Qualitative Research in Counseling: A Reflection for Novice Counselor Researchers

Randolph Bowers and Victor Minichiello
University of New England, Armidale, Australia

David Plummer
University of the West Indies, St. Augustine, Trinidad

Counselors practice in a wide range of disciplines, but also represent a distinct discipline separate from medicine, psychology, and social work. Particularly in countries like Australia, Canada, and the Asia Pacific nations, as a relatively new field, counseling is taking up the challenges of encouraging a research culture that can both critique and support clinical practice and counselor education. This paper is thus written to support novice counselor researchers, and to inspire an emerging research culture through sharing formative experiences and lessons learned during a qualitative research project exploring minority issues in counseling. Key Words: Counseling, Health, Qualitative, Methods, and Narrative

There is nothing new under the sun, and this paper does not claim to advance knowledge per se, but merely to reframe existing knowledge in light of an emerging discipline. Of particular interest are theoretical issues that underpin much of qualitative inquiry and other forms of research. Students of research will find an enormous wealth of methods texts to assist in the design of projects (Minichiello, Sullivan, Greenwood, & Axford, 1999). Instead, this paper focuses on more abstract considerations that might be considered trans-theoretical. Issues like how research relates to clinical practice; how both are interrelated through analysis of power, influence, and control; how validity of knowledge (in both research and clinical practice) is evaluated in the current environment; and how forming basic underlying values or theories of research can clarify and enhance both research design and counseling awareness. Within this discussion, examples will be used from a qualitative study on homophobia in counseling (Bowers, Plummer, & Minichiello, 2005a). This study was conducted under the supervision of Professors David Plummer and Victor Minichiello.

Research and Clinical Practice

It is surprising how basic definitions can complicate or simplify a process. Counselors are aware of this through well known cognitive-behavioural principles, where "incorrect thinking" can lead to many difficulties (Hayes & Strauss, 1998). This is no more apparent than when counselors approach research with great misunderstandings that include fear, anxiety, and varying degrees of mystification (Gee & Pelling, 2007). As Gee and Pelling suggest, incorrect attitudes toward research effectively create a sense of

apathy and indifference among clinicians toward using the research literature in their everyday practice. Let us back up then, and look at basic points of view by sharing how research as a practice can invigorate and inspire excellence in clinical work, and how clinical work can inform and guide research.

Our first basic presupposition is that research and counseling practice are very much related and complimentary. This echoes the sentiments of other writers (Gee & Pelling, 2007). Research is not a foreign country apart from counseling, although the way in which many research projects are written up may in fact alienate and confuse counselors, by reliance on particular conventions, use of jargon, and difficult concepts. In fact, the practice of research contains essential elements that are similar to counseling practice. For example, researchers are encouraged to observe, keep an open mind, look for the unusual or exceptional, keep records, and reflect critically (Minichiello, Aroni, Timewell, & Alexander, 1995). Researchers are also encouraged to be aware of bias, investigate various possibilities, explore new lines of thinking, and write up notes that sometimes remain private and, at other times, are shared in conference, and may result in publications (Minichiello et al., 1999).

Likewise, counseling involves all the elements described above including an appreciation and concern for people's well being (Pelling, Bowers, & Armstrong, 2007). While the latter is part of the ethics of good research in a general sense, a researcher will not likely have at the forefront of their mind a counseling framework of therapeutic dimensions including the notions of healing, change, or transformation. In our experience of research supervision, novice counselor researchers often struggle with this issue, and need to put aside their usual concerns to focus on gathering information *in the researcher role* under basic, but important, ethical guidelines (Babbie, 2007).

In our experience of teaching research students who are counselors, the researcher role allows clinicians to break free from counseling-specific concerns to find a new perspective on both research and counseling practice. For many counseling researchers, the experience is like a retreat away from their everyday practice. This "time apart" offers new insights, understandings, and awareness as counselors reflect on their practice by focusing on the concrete concerns of a project that are different, but complementary to their work. Likewise, counselors who take the time to read research can have similar benefits and may find their practice better informed, their ability to respond to ideas and issues enhanced, and their conceptual frames expanded through invigorating self-challenge by engaging with the questions that research generates (Gee & Pelling, 2007). In a similar way, the best research that exists in the field tends to be closely linked with practical counseling concerns (Minichiello et al., 1995). Research is most relevant when it explores these issues and offers different points of view on what is happening in the real world (Babbie, 2007). While counselors may be working in a field with relatively lower levels of pay than other health professionals, stress in maintaining large case loads, and high demands for professional training, these and many other areas are worthy subjects of research that could influence the field in the future by assisting policy makers and other change agents to address the concerns raised in research. In short, counselors and other health professionals who engage in research have the best chance to influence their own field of practice (Bowling, 2002). Likewise, counselors can team up with other researchers and generate dynamic and innovative projects. These types of exchanges keep the field at the cutting edge and inspire excellence. The following discussion provides an

example of reading the research to reflect on everyday practice, thus suggesting that counseling practice and research go hand in hand.

