Critical empirical concept analysis in counselling psychology research

Document Version
Other version

Link to publication record in Manchester Research Explorer

Citation for published version (APA):

Published in:
BPS Division of Counselling Psychology Conference

Citing this paper
Please note that where the full-text provided on Manchester Research Explorer is the Author Accepted Manuscript or Proof version this may differ from the final Published version. If citing, it is advised that you check and use the publisher's definitive version.

General rights
Copyright and moral rights for the publications made accessible in the Research Explorer are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

Takedown policy
If you believe that this document breaches copyright please refer to the University of Manchester’s Takedown Procedures [http://man.ac.uk/04Y6Bo] or contact uml.scholarlycommunications@manchester.ac.uk providing relevant details, so we can investigate your claim.
CRITICAL EMPIRICAL CONCEPT ANALYSIS
METHODOLOGY IN
COUNSELLING PSYCHOLOGY RESEARCH

Dr Caroline Vermes
Chartered HCPC Registered Counselling Psychologist
Agenda

• The research question: What are client factors in common factors theory?
• Concepts, criticality and empiricism
• The interdependent relationship between concepts and theory
• The role of deductive qualitative research in counselling psychology
• Giovanni Sartori’s ‘ladder of abstraction’
• Design: Seven step concept analysis process
• Findings: What comprised the client factors concept?
• Conclusion: What does the client factors concept mean for counselling psychology?
RESEARCH QUESTION:
WHAT ARE CLIENT FACTORS IN COMMON FACTORS THEORY?
1936: Saul Rosenzweig theorised that the equivalent benefits of different psychotherapies are caused by “unrecognised factors in any therapeutic situation that may be even more important than those being purposely employed” (p.412).

Rosenzweig posed a question that has inspired generations of subsequent studies: “What do therapies have in common that makes them equally successful?” (p.413).
Client factors concept in common factors theory

1973: Jerome Frank and Julia Frank, *Persuasion and Healing*

A wide range of generic patient, extratherapeutic and therapy factors are responsible for client healing in various types of psychotherapy.
Client factors concept in common factors theory

1973: Jerome Frank and Julia Frank, *Persuasion and Healing*

A wide range of generic patient, extratherapeutic and therapy factors are responsible for client healing in various types of psychotherapy.

**Patient factors**

- Expecting to improve
- Remoralisation
- Confession
- Learning
- Self-reflection
- Attitude change
- Commitment to new values.
Client factors concept in common factors theory

1973: Jerome Frank and Julia Frank, *Persuasion and Healing*

A wide range of generic patient, extratherapeutic and therapy factors are responsible for client healing in various types of psychotherapy.

<table>
<thead>
<tr>
<th>Patient factors</th>
<th>Extratherapeutic factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Expecting to improve</td>
<td>✓ Peer and family influences</td>
</tr>
<tr>
<td>✓ Remoralisation</td>
<td>✓ Stressful life circumstances and events.</td>
</tr>
<tr>
<td>✓ Confession</td>
<td></td>
</tr>
<tr>
<td>✓ Learning</td>
<td></td>
</tr>
<tr>
<td>✓ Self-reflection</td>
<td></td>
</tr>
<tr>
<td>✓ Attitude change</td>
<td></td>
</tr>
<tr>
<td>✓ Commitment to new values.</td>
<td></td>
</tr>
</tbody>
</table>
Client factors concept in common factors theory

1973: Jerome Frank and Julia Frank, *Persuasion and Healing*

A wide range of generic patient, extratherapeutic and therapy factors are responsible for client healing in various types of psychotherapy.

