

Characteristics of Qualitative Research Methods in Clinical Psychology in Japan

Yutaro Hirata^{1*}, Masako Iida¹, Kayo Kamimura^{2,3}

¹Faculty of Law, Economics and Humanities, Kagoshima University, Kagoshima, Japan

²Department of Psychiatry, Kagoshima University, Kagoshima, Japan

³Graduate School of Medical and Dental Science, Kagoshima University, Kagoshima, Japan

Email: *hirata@leh.kagoshima-u.ac.jp

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Abstract

This study examines the application and characteristics of qualitative research methods in the field of clinical psychology in Japan. While quantitative and single-case studies have been common in the past, there has been a gradual increase in qualitative research, driven by the need for a more profound comprehension of complex psychosocial issues and practices. By reviewing articles published between 2010 and 2022 in two major Japanese clinical psychology journals, we analyze the diversity in data collection and analytical methods, especially focusing on studies involving participants in need of psychological support. Our findings reveal that qualitative methods, such as semi-structured interviews and clinical practice records, are predominantly used in clinical settings. The grounded theory approach emerges as a popular analytical framework for analysis, offering theoretical insights into practical applications in psychology. This study highlights the adaptability and importance of qualitative research to uncover subtle insights in clinical settings, as well as the gaps in the realities of its use across clinical psychology disciplines such as justice, industry, and psychotherapy. Future research should explore wider applications of qualitative methods to enhance their integration and relevance within clinical psychology.

Keywords

Qualitative Research Methods, Clinical Psychology, Japan

1. Introduction

Until recently, single-case studies and quantitative research were the predominant research methods in the field of clinical psychology in Japan. However, in recent years, qualitative research methods have increasingly been used. Nochi (2011)

points out three reasons for this: (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 points out that the diversification of psychosocial problems has affected the diversification of clinical psychology practices and research subjects; he furthermore highlights the increasing sophistication of qualitative research as well as 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 the 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 these fundamental types of research questions are different, and notes that practitioners, such as physicians and teachers, prompt “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 has been little previous research (Hill et al., 1997). This is commonly observed in clinical practice where, for example, subject areas with little previous research are often investigated. In such cases, qualitative research, which is hypothesis-generating, is conducted because it does not go as far as hypothesis testing, unlike quantitative research. Additionally, as Iwakabe (2010) notes, 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; by being exposed to the real words of people who have had those experiences, it is more likely that the conducted research is oriented toward the meanings of a small number of hard-to-average subjects. This is appropriate for a research method that is meant to be tailored toward minority subjects, whose experiences are not easily observed in an averaged sense.

McLeod (1999) describes the purpose of qualitative research in clinical psychology three different ways. First, qualitative research reveals the experiences of a particular group of people. For example, counseling clients with specific psychological problems (eating disorders, depression, and physical disabilities), 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 qualitative research is the study of phenomena, such as client insights into psychotherapy or treatment-related issues like reverse transference, which are revealed through interviews about 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 qualitative

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

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, and the need for a background in the literature, cultural studies, sociology, or philosophy in order 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, Reissetter et al. (2004) explored how qualitative research can inform counselor education and proposed the following four themes to explain 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 has "qualitative research" been conducted in clinical psychology in Japan to date? Yamamoto (2014) reviewed 14 studies using the 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. Nakamura (1992) also stated that it is meaningful to theorize what is often tacit knowledge as "knowledge from the 'field'".

Additionally, Iida et al. (2023) conducted a literature review of qualitative research articles that focused on two representative Japanese journals in the field of clinical psychology and noted the following characteristics. They pointed out a large number of articles using GTA or Modified Grounded Theory Approach (M-GTA)¹ to analyze data that was collected using semi-structured interviews, as well as 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 evolved since the time of the original investigation. As mentioned earlier, Iida et al. (2023) included

¹M-GTA is a qualitative study that developed from GTA but differs in many respects with respect to the interception 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).

