Characteristics of Qualitative Research Methods in Clinical Psychology in Japan

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Abstract
In the field of clinical psychology in Japan, many qualitative research articles have conducted Grounded Theory Approach (GTA) or Modified Grounded Theory Approach (M-GTA) analyses using semi-structured interviews. However, previous research is not limited to subjects in need of support, which is a characteristic of clinical psychology. Therefore, this study aims to clarify the characteristics of qualitative research methods in the field of clinical psychology in Japan, particularly focusing on those in need of support. We identified 152 articles on qualitative research from clinical psychology-related journals and selected 81 articles on subjects requiring support and their related personnel. Based on these articles, we created three categories including "characteristics of the subjects," "data collection methods," and "analysis methods," and created a control table to examine the characteristics of the subjects and data. The results showed that "semi-structured interview" was the method in the top 10% or more in the cross table of subjects and data collection methods in "medical care" and "social issues." Additionally, "GTA" and "M-GTA" were common in "medical care" and "social issues," and only "TEM" was found in "medical care" in the cross table of subjects and analysis methods. In the cross table of data collection and analysis methods, "semi-structured interview"/"GTA," "semi-structured interview"/"M-GTA," and "clinical practice records"/"other qualitative data analysis" were in the top 10% or higher. These results revealed that semi-structured interviews and GTA were the main methods used, whereas "clinical practice records" were examined using a variety of analytical methods.

Keywords: Qualitative Research Methods, Clinical Psychology, Japan

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Introduction

Until recently, single case studies and quantitative research have been mainstream in the field of clinical psychology in Japan. However, in recent years, qualitative research methods have gradually been increasingly used. Nochi (2011) points out three reasons for this including (1) qualitative research is expanding its perspective to the theme of practice, (2) practice is also expanding its perspective to research methods other than case studies, and (3) there are commonalities between the skills of practice and those of qualitative research. Yamamoto (2014) also pointed out that the diversification of psychosocial problems has affected the diversification of clinical psychology practice and research subjects, the increasing sophistication of qualitative research, and the high affinity between qualitative and clinical psychology as factors in the spread of qualitative research in clinical psychology.

Qualitative research "emphasizes concrete cases, attempts to view them in their temporal and regional particularities, and attempts to understand people in relation to the local context in which they live" (Flick, 1995). Research questions in qualitative research indirectly suggest how to relate to the subject, and are about understanding the subject and phenomenon. Specifically, questions about "how (how)" and "what (what)" are referred to as "descriptive questions," while questions about how to relate to the subject are referred to as "prescriptive questions" (Chapman & Sonnenberg, 2000); Otani (2019) points out that the fundamental types of research questions are different. Otani (2019) notes that practitioners, such as physicians and teachers, ask, "What should I do?" to ask that question, although they often ask, "What is going on?" Simultaneously, "descriptive findings" can be used prescriptively in practice.

Qualitative research is also useful for managing phenomena in areas where there is little previous research (Hill et al., 1997). This characteristic is commonly observed in clinical practice. For example, they often involve subjects in areas where there is little previous research. In such cases, qualitative research, which is hypothesis-generating research, is conducted because it does not go as far as hypothesis testing as quantitative research does. Additionally, as Iwakabe (2010) points out, rather than learning about the "average tendency" of an unspecified number of people, clinicians will learn more about how experiences occur in a particular context, and by being exposed to the real words of people who have had those experiences, and therefore, will be more likely to conduct research that is oriented toward the meanings of a small number of hard-to-average subjects. This is a good fit for a research method oriented toward the meanings of a small number of subjects who are not easily averaged out.

