A case for taking the dual role of counsellor-researcher in qualitative research

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Abstract

There is ongoing debate whether the challenges of practice-based research in counselling, with clients discourses providing the raw data, can be overcome. This article begins by considering the argument of whether taking a dual role of counsellor-researcher within case study research is a legitimate qualitative approach. A case example using sand-tray in short-term therapy with adults

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from a pluralistic perspective will be provided to demonstrate how the

challenges of the dual role can be managed to produce effective research

findings. It is suggested that this approach closes the gap between research and

practice to produce findings that are highly relevant to the counselling context.

The ethical considerations of taking a dual role of counsellor-researcher are

considered and finally opportunities and challenges when adopting this

approach are identified. (124 words)

Introduction

"Practitioners of counselling and psychotherapy routinely witness

peoples' pain, struggle, courage and joy in a depth and detail rarely

possible in psychological laboratories".

(Stiles, 2007, p126).

Theory-building case studies, which draw upon counsellors' clinical experiences,

are a legitimate forum for theory building research (Stiles, 2007). Practice-based

data provides convincing evidence for counselling research as "it captures the

miracle of therapy in a way that statistics and randomized controls cannot"

(Dallos and Vetere, 2005, p131). Dallos and Smith (2008) advocate the

importance of the detailed case study arguing that they provide rich data and a

depth of knowledge significant to informing counselling and psychotherapy.

This model of research gives "voice to clients to tell their stories in their own

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words" (Grafanaki, 1996, p336) and closes the gap between research and counselling practice (Rennie, 1994).

In direct contrast, Green and Latchford (2012) discuss the opinion of researcher Timothy Baker who argues that there is a widening gulf between researcher and therapist. Baker's view is that the randomized controlled trial (RCT) is the method of choice for improving therapy. However, this reductionist mindset incorporating a nomothetic approach (Smith, 2003), assuming science can reveal general laws applicable to human nature ignores the psychological and emotional complexity inherent in therapeutic practice and risks underestimating the power of therapy (Green and Latchford, 2012). Salvatore and Valsiner (2010) suggest that nomothetic and idiographic notions are "complementary terms, rather than an oppositional dyad" (p817). This reliance on RCT's is not helpful and there is a need for naturalistic studies indicating more collaboration between researcher and therapist (Beutler, 2009).

The concept of collaboration is central to the philosophy of pluralism and Cooper and Dryden (2016) describe this as 'an ethical commitment to valuing diversity; and a wariness towards monolithic, all consuming 'truths' (p3). Hanley and Winter (2016) discuss how the pluralistic framework for research suggests the choice of methodology should depend on the research question, goals and aims of the study. For example, an aim to quantify therapeutic effectiveness is best suited to a the use of experiments, surveys and questionnaire; whilst a focus on exploring clients' experiences and processes is more appropriately addressed through qualitative methods.

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The pluralistic perspective of research suggests that "there can be numerous potentially appropriate ways to examine a particular phenomenon" (Hanley and Winter, 2016, p337) including the clinical case study.

However, such clinical research is not unproblematic; the counsellor-researcher generates a dual role conflict between the goals and focus of therapy and research (Gabriel, 2005). Such roles may be viewed as incompatible, with the conflict difficult to overcome (Beauchamp & Childress, 1994). Dickson-Swift et al. (2006) argues that the boundaries between the researcher investigating sensitive topics with participants become blurred and qualitative researchers need to carefully consider such impact. Kitchener (1988) takes a stronger stance and advises against the dual relationship of researcher-counsellor based on the assumption that the obligations of each role have different expectations, which cannot be easily resolved.

In comparison, others argue that with sufficient reflection such difficulties can be conquered. For example, Gabriel identifies a set of requirements for the counsellor-researcher to manage such role conflict: providing clear information for contributors; forming an effective research alliance; having a clear policy on confidentiality; and cultivating self-reflexivity (Gabriel, 2005, p47-48). It is argued that counsellor-researcher dual roles are a legitimate and valuable form of data gathering when the client's needs are paramount and the therapeutic process is not compromised in any way (Etherington, 2000; Wosket, 1999).

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This article will refer to a case example from a larger current multiple case study illustrating how taking the dual role of counsellor-researcher can be a legitimate approach to researching short-term sand-tray therapy from a pluralistic perspective (Cooper and McLeod, 2011). A discussion of the ethical implications and the opportunities and challenges of this qualitative method of research will also be explored.

A Case Example

Although there is existing theory on using sand-tray as a therapeutic intervention, especially from a Jungian approach, a gap exists in terms of short-term therapy with adults from a pluralistic perspective. The pluralistic perspective emphasizes collaboration with the client and values the useful insights of the various counselling approaches (Cooper and McLeod, 2011). Thus, having a flexibility to incorporate other methods is helpful when responding to the client's goals for therapy.

Sand-tray intervention

Sand-tray therapy is a creative way of working involving a collection of objects and a sand-tray. When a client prefers to work creatively, or is unable to express difficult issues or feelings in words alone, the objects placed in the sand, acting as symbols, can aid exploration. Objects can represent a client's inner experience, their personal history, relationships with others and their relationship with the

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wider world. It is common for a client to engage with the objects once placed in the sand and will often touch or move them. Some clients "will often hold an object in their hands as they begin to talk and express their thoughts and feelings"(Fleet, 2015, p16) and using this method can bring new understanding and relief through emotional expression.

