

What Can Clients Tell Us about Seeking Counselling and Their Experience of It?

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Abstract

Research on counselling is often unknown to or ignored by counsellors. Research that explores counselling from the client's perspective is even less familiar to most counsellors, perhaps because there is far less of it compared to the quantity of research investigating the process from the counsellor's point of view. Nevertheless, research presenting the client's perspective can be a useful guide to both counsellors and their clients. With this aim in mind, this article summarises some of the research that has been conducted from the client's point of view and suggests implications for counselling practice.

If you ask them, most counsellors would probably claim that their work with clients is evidence-based, and that they are knowledgeable about current counselling research and its implications for clinical practice. In reality, using research to guide and inform practice may not be all that common among counsellors. For example, according to Sexton and Whiston (1996) most counsellors neither read research nor conduct it. This situation may be partly explained by training programmes which have tended to focus more on the learning of skills and the application of 'expert opinion' to common client problems, not on counsellors being critical readers and applicators of sound research, doing research themselves, and/or writing for publication (Falvey, 1991; Gelso, 1993; Pistole & Roberts, 2002). Also, there are few incentives for counsellors to

conduct research since they are seldom rewarded or promoted for such activity. In fact, there may actually be disincentives for doing research. For example, employers may actively discourage their clinical staff from doing research because it is time-consuming, does not generate fees, and seldom leads to clear-cut policy or practice innovations (Pistole & Roberts, 2002). The same is probably true of counsellors working in private practice (Manthei, 2001).

This situation also exists among New Zealand counsellors as evidenced in three areas: (1) the lack of research impact on clinical practice, (2) the declining number of counsellors as authors in professional publications, and (3) the number of counselling-related articles in those publications that presented and analysed actual research data. Three reviews spanning 30 years of published counselling literature originating in New Zealand failed to provide clear evidence that published research had markedly influenced therapeutic practices (Small, 1980; Manthei & Miller, 1991, 2001). Second, the same three reviews also revealed that over those 30 years practising counsellors had become less active in writing material for publication in their professional journal, the *New Zealand Journal of Counselling*. Third, although the percentage of journal articles reporting original data remained fairly steady at 33%, this level was thought to be insufficient and that there was a need for 'more local research that: (i) investigates local issues, (ii) uses local subjects, and (iii) is situated in local settings' (Manthei, 2001, p. 11).

Another problem with current counselling research is that studies highlighting the client's perspective have been comparatively sparse (Bowman & Fine, 2000; McLeod, 1998) compared with the volume of research examining the counsellor's perspective, most of which has used quantitative methodology (Gordon, 2000; Howe, 1996; Polkinghorne, 1984). A recommended alternative has been to address the client's understanding of counselling by the use of qualitative methods in order to explore in greater detail how clients perceive, experience and make sense of their counselling (Gordon, 2000; Howe, 1996). Merely observing and measuring what people do falls far short of actually understanding their inner experience of the process of counselling, whereas asking clients for their perspectives on counselling helps them '... control the meaning of their own experience and the meanings that others give to that experience' (Howe, 1996, p. 374).

In this article, research that addresses the client's experience of seeking and receiving counselling is summarised and trends identified. It is hoped that such knowledge will encourage counsellors to be more thoughtful, critical of and informed about the counselling process and, in turn, suggest ways they might be more effective in their work with clients. Throughout the article a case is made for counsellors to be more

open to and active in seeking their client's point of view generally, and, more specifically, what *clients find most useful* to them in their counselling (Bowman & Fine, 2000; Metcalf et al., 1996).

Summary of literature and implications

What follows is a brief summary of some of the current counselling research literature that examines the process from the client's perspective. Because of its immediate relevance and greater face validity, field-based research was accorded priority for inclusion in this summary, though not exclusively so. Because the articles cited comprise studies that were conducted on diverse groups of clients in different settings and countries, the conclusions drawn are necessarily broad and indicative of trends only. They may not, of course, fit with a particular client's unique circumstances and most readers will be able to cite exceptions to each of the general findings presented. Nevertheless, there is value in knowing this information, thinking about it and discovering ways to apply it in one's counselling work. The material might also be useful to share with clients, at a time and in a form that would be appropriate. Clients, after all, have a right to be 'informed' about the process and procedures of their own counselling, and having such information might help them to approach their counselling in a more positive frame of mind, be more motivated to get started, more likely to make necessary changes, feel more in control over what happens to them and reduce their initial apprehensions about seeking and receiving counselling.