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 is 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 clinical psychology.

The current study focused on subjects in need of support and examined 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.

2. Method

Based on the objectives, the following research questions were set for this study. First, what are the characteristics of qualitative research in the field of clinical psychology in Japan? Second, what are the differences between clinical and non-clinical groups? Third, what are the differences in data collection and analysis methods in the clinical group? To examine these three points in an exploratory manner, this study employed a mixed research method, combining qualitative and quantitative research methods. Specifically, we used an exploratory sequential design model (Creswell & Plano Clark, 2018).

Survey Subjects

The term “qualitative research” is defined in this study as “used to describe various approaches to analyzing data that have the form of natural language (i.e., words) or expressions of experience (e.g., social interaction or artistic expression)” (Levitt, Bamberg, Creswell, Frost, Josselson, & Suárez-Orozco, 2018).

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 between 2010 and 2022. Regarding the types of articles, to standardize the number of words to be included, we selected original papers and research papers for “Journal of Japanese Clinical Psychology” and original papers and prospective studies for “Japanese Journal of Clinical Psychology”. In addition, the language of the papers covered was assumed to be those written in Japanese. Qualitative research articles were selected if the research design included qualitative, practical, mixed quantitative and qualitative analyses, or psychological testing feedback sessions. Single case and literature studies were excluded. As a reason for this, it has been pointed out that there are two positions in Japanese clinical psychology research: one is to include single case study methods in qualitative research, and the other is to view single case study research as a research method separate from qualitative research (Noda, 2019). As a result, the current situation of case study research methods in the field of clinical psychology in

Japan is a mixture of those reported as qualitative research and those reported as a separate research method. Given this current situation of difficulty in discriminating between the two, we decided to exclude single case study methods from this study.

3. Results

3.1. Data Summary

In the reviewed studies, the number of survey participants varied widely, with an average (Mean, *M*) of 39.04 individuals per study. The standard deviation (SD) was notably high at 100.25, indicating substantial variability in sample sizes across different studies. The median (MD) number of participants was 13, suggesting that while some studies had larger samples, half of the studies surveyed fewer than 13 participants. This distribution highlights the diverse scope of the research methodologies employed, ranging from small-scale qualitative assessments to larger, more comprehensive surveys.

A diversity of approaches is evident in examining the methodologies employed in data collection across various studies. The predominant method was interviews, which accounted for 96 occurrences. This was followed by records of clinical practice with 23 instances. Questionnaires were also a notable method, utilized in 13 cases. Less common were combinations of methods, such as interviews with questionnaires (six instances) and group interviews, both alone and in combination with other interview forms (four instances). Additionally, specific methods such as document collection and protocols for PAC (Personal Attitude Construct) analysis were employed in smaller numbers. Other methods were used in 13 patients. Overall, the surveyed studies involved 169 instances of data-collection methods. This variety underscores the complexity and the tailored approaches to data gathering across studies. Note that PAC analysis is a method for analyzing the image and attitude structure of each individual, a technique developed by [Naito \(2002\)](#).

Five studies were analyzed by surveying more than one subject. Data analysis across the reviewed studies has exhibited a broad spectrum of methodologies. Predominantly, theory building emerged as the most utilized approach, with 83 instances, indicating a strong inclination towards foundational analytical practices in research. Descriptions were also significantly employed, noted in 23 cases, which highlights detailed attention to qualitative data structuring. Other methods, such as model configuration and case-based analysis, were less frequently used, with eight and six instances, respectively. A considerable number of studies, 34 in total, have adopted various other qualitative data analysis techniques, underlining the diversity of analytical strategies. Additionally, mixed research methods were employed in 12 cases and consensual qualitative research ([Hill et al., 1997](#)) was recorded once. Collectively, these approaches totaled 169 instances, reflecting a comprehensive engagement with diverse analytical methodologies to address the research questions. Sixteen studies used multiple research methods.