A client may engage in exploring 'edge of awareness' experience (Mearns, 2002) with them having an implicit awareness of thought or feeling but is not yet able to express that explicitly. When exploring implicit material in words alone the client can sometimes lose their trail of thought. Although some clients seem able to follow their thread easier than others, the object acting as a 'physical anchor' appears to be a reference point, aiding the process of discovery. Such discovery can facilitate the integration of any insight gained into the client's phenomenological awareness "with the implicit being verbally and emotionally expressed explicitly" (Fleet, 2015, p17).

The client-participant

Shirley (a pseudonym) was in the age group 18-29 years, of African origin and currently attending university in Britain. Her presenting problem was one of anxiety and her goals for therapy were to be able to manage her anxiety and talk about some difficult things she had not spoken about previously. Cooper and McLeod (2011) suggest, "a client will often have a clear appreciation of the steps that they need to take to make a difference in their life" (p89). These two

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problems appeared equally important to Shirley and we agreed the most helpful therapy would be to address both. In collaboration with her it was decided to include a relaxation techniques at the end of each session, which could be helpful for managing her anxiety on a day-to-day basis. With regards to her speaking the unspoken, we discussed that working creatively using the sand-tray and objects might be helpful in that endeavor and that I would attempt to help her to talk by responding to her and asking her some helpful questions. Consistent with the Pluralistic Approach the tasks of therapy were agreed collaboratively with Shirley, which gave us a central focus (Cooper and McLeod, 2011), aiming for change and progression regarding her issues.

Procedure

Recruitment and pre-therapy meeting

Shirley responded to an advertisement, seeking people to take part in a project exploring the use of sand-tray therapy. Shirley was provided with an information sheet and a pre-therapy meeting was arranged to discuss the project aims and methods and answer any questions. Shirley was offered six sand-tray therapy sessions with or without involvement in the project.

As stated earlier, Kitchener (1988) argues against dual relationships in research, claiming the challenges are too great. One way I attempted to manage these difficulties was by adopting a 'role-fluency' approach (Figure 2), first suggested by Gabriel and Casemore (2009). During the preparation stage, including the

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initial meeting with the client-participant, I took on the dual role of counsellor-researcher as I needed to keep the obligations of both roles in mind; the ethics related to the therapy sessions and to the research process.

I informed Shirley that in this initial appointment I would be in the dual role of counsellor-researcher. Firstly, in my researcher role, I would be explaining what the research entails, including a discussion around consent, and answering any questions about participating in the study.   Secondly, in my counsellor role, I would be talking to her about the therapeutic contract, needed for the sand-tray therapy sessions. I went on to explain that following the pre-therapy meeting I would predominantly take the role of counsellor, with her needs as a client, being the priority. I explained that on occasion during the sand-tray sessions I might shift to the role of researcher if necessary. For example if she wanted to change her contribution to the research in any way such as removing any material from transcripts or requesting to withdraw. Finally, I explained that at the end of the sixth counselling session I would take the role of researcher to analyse the audio-recordings.

The pre-therapy assessment interview included identifying Shirley's expectations and goals for therapy and she was assessed using the Short CORE-10 measure (Twigg and McInnes, 2010) questionnaire. Following the final session she was assessed once again using the CORE-10 measure to give a pre post comparison in her clinical scores.   This assessment measure is used routinely in counselling.   In addition, specific to Shirley's involvement in the research, she completed end of session feedback sheets following each session

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and a final end of therapy feedback form, giving her the opportunity to provide her opinion on her experience of sand-tray therapy.

Gabriel (2008) suggests that the inclusion of formal assessment helps to improve therapist-client dual relationships and can address any relational consequences. Such consequences may include a lack of trust experienced by the client-participant or a weak therapeutic alliance being established. The therapy contract in the present study was discussed in detail and agreed and signed by both parties.

Therapeutic Orientation

I have a Pluralistic (Cooper and Mcleod, 2011) therapeutic approach which is based on Person-centred (Rogers, 1951) principles and in collaboration with the client I draw on other methods to meet their needs. I endeavor to offer the Core Conditions to the client so as to establish a safe and trusting relationship. Merry (1999) describes how congruency, unconditional positive regard and empathy from Rogers (1957) hypothesis on its six conditions "have become known as the Core Conditions" (p39).

An example of using different methods in collaboration with Shirley involved me adopting the PCT core principle of enabling her to set the agenda in terms of what she talked about in the session and incorporating a cognitive-behavioural relaxation strategy (Clark et al, 1994) to help her manage her anxiety. At various times I asked her socratic questions (Padesky, 1993) to help her in guided

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discovery. For example, when Shirley placed an object of a donkey carrying a heavy load into the sand I asked her, "So in terms of the load….what would you say that little donkey was carrying?" and she responded, "all the negative things people say…carrying all that…hurts". Shirley went on to explore her isolation and pain in greater depth, meeting her need to speak out loud some of the difficult things she had not said before.

Method of analysis

Analysis began after all 6 sessions had been completed and the recordings transcribed. The raw data comprised of audio recordings, photographs of sand-displays taken at the end of each therapy session and process notes. In the larger multiple case study, grounded theory (Strauss and Corbin, 1990) was employed with the aim to establish the underpinning theory of short-term sand-tray therapy from a pluralistic perspective (Cooper and McLeod, 2011).

Strauss and Corbin's model (1990) of grounded theory entails open coding involving breaking down the data by "examining, comparing conceptualizing and categorizing" (p61). Two stages involve firstly axial coding with connections being made between categories and the data "put back together in new ways" (p96); and secondly selective coding with the aim to create a descriptive narrative of the phenomena to establish a theoretical model. This is an iterative process moving back and forth between coding and raw data. In addition, memo

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writing and reflexivity are used continually throughout study in order to develop

the researcher's theoretical sensitivity (Glaser, 1978).