Part 1: The process of seeking counselling

Given the substantial gap that exists between those who need mental health services, including counselling, and those who actually seek such services (Alvidrez, 1999; Bayer & Peay, 1997; Bridgman, 1994; Clarkin & Levy, 2004; Hemmings, 2000; Vessey & Howard, 1993), there is a need to better understand the help-seeking behaviour of counselling clients. Previous research has found that most clients follow a similar process in seeking counselling, one that tends to fit with Saunders' (1993) four-step model of help-seeking. This model suggests that clients first recognise they have a problem; then at some point they decide that counselling might help them solve it; next they decide to seek counselling; and, finally, they contact a specific counselling agency or counsellor for help.

(1) Once clients recognise they have problems they first try to solve them themselves

It is common for clients to try a variety of things to resolve their problems *before* seeking counselling. Counselling is seldom seen as a first resort (Howard et al., 1996;

Saunders, 1993; Wills & DePaulo, 1991). These efforts to 'self-heal' are similar to the things that counsellors might suggest as homework, and similar to the methods used by people to solve their problems generally (Bohart & Tallman, 1999; Saunders, 1993). These self-help attempts might include seeking help from non-professional sources such as family members and friends; talking to clergy or another health professional; easing up at work to reduce pressure and stress; using inspirational messages or meditation; reading relevant literature; relaxation activities; taking walks; trying to change their way of thinking; taking medication or using alcohol; denying a problem exists; praying; changing their thinking about the problem (Bohart & Tallman, 1999; Cohen & Wills, 1985; Cross et al., 1980; Manthei, 2005a; Wivell & Webb, 1995).

(2) A sizeable number of new clients who attend a first session report that their problems have already begun to improve

Weiner-Davis et al.(1987) reported on an accidental discovery that has since become known as *pretreatment change*; that is, that even before counselling has begun, some clients report that their problem situation has improved in a desired way. Subsequently, systematic attempts to elicit this information by means of a series of 'pre-therapy change' questions have identified problem improvement in 25% to 50% or more of new clients (Johnson et al., 1998; Lawson, 1994; Ness&Murphy, 2001; Throckmorton et al., 2001). Interestingly, some of these clients did not even recognise that such improvement had occurred until being prompted to think about it (Lawson, 1994). Possible reasons for this phenomenon are the partial success of their efforts at self-healing (described above) and the fact that deciding to go to counselling can be seen as evidence of clients being 'agentive' and proactive. It also signifies a positive step forward and a clear indication of their motivation to change (Bohart & Tallman, 1999; Presley, 1987).

Implications for counsellors: Knowing this information, counsellors, whatever their preferred approach or model, should ask their clients during the first counselling session what attempts they have made to solve their problems before coming to counselling and how successful those efforts have been. Knowing which efforts worked, or did not work, and why, could be valuable information in assigning tasks or homework later in counselling, identifying goals to work toward and planning strategies by which clients might achieve those goals. It could also be useful to ask about pre-counselling change; that is, if clients have noticed any improvement in their situation before coming to their first session. Calling attention to pre-counselling progress can engender hope in clients, reduce their reluctance and change possible negative expectations about counselling into positive ones (Kirch, 1990).

(3) Clients seek counselling when their efforts to heal themselves have failed

Clients tend to seek counselling when the things they are doing themselves to manage their problems are no longer sufficiently effective or working satisfactorily. Sometimes there is a trigger event that makes the need to get counselling almost compelling. At this point, counselling is seen as the logical next step, or by some as a 'final option' (Cramer, 1999; Norcross & Aboyou, 1994; Sherbourne, 1988; Wivell & Webb, 1995). Typical of the things that convince clients to finally seek counselling are a specific event, advice from someone else (such as a doctor), a personal or family crisis, a slow deterioration of their situation, reading something or hearing information on the radio or television that gives them new insight into themselves (Manthei, 2005a).