3.2. Principles of Categorization in Data Analysis

Theory building: Analysis methods such as M-GTA and GTA, which aim to construct theories, are classified under the category of “Theory building”. This category encompasses methods that focus on the development of theoretical frameworks (Strauss & Corbin, 1998). Grouping these methods under a common label facilitates a clearer understanding of approaches that emphasize theoretical conceptualization.

Coding of descriptions: Methods like PAC analysis, KJ method, and SCAT, which involve the coding or categorization of data, are placed under the category of “Coding of descriptions”. This grouping reflects methods that prioritize the systematic organization and interpretation of descriptive data, which is a critical step in qualitative analysis (Miles et al., 2014).

Mixed research methods: Methods such as Deductive/Inductive analysis and Quantification Type III are categorized as “mixed research methods”, as they integrate both qualitative and quantitative approaches. This category highlights research methods that combine diverse analytical techniques, aligned with Creswell and Plano Clark’s (2018) framework for mixed-method research.

Model Configuration: Methods like TEM (theoretical elaboration method) and Task Analysis are categorized under “Model Configuration”. These methods focus on constructing models based on empirical data, which is essential for advancing research through systematic modeling and hypothesis testing (Morse, 1994).

Case-based analysis: Analysis methods such as meta-analysis of cases and single-case analysis are grouped under “Case-based analysis”. This category includes approaches that focus on detailed examinations of individual cases, supporting an in-depth understanding of particular phenomena (Yin, 2018).

Other qualitative data analysis: Methods that do not fit neatly into other categories, such as other qualitative data analysis, are classified under “Other qualitative data analysis”. This category ensures the inclusion of a wide range of qualitative approaches, providing a flexible framework for methods that may be less conventional or interdisciplinary (Denzin & Lincoln, 2018).

Making sense of descriptions: Methods such as Phenomenological methods and Sequence analysis are placed under the category of “Making sense of descriptions”. These methods focus on interpreting the meaning of qualitative data, aligning with approaches that seek to uncover the underlying meanings and patterns within descriptive data (Van Manen, 2016).

Method of collegiality: Finally, methods such as Collegial qualitative research, which involve collaborative approaches to data analysis, are categorized under “Method of collegiality”. This reflects the increasing importance of teamwork and consensus in qualitative research methods (Tashakkori & Teddlie, 2003).

3.3. Qualitative Studies Comparing Clinical and Non-Clinical Groups

A total of 169 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. The 82 papers were grouped into the clinical group, and the other papers were grouped into the non-clinical group.

Comparisons were made between the clinical and non-clinical groups of studies for the mean and standard deviation of the number of subjects studied, the Data Collection Method and its category, and the Analysis Method and its category (Table 1). For the mean number of subjects, a t-test was performed for the clinical and non-clinical groups, and Welch’s t-test was performed to examine the difference in means between the two groups. Welch’s t-test showed that the difference in means was 26.866 (95% confidence interval [-3.482, 57.215]), the *t* value was 1.784, the degree of freedom was 126.903, and the *p*-value was 0.077. Non-statistically significant differences were found between the groups.

Cross-tabulations were also conducted and analyzed for the Data Collection

Table 1. Comparison between clinical and non-clinical groups in terms of number of participants surveyed, data collection method, and data analysis.