<table>
<thead>
<tr>
<th>Patient factors</th>
<th>Extratherapeutic factors</th>
<th>Therapy factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Expecting to improve</td>
<td>✓ Peer and family influences</td>
<td>✓ Patient-doctor relationship</td>
</tr>
<tr>
<td>✓ Remoralisation</td>
<td>✓ Stressful life circumstances and events.</td>
<td>✓ Provision of education and encouragement for patient behaviour modification</td>
</tr>
<tr>
<td>✓ Confession</td>
<td>✓</td>
<td>✓ Stimulation of client emotions and self-reflection</td>
</tr>
<tr>
<td>✓ Learning</td>
<td>✓</td>
<td>✓ Collaborative construction of new plots for client life stories that sustain better self-image</td>
</tr>
<tr>
<td>✓ Self-reflection</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>✓ Attitude change</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>✓ Commitment to new values.</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>
Client factors concept in common factors theory

1992 Michael Lambert ‘What causes variance in outcome?’

- 40% Extratherapeutic factors e.g. client ego strength and social support
- 15% Placebo effects e.g. client expectation
- 30% Therapist contributions to relationship e.g. acceptance, warmth, empathy
- 15% Specific therapy techniques
Client factors concept in common factors theory

**Problems with Lambert’s Pie**

- “No statistical procedures were used to derive the percentages” (1992, p.98).
- Conflates therapeutic common factors with therapist factors
- Obscures client agency under the label “extratherapeutic change” which includes spontaneous remission and fortuitous events (Asay and Lambert, 1999).
- Specific client factors only cursorily described, such as capacity for a meaningful relationship with the therapist, maturity, motivation, quality of social support and “personality makeup and ego organisation” (Asay and Lambert, 1999, p.32).
Client factors concept in common factors theory

Problems with Lambert's Pie

- “No statistical procedures were used to derive the percentages” (1992, p.98).
- Conflates therapeutic common factors with therapist factors
- Obscures client agency under the label “extratherapeutic change” which includes spontaneous remission and fortuitous events (Asay and Lambert, 1999).
- Specific client factors only cursorily described, such as capacity for a meaningful relationship with the therapist, maturity, motivation, quality of social support and “personality makeup and ego organisation” (Asay and Lambert, 1999, p.32).
- DeRubeis, Gelfand, German, Fournier and Forand (2014) criticise the ‘percent of variance’ model to because a key factor, therapist technical skill is not necessarily characterised by high variance within and across studies, although still representing an essential (and potent) ingredient of therapy.
- DeRubeis et al. also suggest that this model also does not account for variability amongst clients that render them ‘spontaneous remitter,’ ‘easy,’ ‘pliant,’ ‘challenging’ or ‘intractable’ patients.
1986: Albert Bandura, *Social Foundations of Thought and Action*

“Research aimed at estimating the relative percentage of behavioural variation due to persons or situations is ill suited for clarifying the transactional nature of human functioning” (p.29).

Pie charts showing proportional contributions of different variables to psychotherapy outcome cannot capture the socially interactive determinants of psychosocial change.

Social research should examine the interdependency of causal factors; and the conditions in which people both create and are influenced by their social climates “in an ongoing sequence of events” (Bandura, 1986, p.29).
Client factors concept in common factors theory

1999: Karen Tallman and Arthur Bohart: *The client as a common factor*

Client contributions account for more than the therapist or therapeutic approach for making therapy work.

Bohart has also noted that “the role of the client as an active change agent who makes significant contributions to the change process has been neglected in the psychotherapy literature” (2004, p.119).

He recommends, “There are now many reviews of specific aspects of client functioning but none give a comprehensive picture of the client in therapy. It seems...useful to investigate what these characteristics mean....” (Bohart & Wade, 2013, p.221, 246).
Client factors concept in common factors theory

2001 Wampold/2015 Wampold and Imel, *The Great Psychotherapy Debate*

- 87% Client and extratherapeutic factors
- 9% Therapeutic common factors
- 3% Unexplained variance, probably client factors
- 1% Specific therapy techniques
Client factors concept in common factors theory

2001 Wampold/2015 Wampold and Imel, *The Great Psychotherapy Debate*

- 87% Client and extratherapeutic factors
- 9% Therapeutic common factors
- 3% Unexplained variance, probably client factors
- 1% Specific therapy techniques

87% Client and extratherapeutic factors

3% Unexplained variance, probably client factors

9% Therapeutic common factors

1% Specific techniques
What is the 87%: Bohart’s potpourri

1. Duration and severity of problem
2. Pre-treatment change
3. Stage of change
4. Motivation
5. Hopes and expectations
6. Helpful behaviours outside therapy
7. Quality of social support
8. Client change theory
9. Self-expression
10. Self help media
11. Participation and openness
12. Clarity of goals
13. Agency
14. Active learning
15. Creative problem conceptualisation
16. Reflexive learning
17. Exposure and extinction
18. Corrective experiences and mastery
19. Suitability for therapy
20. Cooperation
21. Contribution to therapeutic bond
22. Resilience
23. Early change
24. Higher distress

Asay and Lambert (1999);
Tallman and Bohart, 1999;
Bohart and Tallman (2010)
Or an arbitrary mess?