McLeod (1999) describes the purpose of qualitative research in clinical psychology as threefold. First, qualitative research reveals the experiences of a particular group of people. For example, counseling clients with specific psychological problems (eating disorders, depression, physical disabilities), or people working in healthcare, or various helping professions may be asked about their experiences with helping. The knowledge of people with specific experiences can be very helpful to clinicians. The second type of research is the study of phenomena, such as client insights into psychotherapy, or treatment-related issues, such as reverse transference, which are revealed through interviews about these events and situations. By interviewing clinicians, we can examine how things that are not well-articulated in theory are handled in practice. The third type of research is reflective. Although there are relatively few examples of this type of research, clinical psychologists reflect on their views of people and the world, the nature of their helping activities, and the changes in themselves, and examine

their historical and cultural significance. In other words, the researcher's gaze is directed toward practitioners and theorists in clinical psychology, including themselves.

Additionally, problems in qualitative psychotherapy research include the invasive and excessive demands of interviews, which may result in ethical issues, the possibility of meeting confidentiality requirements, as well as the need for a background in literature, cultural studies, sociology, or philosophy to conduct good qualitative research.

Additionally, most psychotherapy research examines the effects of psychotherapy; qualitative research methods are not suitable for this type of research (McLeod, 1999). However, Reisetter et al. (2004) explored how qualitative research can inform counselor education and proposed the following four themes to explain the students' positive responses: (a) perceived worldview congruence, (b) perceived counseling theory and skills congruence, (c) perceived research identity and professional viability, and (d) the holistic nature of their perceptions and experiences. Qualitative research has various academic backgrounds including sociology and anthropology, and its methods are diverse (Iwakabe, 2010). How, then, has "qualitative research" been conducted in clinical psychology in Japan to date?

Yamamoto (2014) reviewed 14 studies of Grounded Theory Approach (GTA) in the field of clinical psychology in Japan and provided an overview. The results suggest that GTA can be classified into six categories in Japan and that it is a very useful research method for research on what has not been clarified thus far, especially in research on clinical psychology practice itself, while pointing out misunderstandings, variations, and lack of explanations in the methods used and reasons for their adoption. He also states that it is very meaningful to theorize what is often tacit knowledge as "knowledge from the field" (Nakamura, 1992). Additionally, Iida, Kamimura, and Hirata (2023) conducted a literature review of qualitative research articles, focusing on two representative Japanese journals in the field of clinical psychology, noting the following characteristics. They pointed out the large number of articles using GTA or Modified Grounded Theory Approach (M-GTA)[1] to analyze data collected using semi-structured interviews and the large variability in the number of subjects surveyed. However, Yamamoto's (2014) study is limited to GTA and does not fully cover the diversity of actual qualitative research methods; this aspect may have further changed over time since the time of the study. As mentioned earlier, Iida et al. (2023) included qualitative research published in journals related to clinical psychology and was not limited to subjects in need of support, which is strongly related to practicality and considered one of the characteristics of clinical psychology research. Additionally, no other survey has investigated the status of qualitative research methods for subjects in need of support in the field of clinical psychology. Therefore, this study focuses on subjects in need of support and examines their characteristics, data collection methods, and analytical methods to determine the characteristics of qualitative research methods in the field of clinical psychology in Japan. Based on the above, this study aims to clarify the characteristics of qualitative research articles on subjects in need of support in the field of clinical psychology.

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[1] M-GTA is a qualitative study that developed from GTA but differs in many respects in the intercepting of data, coding, and the presence or absence of inter-subject comparisons (Fukushima, 2016). Yamamoto (2014) also notes that "while based on the claims of the original version, the M-GTA takes a pragmatist position, aiming to improve practicality, and emphasizes the generation of 'domain-adhesive theories' (Glaser & Strauss, 1967) rather than 'formal theories' (Glaser & Strauss, 1967)." Moreover, it is characterized by the fact that it leaves the evaluation of the generated theory to the "applicant" (Kinoshita, 2007) and, in a primary sense, to the "practitioner" (Kinoshita, 2007).

Subject of Survey

For data collection, two representative journals in the field of clinical psychology in Japan were selected: "Journal of Japanese Clinical Psychology" and "Japanese Journal of Clinical Psychology." Qualitative research articles were published in these journals from 2010 to 2022. Qualitative research articles were selected if the research design was qualitative, practical, mixed quantitative and qualitative analyses, or psychological testing feedback sessions.