	Total	Clinical Group	Non-Clinical Group
Number of people surveyed			
M	39.04	25.20	52.38
SD	100.25	61.60	123.91
MD	13.00	19.00	12.00
Data Collection Method			
Interview	96 (56.8%)	47 (27.8%)	49 (29.0%)
Interview/Questionnaire	6 (3.5%)	3 (1.8%)	3 (1.8%)
Interview/Participant observation	1 (0.6%)	1 (0.6%)	0 (0.0%)
Multiple Interview	4 (2.4%)	△4 (2.4%)	▼0 (0.0%)
Group Interview	2 (1.2%)	1 (0.6%)	1 (0.6%)
Group Interview/Interview	2 (1.2%)	0 (0.0%)	2 (1.2%)
Questionnaire	13 (7.7%)	3 (1.8%)	10 (5.9%)
Questionnaire/Participant observation	1 (0.6%)	0 (0.0%)	1 (0.6%)
Document collection	5 (3.0%)	3 (1.8%)	2 (1.2%)
Record of clinical practice	23 (13.6%)	△18 (10.7%)	▼5 (2.9%)
Record of clinical practice/Questionnaire	1 (0.6%)	1 (0.6%)	0 (0.0%)
Protocols for PAC analysis.	2 (1.2%)	0 (0.0%)	2 (1.2%)
Other	13 (7.7%)	▼1 (0.6%)	△12 (7.1%)
Total	169	82	87
Multiple Data Collection Method	15	6	9
Data Analysis			
Theory building	83 (49.1%)	45 (26.6%)	38 (22.5%)
Coding of descriptions	23 (13.6%)	▼5 (3.0%)	△18 (10.7%)

Continued

Model Configuration	8 (4.7%)	6 (3.6%)	2 (1.2%)
Case-based analysis	6 (3.6%)	2 (1.2%)	4 (2.4%)
Other qualitative data analysis	34 (20.1%)	18 (10.7%)	16 (9.5%)
Mixed research methods	12 (7.1%)	3 (1.8%)	9 (5.3%)
Consensual qualitative research (Hill et al., 1997)	1 (0.6%)	1 (0.6%)	0 (0.0%)
Total	169	82	87
Multiple Data Analysis	16	4	12

△ and ▼ indicate that the frequency is significantly more/less than the expected value.

Method and clinical and non-clinical groups. The results of a chi-square test of independence showed a significant association between the variables $\chi^2(12) = 31.546$, $p = 0.002$, with Cramér's $V = 0.432$, 95% CI [0.301, 0.547]. This finding indicates a moderate relationship between the two variables. Residual analysis revealed significant differences. Standardized residuals for multiple interviews in the clinical group were $z = 2.08$ ($p < 0.05$), record of clinical practice was $z = 3.070$ ($p = 0.002$), and others was ($p = 0.002$). In contrast, in the non-clinical group, standardized residuals for multiple interviews were $z = -2.08$ ($p < 0.05$), record of clinical practice was $z = -3.070$ ($p = 0.002$), and others were $z = 3.066$ ($p = 0.002$). We then cross-tabulated the clinical and non-clinical groups for the use of multiple Data Collection Methods and found no significant association ($\chi^2(1) = 0.478$, $p = 0.489$). Data analysis methods and cross-tabulations were performed for the clinical and non-clinical groups. The results of a chi-square test of independence showed a significant association between the variables $\chi^2(7) = 16.589$, $p = 0.020$, with Cramér's $V = 0.313$, 95% CI [0.170, 0.443]. This indicates a moderate relationship between the two variables. Residual analysis revealed significant differences for the following. The standardized residual for the coding of descriptions in the clinical group was $z = 2.765$ ($p = 0.006$). In contrast, the standardized residual for multiple interviews in the non-clinical group was $z = -2.765$ ($p = 0.006$). Next, a cross-tabulation of the clinical and non-clinical groups for the use of multiple data analysis methods showed a significant association ($\chi^2(1) = 3.914$, $p = 0.048$).

3.4. Analysis of the Research on Clinical Groups

The characteristics of “Subjects” and “Detailed Subjects” were categorized and coded based on research article classifications published by the Japanese Society of Clinical Psychology in FY2023, as shown in **Table 2**.

Additionally, an exploratory control table was created to examine the coded “characteristics of the subjects,” “data collection method,” and “analysis method.” Subjects were classified into major areas, with corresponding frequencies and percentages as follows: Medical Care (28.0%), Education (17.1%), Welfare (15.9%), and Social Issues (20.7%). These major areas were further subdivided into categories such as non-school attendance and mental disorders, providing additional granularity, as presented in **Table 3**.