- Behavioural and cognitive functions
- Active and passive states
- Intra-therapeutic and extratherapeutic elements
- Intimations of different theories such as ‘stage of change’
- Different degrees of concept abstraction e.g. ‘self expression’ vs ‘resilience’
- Temporally determined aspects such as ‘pre-therapy change’ and ‘early change’
- Difficult-to-measure categories such as ‘suitability for therapy’

**Not known how much background research is based on first-hand client experience**

This potpourri does not explain change process, nor why some clients find change difficult to achieve. It does not offer a cohesive theory of ‘the active client’.
CRITICAL EMPIRICAL CONCEPT ANALYSIS METHODOLOGY IN COUNSELLING PSYCHOLOGY RESEARCH
What is a concept?

Socially constructed abstract idea about how things work
What is a concept?

Socially constructed abstract idea about how things work

Postulization or hypothesis

Belief or conviction
How do concepts work?

Referents

Contexts, activities, events, characteristics, processes: “What goes on”
How do concepts work?

**Referents**

Contexts, activities, events, characteristics, processes: “What goes on”

**Meanings**

Personal and collective understanding of “What goes on”
How do concepts work?

- Referents: Contexts, activities, events, characteristics, processes: “What goes on”
- Concepts: Verbal denotations of referents
- Meanings: Personal and collective understanding of “What goes on”
How do concepts work?

**Concepts**
- Verbal denotations of referents
- Theoretical abstractions shaped and limited by language systems, perception, interpretation and power structures

**Referents**
- Contexts, activities, events, characteristics, processes: “What goes on”

**Meanings**
- Personal and collective understanding of “What goes on”
Some hot counselling psychology concepts

- Social justice
- Reflexivity
- Internationalisation
- Ethnicity
- Power
• How is the meaning of this concept created?
How is the meaning of this concept created?

Who decides what its meaning is?
• How is the meaning of this concept created?
• Who decides what its meaning is?
• How is its meaning structured?
• How is the meaning of this concept created?
• Who decides what its meaning is?
• How is its meaning structured?
• Is it a reflection of some ‘truth’ about how the world works? Does it reflect an ideological belief about our work? Is it a cliché?
• How is the meaning of this concept created?
• Who decides what its meaning is?
• How is its meaning structured?
• Is it a reflection of some ‘truth’ about how the world works? Does it reflect an ideological belief about our work? Or is it a cliché?
• Is it sufficiently well-defined (linking specific referents with meaning) to be researchable?
Concepts are [our] ‘tools of the trade.’ But the scientist-practitioner’s ability to teach, practice, research and theorise effectively using these tools depends on a precise, deep and clear understanding of their meaning and referents, as well as the ability to measure them or assess their impact in people’s lives. Achieving such clarity, in turn, depends on research methods that enable analysis of conceptual structure and linkage to theory. 

Vermes 2018, p.19
CRITICAL EMPIRICAL CONCEPT ANALYSIS METHODOLOGY IN COUNSELLING PSYCHOLOGY RESEARCH
Criticality

- Concepts are rich – and problematic – holders of meaning
- Rigorously exploring social processes encapsulated in concepts
Criticality

- Concepts are rich – and problematic – holders of meaning
- Rigorously exploring social processes encapsulated in concepts
- Examining the manner in which concepts are operationalised (or not)
- Reframing/restructuring concepts using alternative data sources
- Exposing power interests in the concepts we prefer and those we neglect
CRITICAL EMPIRICAL CONCEPT ANALYSIS METHODOLOGY IN COUNSELLING PSYCHOLOGY RESEARCH
Empirical

• Concept analysis as a research process rather than an aspect of literature review
• Examined by observation of various data sources, including first-hand experience
• Rooted in theory
• Building an evidence base for theory
The relationship between concepts and theory

Building blocks of knowledge?