Single case and literature studies were excluded (see Noda (2019) for a discussion of single case studies).

Conclusion

A total of 171 eligible papers were identified; of these, 82 papers, which were limited to those whose research subjects were "subjects in need of support and their related persons," were selected.

Analysis 1

Coding and categorizing the characteristics of the "Subjects" and "Detailed Subject" of the targeted papers based on the categories of research papers published by the Japanese Society of Clinical Psychology in FY2023 (Table 1).

Subjects/Detailed Subjects	n	(%)
Psychotherapy	**7**	**(8.5)**
Psychotherapy	3	(3.7)
Cognitive Action Therapy/Action Analysis	2	(2.4)
Trauma therapy (PE, TF-CBT, etc.)	1	(1.2)
Expressive therapy (box garden therapy, drawing therapy, etc.)	1	(1.2)
Medical care	**23**	**(28.0)**
Mental Disorders	12	(14.6)
Physical diseases (including orthopedics and surgery)	4	(4.9)
Clinical Practice at High Age	3	(3.7)
Perinatal and Pediatric Clinical Practice	2	(2.4)
Psychosomatic Disorders	1	(1.2)
Other (emergency medical care, medical personnel support, clinical trials, etc.)	1	(1.2)
Education	**14**	**(17.1)**
Non school attendance	6	(7.3)
School counseling (including childcare counseling)	4	(4.9)
Other (emergency assistance, etc.)	2	(2.4)
Student counseling in university	1	(1.2)
Special support for education	1	(1.2)
Welfare	**13**	**(15.9)**
Clinical care of children with disabilities (including visual and hearing impairments)	8	(9.8)

Clinical abuse	2	(2.4)
Childcare Support Clinical	2	(2.4)
Institutional clinical (infant homes, nursing homes, maternal and child living support facilities, etc.)	1	(1.2)
Justice and Corrections	**2**	**(2.4)**
Victim Support Clinic	2	(2.4)
Industry	**3**	**(3.7)**
Employee Assistance Program and in-house psychological consultation	2	(2.4)
Reinstatement to support clinical	1	(1.2)
Social Issues	**17**	**(20.7)**
Withdrawal	5	(6.1)
Minority, Gender, and Sexual Dissonance	4	(4.9)
Addiction (alcohol, drugs, gambling, etc.)	3	(3.7)
Hetero cultural Understanding	2	(2.4)
Psychological Support after Disasters, Incidents, and Conflicts	2	(2.4)
Suicide Prevention	1	(1.2)
Other	**3**	**(3.7)**
Other	3	(3.7)
Total	**82**	**(100.0)**

Table 1: Classification and number of "Subjects" and "Detailed Subject"

A control table was further exploratively created for the coded "characteristics of the subjects," "data collection method" and "analysis method," and the characteristics examined.

Iida et al. (2023) also coded the following items; however, this study focuses on the above-mentioned three items. O'Brien, Harris, Beckman, Reed, and Cook (2014) used the following 21 reporting criteria as references: year of publication, journal name, author, title, article type, subject, number of subjects, RQ, data collection method, analysis method, and illustrations.

Result 1

Frequencies of 5% or more in the cross table of "Subjects" and "Data Collection Methods" are Medical care/Semi-structured interview (19.5%), Social Issues/Semi-structured interviews (12.2%), Education/Semi-structured interview, Education (7.3%)/Record of clinical practice (7.3%) (Table2).

