# CLIENTS' PERCEPTIONS OF THE THERAPEUTIC RELATIONSHIP AND ITS ROLE IN OUTCOME

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B.A. (Hons.), University of Calgary, 1995

A Thesis
Submitted to the School of Graduate Studies
of the University of Lethbridge
In Partial Fulfillment of the
Requirements for the Degree

**MASTER OF EDUCATION**

**FACULTY OF EDUCATION**

LETHBRIDGE, ALBERTA

June, 2003

Abstract

Psychotherapy research indicates that the therapeutic relationship influences counselling outcome, though the mechanism by which relationship contributes to change is unknown. This study investigated clients' perceptions of the therapeutic relationship and its role in their change processes. Twelve clients at college based counselling centres were interviewed using a semi-structured interview format. The qualitative data obtained in this study was coded and analyzed using grounded theory methodology. A grounded theory was generated, identifying two core categories and five related categories. The theory provides a detailed model of change that highlights the complexities of the therapeutic relationship. Similarities between the theory generated from the data and principles of attachment theory are discussed.

Acknowledgements

I would like to take this opportunity to thank some of the people who have contributed to the successful completion of this project. First, I would like to thank the staff at both counselling centres that took part in my study. Their support of my research topic and help with recruiting participants and setting up interviews was greatly appreciated. Second, I would like to acknowledge the clients who agreed to participate in my study. Their willingness to share their experiences and ideas about counselling was greatly appreciated. The tremendous insights they provided were enormously valuable to me, both as a researcher and as a counsellor.

Thanks to my supervisor, Dr. Kris Magnusson, for encouraging me to follow my heart and pursue my idea for a thesis that was meaningful to me. Thanks for expecting the best and accepting no less. I am also grateful to my committee members and my external examiner for their participation and suggestions.

Finally, I would like to thank my family and friends who have supported and encouraged me through all of the phases of this project. I sincerely appreciate your willingness to discuss my ideas, your help with editing, as well as your unwavering faith in me. Thanks so much.

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# Chapter 1: Introduction

The aspiration to understand how psychotherapy helps people change has been a motivating factor for theorists, researchers, and practitioners in counselling psychology for decades. This motivation has led to an accumulation of literature, both theoretical and empirical, regarding the mechanisms that facilitate change in the helping process. There is enormous variability in methods employed in these studies including different theoretical approaches, intervention strategies, and outcome measures used (Horvath & Symonds, 1991). Despite the variability, most studies have identified several common factors that influence counselling outcome. The most prevalent factor cited is the therapeutic relationship. The counselling relationship is described as an essential ingredient of the therapeutic process, and many authors suggest it has more influence on counselling outcome than specific treatment methods (Gelso & Carter, 1985; Gelso & Carter, 1994; Horvath & Luborsky, 1993; Krupnick et al., 1996; Shapiro, 1995). Despite the consistency of this finding, the exact role or mechanism of the counselling relationship in promoting client change remains unknown (Horvath & Symonds). The lack of understanding of how the therapeutic relationship influences counselling outcome is a gap in psychotherapy literature that should be addressed.

Another limitation of existing psychotherapy research is clinical utility of published studies. A number of authors (Morrow-Bradley & Elliott, 1986; Rainer, 1996) have suggested that most psychotherapy process-outcome studies published are not useful to counselling practitioners. Morrow-Bradley and Elliott surveyed practising psychotherapists about their utilization of research. The results of their

survey indicated that practitioners tend not to make use of published psychotherapy studies and provided several reasons for their apathy. The reasons provided by practitioners include the lack of clinically relevant research questions and the overemphasis on statistical significance of results. The survey showed that the psychotherapists would be more likely to use studies that *link* the counselling process to outcome. Out of a list of possible research topics, psychotherapists most commonly selected studies focusing on the development and impact of the therapeutic relationship as a research topic that would be useful to them. The lack of utility of existing literature has prompted writers to argue for a paradigm shift in psychotherapy research. This shift would be towards studies that aim at "developing clinical "microtheories" of how specific kinds of change occur in therapy" (Morrow-Bradley & Elliott, p. 196). Rainer suggests that a paradigm shift would entail the use of qualitative research, including linguistic data to accommodate the nonlinear nature of the processes and outcomes of psychotherapy.

The purpose of this thesis is to explore clients' perceptions of therapeutic outcome and the role of the therapeutic relationship in their change processes. In this chapter, an introduction to the thesis is presented. This includes examples of relevant psychotherapy literature, the purpose of the current study, as well as an outline of the remainder of this thesis.

### *Psychotherapy Research Literature*

The following literature is presented in three sections. First, an overview of the history of psychotherapy research is presented. Second, examples of literature related to the counselling relationship are described; and third, exemplars of

literature pertaining to the outcomes of psychotherapy are reviewed. This analysis is meant to introduce the reader to the nature of the psychotherapy literature; a thematic examination of the literature will be provided in the following chapter.

*History of Psychotherapy Research*

The history of psychotherapy research is interwoven with the practice of psychotherapy itself. The domains of research have closely followed major developments in counselling psychology and related fields. The first scientific investigations on psychotherapy began in the 1920s, following Sigmund Freud's claims that psychoanalytic treatment had curative value (Strupp & Howard, 1992). During the period of the 1940s to the 1960s numerous empirical studies were conducted to explore the process and outcomes of psychotherapy. Hill and Corbett (1993) note the influence of Carl Rogers' theory on psychotherapy research, including his ideas regarding the "necessary and sufficient" conditions for client change. According to Hill and Corbett, Rogerian theory was the impetus of many early psychotherapy studies that explored the legitimacy of the tenets of Roger's process based theory of client change. As new forms of treatment and psychological theories were advanced, research studies on these developments shortly followed. Significant growth in psychotherapy research came about as a result of Hans Eysenck's (1952) attack on the efficacy of psychotherapy. Eysenck concluded that psychotherapy does not cure or even facilitate improvement in 'neurotic' patients. Eysenck's article spawned an abundance of psychotherapy studies investigating the effectiveness of psychotherapy and comparing treatment modalities. Studies

exploring the efficacy of psychotherapy continue to be conducted as well critiqued to this day.

The history of psychotherapy research is extensive and eventful. Researchers have investigated a large number of variables in the psychotherapeutic process, from pre-treatment through to post-treatment issues. Despite the volume and variety of psychotherapy studies that have been conducted, a large percentage of psychotherapy research can be described as fulfilling one of two main functions (Shapiro, 1995). The first purpose of psychotherapy research is to describe and understand the mechanisms of change in psychotherapy; these studies tend to fall into the category of process studies. The second purpose of psychotherapy research is to establish a reason for the provision of psychotherapy; these are generally termed outcome studies. Although Shapiro divides these purposes of research into categories, individual studies are difficult to classify as they often incorporate aspects of both the process and outcome of counselling.

One process variable discussed in the psychotherapy literature is the therapeutic relationship. The counselling relationship is one of the "common factors" that exist across therapeutic modalities, which contribute to counselling outcome. The focus of the literature reviewed for the current study focuses on the therapeutic relationship as the process variable of interest. The therapeutic relationship is selected as the main process variable explored due to the central influence it has on counselling outcome (Gelso & Carter, 1994; Horvath & Luborsky, 1993).

*Therapeutic Relationship*

Two articles that are typical examples of the literature related to the therapeutic relationship are reviewed below. The authors of both articles point out the importance of the relationship in the process and outcome of counselling. However, as highlighted in these articles, little is known about how the therapeutic relationship contributes to client change.

The psychotherapy research literature abounds with studies concerning the therapeutic relationship. Researchers and theorists often use different terms for this relationship, including working alliance, working relationship, counselling relationship, therapeutic alliance, and therapeutic bond. There seems to be considerable merit in Gelso and Carter's (1985) suggestion that though the relationship has been labelled differently depending on discipline and theoretical orientation of the writer/researcher, the construct that is being researched is the same. Gelso and Carter (1985) define the relationship as, "the feelings and attitudes that counselling participants have toward one another, and the manner in which these are expressed" (p. 159). Thus, studies reviewed below may have varying terms for the therapeutic relationship but are similar enough in subject matter to be included here.

Marziali and Alexander (1991) reviewed the literature on the therapeutic relationship and its role in therapy outcome. They observe that there is a gap in empirical research regarding process variables that help explain the variance in treatment outcome. They also note that the majority of studies that investigate the treatment relationship are psychodynamically oriented. In regard to the therapeutic relationship in individual psychotherapy, the authors focus on objective measures

that have been developed to assess the therapeutic relationship or therapeutic alliance. The authors state that most empirical studies that employ objective measures of therapeutic relationship show positive associations between good alliance and positive therapy outcome. Marziali and Alexander also remark that their review indicates clients' ratings of the therapeutic relationship are consistently better at forecasting outcome than therapists' ratings. These authors underline the importance of the role of the therapeutic relationship in the outcome of treatment, calling it, "a potent curative factor in all forms of treatment" (1991, p. 388). Finally, Marziali and Alexander suggest that training of psychotherapists should emphasize the therapeutic alliance and methods to detect relationship cues early in the therapeutic process.

In another theoretical article, Horvath (2000) reviewed the concept of therapeutic relationship and its impact on the client in the counselling process. He states that establishing good relationships with clients is essential to successful treatment outcome and that clients' reports of the quality of the relationship were more reliable than therapists' reports. He further suggests that the early phase of therapy is critical in the development of strong therapeutic relationships. Finally, he states that the importance of the quality of the therapeutic alliance has been demonstrated across types of therapy, theoretical orientation, and presenting issue.

*Outcomes of Psychotherapy*

The studies presented here are representative of the outcome studies that are common in the psychotherapy literature. In general, the purpose of such outcome studies is to validate the provision of psychotherapy. Studies investigating the

efficacy of psychotherapy as well as research on differences between treatments compose the majority of outcome studies. The results of these studies indicate that the outcome of psychotherapy is significantly impacted by the quality of the therapeutic relationship. However, the results are limited by the use of quantitative methods and objective measures of outcome that do not facilitate understanding of the phenomena of change.

Horvath and Symonds (1991) examined the results of studies that explored the relationship between the working alliance and psychotherapeutic outcome. Their analysis included 24 studies that investigated working alliance ratings with outcome ratings across a number of theoretical approaches and treatment methods. The studies included in the meta-analysis had varying measures of alliance, which were rated by the client, the therapist, or an observer. Measures of outcome were similarly varied, though the majority of outcome measures used were quantitative measures or standardized assessments. The results demonstrated that clients' ratings of therapeutic relationship were more predictive of outcome than were therapists' ratings. These authors suggest that the results of most studies do not clarify how the alliance contributes to outcome and recommend that future research should investigate this more fully.

Krupnick et al. (1996) investigated the role of the therapeutic alliance in outcome across a number of types of psychotherapy and pharmacotherapy in the treatment of depression. The results showed that the strength of the therapeutic alliance predicted outcome across treatment modalities and that alliance contributed more to outcome than did specific treatment interventions. This study used

standardized treatments and assessed outcome and alliance with objective measures. Though this study was useful in providing more evidence that the therapeutic relationship is important, it did not reveal why or how the relationship facilitates therapeutic outcome.

*Summary of Literature Reviewed*

Psychotherapy researchers have endeavoured to provide meaningful data that both provides support for the effectiveness of psychotherapy, and enhances the understanding of the mechanisms of change. There is considerable evidence supporting the assertion that the counselling relationship is essential to successful counselling outcome (Hill & Corbett, 1993; Horvath & Symonds, 1991); however, these studies have merely described the connection between relationship and outcome. Further research is necessary to facilitate a fuller understanding of how and why the counselling relationship influences client change.

## *Purpose of Current Study*

The purpose of the present study is to gain an understanding of clients' perceptions of the counselling relationship and counselling outcome. The focus of this study is limited to the therapeutic relationship, as opposed to including other process variables. The decision to explore only the relationship is based on prevalent findings demonstrating the impact of the counselling relationship on psychotherapy outcomes. The present study employs a qualitative method that allows clients to fully describe their perspectives of the therapeutic relationship and outcome of psychotherapy.

The current study aims to fill gaps in the psychotherapy literature as well as to provide data that will be useful to researchers and practitioners alike. The results will help to more clearly delineate the factors *within* the counselling relationship that facilitate client change. The use of a qualitative method of inquiry will provide meaningful data that is rich in detail, which outlines clients' perspectives of their counselling experiences.

### *Conclusion*

This chapter presented an introduction to the study. Chapter 2 provides a thematic review and critique of literature related to the therapeutic relationship and outcomes of counselling. Chapter 3 describes the methodology chosen for this study, as well as the data analysis procedures that were employed. Chapter 4 is comprised of the results of the study, which is followed by a discussion of the theory generated in Chapter 5. Lastly, Chapter 6 outlines the implications and limitations of this study.

# Chapter 2: Literature Review

The purpose of this study is to explore clients' perceptions of the role of the counselling relationship in therapeutic change. There are two core concepts involved in this study: the therapeutic relationship and counselling outcome. The therapeutic relationship, also called therapeutic alliance, has been conceptualized in many ways. For the purposes of this study, the therapeutic relationship will be defined as "the feelings and attitudes that counselling participants have toward one another, and the manner in which these are expressed" (Gelso & Carter, 1985, p. 185). Counselling outcome (or therapeutic change) refers to the results of a therapeutic endeavour, or the degree to which the goals of therapy have been accomplished.

The purpose of this chapter is to review literature that is relevant to the present study. First, background of psychotherapy practice and the four forces of psychotherapy theories are outlined. Second, descriptions of the purposes of psychotherapy research are provided and common factors of psychotherapy are discussed. Then, major themes in the literature are outlined and limitations of the literature are discussed. Finally, a summary and critique of the psychotherapy literature are presented. The chapter ends with a brief description of the aim of the current study.

## *Background & Definitions*

A common goal of psychotherapy is to promote change that will reduce emotional pain or increase personal happiness. Norcross (1990; cited in Prochaska & Norcross, 1999), defines psychotherapy as:

> ...the informed and intentional application of clinical methods and interpersonal stances derived from established psychological principles for the purpose of assisting people to modify their behaviour s, cognitions, emotions, and/or other personal characteristics in directions that the participants deem desirable. (p. 3)

In general, the psychotherapeutic process entails a collaborative relationship between a client and a helper. Clients of psychotherapy include individuals, couples, families, and groups who wish to engage in the processes of change. Helpers are the professionals or paraprofessionals trained to facilitate change processes. Helpers who practice psychotherapy include (but are not limited to) psychologists, psychiatrists, counsellors, social workers, and therapists. The application of psychotherapy is extensive and there are now more than 400 types of psychotherapy being practised (Prochaska & Norcross, 1999). The major types psychotherapy theories have been classified within four 'forces' of psychotherapy (Cormier & Cormier, 1998).

### *Four Forces of Psychotherapy*

The four forces of psychotherapy theories represent major historical developments in counselling and psychotherapy theory and practice. The four forces that are most commonly identified are psychodynamic, cognitive-behavioural, existential-humanistic, and emerging theories (Cormier & Cormier, 1998). Brief descriptions of the four forces of counselling and psychotherapy theories are provided here.

*Psychodynamic Theories*

The first major force of counselling and psychotherapy theories are the psychodynamic theories of personality and psychotherapy, which have been described as the most complex set of psychological theories (Cormier & Cormier, 1998; Prochaska & Norcross, 1999). Psychodynamic theories originated with the work of Sigmund Freud and the therapy he practised -- psychoanalysis. Psychoanalytic theorists suggest that the past strongly influences an individual's present and future. Psychoanalytic theorists believe that in order to facilitate change or personal growth, the past must be explored and made conscious. The therapeutic relationship in psychoanalysis is divided into two separate parts, the working alliance and transference, both having their own function in therapy. The working alliance is a condition of successful analysis and is based on a rational, cooperative relationship between therapist and client. Transference is the second part of the therapeutic relationship. Transference occurs when the client unconsciously expresses feelings towards the therapist that apply to people in the individual's past. Psychoanalytic therapists tend to be neutral in their regard for clients, but they do use accurate empathy in their interpretations and reflections.

*Cognitive-Behavioural Theories*

The second major force in counselling is the cognitive-behavioural group of psychotherapy theories. The cognitive-behavioural force of theories is commonly divided into those with behavioural foundations and those with cognitive foundations. Within the cognitive domain, a number of different therapeutic approaches exist. These approaches can be placed along a continuum, from strictly

cognitive to those that incorporate behavioural and humanistic elements. In general, cognitive therapists believe that individuals develop emotional difficulties due to problems in their thinking. Traditional cognitive approaches to psychotherapy such as Albert Ellis' Rational Emotive Therapy and Beck's Cognitive Therapy are problem-oriented, directive, and educational (Cormier & Cormier, 1998). Therapists using cognitive approaches facilitate change by directing their clients to identify and replace irrational or maladaptive thoughts. The therapeutic relationship in cognitive therapy is only necessary in that it helps the therapist in educating the client. However, cognitive approaches such as Meichenbaum's Cognitive Therapy are more humanistic in their views of the therapeutic relationship (Prochaska & Norcross, 1999).

As with the cognitive therapies, behavioural therapies vary in both theory and technique. Most behaviour therapists believe that troublesome behaviour can be modified through the application of principles of learning theory. Behaviour therapists are generally not concerned with underlying causes of behaviour as they view the behavioural symptom as the problem. The techniques used by behaviourists are based on theory and findings of scientific studies and should be precisely specified and replicable (Prochaska & Norcross, 1999). The therapeutic relationship in behaviour therapies varies according to the specific type of therapy and technique being employed by the therapist. Behaviour therapists are generally open and honest with their clients. They may respond to their clients with empathy, but not if the response would reward clients for undesirable behaviour. The therapeutic

relationship does have value for behavioural therapists, particularly when the technique of modelling is being used.

*Existential-Humanistic Theories*

The third force is the existential-humanistic theories of psychotherapy. Cormier and Cormier (1998) suggest that the major concepts of the counselling process such as listening skills and empathy were derived from the existential-humanistic force of psychotherapy theories. Existential theorists believe that it is important to be authentic to one's self in mind, body, experience, and environment. The therapeutic relationship is essential in existential therapy; it is a part of the process as well as a source of content in therapy (Prochaska & Norcross, 1999). Existential therapists respond to their clients with empathy, though never to the extent of reducing authenticity in the relationship. Existential theories are divided into two categories, traditional or Dasein theories and humanistic existential theories. Traditional existentialists branched out from the psychoanalytic traditions, while the humanistic existentialists are more contemporary. Humanistic existential theorists suggest that human beings strive towards a healthy existence and aim to find meaning in life. Some examples of humanistic existential therapies are Carl Rogers' Person Centered therapy, Viktor Frankl's Logotherapy and Fritz Perls' Gestalt therapy (Cormier & Cormier, 1998; Prochaska & Norcross, 1999).

Carl Rogers' Person-Centered Therapy has had significant impact on the practice of psychotherapy and psychotherapy research (Prochaska & Norcross, 1999). Rogers suggested that individuals create their own realities and that 'incongruence' can develop between what they experience and what is symbolized in

their self-concepts. This incongruence causes a division within the person that can lead to emotional distress or psychopathology. Rogers' theory of the therapeutic relationship stands out as his most significant contribution to psychotherapy thought. He outlined six 'necessary and sufficient' conditions for therapy, which were all considered essential for constructive personality change. Of the six necessary and sufficient conditions, the therapeutic relationship, unconditional positive regard, and the therapist's use of accurate empathy have had a great deal of influence on psychotherapy practice and research. Humanistic therapists believe that good therapeutic relationships have therapeutic value and create conditions that facilitate clients' inner exploration. The therapist's role is to help clients discover meaning in their experiences for themselves.

*Emerging Theories*

The fourth major force in counselling and psychotherapy consists of the emerging theories. Emerging theories include multicultural, feminist, constructivist, and transpersonal theories. Multicultural, feminist, and transpersonal theories have several commonalties. These theories stress the importance of treating every client as an individual, being aware of the individual's culture and spirituality, and modifying therapeutic interventions to accommodate each client's unique needs. In general, multicultural and feminist theorists believe that emotional difficulties result from cultural and societal pressure, not from an inherent problem within the individual. Consciousness raising is a fundamental aspect of multicultural, feminist and transpersonal approaches to psychotherapy. Although these theories have many similarities, each approach to psychotherapy has its own view on the role of the

therapeutic relationship. In feminist theory, the therapeutic relationship plays an essential role, and it is characterized by empowerment of the client and egalitarianism between the client and therapist. In multicultural theory, the therapeutic relationship is difficult to characterize. Multicultural therapists must be culturally sensitive and change their interpersonal style according to each client's background. Transpersonal theories view the therapeutic relationship as a way to empower their clients through the use of compassion.

Constructivist theories are quite different from the other emerging theories. Constructivist theories of counselling and psychotherapy have cognitive, existential, and phenomenological elements, thus they are difficult to classify (Arnkoff & Glass, 1992). Constructivist theorists suggest that reality is constructed within the individual, and that knowledge is not objective. Furthermore, constructivists believe that discovering the meanings individuals create from their experiences are of utmost importance. Two types of constructivist theories are commonly practised; solution-focused therapy and narrative therapy. In solution-focused therapy people are thought of as healthy and competent. Therapists practicing solution-focused therapy believe that individuals have capacities to create their own solutions to enrich their lives. The emphasis in this brief therapy is on identifying solutions to problems rather than on trying to identify the causes of problems. Clients in solution-focused therapy are considered to be the experts on their own lives and, as such, clients choose their own goals and solutions. Constructivists view the therapeutic relationship as a safe place for client self-exploration and their perceptions of self and attachment to others. Narrative therapy is another example of a constructivist

approach to psychotherapy (Prochaska & Norcross, 1999). The focus in narrative therapy is on clients' realities and how clients can create new realities and meaning for themselves by constructing new stories. The therapeutic relationship in narrative therapy is unique to every individual and every session; it is not predetermined by a set of principles. There is no generally accepted narrative attitude or common practices within the therapeutic relationship, although it is generally supportive and positive regard is shown for clients.

In conclusion, theories of counselling and psychotherapy have been categorized into four forces: psychodynamic, cognitive-behavioural, existential-humanistic, and the emerging theories. Each of these forces has had significant impact on the advancement of psychotherapy research and practice. Although different types of therapy are grouped together into the four developmental forces, each individual therapeutic approach is unique. The approaches to psychotherapy are varied, each being derived from a unique set of theoretical principles. The guiding principles of each type of therapy contribute to the different therapeutic methods chosen as well as the role of the therapeutic relationship in the change process. The number of approaches and diversity of therapeutic methods employed has prompted questions regarding the effectiveness of psychotherapy. Theorists and researchers interested in answering these questions have generated a large body of psychotherapy literature. The purposes of psychotherapy research are outlined in the following section.

*Purposes of Psychotherapy Research*

Psychotherapy research is generally conducted in order to increase understanding of the practice of psychotherapy. Researchers have investigated many aspects of counselling, including variables that affect the psychotherapy process, before, during and after treatment (Garfield, 1992). Pre-treatment variables that have been investigated include both client and therapist characteristics, as well as events that are external to the therapeutic process. Some of the pre-treatment variables that have been compared include therapist and client age, gender, sexual orientation, gender role attitudes, personality characteristics, values, and spirituality. Psychotherapy researchers have also investigated variables specific to the client such as self-esteem, social skills, interpersonal functioning, and symptom severity. There have also been studies concerning specific therapist variables, such as level of training, competence, theoretical orientation and stress level. Post-treatment variables that have been investigated include follow-up, client employment status, social support and culture.

In addition to the number of pre-treatment and post-treatment variables being investigated, a large portion of psychotherapy research literature is composed of studies of the counselling relationship and counselling outcome. The psychotherapy research literature is generally split into two topics based on the purpose of the research (Shapiro, 1995). One purpose of psychotherapy research is to describe and understand the mechanisms of change in psychotherapy; these studies tend to fall into the category of process studies. These studies are meant to answer the question, "How does psychotherapy work?" The other common purpose of psychotherapy

research is to establish a reason for the provision of psychotherapy; these are generally called outcome studies. Essentially, these studies are conducted to answer the question, "Does psychotherapy work?" Although there are two distinct purposes of psychotherapy research, individual studies are difficult to classify in these terms because they often incorporate aspects of both process and outcome research.

*Therapeutic Relationship*

The therapeutic relationship is often identified as the most significant process variable that influences counselling outcome (Horvath & Luborksy, 1993; Krupnick et al., 1996). Theorists and researchers use different terms to describe the therapeutic relationship, depending on the theoretical orientation they ascribe to. Some of the terms prevalent in the literature include the working alliance, the counselling relationship and the therapeutic alliance. Although the language used to represent the relationship varies, it can be argued that the construct being discussed is essentially the same (Gelso & Carter, 1985). Horvath and Luborsky outline the development of the concept of therapeutic relationship and review existing research on the therapeutic relationship. Their findings indicate that there is great similarity between the person-centred term therapeutic relationship and the more psychodynamically oriented term of working alliance. Horvath and Luborsky's (1993) findings correspond with Gelso and Carter's suggestion that although the terms used vary, the phenomenon being measured is likely the same. For consistency, the term therapeutic relationship will be used throughout this chapter.

*Therapeutic Outcome*

In general, outcome studies investigate the effects of psychotherapy. There is an enormous volume of outcome studies in the psychotherapy literature. Several excellent meta-analytic studies have been conducted that summarize the findings of outcome studies (e.g., Horvath & Symonds, 1991; Martin, Garske, & Davis, 2000). Many outcome studies were conducted in response to Hans Eysenck's (1952) article, which reviewed 19 studies of psychotherapeutic treatment. Eysenck concluded that psychotherapy does not cure or even facilitate improvement in 'neurotic' patients. Eysenck concluded his article by arguing that there is no scientific evidence to support the practice of any type of psychotherapy. Eysenck's attack on the effectiveness of psychotherapy spawned an abundance of outcome studies that have aimed to prove that psychotherapy is effective.

*Common Factors in Psychotherapy*

Psychotherapy has been demonstrated to be effective in facilitating client change. It has been noted by several authors (Shapiro, 1995; Stiles, Shapiro, & Elliott, 1986; Wampold et al., 1997) that different types of psychotherapeutic treatment are equally effective. The evidence that there are few significant differences in outcome across treatment modalities has led to the suggestion that common factors in all types of psychotherapy contribute significantly to client change (Shapiro, 1995). Common factors refer to dimensions that are shared by most psychotherapies, including the therapeutic relationship, therapist competence, and clients' positive expectations. The therapeutic relationship is the common factor in psychotherapy that has received the most attention. It has been suggested that the

relationship is the strongest factor contributing to change, often described as being more important than the therapeutic interventions employed in psychotherapy. The consistency of this finding across studies demonstrates the integral value of the counselling relationship in the counselling process. Thus, the therapeutic relationship has been chosen as the process variable of interest for the current study.

*Thematic Review*

A review of the psychotherapy literature focusing on the therapeutic relationship and outcome highlights several themes. The four themes delineated from the literature are outlined here.

First, there is substantial support for the common factors theory of therapeutic outcome, which suggests that the effectiveness of psychotherapy is largely a result of commonalities within treatment modalities. The results of meta-analytic studies show that psychotherapy is generally effective across treatment modalities (e.g. Duncan & Moynihan, 1994; Gomes-Schwartz, 1978; Horvath & Symonds, 1991; Luborsky, Singer, & Luborsky, 1975; & Martin et al., 2000). Luborsky et al. (1975), for example, reviewed comparative psychotherapy outcome studies. This meta-analysis was conducted to summarize the findings of numerous comparative outcome studies that were published in response to Eysenck's (1952) article. The results of Luborsky et al.'s (1975) study indicate that the quality of research studies in psychotherapy outcome has improved since comparative studies started emerging in the 1950s. The authors conclude that most comparative studies show that most clients benefit somewhat from treatment and there are no significant differences in outcome between types of therapy. Similar findings were reported by

Gomes-Schwartz in her meta-analysis of outcome studies. The results of her analysis indicated that neither theoretical orientation nor training influenced counselling outcome. Gomes-Schwartz suggests that her findings are consistent with the common factors theory of effective therapy. Finally, Duncan and Moynihan reviewed the outcome research and note that common factors account for a large percentage of the variance in outcome. They found that specific treatment methods employed in therapy account for only 15 percent of outcome variance across therapeutic modalities. The results of these meta-analytic studies clearly show that common factors across types of psychotherapy contribute significantly to counselling outcome.

The second theme delineated from the literature is the importance of the therapeutic relationship in counselling outcome. The therapeutic relationship is one of the common factors identified across types of psychotherapy and there is substantive evidence that it is the most significant factor in facilitating counselling outcome (Duncan & Moynihan, 1994; Gaston, 1990; Horvath, 2000; Krupnick et al., 1996; Marziali & Alexander, 1991; Quinn, Dotson & Jordan, 1997). Exemplars of studies that provide support for the importance of the therapeutic relationship in outcome are provided here. Marziali and Alexander reviewed the literature on the therapeutic relationship and its role in therapy outcome. The studies reviewed by Marziali and Alexander employed objective measures to assess the therapeutic relationship and therapy outcome. The authors state that most empirical studies show positive associations between good alliance and positive therapy outcome. Marziali and Alexander underline the importance of the role of the therapeutic relationship in

the outcome of treatment, calling it, "a potent curative factor in all forms of treatment" (1991, p. 388).

Horvath and Symonds (1991) examined the results of studies that explored the relationship between working alliance and psychotherapeutic outcome. Their analysis included 24 studies that investigated working alliance ratings with outcome ratings across a number of theoretical approaches and treatment methods. Horvath and Symonds conclude that the therapeutic relationship is consistently linked with counselling outcome. This meta-analysis contributes to additional evidence to demonstrate that the therapeutic relationship impacts counselling outcome.

More recently, Martin et al. (2000) conducted a meta-analytic review of 79 studies investigating the relationship between alliance and therapeutic outcome. The results of this meta-analysis are comparable to Horvath and Symonds' (1991) study, showing that although effect sizes were moderate, ratings of alliance were consistently and directly related to outcome. The authors support the theory that the therapeutic relationship, in and of itself, may be beneficial in creating client change. The Martin et al. meta-analysis is a detailed and comprehensive review of studies of therapeutic alliance and outcome. However, its usefulness is limited by the focus on quantitative studies, using objectives measures of both the therapeutic relationship and counselling outcome.

The studies described above provide significant evidence that the therapeutic relationship plays a fundamental role in counselling process and outcome. It is clear that the therapeutic relationship influences counselling outcome; however, the results

of existing studies do not explain the mechanism of the relationship in the change process.

The third prevalent theme in the literature is the importance of establishing a therapeutic relationship early in the process of psychotherapy. Several authors (Horvath, 2000; Horvath & Luborsky, 1993; Mallinckrodt, 1993; Martin et al., 2000) have stated that clients' views of the therapeutic relationship are formed early in therapy and are generally stable across time. For example, Horvath and Luborsky review the psychotherapy research and suggest that there are likely two important alliances phases. The first is early in treatment, peaking around session number three. The second is later in treatment when the therapist is confronting or challenging the client on previous patterns or beliefs. Horvath and Luborsky recommend that further research on the therapeutic relationship should be conducted, which would be more useful to clinical practitioners. The authors recommend that this research should include investigation of specific therapist activities that influence alliance or relationship development.

Martin et al. (2000) conducted a meta-analytic review that also demonstrates the importance of clients' perceptions of the therapeutic relationship. Martin et al. note that client ratings of alliance were more stable than those of therapists or observers throughout the therapeutic process. They argue that this finding underlines the importance of establishing a good therapeutic alliance early in the counselling process, as clients' perceptions of the relationship likely will not change over the course of therapy. Unfortunately, the Martin, Garske and Davis meta-analysis does

not contribute any insight into how the therapeutic relationship influences client change.

The literature reviewed demonstrates that clients' perceptions of the therapeutic relationship are formed early in the therapeutic process. Furthermore, clients' perceptions of the therapeutic relationship are stable across time and are predictive of therapeutic outcome. Thus, therapists should strive to establish relationships early in the counselling process and not rely entirely on their own perceptions of the quality of relationships.

The fourth major theme derived from the psychotherapy literature is the accuracy of clients' perceptions of the therapeutic relationship. Clients' perceptions of the therapeutic relationship have been shown to be more accurate than those of therapists or observers (Duncan & Moynihan, 1994; Horvath, 2000; Horvath & Luborsky, 1993; Horvath & Symonds, 1991; Mallinckrodt, 1993). Clients' perceptions have been demonstrated to be better predictors of outcome than therapists' views of the therapeutic relationship. For example, Duncan and Moynihan reviewed the outcome research and note that common factors between therapists and account for a large percentage of the variance in outcome. Interestingly, the focus of this article is on the client's frame of reference and its importance when assessing therapy outcome. The findings of this study indicate that clients' perspectives of the therapeutic relationship are more predictive of outcome than the therapists' perspectives. Duncan and Moynihan recommend that psychotherapy research should direct more attention to clients' perceptions of the therapeutic relationship. Additionally, researchers and practitioners should seek clients' perspectives of what

constitutes successful counselling outcome rather than relying on therapists' assessments alone.

The results of Duncan and Moynihan's (1994) study are similar to those found by several other researchers (e.g., Horvath & Luborksky, 1993; Horvath & Symonds, 1991). Horvath and Symonds examined the results of studies that explored the relationship between the therapeutic relationship and psychotherapeutic outcome. Their analysis included 24 studies that investigated ratings of the therapeutic relationship with outcome across a number of theoretical approaches and treatment methods. The studies included in Horvath and Symonds' meta-analysis employed varying measures of the therapeutic relationship, which were rated by the clients, therapists, or observers. The results demonstrated that clients' ratings of therapeutic relationship were more predictive of outcome than therapists' ratings.

Horvath and Luborksy (1993) also discuss the poor predictive power therapists' ratings of the therapeutic relationship have on outcome. They suggest that therapists may judge the quality of the therapeutic relationship less accurately than clients do. Horvath and Luborsky state that further research needs to be conducted to explain therapists' misjudgement of the therapeutic relationship. The results of the studies reviewed here clearly demonstrate that clients are better judges of the therapeutic relationship than therapists or observers. Thus, researchers and practitioners interested in getting accurate ratings of the therapeutic relationship should always seek clients' perspectives.

*Summary of Thematic Review*

In summary, four themes pervade the psychotherapy literature. First, there is substantial support for the common factors theory of therapy effectiveness. Second, it is evident that the therapeutic relationship is a fundamental part of the counselling process and outcome. Third, the literature indicates that it is important to establish therapeutic relationships early in the counselling process, as clients' perceptions of the relationship tend to be stable throughout the process. Finally, it has been demonstrated that clients' ratings of the therapeutic relationship are more predictive of outcome than therapists' ratings. The literature reviewed has also elucidated several limitations of the existing psychotherapy literature, which are outlined here.

*Limitations of Psychotherapy Literature*

There are several limitations of the existing psychotherapy literature. First, both the process and outcome literature is dominated by studies with psychodynamic or humanistic orientations. Second, there is insufficient detail in empirical studies on the therapeutic relationship. Third, clients' perceptions of the therapeutic relationship and outcome are not adequately explored. Finally, psychotherapy literature lacks utility for counselling practitioners. Each of these limitations is described in detail below.

Several authors have noted that the majority of studies investigating the therapeutic relationship specifically have a psychodynamic or client-centred orientation (Gaston, 1990; Marziali & Alexander, 1991). Frieswyk et al. (1986) conducted a review of psychotherapy process and outcome studies. This article exemplifies many meta-analyses and reviews that focus on studies with a

psychodynamic orientation. Frieswyk et al. provide a history of the concept of the 'working alliance' and a brief review of empirical studies of the alliance. They note the dominance of the psychoanalytic perspective in psychotherapy research. The high proportion of psychoanalytic and client-centred therapies in theoretical and empirical work is also noted by Gaston. She observes that while it is recognized that the therapeutic relationship influences outcome across types of psychotherapy, there is a disproportionate representation of the major theoretical approaches in the literature. As indicated by Gaston and Frieswyk et al., there are very few empirical studies investigating the therapeutic relationship in cognitive-behavioural therapies or any of the emerging therapies. In order to provide a fuller understanding of the therapeutic relationship, therapists from all four forces of psychotherapy theory should be represented in the research literature.

The second limitation of the psychotherapy literature is the lack of detail in empirical studies regarding the therapeutic relationship. The lack of detail is largely due to methods used in studies, which tend to be quantitative and emphasize statistical significance. Traditional psychotherapy research methods employ objective or standardized measures of both the therapeutic relationship and counselling outcome. The results obtained from traditional research methods tend to be descriptive in nature. Typically, large numbers of participants are included and each participant completes several different instruments. The data collected is analyzed statistically and the results are presented in very general terms. An example of an individual study that will illustrate this problem is provided here.

Kokotovic and Tracey (1990) conducted a study that used traditional research methods to assess the therapeutic relationship. The researchers investigated the relationship of the working alliance to a set of client variables and to premature termination status. Six separate measures were used in this study to assess the therapeutic relationship and a number of client variables (hostility, quality of past and current relationships, level of adjustment, and type of presenting concern). Kokotovic and Tracey report a number of interesting findings, including the association between the establishment of a therapeutic relationship with the client variables of hostility, quality of current relationships, and past family relationships. Specifically, the investigators note that clients with poor past and current relationships who scored high on hostility ratings had poor working alliances with their therapists. However, the measures used (rating scales and checklists) provide respondents with only a number of alternatives to choose from. The use of statistical and group comparisons only exacerbates the loss of detailed information in the results reported. The Kokotovic and Tracey (1990) study is typical of many studies (e.g., Krupnick et al., 1996; Mallinckrodt, 1993) that endeavour to measure the therapeutic relationship. In general, investigators in process/outcome studies employ a number of objective measures with a large sample to test for statistical significance. However, the general nature of the results described provides little new information about how the therapeutic relationship influences counselling outcome. Several authors (Frieswyk et al., 1986; Rainer, 1996; Shapiro, 1995) have suggested that traditional research methods such as group comparison studies are not appropriate for identifying factors in the change process. They suggest that

therapeutic change needs to be studied at a more detailed level involving disciplined observation of the complexities of the therapeutic process.

The third limitation of the psychotherapy research is that clients' perceptions of the therapeutic relationship and outcome have not been adequately explored. The underrepresentation of clients' perspectives in the literature is puzzling given the evidence that clients' perceptions of the therapeutic relationship are more accurate and better predictors of outcome. Furthermore, when client ratings of outcome or therapeutic relationship are sought, objective measures such as self-report scales are used. These scales are designed for use with large groups of participants to obtain a large quantity of data, not quality data. Furthermore, objective measures do not generally allow respondents to explain their answers or to provide examples. While these measures are economical and practical, they limit the ability of researchers to obtain meaningful data.

The fourth limitation of psychotherapy research identified is the lack of utility of existing literature for counselling practitioners. Several authors (Butler & Strupp, 1986; Rainer, 1996; Shapiro, 1995) have commented that the information gained from empirical studies is not relevant or meaningful to therapy practitioners. The lack of utility of the data obtained from psychotherapy studies is related to the use of traditional quantitative methods discussed above. Butler and Strupp note that in an attempt to simplify research methods, investigators have lost sight of the complexity of psychotherapeutic processes. These authors suggest that this simplification is a barrier to obtaining data that is meaningful to practitioners. Butler

and Strupp suggest that a new approach to studying psychotherapy processes and outcomes is necessary.

Gaston (1990) provides further support for altering the design of psychotherapy research to increase its utility. She suggests that while the therapeutic relationship is generally agreed upon as fundamentally important to the change process, there has been little empirical research done on the specific function of the therapeutic relationship in counselling. Gaston concludes by suggesting research designed to explain the role of the therapeutic relationship would contribute to the knowledge of the change process and potentially lead to more effective practice of psychotherapy. Horvath and Luborsky (1993) also suggest that further research on the therapeutic relationship should be conducted, which would be more useful to clinical practitioners. The authors recommend that this research should include investigation of specific therapist activities that influence alliance or relationship development.

*Summary & Critique of Literature Reviewed*

To summarize the literature reviewed above, an unambiguous finding is that the therapeutic relationship influences outcome, regardless of the theoretical orientation or techniques used by the therapist. In fact, many authors (Duncan & Moynihan, 1994; Horvath, 2000; Marziali & Alexander, 1991) suggest that this relationship is likely the strongest factor contributing to client change. Additionally, the literature reviewed provides evidence that clients' perceptions of the therapeutic relationship are more predictive of outcome than are therapists' perceptions.

Furthermore, clients' ratings of the therapeutic relationship are more stable throughout the course of therapy than those of therapists or observers.

This review of psychotherapy research has elucidated two major gaps in the literature. First, there are far more theoretical articles pertaining to the counselling relationship than there are actual empirical studies. Most of the empirical studies reviewed focused upon the outcome of therapy, using the counselling relationship as a variable. Moreover, the results of the empirical studies that have been conducted lack detail and explanatory power. Although many authors suggest that researchers should specifically examine the therapeutic relationship, there are few published studies that have done this in a comprehensive manner. Second, while the outcome studies reviewed provide evidence for the effectiveness of psychotherapy, the majority of the findings are generally descriptive in nature. Though many authors and researchers speculate about how the therapeutic relationship facilitates client change, the results of outcome studies do not contribute to the understanding of the role of the relationship in fostering counselling outcome. Thus, further studies are necessary that would be more meaningful and useful to psychotherapy practitioners.

Another limitation of the literature reviewed above is the concentration on objective, often standardized measures of both counselling relationship and counselling outcome (Hill & Corbett, 1993; Horvath & Symonds, 1991; Martin et al., 2000). Psychotherapy researchers have been seemingly bound by the use of experimental methods and quantitative measures when investigating the counselling relationship and outcome. These methods or results are not seen as relevant or useful to practicing counsellors (Hill & Corbett). Several authors (e.g., Butler & Strupp,

1986; Morrow-Bradley & Elliott, 1986; Rainer, 1996) have advocated for more intensive research that would maintain the essential details of the clients' experiences within psychotherapy. Unfortunately, to date few such empirical studies have been published.

There is another interesting anomaly in the literature. Despite the evidence that client perceptions of therapeutic variables are significant and predictive of outcome, few researchers have used clients' perceptions in their studies. Although clients are often included in rating the therapeutic relationship and counselling outcomes, their individual ideas about what constitutes therapeutic success are generally not sought. This is a weakness of existing psychotherapy research. As Weiss, Rabinowitz, and Spiro (1996) state, "it is unreasonable to declare a therapeutic outcome successful when the client is dissatisfied" (p. 508).

It is clear that the counselling relationship influences outcome across theoretical orientations. Furthermore, the studies reviewed demonstrate the importance of measuring clients' perspectives of the therapeutic relationship and outcome. The value of the existing psychotherapy literature to practitioners is limited by the reliance on quantitative methodologies that do not provide meaningful data that is rich in detail. The lack of detail in traditional studies makes it difficult to gain insight into the mechanism by which the therapeutic relationship influences counselling outcome.

### *Purpose of Present Study*

The aim of the current study is to investigate the role of the counselling relationship in therapeutic change, from the *client's perspective*. By utilizing a

qualitative method of inquiry, the current study will contribute significantly to psychotherapy research, by exploring *how* the counselling relationship facilitates client change in counselling. The methods that were used in this study to investigate this research question will be outlined in the following chapter.

# Chapter 3: The Method of Inquiry

The purpose of this study was to investigate the role of the counselling relationship in counselling outcome. The literature clearly demonstrates that the therapeutic relationship plays an integral role in facilitating change in counselling (see Horvath & Symonds, 1991; Martin et al., 2000). Although there has been speculation about the role of the therapeutic relationship, the existing studies do not elucidate how the therapeutic relationship helps client change in therapy. The current study was designed to help fill this gap in psychotherapy research and to facilitate an understanding of how the therapeutic relationship contributes to counselling outcome.

The review of the literature has highlighted several other gaps in psychotherapy research. Many authors have attested to the need for studies that will help explain the mechanism of change, in a way that is applicable to researchers and practitioners alike (Rainer, 1996; Shapiro, 1995). Additionally, it has been suggested that it is important to seek an understanding of the client's perspective of change and counselling outcome (e.g., Weiss et al., 1996). It is also commonly suggested that qualitative methods that allow for discovery of process would provide more meaningful understanding of the change process (Bowman & Fine, 2000; Clarkson, 1996; Rainer, 1996). The current study aimed to address these issues through the use of a qualitative method of inquiry, grounded theory, which allowed the researcher to focus on *clients'* perspectives of the counselling relationship and counselling outcome.

The purpose of this chapter is to provide a summary of the methodology chosen for the current study as well as the rationale for employing these methods. First, a general overview of grounded theory methodology is provided. Then the specific components of grounded theory methods and procedures are described. Where appropriate, the general outline is followed by an explanation of how grounded theory methods were applied in the current study.

Grounded theory methodology provides an approach to studying the counselling relationship and counselling outcome in the field using an interview as the primary means of collecting data. A semi-structured interview (Appendix A) was chosen as a research tool. An in-depth interview was appropriate for this study because it allows participants to explain their responses as well as to provide examples. The information gathered from the interviews would provide the rich and meaningful data that is currently lacking in psychotherapy research. Grounded theory methods are meant to allow researchers to develop a theory that will help to fill in the gaps in the existing literature and will be applicable to practitioners in their field of study. Thus, grounded theory methodology was chosen for this study because it provides a means to systematically develop a theory that can help explain the mechanism of change in the counselling relationship.

### *Overview of Grounded Theory*

Grounded theory methodology is a strategy for qualitative research that was developed by sociologists Barney Glaser and Anselm Strauss in 1967. They suggested that qualitative research could be used not only to generate categories and themes of behaviour, but also to discover a theory to explain and predict behaviour.

They further suggested that a theory could be discovered through methodically collecting and analyzing data. Additionally, Glaser and Strauss state that the theory generated from social research should be useful in practical applications and provide fresh perspectives on behaviour. A grounded theory, according to the authors, is one that has emerged from the collection and analysis of qualitative data. It was developed in order to help researchers in sociology and related fields to make sense of their data and to inductively develop theories in their areas of study. Glaser and Strauss hoped that qualitative researchers who use the suggested strategies could legitimize their work and the ensuing theories. Additionally, Glaser and Strauss propose that the strategies outlined could be used as a means to evaluate existing theories.

Glaser and Strauss (1967) state that the theory generated must both "fit the situation being researched, and work when put into use" (p. 3). Grounded theory methods entail coding of data into categories, or abstract groupings of similar phenomena. The categories created must be consistent with the data, as well as be relevant for use in explicating the data collected. However, they assert that grounded theory development involves generating ideas and hypotheses not only from the data collected, but also from the process of research itself. This feedback loop is an important aspect of grounded theory research and sets this process apart from other qualitative methods of inquiry. The theory itself is unique and individualized and should be presented in whatever format is most appropriate for the researchers and the process they went through to discover their theory. A review of the methods of

grounded theory, the constant comparative method, theoretical sampling, data analysis and flexibility within the methods follows.

### *Methods of Grounded Theory*

This method of data collection and analysis differs from many other qualitative methods in that the data is collected and analyzed simultaneously so that concepts and categories are discovered within the course of the research. The concepts and categories that emerge from the data are the basis of the theory and help to guide further data collection. Glaser and Strauss (1967) recommend the use of the constant comparative method of qualitative analysis, which combines a coding procedure and an approach to theory development. The constant comparative method is a four-stage process that is described below.

#### *Constant Comparative Method*

The purpose of this method is simply to generate a grounded theory, not to test or prove any predetermined hypotheses, which is the intention of many other types of research. Glaser and Strauss (1967) outline, "four stages of the constant comparative method: (1) comparing incidents applicable to each category, (2) integrating categories and their properties, (3) delimiting the theory, and (4) writing the theory" (p. 105).

Stage one of the constant comparative method involves coding each "incident" into categories of data and can be done formally or informally. An incident can be described as one occurrence of a particular concept in the data. The authors provide two rules for coding incidents into categories. The first is, "*While coding an incident for a category, compare it with the previous incidents in the same*

*and different groups coded in the same category*" (p. 106). The second rule provided is to, "*Stop coding and record a memo on your ideas*" (p. 107) when researchers find conflicts in their thinking regarding the coding of a category. This is useful in that it provides researchers with an opportunity to step back from their data and reflect on the process, which facilitates generation of an integrated theory.

Stage two of the constant comparative method involves looking at the data on a grander scope; instead of comparing incidents with other incidents only, the analyst begins to compare incidents with existing categories and properties. In addition, categories and properties themselves are compared in an effort to provide an integrated theoretical picture of the data.

Stage three of the constant comparative method is the process of delimiting the theory, which takes place both at the level of the categories and at the level of the theory itself. This process is meant to eliminate any redundant or unnecessary categories or properties, which helps to clarify the theory. By reducing the theory, Glaser and Strauss (1967) suggest that analysts will accomplish the theoretical requirements of parsimony and scope.

Stage four of the constant comparative method is the writing of the theory. Researchers use all of the information they have collected and discovered throughout the process to write their theories. This may include the coded data, memos or code notes, personal insights as well as knowledge gained outside of the study. Glaser and Strauss (1967) suggest that the researcher should use examples from the collected data and data collection process to help elucidate points or provide illustrations within their theory.

This method of analysis is meant to facilitate the generation of a "developmental" theory, and as such the theory is constantly evolving. The theory developed is substantive; it represents the researcher's interpretation of the data and should not be considered a formal theory. Glaser and Strauss (1967) suggest that in order to create a formal theory, additional comparative analyses would be required.

*Theoretical Sampling*

Theoretical sampling is the process by which the researcher concurrently collects, codes, and analyzes data. This process allows the researcher to decide how to continue sampling throughout the research process, including what new data to collect and how best to gather it. In this way, the emerging theory guides the sampling and the data collection process itself. The process of theoretical sampling is begun when the researcher decides upon an initial sample based upon the problem or general subject area being investigated.

Sampling continues until theoretical saturation is reached; that is, when no new categories or properties are ascertained from the data. Glaser and Strauss (1967) state that a researcher can be confident that they have reached saturation when similar instances are being seen time and time again. At this point the researcher may stop sampling or collect a small amount of additional data to confirm that saturation has been reached and that no new information is emerging. The authors suggest the theory put forth will show that the sample taken was inadequate if it is not well synthesized and has many nonconforming instances. It should be noted that it is not necessary to know everything about the research question to reach theoretical saturation and cease data collection.

Theoretical sampling requires that the researcher perform the processes of collecting, coding, and analyzing the data jointly. Thus, the temporal aspects of a grounded theory study are distinctly different than many other types of research. The initial stages of the process will likely involve more data collection than coding and analyzing, but this will change as the theory begins to emerge. Consequently, it is difficult to anticipate how long this process will take but researchers should be aware that this could be a time-consuming process. Furthermore, if researchers want to allow their theories to emerge naturally, it may be necessary to take time away from the project to reflect on the data they have collected.

*Theoretical sampling in the current study.* The participants for this study were selected from two college counselling agencies in Alberta. Both organizations will remain unnamed to protect the identities of the participants and counsellors at the agencies.

Due to the method of inquiry, all participants were college students, who were recruited based upon their involvement as clients at one of the two centres involved in the study. There were two criteria for participant eligibility: a) they had to be a minimum 18 years of age, and b) they had to have had a minimum of four sessions with the same counsellor. Research on therapeutic relationships suggests that most clients report feeling an alliance with their counsellor after an average of three sessions (Eaton, Abeles, & Gutfreund, 1988). Due to the study's focus on the counselling relationship, a four-session minimum was established. There were no limitations regarding the nature of counselling; clients with a broad range of issues were included in the study.

### *Ethical Considerations*

The Human Subjects Research Committee at the University of Lethbridge approved this study. Additionally, before sampling began, the researcher applied for and was granted approval from the ethics committees at both colleges where participants were being recruited. The confidentiality of the participants was given utmost importance. The researcher employed a numeric coding system to identify participants on the audiotapes and transcripts. All audiotapes and transcripts will be destroyed upon the successful completion of the thesis. Furthermore, it was also essential that all of the clients were participating freely, without coercion. All participants were made aware that their participation was voluntary and they could withdraw their consent at any time. The participating counsellors' professional discretion was used in selecting which clients to inform of the study and ask to participate. Only clients deemed stable were informed of the study; clients in vulnerable states were not asked to participate.

### *Sample Selection*

Counsellors at each agency were given a letter of introduction, which included a description of the study (Appendix B) and an informed consent form (Appendix C). All counsellors were briefed by the researcher on the nature of the study and were asked to select potential clients for participation in the study. Counsellors at each agency gave potential participants (those who met the eligibility requirements) the letter of introduction and a verbal description of the study. Clients who expressed interest in participating in the study signed the informed consent form and provided their contact information to the researcher. The researcher then

contacted all participants by telephone or electronic mail. This initial contact provided the opportunity to review the purpose and method of the study with the participants. Additionally, this initial contact allowed the researcher to provide more detailed information to the participants about their role in the study, including the anticipated length of the interview and the follow-up contact that would be required. Participants were also encouraged to ask the researcher any questions they had about the study or their role in it, and the researcher confirmed each client's willingness to participate. Finally, the date, time, and meeting place for the study interviews were determined during the initial contact.

The interviews took place in a private room in the college that each participant attended. After initial introductions, the researcher reviewed the participant's role in the study and asked the participants to sign an informed consent form. The interviews were audiotaped and varied in duration from approximately 45 to 90 minutes, depending on the needs of the participant. At the end of the interview, participants were reminded of the necessity for a brief follow-up interview and were thanked for their participation.

After each interview was completed, the researcher transcribed the tapes and began coding the data. The researcher continued to interview participants until data saturation was reached, which was after 11 participants. Two additional interviews were conducted after data saturation was reached to confirm the themes found. One participant who was interviewed was not included in the analysis because she did not meet the minimum four-session eligibility requirement.

Demographic information and characteristics of the 12 participants whose interview transcripts were included in the analysis are summarized in Table 1.

Table 1

*Summary of Demographic Information*

| | | |
|---|---|---|
| Age | | Ranged from 19 to 48 years |
| Gender | | 11 female, 1 male |
| Number of Sessions with Current Counsellor | | Ranged from 4 to 25+ |
| Previous Counselling Experience? | | |
| | Yes | 7 |
| | No | 5 |

### *Data Analysis & Theoretical Sensitivity*

Coding is the foundation of data analysis within grounded theory. Two main types of coding are distinguished: substantive coding and theoretical coding (Glaser, 1992; Glaser & Strauss, 1967). Substantive codes are the categories and properties that the researcher uses to conceptualize the patterns of incidents found in the data. Theoretical codes are the models of relationships that connect the substantive codes to each other on a conceptual level. Glaser and Strauss suggest that these two types of coding together result in the formation of core categories. These core categories become the foundation of the theory the researcher develops and help to explain the phenomena being studied.

Strauss and Corbin (1990) outline specific techniques that researchers using grounded theory methods should use to develop their theories. The authors

summarize the coding procedures of open coding, axial coding and selective coding, as well as the adjunctive procedures of memos and diagrams. These techniques enhance the original (Glaser & Straus, 1967) methodology descriptions by providing a practical framework for the analysis of the data.

It should be noted, however, that the procedures outlined in Strauss and Corbin's (1990) book did not meet with the approval of the other co-creator of grounded theory, Barney Glaser. In fact, in 1992 Glaser published, *Basics of Grounded Theory Analysis: Emergence vs Forcing* in response to Strauss and Corbin's book. In this volume, Glaser suggests that Strauss and Corbin's procedural book, "distorts and misconceives grounded theory, while engaging in a gross neglect of 90% of its important ideas" (1992, p. 2). He suggests that their procedures for coding and categorizing data do not allow a theory to emerge, but force a conceptual description. Glaser suggests that researchers who are genuinely interested in developing a grounded theory need not follow such rigid procedures and allow the categories to emerge from the data simply and naturally, as was described in the original volume that he and Strauss wrote in 1967.

Despite the differences of opinion between Glaser and Strauss on the practical details of grounded theory methods, taken together several constants can be delimited. These common features are incorporated into the current study because they fit with the overall intent of the research. The features of grounded theory methods that Glaser (1992) and Strauss and Corbin (1990) agree on include the importance of theoretical sampling, which has already been reviewed, as well as theoretical sensitivity and the flexibility of grounded theory methods. Brief outlines

of these theoretical sensitivity and flexibility of grounded theory methods are included here.

*Theoretical Sensitivity*

Due to the importance of coding in developing a grounded theory, it is essential that researchers using this procedure have particular skills and attributes that have been characterized as theoretical sensitivity (Glaser, 1992; Glaser & Strauss, 1967; Strauss & Corbin, 1990). Theoretical sensitivity refers to the researcher's "ability to give conceptual insight, understanding and meaning to his substantive data" (Glaser, 1992, p. 27). It is the ability of the researcher to use their creativity, knowledge, and personal experience to conceptualize the data in new ways. However, researchers must be careful not to allow their knowledge and personal experience to bias their interpretation of the data. This is particularly important when the researcher is performing theoretical coding. Maintaining a journal or writing memos are ways researchers can record and monitor their personal reactions and biases through the research process (Strauss & Corbin, 1990).

*Flexibility of Grounded Theory Methods*

Glaser and Strauss (1967) note the importance of flexibility in using the methods and procedures outlined in their book. They state that one of the goals of the book is to encourage researchers to construct their own methods for generating theory. There is flexibility in how investigators choose to collect data, as well as in the coding and analyzing of data and in the presentation of the theory itself. In fact, Glaser and Strauss (1967) suggest that, "there are no limits to the techniques of data collection" (p. 65), which may include their own experiences and insights from

sources outside of the data collected. The authors stress the importance of researchers maintaining their creativity and independence in the process of discovering theory.

Strauss and Corbin (1990) also discuss the importance of flexibility in applying the procedures and techniques outlined in their book. They note that the techniques for coding and analyzing data are guidelines only, which are meant to give researchers a starting point. It is the responsibility of the researcher who is designing the study to determine what techniques to apply based on the nature of their study.

There is also flexibility inherent in the development, construction, and writing of the theory. Glaser and Strauss (1967) suggest that the researcher, as the observers of behaviour, can gain great insight that will help them build their theories. They state that the researcher is not limited to the data collected and behaviour s observed during their research when developing their theory. They suggest that researchers may also use personal experience (both within the data collection and outside of it) and the experiences of others to add to their theory development. The authors suggest that researcher can transform these experiences or insights into categories and hypotheses that are relevant to their emerging theory.

*Theoretical sensitivity and flexibility in the current study.* The researcher kept a journal as well as memos to enhance theoretical sensitivity in the current study. The journal was a significant aspect of the current study. The process of writing in the journal began prior to commencing with data collection. The researcher's personal beliefs about the role of the counselling relationship were recorded

throughout the entire study. After data collection began, notes were recorded after each interview. These notes included personal assessment of the participant's comfort level with the interview, the length of the interview, and any other noteworthy thoughts.

*Coding in the current study.* The coding procedures used in the current study could be described as a blending of the methods proposed by Strauss and Corbin (1990) and Glaser (1992). The researcher began by coding the transcriptions line by line, phrase by phrase, and paragraph by paragraph. This process included both substantive and theoretical coding and was repeated for each of the interview transcripts included in the study.

After each interview was transcribed and initial code notes were compiled, all participants were contacted by the researcher for a follow-up. The purpose of this contact was to confirm that the substantive codes that were generated accurately represented the essence of the participants' counselling experiences. The researcher provided a summary of the interview as well as some basic themes that were identified from the interview. In all cases, the participants agreed with the researcher's summary of the interview, as well as the substantive codes and themes that were generated. This follow-up interview also allowed the researcher to ask the participants if there was anything they had recalled since their interview that would be relevant for inclusion in the study. Additionally, this was an opportunity for the interviewer to clarify ambiguous statements made during the initial interview. Any additional information provided was added to the participant's transcript and coded in the same manner as the data from the initial interview.

After the completion of all follow-up interviews, the coding process resumed. The researcher continued with substantive and theoretical coding until a core construct was discovered. With the discovery of a core construct, the development of the theory began.

### *Conclusion*

This chapter outlined grounded theory methods as well as a description of how these methods were applied in the current study. The in-depth interviews provided the researcher with abundant data, rich in detail and meaning. The data from the interviews, and the development of the theory from the data, will be described fully in the following chapter.

# Chapter 4: The Grounded Theory

The purpose of this chapter is to describe the grounded theory generated by the research findings of the present study. The aim of the study was to explore clients' perceptions of the role of the therapeutic relationship in their change processes. As outlined in the previous chapter, an in-depth interview was chosen as the method for data collection. The transcripts of interviews were the primary source of data for analysis. Grounded theory methods were employed to code the data collected and to develop a theory. Due to the nature of grounded theory methods, the compilation and analysis of the data were conducted simultaneously.

## *Review of Procedures in this Study*

As suggested by Strauss and Corbin (1990), substantive and theoretical coding were used to analyze the data. Through this process, themes and patterns began to emerge and these were recorded into the researcher's journal. Additionally, memos were written to summarize the codes and themes generated from the initial stages of coding. Following this, all participants were contacted for a follow-up interview to verify that the themes and codes generated were accurate representations of their reported counselling experiences.

Patterns and themes began to emerge from the data early in the study. These were all recorded, but were not specifically coded or labelled at the time of being entered into the journal. Additionally, diagrams were drawn in the journal to represent the researcher's conceptualizations regarding what participants had expressed about their counselling experiences. When the diagrams representing

several different participants' experiences appeared to be the same, it seemed that a significant theme had been discovered.

Unlike many qualitative studies, the themes that emerged and the theory developed from this study were not broken down in terms of specific interview questions. Due to the semi-structured nature of the interview, participants were encouraged to add details or provide examples when answering questions. These processes often led to meaningful data being obtained from participants that may not have been in response to a specific interview question. Thus, the data obtained could not be analyzed simply by comparing answers to interview questions. The participants' responses were analyzed first by looking for general content by answering the question, "What was this person trying to tell me?" Thus, coding began at a broad level and was completed from a top-down approach, from general themes to specific content. This pattern of coding was replicated for each of the participants. After each participant's interview transcripts were coded both substantively and thematically, the participants' responses were compared to one another.

Although the coding procedures were applied in a moderately linear fashion, the results of the interviews were initially conceptualized on a global scale. As discussed above, the semi-structured interview format provided the researcher with opportunities to ask participants for more detail or for clarification as necessary. Thus, the data obtained from participants and subsequent coding cannot be presented in terms of participants' responses to specific interview questions. The codes, themes, and categories generated from the data are representative of the entire

interview process. Furthermore, it should be noted that participants were also given an opportunity to make comments on their counselling experiences that may not have been covered during the interview. This information complemented the data obtained from the interview to develop a global picture of clients' experiences in counselling. While the interview questions focused on the participants' perceptions of current therapeutic relationships, some participants also shared their impressions of previous counselling experiences. All of the data obtained was compiled to generate an overriding conceptual picture.

Coding and theoretical writing on behalf of the researcher continued for several months before the significance of the core category of the 'therapeutic relationship' was discovered. After a brief time away from the study, the researcher made a connection between the constructs she had frequently recorded diagrammatically and attachment theory. The core construct that was represented diagrammatically in the current study is equivalent to the concept of a 'secure base' that has roots in attachment theory. The discovery of the striking similarity between the concept of the secure base and the perspectives of the counselling relationship reported by the participants required further exploration.

Thus, a secondary literature review on attachment theory and related concepts was conducted. This literature review helped the researcher gain knowledge about the application of attachment theory principles to counselling psychology. This new information helped the researcher broaden her perspective on the data collected in the current study. Further, the researcher reviewed the original data (transcripts and coded notes) to ensure that it fit with the attachment theory literature. Indeed, the

model of a 'secure base' and several other related concepts matched what the participants in the current study had experienced and expressed during the interview.

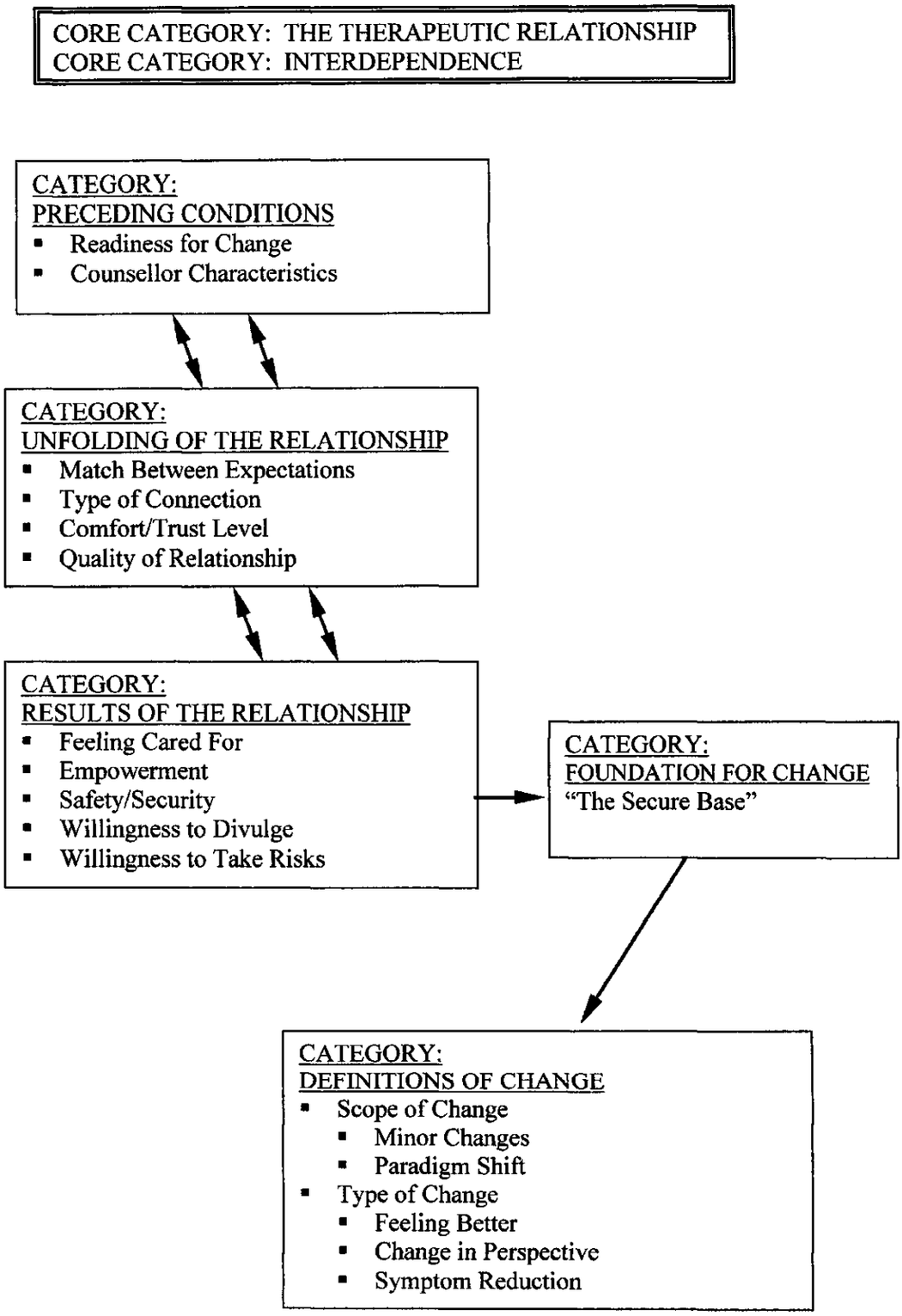
The findings of this study are presented in a theoretical model designed to explain clients' perceptions of the therapeutic relationship and its role in their change processes. The themes and categories that compose the theory were configured through a process of substantive and theoretical coding described in Chapter 3. The labels used to represent themes are a combination of the participants' words and the researcher's synthesis of a number of ideas. The participants verified all the substantive coding and subsequent labels applied by the researcher as accurate representations of their experiences during the follow-up interviews.

*The Grounded Theory*

The grounded theory generated from the data is presented in Figure 1 – The Therapeutic Relationship Schematic. As outlined in the schematic, two core categories and five related categories were derived from the interview data. The two core categories are labelled 'the therapeutic relationship' and 'interdependence.' The five related categories are labelled: (a) 'preceding conditions'; (b) 'unfolding of the relationship'; (c) 'results of the relationship'; (d) 'foundation for change'; and (e) 'definitions of change'. The five related categories each have a number of subcategories consisting of themes that emerged from the data and will be described in detail in this chapter.

Figure 1

The Therapeutic Relationship Schematic



The remainder of this chapter contains descriptions of the two core categories, the five related categories, and their subcategories. Each category is outlined and exemplars from the participants are provided to demonstrate the types of responses given. Each exemplar is identified by a participant number, which indicates the order of participation in the interviews. Following the explanation of the grounded theory, a discussion of other variables that may have influenced the research process and data obtained is provided. Following the discussion of the research process and other variables, the researcher's conclusions drawn from the theory are described. The categories and subcategories of the grounded theory are presented here. The two core categories of the theory are presented first, followed by descriptions of the five related categories and their subcategories.

### *Core Categories*

The core categories permeate the data obtained from all participants and were consistent both within each interview and across participants. As described by Strauss (1987), a core category occurs often in the data, links data together, and has implications for a more general theory. Strauss and Corbin (1990) suggest that there should only be one core category, which is "the central phenomenon around which all the other categories are integrated" (p. 116). However, the analysis of the data in this study indicated that there were two prevalent themes, each linking data together and having implications for a more general theory. Thus, the researcher identified two core categories, 'the therapeutic relationship' and 'interdependence.'

*The Therapeutic Relationship*

The term 'therapeutic relationship' is used to describe the overriding theme that came out of the data obtained from the interviews. All participants reported having some type of relationship with their counsellors. Participants' descriptions of 'the unfolding of the relationship' and the results of the relationship were similar to the attachment relationship found in attachment theory. A review of attachment theory and a comparison of Attachment Theory to the grounded theory generated in this study will be provided in Chapter 5. The consistency of 'the therapeutic relationship' theme across participants and the value placed on the relationship for the participants about their potential for change is noteworthy. Thus, 'the therapeutic relationship' is a core category of the theory.

*Interdependence*

A striking finding throughout the coding and analysis of the data was that the themes emerging could be related to one another. The goal of the coding strategies set out by Strauss and Corbin (1990) is to help researchers link substantive and theoretical codes together. In the current analysis difficulty was encountered when attempting to separate codes and themes from one another because they are all related concepts. Thus, as shown in the Therapeutic Relationship Schematic (Figure 1), all of the subcategories can be described as interdependent, all influencing one another and the core category of 'the therapeutic relationship.'

The themes and codes derived from the data analysis are categorized for simplification and clarity. Each category contains themes that were placed into sub-categories based on their most frequent usage by participants. However, it should be

noted that many of the subcategories could also be placed into other categories. For example, the subcategory of 'comfort/trust level' was classified as part of the 'unfolding of the relationship' category. However, comfort and trust were also described as being both preceding conditions to and results of the establishment of a therapeutic relationship. This interrelatedness is common among the subcategories and exemplifies the interdependence of the data. Additionally, participants' statements used as exemplars for specific categories often include more than one theme. Thus, even the exemplars used could be placed in more than one category or subcategory. As shown in the Therapeutic Relationship Schematic through the use of two-way arrows, the categories are also interdependent and should not be considered to be discrete concepts.

Further evidence of the interdependence of the data can be found in the research process itself. Due to the interpersonal nature of the research methods, the interviewer began to establish relationships with the participants. The relationship between the researcher and the participants was subject to the conditions of the therapeutic relationship described in this theory. The influence of the research process variables on the data and the theory generated are described later in this chapter.

### *Related Categories*

#### *Preceding Conditions*

There are two preceding conditions that participants described as being essential to the establishment of a therapeutic relationship. The researcher labelled the preceding conditions as follows: 'client readiness and responsibility for change'

and 'counsellor characteristics.' Each of the subcategories is described separately here.

*Client readiness and responsibility for change.* The participants expressed 'readiness and responsibility for change' as necessary conditions for the establishment of a therapeutic relationship and potential change. Many participants described the necessity of being open to and ready for change before they could establish a relationship with their counsellor. Many participants who discussed the necessity of the client being ready for change described this phenomenon by comparing successful counselling experiences with those in which they were not successful. The participants defined success as the ability to build relationships with their counsellor or to achieve personal growth in counselling. Participants indicated that being ready for change enabled them to be more invested in the process and more willing to develop a relationship with a counsellor. Embedded in the theme of 'readiness and responsibility for change' is a degree of responsibility for the change process and the assertion that counsellors facilitate change, rather than initiate change. Client responsibility suggests that each individual is ultimately in charge of his or her counselling experiences and that the client, not the counsellor, is accountable for making personal changes. Exemplars of the theme of 'client readiness and responsibility for change' are included here.

1. "Counsellors don't change you, they don't take your problems away, they facilitate you fixing yourself." (Participant 9)
2. "...cause if you're not willing to cooperate with something, you're not going to get anywhere regardless of how good the counsellor is." (Participant 3)

3. "And she holds me accountable too, and I think that's important." (Participant 12)

*Counsellor characteristics.* Other 'preceding conditions' involved in the establishment of a therapeutic relationship as described by the participants of the study, were certain personality characteristics of the counsellor. Although the specific characteristics reported varied between participants, every client interviewed illustrated how personality characteristics of their counsellor were important to the establishment of a therapeutic relationship. The 'counsellor characteristics' most often described by the participants as essential to building a therapeutic relationship were: understanding; unbiased; friendly; trustworthy; gentle; soft-spoken; non-judgmental; caring; open; and supportive. Other counsellor attributes that participants frequently reported as beneficial include: a willingness to disclose personal information; calmness; a soothing tone of voice; and neutrality. The characteristics described by participants in this study are similar to those outlined in the counselling psychology literature. For example, Goldstein and Higginbotham (1991) include helper empathy, warmth, and self-disclosure in their list of characteristics that enhance the therapeutic relationship.

*Summary of preceding conditions category.* The category of preceding conditions represents three subcategories that participants described as necessary for the establishment of a therapeutic relationship. If the preceding conditions of 'client readiness and responsibility for change,' and 'counsellor characteristics' are met, it is more likely that a therapeutic relationship will be established. Once the basis for a

therapeutic relationship is created between a client and a counsellor, the relationship begins to unfold.

*Unfolding of the Relationship*

The 'unfolding of the relationship' is a category that portrays the results of establishing the therapeutic relationship between the counsellor and the client. There are a number of interdependent factors involved in the 'unfolding of the relationship' which are labelled 'match between expectations,' 'type of connection,' 'comfort/trust level,' and the 'quality of the relationship.' The three subcategories of the unfolding of the relationship are described and exemplars from participants are also presented.

*Match between expectations.* Another subcategory of the 'unfolding of the relationship' category is a match between individual participant's expectations of counselling and his or her counsellor's beliefs about the change process. The subcategory of 'match between expectations' was reported as important to the establishment of a therapeutic relationship by approximately one-half of the participants. Some participants exemplified the significance of this match by providing examples of previous counselling experiences in which they were not able to establish a therapeutic relationship with a counsellor. Most participants described the match between his or her beliefs about counselling and their perceptions of the counsellor's beliefs and attitudes towards the change process. Some participants also discussed the theoretical orientation of their counsellor and how it matched with their beliefs about human beings and capacity for change. Two exemplars of participants' descriptions of match between expectations are provided here.

1. "...we seemed like we were on the same wavelength." (Participant 4)

2. "...she's a cognitive-behavioural theorist as well and that really helps...so it just makes sense to see someone who believes or thinks that way too...I find that makes it easier...because we're both coming from the same place." (Participant 9)

It should be noted that the category of 'match between expectations' does not necessarily indicate that clients prefer counsellors who have similar personalities to their own. In fact, some participants stated that they preferred a counsellor whose personality was different from theirs. Thus, 'match between expectations' could mean that the counsellor complements the client's personality and needs. An example of a participant's statement about matching of expectations may clarify this phenomenon.

1. "...I need someone, because I'm a whirlwind and I'm all over the place, I need someone to be really stable..." (Participant 12)

*Type of connection.* All participants interviewed expressed having connections with their counsellors. The type of connection described by the participants varied from a feeling of rapport to an instant connection. Although most participants reported having a connection with their counsellors, many had difficultly describing this connection or how it was established. A common theme that arose when participants were trying to describe the connection was that it was simply 'a feeling' or an instinctual reaction to another person. Two examples of participants' depictions of the connections they had with their counsellors are provided here.

1. "I think that there was, you know, an instant rapport to some degree. As much as you can have with someone you don't know...some people you like and some people you don't like." (Participant 5)
2. "Some people, just the way they act or they put you at ease, and some people don't. And with her I was more at ease." (Participant 11)

*Quality of relationship.* All participants interviewed described the quality of the relationship they had with their counsellors. The descriptors used by participants varied greatly both across participants and within individuals. Many participants began by illustrating the type of relationship they had with their counsellors, most often comparing it to a friendship, while noting the differences between a counselling relationship and a friendship. At some point during each interview all participants provided a description of the quality of the relationship in terms of its strength and value. Exemplars of participants' descriptions of the quality of the relationship they had with their counsellors are included here.

1. "I believe I have a good relationship with X..." (Participant 12)
2. "Well this one actually is, I think, it is a very healthy relationship." (Participant 2)
3. "...I think we have an intimate relationship...we have a very good, understanding relationship." (Participant 4)

*Comfort/trust level.* When describing the relationships they had with their counsellors, most participants included assessments of both comfort and trust in the relationship. Nearly all of the participants interviewed reported feeling comfort, trust, or both in the relationship they had with their counsellors. Participants also provided

details about how comfort and trust are established within the relationship and the importance of these factors in their ability to make changes.

1. "I trust her. Completely. Implicitly it seems. As much, I feel I trust her as much as I could trust another human being." (Participant 5)
2. "X and I have a really, really good relationship, I really trust her." (Participant 4)
3. "So I feel completely comfortable telling her anything and pretty much, I've had about six counsellors and she's probably the best one I've had. So it's a very good relationship, a very healthy relationship." (Participant 2)

Interestingly, many participants described the importance of comfort and trust in the unfolding of the relationship by suggesting what it would be like if they did not have comfort and/or trust. Some examples of participants' responses describing what it would be like without comfort and/or trust in the therapeutic relationship are provided here.

1. "Like I can't imagine myself trusting her enough to take what she says seriously if I didn't have that comfortable, trusting relationship with her, like if I didn't feel comfortable." (Participant 5)
2. "I wouldn't have come back if I hadn't been comfortable with her..." (Participant 9)
3. "...I didn't feel comfortable with her I wouldn't share as much." (Participant 12)

Most participants explained how the comfort and trust they had with their counsellors made them feel and how it had an impact on their change processes. The results of having comfort and trust in the therapeutic relationship are components of the 'results of the relationship' and are described below.

*Summary of unfolding of the relationship category.* The category of unfolding of the relationship consists of three subcategories that depict the results of developing the therapeutic relationship. The subcategories of the 'unfolding of the relationship' are 'match between expectations,' 'type of connection,' 'the comfort/trust level,' and 'the quality of the relationship.' The therapeutic relationship may unfold if the preceding conditions are met to the client's satisfaction. If the beginnings of a relationship are established, the relationship may unfold and can lead to the 'results of the relationship' that are described below.

*Results of the Relationship*

The development of the therapeutic relationship between a client and a counsellor has several results that are broken down into five subcategories. The subcategories of the results of the relationship delineated are: (a) feeling of being cared for; (b) empowerment; (c) safety/safety; (d) willingness to divulge; and (e) willingness to take risks. Taken together, the results of the therapeutic relationship represent the foundations of change, which will be outlined later in this chapter. The five subcategories that comprise the results of the therapeutic relationship are described here.

*Feeling cared for.* Many participants expressed feeling that their counsellor cared for them and was genuinely concerned about their well-being. Most participants in the study suggested that their counsellor demonstrated care through their body language, the expression of empathy, and their genuineness. Several participants also stated their counsellor went "above and beyond" their role as a counsellor, by doing something they considered extra or special for them.

Counsellors' acts of caring that participants perceived as extraordinary also contributed to feelings of care. Another theme that several participants described was feeling that their counsellor thought of them as human beings, specifically that they were more than just their problems. Participants who discussed feeling cared for by their counsellors strongly suggested that this feeling contributed greatly to their ability to take risks and make changes in counselling. Three exemplars of participants' portrayals of feeling cared for within the therapeutic relationship are included here.

1. "My understanding is that she cares about me and that's very important, you know." (Participant 9)
2. "....and that's the difference between X and the other counsellors, is that I can feel that she really cares about me. During that time in that room I feel that she cares about me, not even beyond the fact that I'm a client, I'm her friend. She really cares." (Participant 8)
3. "...this person cares about me. You know, they want me to succeed, right. And I think there's power in that, right." (Participant 12)

*Empowerment.* 'Empowerment' was another theme that participants described as an implication of the therapeutic relationship. The subcategory of 'empowerment' includes participants' statements of feeling stronger and better able to explore their issues. The theme of empowerment was expressed by almost all of the participants in the study. Furthermore, individual participants described feeling stronger frequently during the interview and often suggested that this feeling was

essential to their success in counselling. Three exemplars demonstrate how the therapeutic relationship contributed to his or her feelings of empowerment.

1. "...it just made me feel stronger because she was gonna be there to support me." (Participant 2)
2. "...I'm stronger than I thought I was...he definitely showed me the strength in me ...he gave me a sense of strength for my future." (Participant 7)
3. "I think that when I come to her and I feel weak, she gives me strength, she helps me see I'm not so weak. And so she encourages me, builds me up..." (Participant 12)

*Safety/security.* Another theme that emerged when clients were describing the results of the counselling relationship was 'safety.' The majority of the participants reported safety as one of the results of having built a therapeutic relationship. The subcategory of 'safety' represents participants' feelings of security in the confidentiality of the relationship and in the ability to disclose without being judged by their counsellors. Some examples of participants' descriptions of the safety that resulted from the establishment of a therapeutic relationship are shown here.

1. "...I can go to him and tell him what's on my mind and he won't judge me...it's safe...I think that having that safeness has made me more comfortable and willing to deal with these things." (Participant 3)
2. "...its a safe place where I can go and have a shoulder to cry on...every time you're challenged you move a step forward in whatever process you're going through." (Participant 6).

*Willingness to divulge.* Another subcategory of the results of the therapeutic relationship is the clients' 'willingness to divulge' personal information to their counsellor. Most participants described feeling that the relationship was absolutely necessary to their willingness to divulge personal information to their counsellors. The manner in which the therapeutic relationship influenced participants' willingness to divulge varied across individuals; however, similar circumstances were frequently described. Most often, participants reported that after the relationship was established, they felt more comfortable discussing their most personal thoughts and feelings with their counsellors. Exemplars of participants' statements about how their willingness to divulge is an implication of the therapeutic relationship are presented here.

1. "... I wouldn't come back and divulge information. It has to be an interpersonal relationship." (Participant 9)
2. "If we didn't have a good relationship, I couldn't do this. I wouldn't be able to talk about those really personal things." (Participant 4)

*Willingness to take risks.* The fifth subcategory of the results of the therapeutic relationship is the 'willingness to take risks.' Most participants reported that the relationships they had with their counsellors increased their willingness to take the risks that are necessary to make personal changes. Typically, participants suggested that they were aware of the type of changes they wanted to make prior to counselling, but that they were unable to initiate the changes without the support and encouragement of their counsellors. Exemplars from two participants who discussed willingness to take risks as a result of the therapeutic relationship are provided here.

1. "...You know, it really does, it brings me up to a level where I can function...when I'm with her a lot work has to go on, a lot of risk taking has to go on...it's like warming up for a sport...you've got to warm up all your joints and you've got to get out there, and *then* you perform at your optimum for changing yourself." (Participant 9)
2. "One thing I've noticed is the fact that she pushes me through these things, not uncomfortably, you know...there is that comfort there that she's never going to push you beyond the point you're ready to go to." (Participant 5)

*Summary of results of the relationship category.* The category of results of the therapeutic relationship is comprised of five subcategories: (a) feeling cared for; (b) empowerment; (c) safety/security; (d) willingness to divulge; and (e) willingness to take risks. These subcategories represent the themes that emerged from participants' descriptions of how the relationship they had with their counsellor impacted their ability to make changes in counselling. The five subcategories that comprise the 'results of the relationship' category can be considered moderately hierarchical. The last two subcategories, 'willingness to disclose' and 'willingness to take risks,' are fairly dependent on the first three subcategories. In other words, it is more likely that a client will be willing to divulge and willing to take risks if they feel cared for, empowered, and safe. Taken together, the themes represented in this category were repeatedly described as the most important factors in participants' change processes. As such, the results of the therapeutic relationship are considered the foundations of change.

*Foundation for Change*

The most significant theme delineated from participants' descriptions of how the relationship contributed to their change processes can be characterized as a 'foundation for change.' Every participant interviewed included the relationship with their counsellor as an essential component in their ability to make changes in counselling. The prevalence of this theme and the stated magnitude of the relationship by participants are noteworthy. Exemplars demonstrating participants' views of how the therapeutic relationship can been seen as a foundation for change follow.

1. "Like if you don't have that relationship, comfortable relationship, then I don't think you can build upon anything. So I guess that's the foundation." (Participant 5)
2. "That's been the most powerful thing. That's like the groundwork..." (Participant 9)
3. "...I think the role that the relationship has is the foundation for my change and if I didn't have that relationship I wouldn't be able to do this." (Participant 3)

*Summary of Foundation for Change Category*

The category of the foundation for change can be seen as an extension of the results of the therapeutic relationship category. The five subcategories of the results of the relationship together build the foundation for change. The foundation for change as described by the participants in this study is similar to the concept of the "secure base" that is a tenet of attachment theory (Bowlby, 1988). The similarities

between the theory outlined in this thesis and attachment theory will be discussed in the following chapter.

The focus of this study was clients' perceptions of the role of the therapeutic relationship in their change processes. The grounded theory presented to this point has focused on the therapeutic relationship, the preceding conditions for building the relationship, how it unfolds and its results. The remainder of the theory generated from the results of this study summarizes clients' perceptions of outcome and their definitions of change in counselling.

*Clients' Perceptions of Outcome*

As shown on the Therapeutic Relationship Schematic (Figure 1), the potential for change may be a result of the process of building a therapeutic relationship in counselling. An important facet of this study was to investigate clients' perceptions of outcome, including clients' definitions of change and success in counselling. The researcher coded participants' descriptions of change and their views of success in counselling. Through the coding process, the category of 'definitions of change' was established from the data. This category is divided into two subcategories, 'scope of change' and 'type of change.' Each of the subcategories is further divided into major themes of change.

*Definitions of Change*

Participants were asked to provide their insight into what defines successful counselling and how they personally define change. All participants who were interviewed described making some type of change through their work with their counsellors. Although definitions of change varied greatly between participants, two

subcategories were delineated. The subcategories of participants' definitions of change are labelled the 'scope of change' and the 'type of change.'

*Scope of Change*

The scope of change represents the degree of change participants described and is further divided into two types: 'minor changes' and 'paradigm shifts.'

*Minor changes.* All participants interviewed stated that they had made some minor changes as a result of their counselling. Minor changes represent small, but not insignificant, changes that participants described during the interview. In general, participants suggested that the minor changes they have made have affected the way they think, feel, or behave. Furthermore, many clients suggested that minor changes they have made left them with a feeling of confidence to make other changes in their lives. Below are two exemplars of participants' descriptions of minor changes they have made through counselling.

1. "I've had a few 'ah ha' moments...I feel pretty good, that's like a stepping stone, you know, that's a success. If I can do it once, I can do it again." (Participant 12)
2. "...I feel the confidence and I've gained confidence from the insights and everything that we've talked about or I've gone through in the process." (Participant 6)

*Paradigm shift.* The second theme delineated from participants' descriptions of the scope of their change was a paradigm shift. The term 'paradigm shift' is used to represent participants' descriptions of more broad-spectrum changes in thinking, feeling or behaviour. Paradigm shifts are more global changes in the way an

individual approaches life and its challenges. An exemplar from one participant who reported undergoing a paradigm shift is included here.

1. "...it's kind of a constant moving, shifting of everything. It's not like a little piece goes here, everything has to move together...there's always those little pieces that you're trying to sort out and then, okay...it's not huge you know...but it's this constant movement, but of the whole, not of the bits." (Participant 5)

*Type of Change*

Change was also described in terms of the 'type of change' or the nature of the changes made through counselling. The type of change is divided into three subcategories: 'feeling better;' 'change in perspective;' and 'symptom reduction.'

*Feeling better.* The majority of participants described the changes they have accomplished through counselling simply as 'feeling better.' This type of change was considerably more prevalent than the two other types of change reported by participants in this study. Exemplars of participants who described the type of their change as 'feeling better' are provided here.

1. "I just feel so much better...I generally feel happier..." (Participant 8)
2. "It's just the feeling that you get when you're there or the feeling you get after, like when you leave the office. It's like a feeling of relief, a feeling of appreciation, like gratitude, just overall joy...I feel so much better talking to her..." (Participant 10)

*Change in perspective.* Many participants also described a change in perspective or personal insight as a significant type of change that they achieved through counselling. The theme 'change in perspective' includes changes in thinking

about self, others, past experiences, and an individual's current environment. Exemplars of participants' descriptions of change in perspective follow.

1. "...generally speaking I see things – I try to see things from a different perspective..." (Participant 8)
2. "...I think he definitely made me see like, on a bigger picture, that life is so much more than you think it is." (Participant 7)
3. "To think more positive...and try to see things from a different perspective...so I try to step out of the boundary or circle that I've drawn and see things from a different perspective..." (Participant 8)

*Symptom reduction.* Other participants described a reduction in symptoms or specific behavioural modifications as the type of change they accomplished. Exemplars of this theme are provided here.

1. "I'm not as angry anymore as I used to be...I feel like I have changed, I've matured a lot..." (Participant 2)
2. "I'm getting much better at being in a bad situation, which I couldn't do before. When I get anxious my brain shuts off...that's starting to change now, I'm starting to actually be able to be present." (Participant 4)

### *Summary of Grounded Theory*

The theory generated from the data obtained in this study is summarized into two core categories and five related categories. The two core categories of 'the therapeutic relationship' and 'interdependence' are themes that permeated the data. 'The therapeutic relationship' is designated a core category due to the universality of this theme. All clients interviewed described having a relationship with their

counsellors and expressed that the relationship was an essential component in their change processes. The core category of 'interdependence' is necessary to demonstrate that all of the categories of the theory are related. Although the themes that were derived from the data have been categorized, they should not be considered to be completely separate concepts.

As previously discussed, the five related categories of: 'preceding conditions;' 'unfolding of the relationship;' 'quality of the relationship;' 'results of the relationship;' and 'definitions of change' are interdependent. The five related categories are intended to demonstrate the building of the relationship and how it influences the change process in counselling. Under each of the five categories, a number of subcategories are outlined, each subcategory providing more detail and meaning to the theory. Collectively, the themes and categories of the theory provide a comprehensive account of clients' perceptions of the therapeutic relationship and counselling outcome.

The remainder of this chapter outlines variables of the research process that may have influenced the results of the interview and the theory generated. The researcher's perspective on the impact of these variables and their implications for the data collected are also provided.

### *Research Process*

Due to the interpersonal nature of the research methods, several other variables may have influenced the results of this study. The interpersonal process between the researcher and the participant may have influenced the outcome of each interview. As recommended by Strauss and Corbin (1990), the researcher maintained

a journal throughout the data collection and analysis processes. After each interview the researcher recorded her perceptions of the participants' comfort level as well as their ability to respond to the interview questions. A distinct difference was noted between participants on the fluency of their responses and their ability to articulate their experiences in detail. Through reviewing the interview transcripts along with the journal entries, several patterns became evident to the researcher. Some participants had no difficulty answering the interview questions in detail and provided examples when appropriate. Other participants had great difficulty answering some of the interview questions with detail and required additional prompting or rewording of questions. The researcher identified three variables that may have influenced participants' fluency of articulation. First, the connection with the researcher seemed to play a role in the participants' ability to describe their counselling experiences. Second, participants' comfort level with the interview process itself also may have influenced the level of articulation. Third, participants' previous counselling experience may have impacted the participants' abilities to fluently express their thoughts and feelings during the interview. The researcher's perspective of how each of these variables influenced the research process and data obtained are explained here.

*Connection with Researcher*

The in-depth interview conducted by the researcher in this study necessitated a degree of comfort between the participants and the researcher. In order to facilitate the participants' comfort level, individuals were greeted by the researcher at the meeting place and brought to the interview location. The researcher introduced

herself and thanked the participant for coming in. After initial introductions were made, the researcher explained the purpose of the interview, obtained informed consent, and asked a few demographic questions. All participants were asked if they had any questions and if they were ready to begin the interview. If participants stated they were ready, the tape recorder was turned on and the interview began. This process is similar to an initial counselling session and likely has comparable implications.

As in any other interpersonal situation, the researcher noted that she felt an instant connection with some participants and not with others. By comparing the journal entries written after each interview, it became apparent that the connection or rapport with individual participants may have been a factor in the level of articulation. Participants with whom the researcher perceived an instant rapport or connection were more likely to provide fluent and detailed responses to the interview questions than the participants with whom the researcher did not seem to have an instant connection. This part of the interview process is comparable to the 'type of connection' described in the theory generated for this study. Thus, the interpersonal nature of the interview process may have similar conditions and implications as the therapeutic relationship in counselling. It is interesting to note; however, that those participants with whom the researcher did not feel an instant connection with generally provided more fluent responses to the questions as the interview progressed. A review of the interview transcripts for these individuals indicated that their responses became longer and more detailed in the latter half of the interview. It is the opinion of the researcher that these individuals became more comfortable as

the interview proceeded, and perhaps were able to establish a connection with the researcher toward the end of the interview.

*Comfort Level*

In addition to the connection with the researcher, there was variability in the comfort level participants had with the research process itself. Two participants expressed a mild degree of discomfort with the taping of the interview, but not with the interview questions. These participants were given an opportunity to stop the interview, but both expressed an interest in continuing. Once the issue of the tape recorder was discussed further it became clear that these participants were somewhat self-conscious about the quality of their voices on tape. The researcher assured the participants that she would be transcribing the tapes herself and would be the only person with access to the tapes. After the issue of the tape was discussed, the participants seemed to relax and the interview proceeded. The analysis of the transcripts of these two interviews also indicates that the fluency of articulation of these two participants increased towards the end of the interview. Thus, it can be inferred that the participants' comfort level with the research process increased over the duration of the interview.

*Previous Counselling Experience*

Another variable that may have influenced the fluency of participant articulation was participants' previous counselling experience. Before the researcher commenced with the interview questions, participants were asked a number of demographic questions. The researcher asked participants if they had any previous counselling experiences and how many sessions they had with their current

counsellor to date. A review of this information by the researcher provided some insight into the variance in fluency of articulation. Participants who reported having previous counselling experiences were much more fluent in their responses than those who were first-time clients. First-time clients had much more difficulty answering some of the questions, particularly in describing the relationship they had with their counsellor. These participants required more prompting and rewording of questions than those with previous counselling history. Participants who had more than one previous counselling experience were better able to provide detailed descriptions of the relationship and speculated on how it contributed to their ability to change. Some of these participants also provided examples of their previous counselling experiences to supplement their explanations and provided rich details and comparisons.

The number of counselling sessions participants had with their current counsellor also may have affected the fluency of articulation. Those participants with longer counselling relationships (more than 10 sessions) were better able to describe their experiences and required less prompting than those with fewer sessions. Participants who had limited or no previous counselling experience and shorter-term current counselling relationships had the most difficulty articulating their perspectives. However, even participants with limited counselling experiences provided meaningful insights to the researcher. For example, a client whose only other previous counselling experience was one session with a high school guidance counsellor was having difficulty describing her relationship with her counsellor. She

provided an interesting perspective on her inability to characterize the relationship and its role in the counselling process when she stated:

1. "That alone says a lot. If you can't put something into words, it's obviously a huge impact on an individual's life." (Participant 10)

*Summary of Research Process Variables*

The use of an in-depth interview in this study allowed the researcher to gain detailed and meaningful information from the participants. However, the interpersonal nature of the interview process may have influenced the results of the study. Participants' fluency of articulation in their responses to the interview questions seemed to be influenced by three variables. The analysis of the researcher's journal entries and the interview transcripts suggested that connection with the researcher, participant comfort level, and previous counselling experience all affected the participants' level of articulation. Despite the variability in fluency, all participants provided unique and valuable perspectives on the role of the relationship in their change processes.

The influence of research process variables on the results obtained also contributed to the necessity of labelling 'interdependence' as a core category. The connection to the researcher, participant comfort level, and previous counselling experience could be seen as confounding variables. The implications of these variables on the study and on future research possibilities will be discussed in Chapter 6.

## *Conclusion*

The results of this study help to provide some understanding of the role of the therapeutic relationship in clients' change processes in counselling. Several general conclusions can be drawn from the data provided by the participants in this study and the grounded theory developed. First, the relationship between a client and a counsellor is essential to the counselling process and outcome of counselling. Second, there are a number of conditions that facilitate the establishment of the therapeutic relationship. Third, the processes of establishing and developing the therapeutic relationship are multi-faceted and interdependent. Fourth, the implications of the development of a therapeutic relationship represent the potential for and foundations of change in counselling. Fifth, clients have their own personal and meaningful definitions of change and success in counselling. Sixth, the processes of establishing a therapeutic relationship and facilitating change in counselling are interdependent; therefore, the components of these processes cannot be separated. The implications of these conclusions for counselling practice as well as in future research studies will be discussed in Chapter 6.

# Chapter 5: Discussion

The purpose of this study was to explore clients' perceptions of the role of the therapeutic relationship in their change processes. A grounded theory was formulated from the data obtained and several conclusions drawn. The significance of the therapeutic relationship and the results of this relationship were the primary conclusions. As described in the previous chapter, there are five results of the therapeutic relationship which, taken together, provide the foundation for change in counselling.

The information gained in this study contributes to an understanding of the role the therapeutic relationship plays in facilitating client change. The category of the grounded theory labelled, 'foundation for change' is particularly meaningful and has similarities to principles of attachment theory. The grounded theory generated in this study contributes to psychological literature by suggesting that a therapeutic relationship is equivalent to the concept of an 'attachment relationship' in attachment theory. Furthermore, the theory generated in this study proposes that the process of establishing a therapeutic relationship and the potential for change in counselling are interdependent. The grounded theory generated provides a detailed description of how the therapeutic relationship (and its components) facilitates change in counselling.

The significance of the therapeutic relationship can be understood more fully by reviewing clients' perceptions of the relationship obtained in this study. Participants' depictions of the therapeutic relationship included their thoughts and feelings regarding its development, meaning, and value to the counselling process.

Although participants differed in their portrayals of the influence of the relationship, a consistent theme emerged. The participants indicated that the relationships they had with their counsellors provided the foundation for change in counselling. The themes generated from participants' descriptions of the results of the therapeutic relationship became indicators of the meaning clients' placed in the relationship. The five subcategories of the 'results of the relationship' category of the theory were developed to conceptualize how participants were affected by the relationship. The subcategories that comprise the 'results of the relationship category are: 'feeling cared for,' 'empowerment,' 'safety/security,' 'willingness to divulge' and 'willingness to take risks.' These subcategories have similarities to attachment theory principles that will be discussed later in this chapter. When the subcategories of the 'results of the relationship' are considered as a whole they provide the foundations for change in counselling.

*Chapter Overview*

The purpose of this chapter is to integrate the findings of this study with the existing literature in counselling psychology and related fields, including literature on attachment theory. In accordance with grounded theory methods, a secondary literature review on attachment theory was completed after the grounded theory was developed from the data. This chapter provides a discussion of the conclusions drawn from the grounded theory in relation to relevant theoretical and empirical literature. First, an overview of attachment theory and a summary of the secondary literature review are offered. Then, the contributions of the findings of this study to the literature on attachment theory are presented. Next, a summary of the thematic

review of the counselling psychology literature is provided. Finally, contributions of this study to the counselling psychology literature are outlined.

The findings of this study and the grounded theory generated provide greater understanding of the role of the counselling relationship in client change. The similarity between the themes and categories of the grounded theory and attachment theory principles required investigation. Thus, a secondary literature review on attachment theory was completed. An overview of attachment theory and a developmental history of attachment theory principles are provided here. Additionally, the findings of the current study are discussed in terms of the attachment theory literature.

*Overview of Attachment Theory*

Attachment theory, as it is known today, is based upon the work of two main theorists, John Bowlby and Mary Ainsworth. The fundamental tenets of the theory were originally conceptualized and developed by John Bowlby, beginning in the 1940s. Both Ainsworth and Bowlby were interested in child-parent relations, particularly in the effects of separation on childhood behaviour and development. These theorists worked together for only a short period of time during the 1950s; however, each influenced the other's work over several decades.

Bowlby began writing about parent-child relations in the 1940s. He published his first volume of his trilogy, "*Attachment and Loss*," entitled, "*Attachment*" in 1969. This volume focused on the conditions of attachment and the importance of the relationship between children and their attachment figures on personality development. In 1973, Bowlby published the second volume, "*Separation: Anxiety*

*and Anger*," which discussed the effects of separation, and the concept of separation anxiety. The third volume, "*Loss: Sadness and Depression,*" was published in 1980. This volume included a description of Bowlby's conceptualization of internal working models, as well as grief and bereavement processes.

Of the propositions that were outlined by Bowlby in his trilogy (1969, 1973, 1980), several are relevant to this review. First, Bowlby proposed that the purpose of the attachment system in human beings and other primates is evolutionarily based. The purpose of attachment behaviour in infants is to maintain proximity to their mother in order to feel safe and protected. Second, Bowlby proposed that early childhood experiences with the attachment figure (usually the mother) helped the child form a 'working model' of self and others. Bowlby suggested working models of self and other (also called mental models) are developed based upon actual childhood experiences with attachment figures. Additionally, he asserted the level of confidence an individual has in the availability and responsiveness of an attachment figure determines his or her level of fear or exploration in given situations. Bowlby proposed that these models are stable over an individual's lifespan and influence how individuals form relationships and perceive the behaviour of others. These ideas are consistent with Ainsworth's patterns of attachment that are based on children's expectations about their attachment figure's sensitivity and responsiveness.

Mary Ainsworth provided some of the first empirical evidence on attachment behaviour from her study of infants in Uganda starting in 1954 (Ainsworth & Bowlby, 1991). She gathered observational data from 28 pairs of mothers and their unweaned babies over 9 months. She found evidence that the child used the mother

as, "a secure base from which to explore the world and as a haven of safety" (p. 337) When Ainsworth left Uganda, she began conducting research in Baltimore and she created the now well-known, "Strange Situation" paradigm. This observational research model was designed to examine meaningful attachment behaviour s under conditions of low and high stress. This study included 26 mother-child dyads, with observations made from before birth to 54 weeks after birth. The data she collected from both the Uganda project and the Baltimore project contributed to her formulation of an attachment classification system. Three patterns of attachment behaviour were delineated in, *Patterns of Attachment: A Psychological Study of the Strange Situation* (Ainsworth, Blehar, Waters, & Wall, 1978). The three patterns of attachment were described as: secure (55-60%), avoidant (25%), and anxious/ambivalent (15-20%). Interested readers are directed to this book for more detailed information on Ainsworth's findings and a detailed description of the attachment patterns she observed.

Bowlby proposed that there is a link between secure attachment in childhood and the development of a healthy self-concept and an appropriate level of independence in adulthood. This idea was based on Ainsworth's concept of a secure base, which Ainsworth, Bowlby and other authors have expanded upon (e.g., Byng-Hall, 1995; Pistole & Watkins, 1995). Of particular interest is the extension of attachment theory principles beyond childhood and mother-child relationships. Attachment theory principles are now being used to describe relationships outside of the immediate family and across the lifespan. Additionally, references to attachment theory are found in the literature encompassing many fields, extending the

application of attachment theory beyond developmental psychology. The concept of a secure base in particular has sparked much interest and literature in counselling psychology and related fields.

A review of the attachment theory literature indicates that there have been several major theoretical developments over recent years. Attachment theory principles have been extended beyond childhood and employed to explain aspects of adulthood and adult relationships. Additionally, attachment theory has been applied to counselling psychology and related clinical fields. Attachment theory has even been proposed as a "meta-perspective" to understand many aspects of human development and counselling psychology. Examples of relevant literature that demonstrate the evolution of attachment theory principles are reviewed here. Following the review, a summary of themes that are pertinent to this study will be provided.

*Attachment Theory in Adulthood*

The application of attachment theory to adulthood is an important theoretical development in the attachment theory literature. The studies conducted by Hazan and Shaver (1987) were the first empirical studies of attachment theory in adulthood. These researchers hypothesized that romantic love could be viewed as an attachment process. The results of their studies indicated that individuals in romantic relationships have similar attachment patterns to those found between children and their parental attachment figures. These studies provide significant evidence that attachment theory can be applied to adult relationships. Hazan and Shaver's conceptualizations were substantiated by the data obtained in their studies and have

contributed significantly to the development of attachment theory beyond the mother-child dyad.

*Application of Attachment Theory to Counselling Psychology*

The application of attachment theory to counselling psychology and other clinical fields followed Hazan and Shaver's (1987) innovative work. The utilization of attachment theory in counselling psychology can be divided into three trends. The first way attachment theory principles were applied to counselling psychology centred on attachment related issues in counselling. The application of attachment theory then expanded to include couples and family work. Finally, wider-ranging applications of attachment theory principles to the counselling process have been now been suggested. Each of these trends in the application of attachment theory principles to counselling psychology are discussed here.

One of the first authors to discuss the clinical use of attachment theory during the therapeutic process was John Bowlby (1988). Bowlby wrote a book devoted to the concept of the secure base and its role in parent-child attachment. One section of the book (Lecture 8) describes how clinicians can apply attachment theory during the therapeutic process. Bowlby describes five tasks that therapists should endeavor to complete in order to help their clients understand their personal problems. Of note to this paper is the first task, in which the therapist should, "provide the patient with a secure base from which he [sic] can explore the various unhappy and painful aspects of his life..." (p. 138). Bowlby credits Ainsworth with the generation and theoretical development of the concept of a secure base. He stresses the importance of the therapist's provision of a secure base, suggesting that the role is equivalent to that of

a mother providing protection and care for their child. He also notes the importance of the therapist being accessible, attentive, responsive and empathic. Bowlby provided a pragmatic approach to application of attachment theory in the therapeutic process. Since the time this work was published, a number of authors have begun writing on the application of attachment theory to clinical practice.

Briefly after Bowlby's (1988) book was published, Pistole (1989) wrote an article on attachment theory as a strategy for facilitating client change in counselling. Pistole notes that the conditions of attachment and the counselling process are similar, remarking on the therapeutic relationship in particular. She suggests that the circumstances provided in counselling can offer care, security, and safety, which fulfill the conditions of secure attachment. She also states that the conditions of therapy can "be experienced as a safe base from which the client can explore aspects of his or her world." (p. 190). The article continues with a discussion of the use of attachment theory in counselling, noting the importance of the therapeutic relationship and identifying individual differences with respect to the adult attachment style of the client. Pistole notes the importance of tailoring both the therapeutic relationship and interventions to reflect the client's attachment style and related behaviour.

Biringen (1994) also provides a review of attachment theory and its application in clinical practice. His review includes a description of the concept of secure base as well as the classification system based on Ainsworth et al.'s (1978) Strange Situation research. Biringen provides examples of how attachment theory can be applied in child, adolescent, and adult therapy, as well as specific examples of

family and bereavement counselling. Additionally, Biringen discusses the therapeutic relationship from an attachment perspective, noting the importance of both verbal and nonverbal communication and adapting communication to the client's attachment style. Additionally, the author also discusses how counsellors can address real experiences and internal working models in therapy. He concludes the article by providing suggestions for future research ideas regarding the application of attachment theory to practice. This article provides both a broad overview of attachment theory and specific examples of how the tenets of attachment theory can be applied in clinical practice.

Byng-Hall (1995) describes some implications of attachment theory for family therapy. He reviews the concept of a secure base and provides a description of how the family can act as a secure base. Byng-Hall also reviews attachment patterns of children and adults and presents examples of each. Finally, implications of attachment theory for family therapy are discussed. He suggests that the therapist can act as a temporary secure base for the family during the therapeutic process. He proposes that the counsellor can provide the two functions of a secure base - protection and exploration. Byng-Hall concludes the article by stating that counsellors can use the tenets of attachment theory in a practical way without altering their own theoretical orientation to counselling. This article provides a detailed explanation of how attachment theory can be applied in practice. However, Byng-Hall limits the focus of the article to family therapy and does not provide suggestions regarding the implications of attachment theory to other types of counselling.

Pistole and Watkins (1995) outline the clinical utility of attachment theory in counselling psychology. These authors suggest that attachment theory has utility for counsellors when working with clients with attachment-related issues. Specifically, the authors suggest that the therapeutic relationship is comparable to complementary attachment, the counsellor's role being the 'secure base.' They provide examples of how the counselling relationship and the change process can be conceptualized from an attachment theory perspective. Pistole and Watkins also discuss changing attachment organization (clients' working models) and some difficulties that counsellors may encounter when examining attachment history with clients with insecure attachment patterns. Additionally, Pistole and Watkins discuss how attachment theory could be applied to the process of counselling supervision. Again, they note that the concept of the secure base could be used to describe the relationship between counselling trainees and their supervisors. The authors also provide suggestions for areas in which attachment theory research and practice could be extended.

In 1995, Lopez published an article describing his belief that there is a need in counselling psychology for, "a *metaperspective* capable of integrating important personality and developmental constructs in ways that both inform and stimulate our research in practice" (p. 395). He states that a metaperspective should deal with a broad range of issues in normal adult development and should also be useful in understanding process and outcome issues in counselling. Lopez suggests that attachment theory could serve as the foundation to the construction of such a metaperspective in counselling psychology. The author presents a brief synopsis of

key findings in attachment theory research and notes that there is evidence that a child's early attachment patterns impact their social and emotional well-being later in life. Lopez (1995) provides an overview of research on adult attachment styles and notes some significant findings of these studies. Specifically, he notes that adult attachment classification has been linked to "adult affect regulation and social competence" (p. 404). He concludes the article with a description of how tenets of attachment theory could be used to conceptualize healthy adult coping and adjustment. Lopez convincingly shows the utility of attachment theory for explaining a vast scope of human behaviour and development. He demonstrates that attachment theory has the depth and scope to influence counselling psychology more broadly than it is currently used.

Dozier and Tyrrell (1998) also suggest that attachment theory principles could be used to describe more than child-parent bonding. They explored the role of attachment in therapeutic relationships in their chapter of the edited book, "*Attachment Theory and Close Relationships.*" The authors discuss alternative conceptualizations of attachment in adulthood, concentrating on internal working models in adults versus adult attachment styles. They suggest that unconscious processes are pivotal in the therapeutic practice. They also state that previous attachment relationships are more significant to treatment than exploration of current attachment patterns. The authors provide a model of therapeutic change from an attachment perspective, which is similar to the therapeutic tasks outlined by Bowlby (1988). Dozier and Tyrrell (1998) assert that therapists should provide a secure base for their clients while exploring clients' prior working models. They suggest that

therapists also need to help their clients explore current interpersonal relationships and how these are influenced by earlier experiences with attachment figures. Dozier and Tyrrell propose that fully exploring relationships with previous and current attachment figures will contribute to general change in the individual's working models. The authors then review a number of studies investigating the effectiveness of attachment-based treatment models. They assert that there is not a significant amount of empirical research examining how working models of attachment influence the process and outcome of counselling. These authors admit that their model of psychotherapeutic change requires further development and empirical support.

In a recent article, Pistole (1999) takes a novel approach to the application of attachment theory to counselling psychology in her examination of 'caregiving.' She provides a brief history of attachment theory, noting that caregiving, like attachment, is an inborn tendency to provide protection and emotional care. She notes that most counsellors care about the emotional well-being of their clients, and do what they can to protect them from harm. Pistole (1999) also reviews the individual differences in attachment and caregiving. She proposes that counsellors, who seem stronger and wiser to the client, fill a caregiving role in their clients' lives. The counsellor's appropriate reaction to the client's anxiety and distress allows the client's attachment system to be deactivated. Pistole suggests that by providing a caregiving function, counsellors provide a safe haven and a secure base from which the client can explore and return to if necessary. Finally, Pistole (1999) discusses termination of counselling from a caregiving perspective. She notes that the client who faces

premature termination may feel abandoned or rejected, but those who are ready to finish counselling will see termination as an appropriate and exciting stage in their growth and independence.

In conclusion, attachment theory was originally developed as a way of understanding mother-child bonding experiences and children's behaviour upon separation from their attachment figures. The theory has been expanded upon and the applications of the theory and its tenets are now extensive, though not exhaustive. The conceptualization of romantic love as an attachment process sparked interest in the relevance of attachment theory for explaining many different aspects of adulthood and adult relationships. The application of attachment theory principles to the counselling process has also yielded theoretical articles and empirical studies that have contributed significantly to the attachment theory literature. The scope of this application has grown beyond family counselling and attachment-related issues to include many types of clientele with any number of issues. The concept of a secure base in counselling psychology has also generated much interest and publications about this concept are mounting. However, the majority of the existing literature concerning attachment principles in counselling psychology is theoretical in nature. In order to gain a fuller understanding of the application of attachment theory, it is critical that further empirical research be conducted.

### *Contributions to Attachment Theory Literature*

The secondary literature review revealed the development and extensions of attachment theory over recent years and demonstrates the expansion of attachment theory beyond parent-child relationships to adulthood relationships. The clinical

application of attachment theory initially centred on couple and family therapy and attachment-related issues. However, the application of attachment theory principles has become more general and comprehensive. Within the attachment theory literature, there are several concepts that are consistent with the findings of this study.

The findings of this study both support and supplement major themes in the existing attachment theory literature. The concept of a secure base and its application to counselling psychology are supported by the findings of this study and the theory generated. Additionally, the proposition that the counsellor in therapy is equivalent to the attachment figure in childhood is also supported. Furthermore, the findings of this study support the suggestion of tailoring the therapeutic relationship and interventions to reflect clients' attachment styles, including altering termination processes. Finally, the conceptualization of the therapist as providing a 'caregiving' role in counselling is also supported by the findings of this study. Each of these themes in the attachment theory literature is discussed here. When appropriate, excerpts from participants interviewed in this study are used for illustration.

*A Secure Base*

The concept of a secure base is consistent with the category 'foundation for change' in the grounded theory generated from the data obtained in this study. Ainsworth's conceptualization of the secure base was originally used to describe the role of the mother in a parent-child pair. Ainsworth indicated that children would take risks and explore when they felt secure and supported and would return to the attachment figure when anxious or unsure (Ainsworth, et al., 1978). This is similar to

experiences participants described in this study. Several participants indicated that they felt more secure knowing they could return to counselling after termination if they needed to. One participant described how knowing that she could return to her counsellor provided her with the confidence to end her counselling. She stated:

1. "...like I still have that reassurance that his door is always open. So that helps. It's not like it just ended and it's done...I can always go back to him and see him if I want to." (Participant 7)

Many authors (e.g., Bowlby, 1988; Byng-Hall, 1995; Pistole, 1989) have suggested the counsellor or the therapeutic relationship in counselling can serve the function of a secure base. This suggestion is also supported by the findings of this study and the grounded theory generated. As shown in Figure 1, the 'results of the relationship' provide the 'foundation for change' in counselling. The 'foundation for change' category in the theory can be considered to be equivalent to the concept of a secure base. As noted by Byng-Hall, two functions of the secure base are providing protection and exploration. The subcategories of the 'results of the relationship' category of the theory include 'safety/security' and 'willingness to take risks.' The themes of safety and willingness to take risks have obvious similarities to functions of the secure base, protection, and exploration. Thus, the findings of the study support the conceptualization of the therapeutic relationship as a secure base in counselling.

*Therapist as Attachment Figure*

Another common theme in the attachment theory literature is the conceptualization of the counsellor as an attachment figure. Several authors (e.g.,

Bowlby, 1988; Pistole, 1989; Pistole, 1999) have indicated that therapists can be seen as attachment figures in their clients' lives. When counsellors are thought of as attachment figures, the attachment styles of both the counsellor and the client may become issues in the therapeutic process. Seeing the therapist as an attachment figure is supported by the findings of this study. The category 'unfolding of the relationship' describes the process of developing a therapeutic relationship. Within the unfolding of the relationship are a number of subcategories including 'type of connection' and 'quality of relationship.' These subcategories represent participants' descriptions of their relationships with their counsellors, which are frequently similar to conceptualizations of attachment figures. One participant in the study described how her counsellor filled a role as an attachment figure in her life:

1. "...she actually told me at the beginning that she was going to replace my mother for a while, she would kind of be a mother to me for a while." (Participant 4)

This exemplar demonstrates the consistency of the findings of this study with concepts in the existing attachment theory literature.

*Tailoring the Therapeutic Relationship and Interventions*

Several authors (e.g., Biringen, 1994; Dolan, Arnkoff, & Glass, 1993; Pistole, 1989; Pistole, 1999) have proposed that it is important for counsellors to alter aspects of the therapeutic process to reflect clients' attachment styles. Specifically, it has been suggested that counsellors need to adjust their communication styles (verbal and non-verbal) as well as termination procedures to reflect clients' attachment styles and mental models. These suggestions are also supported by the results of this study. Several participants described the importance of the communication styles of their

counsellors within the 'counsellor characteristics' subcategory of the 'preceding conditions' for establishing a therapeutic relationship. Common themes in communication style include the use of eye contact, tone of voice, and honest feedback. Additionally, participants in this study also discussed the importance of appropriate termination procedures. One participant described her feelings of abandonment when previous counsellors had left their positions or ended the counselling without properly preparing her for termination. She stated,

1. "...a lot of the times they knew that they were leaving but they didn't really prepare me for it. You know, they told me, but it wasn't really preparing me for it...totally abandoned...so that was very hard." (Participant 2)

Another exemplar from this participant provides insight into how her current counsellor addressed her termination issues in a way that reflected her attachment style and individual needs.

1. "...I walked out of there with the biggest smile on my face in the world. Because she said to me, 'I'm never going to abandon you, I'm just going to, you know, prepare if something happens'. And I was like, what? Someone's actually listening to me...to this day, that was the best feeling in my life...someone actually listened and understood what I was saying. I'll never forget that." (Participant 2)

This example from the study supports the suggestion in the existing attachment theory literature that it is important for counsellors to tailor the therapeutic process to addressing individual client's attachment styles and working models.

*Therapist as Caregiver*

Pistole (1999) suggests that counsellors engage in a nonreciprocal attachment relationship with their clients, providing a 'caregiving' role. She also proposes that caregiving, like attachment, is an inborn tendency. Pistole implies that most counsellors care for their clients' well-being and protect them from harm as much as possible. The suggestion that counsellors provide a caregiving role in therapy is supported by the findings of this study. The 'results of the relationship' category of the theory generated from the data contains a subcategory labelled, 'feeling cared for.' As described in the previous chapter, participants in this study clearly indicated that they felt their counsellors cared about them and their well-being. Therefore, Pistole's conceptualization of the therapist as caregiver is supported by the findings of this study.

In summary, the findings of this study support the existing attachment theory literature in several areas. The suggestion that the therapist as well as the therapeutic relationship can be viewed as a secure base in counselling is consistent with the findings of this study. Additionally, the conceptualizations of the therapist as an attachment figure and as a caregiver are both corroborated by the data. Finally, the findings of this study support the implication that counsellors should tailor the therapeutic process to reflect clients' attachment styles and mental models.

The results of this study supplement the existing attachment theory literature by providing insight into clients' perspectives of the attachment relationship in counselling. Additionally, the data obtained in this study and the theory generated, provide detailed information about the therapeutic process. This information may be

of use to theorists, researchers, and practitioners interested in applying attachment theory principles to clinical practice. The similarity between themes outlined in the grounded theory and several attachment-related constructs is particularly noteworthy. The findings of this study support the continued extension of attachment theory principles and the application of attachment theory to counselling psychology. Future empirical studies on attachment theory principles in counselling will help to confirm the suitability of this application of attachment theory.

*Summary of Thematic Review of Counselling Psychology Literature*

The primary literature review for this thesis is presented in Chapter 2. The primary literature review contains an overview of the four major forces of psychotherapy, the purposes of psychotherapy research, and a thematic review of the counselling psychology literature. The thematic review describes four main themes found in counselling research. Of these themes, the most prevalent is the importance of the therapeutic relationship in counselling outcome. Additionally, themes of the importance of establishing a therapeutic relationship early in the counselling process and the accuracy of clients' perceptions of the therapeutic relationship are highlighted. The literature review also indicates that there are limitations and gaps in the existing counselling psychology literature. The limitations of the literature include the dominance of studies on psychodynamic therapies and bodies of work written from a psychodynamic orientation. Other limitations include insufficient detail on the therapeutic relationship in empirical studies and inadequate representation of clients' perceptions of the therapeutic relationship. The lack of utility of the existing counselling psychology research to practitioners is also

considered a limitation of the literature. The gaps found in the literature include the disparity between empirical and theoretical literature on the therapeutic relationship favouring theoretical articles. In addition, the concentration in empirical studies on objective or standardized measures of both the therapeutic relationship and therapeutic outcome is noted as a problem in the existing literature.

The conclusions drawn from the findings of this study are reviewed here. First, the relationship between a client and a counsellor is essential to both the counselling process and outcome of counselling. Second, there are a number of conditions that facilitate the establishment of the therapeutic relationship. Third, the processes of establishing and developing the therapeutic relationship are multi-faceted and interdependent. Fourth, the results of developing a therapeutic relationship represent the potential for change in counselling. Fifth, clients have their own personal and meaningful definitions of change and success in counselling. Sixth, the processes of establishing a therapeutic relationship and facilitating change in counselling are interconnected. These conclusions suggest that the components of the relationship and outcome cannot be completely separated.

### *Contributions to the Counselling Psychology Literature*

The main findings of this study support the existing literature concerning the three themes outlined in the thematic review. First, the findings of this study support the existing counselling psychology literature suggesting several common factors between therapeutic approaches contribute significantly to counselling outcome. Second, the findings of this study support the magnitude of the therapeutic relationship in determining counselling outcome. Third, the results also support the

implication that it is important to establish a therapeutic relationship early in the counselling process. Descriptions of how the findings of this study support each of these themes in the existing counselling psychology literature follow.

*Common Factors*

The findings of this study and the grounded theory developed support the existing literature indicating that common factors between therapies contribute to counselling outcome. Several authors (Shapiro, 1995; Stiles et al., 1986; Wampold et al., 1997) have noted that the similarity in outcome measured across therapeutic modalities. Additionally, meta-analytic outcome studies support the general effectiveness of psychotherapy, regardless of theoretical orientation or therapist training (e.g., Duncan & Moynihan, 1994; Gomes-Schwartz, 1978; Horvath & Symonds, 1991; Luborsky et al., 1975; Martin et al., 2000). As noted in Chapter 2, common factors shared by most therapies include the therapeutic relationship, therapist competence, and client expectations. The findings of this thesis are consistent with the idea that there are common factors that contribute to therapeutic effectiveness. The participants in this study described several factors that influenced their change processes that could be considered 'common factors.' The common factors found in this study are the counsellor characteristics, existence of a connection between the counsellor and the client, and, most importantly, the therapeutic relationship. It should be noted that these factors were described repeatedly across participants, regardless of the unique issues being explored and the differing theoretical orientations of the participating counsellors.

*Importance of the Therapeutic Relationship to Outcome*

The importance of the therapeutic relationship in counselling outcome is also supported by the findings of this study. All participants in this study indicated that they had a relationship with their counsellor and that this relationship was imperative in his or her ability to make changes in counselling. This finding is consistent with evidence in the counselling psychology literature, which indicates that the therapeutic relationship is the most significant factor in facilitating counselling outcome (e.g.,Gaston, 1990; Horvath, 2000; Marziali & Alexander, 1991; Quinn, Dotson & Jordan, 1997). The grounded theory developed in this study indicates that the therapeutic relationship and potential for client change are interdependent. Furthermore, the results of this study demonstrate the complex nature of the therapeutic relationship and the potential for change as a result of establishing a therapeutic relationship. The theory generated from the findings of this study suggests that the therapeutic relationship has five potential results. The potential results outlined are: 'feeling cared for;' 'empowerment;' 'safety/security;' 'willingness to divulge;' and 'willingness to take risks.' Taken together, the results of the relationship provide the foundation for change in counselling. Thus, the findings of the current study suggest that it is unlikely that positive counselling outcome (client change) will occur unless a therapeutic relationship has been established and unfolded to the client's satisfaction. The findings of the current study are also consistent with other recent qualitative studies focusing on clients' perceptions of the therapeutic relationship (Myers, 2003; Ribner, & Knei-Paz (2002). For example, Myers found that the female counselling clients she interviewed

viewed the therapeutic relationship as a source of growth in and of itself. In another recent qualitative study, Ribner and Knei-Paz interviewed 11 clients regarding their views of successful therapeutic experiences. They found that clients' perceptions of successful experiences were described as positive helping relationships and the specific qualities of client-helper interactions. Therefore, the argument that the therapeutic relationship influences counselling outcome in existing counselling psychology literature is supported by the current study.

*Importance of Establishing Relationship Early in Process*

Existing counselling research also indicates that it is important to establish a relationship early in the counselling process. Several authors have pointed out that clients' perceptions of the therapeutic relationship are formed early in therapy and tend to be stable across time (Horvath, 2000; Horvath & Luborsky, 1993; Mallinckrodt, 1993; Martin et al., 2000). Horvath and Luborsky (1993), for example, suggest that a key phase in relationship building occurs around session number three in counselling. The findings of this study are consistent with the implication in the literature that it is important to establish a therapeutic relationship early in the counselling process. In general, participants in this study described feeling a connection with their counsellors early in the process, often in the first or second session. Additionally, several participants described terminating previous counselling due to their inability to establish a relationship within the first few sessions. Therefore, support for the implication that clients' perceptions of the therapeutic relationship are formed early in the therapeutic process can be found in this study.

*Enhancements to Existing Counselling Psychology Literature*

The findings of this study also enhance the existing counselling psychology literature in a number of areas by addressing some of the limitations and gaps in the literature. The grounded theory methodology and semi-structured interview employed in this study were chosen in part to address the lack of meaningful and detailed studies on the therapeutic relationship in the literature. Thus, the results of this study provide supplementary information in several areas that are deficient in the existing literature.

First, the limitation of the predominance of psychodynamically oriented studies in the counselling psychology literature was addressed in the current study. As noted by Frieswyk et al. (1986) and Gaston (1990), there is a disproportionate representation of psychodynamic and client-centred therapies in counselling research. Gaston notes that although it is generally accepted that the therapeutic relationship influences outcome across types of therapy, there are few empirical studies on the therapeutic relationship in cognitive-behavioural or the emerging therapies. The clients interviewed for this study were engaged in counselling with counsellors from a number of different theoretical orientations, including feminist, mind-body, and cognitive-behavioural psychotherapy. By interviewing clients whose counsellors employ varying approaches to psychotherapy, this study provided a broader perspective of the interaction between counselling relationship and outcome.

Second, the findings of the current study supplement the existing counselling psychology research by providing detailed information on the therapeutic relationship, which is a limitation of existing literature. The lack of detail in existing

research is largely a result of objective and standardized measures of both the therapeutic relationship and outcome in traditional empirical studies (e.g., Kokotovic & Tracey, 1990; Krupnick et al., 1996; Mallinkrodt, 1993). Several authors (e.g., Rainer, 1996; Shapiro, 1995) have suggested that the therapeutic relationship and outcome should be studied in a more detailed level, to highlight the complexities of the therapeutic process. The semi-structured interview format used in this study allowed participants to describe their counselling experiences in detail. The insights participants offered regarding their therapeutic change processes contributed to the grounded theory developed. The theory demonstrates the complexity of counselling and provides detailed information on many aspects of the therapeutic process, including the therapeutic relationship.

Third, this study explored clients' perceptions of the therapeutic relationship supplementing the existing counselling psychology literature. The inadequate representation of clients' perceptions of the therapeutic relationship and outcome is a limitation of existing counselling psychology research. Despite the evidence that clients' perceptions of the therapeutic relationship are more accurate than therapists or observers, clients' perspectives are not always sought in empirical studies. Duncan and Moynihan (1994) found that clients' perspectives of the therapeutic relationship are more predictive of outcome than therapists' perspectives. These authors point out the need for psychotherapy researchers to seek out clients' opinions of the therapeutic relationship and outcome. The current study, as well as other recent qualitative studies (Myers, 2003; Ribner, & Knei-Paz, 2002) sought clients views if the therapeutic relationship. Thus, the current study's findings supplement the

literature by providing detailed descriptions of clients' perspectives of the therapeutic relationship and change in counselling.

Fourth, the results of this study also supplement the existing literature by addressing the lack of utility of existing research. Several authors (Butler & Strupp, 1986; Rainer, 1996; Shapiro, 1995) have noted that the findings of traditional studies are often not meaningful or useful to counselling practitioners. The use of qualitative research methods in this study permitted detailed and meaningful data to be collected and analyzed. Participants in this study provided their perspectives of the therapeutic relationship and outcome in counselling. Participants enhanced their responses to specific interview questions with examples, which provided insightful information to the study. Furthermore, participants were encouraged to discuss aspects of their counselling experiences that were important to them, but were not part of the interview. Therefore, the data collected in this study is rich in detail and provides quality information that has both breadth and depth. The grounded theory generated provides understanding of the therapeutic process that should be meaningful to researchers and counselling practitioners alike.

As described above, the findings of this study both support and supplement existing literature in counselling psychology. Support for the common factors theory of therapeutic effectiveness, the significance of the therapeutic relationship, and the importance of establishing a relationship early the therapeutic process is provided by this study. Additionally, the findings of this study supplement existing counselling psychology literature by filling in some of the gaps and addressing some limitations of traditional process and outcome research.

*Conclusion*

As previously discussed, there is substantial empirical support for the importance of the therapeutic relationship in counselling outcome. The findings of this study provide further support for this proposition. The existing literature, however, does not impart adequate understanding of the mechanism the relationship plays in counselling outcome. The theory developed in this thesis offers possible explanations for the role of the therapeutic relationship in clients' change processes. One hypothesis of the theory is that the results of a therapeutic relationship provide the foundation for change. Thus, the mechanism of change in counselling is the combination of factors that lead to and compose the 'results of the therapeutic relationship.' These results are considered the foundation for change in the theory and are equivalent to the concept of a secure base in attachment theory. The theory developed in this study provides a better understanding of the conditions that compose the therapeutic relationship and results of developing a relationship for change. The following chapter outlines the implications and limitations of this study.

# Chapter 6: Implications and Limitations

The aim of this study was to explore clients' perceptions of the role of the therapeutic relationship in their change processes. The research methods used in this study provide detailed and meaningful information regarding the mechanism of change in counselling, from the client's perspective. In addition, the methodology of this study addressed some of the limitations of existing research in counselling psychology.

The purpose of this chapter is to outline limitations and implications of the current study and to provide recommendations for future studies. Implications are discussed in terms of counselling psychology and attachment theory. Limitations are discussed in terms of methodological issues surrounding the theoretical sample and the inclusion criteria. Finally, suggestions for future studies are offered.

## *Counselling Implications*

The methodology of this study was chosen in part due to the limited utility of existing research on counselling process and outcome for counselling practitioners. The implications that are outlined here are relevant to counselling psychology training and to counselling practitioners.

### *Counselling Psychology Graduate Programs*

The findings of this study have implications for admission requirements for graduate programs in counselling and other clinical fields. Graduate admission decisions typically focus on grade point average, letters of recommendation, and personal interviews. It has been suggested that admission standards for graduate programs in counselling psychology be expanded to include personality variables

(e.g., Bernstein & