

Promoting rigorous research using innovative qualitative approaches

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Abstract:

An increased understanding of research methodologies that can examine the outcomes or processes in counseling—as well as be inclusive of marginalized voices—is important in the counseling field. Understanding the components and interventions that are effective in counseling can help counseling professionals provide services that are more efficacious. Additionally, marginalized client voices are needed in scholarship, particularly in counseling process- and outcome-based research; thus, it is imperative to utilize a variety of research methods, including emergent, qualitative methodologies. We review Q methodology, participatory action research, and photovoice, including each method's utility and application to counseling, procedural aspects, and critiques and recommendations. Compared with other research methods, these methods cater more toward the inclusion of marginalized voices by incorporating action steps toward change based on the findings.

Keywords: Q methodology | participatory action research | photovoice | qualitative methodology | outcome-based research

Article:

Throughout the past 3 decades, a call for counselors to train and engage in outcome-based research has been made by counseling professionals and organizations. Thirty years ago, Walz et al. (1991) published a monograph that was one of many antecedents for the *20/20 Principles for Unifying and Strengthening the Profession* put forward by the American Counseling Association (ACA; Kaplan & Gladding, 2011). In their monograph, Walz et al. highlighted trends needed for a strong counseling future, one of which was the need for outcome-based research. Twenty years

later, Kaplan and Gladding (2011) provided six critical themes needed to advance the counseling profession, one of which was promoting rigorous client outcome-based research. In the same article, Kaplan and Gladding also provided seven principles for the 20/20 vision for the future of counseling—the principles that 29 out of 30 counseling organizations determined were important to moving the counseling profession forward toward the year 2020. One of these seven principles highlighted expansion and promotion of the research base as essential to the efficacy of professional counseling, and they underscored a critical issue: that evidence-based practices were often dictated to counselors by mental health professionals in other fields (Kaplan & Gladding, 2011). Another of the 20/20 principles was a call to provide effective (evidence-based) services to diverse clients. Yet, 30 years after Walz et al.'s monograph, we find ourselves rarely engaging in (or publishing) outcome-based research (Ray et al., 2011; Wester et al., 2020). Specifically, after reviewing articles published in counseling journals across a 5-year time frame, Wester et al. (2020) found that only 18.6% of articles published focused on program evaluation or outcome-based data, leaving 81.4% of research articles being descriptive in nature. These continued calls, and the lack of process- or outcome-based research in counseling, underscore the need to bridge the gap between practice and research in counseling and encourage more outcome-based research to be conducted in the counseling profession.

There is an ongoing need for client-based process and outcome data in counseling (Balkin, 2013; Lemberger-Truelove, 2019). These data are vital if counselors are to evaluate their effectiveness with clients of diverse backgrounds, and they are also necessary to better understand the needs and experiences of clients and students. When discussing process- and outcome-based research or client outcomes, individuals may immediately think about quantitative methodologies, including but not limited to single-case research designs, pre- and posttest designs, and randomized clinical trials. However, qualitative methodologies are just as important in process- and outcome-based research (Llewelyn et al., 2016; Miller & Daly, 2013).

Neither qualitative nor quantitative methodology is better than the other; both methodologies are needed to gain a holistic understanding of a particular phenomenon. Qualitative and quantitative methodologies provide different information and answer different research questions. When combined, they provide a more complete picture of what is effective along with why and how it is (or is not) effective (Wester & McKibben, 2019). Quantitative methodologies can indicate cause and effect, postulate strength of relationships, or show numerical representation for change in symptomatology, wellness, or functionality, whereas qualitative methodologies can be helpful in gaining more depth of understanding, highlighting nuances of experiences that are not captured in instrumentation, providing new possibilities that were not previously thought of by a researcher, and giving meaning to numerical findings.

Qualitative methodologies can move beyond reporting behavioral or observational measurement and toward better understanding of clients' experiences, client-created meanings, and factors that influence the complex internal and experiential world that occurs within (and outside of) the therapeutic and educational settings (Levitt et al., 2019). Qualitative methodologies can help clinicians tease apart what is happening inside and outside of counseling sessions by deciphering ambiguous quantitative findings (Miller & Daly, 2013), exploring how clients make meaning of different experiences (e.g., counseling intervention, group process, classroom guidance, psychoeducation), identifying the supports and barriers clients encounter that may have impacted

outcomes (Miller & Daly, 2013), unearthing additional outcomes or changes that may have occurred (outside of that which was expected), and contributing to better understanding of societal and clinical structures related to power and oppression (Levitt et al., 2019). When connected to process- and outcome-based research, qualitative methodologies help us recognize aspects of the change process that influenced treatment completion (or early termination), moments in the therapeutic process that were central to change, or parts of the process or relationship that may have led to a specific outcome (Watson & McMullen, 2016).