Reflexivity

The concept of reflexivity is an essential part of the research process. Researchers must be continually reflexive to avoid bias and to be aware when there is a risk of their prejudgments and assumptions influencing the analysis (Finlay, 2003b). The process of memo writing and keeping a journal aided my reflexivity, in addition to exploring my process in research and counselling supervision.

Emerging concepts

In the larger multiple case study the grounded theory process is ongoing and theoretical concepts are emerging. These concepts will be integrated by taking "a higher more abstract level of analysis" (Strauss & Corbin, 1990, p117) to establish the theoretical model.

For the purpose of this paper, two of the emerging theoretical concepts, which exist in all the participant data sets thus far, will be referred to. These two concepts will be related to excerpts taken from the first participant's (Shirley) data to illustrate how taking a dual role can be an effective research approach.

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Intra-phenomenological process

This term refers to movement in the client's phenomenological experience in terms of their relationship with Self. This self-mode comprising of 'I think', 'I feel', 'I believe', 'I am'.

Over the six sessions Shirley progresses from feeling hopelessness and being overwhelmed to a sense of happiness and anticipation for the future. This change was evidenced in her choice of sand-tray objects and the narrative recorded during the sessions in addition to improvement in her CORE-10 clinical scores. Prior to the sand-tray therapy Shirley's clinical score was 17 (moderate distress) and decreasing to 8 (low level distress) following the sixth and final sand-tray session.

In session one, Shirley began talking of feeling overwhelmed and hopeless. She represented this by choosing a small female figure, laying it face down in the sand, with a shark object bearing down over the female. Shirley began to express her fear and stated,

"It's never going to get better…I feel like I have just given up sometimes".

She continued to talk about how hard it was to manage her anxiety at university. I responded with immediacy and reminded her that as we agreed in the pre-therapy meeting I could offer to facilitate a relaxation technique at the end of the

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session, which she could try during the week. She readily accepted this offer and the breathing technique was incorporated at the end of the session. This was an example of having a therapeutic focus during the sessions and placing the client at the centre of the process by being genuinely interested and responding to her needs (Mearns and Thorne, 1999).

As the session progressed, Shirley began to unpack a wide range of issues: her worst fears, her personal history of living in Africa, moving to Europe and now of her life as a university student in Britain. During this part of her discourse, she disclosed the particular country and region she came from in Africa. At this point she looked somewhat worried and stated,

"I don't want that going in".

Once again I responded with transparency and immediacy and reassured the client with the tape-recorder still running that this would be omitted and asked her what she would like going in instead. The client replied,

"I would like you to say I am from Africa".

My response seemed to serve two functions; the first respecting the client's right to confidentiality but also attempting to equalize the power-balance in the relationship by communicating the message that she was a priority. Also, it was important that the client be asked again at the end of the session if she was still happy for the session to be included.

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By session four, Shirley appeared to be moving in her thinking, she symbolized this by choosing an object of the three wise monkeys and placed them in the sand. She stated,

> "Maybe if I don't blame myself for the things I did, then I might be
>
> able to stop those negative thoughts".

This seemed to give her a glint of hope and the possibility that she may gain some control over her anxiety.

Previously, in session two, Shirley had placed a small wooden decorative box in the sand, leaving the lid closed, symbolizing her feeling trapped by her anxiety. In session five, she chose the same wooden box but this time with the lid open, representing an indication that she was now facing her fear, expressed in her communication.

> "There is some kind of progress…I'm finding new ways to cope instead of
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> running away from it….I'm feeling more relaxed…not panicking…..overall,
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> it's been awful but it has taught me a lot….I guess there is a good side to
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> everything".

This change in her discourse indicated not only movement in terms of her feeling happier and more in control of her anxiety but also an acknowledgment that she had learned from her pain.

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For the final session, she chose an object resembling a network of inter-mingled branches,

"Like branches...I'm reaching out...I might be going places"

My response was to prize (Rogers, 1980) Shirley's progress in how she was managing her anxiety and her feeling happier and more optimistic in comparison to how overwhelmed she felt in the first session. She responded,

"Yeah like every day is a new day...new experiences...I'm looking forward to it...I'm looking ahead".

The shift in Shirley's intra-phenomenological experience involving a process whereby she gained some clarity of thought and relief in her feeling overwhelmed had clear benefits for her. In the final session she communicated she was feeling happier and looking forward to the future.

Inter-phenomenological process

This term is described as movement in the client's phenomenological experience. This 'self-others' mode, involves thinking and feeling in relation to others.

Over the six sessions Shirley progressed from blaming other people for her anxiety and her need to hide away to later taking on the responsibility for

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change. Again this was evidenced by her choice of objects and the narrative recorded in the sessions. In session one, Shirley picked out an object of a hedgehog and an object of a person sitting cross-legged, hunched over with its head in its hands. She described herself feeling judged by others and wanting to hide away. She stated,

"It's like a form of a shell…I want to be protected…don't want to come out and socialize".

She expressed her pain and loneliness,

"I'm hiding away…they don't understand…no one gives a shit anyways".

As the therapy progressed Shirley began to move from this helpless position to acknowledging that her and only her has the power to bring change,

"I am the one who got me into this…should have asked for help…I have to accept and be strong enough to stand up to them".

She went on to acknowledge the effort she would have to put in to bring change,

"no…can't blame them….I have to step out of the comfort zone to have a better life rather than be scared all the time….have to put yourself in their position and understand where they are coming from".

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There appeared to be a change in Shirley's inter-phenomenological perspective in how she saw others. She moved from blaming others to demonstrating her empathy towards them and realizing that she had to take the responsibility for change. It was apparent that Shirley did benefit from being involved in the research and in the end-of-therapy feedback sheet stated, "I am feeling more relaxed…not panicking…looking ahead".

Counselling supervision was helpful to reflect on what was happening in the therapy sessions with Shirley. One of the aims of supervision is to help the counsellor to be more effective in their therapeutic interactions with the client (Page and Wosket, 1994). My clinical supervisor agreed for me to work creatively in supervision, at times using the photographs of the sand displays and at other times using the actual sand-tray and objects in concordance with the therapeutic intervention used in the research. Lahad (2000) argues that working with such creative symbolism "is likely to change internal reality or can bring about change in perceiving external reality" (p15). Therefore the supervisee can be helped to see "a situation from new perspectives and broaden alternatives" (Lahad, 2000, p90) which could result in the counsellor challenging the client such as encouraging them to see things from a different viewpoint.

During supervision, I worked with the same objects used by Shirley and my supervisor would facilitate me to explore various issues relating to my work with her. An example of this involved Shirley's use of the ornate wooden box with her closing the lid as she picked it up, in session 2. In a particular supervision session, which took place three days after session 2 with Shirley, I focused on the

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closed box in the photograph of the sand-display and my supervisor asked,

"What is in the box?" This question helped to broaden my perception of Shirley's

process and after some moments reflecting, I replied, "her fear….her anxiety…it's

trapped within her…hard to get out" My mind moved to her panic attacks and I

said " It's like she lets out some of that fear…..feels some of it but then becomes

completely overwhelmed". My supervisor then asked me, "what is going on for

you right now?" I replied, "I want to help her escape from this (looking at the

box in the sand)…. but I wonder if she will ever escape". This clarified my worry

that she may be stuck and that I had some fear myself that I may not be able to

help her. My supervisor helped me explore my fear and we both came to the

conclusion that I had to stay alongside her and hold on to the hope that she

would break free in her own time. I did believe she needed to face her fear in

order to deal with it but I acknowledged that I should not push her but to let her

set her own pace in the process. Rogers (1961) would appear to support this as

he states,"…it is the client who knows what hurts, what direction to go, what

problems are crucial, what experiences are deeply buried….I would do better to

rely upon the client for the direction and movement in the process" (pp11-12).

I believe this exploration in supervision helped me to empathize more effectively

with Shirley and fostered her self-reliance as she set her own pace. This

approach proved to be beneficial as in the following sessions she began to

unpack the fears she had been avoiding and in session 5, she used the box again

but this time it was open. She stated, "I am coping rather than running away

from it…need to stop running away from it".

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With regard to the client giving feedback on the sand-tray therapy I wanted to ensure that she could be as open as possible so I encouraged her to be as honest as she liked. I facilitated this by leaving the room while Shirley completed her feedback and her sealing the form into an envelope prior to my return. At the end of the last session 'renewed consent' (BPS, 2014, p21) was sought, with Shirley being asked again if she was still happy for the recording to be included in the research, with her reporting she was happy to. Grafanaki (1996) describes how a good research alliance between client and counsellor-researcher would include 'process consenting' (Streubert, & Carpenter, 2011, p455) with consent being assessed throughout the research. BPS (2014, p21) state that "renewed consent from participants" (p21) may be appropriate for studies, which involve repeated data collection.

Reflecting on the case example, I argue that it was essential to have a predominantly therapeutic focus during the sand-tray counselling sessions, with the client being the priority. It was also necessary to stay close to the client's meaning in terms of the symbolism of objects used. Acknowledging the client's own process appears to help them stay with the exploration in the here and now, increasing the likelihood that the client moves into new territory and in turn increasing the possibility of gaining insight. The concrete examples in the case example illustrate that this approach has been effective.

I argue that due to this knowledge emerging from analyzing data sourced directly from the client's discourse in the therapeutic context, it is highly relevant to clinical practice. Furthermore, this qualitative clinical case study method was vital in understanding the client's phenomenological experience. A

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randomized controlled trial would not have captured the client's complex and in-depth experience in the same way. The clinical example referred to in this article will contribute to the larger case study, aiming to build an over-arching theory of how short-term sand-tray therapy achieves positive outcomes for adult clients.

Ethical Considerations

Unlike other research methodologies, a clinical case study involves the client-participant exploring their personal experience in depth, so a high level of client self-disclosure is inevitable, which needs careful consideration by the researcher planning such a study.

Shirley explored her fears, stemming from her own cultural background and of being a young black woman living in Britain. Due to this level of self-disclosure it was necessary to inform her that her anonymity was a priority. In addition, the issue of confidentiality had to be explicitly communicated along with the boundaries to this regarding any risk to self or others. These ethical commitments were met in the initial appointment with Shirley but also re-visited throughout the process.

Bond (2004) also states that "avoiding harm to research participants should be an over-riding ethical concern" (p6). In order to avoid harm to clients taking part in research, The British Association for Counselling and Psychotherapy (Bond, 2004) established the Ethical Guidelines for Researching Counselling and

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Psychotherapy for the counsellor-researcher, essential to good practice. The five criteria when taking this dual role are summarized in table 1.

Criterion 2, identified by Bond, is for the counsellor-researcher to have consultation with an ethics committee and their counselling supervisors before the research commences and continuing throughout the research process. This is likely to contribute to avoiding harm to the client. Bond views this as ethical, where issues can be addressed, lowering "the exposure to adverse risk(s) for both research participants and the researcher" (2004, p6).

In the present research study, the University Research Ethics Panel granted ethical approval and the researcher is supervised each month by three experienced research supervisors who oversee the research process. This involvement, by other professionals, serves to enhance the main researcher's reflections in terms of ethics and avoiding harm to the participants. In addition, the counsellor-researcher's clinical supervisor supported the research with monthly clinical supervision, focusing on the client-participants involved in the sand-tray therapy.

Confidentiality and how the privacy of the individual is protected are key ethical concerns in case-study research exploring clinical reports (Gavey & Braun, 1997). However, for pre-planned case study research, the practice of disguising a client's identity to protect them may not be sufficient and informed consent to participate in research is required. In the present study, prospective client-participants responded to an advertisement for clients who were seeking

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therapy and who may be interested in becoming involved in research, so

informed consent was obtained before any therapy went ahead. In addition,

empowering Shirley to choose which information about her was revealed,

contributed to maintaining her anonymity.

Other necessities include providing a thorough and clear information sheet for

prospective participants, which indicates what is being requested of the client,

obtaining informed consent (Table 1, criterion 3) and the right to withdraw. In

the present study a commitment to confidentiality and clearly communicating

the boundaries to this was made clear. In addition, Shirley was given the choice

to change any particular content, which would indicate her/others identification.

BACP (2004, p7) and BPS (2014, p15) clearly indicate the requirement for

participants involved in research to have a right to withdraw or modify their

consent. Shirley was also given the option to have six sand-tray therapy sessions

without being involved in the research. It was made clear that she could make

this decision anytime during the six sessions so as to modify her consent to be

involved.

Unanticipated ethical issues are likely to occur when there is an over-lap in the

roles of counsellor-researcher, which need adequate attention (Hart & Crawford-

Wright, 1999). It has been proposed that by prioritizing the role of counsellor

over that of researcher in the therapy sessions, conflict between these two roles

can be managed (Etherington, 2000). However, others argue that dual roles

"pull in different directions and present both conflicting obligations and

conflicting interests" (Beauchamp & Childress, 1994, p441). This conflict was

overcome in the present study by incorporating 'role fluency' into the research

process (Figure 2). This meant that the different obligations and interests of

each role were met.

There is an acknowledgement that although the role of counsellor was

predominantly adopted during the therapeutic intervention and no formal

analysis took place until the 6 therapy sessions were completed; the reality is

that some overlap between roles is inevitable. There is likely to be moments

when the dual role of counsellor-researcher needs to be adopted in the therapy

sessions, such as responding to the client's request to modify or exclude certain

details from their discourse. Furthermore, in those moments where the client is

considering their contribution to the study, they will take on the dual role of

client-participant.

The present research is a Grounded Theory study and throughout the process

the counsellor-researcher's theoretical sensitivity (Glaser, 1978) is developing.

This involves the formation of initial ideas, which would almost be impossible to

leave outside the counselling room during subsequent sessions. Although this

issue does not necessarily have a negative impact, it does need to be

acknowledged that the dual role cannot be suspended entirely at any time during

the process.

In addition, counselling supervision and research supervision took place

monthly, and in this context there was a stepping in and out of counsellor and

researcher roles as the theoretical concepts were developing. This blurring of

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the boundaries between counsellor and researcher was managed in the present study by keeping a reflexive diary, memo writing and having a reflexive approach in counseling supervision. This aside, the therapy sessions with Shirley met the therapeutic obligations, with her being the focus and a priority. In the case example, Shirley's disclosure of her finding it very difficult to cope with her anxiety on a day-to-day basis was managed by offering to facilitate a relaxation technique at the end of the session which she could try out during the week. Shirley took up this offer and the techniques proved to be helpful for her.

Bond (2000) argues that counsellor-researchers need to practice the state of 'ethical mindfulness', which should be an ongoing process, including the supervision context. Adopting this attitude is likely to foster transparency and immediacy in the relationship. Therefore, any dilemma, which may emerge during the therapy/research process, is given sufficient attention with an aim to resolving the issue. In the present study, an example of such 'ethical mindfulness' was when Shirley disclosed her religion and then wanted this replaced with the more general term, "my faith". This issue was dealt with using immediacy by the counsellor-researcher and with the tape still running it was agreed to only use the term 'my faith' in the transcripts and subsequent writing. This also demonstrates how the dual role cannot be suspended entirely at any time during the process, as here the role of being predominantly counsellor in the therapy session required a shift to counsellor-researcher, in order to respond to the client-participant needs.

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Opportunities and challenges for the dual role of counsellor-researcher

In this section the intention was to avoid using the terms advantages and disadvantages, inferring a polarity but instead to use the concepts: opportunities, which identifies the benefits of the dual relationship; and challenges, which concerns issues that will need to be negotiated, to avoid potential fractures to the therapeutic relationship. A potential fracture may result in the client or counsellor becoming disengaged in the therapeutic alliance. For example, an ethical dilemma not dealt with sufficiently by the counsellor could result in the client having a lack of trust or the counsellor having a lack of empathy. In the present study, if the two issues regarding Shirley's request to change the terms regarding her religion and her country of origin had not been addressed using immediacy, this could have resulted in her losing trust and becoming disengaged in the therapeutic process or possibly withdrawing from the study altogether.