Data Collection Methodology/ Subject Characteristics	a	b	c	d	e	f	g	h	Total
Semi-structured INT	16	6	6	1	2	1	10	1	44
(%)	(19.5)	(7.3)	(7.3)	(1.2)	(2.4)	(1.2)	(12.2)	(1.2)	(53.7)
Semi-structured INTs /QSAs	1							1	2
(%)	(1.2)							(1.2)	(2.4)
Multiple semi-structured INTs			1	1			1		2
(%)			(1.2)	(1.2)			(1.2)		(2.4)
Individual INT survey	2						1		3
(%)	(2.4)						(1.2)		(3.7)
Multiple INT surveys	1					1			2
(%)	(1.2)					(1.2)			(2.4)
Group INT			1						1
(%)			(1.2)						(1.2)
Records of CP	2	6	2			4	4		18
(%)	(2.4)	(7.3)	(2.4)			(4.9)	(4.9)		(22.0)
Records of CP /QSAs			1						1
(%)			(1.2)						(1.2)
QSAs	1	1			1				3
(%)	(1.2)	(1.2)			(1.2)				(3.7)
QSAs /Semi-structured INT							1		1
(%)							(1.2)		(1.2)
Participant observation/Semi-structured INT/Individual INT survey			1						1
(%)			(1.2)						(1.2)
Document collection		1	1					1	3
(%)		(1.2)	(1.2)					(1.2)	(3.7)
Other						1			1
(%)						(1.2)			(1.2)
Total	23	14	13	2	3	7	17	3	82
(%)	(28.0)	(17.1)	(15.9)	(2.4)	(3.7)	(8.5)	(20.7)	(3.7)	100

a: Medical care, b: Education, c: Welfare, d: Justice/Corrections, e: Industry, f: Psychotherapy, g: Social Issues, h: Other. Interview: INTs, Questionnaires: QSAs, clinical practice: CP

Table 2: Cross Table of "Subjects" and "Data collection Method"

Frequencies of 5% or more in the cross table of "Subjects" and "Method of analysis" are Medical care/GTA (12.2%), Medical care/M-GTA (6.1%), Medical care/TEM (6.1%), Social Issues/GTA (6.1%), Social Issues/M-GTA (6.1%), Education/Other qualitative data analysis (6.1%). The educational field is characterized by the fact that "other qualitative data analyses are also distributed among a relatively wide variety of research methods (Table3).

Method of analysis/ Subject Characteristics	a	b	c	d	e	f	g	h	Total
GTA	10	2	4		1	3	5		25
(%)	(12.2)	(2.4)	(4.9)		(1.2)	(3.7)	(6.1)		(30.5)
M-GTA	5	3	2	1	1	1	5	2	20
(%)	(6.1)	(3.7)	(2.4)	(1.2)	(1.2)	(1.2)	(6.1)	(2.4)	(24.4)
TEM	5	1							6
(%)	(6.1)	(1.2)							(7.3)
Other qualitative data analysis	2	5	2	1	1	2	2	1	15
(%)	(2.4)	(6.1)	(2.4)	(1.2)	(1.2)	(2.4)	(2.4)	(1.2)	(18.3)
Meta-analysis of cases		2							2
(%)		(2.4)							(2.4)
KJ method			1				1		2
(%)			(1.2)				(1.2)		(2.4)
KJ method / Single case study			1						1
(%)			(1.2)						(1.2)
PAC Analysis							1		1
(%)							(1.2)		(1.2)
SCAT			1						1
(%)			(1.2)						(1.2)
Sequence analysis							1		1
(%)							(1.2)		(1.2)
Text mining							1		1
(%)							(1.2)		(1.2)
Mapping method(Ujiie and Takahama, 1994)			1						1
(%)			(1.2)						(1.2)
Issue Analysis						1			1
(%)						(1.2)			(1.2)
Methods of Phenomenology	1								1
(%)	(1.2)								(1.2)
Research methodology on the nature of collegiality		1	1						2
(%)		(1.2)	(1.2)						(2.4)
Quantitative III							1		1
(%)							(1.2)		(1.2)
total	23	14	13	2	3	7	17	3	82
(%)	(28.0)	(17.1)	(15.9)	(2.4)	(3.0)	(8.5)	(20.7)	(3.7)	(100)

a: Medical care, b: Education, c: Welfare, d: Justice/Corrections, e: industry, f: Psychotherapy, g: Social Issues, h: Other

Table 3: Cross Table of "Subjects" and "Method of analysis"

Top 10% in the cross table of "data collection method" and "analysis method" are Semi-structured interview/GTA (24.4%), Semi-structured interview/M-GTA (17.1%), Records of clinical practice/Other Qualitative Data Analysis (12.2%).