Outcome- and process-based research are interconnected; outcome research focuses on changes in the client's symptoms or behaviors after a counseling intervention, whereas process research focuses on the actions, rapport, relationships, and experiences within (and sometimes outside of) counseling sessions (Llewelyn et al., 2016). More concretely, process-based research can explore overt variables (e.g., conversational interactions, specific questions or statements, nonverbal behaviors) or covert variables (e.g., thoughts, emotions) in a counseling session. Ultimately, each of these variables influences the outcomes that occur from programmatic or therapeutic interventions. Combining process- and outcome-based foci allows researchers to investigate how the events, actions, and experiences within sessions affect client changes throughout counseling (Llewelyn et al., 2016). Understanding how qualitative methodologies can be used in identifying patterns and gaining understanding of clients' experiences in counseling can lead to improvements in clinical practice and therapeutic interventions (Levitt et al., 2019).

Using qualitative methodologies to understand the clients' point of view is important, particularly given both the potential increase of clients from diverse backgrounds and identities entering into counseling and the continued call for multicultural and social justice competencies within our field (Levitt et al., 2019; Singh et al., 2020; Trepal & Cannon, 2018). Although quantitatively supported evidence-based practices are essential, using a critical lens that allows marginalized populations to share their understanding and experiences is crucial. This is true for both the larger political and societal environments and the smaller environments, including our educational and service institutions as well as individual clinical relationships. Giving voice to subjective experiences and meanings is important to enhancing counseling outcomes that better serve clients and students. Although there are many different qualitative methodologies that would assist in understanding the clients' point of view (see Hays & McKibben, 2021; Prosek & Gibson, 2021), we will touch on a few methodologies here, including Q methodology, the participatory action research (PAR) approach, and photovoice. More specifically, Q methodology is an emergent methodology that combines quantitative and qualitative methods to provide an understanding of different viewpoints. We then discuss the PAR approach, and the components of this approach. Finally, we end with photovoice, a PAR methodology that allows voices to be shared through pictures.

Q Methodology

Q methodology is an emergent methodology used to systematically explore individuals' subjective viewpoints (Brown, 1993; Watts & Stenner, 2012). Q methodology (or Q) is not used to prove hypotheses but instead serves an exploratory role consistent with qualitative research (Watts & Stenner, 2012). It is unique as it is neither a quantitative nor a qualitative method but incorporates aspects of both (Stickl et al., 2019). Using Q, researchers can quantify subjective

perspectives that previously could not be enumerated. As the goal of Q is to understand various viewpoints, Q can assist in amplifying marginalized and underrepresented voices (Brown, 2006). Brown (2006) specifically stated that “all that is required to document the existence of a factor ... are two individuals whose Q sorts bear a degree of similarity, and so minority views easily take their place in a Q factor matrix, alongside all of the other factors” (p. 373).

Utility and Application of Q Methodology to Counseling

Q methodology is useful to answer a variety of questions, including identifying factors that clients find important throughout the counseling process and determining the needs of a local community. Similarly, counselors can use Q to understand what barriers may exist for clients to access counseling or seek mental health services or which parts or processes in a counseling intervention are most influential to clients' change. As a counselor uses Q to explore their client- or community-focused questions, a range of viewpoints and opinions may emerge. Multiple opinions about efficacy and barriers can exist, with no one viewpoint being less valid or important than another. Q can also be used in program evaluation, development of logic models, and program planning (Stickl et al., 2019).

Q methodology is the systematic investigation of subjectivity, helping to quantify and provide depth on people's perspectives. This is similar to what counselors do in counseling—counselors ask clients what they want to discuss, what would be most helpful, what their symptoms are, and what they want or need for their functionality. Q allows counselors to identify, categorize, and understand individuals' opinions about a topic or experience. Q can be used to compare intraratings (i.e., one individual's ratings at different time points, such as a client's needs in counseling at intake, 6 weeks, and 12 weeks), or counselors can use it to explore the opinions of multiple people (e.g., What are middle school students' definitions of bullying? What is seen as most essential to relationship satisfaction among married partners?). These intraratings allow information to be collected from clients across time to be able to see change in their viewpoints, which is another way that Q can provide information about counseling process and/or outcomes.