**Concepts create theory** by holding explanatory meaning about partial aspects of how things work.
The relationship between concepts and theory

Building blocks of knowledge?

**Concepts create theory** by holding explanatory meaning about partial aspects of how things work.

Theoretical niches?

**Theory houses concepts** in ‘meaning niches.’ Paley (1996) asserts that “the only way to clarify a concept is to explicitly adopt a theory that determines what its niche will be” (p.577).
The relationship between concepts and theory

Building blocks of knowledge?

Concepts create theory by holding explanatory meaning about partial aspects of how things work.

Theoretical niches?

Theory houses concepts in ‘meaning niches.’ Paley (1996) asserts that “the only way to clarify a concept is to explicitly adopt a theory that determines what its niche will be” (p. 577).

Either / And
CRITICAL EMPIRICAL CONCEPT ANALYSIS METHODOLOGY IN COUNSELLING PSYCHOLOGY RESEARCH
Concept analysis mediates the relationship between referents and meanings by critiquing, organising, enriching, clarifying or improving concepts to assist with theory development.
Concept analysis mediates the relationship between referents and meanings by critiquing, organising, enriching, clarifying or improving concepts to assist with theory development.
Concept analysis mediates the relationship between referents and meanings by critiquing, organising, enriching, clarifying or improving concepts to assist with theory development.

* Inductive?
* Deductive?
Inductive versus deductive research
Inductive versus deductive research

**Inductive**

- Researcher aims to hold no preconceived ideas about what might be found
- Research is concerned with generating new theory from detailed descriptions to a general principle
- Results in untested theory or concepts
- Tends to be concerned with exploring phenomena from particular perspectives, and other areas of relativist research
## Inductive versus deductive research

<table>
<thead>
<tr>
<th>Inductive</th>
<th>Deductive</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Researcher aims to hold no preconceived ideas about what might be found</td>
<td>• Researcher is informed by an originating theory</td>
</tr>
<tr>
<td>• Research is concerned with generating new theory from detailed descriptions to a general principle</td>
<td>• Research is concerned with testing or elaborating this theory from a general principle to the details that comprise or explain it</td>
</tr>
<tr>
<td>• Results in untested theory or concepts</td>
<td>• Appropriate where concepts to be studied (and their relationship to neighbouring concepts) are known at the outset (Hyde, 2000)</td>
</tr>
<tr>
<td>• Tends to be concerned with exploring phenomena from particular perspectives, and other areas of relativist research</td>
<td>• Results may or may not support the original theory</td>
</tr>
<tr>
<td></td>
<td>• Tends to be concerned with causality and other areas of realist research</td>
</tr>
</tbody>
</table>
Epistemology

Positivism: fixed eternal truths exist and we can know them if we remove sentient bias from our scientific methods

Social constructionism: knowledge is entirely situated in subjective social interaction

Where does deductive qualitative research fit in our toolkit of research approaches?
Ontology

Epistemology

Social constructionism: knowledge is entirely situated in subjective social interaction

Positivism: fixed eternal truths exist and we can know them if we remove sentient bias from our scientific methods
Ontology

Epistemology

Positivism: fixed eternal truths exist and we can know them if we remove sentient bias from our scientific methods

Realism

Social constructionism: knowledge is entirely situated in subjective social interaction

Relativism
Ontology

Epistemology

Positivism: fixed eternal truths exist and we can know them if we remove sentient bias from our scientific methods

Social constructionism: knowledge is entirely situated in subjective social interaction

Critical realism

Realism

Relativism
Ontology

Epistemology

Positivism: fixed eternal truths exist and we can know them if we remove sentient bias from our scientific methods

Realism

Social constructionism: knowledge is entirely situated in subjective social interaction

Critical realism

Quantitative Methodologies

Critical realism

Qualitative Methodologies

Relativism

What happens? How, why and for whom does it happen?
Ontology

Epistemology

Positivism: fixed eternal truths exist and we can know them if we remove sentient bias from our scientific methods

Social constructionism: knowledge is entirely situated in subjective social interaction

Realism

Deductive research

Critical realism

Inductive research

Relativism

Quantitative Methodologies

Qualitative Methodologies

Deductive research

Inductive research
Ontology

Epistemology

Positivism: fixed eternal truths exist and we can know them if we remove sentient bias from our scientific methods

Social constructionism: knowledge is entirely situated in subjective social interaction

Realism

Deductive research

Critical realism

Inductive research

Relativism

Quantitative Methodologies

Qualitative Methodologies

What happens?