Producing research-based knowledge relevant to practice

A key opportunity of taking a dual role of counsellor-researcher is that it arguably produces research-based knowledge that is highly relevant to practice. Such case-study work "generates knowledge in context", which is essential "for understanding practice expertise in action" (McLeod, 2010, p7). Researchers using randomized controlled trials (RCT's) would have difficulty capturing the

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"complexity and subtlety of the therapy process" (Stephen, Elliott & McLeod, 2011, p57). Such acknowledgment of the benefits of case study research has culminated in renewed interest in the case study as a "credible vehicle" (Fishman, 2011, p511) for counselling research, complementing quantitative research. The case example provided demonstrates how the clinical case study with the researcher taking a dual-role has successfully generated knowledge in the therapeutic context and has led to the theoretical explanations of how the therapy worked.

Benefits to participants involved in dual-role research

Altruism, centered on the willingness to help others is considered an important motivation for people to participate in research (McCann et al). However several research studies (Hunter et al, 2012; McCann, Campbell and Entwistle, 2010; Mein et al, 2012) suggest it is not the only factor; the opportunity for the participant to benefit directly is also a significant motivator to become involved in research. McCann, Campbell and Entwistle, (2010) coin the term 'conditional altruism' suggesting that in addition to wanting to help others there is an expectation to benefit personally from becoming a participant in research.

Clients involved in clinical case study research may receive therapeutic benefits. Shirley, by her own admission found the six sessions of sand-tray therapy helpful in terms of bringing new understanding and managing her anxiety. Evidence suggests research can benefit clients who take part, as the process is often an

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empowering one for the client with them making progress with their problems

(McLeod, 1994).   The client who participates in such case study research brings

a personal issue, which they want help with. Their participation may bring

personal insight, emotional relief or improved coping skills for a particular

problem in addition to contributing to the process of understanding others.

Dual-role research provides participants with the opportunity to benefit

personally and contribute to helping others.

Confidentiality

Before beginning this type of research a number of challenges for the counsellor-

researcher need to be addressed. The British Psychological Society (BPS, 2014)

state "participants in psychological research have a right to expect that

information they provide will be treated confidentially" (p22). With regards to

counselling research, BACP (2004) state, "honoring any promises about

confidentiality carries special weight because this is central to practitioner and

researcher trustworthiness in this field of work" (p7). McLeod (2002) argues it

may be more challenging to maintain confidentiality in clinical case study

research due to the volume of rich data accumulated from the client's disclosures

in the interviews. However, the counsellor-researcher in the present study

argues that holding a state of ethical mindfulness throughout and adopting role-

fluency helps to manage this challenge. Predominantly taking the role of

counsellor during the therapy sessions places the client at the center of the

process and fosters their personal autonomy. The therapeutic relationship aims

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to build trust and can empower the client to challenge the counsellor-researcher and communicate what they want excluded from the transcripts. During the initial meeting in the present study, Shirley was also informed and agreed to a therapeutic contract, with the issue of confidentiality and its boundaries clearly communicated in addition to the research consent form.

Time-consuming process of transcribing

Furthermore, although time-consuming, the counsellor-researcher in the present study would also advise that the practitioner themselves should be the one to transcribe the recorded sessions. This will serve to address two points: it will be the researcher whom maintains the state of 'ethical mindfulness' (Bond, 2000) when transcribing the data and secondly, the researcher will immerse themself in the data which is a necessary first step in qualitative analysis (McLeod, 2003).

Omitting and adapting a client-participant's disclosure

Avoiding harm to the client-participant should include them having the option of omitting any material they do not want to go in the final report. This was the case with Shirley, her wanting to exclude her particular religion and country of origin. Using immediacy and adopting a transparent attitude by the counsellor-researcher is essential. As is, clearly communicating responsibility to protect the client-participant's identity in the research, prior to them giving consent. In

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addition, any reference to other people the client refers to should be anonymised. These steps will contribute significantly to the issue of maintaining confidentiality.

An appropriate focus in the therapy sessions

Another challenge involves having an appropriate focus in the therapy sessions to avoid corruption of the therapeutic alliance. The client should to be aware that their needs are a priority, so the counsellor-researcher having a predominantly therapeutic focus in the actual counselling sessions is favourable. Thomas (1994) recommends taking the stance of being 'a counsellor first" when adopting the dual role of counsellor-researcher.   This involves the therapist offering empathy and staying alongside the client in their exploration. Thus, predominantly being in the role of therapist in the sessions and only once the final session is completed, beginning to analyze the data. Wosket argues for the requirement to put the needs of the client ahead of the research requirements and to respect and accept a client's decision to discontinue with the research (1999).

Gabriel and Casemore (2009) suggest that such 'role-fluency' is a factor in dual relationships. These authors argue that few practitioners would disagree that counsellors are "morally, ethically and professionally responsible for their clients" (2009, p15). Therefore, predominantly taking the role of therapist in the

therapy sessions seems more compatible in honoring the ethical duty to the

client-participant.

Reflexivity

Reflexivity in practitioner research is vital (Bager-Charleson, 2014). This

requires the practitioner to engage in exploring their self-awareness, based on

their personal process when counselling the client. Increased reflexive

awareness enables the counsellor-researcher to bracket off their own process

more effectively, enabling them to stay closer to the client's frame of reference.

The supervisor in clinical supervision can facilitate such in-depth reflexivity.

Experienced counsellors who have an empathic attitude are relatively practiced

at bracketing-off their own thoughts and feelings, when working alongside a

client in their attempt to see the client's world as the client perceives it.

Reflexivity is a core concept in therapy (Hedges, 2010). Hedges describe how our

communication stemming from our own assumptions can impede the

therapeutic process.   Therefore, self-reflexive practices are essential not only

when conducting research but also to deliver ethical counselling practice.