Method of analysis / Data Collection Methodology	a	b	c	d	e	f	total
Semi-structured INT	20	14	4				43
(%)	(24.4)	(17.1)	(4.9)				(52.4)
Semi-structured INTs/QSAs	1	1					2
(%)	(1.2)	(1.2)					(2.4)
Multiple semi-structured INTs	1			1			3
(%)	(1.2)			(1.2)			(3.7)
Individual INT survey		2				1	3
(%)		(2.4)				(1.2)	(3.7)
Multiple INT surveys	1		1				2
(%)	(1.2)		(1.2)				(2.4)
Group INT		1					1
(%)		(1.2)					(1.2)
Records of CP	1	2	1	10	1		18
(%)	(1.2)	(2.4)	(1.2)	(12.2)	(1.2)		(22.0)
Records of CP /QSAs						1	1
(%)						(1.2)	(1.2)
QSAs				2			3
(%)				(2.4)			(3.7)
QSAs/Semi-structured INT				1			1
(%)				(1.2)			(1.2)
Participant observation/ Semi-structured INT/ individual INT survey				1			1
(%)				(1.2)			(1.2)
Document collection				1	1		3
(%)				(1.2)	(1.2)		(3.7)
Other	1						1
(%)	(1.2)						(1.2)
Total	25	20	6	16	2	2	82
(%)	(30.5)	(24.4)	(7.3)	(19.5)	(2.4)	(2.4)	(100)

a: GTA, b: M-GTA, c: TEM, d: Other qualitative data analysis, e: Meta-analysis of cases, f: KJ method, Interview: INTs, Questionnaires: QSAs, clinical practice: CP
*Those about Method of analysis with a frequency of less than 1 (1.2%) were omitted from the table. They included the KJ method/single case study, PAC Analysis, SCAT, Sequence analysis, text mining, mapping method (Ujiie & Takahama, 1994), Methods of Phenomenology, Issue Analysis, Research methodology on the nature of collegiality, and Quantitative III.

Table 4: Cross Table of "Method of analysis" and "Data Collection Method"

The characteristics of the use of qualitative research methods in the field of clinical psychology included "Semi-structured interviews" as a data collection method for "Medical care" and

"Social issues," and "GTA" and "M-GTA" as the analysis methods. This characteristic is similar to the results of Iida et al. (2023), and is common, even when the target population is limited to those who require support. As Yamamoto (2014) and others have pointed out, the GTA is currently being used to theorize what might otherwise be tacit knowledge.

Various analytical methods were used to explore "records of clinical practice," which were grouped under the category of "other qualitative analysis." It is important to consider the diversity of data collection and analytical methods when developing future research methods in clinical psychology. A detailed investigation of the methods of analysis used for collecting qualitative data and the types of collected data facilitated in identifying different analysis methods and their utility in clinical practice.

Analysis 2

We further overviewed the papers in the three areas of "Medical care," "Education," and "Social issues" that were characteristic in the previous analysis and reviewed the characteristics of each area. Specifically, the characteristics of the subjects were examined in an exploratory manner by creating comparison tables for the coded "characteristics of the subjects," "data collection methods," "analysis methods," "number of subjects," and so on.

Result 2

Medical Area

Twenty three papers were found to be applicable. "Mental illness" accounted for approximately half (12 papers), followed by "physical illness" (4 papers), "old age" (3 papers), "perinatal/childhood" (2 papers), and "psychosomatic illness" and "other" (1 paper each).