Table 2. Classification and number of “subjects” and “detailed subjects”.

Subjects/Detailed Subjects	n	(%)
<u>Psychotherapy</u>	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)
<u>Medical care</u>	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)
<u>Education</u>	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)
<u>Welfare</u>	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)
<u>Industry</u>	3	(3.7)
Employee Assistance Program and in-house psychological consultation	2	(2.4)
Reinstatement to support clinical	1	(1.2)
<u>Social Issues</u>	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)
<u>Other</u>	3	(3.7)
Other	3	(3.7)
Total	82	(100.0)

Table 3. Cross table of “subjects” and “data collection method”.

	a	b	c	d	e	f	g	h	Total
Interview	19 (40)	6 (13)	6 (13)	2 (4)	2 (4)	0 (0)	11 (23)	1 (2)	47 (100)
Interview/ Questionnaire	1 (33)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	1 (33)	1 (33)	3 (100)
Interview/ participant observation	0 (0)	0 (0)	1 (100)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	1 (100)
Multiple Interview	1 (25)	0 (0)	1 (25)	0 (0)	0 (0)	1 (25)	1 (25)	0 (0)	4 (100)
Group Interview	0 (0)	0 (0)	1 (100)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	1 (100)
Questionnaire	1 (33)	1 (33)	0 (0)	0 (0)	1 (33)	0 (0)	0 (0)	0 (0)	3 (100)
Document collection	0 (0)	1 (33)	1 (33)	0 (0)	0 (0)	0 (0)	0 (0)	1 (33)	3 (100)
Record of clinical practice	2 (11)	6 (33)	2 (11)	0 (0)	0 (0)	4 (22)	4 (22)	0 (0)	18 (100)
Record of clinical practice/ Questionnaire	0 (0)	0 (0)	1 (100)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	1 (100)
Other	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	1 (100)	0 (0)	0 (0)	1 (100)
Total	24	14	13	2	3	6	17	3	82

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

Data collection methods varied across subjects, with interviews being predominantly used for Medical Care and for Social Issues, respectively representing 40% and 23% of the data collected as outlined in **Table 4**.

Table 4. Cross table of “subjects” and “method of analysis”.

	a	b	c	d	e	f	g	h	Total
Theory building	16 (36)	5 (11)	6 (13)	1 (2)	2 (4)	3 (7)	10 (22)	2 (4)	45 (100)
Coding of descriptions	0 (0)	0 (0)	2 (40)	0 (0)	0 (0)	0 (0)	3 (60)	0 (0)	5 (100)
Model Configuration	5 (83)	1 (17)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	6 (100)
Case-based analysis	0 (0)	2 (100)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	2 (100)
Other qualitative data analysis	2 (11)	5 (28)	3 (17)	1 (6)	1 (6)	3 (17)	2 (11)	1 (6)	18 (100)

Continued

Mixed research methods	0 (0)	1 (33)	1 (33)	0 (0)	0 (0)	0 (0)	1 (33)	0 (0)	3 (100)
Consensual qualitative research	0 (0)	0 (0)	1 (100)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	1 (100)
Making sense of descriptions	1 (50)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	1 (50)	0 (0)	2 (100)
Total	24	14	13	2	3	6	17	3	82

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

For data analysis methods, theory building was the most frequently used across all subject areas, particularly in Medical Care, where it was applied in 36% of cases, as shown in **Table 5**.

Table 5. Frequency and proportion of “data collection method” and “method of analysis”.