Evidence Based Practice and Research

Counselors can benefit by tracing the literature from early sources through to contemporary research on any given issue. By doing so, people working at the coal face can frame up their own perspective based on the literature. This research-based perspective influences practice. When our perspectives are based on the best research available, our practice is more likely to be evidence based (Blaxter, Hughes, & Tight, 1996). For example, an issue that concerns us relates to how counselors exercising their social role in society and with their clients.

Power, influence, and control are central factors in clinical practice, first explored under the concept of working alliance. Working alliance constitutes the variables involved in the therapist-client relationship that affect the outcomes of psychotherapy. In 1913 Freud's clinical research explored alliance by looking at transference based in client neurotic attachment to the analyst, and the friendly, positive feelings the client had toward the therapist. Freud postulated that the positive, reality-based component of the relationship provided the foundation for therapeutic partnership against the client's neurosis (Freud, 1958). However, his research was limited in the way that his classic psychoanalytic frame of reference highly favoured cultural assumptions that boosted the therapist's professional status, thus increasing practitioner's exercise of power, influence, and control.

In 1967, a changed cultural emphasis shifted the debate to the notion of collaboration between therapist and client as a central component for successful therapy (Greenson, 1967). As practitioners challenged prior assumptions, their research agendas also shifted. For example, Rogerian theory conceptualised the therapeutic relationship's success based on the therapist's ability to be empathic and congruent, while assuming the stance of unconditional positive regard (Rogers, 1957). This was a radical departure from previous psychiatric models of therapy. The importance of Roger's contribution was to upset the existing power relationship between therapist and client, thus placing the client on a better footing with the therapist, and shifting therapy towards a more consultative approach. This is a good example of how counseling practice at the coal face can speak to creating more appropriate research agendas. Subsequent research began to examine the therapeutic relationship in greater depth because of these ideological and cultural shifts emerging from counseling practice. As a result, it is now commonly accepted that the facilitative dimensions of therapists are only partially responsible for the complex variables related to therapy outcome (Mitchell, Bozart, & Krauft, 1977; Gelso & Carter, 1985).

During the 1980s, counseling research showed a renewed interest in working alliance focused on collaboration. The therapeutic relationship was thought to be the key factor in counseling outcomes (Horvath & Symonds, 1991). Of the relational and collaborative components of alliance, client and therapist capability to negotiate a contract for therapy seemed universally acknowledged (Horvath & Symonds). Client's outcome assessments continue to be the most predictable variable, whilst therapist's poor assessments of outcome remain difficult to explain (Horvath & Symonds). Kivlighan

(1990) suggested the strength of the therapist's agenda was consistently shown to influence the counseling process and the alliance relationship. The importance of this finding suggests that therapist's have strong conceptual maps already in place before a client enters the room. These maps may include beliefs, values, and cultural dispositions that can positively or negatively impact work with clients. During the 1990s, research by Svartberg and Stiles (1992) examined issues of power, influence, and control by looking at "complementarity," which was defined as reciprocity on a control-give autonomy dimension, and a relational love-hate dimension. It was found that client-therapist positive complementarity in early sessions predicted shorter term client change. This indication rated higher than therapist competence. The results were far from conclusive, but taken together with other studies indicate that power, influence, and control are commonly considered central areas for analysis (Reandeau & Wampold, 1991).

We can see from this short survey of literature that counselors can gain a great deal of insight from reading the research. They can not only piece together insights, but can also form a story or narrative of meaning related to any given topic. Likewise, how this story develops will most likely relate to counselor's experiences or challenges faced in their practice. When looking at power, influence, and control counselors may ask themselves, how do they perceive their role and impact on clients? And how do clients perceive their interaction? As we grappled with these issues in the context of learning the process of research, it became apparent that many new insights would need to be acknowledged.

For example, it was confronting for the principal author as a counselor to learn about "counselor dominance," which is a commonly used phrase in alliance literature (Reandeau & Wampold, 1991). Dominance is related to the use of power, influence, and control, and is often perceived in a negative light. Research agrees that therapists possess a general pattern of high power ratio compared to a low power ratio for clients, and that generally the therapist's role is inherently powerful even in low-alliance cases. One of our concerns in researching these issues in counseling was how counselors' interactions may harm clients from marginalised backgrounds. By being confronted with the literature we hypothesised that practitioners may exercise their power, influence, and control in overt or covert ways that may harm minority clients. These questions were borne out in subsequent research findings (Bowers et al., 2005a).

While our research found strong evidence for the existence of harmful behaviours of counselors (such as homophobia), and while the study also found evidence that therapist's level of self-awareness of these issues tends to be low (Bowers et al., 2005a), it was through reading the research that we were able to put these findings into a wider context. For example, Hill, Thompson, Cogar, and Denman (1993) found that clients hide many of their internal reactions in the context of therapy. Likewise, many cultural assumptions were found for counselors, some of whom assumed they ought to be transparent about their intentions to enhance client collaboration, and thus improve outcome. In contrast, others felt that when the client is focused on what the therapist is doing, they lose track of their own tasks in therapy. Echoing our research Hill et al. suggested that a majority of clients leave things unsaid, while almost half of their study sample held secrets never to be revealed to their therapists. Clients consistently chose to hide negative reactions, thoughts, and feelings during the course of therapy. Therapists, conversely, were largely unaware and in error in predicting client non-disclosures and

secrets. Together with our study these and other related findings suggest the degree of potential for misunderstandings in counseling for minority clients is much higher than is currently acknowledged in the literature.

Thus far we have outlined the advantages of reading the literature for the sake of forming evidence based practice, of engaging in research in areas of concern that may not be adequately addressed in the literature, and of then placing one's research into the wider contexts afforded by the research literature. All three agendas are part and parcel of forming effective and beneficial approaches to research in the field of counseling. From the research findings discussed above, we can extrapolate in a logical manner that if counselors' level of self-awareness of their impact in therapy tends to be low then it follows that engaging in research practices may encourage counselors to address these shortfalls. We propose that the next step in engaging with research is to challenge our attitudes and assumptions, and thus develop a reflexive approach that is open to self-critique and change. While the reader might assume that counselors are oriented toward such a disposition, in our experience practitioners find the values inherent in research (such as critical analysis, self-critique, and openness to changing perspectives and beliefs) somewhat challenging.

Research as Challenging Assumptions

Our intention in research is to know as correctly as we can. In the experience of the principle author, his research doctoral program challenged and opened up many insights that radically altered his views of counseling. This new level of awareness has continually challenged the status quo of his beliefs by raising questions of critical social importance. Acknowledging that the framework we come from will influence our approach to knowledge, his view of the practice of counseling has transformed due to the sensitising concepts discovered during research of clinical issues. Likewise, he has come to understand through experience that when we are able to analyse our personal point of view, as happens in good clinical practice and in research, we may be able to move forward in acknowledging other points of view, which often includes acknowledging our bias.

This opening of ourselves to new insights may clarify our standpoint in the politics of research and practice. In the process, our awareness likely shifts many times. Our old ways of knowing and being change. For example, during the late 1990s the principle author's PhD research challenged his preconceptions of counseling by suggesting that practitioners could actively engage in prejudice without conscious awareness of doing so. This key insight challenges his view of the counseling field by suggesting that prejudice is far more prevalent than the literature currently acknowledges. One of the points of evidence for this was how therapists deployed "well meaning" practices that masked prejudice.

These research-based insights on counseling are explored in this section through the use of quotes from the research study, overlayed with reflections on the insights and findings gained in the study (Bowers et al., 2005a). The purpose of providing this example of qualitative research practice is to highlight for novice counselor researchers how to move from analysis of qualitative data to practical issues in counseling. We feel that by showing this dialogue between counseling research data and counseling practice

we can provide significant insight into the benefits of research for counselors. Indeed we suggest that by counselors taking up research they can provide direction for, and leadership in, improving counseling practice in future. These are the pragmatic reasons why counselors ought to be encouraged to become researchers. In a discipline where the focus tends to be on helping people directly, engaging in research can often be foreign territory for counselors, and as such, holds significant opportunities for new insights and skills development.

As suggested above, new insights that emerged during my doctoral study (Bowers et al., 2005a) included the notion of "well meaning" practice. This idea emerged through the stories of clients and counselors who believed the counseling was well meaning, but missed the mark. Several examples of this approach suggested unintended homophobic practice. For instance, one counselor engaged in a protracted assessment that took several sessions to get the client's story in relation to understanding their sexuality. One participant offered an example of a prolonged assessment lasting about six hours. "I was going to counseling but the counseling didn't help because I couldn't deal with the internal, I couldn't talk about it, I couldn't express it. I couldn't talk about my partner."

The individual felt she needed to talk about her issues with her counselor, but her counselor wanted to learn about her sexuality. "I couldn't move on very quick because the first three sessions, they were nearly two-hour sessions, was dealing with assumptions of sexuality… I felt like I was dealing with his issues and I couldn't deal with mine."

It was a huge revelation for the counselor researcher, that counselors might use clients as a means to educate themselves, while neglecting to gain information about their clients through ethical means like taking courses, doing workshops, or through accessing the research literature. Using clients for your own purposes did not appear to be a good practice in any arena of counseling. In this case, the counselor showed inappropriate degrees of interest in the client's sexual identity and lifestyle. His intentions in prolonging discussion of these areas may have originated in his ignorance or in a voyeuristic curiosity. The client sensed his questions showed a lack of knowledge of minority experience, and this made her feel quite uncomfortable.

As the counsellor researcher, sharing in the narrative also felt uncomfortable. In this case the participant was a client, and during the interview she attempted to make sense of her experience of counseling. The primary insight seemed to be that she was unable to address the reasons for coming to counseling because her counselor had his own agenda. The experiences shared challenged the researcher's belief systems, which had previously assumed that counselors would move with a client's intentions and needs rather than imposing their own control over the interaction. The research findings challenged this idealistic and ethical viewpoint Likewise, by seeing counselor's exercise of power, influence, and control in inappropriate ways the researcher was forced to critically reflect on possible ways in which his bias might be hidden and might influence his clients.

A particular case that challenged the counselor researcher's worldview was "Claire". She sought out help from many people within various helping professions and over several years. At the time of the interview she was in her 40s, well established in her career, and moving ahead with her lifestyle and identity, yet was only then beginning to resolve life-long issues of post-traumatic stress related to the insidious effects of homophobia. Up until the time of the interview, Claire had found that no one she

consulted had the skills or insight to help her in her crisis, and for whatever reasons they all tended to disregard the issues most important to her.

> I went to a lot of people for help… [but] did not get it from anybody. Everybody I went to was pretty bloody stupid… and didn't identify any of my problems… they all treated me like I was just an over imaginative teenager… I didn't need to be given panaceas and… some of them were well meaning people but they were really dopes…

The practitioners that Claire encountered had certain traits in common. They were not able to demonstrate empathy or insight, and so could not identify her issues. These counselors appeared to overlook Claire's obvious trauma related to surviving family violence, being an adult child of an alcoholic parent, and being a lesbian who had been closeted all of her life. They were not able to treat her in a way that she would feel respected as a person. By labelling the client's behaviour as childish and over-reactive, the practitioners belittled her concerns while ignoring her basic need to tell her story. Perhaps when the taboo toward homosexuality is high, and the education of the counselor in regards to minority issues is not adequate, therapists may become preoccupied with their own perspectives rather than the issues that are most important for the client.

> They weren't concerned with me as a whole person and neither were the doctors and psychologists… they didn't give me help at all. They mostly got in the way, and caused me more problems because very often they were abusive themselves.

Over a period of several months the counselor researcher unpacked the meaning that arose from the three hour long interview with Claire. It was difficult to sit with the trauma and emotion involved in her story as this forced the researcher to acknowledge related experiences of trauma. After listening to interview data from participants who share stories of intense traumatization it may be inevitable for the researcher to feel some of the weight of their issues. This form of vicarious trauma from exposure to research data left the researcher quite disillusioned. In this way, sometimes research can truly challenge our assumptions and raise questions that induce a sort of "dark night of the soul" for the counselor researcher. In a field that often focuses on issues of the soul this should not be a surprise.

From this soulful quest in research new awareness began to emerge in the counselor researcher related to the social and political dangers of counseling practice. Prior to these insights, counseling practice had been about healing, helping, and other very positive and idealistic dimensions. After encountering these challenges, and many further interviews that continued to confirm the problems of prejudice in counseling, the field was then continually subject to deconstruction and critique. This gave the researcher a heightened awareness that practitioners need to proceed with much greater care, consideration, and caution than most people acknowledge in the everyday world of 50 minute hours and short economically driven counselor education programs.

At the time of the interview, Claire was very confrontational for the counselor researcher because she had identified the pitfalls in counseling. From a research perspective, she was one of the best interviews because she had done a lot of the personal intellectual and emotional work that the researcher was about to undergo. Counseling research demands a lot of the practitioner, because not only do we learn about research, counseling practice, and theory, we also begin to critique and deconstruct our prized beliefs and values; many of which are assumed and unconscious. For example, Claire discussed her current counselor's "heterosexist view of the world." Heterosexism was a concept new to the counselor researcher. It refers to how a normative view of the world tends to be constructed by the heterosexual majority, and is referred to as "heteronormativity" (Bowers, Plummer, & Minichiello, 2005b). A heterosexist view will make assumptions about gender, sexuality, relationships, lifestyle, and a wide range of other factors. Claire shared how her therapist was speaking from ignorance, and how she betraying her true, underlying values that stood behind an attempt to "mean well."

> She tries very hard to accept that lesbian relationships are equally valid with "het" relationships. But because it is not… let's set up house and have kids and type of variety, she has a bit of difficulty with that… so she tends to not place the same kind of value on it… she doesn't think about it as a relationship, like a sexual, personal, emotional relationship…

Claire knew this was true because of the words her therapist deleted from conversations, and the words she included.

> She has said… you two are "best friends"… she would talk about it, "oh when you have a friend." But when she has talked to me about other clients, she talks about their husband or their wives or their lovers. She doesn't use that terminology with me even though she might be talking about my lover, she talks about my friend.

Indeed, Claire's analysis of her therapist's use of language, and the underlying values inherent in the biased communication, was very astute. The counselor researcher realised he had a long way to go in understanding and acknowledging how these issues impact in counselors' practice, and how to approach counselor education on these grounds. Not the least of the issues that needed to be faced were about struggling to understand the internalised homophobia and heterosexism that is part of all people in most Western nations (Plummer, 1999). Inherent in this struggle was to admit that issues of power, influence, and control in therapy need a much more realistic and critical appraisal than the researcher's previous belief system allowed. In these ways, research can sometimes drive practitioners years ahead of any given field by encouraging heightened awareness of the status-quo as well as where practice needs to move forward (Babbie, 2007).

Research as Transformative Practice

These insights were and continue to be transformative. It was from many of these experiences that the counselor researcher's passion for helping other counselors to engage in research first emerged. This was quite a surprise for him and a change in his career because all his prior training focused on helping people through counseling practice. He was now challenged to assist counselors to engage in their own forms of transformation through education and research. Realising the benefits of research practice took him several years to unpack, but the process encouraged him to more readily admit that the benefits of research for practitioners are many and varied.

Related to his own "transformation" toward acknowledging new perspectives on counseling practice, the research project forced the counselor researcher to look at how heterosexism and homophobia forms almost every aspect of the social construction of gender and sexuality across all levels of society. As a student learning these challenging concepts, he eventually came to a place of actually normalising prejudice in oneself and in others. This was a huge step. The fundamental insight came when he realised that everyone in the study engaged in bias and prejudice of some kind or other; even those who were most familiar with minority issues and minority people themselves. He started to ask, what can we do with this prejudice? He found that many counselors tended to deny it exists, while most tended to diminish its significance by calling it "bias," or by thinking that they could actually "bracket" it by putting their prejudice aside while they counseled an individual.

It was then the researcher realised that we just have to face our prejudice, raise our awareness, and address 'the beast' that we fear most – the prejudice that might lurk in the shadows and might harm clients if we are not more aware. Then it struck the researcher that we need to normalise prejudice; that is, acknowledge that everyone has this experience, and that this is part of being human. However, in an ethical climate, where we serve our fellow human beings as professionals, what we choose to do with our prejudice once we are aware of it is really what counts the most for counselors.

Here you have an example of how research opens up wholly new avenues for challenging a counselor's beliefs and assumptions. You can imagine that these insights would have very powerful influence on the practitioner's own approach as well as in how they might come to teach counseling to others. You might also day dream about how this sort of awareness could potentially spread to influence counselors in other areas of the field, and in other countries, particularly when research findings are shared in the international literature. All this starts with one counselor who decides to step into the practice of research.

Encouraging Reflexivity

Plummer (1999) defines reflexivity as being able to critically reflect on one's bias. However, to do this one needs to be aware of the bias. Often our biases are uncovered in the midst of counseling practice, or as often happens, when counselors engage in research practice. We might rightly say that research practice is like a hot oven where bias can be highlighted and "burned off" more quickly. All the more challenging when dealing with questions that tend to be culturally predetermined like areas of gender,

sexuality, race, or aspects of status. Likewise, reflexivity is a process of self analysis and social analysis that intentionally explores bias and prejudice, beliefs and values in order to circumvent issues that might arise when confronted with issues in counseling practice.

From the research project noted above (Bowers et al., 2005a), historical analysis of mainstream treatment of homosexuality across time suggests that homophobia is a constituent of Western values towards sexual and gender difference. Likewise, research findings based on qualitative analysis of interview data suggests that specific expressions of homophobia in counselor's attitudes and behaviours is an issue to be reckoned with. For example, participants' expectations for therapist training and education appear to range from having very basic and "common sense" knowledge to having specialised awareness and skill. While participants did not expect all counselors to have specialised abilities, all the participants in the project wanted counselors to have what might be considered basic standards of care. These standards include a range of attitudes, skills, and abilities to meet the needs of clients. However, a paradox was observed when collecting these responses. What appeared to be a "basic skill" such as communicating empathy, respect, or positive regard appeared to be linked to "specialised" awareness, acceptance, and support of the life and cultures of minority people. The research suggests the need for practitioners to go the extra mile in order to work effectively with minority clients. This means that reflexivity among practitioners on these issues needs to follow a similar course to the researcher's experience of gaining enlightenment during the research process. In some way or other bias and prejudice in these domains needs to be uncovered by counselors, and addressed through their own reflexive processes. Research appears to be a key factor in achieving these counselor-education and training goals. Likewise, qualitative research, in particular, appears to be relevant to counseling concerns, as it tends to raise intensive issues of meaning, values, and beliefs, which form essential and vital reflexive material for counselor development.

Grounding these insights in qualitative data is of crucial importance because the stories of participants are most instructive for counselors to reflect on their own experiences, and on their beliefs and values, and how these might impact their clients. For example many client participants expressed that they had to explain too much about their lives to therapists who had little or no awareness of minority experiences. For example, "Rosa" was a transgender male to female participant, and she explained that she was more comfortable having a therapist that was specialised in her area of concern. She implied that every minority client, regardless of their identity, represents for therapists a steep learning curve that involves becoming familiar with a large body of knowledge, and a range of awareness and skills that clients may need counselors to have.

> It was very comfortable… being able to go to someone who specialised in us, so it was good to have somebody who… I can be comfortable with and not have to explain the whole thing. I mean it's annoying enough to have to educate my medical doctors, but if I had to educate a therapist… I just don't think it would have been very good.

It can not be assumed that therapists will create an environment of welcome, even though this is an essential part of effective, safe, and ethical practice. Again, the counselor researcher found these realisations confronting, and they led him to question

the power, influence, and control of counselors in terms of critically analysing counselor's position and role in society. Likewise, "Kylie" indicated that being reflexive and self-critical is important for therapists.

> Counselors need to do any course that makes them look at their own values and their own knowledge… for every person you come in contact with, you will always gain something from each other… it's always a two-way passage… both learn from each other… if counselors are open to learning about things and if they hear a word or they hear an expression that they don't know, ask about it.

It became apparent during this study that many counselors were not engaging in reflexive practices, and were not getting the sorts of education or challenging personal experiences that might help them to help their minority clients more effectively. Grounding these insights in research data is very similar to therapeutic analysis that is based on clinical observations. The closer one is to the reality in a client's life, the more valid the hypothesis. When counselors are far away from the client's meaning or worldview they are more likely to engage in behaviours that might be interpreted as biased, prejudiced, or as intentionally causing harm.

Likewise, when we are close to the qualitative meaning of the data in a research context our findings have greater validity. In this context, validity in counseling research means an active and self-critical stance where conclusions suggest flexibility and an ongoing process of questioning. We suggest that validity is an emerging phenomenon that is inductive, that is, found within the experience of engaging with research data much like meaning is constructed within the context of the therapeutic relationship. In both environments the practitioner engages with "data" and must form an interpretation that is most effective, truthful, and helpful. This is a good working definition of reflexivity as a process of forming valid beliefs that are based on observation and critical analysis, and that are continually open to further critique. This process constitutes a central practice in research and in clinical practice that needs to be foregrounded for novice counselor researchers. One participant, "Kylie" put it this way,

> I think over time if someone's in a job for many years they become a bit blasé about it, they lose focus. So I think it's really important for the counselor to always be growing as well. No one can become stagnant. You become stagnant and you will get sick… I think they see a lot of people at crisis points so they have to have a good foundation themselves. They have to still know how to laugh and appreciate life, and if they can pass that on, or if they can still learn that just to see someone grow or to assist or be a part of that or to be near it, this can bring joy back into their life… it should be an easy profession… you don't need a piece of paper to help your friends… [your] job is just an extension of that.

When therapy and research are driven by a pragmatic concern for improving the state of affairs in people's lives, questions regarding validity become sharply focused. This focus can increase a sense of validity as vital, timely, and as an active engagement in

reflexivity. There are several fundamental issues that arise when considering what constitutes validity. First, there are questions about what methodology suits the particular research question being raised. To use clinical language, depending on one's theoretical assumptions toward therapy, and what outcomes one believes are possible and/or desirable, will influence the questions and clinical insights that emerge during therapy. Second, there are contextual factors unique to the question, and the particular focus within the discipline that need to be addressed. Therapists too often work within a localised perspective limited by their private practice or their agency-based approach, and need to take into account wider sources of information that contextualise their case work, and give meaning to what often becomes an automatic presumptive interpretative process.