Data were collected through semi-structured interviews in 15 cases and from more than 70% of papers in the medical field. Data were collected through interview formats, including multiple and individual interviews, from more than 80% of articles in the medical field. Additionally, there were two records of clinical practice, and one each of semi-structured interviews and questionnaires. In the mental illness category, data were collected through seven semi-structured interviews and three other interview formats. Two studies also collected data from clinical practice records.

The mental illness categories included schizophrenia, depression, narcolepsy, insomnia, neurodevelopmental disorders, Tourette's syndrome, and home nursing users. Regarding schizophrenia and Tourette syndrome, data were collected from subjects related to a person requiring support. In the case of mental illnesses or age groups that may be difficult to objectively recognize or adequately verbalize, there seems to be a tendency to interview subjects related to persons requiring support.

In the physical illness category, all data were collected through semi-structured interviews; in one case, a questionnaire was also used. Physical illnesses included childhood cancer, menstrual complications, and impaired physical functioning. In the case of diseases associated with impaired physical function, data were collected from individuals requiring support. Even in the physical disease category, interviews were conducted with persons related to the person requiring support when adequate verbalization was difficult.

In the old age category, all data were collected through semi-structured interviews with participants related to the person requiring support. All the participants included family members caring for elderly individuals. The interviews were probably conducted with subjects related to the person requiring support, as elderly people in need of care tend to have difficulty adequately verbalizing their needs. Additionally, in the case of family care, the burden on caregivers is serious; therefore, data collection seems to have focused on those who are related to the person requiring support.

In the perinatal/childhood category, all data were collected through semi structured interviews. The subjects included women who had experienced artificial stillbirths. One article included in the "psychosomatic" category was a semi-structured interview with a patient with atopic dermatitis, analyzed using M-GTA. There was also one article classified in the "other" category, which was a questionnaire survey of psychological interventions forward staff following the suicide of an inpatient. The free-response statements in the questionnaire were classified into categories, and the method of analysis was classified as Other.

As a general characteristic of the target population in the medical field, many studies have analyzed linguistic data obtained through semi-structured interviews with adults who can adequately verbalize. In the case of diseases, pathological conditions, and ages at which adequate verbalization was difficult, data were collected through semi-structured interviews with participants related to the person requiring support.

In the medical field, semi-structured interviews have been analyzed using GTA (10), M-GTA (5), and TEM (5). In the physical disease category, one and three analyses were performed using GTA and TEM respectively. In the medical field, GTA and M-GTA are often used to analyze semi-structured interviews. However, in the case of physical illness, the analysis is often performed using TEM, which focuses on the process of change over time.

Data from only one participant were analyzed using phenomenological methods. Additionally, two studies in which data were collected from clinical practice records were analyzed using TEM and other qualitative analyses (qualitative inductive analysis). Even for linguistic data, special analyses may be used such as when the number of subjects is small or when clinical practice records are used, depending on the characteristics of the data.

Education Area

The number of applicable papers was 14. Regarding the general characteristics of the subjects of the applicable papers, those in need of support were university students (two papers), while the rest were teachers (four papers) and parents (three papers). The most frequent subcategory in the field of education was truancy-related (six papers). The main methods used to analyze truancy cases were meta-analysis (two papers), qualitative data analysis (two papers), M-GTA, and TEM. One characteristic of the data collection method was that the data were indirectly collected from the target children. A characteristic feature of this meta-analysis was that it was conducted using data collected from clinical practice records and case study articles. Regarding those targeting mothers, qualitative data analysis on mothers' own psychological transformations and family systems in truancy was conducted, focusing on the M-GTA. The next most frequent subcategory was articles on school counseling (four papers). Three were mainly aimed at teachers as the target audience, and one was aimed at SCs. Two of the four papers analyzed problems arising between teachers and SCs, such as counseling and

consultation with school counselors, from the teachers' perspectives. Three of the analysis methods were GTA (two) and M-GTA (one) using semi-structured interviews.