Q Methodology: A Brief Overview

Q uses a blend of quantitative and qualitative methodology in a way that allows participants to rank their perceptions on a continuum while providing depth information through an interview. The quantitative components of Q incorporate a factor analysis process that helps to reduce a large array of subjective opinions into smaller groupings of people who have similar beliefs, while the qualitative components of Q highlight how and why individuals think the way they do (Valenta & Wigger, 1997). The outcome of Q is groupings (or factors) of individuals who have similar and different beliefs. As an example, consider a process-oriented research study in which a group of 30 people factor out into four groups of differing opinions about what leads to success in substance abuse treatment. One group of individuals believes success is due to the relationships that were established with their counselor. Another group indicates that remaining abstinent from substances posttreatment equates success. A third group suggests that normalizing and peer support through the program and making supportive friends in treatment leads to success. The fourth group indicates it is the alteration and establishment of relationships with family and friends outside of treatment that equates success. All of these viewpoints are valid,

with no one opinion or group being less valid than another, regardless of how many clients are in the group; Q helps counselors to understand these differing viewpoints.

Q uses sample sizes that could be as small as 12 individuals and as large as 120 individuals; however, the sample sizes typically range between 12 and 40 participants (Stickl et al., 2019). Researchers engaging in Q use a three-stage process. Stage 1 is the development of items or statements. Stage 2 requires individuals to sort the statements on a continuum of beliefs or preferences, providing insight into their process and understanding of the items. Stage 3 is data analysis and interpretation of the subjective opinions. These will be briefly described here, with citations providing resources for more depth of information.

Stage 1: Development of items. Unique to Q methodology, a “Q sample” is created by the researcher that comprises items of interest rather than individual participants. The Q sample can be obtained in a structured or unstructured manner. Structured items are traditionally thematically sorted based on existing literature, previous research, or emergent themes, and unstructured items may be developed if the theory around the researcher's topic is underdeveloped or nonexistent (McKeown & Thomas, 2013). Items in the Q sample can be obtained through interviews, written narratives, and review of the existing literature and can range from 20 to 60 statements (Brown, 1993). As examples, Stickl et al. (2019) developed a Q sample of statements from published literature and existing instruments and then selected statements that were representative of three dimensions of a theoretical framework, whereas Brown (2006) provided two examples of how statements for a Q sample were based on participant comments or interviews.

Stage 2: Recruiting participants and collecting subjective opinions. Next, researchers recruit individuals to make up the P set who will sort the Q sample (Brown, 1993). The P set consists of participants—examples of a P set may include students in K–12 schools or clients who completed a treatment program. As a general rule, the P set should have fewer people than the number of items in the Q sample, and individuals in the P set should be selected using strategic sampling to represent diversity of opinion on the topic or experience under study (Watts & Stenner, 2012).

Once individuals have been selected to be in the P set, each member of that P set is given the Q sample items and asked to sort those items across a forced continuum, which resembles an upside-down bell curve (Brown, 1993; Stickl et al., 2019). The continuum can represent positive to negative (e.g., *positively impacting my experience* to *negatively impacting my experience*), a strong associated belief to an opposite belief (e.g., *very true of what I believe* to *very untrue of what I believe*), or even polarized opposites (e.g., *contributes to failure* to *contributes to success*, *helpful* to *unhelpful*). More information on the continuum and sorting process can be found in the following resources: Brown (1993), Stickl et al. (2019), and Watts and Stenner (2012). During the sorting process, the researcher carefully observes each individual as they sort the Q sample to notice emergent patterns; however, the researcher does not provide any instruction or information that may unnecessarily bias the sorting process (Stickl et al., 2019; Watts & Stenner, 2012). This is why it is important for the researcher to be in the room with—or at least to observe via video—the participant during the sorting process. The sorting process is typically done independently by an individual because the researcher is looking for individuals' subjective

viewpoints; however, if the sort is done in a larger group, the researcher needs to ensure that it is done independently (Lien et al., 2018).

After participants sort the Q sample, the researcher engages in a postsort interview. The goal of the interview is to understand both the sorting process (e.g., Was the process easy or difficult for the individual? Were certain items sorted last and/or difficult to place? Was the participant frustrated with the forced sorting process?) and the meaning of the statements sorted for each participant (e.g., What do the various items mean to the participant? Which items were sorted to the far right of the continuum, and which were sorted to the far left? What was the reason for placing the items in the middle of the continuum?). This qualitative exploration is embedded within Q to better understand the subjective opinion of individuals. Thus, the postsort interview helps counselors better understand the subjectivity of the process, and the meaning of the items sorted for the P set. Otherwise, the researcher would be imposing their beliefs about the items onto the participants' sorting process. The postsort interview is not analyzed using qualitative methodologies, such as thematic analysis or interpretative phenomenological analysis, but instead is used to better understand the subjective opinions of the factors (or groups of individual factors) that emerge. To ensure the participants' voices are accurately represented, researchers should record the interviews, if possible, and transcribe them to provide direct quotes to better understand the meaning inherent in the larger sort.