Research Method	Int.	I/Q	I/PO	M.I.	G.I.	Qn.	D.C.	R.C.P.	R.C.P./Qn.	Oth.	Total
Theory Building	36 (43.9)	2 (2.4)	0 (0)	2 (2.4)	1 (1.2)	0 (0)	0 (0)	3 (3.7)	0 (0)	1 (1.2)	45
Coding of Descriptions	2 (2.4)	0 (0)	0 (0)	1 (1.2)	0 (0)	0 (0)	0 (0)	1 (1.2)	1 (1.2)	0 (0)	5
Model Configuration	4 (4.9)	0 (0)	0 (0)	1 (1.2)	0 (0)	0 (0)	0 (0)	1 (1.2)	0 (0)	0 (0)	6
Case-based Analysis	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	1 (1.2)	1 (1.2)	0 (0)	0 (0)	2
Other Qualitative Data Analysis	2 (2.4)	1 (1.2)	1 (1.2)	0 (0)	0 (0)	2 (2.4)	1 (1.2)	11 (13.4)	0 (0)	0 (0)	18
Mixed Research Methods	1 (1.2)	0 (0)	0 (0)	0 (0)	0 (0)	1 (1.2)	0 (0)	1 (1.2)	0 (0)	0 (0)	3
Qualitative Research Methodology	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	1 (1.2)	0 (0)	0 (0)	0 (0)	1
Making Sense of Descriptions	2 (2.4)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	2
Total	47 (57.3)	3 (3.7)	1 (1.2)	4 (4.9)	1 (1.2)	3 (3.7)	3 (3.7)	18 (22.0)	1 (1.2)	1 (1.2)	82

Note: I/Q: Interview/Questionnaire, G.I.: Group Interview, I/PO: Interview/Participant Observation, D.C.: Document Collection, Oth.: Other, M.I.: Multiple Interviews, R.C.P.: Record of Clinical Practice, Qn.: Questionnaire, Int.: Interview, R.C.P./Qn.: Record of Clinical Practice/Questionnaire.

Table 5 further outlines the distribution of data collection methods and analysis techniques used in the study, along with their respective frequencies and percentages. Key findings indicate that interviews were the most frequently used data

collection method, accounting for 57.3% of the total methods employed. Records of Clinical Practice represented 22.0% of data collection methods, while other methods included combinations such as Interview/Questionnaire (3.7%), Document Collection (3.7%), and Multiple Interviews (4.9%). In terms of data analysis methods, theory building was the most common, comprising 43.9% of cases, while other qualitative data analysis methods accounted for 13.4% and included techniques like model configuration and coding of descriptions. Mixed research methods and case-based analysis were less frequently used, each representing approximately 1.2% - 3.7% of cases.

This distribution indicates a predominant use of interviews for data collection, with a strong emphasis on theory-building analysis. The findings suggest that Japanese clinical psychology research heavily relies on qualitative methodologies that prioritize in-depth understanding and contextual analysis.

4. Discussion

4.1. Comparison of Qualitative Studies on Clinical and Non-Clinical Groups

While there was no statistically significant difference in the number of subjects in the clinical group, the number of subjects in the non-clinical group was approximately twice that in the clinical group. This may be due to the fact that “questionnaires” were often administered to the non-clinical group, which increased the average number of subjects. In contrast, data collection methods for the clinical group appear to have been carefully collected by means of “clinical practice records” along with repeated interviews with a small number of subjects.

On the other hand, in terms of data collection methods, “semi-structured interviews” accounted for 49% of the total, with no significant difference between the clinical and non-clinical groups; this suggests it be a central data collection process for qualitative research methods in the field of clinical psychology in Japan, regardless of subject characteristics. Researchers in the field of clinical psychology may necessarily tend to use semi-structured interviews because of their familiarity with one-on-one interviews, such as for counseling and psychotherapy. On the other hand, the high frequency of “other” in the non-clinical group suggests that a variety of data collection methods may be employed, and that qualitative research may be used relatively freely.

