Part I

Getting Started
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Introduction

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This book aims to provide a user-friendly introduction to the qualitative methods most commonly used in the mental health and psychotherapy arenas. A number of different professional groups and academic disciplines contribute to mental health care and our aim in putting together this book has been to create a text that shows how qualitative methods can generate knowledge specifically relevant to mental health and also to show how these approaches have the potential to improve practice and drive policy. We envisage this book being read by students, trainees and qualified practitioners from a variety of professions: clinical psychology; mental health nursing; social work; psychiatry; occupational therapy; family therapy; and those working in a wide variety of psychological therapies.

Mental health practitioners are used to working alongside their clients or with service users (we shall use these terms interchangeably throughout), with the aim of enhancing emotional well-being. Most will be trained to understand the phenomenon of mental distress from an individualized or idiographic perspective that acknowledges the role of social and cultural as well as biological influences upon behaviour, affect and experience. As such they will be used to ‘collecting data’ and ‘making sense of’ peoples’ complex and rich personal histories and experiences in order to deliver care and support. Indeed, as we discuss below, several therapeutic approaches have their origins in qualitative and subjective exploration.

Although caution should be expressed in naively assuming counselling and other practitioner competencies can be simply transferred into the research setting (see Thompson & Russo, in press), we believe that many of the core competencies of mental health practitioners are highly transferable. However, for many the transfer of these competencies somehow gets lost when they move between practitioner and researcher roles. Consequently, it is our core ambition with this book to help both student and
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qualified mental health practitioner understand qualitative approaches, so as to have the confidence to conduct creative qualitative research of a high standard.

In order to achieve this aim we asked all of our contributors to describe their particular approach with reference to practical examples and to be clear about the sorts of questions the approach was most suited to address. We also asked them to clarify the philosophical underpinnings associated with the approach – an aspect of qualitative research, which often appears mystifying but is essential to get to grips with. As such we were explicit in our desire for contributors to detail the epistemological tradition of the approach covered. Epistemology is essentially the philosophical theory of knowledge, which addresses questions about how we can know what we know, and whether this knowledge is reliable or not. It is important to clarify how a method is positioned in relation to these questions in order to make sense of the findings.

Finally, we have encouraged our contributors to consider how qualitative researchers can more actively engage service users and the wider public. There has been a major policy push within mental health practice, policy and research to be inclusive of service users. Indeed, ethics committees explicitly request information on how service users have been consulted in relation to all aspects of proposed research. Service user researchers are making an increasing contribution to mental health research. Active involvement of service users at all levels of research from commissioning, collaboration and acting as lead researchers is likely to widen the types of questions asked by qualitative researchers (both from practitioner and service user backgrounds). Each chapter of this book has a section dedicated to considering the involvement of service users and participants and, in addition, there is a chapter focused specifically on service user involvement in research (see Chapter 4).

A Short and a Long History of the Use of Qualitative Methods in Mental Health Practice

Whilst qualitative research has a long history in disciplines like anthropology, it has only recently become more popular in disciplines like psychology allied to mental health. Having said this, significant psychotherapeutic approaches such as psychoanalysis and the humanistic therapies have their roots in detailed idiographic case studies (Ponterotto et al., 2008).

Within our own discipline of psychology, the 1970s and 1980s saw heated methodological debates about the dominance of quantitative research in psychology and the reliance on laboratory experiments and questionnaires. Debates concerned ecological validity, the importance of language and context and so on. At this time many qualitative articles included a critique of quantitative methods to support the rationale for a qualitative study. However, over time, acceptance has grown and, since the 1990s, qualitative methods have achieved disciplinary legitimization in the United Kingdom (Henwood et al., 1998). Qualitative methods are now routinely covered in most research
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methods textbooks in mental health and psychotherapy (often alongside quantitative methods), international and national journals have published qualitative studies and there are indications of the growing popularity of qualitative methods amongst some groups of trainee mental health professionals (e.g., Harper, in press). However, there is still some prejudice (and misunderstanding) – for example, many academic journals aimed at mental health practitioners still publish few if any qualitative studies and reviewers often return manuscripts with comments about sample size or reliability that are simply not appropriate (Harper, 2008).

As Willig and Stainton-Rogers (2008) have stated in their handbook of qualitative research in psychology ‘there should be no more need to justify the use of qualitative methods than there is to justify quantitative methods’ (p. 5) and this is a position we strongly concur with. At the same time, there is a need for an improvement in the quality of qualitative research and we believe this is best achieved by greater attention being paid to epistemological issues rather than to method per se (see Curt, 1994, on methodolatry).

What Can Qualitative Research Do?

There are many different qualitative methodologies, and all of them share an interest in detailed readings of qualitative material and understanding process rather than establishing causal relationships or quantifying the size or extent of something. Clearly, qualitative research will not help address questions that are primarily quantitative – for example, identifying the prevalence of a particular condition. However, the following questions are only really answerable with qualitative methodologies:

- What is it like to receive a diagnosis of personality disorder?
- How do therapists address ruptures in therapy?
- How do mental health practitioners communicate complex information?
- How do therapists contribute to service users’ views of themselves?
- What is it like to receive cognitive analytic therapy?
- What are mental health nurses’ experience of working with people who engage in self-harm?
- How are mental health problems constructed in the media?

Qualitative approaches enable understanding of experience and processes. Clearly, answering such questions is of importance in developing an understanding of emotional distress and increasing the quality of mental health practice. Thankfully, over recent years there has been an increased emphasis on quality and outcome rather than purely upon the numbers of people receiving a service. This has led to calls for qualitative research expertise (e.g., the White Paper: Equity and Excellence – Liberating the NHS; http://tinyurl.com/2a8ljeo). Of course, one of the contributions that qualitative
research can make to policy debates is to help rethink the assumptive framework on which policy is based. Some research, like Boyle’s (1997) work on abortion, reconceptualizes policy questions, interrogates the underlying assumptions that shape those questions and delineates normative discourses, reporting alternative or marginalized discourses. Indeed, alternative epistemological frameworks like social constructionism and critical realism can be useful political interventions in and of themselves (Shakespeare, 1998).

### Types of Qualitative Research and the Importance of Reflexivity

A simple (but nonetheless helpful) distinction has been made between ‘big q’ and ‘little q’ methods (Kidder & Fine, 1987, 1997; see also Rowan, 2006; Willig, 2001). Research defined as little q broadly focuses on qualitative methods of data collection, usually from within a realist framework where there is an assumed direct relationship between what is observed and the nature of reality, where the researcher ‘decides on the questions and processes the results in an objective fashion, keeping control of all aspects of the work’ (Rowan, 2006, p. 16). Types of methods that might sometimes be described as little q include structured analyses of open responses to questionnaire questions, observer ratings of structured or semi-structured interviews and so on. Here, the aim will be to objectively capture, either to describe or to examine the extent to which data fit a particular framework. ‘Big q’ research (the focus of this book) is quite different, and is concerned with qualitative methods of analysis—that is, collecting and engaging with data in a more reflexive fashion, acknowledging (and using) the intersubjective relationship between the researcher and the researched (for a thorough introduction to these issues see Finlay & Gough, 2003). As such, big q research involves careful consideration of reflexivity. This is a slippery concept in its own right, which has been used (and misused) to mean a variety of things but generally refers to the ability to engage critically in understanding the contribution the researcher’s experiences and circumstances have had in shaping a given study (and its findings). This is sometimes separated out into two strands: epistemological reflexivity and personal reflexivity. Personal reflexivity concerns the influences of the researcher’s own history, whereas epistemological reflexivity concerns exploring how the assumptions of the approach taken shaped the study. Again we can see the crucial importance of being able to stand back from one’s study and oneself, so as to consider how the approach one has taken answers questions about how, and what, we can know (Willig, 2001).

This split between different types of qualitative methods is grossly simplistic and numerous writers have produced complex frameworks to account for the epistemological positions of different approaches, which is discussed in more detail in Chapter 7.
What is in the Book

The book has three sections, beginning with a section on getting started. The second section is dedicated to different methods and all of the chapters contain helpful further reading resources and also include examples of studies and of the analysis process itself. The third section is a concluding section, including a chapter on establishing quality in qualitative research in mental health, and our concluding chapter, discussing our views on emerging themes and future developments in qualitative research. We consider the first and third sections to be essential reading at least for those new to qualitative research and we would deter readers from just focusing on the chapter that covers the method they are currently planning on using.

The skills required to undertake a literature review are often underestimated and Rachel Shaw in Chapter 2 describes in detail how to identify and synthesize qualitative literature. In Chapter 3, Andrew Thompson and Eleni Chambers describe some of the unique ethical dilemmas that need to be considered when conducting qualitative research. In Chapter 4, Alison Faulkner describes the history of service user involvement in mental health research and sets out principles and resources so as to enable collaborative research between practitioners and service users. Data collection is often not given enough attention in the planning of qualitative research, and in Chapters 5 (Hannah Frith and Kate Gleeson) and 6 (Robert Elliott), some of the key issues that need to be considered in the choice of data collection techniques are discussed. Chapter 6 specifically focuses on collecting data in the context of exploring psychotherapy change processes; this chapter covers a range of methodologies and was included in this section because it demonstrates the unique tradition that qualitative research has developed for exploring and collecting data in relation to psychotherapy process. In the last chapter in this section, David Harper examines the epistemological assumptions of the different research traditions and discusses how one might choose between different methods.

Part II focuses on a range of methods. It is a wide but not exhaustive grouping. Each chapter contains practical information as to how to go about conducting a study within the approach. In order for the book to be easy to navigate we asked the authors of these chapters to address key questions. As such each chapter includes a description of the method and its history. Key epistemological assumptions are considered as are the kind of research questions the method is most suited to addressing and what kind of data are appropriate. The involvement of service users and participants is explicitly considered. Each chapter includes a step-by-step guide to how to use the method including a worked example. Contributors then identify if there are any particular issues to be considered when evaluating the quality of a study using this method. Finally, each chapter concludes with a discussion of how the method can influence policy and practice and if there are any recent innovations in the use of the method. This consistency also aids comparison between methods.

In Part III, in Chapter 16, Liz Spencer and Jane Ritchie deal with evaluating the quality of qualitative research. The danger is that, as many of us discover, inappropriate quality criteria can be applied by supervisors, examiners and reviewers. Unfortunately, some widely cited criteria for evaluating qualitative research are appropriate only for
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evaluating more realist or phenomenological research. The more inclusive approach advocated in Chapter 16 seems a potentially more useful approach and we hope it gains wider currency within mental health research.

We hope that the book will not only be practically useful, but also inspiring – encouraging the development of rigorous and collaborative research that will make a difference to mental health theory, policy, and practice.

References