(4) The time between first thinking about seeking counselling and getting it varies from client to client

Some research has reported that the process of deciding to get counselling can be long and difficult and that clients often needed at least a few months to seek counselling after deciding it might help them (Monroe et al., 1991; Saunders, 1993). More recent research has reported that this time gap was considerably shorter, typically a month or less (Manthei, 2005a), but most of the clients in this study had previous experience of counselling which may have made the decision to seek counselling again easier and quicker (Cusack et al., 2004; Deane & Todd, 1997).

Implications for counsellors: Asking clients about how they decided to get counselling could reveal important clues about their readiness to engage in counselling, the extent to which they are knowledgeable about the process, their motivation to change and their present competencies and skills. Some of this information might be used later in counselling to construct goals and strategies. Key questions could include: 'Is this your first experience of counselling? If so, what are you expecting will happen?'; 'What convinced you to seek counselling?'; 'Why seek it now rather than a month ago, or a month from now?'

(5) Clients tend to go to the counselling agency or counsellor that has been recommended to them

Once clients have decided to seek counselling they are still faced with the problem of choosing an agency and/or a counsellor. Many clients merely go to the agency that has been recommended to them, usually by their doctor or another health professional, or, in a substantial number of cases, by a social acquaintance (Cusack et al., 2004; Manthei & Duthie, 2003; Pescosolido et al., 1998; Sharpley et al., 2004; Wivell & Webb,

1995). Other less frequently cited reasons involve practical considerations such as cost and convenient location (Manthei, 2005a).

Implications for agencies and counsellors: Agencies should make their services known to other health professionals, especially those in their locality (e.g., doctors, staff in social work or welfare agencies, other mental health services). Publicising services among these groups seems to result in frequent referrals and may actually be more time- and cost-effective than trying to educate potential clients about counselling and encouraging them to be effective consumers by 'shopping around' for the counselling service that suits them best (Manthei, 2005a; Manthei & Miller, 2000).

(6) Clients like choice and the opportunity to make meaningful decisions about their counselling

Previous research has indicated that clients welcome the chance to make meaningful choices and decisions in their counselling (Bowman & Fine, 2000; Kremer & Gesten, 2003; Maione & Chenail, 1999; McDonald & Webb, 1998). Research has also shown that they are keen observers of their counsellors and their surroundings (Jinks, 1999; Yardley, 1990) and this extends to their first impressions of their counsellor. All counsellors should realise that they are being closely scrutinised and assessed by their clients, in much the same way that they are carefully observing and assessing their clients (Hill et al., 1993; Yardley, 1990). There is considerable literature on client preferences for counsellor characteristics in which it is clear that not every client-counsellor match is immediately congenial, comfortable and/or successful. For most clients, good match-ups tend to be those that in some way meet their self-perceived needs or demonstrate a similarity to them in some important way (Vera et al., 1999). Finally, when clients first appear at a counselling agency, they can be strongly affected – positively or negatively – by their first impressions of the physical layout, the office or reception staff (Manthei, 2005b).

Implications for counsellors and agencies: Counsellors should accept and be comfortable with the fact that their clients are assessing the situation from the first moment: the counsellor seated before them, their sense of safety and comfort, the physical surroundings, the direction in which things are progressing. Because it might be useful to know the client's initial reactions to the situation, and whether they would prefer other circumstances (e.g., a counsellor whose gender, ethnicity, religion or age more closely matches their own; or a different room, decor, seating position, etc.), it might be useful to explain the process and to ask clients about their first impressions, expectations and preferences. Doing this could help clients to feel included in a collaborative process of making decisions about their counselling. Their answers to these

questions could then be used to review – and improve – intake procedures and the physical lay-out of the agency or counselling room: are they welcoming, comfortable, non-threatening? Are any changes necessary?