Regarding the frequency of data analysis methods, “theory building” accounted for nearly half (49.1%) of the data analysis methods and was used in both clinical and non-clinical groups. This category is the category associated with the Grounded Theory Approach (GTA) and similar methods. This may be related to the fact that GTA is the representative method with the most systematic procedure (Hanashima, 2011). In fact, Charmaz (2006) points out that the grounded theory approach has made it possible to learn qualitative research methods efficiently, and its influence has been confirmed in the field of clinical psychology in Japan. However, “coding of descriptions” was more common in the non-clinical group. Another notable

characteristic of the nonclinical group was that they used multiple data collection techniques, some of which were more diverse and difficult to categorize than those of the clinical group. Considering these characteristics together with the data collection methods described above, it can be inferred that the non-clinical group tended to collect and analyze data more freely, whereas the clinical group tended to collect and analyze data in a more orthodox manner. However, “qualitative research is used to describe a series of different approaches to analyze data in the form of natural language (i.e., words) or expressions of experience (such as social interaction or artistic expression) (Appelbaum et al., 2018)”, which is characterized by the diversity of its methods (Iwakabe, 2010). Therefore, we believe that the methods of data collection and analysis in clinical groups may be more diverse.

The most important aspect of qualitative research is what the researcher focused on and the angle from which the phenomenon was analyzed (Isono, 2016). Good qualitative research can only come from good questions and not solely from good methods (Isono, 2017). From the above, in order to expand the diversity of qualitative research in the field of clinical psychology in Japan, we may be able to find data collection methods and analyses corresponding to questions that are not limited to semi-structured interviews and GTA by first considering the principal question at hand.

4.2. Analysis of the Research on Clinical Groups

“Medical care” was prominent, accounting for 28.0% of the total. In particular, “mental illness” accounted for the largest share at 14.6%, followed by “physical illness (including orthopedics and surgery)” at 4.9%. Additionally, practices related to the elderly, perinatal care, and pediatric care were also included. The increase in qualitative research, particularly in the areas of practice related to the elderly, perinatal, and pediatric, suggests the growing importance of professional psychological care for these populations and the attempt to understand it in other ways besides via quantitative studies. Next, the field of education accounted for 17.1% of the total, with truancy and school counseling (including childcare counseling) accounting for relatively high percentages of 7.3% and 4.9%, respectively. This reflects the fact that non-attendance and in-school mental health support, a major issue in Japanese education, are examined using both qualitative and quantitative methods. Furthermore, the welfare field accounted for 15.9% of the total, with “medical care for handicapped children (including visual and hearing impairments)” accounting for a particularly high 9.8% of the total. “Clinical abuse” and “clinical support” for child-rearing are also recognized as important fields. Research on “Social Issue” was also relatively high at 20.7%, with “social withdrawal”, “minorities”, “gender”, “sexual dissonance”, and “addiction (alcohol, drugs, gambling, etc.)” receiving particular attention. Since it is possible to understand the psychological difficulties of “Social Issue” by carefully listening to the voices of those involved, qualitative research seems to be a good match for such

initiatives. In fact, Hanashima (2011) conducted an analysis based on the experiences and narratives of people who had experienced withdrawal, and inferred that many studies were created with similar motives.

Overall, the results suggest that a wide variety of studies using qualitative methods have been conducted from a clinical psychological perspective on themes such as medical care, education, welfare, and social issues. This may be due to the fact that qualitative research has become active not only in the field of clinical psychology, but also in the adjacent fields of nursing, sociology, and education, contributing to the acceptance of qualitative research in the said fields in the clinical psychology area. The distribution of disciplines obtained in this study was also similar to the distribution of disciplines in which clinical psychologists in Japan work, with “medical care” being the most common (44.0%), followed by “education” (37.0%) and “welfare” (24.7%) (the total percentage is not 100% because some respondents work across multiple disciplines not 100%) (Japanese Society of Certified Clinical Psychologists, 2024). In this regard, it can be said that this portion of the study is also in line with the percentage. However, the data are insufficient for the fields of justice, correction, industry, and psychotherapy, and future studies are needed.