Stage 3: Data analysis and interpretation. Following the postsort interviews, data are numerically analyzed using correlation, initial factor analysis, factor rotation, factor scores and arrays, and factor interpretation (Watts & Stenner, 2012) with a specific free software program called PQ Method (Schmolck, 2020). Each individual's Q sort is represented in the software as a numerical array of rank-ordered statements. Once all Q-sort arrays are entered into the software program, each is correlated with the others from the P set, providing information on how similar (or different) each person's opinions are from another. This correlation matrix is used to help factor individuals into groups—with factors representing individuals with similar beliefs or opinions—as provided in the example above about perceptions of what success means in substance abuse treatment. The interview is then used to provide meaning and provide credibility to the researchers' interpretation of the factors.

Critiques of Q

Researchers should be aware of the limitations of Q methodology. Q is exploratory, emergent, and not intended to be generalized; most Q studies have a strict, narrow focus (Watts & Stenner, 2012), as Q is used primarily to understand differing opinions and experiences about a particular situation or topic area. Q should not be used to test differences of viewpoints across multiple predetermined groups. For example, it is not designed to compare the viewpoints of males with those of females or master's students with doctoral students. Although different viewpoints will emerge, the purpose of Q is to understand the range of possible opinions rather than to compare them. Q should not be used to count how many individuals think a certain way (Valenta & Wigger, 1997), as more credibility is not given to a factor with more people on it. Rather, Q methodology is used to better understand the different viewpoints that exist, which can help counselors and researchers determine all the circumstances around and reasons for why an intervention worked or a program is needed.

Q methodology can be subjective both in the researcher's determination of the Q sample and in the participants' sorting. The researcher creates an assumption that their Q sample items are consistent with participants' viewpoints. If the Q sample was skewed or problematic in any way (e.g., not representing participants' beliefs or experiences), that may alter the findings or make the results invalid. The postsort interview is crucial both in understanding discrepancies that may arise and in avoiding researcher bias and projection of researcher interpretations onto participants' sorting. The interview allows quotes from participants to be used to support interpretation of the factor arrays that emerge from the factor analysis of the Q sorts. Whereas Q methodology is designed to understand and group the subjectivity of people, other methodological approaches, such as PAR, are designed to gain a better understanding of individual circumstances and foster social change.

PAR

Counselors and counselor educators operating in accordance with the Multicultural and Social Justice Counseling Competencies are ethically compelled to “conduct multicultural and social justice based research to highlight the inequities that social institutions have on marginalized clients and that benefit privileged clients” (Ratts et al., 2015, p. 13). Although counselors can create culturally safe spaces within their research process and settings in any methodology, attempts to do so through well-established positivist methodologies often fail (Wilson & Neville, 2009), contributing to further marginalization of vulnerable populations. This necessitates intervention not only through creating new specific research methods, but also through a shift in researchers' orientations toward inquiry. One way that researchers in the helping fields have addressed these contradictions is through the use of PAR. Whereas most traditional methodologies are conducted by researchers who are seen as experts, PAR is conducted by bringing researchers and members of the community together to develop goals of a research project, establish research questions, gather information, and create and implement action plans based on the data gathered (Smith et al., 2010). Although elaboration of the origins of PAR is beyond this article, this information can be found in the works of Bergold and Thomas (2012), Chevalier and Buckles (2019), and Lawson et al. (2015).

Utility and Application of PAR to Counseling

PAR is an approach to the social investigation of programs, settings, organizations, and communities with the goal of taking action to address problems and inequities in the context being explored (MacDonald, 2012). Thus, a goal of PAR is to improve education or clinical practice. Specific examples relevant to the field of counseling vary from developing responsive treatment for youth experiencing complex trauma (McCrea et al., 2016); to meeting the psychosocial needs of young people living with HIV/AIDS in a rural South African town (L'Etang & Theron, 2012); to the adaptation of a specific method of PAR, photovoice, toward use in counseling sessions (Sackett & Jenkins, 2015). Additional uses of PAR may include the stigma of mental health for various populations and within the larger culture, transportation concerns to gain access to mental health providers within a community, the effectiveness of an intervention among clients, or the factors that facilitate or hinder bullying within a school. Considering process- and outcome-based research specifically, PAR can be used by including

clients, or potential clients and students, in the data collection process to determine effective treatment interventions, to alter the process of counseling as it is occurring to be more inclusive, and to incorporate action or advocacy steps as an intervention in counseling that may also affect client change. All of these questions can be answered using PAR.

