures introduced by Rennie, Quartaro and Phillips (1988) and Hill, Thompson and Nutt-Williams (1997) was used. This adapta-

tion of Grounded Theory analysis was viewed as the most appropriate form of analysis for this study as it is exploratory in nature and assists in providing a rich description of the data. The aim was to generate theory that is representative of the clients' actual experiences. The analysis was inductive in nature in that the theory was derived from the data, as opposed to being provided a priori by the researcher. Following Corbin and Strauss (2008) and Hill et al. (1997), the analysis was structured using conceptual domains created largely as a function of the research aims and the research interview questions, that is, Helpful aspects of research, Hindering aspects of research, Difficult but OK aspects of research, and General experience of research.

## Results

*Helpful Aspects of the Research Process:* Table 1 summarises the categories identified for the Helpful Aspects of Research domain. A large proportion (71 per cent) of participants mentioned something helpful about the research. Questionnaires were found to be of particular use, as 53 per cent of participants said that questionnaires were helpful to them in some way. The two questionnaires that clients reported as being helpful were the PQ (29 per cent) and the HAT forms (35 per cent). Interviews were also found to be helpful for some clients (29 per cent), particularly the Change Interview (29 per cent).

*Hindering Aspects of the Research Process:* Table 2 shows that 53 per cent of participants mentioned something hindering about the research. Unique categories were considered in this domain, as saturation was not reached because of a lack of data. Questionnaires were found to be an obstruction for four clients: two struggled with the HAT form, while for one client the Working Alliance Inventory (WAI) was hindering. The use of recording equipment was also found to be inhibiting by three clients. Interviews were also found to be hindering by two clients.

*Difficult but OK Aspects of the Research Process:* Roughly three-quarters of participants mentioned something difficult but OK about the research (see Table 3). Once again being recorded was an aspect of this. Questionnaires were found to be particularly tricky, with 65 per cent of clients reporting some form of difficulty. Almost half of clients named the HAT form as difficult. The quantitative measures also posed some difficulty for clients; for example, two clients found the PQ challenging, while four struggled with the frequency scales used in many of the measures. Interviews were also found to be difficult for two clients.

*Meaning of the Research Process:* Table 4 summarises the meaning clients attributed to being part of the research. This was not initially one of our research questions; however, client comments on this topic emerged spontaneously in the interviews. Therefore, a Meaning of the Research domain was added to the analysis. Unique categories were considered in examining this emergent domain, as saturation was not reached. We found that there were some clients for whom the research did not really have any meaning; interestingly, these clients also found it hard to distinguish between the research and the therapy process. Yet for almost half of the participants, being part of the research was seen as being a good opportunity. Five clients reported feelings of altruism, while three reported a sense of feeling somehow forced into the research in order to obtain help for their problems.

It appeared from the themes emerging in this data that there was a 'moral trade-off' and a narrative integration of categories has been represented in Figure 1. Clients often begin by feeling that the research is a good opportunity for them: It is seen to be special, and this could perhaps be in part explained by the fact that the therapy they receive is free of charge. Morals and ethics seem to come in to play here as clients begin to feel culpable for not wanting to take unfair advantage of the research and this can result in an internal

**Table 1: Helpful Aspects of the Research Process.**

<i>What was Helpful?</i>	<i>Number of Participants Reporting</i>	<i>Type of Category</i>
<b>A. Something in the research process was helpful</b>	12 (71%)	<i>Typical</i>
1. Helpful addition to therapy	2 (12%)	Variant
<b>B. Questionnaires</b>		
1. Questionnaires were useful	9 (53%)	<i>Typical</i>
a. Assists with reflection, understanding and insights into myself	5 (29%)	Variant
2. PQ was helpful	5 (29%)	Variant
a. Lets you see counselling is working/ tracking progress	3 (18%)	Variant
b. Useful way to begin sessions	3 (18%)	Variant
c. Gives you a focus for your session	2 (12%)	Variant
d. Fosters awareness of important factors	2 (12%)	Variant
3. The HAT form was helpful	6 (35%)	Variant
a. Useful for summarising, reflecting and questioning what has been helpful	3 (18%)	Variant
b. Helps to solidify/reinforce and focus me on what was useful about the session	3 (18%)	Variant
<b>C. Interviews have been helpful</b>	5 (29%)	Variant
1. Change Interviews are helpful	5 (29%)	Variant
a. Helps me to question and challenge myself so I can reflect and learn new things	3 (18%)	Variant
2. The changes sheet was useful as I would not have considered this on my own	2 (12%)	Variant
a. This helped me to remember positive things such as changes and how far I have come	2 (12%)	Variant