How, why and for whom does it happen?
Ontology

Positivism: fixed eternal truths exist and we can know them if we remove sentient bias from our scientific methods

Social constructionism: knowledge is entirely situated in subjective social interaction

Epistemology

Realism

Deductive research

Critical realism

Inductive research

Relativism

Quantitative Methodologies

Theory-testing methodologies
Experiments
Surveys
RCTs

Qualitative Methodologies

Inductive theory-building or exploratory methodologies
Case studies
Thematic analysis
Discourse analysis
Grounded theory
Ethnography
IPA

What happens?

How, why and for whom does it happen?

Theory

Testing methodologies

Experiments
Surveys
RCTs

Surveys

Experiments
Ontology

Epistemology

Positivism: fixed eternal truths exist and we can know them if we remove sentient bias from our scientific methods

Social constructionism: knowledge is entirely situated in subjective social interaction

Realism

Deductive research

Deductive theory-testing or theory-guided methodologies
Content analysis
Concept analysis

Critical realism

Inductive research

Inductive theory-building or exploratory methodologies
Case studies
Thematic analysis
Discourse analysis
Grounded theory
Ethnography
IPA

Relativism

Realism

Deductive research

Deductive theory-testing or theory-guided methodologies
Content analysis
Concept analysis

Inductive research

Inductive theory-building or exploratory methodologies
Case studies
Thematic analysis
Discourse analysis
Grounded theory
Ethnography
IPA

What happens?

Theory-testing methodologies
Experiments
Surveys
RCTs

How, why and for whom does it happen?

Quantitative Methodologies

Qualitative Methodologies

Experiments
Surveys
RCTs

Content analysis
Concept analysis

Case studies
Thematic analysis
Discourse analysis
Grounded theory
Ethnography
IPA
What sort of concept is ‘client factors’?

‘Client factors’ represents an abstract, theoretical shorthand for a wide range of more specific categories of client experience and activity: but we don’t have a clear picture of what these are!

Laurence and Margolis’ (1999) ‘containment’ concept is a highly abstract concept that is a composite of multiple other interrelated, less abstract concepts.

Blumer’s (1954) ‘sensitising’ concept gives only a “general sense of reference” but lacks “specification of attributes and consequently [does] not enable the user to move directly to the relevant content” (Blumer, 1954, p.7).
How did I want to analyse it?

I wanted to create conceptual anatomical definition: a theoretically and structurally coherent framework linked to existing common factors theory into which to organise my analysis.

I wanted to heed Bandura’s (1986) advice about representing the interdependency of causal factors in an ongoing sequence of events.
How did I want to analyse it?

I wanted to create conceptual anatomical definition: a theoretically and structurally coherent framework linked to existing common factors theory into which to organise my analysis.

I wanted to heed Bandura’s (1986) advice about representing the interdependency of causal factors in an ongoing sequence of events.

I needed an analytic method that respects concepts as multi-layered abstract linguistic entities, while permitting synthesis of findings from outcome studies with participant interviews.
‘Reconstructive’ concept analysis

Reconstructive analysis (after Habermas, 1991) creates conceptual frameworks by working “from the implicitly grasped know-how of an insider and...[moving] this knowledge into explicit form” (Carspecken 2008). Pragmatic and deductive rather than inductive.

From nursing scholarship:

Reconstructive concept analysis clarifies and potentially adjusts conceptual structure, dimension and meaning using multiple perspectives (Caron and Bowers, 2000).