Counselors work with clients and students in various settings, such as schools, inpatient and outpatient mental health treatment facilities, rehabilitation facilities, and college counseling centers. The vulnerability of many individuals receiving services within these settings necessitates greater ethical sensitivity than traditional research methods may have historically provided. This need for ethical sensitivity may lead counselors to avoid conducting research with these populations—or these populations may avoid participating in research; however, their omission from research poses missed opportunities for advocacy and a reduced capacity for competency in working with clients from consequently underrepresented populations.

PAR provides one way to settle this conflict through a paradigmatic shift. Models of PAR research being conducted in clinical or educational settings include Cook et al. (2019), who applied youth PAR in schools, and Becker et al. (2014), who used photovoice as a method of advocacy in response to mental health stigma. All science aims to develop and articulate theory; however, PAR is designed for developing theories of action and social change (Lawson et al., 2015).

PAR: A Brief Overview

PAR is rooted in both action research and participatory research. Action research refers to methodologies that employ strategies that can explain and improve a particular situation, whereas participatory research refers to having individuals who would benefit from the research outcome participate throughout the research process (Danley & Ellison, 1999). Even though many researchers refer to PAR as a methodology, it is actually a research orientation, not a methodology (Danley & Ellison, 1999), given that many methodologies can be used with a PAR orientation, including quantitative methodologies (Minkler, 2000). PAR is composed of specific components or core characteristics. Specifically, PAR is a systematic investigation that (a) emphasizes participants maintaining an equal and an active role in the production of knowledge throughout the entire research process and (b) uses findings for actionable goals of systemic social change.

Participants as collaborators. PAR typically includes research participants who hold vulnerable, oppressed, or marginalized identities (MacDonald, 2012); these individuals possess the knowledge of their experiences of being within the settings of interest. The use of participant-held knowledge to inform more effective and responsive treatment disrupts the power imbalance of traditional research methods where the researcher is seen as the expert. In PAR, participants are deemed to be the experts, thus, it is important to include them as “coresearchers” throughout the process. Therefore, PAR can truly be viewed as a ground-up approach where the information gained emerges out of the expert knowledge of the participants, or members of a population (Minkler, 2000). Smith et al. (2010) walked through an example of how the emotional intensity surrounding the topic of educational resources and sexual health information emerged in a youth group in a school, which resulted in the research focus of the PAR study. As in this example,

researchers may begin PAR with an idea that they want to include community members to conduct research on a potential topic, but the community members determine the ultimate direction and focus.

This inclusion of participants throughout the PAR process does not mean that participants simply provide information and knowledge, but rather that they are collaborators, or coresearchers, throughout the entire process. This includes idea inception, specific questions and methods, data analysis, and the action phase, during which advocacy and action are implemented. Thus, coresearchers are active and viewed as equal and full research members throughout all levels of the research process (Bergold & Thomas, 2012; MacDonald, 2012). Typically, they are considered to have dual roles—as participants and as researchers (Danley & Ellison, 1999).

In PAR, participants enter into research at the beginning, either to assist in the identification of the core issue or problem or to confirm it (if the researcher identified the problem); this process is often conducted in community forums or focus groups (Danley & Ellison, 1999). Participants are actively involved in the conceptualization of the main problem to be solved, the research design, data collection, and analysis and interpretation of the findings. It is recommended that data collection use at least three methods, with the goal of triangulating the collected information (MacDonald, 2012). Data collection methods can include focus groups, participant observation, field notes, interviews, diaries and journals, and questionnaires and instrumentation (MacDonald, 2012). The data collection process can be specific to PAR (e.g., photovoice) or can be dependent upon the methodologies used (e.g., phenomenology, grounded theory, survey-based research). Thus, it should be noted that almost any methodology can be conducted through the lens and process of PAR by including individuals more as coresearchers and collaborators than as participants throughout the process.

Coresearchers, given their expertise and experience within the community or setting under investigation, are believed to have greater empathy and understanding when collecting data (Bergold & Thomas, 2012). Community members outside of the research process may be more willing to provide information to individuals they identify as peers or neighbors. Additionally, engaging community participants as coresearchers allows for more accurate and authentic analysis of the social realities provided by participants (or other community members from whom data were collected; Bergold & Thomas, 2012; MacDonald, 2012).