*Note:*

General=80% or above; Typical=50% or above; Variant=more than 1 client but less than 50%; and Unique=1 client. N=17.

pressure to give something back in return. In the process of giving back, clients can then become concerned about whether their contribution is worthwhile for researchers and they worry about not being helpful. Clients want to be seen to be of help and, therefore, this can bring up feelings of wanting to be altruistic. The desire to make a good contribution can then lead clients to want to validate the research, to show their contribution has been worthwhile. For a small minority of clients, however, the meaning of the research changes and they may feel that they no longer have to give something back.

### **Discussion**

The results to this study are similar to the findings of Bussell et al. (1995) in that there were mixed reports of helpful, hindering and difficult experiences by clients. Very few participants were one-sided about the research as a mixture of positive and negative/difficult experiences was common. Clients were more likely to talk about aspects of the research being difficult as opposed to hindering. This suggests that the negatives tended to be more manageable and not too interfering for therapy; alternatively, clients may have been showing deference towards

**Table 2: Hindering Aspects of the Research Process.**

<i>What was Hindering?</i>	<i>Number of Participants Reporting</i>	<i>Type of Category</i>
<b>A. I had mixed feelings about the research</b>	2 (12%)	Variant
<b>B. Something about the research process was hindering</b>	9 (53%)	<i>Typical</i>
<b>C. Recording was inhibiting</b>	3 (18%)	Variant
1. This caused me to hold back as I felt self-conscious about being recorded	1	Unique
a. Caused concerns about confidentiality	1	Unique
b. Created an internal conflict between the expectation to disclose and the fear of exposure	1	Unique
<b>D. Questionnaires</b>		
1. Questionnaires in general were hindering	4 (24%)	Variant
a. Questions were not applicable, unwanted or uncomfortable	1	Unique
2. HAT form was hindering	2 (12%)	Variant
a. After a tough session filling in forms was the last thing I wanted to do	1	Unique
b. I didn't know what to write	1	Unique
(i) Having nothing to write produced fears that I am not making progress (however this changed into a positive further down the line)	1	Unique
3. Working Alliance Inventory made me feel pressure to progress and fix my problems	1	Unique
a. Don't want to make judgements about therapy and whether I am doing it right or wrong	1	Unique
<b>E. Consent form suggested I may be withdrawn at any time which was frightening</b>	1	Unique
<b>F. Interviews have been hindering</b>	2 (12%)	Variant
1. Interviews have felt uncomfortable at times	1	Unique
a. Feeling pressure to get across how much this has meant to me	1	Unique
(i) Expressing these feelings of thankfulness is upsetting	1	Unique
b. Felt uncomfortable getting upset in front of male researchers	1	Unique
(i) I responded to different researchers in different ways	1	Unique
c. It feels uncomfortable having someone else witness your journey in counselling	1	Unique
(i) Feels as though there is pressure to make progress and make plans to fix my problems	1	Unique



the research staff who were themselves administering the research procedures. A few clients did report hindering effects of the research; however hindering aspects were rather thin on the ground making it difficult to reach saturation on this. The reason for less hindering aspects could be that the research was not significantly hindering to enough clients, or again there could be an issue of the 'observer effect', where participants may have been fearful to appear critical to the researchers.