Part 2: The client's experience of counselling

Previous qualitative research on the counselling process has demonstrated repeatedly that there is more going on with clients than is apparent to either their counsellor or an observer (Jinks, 1999; Yardley, 1990). This research has also shown that clients are careful, insightful, reflective observers of what happens to them in their counselling (Bohart & Tallman, 1999; Manthei, 2005a, b; Maione & Chenail, 1999; Rennie, 1994, 2004; Yardley, 1990). Thus, it is probably not surprising to find that clients' and counsellors' views of counselling often differ. Since both perspectives – counsellor's and client's – are valid and both '... appear to have distinctly different viewpoints on counselling, research should assess both views' (Dill-Standiford et al., 1988, p. 54). In addition, if it is the case that 'the active efforts of clients are responsible for making psychotherapy work' (Bohart & Tallman, 1999, p. xi), then the client's view of their experience of counselling cannot be ignored and neglected.

(7) Clients and their counsellors often disagree on what happens in counselling

Research on the client's perceptions of the counselling process has shown that clients' and counsellors' views of their counselling often differ in numerous and important ways (Carpenter, 1994; Caskey et al., 1984; Dill-Standiford et al., 1988; Gaddis, 2004; Gordon, 2000; Horvath et al., 1990; Horvath & Symonds, 1991; Lever & Gmeiner, 2000; Maione & Chenail, 1999; Manthei, 2005c; Martin & Stelmaczonek, 1988; Metcalf & Thomas, 1994; Paulson et al., 1999; Rennie, 2004; Scheel et al., 2004; Tracey & Dundon, 1988). More specifically, clients usually expect counselling to be shorter than do their counsellors (Horvath et al., 1990; Klein et al., 2003; Pekarik & Wierzbicki, 1986); clients tend to see counsellors as more directive than counsellors see themselves (Metcalf et al., 1996; Yardley, 1990); the two parties often disagree on session impact (Caskey et al., 1984; Dill-Standiford et al., 1988), therapist intentions (Caskey et al., 1984; Horvath et al., 1990) and even the homework that has been suggested (Scheel et al., 2004). Even when identifying the most important or critical events in their counselling, clients and counsellors have agreed only about a third of the time (Cummings et al., 1992a, b; Martin & Stelmaczonek, 1988).

Implications for Counsellors: There is a tendency for counsellors to think they know and understand what happens in counselling and what is going on in their clients' minds. The evidence clearly suggests otherwise and should act as a caution to coun-

sellors to refrain from over-interpreting and too-quickly constructing explanations for their clients' predicaments. Rather, adopting a stance of 'not-knowing' (De Jong & Berg, 2002) and asking clients to explain their situation in greater detail would lead to more accurate understanding. Questions such as 'How are we doing?', 'Is what we are talking about useful for you?' and 'Am I understanding how things are for you?' could be productive.

(8) The things clients do outside of their counselling are important in achieving successful counselling outcome

Many counsellors, particularly brief counsellors, believe that what clients do between sessions is at least as important, and probably more so, than what happens during counselling. The value of this out-of-session activity is well documented in the literature (Bohart & Tallman, 1999; Bowman & Fine, 2000; Cross et al.,

1980; Eckert, 1993; Manthei, 1996; Presley, 1987; Reuterlov et al., 2000; Scheel et al., 2004; Silverman & Beech, 1979). In fact, Lambert (1992) estimated that clients' resources and what they do outside of their counselling session is the largest contributor to success in counselling. These activities include both formal homework tasks (see Goldfried et al., 2003; Scheel et al., 2004) and client-initiated, self-help efforts (Bohart & Tallman, 1999; Presley, 1987). Clients, too, are aware that these activities are important factors in their improvement (Manthei, 2005b) and when asked can readily cite specific, practical things that they did and how those things were helpful to them.

Implications for counsellors: Counsellors should explain the value of between-session activity to their clients so that they understand it and are encouraged to engage in it. Such activity builds on and extends formal counselling (Eckert, 1993) and fosters the client's natural inclination to be an active, resourceful, effective problem-solver (Bohart & Tallman, 1999).

(9) Clients value their counselling and can readily describe the things they find helpful: techniques, the counselling relationship and aspects of the counsellor's attitude toward them

Among the things clients typically identify as helpful in counselling are: getting advice, having a good relationship with their counsellor (e.g., warmth, understanding, trust), gaining new insight, being challenged, being supported and encouraged, having someone listen to and reassure them, being able to exercise choice and make decisions about their counselling and counsellor, and, of course, solving their problems (Bowman & Fine, 2000; Boyhan, 1996; Jinks, 1999; Kremer & Gesten, 2003; Llewelyn et al., 1988; McDonald & Webb, 1998; Paulson et al., 1999; Tracey & Dundon, 1988; Wilcox-

Matthew et al., 1997; Wivell & Webb, 1995). In addition, they appreciate explanations that provide them with new ways of looking at things; they like being complimented, when it is warranted, for their insight, skill and competence (Manthei, 2005b); and they usually value counsellor self-disclosure (Knox et al., 1997).

Implications for counsellors: As counselling progresses, it could be useful for counsellors to ask their clients what they think would be helpful or productive in their counselling, as well as those things they thought would be unhelpful. This type of questioning would help clients feel they were involved in the decision-making and encourage them to think carefully about and take responsibility for their own progress. The answers provided might also help the counsellor to adjust to or match their counselling style to the needs and preferences of their client. When they are used, explanations or interpretations might be most effective if offered tentatively, in a way that prompts clients to think and analyse rather than just accept ready-made explanations.

(10) Clients are aware also of the unhelpful things their counsellors do, but seem to be tolerant of most 'mistakes' and may seldom reveal their dissatisfaction to the counsellor

Research on unhelpful interactions in counselling is considerably less extensive than it is for helpful factors, possibly because clients are, on the whole, very positive about their counselling (Bowman & Fine, 2000; Hemmings, 2000; Seligman, 1995). Other reasons include the possibility that clients are reluctant to criticise their counsellors (Farber, 2003; Hill et al., 1993) and are tolerant of a less-than-perfect performance by their counsellor (Farber, 2003; Hill et al., 1993; Rennie, 1994). Nevertheless, clients have identified specific techniques as well as more general attitudes or personal/professional styles that they regard as unhelpful. They include: inappropriate, intrusive or confusing self-disclosures (Hill & Knox, 2002); lack of strategies offered and poor time management (Boyhan, 1996); repetition and misdirection (Llewelyn et al., 1988); unclear goals, talking too much, counsellors pushing their own agenda (Bowman & Fine, 2000); not being listened to and a counsellor who forgets things that had previously been talked about in counselling (Manthei, 2005b).

Implications for counsellors: Whether out of courtesy, embarrassment or some other feeling, clients often tend to 'go easy' on their counsellor. For counsellors, it is important to realise that their performance does not have to be perfect and that their clients are accepting of some mistakes. In fact, the working relationship may be more robust than counsellors might think it is.

(11) Clients withhold information and keep some topics secret from their counsellors

Research has demonstrated that many clients choose not to talk about particular topics in counselling (Farber, 2003; Farber & Hall, 2002; Hill et al., 1993; Manthei, 2005b; Regan & Hill, 1992; Rennie, 1994). Being fully open with their counsellors is more of an ideal than a reality, even for those clients who profess to disclose everything '... [clients] also articulated what appear to be contradictory sentiments – on the one hand, affirming the position that disclosure is always better than non-disclosure, and, on the other hand, suggesting at times it is acceptable “not to tell”' (Farber et al., 2004, p. 344). It has been estimated that 42–65% of clients keep some things to themselves (Farber et al., 2004; Hill et al., 1993; Kelly, 1998). In most cases this 'secret' material is negative rather than positive (Hill et al., 1993) and the topics most often left unsaid concern sexual matters and physically or sexually abusing others (Farber, 2003; Farber & Hall, 2002). The reasons clients give for withholding some information include inhibition, shame, fear, not wanting to hurt others (Farber, 2003; Farber et al., 2004); concern about the counsellor's approach, fear of criticising the counsellor and feeling that it is impolite to do so (Farber & Hall, 2002; Rennie, 1994); and simply not thinking the matter is important enough to raise (Farber, 2003).