Developing action steps for social change. The ultimate goal of PAR is to create social change through the inclusion of coresearchers. The research process can help create greater awareness of resources and mobilize individuals to take action or advocate for change (MacDonald, 2012). Involvement throughout the research process can lead to coresearcher ownership of information and solutions, which in turn can lead to social change. Social change, action, and advocacy can include creating handouts for others, providing information in public forums, advocating for changes to physical spaces, requesting mental health outreach to populations without access to transportation, or lobbying for policy changes. Actionable steps depend upon the topic, the population or system originally identified, the data collected, and the solutions determined by coresearchers.

Critiques of PAR

PAR has strengths in its ability to empower individuals who experience the identified problem as they serve as coresearchers. However, PAR does not come without its limitations. First, as noted, this is an orientation and not a specific methodology. Thus, there are a variety of ways in which PAR can be carried out, which can result in individuals viewing PAR as “soft” science, entailing less rigor (Young, 2006). However, Danley and Ellison (1999) provided suggestions on maintaining rigor in PAR through researchers exploring their conscious or unconscious goals in the project, having honest conversations among the team (including both the research members and the community members), and ensuring all members have training and supervision throughout the process. Additional considerations include the researcher being a colearner in the process. This may not be an easy task for researchers or coresearchers, as each will bring their own expertise, but participants must have equal and active involvement throughout the design, collection, analysis, and interpretation.

Additional challenges of PAR may include bias in data collection and interpretation, as coresearchers have dual roles in the research process (Danley & Ellison, 1999). However, within PAR, this serves as part of the bottom-up process of data emerging and coresearchers being experts in the lived experiences under exploration (Minkler, 2000). Danley and Ellison (1999) provided suggestions to handling these challenges by using PAR coresearchers as a pilot test, test group, or subsample of the larger group, before data collection occurs on a larger level.

Other challenges can include the lack of guaranteed confidentiality, given the involvement of coresearchers. Conflict can also arise, as multiple realities may exist across participants. Thus, it is essential that the researcher serves as a facilitator and mediator throughout the research process to ensure a democratic space where all voices are valued and equal that is also safe for contradicting views to be voiced (MacDonald, 2012). One more challenge is that being a researcher or coresearcher in PAR can be time consuming. It should be acknowledged that many coresearchers are not provided compensation for their time, and thus may struggle to maintain commitment to the research process. Ensuring some form of reparation for time and candid informed consent about commitment to the project at the outset is important.

Application of PAR to Other Methodologies

There is no “one way” to implement PAR other than ensuring that it includes a systematic method of inquiry that integrates the expertise of community members under investigation as collaborators throughout the research process, resulting in action or advocacy that focuses on social change. To be successfully implemented, PAR requires a careful balance of action and reflexivity (Chevalier & Buckles, 2019). Researchers utilizing PAR must navigate a variety of inherent contradictions and unrealized ideals (Spataro, 2011); however, the results of this work are stronger partnerships with communities of care, greater trustworthiness of research findings, and more integration of social justice and advocacy into the research that informs us. Although PAR can be integrated with many methodologies, some methodologies, such as photovoice, are considered to be specific to the PAR orientation.

Photovoice

Photovoice is a methodology that, historically, has been used to allow marginalized or underrepresented voices to influence public policy (Wang, 1999). Photovoice is a qualitative PAR design that allows individuals to represent their experiences visually through pictures in order to promote dialogue; increase knowledge and awareness of issues that affect communities; and, ultimately, create change (Wang & Burris, 1997). Photovoice has been used in research as well as in clinical and educational interventions (e.g., Mayton & Wester, 2019; Zeglin et al., 2019) and has been found to empower participants (Budig et al., 2018). Using photovoice methodology, counseling researchers ask community members (participants in the study) to provide a window into their experience of a particular situation through photos and then to work as a group to develop emergent themes. Once these themes emerge, the group creates a plan for advocacy or action as a result of the findings.

Utility and Application of Photovoice Methodology to Counseling

Photovoice can help counselors understand client experiences of oppressive systems, adolescents' understanding and/or experiences in counseling, or what it means to live with grief or mental health symptomatology. Photovoice has been used to ask community members about specific health—or mental health—concerns; needs regarding sexual health; healthy (or unhealthy) lifestyle behaviors of students; and health or mental health care needs of transitioning transgender individuals, individuals who have immigrated to the United States, and other health or mental health concerns (see Hergenrather et al., 2009, for review). What are the experiences of individuals living with disabilities or a diagnosis such as cancer? What are the experiences of sexual and gender minorities within the community? How have experiences changed before counseling versus after counseling? What are the barriers to mental health access? Photovoice can also provide insights into the process and outcomes of counseling. For example, what were the most effective components of a treatment intervention for clients? What aspects of counseling and/or counseling interventions led to symptomatic change? These are just a few of the research questions that photovoice methodology can help researchers answer and gain a better understanding. Although these questions could be answered by other qualitative methodologies, the use of photovoice—because it is a form of PAR—includes participants as the collaborators to identify what is important, provide the images portrayed, determine the meaning and interpretation of the photographs through group discussion, and take action based on the knowledge gained.