Insight gained from personal reflection and during counselling supervision will

contribute to the counsellor's ability to be "fully present" (Mearns & Thorne,

1999, p96) with the client so they experience the counsellor as attentive and

genuinely interested in them. Mearns (1999) links the counsellor's presence

with establishing an environment of "safety, trust and respect" (p176-177).

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Willig (2008) identifies two types of reflexivity, the first being 'personal reflexivity' reflecting on our own values, beliefs and experiences which shape our research (p10). This reflexivity can involve the counsellor-researcher having a questioning attitude when identifying meanings throughout the research process and exploring any possible influence from their own values and beliefs. The second, 'epistemological reflexivity', Willig defines as the researcher being encouraged to reflect on the "assumptions (about the world, about knowledge) that we have made in the course of the research" (p 10) and its implications for our research findings. Engaging in epistemological reflexivity may include the practitioner questioning how the research question has limited the findings and how it could have been investigated in a different way (Willig, 2008).

Clinical and research supervision

With regards to supervision, the counsellor-researcher may experience complementary or conflicting messages from their research supervisors and their clinical supervisor. Consideration of how the practitioner brings these various perspectives together and when and how to keep them apart needs to be established, with sufficient time being devoted to exploring these boundaries with all supervisors. The counsellor-researcher needs to have a transparent approach in both academic and clinical supervision so as to address any ethical issues head-on. Any fracture in the dual relationship such as the client and/or counsellor becoming disengaged in the sessions, needs to be carefully monitored in supervision and addressed directly with the client-participant (Gabriel &

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Davies, 2000). Wosket (1999) suggests that such dual role research can work well when there is good clinical and research supervision in place. The focus of supervision sessions should include an exploration of the impact of the dual relationship on the therapy and research aspects of the process**.**

In the case example provided, counselling supervision was an essential element in the research process.   The supervisor facilitated the counsellor-researcher's reflexivity. At various times this had a positive impact on the level of empathy offered to Shirley, contributing to her benefiting from being involved in the research. Supervision also contributed to developing the theoretical ideas evident in the analysis. Supervision in counselling research monitors ethical practice, is a factor in delivering effective therapy and contributes to establishing theory.

Conclusion

This article has presented a case for the dual role of counsellor-researcher in qualitative research. From the case example presented, the client benefited from the experience and explored a range of concerns.   In the initial assessment session she set the goals of wanting to manage her anxiety more effectively and to talk about some difficult issues she had not previously addressed. In collaboration with Shirley we decided to incorporate a relaxation strategy at the end of each session, which may help her, manage her anxiety in addition to me helping her explore those difficult things she needed to speak of. It appeared she

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achieved these goals and by the end of therapy had a more positive frame of mind, looking forward to the future.

I would argue that being involved in the counselling research had a positive effect on the Shirley. Her feedback stated "I'm feeling more relaxed...not panicking...I have explored things in my life which I initially had a problem talking about". In addition, by being involved in the study and her completing the feedback sheets at the end of each therapy session, this enabled her to reflect and gave her the opportunity to give feedback on the therapy offered. Further more, I as counsellor-researcher clearly benefited from the process, in terms of acquiring a rich data set for analysis with an aim to contribute to research.

Be that as it may, such dual role research is not for the faint hearted. The amount of effort required by the counsellor-researcher to conduct ethical and effective clinical research is challenging but in my view, well worth the struggle. Much consideration needs to be devoted from the early planning stage, right through to completion of the study. The BACP Ethical Guidelines for Researching Counselling and Psychotherapy (Bond, 2004, p9) identifying five criteria for the counsellor-researcher, provide a useful framework for good practice.

In addition, I suggest that the researcher adopts a 'role-fluency' approach throughout the process. In particular, to predominantly adopt the role of counsellor during the actual therapy session/s, with the client being a priority. I advise that the researcher engage in 'process consenting', with the client-participant being reminded throughout that they can withdraw at any time. I

would also argue that the counselling relationship should have come to an end before any analysis of the data begins so it does not interfere with the counselling process. Finally, I would echo Bond's (2000) message of the researcher adopting a state of 'ethical mindedness' throughout the whole process.

Ethical dilemmas emerge in therapy as well as therapeutic-research and there needs to be an appropriate ethical response by the practitioner no matter what the context. Care for the client and doing no harm has to be a priority whether it is in the context of therapy or therapeutic-research.

Although qualitative research appears to be gaining ground as researchers seek robustness in their approach, the question remains; as a counselling profession should we be satisfied with research, which is restricted to counsellors' perceptions or quantitative questionnaires? I argue for the need to include clients who want to engage in counselling and who are happy to contribute to research. The clients' discourses in therapy providing the raw data producing findings, which will contribute to research-based knowledge and in turn being highly relevant to counselling practice.