The participant 'Moral Trade-Off' model suggests that clients feel a moral obligation to participate in the research and have a desire to make a good contribution. This is consistent with Orne's (1962) position that research participants feel the need to make a contribution and be seen as a good subject. Rosnow and Rosenthal (1997) stated that clients sometimes see themselves as acting in an altruistic way, which is also in support of this model. This may be an issue that is specific to research protocols that offer free counselling, as the model seems to be driven by clients feeling they have a great opportunity. The pressure to contribute comes from a concern that there is an unfair balance in favour of the client. A good example of this is a quote from one client who said, 'I felt it was a one-way thing, I was receiving but I wasn't giving anything, and probably that's not a position I'm comfortable with.' This demonstrates clearly the client's own ethics pushing her to contribute more, as it feels as though there is an unfair balance in her favour. The question remains as to whether we can characterise this as a positive or negative experience for the client. Is it acceptable for clients ever to feel pushed into taking part? Is this simply a part of the research process, or is it in fact hindering for the client? This participant said that it was not a position she was comfortable with, which suggests that this moral code of wanting to even out the balance may in fact get in the way.

It was, however, typical for clients to mention something helpful about the

research process. Just over half of the clients experienced questionnaires as being helpful. This supports the idea suggested by Steinglass (1995), that procedures such as filling in questionnaires can be a positive growth experience for clients. The two questionnaires reported as being helpful were the PQ and the HAT forms. The PQ is an instrument that allows clients to identify their own problems and on a weekly basis rate the extent of their distress about these problems. The findings here suggest that this is experienced as helpful by clients, as it allows them to track their progress in therapy. It also appeared to be a useful way to begin a session, as some clients found that this helped to give them focus and awareness of issues that were prevalent for them. This is further support to the statement that Berger and Malkinson (2000) made, that the research process itself can actually be therapeutic to the client. Similarly, the HAT form seeks to determine what clients find to be helpful or hindering in therapy sessions, which can be useful to clients in assisting with reflection. The HAT form, therefore, gave clients a space in which to reflect upon their sessions and to explore significant events, something that the clients would not necessarily have done on their own.

Interviews were also found to be helpful for some clients, particularly the Change Interviews. Change Interviews are research interviews that are conducted mid-way and at the end of therapy. Clients are asked about changes of themselves, and of their lives, as well as helpful and hindering aspects of therapy. Clients appear to find these change interviews useful as they assist in questioning and challenging oneself, and also help identify progress that has occurred. Yet again this appears to give clients a space in which to reflect upon their progress in therapy and to consider what has been helpful or unhelpful in this process. Marshal et al. (2001) found similar results to this as they agreed that clients find interviews and questionnaires slightly to moderately helpful for promoting self-realisation and facilitating therapy.

Table 3: Difficult but OK Aspects of the Research Process.

<i>What was Difficult but OK?</i>	<i>Number of Participants</i>	<i>Type of Category Reporting</i>
<b>A. Something about the research process was difficult</b>	13 (76%)	Typical
<b>B. Being recorded was difficult</b>	3 (18%)	Variant
1. Awareness of physical presence of recording equipment	2 (12%)	Variant
<b>C. Questionnaires</b>		
1. Questionnaires were difficult	11 (65%)	<i>Typical</i>
a. I don't enjoy filling them in/ feel they are a waste of time	3 (18%)	Variant
2. The HAT form is difficult	8 (47%)	<i>Borderline Typical</i>
a. I didn't like filling it in	2 (12%)	Variant
(i) It is difficult filling it in straight after a session as it takes time to process the information	3 (18%)	Variant
b. There were time constraints/pressure to get these forms filled in quickly	5 (29%)	Variant
c. I found it difficult putting things into words	2 (12%)	Variant
3. Quantitative Measures were difficult	4 (24%)	Variant
a. The questionnaire frequency scale was not fitting for me	4 (24%)	Variant
b. The PQ was difficult	2 (12%)	Variant
<b>D. Interviews were difficult</b>	2 (12%)	Variant

In contrast, just over half of participants mentioned something hindering about the research. The use of recording equipment was one aspect of this that was found to be problematic. One client in particular stated that this was because it caused them to hold back, as they were self-conscious about confidentiality and safety of recordings. This suggests that there may be issues around trust with regards to the use of these recordings. Firth et al. (1986) supports this idea that clients can show distress around the use of recording, and Lambert and Hill (1994) also stated that recording sessions could interfere with the psychotherapy process for both client and therapist.

Questionnaires were found to be hindering for some, particularly the HAT form. One client explained this was because it was difficult to fill the HAT in immediately after the session. Particularly if a client has

experienced a highly emotive session then it would be understandable that they might then find it difficult to spend an extra 10 minutes immediately afterwards writing and reflecting about it. For some clients this did not appear to suit their personal style of reflection, as they needed more time to process the session. When asked for suggestions three clients did propose that it would be useful to take the HAT forms away so that there is not as much pressure to fill them in then and there, which is a procedure that the research clinic does offer for clients who raise the issue, however, few clients appeared to make use of this option. Some clients also expressed fears of having nothing to write on the form. For example, a few clients reported feeling that having nothing to write on the HAT meant that they were not making progress. The way in which the form is worded appears to communicate an

**Table 4: Meaning of the Research Process.**

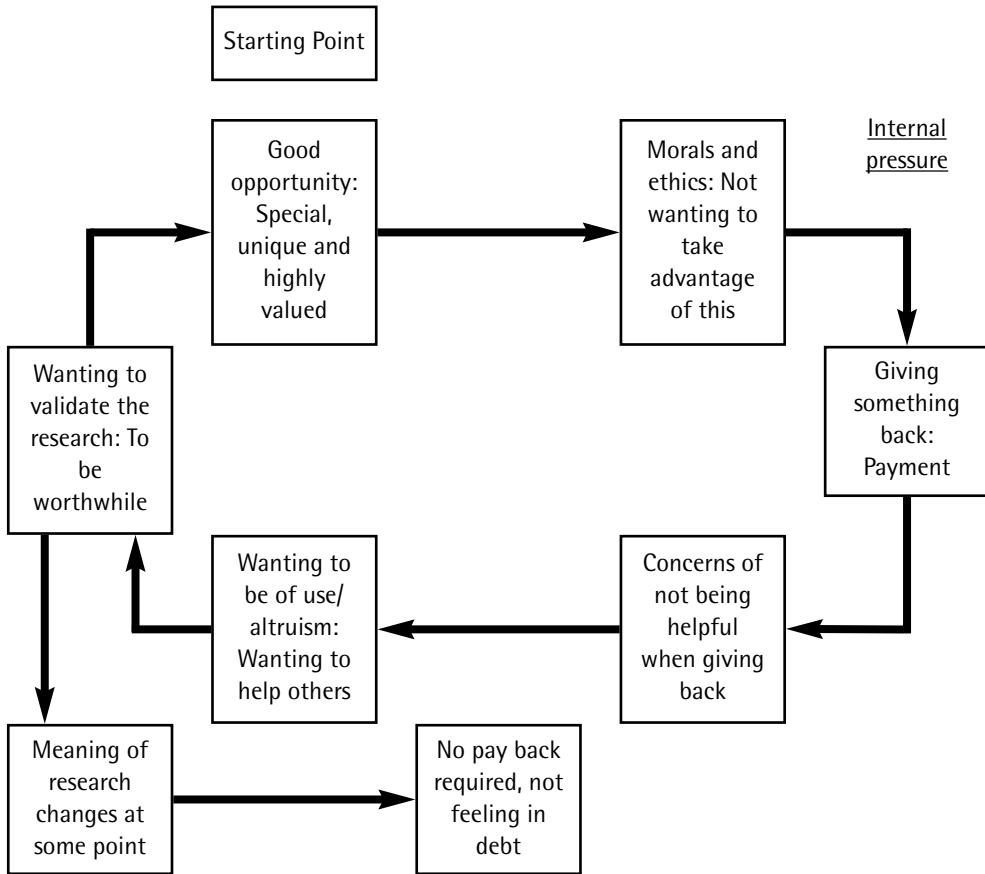
<i>What did the Research Process mean to clients?</i>	<i>Number of Participants</i>	<i>Type of Category Reporting</i>
<b>A. The meaning of the research changed from feeling I need to be useful</b>	1	Unique
1. Now don't feel I have to pay anything back	1	Unique
<b>B. The research had no meaning for me/ was not important/ didn't think much about it/ not interested</b>	2 (12%)	Variant
1. I haven't noticed the research/don't think much about it/	2 (12%)	Variant
2. Never been in therapy before so wouldn't notice the difference	1	Unique
<b>C. The research has been interesting</b>	1	Unique
<b>D. I see the research as being separate from the counselling</b>	1	Unique
<b>'The Trade off' (Moral narrative)</b>		
<b>E. Good opportunity/special/feeling grateful/fortunate/enjoyable/ positive (including generally positive comments)</b>	8 (47%)	Variant
1. Can't afford to pay for counselling	1	Unique
2. Getting specialist help	1	Unique
<b>F. Not wanting to take advantage of the research (Fairness/moral) [potentially unfair]</b>	3 (18%)	Variant
1. Taking part in research is payment for free counselling/ give something back	3 (18%)	Variant
2. Worried I am not being of help/ contributing	2 (12%)	Variant
a. This brought up questions around self-worth	1	Unique
<b>G. Wanting to contribute/be of use/be part of something (Altruism)</b>	5 (29%)	Variant
<b>H. Feel I have to show I am joy-filled/wanting to validate the research</b>	1	Unique
<b>I. I'm not alone/belonging to a group</b>	1	Unique
<b>J. Feel forced into the research/shoe-horned</b>	3 (18%)	Variant

implicit expectation that clients will consistently make progress in therapy, raising concerns for some clients when they find no significant events to report.

Just over three-quarters of participants mentioned something difficult but OK about the research. Once again being recorded was an aspect of this, with one client reporting that this interfered with disclosure. Questionnaires were found to be of particular difficulty, with almost half of clients naming the HAT form as particularly challenging.

This was thought to be because clients found it tough filling it in straight after a session. This is similar to what was said previously; however, these clients found that this difficulty was manageable and did not interfere with their therapy. Some felt there was a pressure to perform where they had to answer every single question or this would be unfair for the research, linking back to the moral trade-off model. There was also difficulty in putting things into words, perhaps due to clients not having fully processed the

Figure 1: The Participants 'Moral Trade-Off' Experience of Research.



information from the session. The quantitative measures posed another difficulty for clients, and in particular the frequency scales were not fitting for some. The PQ was found to be tough for some, for example, one client felt the PQ was meaningless as the values changed throughout the week, therefore, it was impossible to attribute just one value for the entire week.

Interviews were difficult for some clients, for example, one reported that it felt like a chore, something she would rather not do, as it was difficult to continually think of significant changes. This once again emphasises clients feeling a pressure to contribute, although this pressure seems to be internal and not necessarily coming from the

research team. Berger and Malkinson (2000) suggested that interviews could also be hindering particularly when clients are asked probing questions; however, this was not found to be the case in this study. This could be either because it was not hindering or clients were not asked probing questions.

As Gilgun et al. (1992) suggests, the researcher's presence can have an effect on the client and, therefore, this could be a limitation of using interviews. For example, clients may be less likely to say negative things to an interviewer due to fear of rejection or disapproval. This, therefore, suggests that in some cases less involvement from the researcher may result in a truer picture of the experience clients have of the research

process. Using a questionnaire, for example, may give clients more freedom to express themselves, and this could be a useful way to follow-up this study.

In this research I have only considered the client's experience; however, it may be useful to also find out how this process affects counselling psychologists. A restriction of this study is that it has only considered the immediate effects of the research process and, therefore, there is no way of telling what the longer-term effects may be.

Researcher allegiance has also been another area of interest to researchers in counselling psychology. It has been suggested that if a researcher is a supporter of a particular type of therapy then this could distort the results of the study (Luborsky et al., 1999). This suggests that the researcher may have some unconscious influence over the participants or that they may distort the data. In this case that would mean that in research on the effects of the research process, the researcher's own views and opinions could be an influencing factor. In order to more accurately identify participants' experiences it is very important to be as open and accepting as possible and also to be aware of how one's own opinions and desires may influence the research. Since the interviews from this study were carried out by various members of staff from the research clinic there is no way to determine if researcher allegiance was an influencing factor. Further research is required to explore these issues.