It lends epistemic privilege both to first-hand participant knowledge and to processed research data (Hupcey and Penrod, 2003).
Analytic approach: The ladder of abstraction

The structural rule in concept framework development:

The more abstract the term, the fewer its connotations

The more granular the term, the more its connotations
Ladder of abstraction: Flying creatures

The more abstract the term, the fewer its connotations.

The more granular the term, the more its connotations.

The more specific membership properties (or adjectives) a group has, the fewer its members.
Precise definitions of core characteristics

Indicative concept analytic approaches

Built via critical engagement with surrounding literatures*

Comparing different data sources

Intention to innovate or shift meaning

Rendering concepts useful for causal or process research

Researcher shapes the framework to suit the data

*Indicative concept analytic approaches

Comparing different data sources

Intention to innovate or shift meaning

Rendering concepts useful for causal or process research

Researcher shapes the framework to suit the data

Precise definitions of core characteristics
Sarah Jane: *Listen, Doctor, is this wise? Whatever’s in that tower has got enormous powers. What can we do against it?*

Doctor: *What I always do: IMPROVISE!*
Concept analysis design over 7 steps for a ladder of abstraction for client factors

1. Data collection
2. Data extraction
3. Data interpretation: Participant hierarchy of abstraction

Parallel processes

4. Data collection
5. Data extraction
6. Data interpretation: Research hierarchy of abstraction

7. Result: Combined participant and research hierarchies
Steps 1 and 4: Starting at the bottom of the ladders

Step 1 Participant data set:

Nine self-selecting participant interviews (all F between 18 – 40)
Recently finished counselling
Four questions:
1. Please describe one positive or desired change that has happened in your life since you started therapy
2. Why do you think this change happened?
3. Please describe one thing that hasn’t changed in your life as you hoped since you started therapy
4. Why do you think this change did not happen?
Steps 1 and 4: Starting at the bottom of the ladders

Step 4: Research data set for selective literature analysis.

Terms included ‘client factors,’ ‘client characteristics,’ ‘extratherapeutic factors,’ ‘client agency’ (altered in PsycINFO to ‘empowerment’), ‘client variables,’ ‘moderators’ ‘mediators,’ and ‘predictors of therapeutic change.’

Hand search textbook reference lists to include studies that preeminent researchers have relied on for the concept’s development over time: Garfield 1978, 1994; Clarkin & Levy, 2004; and Bohart & Wade 2013.
Steps 2 and 5: Getting to grips with the data
Steps 2 and 5: Getting to grips with the data
Step 3: Participant concept hierarchy
Step 6: Research concept hierarchy

No research found about ‘hitting bottom’ or ‘precluding relational loss’

No research found about ‘unready to change’

Demographics cancelled themselves out with contradictory findings
Step 7: Reconstructed concept hierarchy

Blue = Participant only data
Red = Research only data
Lime = Participant and research data
Conclusions

Client factors associated with therapeutic change processes in this study are summarised as social support and new social connections that inspire and reinforce change; and reflective and experiential learning which help clients accommodate helpful change.

Successful therapy was experienced by participants as educational and emotionally supportive. Therapists assisted the development of helpful thinking, helped to widen client self-knowledge and promoted client generative social activity.
Conclusions

Client factors associated with non-change in this study include problem-maintaining social environments and psychosocial stagnation which can interact in a negative cycle characterised by ever-increasing social resource depletion and chronicity.
Conclusions: Implications for counselling psychology

The **therapeutic alliance** as a predictive variable was found in this study to be a reflection of **client social skills and potential for social learning**.

Reasonably socialised clients who enter therapy with tenacious natures, and supportive social networks, are likely to make therapy work and have good outcomes regardless of the relational skill of the therapist.
Conclusions

The ‘client factors’ concept points to interactional, tessellated, evolutioanal, recursive social learning processes that flow in stages over long periods of time.
Conclusions: Implications for counselling psychology

The future of process-based therapy and theory

In addition to new analytic approaches, it seems important to have a way of speaking more generally about processes of change and models that summarize them, so that results with different processes and models can be compared and translated into therapy. It would be unfortunate to replicate the cacophony of protocols with a similar body of competing process models, devoid of any common language or comparative structure….

Hayes, et al. 2019, p.47
References


References