Third, there is a need to understand broad definitions of practice and what commonalities exist among research, counseling, education and health related professions. These types of connections open up new insights for practitioners, and can sometimes generate answers to longstanding issues. Fourth, acknowledging that such common professional practices include interpersonal communication, sharing of information and understanding, assessment, diagnosis, and treatment regimes there is a need to frame underlying questions of validity across a wide range of disciplines.

Constructing Knowledge and Difference

In conclusion, we have placed research and clinical practice within the view of analysis of power, influence, and control. From this analysis issues of marginalisation enhanced a critical appraisal of how expressions of power translate into research and clinical environments. These and related theoretical issues in counseling research suggested that practitioners need to continually challenge our assumptions, normalise prejudice, and engage in processes of reflexivity. Research in this sense is a transformative discipline, and takes its validity in large measure from being context-congruent or appropriate.

Validity is also an action-based insight that serves appropriate contextual awareness, and these inspire further reflexive practice. The underlying values in research and practice relate to these processes of insight, and our acknowledging an integrative perspective on both research and clinical approaches to transformation. Theory in counseling research is at its best an embodied and grounded phenomenon. Counseling theory in qualitative research in particular is, at its best, a process-based practice that is centred, grounded, and expanded within an evolving human intelligence. These practices are potential domains for transformation of the knower and the known.

For example, take the case of the classification of words and how word meanings change over time. Before the 1800s, the word "homosexual" did not exist in any language. Words used to describe male-to-male sex relied on medieval constructs of sodomy, defined as anal sex involving penetration between men or between a man and a woman. Later constructs of homosexuality involved forensic medicine and psychopathology, concepts that emerged from work in insane asylums of the 19th century. The term homosexuality underwent further change when the gay homophile movements of the late 19th century challenged, in part, the dominant views of the day. Psychoanalysis had its own contributions to the development of the term and its associations to early

childhood pathology. During the 20th century the word and its associations took on a more human face, and underwent dramatic changes during the latter two decades of that era.

However, we note, of particular interest, that if a youth who was curious about their sexuality and who wanted to remain safe from the curiosity of others went quietly into a public library to look up homosexuality, he or she might have found the word listed under various categories depending on when the youth did the searching. During the 19th century the youth would likely not have found the term because it was hidden in the restricted documents of medical science and in quarantined court documents from litigation cases where homosexuals were prosecuted under the law. During the bulk of the 20th century the youth may have heard masked reference to the term as a pejorative, or found the term used in public condemnations. As the century unfolded, the term was used more in the fields of psychopathology, social deviance, and law. During this time, the youth would have constructed her or his notions of homosexuality, according to the constructs used at the time, and may have developed an increased sense of stigma, shame, and fear based on what the youth learned from these categories. No serious positive developments in the currency or categorisation of the term happened until the 1970s. After this time, the term was de-listed as a psychopathology, and towards the end of the century the youth would have found the term under new categories such as the sociology of lifestyle, studies in difference, sexual and gender diversity, while new terms also gained currency such as homophobia, heterosexism, and related analysis of the social construction of sexuality and gender. Our point is an important one. Depending on the words and categories used, the outcome for the youth could potentially be very different.

The case of the youth entering the public library illustrates a central idea in research and in counseling practice. That is, when we construct categories based on our analysis of any issue, we had better take very seriously the work we are entrusted with. The outcomes of our work could make or break the chances of that youth to learn something about himself or herself that at best provides a sense of hope, or at least dispels some myths and false truths. We end with the sobering thought that the histories of counseling, health and educational disciplines are ripe with examples of the misuse of power, influence, and control. Not the least of these misrepresentations consists of generating false ideas and invalid categorisations, and likely with all the good intentions in the world. Let this be a point of departure that inspires the opening up of dialogical and qualitative spaces so that the voices of difference can be heard.

Counselors are particularly suited to carry these concerns forward. In a way, counselors like other health professionals are positioned socially to use qualitative research approaches for advancing issues of social justice, relational wellness, and personal empowerment. As we have seen in this essay, qualitative research practice could play an essential role in counselor training in reflexivity, both informing basic values of inquiry and analysis, while also setting up the contexts for evidence based practice. We hope this discussion inspires and challenges counselors to engage in qualitative research. More broadly, we hope that researchers from other fields will also take up the challenge of becoming reflexive and responsive researchers, and to explore the many opportunities for collaboration in these endeavours.

References

Babbie, E. (2007). *The practice of social research* (11th ed.). Melbourne, Australia: Thomson.

Blaxter, L., Hughes, C., & Tight, M. (1996). *How to research*. Buckingham, UK: Open University Press.

Bowers, R., Plummer, D., & Minichiello, V. (2005a, September). Homophobia in counselling practice. *The International Journal for the Advancement of Counseling, 27*(3), 471-489.

Bowers, R., Plummer, D., & Minichiello, V. (2005b). Homophobia and the everyday mechanisms of prejudice: Findings from a qualitative study. *Counselling, Psychotherapy, and Health*, *1*(1) 31-57.

Bowling, A. (2002). *Research methods in health: Investigating health and health services*. Buckingham, UK: Open University Press.

Freud, S. (1958). *On the beginning of treatment: Further recommendations of the technique of psychoanalysis,* London: Hogarth Press (Original work published 1913)

Gee, T., & Pelling, N. (2007). Introduction to reading research. In N. Pelling, R. Bowers, & P. Armstrong (Eds.), *The practice of counseling* (pp. 456-489). Melbourne: Thomson Publishers.

Gelso, C., & Carter, J. (1985). The relationship in counseling and psychotherapy: Components, consequences, and theoretical antecedents. *The Counseling Psychologist, 13*(2), 155-243.

Greenson, R. (1967). The working alliance and the transference neuroses. *Psychoanalysis Quarterly, 34*(1), 115-181.

Hayes, A., & Strauss, J. (1998). Dynamic systems theory as a paradigm for the study of change in psychotherapy: An application to cognitive therapy for depression. *Journal of Counseling and Clinical Psychology, 66*(6), 939-947.

Hill, C., Thompson, B., Cogar, M., & Denman, D. (1993). Beneath the surface of long-term therapy: Therapist and client report of their own and each other's covert processes. *Journal of Counseling Psychology, 40*(3), 278-287.

Horvath, A., & Symonds, B. (1991). Relation between working alliance and outcome in psychotherapy: A meta-analysis. *Journal of Counseling Psychology, 38*(2), 139-149.

Kivlighan, D. (1990). Relation between counselor's use of intentions and client's perception of working alliance. *Journal of Counseling Psychology, 37*(1), 27-32.

Minichiello, V., Aroni, R., Timewell, E., & Alexander, L. (1995). *In-depth interviewing: Principles, techniques, analysis.* Melbourne: Addison Welsey Longman.

Minichiello, V., Sullivan, G., Greenwood, K., & Axford, R. (Eds.). (1999). *Handbook of research methods in health sciences*. Melbourne: Addison Wesley Longman.

Mitchell, K., Bozart, J., & Krauft, C. (1977). Reappraisal of the therapeutic effectiveness of accurate empathy, no-possessive warmth, and genuineness. In A. Gurman & A. Razin (Eds.), *Effective psychotherapy* (pp. 482-502). New York: Pergamon Press.

Pelling, N., Bowers, R., & Armstrong, P. (2007). *The practice of counselling*, Melbourne, Australia: Thomson Publishers.

Plummer, D. (1999). *One of the boys: Masculinity, homophobia, and modern manhood.* New York: Haworth Press.

Reandeau, S., & Wampold, B. (1991). Relationship of power and involvement to working alliance: A multiple-case sequential analysis of brief therapy. *Journal of Counseling Psychology, 38*(2), 107-114.

Rogers, C. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology, 22*(1), 95-103.

Svartberg, M., & Stiles, T. (1992). Predicting patient change form therapist competence and patient-therapist complementarity in short-term anxiety-provoking psychotherapy: A pilot study. *Journal of Consulting and Clinical Psychology, 60*(2), 304-307.

Author Note

Dr. Randolph Bowers teaches since 1998 in Counseling and Health at the School of Health, University of New England (www.une.edu.au). His research interests relate to identity, prejudice, and healing in relation to Aboriginality, race, gender, sexuality, and ecology of place. He has over 120 publications in various media with almost 40 research publications. Correspondence concerning this article should be sent to Randolph Bowers, School of Health, University of New England, Armidale, NSW 2350 Australia; Telephone: 61 2 6773 3681; Fax: 61 2 6773 3666; rbowers@une.edu.au

Victor Minichiello, PhD, is Professor of Health in the School of Health at the University of New England in Armidale, Australia. His research interests are in the areas of public health, sexual health, gerontology, and health promotion. He has authored over 180 journal articles and chapters in books, including a number of books on qualitative research methods.

David Plummer is the Commonwealth/UNESCO Caribbean Professor of Education in HIV Health Promotion. David is both a physician and a health sociologist. He is based on the Trinidad Campus of the University of the West Indies. His research interests include gender, marginalisation and health, social change, and qualitative research methods.

Article Citation

Bowers, R., Minichiello, V., & Plummer, D. (2007). Qualitative research in counseling: A reflection for novice counselor researchers. *The Qualitative Report, 12*(1), 131-145. Retrieved [Insert date], from http://www.nova.edu/ssss/QR/QR12-1/bowers.pdf

---