In summary, the following two points were identified as the characteristics of the educational domain of qualitative research in clinical psychology. First, a relatively large number of non-attendance cases were included. This is a reasonable result, considering that most of the activities of psychologists in the education field are aimed at dealing with truancy. Second, the study used indirect data collection and analysis, such as a meta-analysis of existing published case studies on truancy and data collection from family members. Second, many studies have examined the SC system and experiences of working with SCs from the perspective of teachers using qualitative analysis. Many psychologists in the educational field are engaged in SC work, and school counseling activities are being examined in Japan using both quantitative and case studies, as well as qualitative methods.

Other qualitative studies from clinical and psychological perspectives on bullying have not yet been conducted. Although bullying is a major problem in education in Japan, it can be considered a case study or quantitative research in clinical psychology. However, considering the nature of the bullying problem, in which it is particularly important to approach the victim and the subjective perception of the perpetrator, there is great merit in using qualitative research methods, and future studies are warranted.

Social Issues

The number of applicable papers was 17. The survey subjects were notable for the large number of parties in need of assistance. Specifically, five papers were on social withdrawal and four on LGBTQ. Others included addiction, women, foreign women students living in Japan, and executives who have lost a subordinate. Data collection methods included 10 semi-structured interviews and 4 records of clinical practice. As methods of analysis, GTA and M-GTA were used in five papers each. KJ method, Quantification Theory Type III, PAC analysis, sequence analysis, and text mining were used in one paper each. Two papers had to be categorized as "other qualitative data analysis" as they could not be categorized in any of the aforementioned methods. For these, pre-school children living in slum areas in developing countries and college students with suicidal thoughts were the subjects.

In the social withdrawal category, data for three papers were collected using semi-structured interviews, and records of clinical practice and e-mail texts were used in one paper each. In the LGBTQ category, all data were collected by semi-structured interviews.

When clarifying the process of experience of the research subjects, GTA and M-GTA, which categorize linguistic data and facilitate the depiction of processivity, were used more often. Meanwhile, seven papers used non-GTA and M-GTA methods. In many cases, the number of research collaborators is extremely limited for research subjects related to social issues due to their peculiarities. Therefore, it was inferred that the tendency is not to use methods such as GTA, which creates new concepts and generates new theories by finding relationships between concepts (Fukushima, 2016), but to use PAC analysis and text mining, which observe phenomena individually and decipher their structure, or analysis methods that must be summarized as "other qualitative analysis."

The social issue was the difficulty in obtaining cooperation for the survey. Social issues are an area of research in which it is difficult to obtain research cooperation. People with social issues

are the least likely to approach psychological support agencies, despite their need for psychological support. Clarifying the structure of their social issue and their psychological experience of it will facilitate an understanding of people's psychological needs and provide clues for developing psychological support methods based on those needs. In the future, analyzing how informed consent is obtained from people with social issues and how systems are set up to avoid ethical issues, such as anonymity and privacy violation, will be essential.

It can be inferred that clinical psychology-related researchers often select social issues as their research subjects because clarifying the psychological experience processes of the subjects in need of support and those involved with them provides basic data indispensable for providing psychological support.

Summary and Future Issues

The characteristics of the use of qualitative research methods in the field of clinical psychology include "semi-structured interviews" as a data collection method for "medical care" and "social issues," and "GTA" and "M-GTA." Various analytical methods were used to study "records of clinical practice," which were grouped under the category of "other qualitative analysis." It is important to consider the diversity of data collection and analytical methods when developing future research methods in clinical psychology.

Therefore, as future issues, (1) a more detailed examination of "other qualitative data analyses" should be conducted, and (2) its characteristics may become clearer through comparison with the data collection and analysis methods of articles excluded from the scope of this study. It is possible to clarify the overall picture by incorporating data on clinical psychological research from other journals, such as Developmental Psychology Research and Educational Psychology Research. Because language is significantly influenced by region and culture, comparative studies between different countries may further clarify the characteristics of qualitative research in clinical psychology in Japan. This study provides basic data for such studies.

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