4.3. Cross Table on “Subjects of Study”, “Data Collection Method”, and “Method of Analysis”

Table 5 shows the relationship between “subjects”, “data collection method”, and “analysis method”, indicating that different methods were employed in various research fields. As for data collection methods, “interviews” was the most common method used, with 47 cases being identified (40% in “medical care” and 23% in “social issues”). Interviews are also frequently used in “Welfare” and “Education” (13% each), indicating that it is a basic survey method regardless of the field. Combinations of interviews and questionnaires are also rare, with only three cases appearing (33% each) in “Medical”, “Social Issue”, and “Other”. Interview/participant observation was only used in “Welfare”, thus highlighting the importance of on-the-job observations in this field. Similarly, “Multiple Interviews” and “Group Interviews” play an important role in fields such as “Welfare” and “Education”, where repeated or group data collection is essential, although they are rarely utilized. Questionnaire methods are found in “Medical Care”, “education”, and “psychotherapy” (33% each), indicating that standard data collection does occur, but is not as dominant as interviews. Document collection was mainly used in “Education”, “Welfare”, and “Social Issue” (33% each), suggesting that the characteristics of the domains may be easier to collect as records of public institutions and that direct data collection may be more difficult than in other domains. Clinical practice records were used most frequently in “Medical Care” (33%) and “Social Issue” (22%), underscoring the importance of longitudinal data for actual practice and research in these areas.

In terms of analytical methods, theory building was the most widely used,

accounting for 45 cases, mainly in “Medical Care” (36%) and “social issues” (22%). This indicates that analytical methods that are highly existential and aimed at gaining insight into the process of support are preferred in the current Japanese clinical psychology field, and this tendency is particularly prevalent in the attributes of subjects with “Medical Care” and “Social Issue”. However, this may be related to the fact that, as mentioned earlier, Japanese qualitative research spread around the GTA, and that once published in a journal, the method is more likely to be used (Yamamoto, 2014). It is also emphasized that case-based analysis is exclusively used in “Education” and is effective for analyzing specific educational scenarios. This may be related to the fact that case studies and action research are preferred in the field of education in Japan in the first place. However, since the present analysis did not include a single case study, future detailed comparisons are necessary. The second most frequent category after theory building was “Other Qualitative Data Analysis”, which was almost exclusively “Record of Clinical Practice”. Since it is not always possible to collect data systematically in clinical practice, it was observed that data obtained in clinical practice are analyzed by qualitative methods using various innovations.

5. Conclusion and Future Research Directions

The present study is significant in that it has organized and examined ways to utilize qualitative research in the field of clinical psychology, which has not been sufficiently organized and examined in Japan. Interviews and records of clinical practice are indispensable tools for qualitative research, especially in the fields of medicine and social issues. Analytical methods, such as theory building and model construction, are field-specific and chosen based on issues specific to each research field. This diversity of methods reflects the complexity of the research subject, and highlights the need for flexible and context-specific approaches in qualitative research.

Therefore, future work may be characterized by (1) examining “other qualitative data analyses” in more detail and (2) comparing their characteristics with the data collection and analysis methods of the articles excluded from the scope of this study. Regarding data collection issues, it would be possible to clarify the overall picture by incorporating data from clinical psychology research in other journals, such as the *Journal of Developmental Psychology* and the *Journal of Educational Psychology*. (3) It is suggested that the data obtained through the participant observation may have been compiled as a record of clinical practice in the present coding. Therefore, it will be necessary to examine in detail the records of clinical practice, including the method of collection, such as whether they were recorded in counseling situations or through behavioral observation. In addition, since language is greatly influenced by region and culture, comparative research among different countries could further clarify the characteristics of qualitative clinical psychology research in Japan. This study provides the basic data for this research.

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Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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