Although this research specifically considered the impact of research in a research clinic setting, these results could also be relevant to stand-alone research projects. As mentioned previously, research is an important part of being a counselling psychologist, and all of us will conduct research during our training and perhaps beyond. Therefore, many counselling psychologists will have experience of using questionnaires, interviews and recording equipment. However, our results are also highly relevant for the routine collection of

practice-based evidence. For example, many counselling psychologists use outcome measures such as the Clinical Outcomes for Routine Evaluation (CORE) or Beck Depression Inventory (BDI), which are subject to the same issues raised in this study. Similarly, counselling psychologists also conduct screening interviews as well as therapy progress reviews, which are very similar to the change interviews in this study. Recording equipment is used by many counselling psychologists, including trainees recording for the purpose of process reports, or qualified counselling psychologists making session recordings for client therapeutic homework. Therefore, we argue that these findings are relevant not only for researchers, but for all qualified and trainee counselling psychologists.

One of the main findings of this study is that it highlights the importance of agentic participation. Bohart and Tallman (1998) state that clients are active, agentic, integrative problem solvers and this should, therefore, be taken into consideration during the therapeutic process. Based on this study we believe that this also applies to the research process.

A recent development within counselling psychology that fits nicely with this research is the growing recognition of the importance of pluralism – the theme of the 2011 Division of Counselling Psychology Annual Conference. Cooper and McLeod (2007) explain that the guiding principle of a pluralistic approach is that psychological difficulties have multiple causes and that it is unlikely that one therapeutic method will be appropriate in all situations. This is reflective of the results found in this study for research procedures, and could be taken as evidence supporting pluralism in practice-based research. This would further support the ethos of counselling psychologists as stated by the BPS (2011b): 'not prescribing one articulation of the values of the profession of counselling psychology. Instead we wish to demonstrate the rich pluralism in our midst.' Within this research clients differed

in their experience of the research process and what they found to be helpful, hindering and difficult, thus emphasising the importance of client voice within the research process. This idea of client voice is not new within our profession and in our opinion is nicely aligned with the humanistic ethos of counselling psychology.

With regard to what these findings mean for the ethics of research clinics; there is no suggestion that any of the procedures, instruments or equipment are particularly hindering and, therefore, should be removed. However, what has been emphasised from this study is that each client is an individual and therefore regular feedback is essential in determining whether any elements of the research process are getting in the way of therapy. We believe that, where realistic and possible, it would be helpful for clients to have a degree of flexibility in terms of which research procedures they wish to take part in. We recognise that research clinics perhaps have a 'moral trade-off' themselves where it is essential for clients to take part in certain procedures in order to obtain the data that they require. If this is not achieved then it is simply a case of free therapy being offered with no real 'payment' from the client. These findings suggest that this is a position which clients would also generally be uncomfortable with. Therefore, open discussion and negotiation between clients and researchers would be highly recommended.

### **Conclusion**

In this article we have found that there is no clear-cut answer about the impact the research process has on clients. There is, instead, an experience of a 'moral trade-off' in which clients do not want to see themselves as taking advantage of the research and, therefore, perceive their involvement in

this as being payment for the free therapy they are receiving in return. We found that a number of clients reported helpful, hindering and difficult but OK aspects of the research process, which raises ethical issues about the research process, pointing to the need to ensure that it is not detrimental to clients and their progress in therapy. This is supported by a statement made by John McLeod at the BACP research conference in 2007, that it would be helpful for researchers to find a sense of collaboration and mutual inquiry around the research tasks. More research is required to replicate the findings from this study.

Our hope is that this study will provide a useful contribution to an under-researched area of counselling psychology. By gaining insights into how clients actually experience the research process, these exploratory results could then lead to further research in this area, with the aim of improving and developing research strategies that take participant views into consideration.

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