Interestingly, counsellors are often unaware of the things clients choose not to talk about. For example, Regan and Hill (1992) reported that counsellors were aware of only 17% of the things clients left unsaid while Hill et al. (1993) found that only 27% of counsellors knew the topics their clients had left unsaid.

Implications for counsellors: The challenge for counsellors is to know when clients are deliberately withholding critical information and which of those clients need only a gentle push or encouragement to reveal it (Farber, 2003). There are no easy answers to this dilemma and counsellors can only do what has been suggested several times previously: 'If you want to know, try asking your client.'

(12) Clients tend to prefer briefer counselling than do their counsellors

Previous research has reported that clients expect and prefer briefer counselling than do their counsellors (Eckert, 1993; Pekarik & Finney-Owen, 1987; Pekarik & Wierzbicki, 1986). Proponents of brief models of counselling have talked about intermittent counselling, the idea that clients might need or want several courses of counselling over a period of time (Eckert, 1993). Thus, termination occurs not when a 'cure' has been achieved, but at the point that current difficulties have improved sufficiently in the client's view (Bohart & Tallman, 1999). Clients have reported that they

like an 'open door', a return-as-needed policy. They found this policy a comfort and a support, a sort of 'fall-back' position if their problems got them down again (Manthei, 2005b).

Implications for counsellors: Counsellors should understand that clients often have very clear ideas about how much counselling is enough, as well as why they want to terminate and how to do it. Sufficient progress is not simply a function of number of sessions (Eckert, 1993; Hatchett & Park, 2003). Instead, counsellors could monitor progress with the client as counselling progresses (Duncan et al., 2004). Solution-focused counsellors even recommend discussing termination with the client in the first session (De Jong & Berg, 2002). It would be useful to discuss these matters with clients and trust and support their decisions in the matter.

(13) Most clients regard participating in research as a valuable and important way to help other clients

This point is included to encourage more researchers to collect data from actual clients in field settings since '... feedback from clients is essential and even improves success' (Duncan et al., 2004, p. 85). One of the main criticisms levelled at counselling and counsellors (Howard, 1996) and one of the main shortcomings has been the profession's over-reliance on quantitative methods for conducting research (Gordon, 2000; Howe, 1996; Polkinghorne, 1984). While one recommended alternative, the use of qualitative methods that can foster a counselling-like relationship between client and researcher, has potential ethical pitfalls in it (Hart & Crawford-Wright, 1999), there is accumulating evidence that shows that clients who volunteer to participate in such research projects are not only willing and interested participants, but they may benefit therapeutically from doing so as well (Etherington, 2001; Gaddis, 2004). They seldom report feeling compromised or re-traumatised and usually wish only to remain anonymous in the reporting of results (Manthei, 2005b).

Implications for counsellors: There is a need for research from the client's perspective using qualitative methods of data collection and analysis if we are to understand more fully the process of counselling. If planned and conducted carefully, sensitively, collaboratively and ethically, such research can yield extremely valuable insights without being damaging to or exploiting clients (Etherington, 2001).

Summary

When considered as a whole, the results of this review fit closely with Bohart and Tallman's (1999, p. xi) premise that 'Research evidence converges to suggest that the active efforts of clients are responsible for making psychotherapy work'. The findings

reveal the many ways in which clients act sensibly, decisively and effectively to initiate positive change during their counselling and outside of it. The findings also demonstrate that clients are motivated to be self-healers and problem-solvers, that they have sound ideas regarding what works for them and what does not, and that they will often create solutions themselves if given the time and opportunity to do so. In Bohart and Tallman's words, the message for counsellors might well be "less is more", that is, that you do not always have to intervene' (p. xvi).

This review suggests that counsellors with a healthy curiosity about clients, their notions of self-healing and an expectation that their clients will actively think and decide for themselves, may more often be in harmony with their clients' ideas of what is needed and effective for them in the helping relationship. At the very least, these summary findings deserve to be known by counsellors, and discussed and critiqued in light of practice and new research findings.

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