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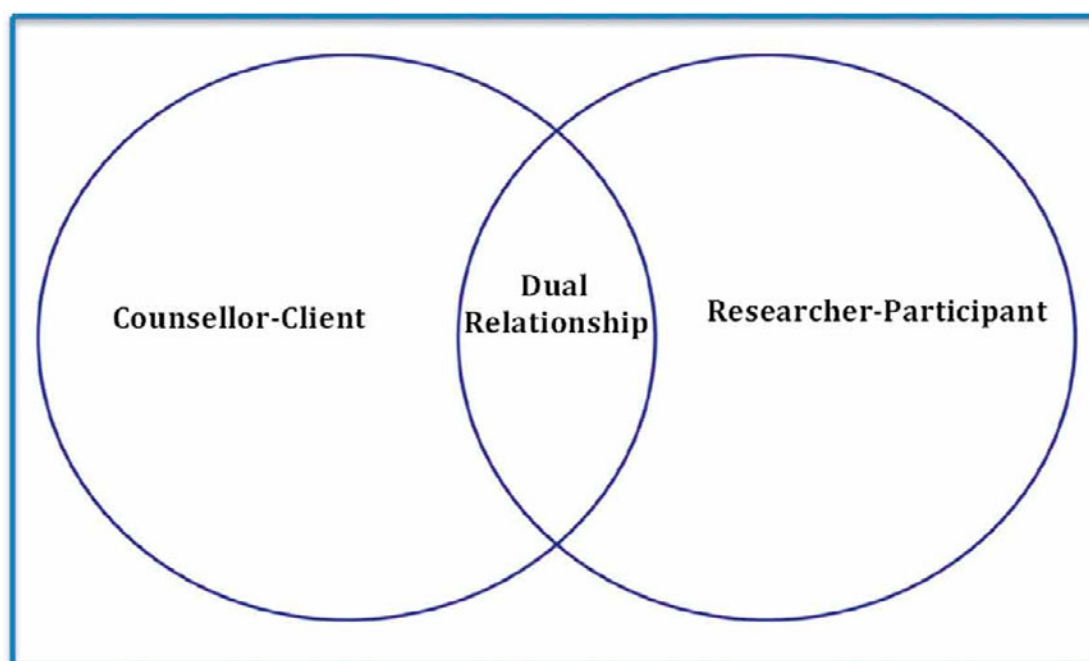**Figure 1: The Dual Relationship in Clinical Case Study Research**

Figure 2: The Role-Fluency Process in Clinical Case Study Research
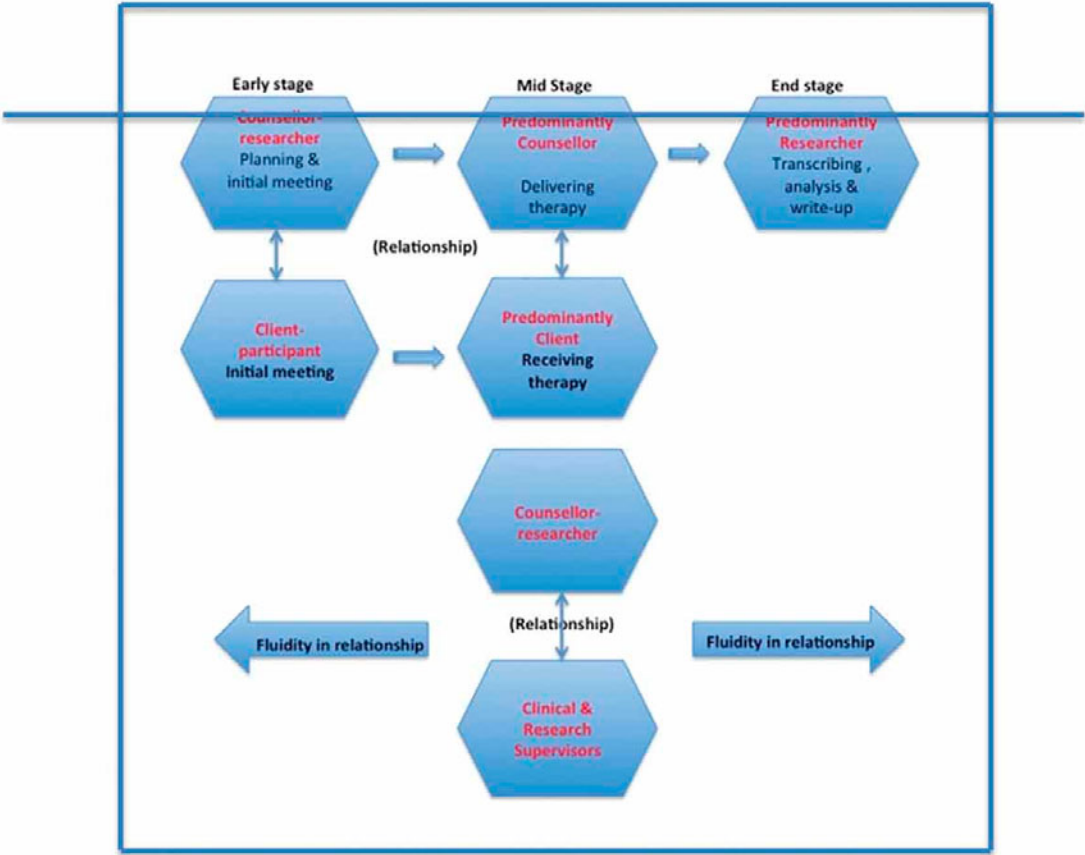
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Table 1

	Criterion
1	Care is taken to ensure that the undertaking of any research by the practitioner is both beneficial to the client and also consistent with the integrity of the research.
2	Thorough consultation, with both a research consultant or ethics committee, and the practitioner's counsellor or psychotherapy supervisor, is undertaken before the research commences and continues throughout the duration of the research.
3	The challenge of obtaining free and informed consent in these circumstances is adequately considered and the procedures for obtaining consent outlined in section 3.1(Consent, page 6-7) followed.
4	The impact of the dual relationship is carefully monitored and, when appropriate, addressed in any reports of the research process and outcomes.
5	The use of any records is restricted to the purpose(s) for which they were created and authorized by the client's consent.

(Bond, 2004, p9)

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