Photovoice has been used to explore the experiences of learning helping skills among counselors-in-training (Zeglin et al., 2019), as a clinical intervention tool to understand the experiences of survivors of suicide loss (Mayton & Wester, 2019), and a way to unearth the barriers in treatment (Sackett & Jenkins, 2015). Photovoice methodology can be used to explore individual or community needs, access to mental health services, experiences of a mental health concern, or perceptions of cultural humility provided by a counselor in session. Again, the difference in utilizing photovoice is the overall inclusion of community members, or who would be research participants, as coresearchers and collaborators in the research process.

Photovoice Methodology: A Brief Overview

Photovoice is a methodology that provides the opportunity to visually represent experiences in order to foster social change (Wang, 1999). As with other PAR methodologies, photovoice is about perceiving the world as the participant sees it; having participants be collaborators throughout the process of data collection and analysis is imperative, as their experiences—rather than researchers' interpretation of them—are the heart of photovoice (Sanon et al., 2014). Photovoice has a four-stage process that includes a preparation stage, an implementation stage, a data analysis stage, and an action stage (Trepal & Cannon, 2018).

Stage 1: Preparation stage. This stage is simple yet crucial to the overall success of a photovoice project. During the preparation stage, a researcher determines the research question (the focus of the entire project), potential participants, and a timeline for the project, while also determining any potential challenges that may arise (Trepal & Cannon, 2018). First, a topic or research question needs to be solidified, as this creates criteria for individuals to be included in the sampling process. Second, the inclusion and exclusion criteria for the sample are selected. For photovoice, researchers must engage in purposive sampling in order to ensure that potential participants can provide lived experiences and information related to the experience, or event, under investigation.

Related to sampling criteria, researchers need to develop a recruitment plan. How will they gain access to potential participants? Are there community organizations, mental health agencies, school settings, social media groups, or other organizations that would provide access to the population who could directly speak to the phenomenon the researcher is trying to investigate? Some populations may be more difficult to access than others, and given the time commitment of photovoice, thoughtfulness during this preparation stage needs to be considered.

Photovoice is an intensive process. Ensuring that participants understand the time involved is important to minimize attrition, so the researcher should determine the timeline and process for the overall project prior to the project beginning. This timeline would include the information session, time allotted to take pictures, timing of the focus group, and considerations for the action stage. All of this should be determined prior to participant recruitment, with some details being decided in collaboration with participants (e.g., what the action stage may entail).

Finally, being able to consider potential challenges that may emerge is important during the preparation stage. This may include ethical dilemmas (e.g., pictures of abuse or self-harm, pictures of other nonconsenting individuals, pictures that include identifying information) so that they can be addressed in the informational session provided to participants. Additionally, understanding resources that participants have access to (e.g., photography equipment or technology such as cell phones, mental health referral resources, transportation to focus group setting) and what may emerge during the focus group (e.g., intense emotional experiences) is essential. The preparation stage lays the foundation for trust and relationships to develop between the researcher and the participants, and thus is incredibly important for the successful implementation of a photovoice study.

Stage 2: Implementation stage. During the implementation stage, participant recruitment occurs. The sample size necessary for photovoice tends to be small, particularly given that a focus group is the ideal setting to process individuals' photographs and determine emergent themes; between seven and 10 individuals are recommended (Trepal & Cannon, 2018; Wang, 1999). After recruitment of participants, an informational session is held that provides instructions on how and what to take pictures about. This instruction needs to be vague enough that participants will take pictures of what is meaningful to them about their experience. For example, if a goal is to examine the lived experiences of sixth graders in middle school, instructing sixth-grade students to take pictures of their classroom experience provides a narrower view than instructing them to take pictures of what it is like for them to be in middle school. The latter prompt also opens a window to creativity and metaphorical representation.

Keeping boundaries around picture content is important (as noted above), so this stage includes providing participants with instructions on how many pictures to take (e.g., five only vs. as many as they desire) and how many pictures to submit (e.g., two to three pictures submitted for discussion), along with exclusion criteria (e.g., pictures of other people or identifying information). The number of pictures for submission may depend on the topic being discussed, the depth of discussion anticipated around each photo, the number of participants in the focus group, and the length of time allocated for the focus group. The goal is to allow each person time to discuss each picture they bring to the group so that they can provide a depth of understanding about the lived experiences those photos represent. Data collection occurs when the participants provide photos to the group members and the researcher in the focus group setting.

Stage 3: Data analysis stage. The goal during the data analysis stage is to select the pictures that will be presented (individual participants do this), to contextualize the photos, and to codify the themes that emerged. During the focus group, participants engage in a reflective discourse about the pictures. Some researchers suggest that this discourse can begin with a structured approach, such as using the SHOWeD method (Trepal & Cannon, 2018; Wang & Burris, 1997), but it still requires active moderation by the researcher (Carlson et al., 2006). SHOWeD stands for the questions that participants may answer about each photograph: (a) What do you See here? (b) What is really Happening in this picture? (c) How does this relate to Our (individuals in the group) lives? (d) Why does this problem or situation exist? (e) How could this image Educate others? and (f) What can we Do about the problem or situation? During this process, there is no clear consensus as to whether the discussion should be recorded or transcribed or allowed to occur naturally with the researcher taking notes. It may be a discussion that is important to have with the group members to discern their comfort, along with the best way to ensure their voices are accurately represented in the findings and knowledge gained.

After discussion of each photograph, the discourse in the focus group turns to exploring the themes that emerged, allowing the researcher to codify the themes (Trepal & Cannon, 2018). Keep in mind, the researcher is not asking participants to just provide information; the researcher is not doing research on individuals or the topic, but rather, the researcher is doing research with them (Trepal & Cannon, 2018). Therefore, the emergent themes or codes that are generated are done so by the group members, with the researcher providing moderation within the group. Thus, during this process, participants play an active role. Did experiences overlap? Are there common emergent themes? Are there themes or experiences that were unique, that need to be heard and

advocated for? During the codifying process, participants select photographs that they believe represent the emergent themes. The representing pictures selected may depend upon the goal of the study (e.g., action stage, research question).

Stage 4: Action stage. Because photovoice is a specific PAR methodology, the information provided above in the PAR section about the action stage is relevant here as well. The purpose of photovoice is to create and implement an action plan, not just publish an article or provide a presentation with findings. During the action stage, participants have the opportunity to bring forward their experiences or concerns about a situation, a policy, or a system to invoke or advocate for change (Palibroda et al., 2009). This step can take the form of brochures and pamphlets, books, websites, newspaper articles, public displays or exhibits of the photographs and emergent themes. For example, in Mayton and Wester's (2019) study with survivors of a loss by suicide, participants requested that their photos and emergent themes from the focus group be represented in a pamphlet that would be provided in the waiting room of the hospice agency. Their goal was to advocate for fellow survivors of the loss of a loved one to suicide to understand that they were not alone in their experience. During this final phase of photovoice, an action plan needs to be formulated in collaboration between the researcher and the participants, with the participants being the primary voice of the implications of the knowledge they created.

Critiques of Photovoice

Photovoice is a lengthy process, with the researcher walking along with participants (or coresearchers). The time between the four stages is a large commitment for many participants. Thus, researchers not only need to be prepared for attrition, but also need to acknowledge the individuals who may not have the resources to be able to commit to such a lengthy process. Which voices may be excluded due to this large commitment? Additionally, ethical concerns can emerge, with photographs, with emotional distress, with conflict between participants in the focus group, and with privacy and safety of individuals who may make themselves vulnerable not only by providing their pictures but also by revealing what their pictures may identify about themselves or their experiences to others, including group members and individuals in privileged or power positions within the system or community for which they are advocating. Thus, foreseeing the potential ethical and safety situations that may develop during a photovoice project is important for both the researcher and the participants. Additionally, these risks to participants need to be explained at the start of the process so that individuals can make an informed choice to collaborate (Wang & Burris, 1997). Researchers need to determine an ethical process for sharing and storing photos from participants, as well as what to do if photographs with other individuals who may not be aware are provided for larger group discussion (Trepal & Cannon, 2018). Finally, researchers need to be able to withhold personal judgment and interpretation, as this is a methodology that allows individuals to engage in their own data analysis.

Conclusion

Although previous outcome-based research has relied on quantitative methodologies, newer, emergent qualitative methodologies, such as Q, PAR, and photovoice, may be more effective means to collect client-based outcome data. The use of qualitative methodologies in counseling

gives voice to clients' lived and perceived experiences. By incorporating individuals' subjective beliefs and perceptions into research, researchers are better equipped to meet the needs of clients and students in practice and, in turn, enhance counseling outcomes.

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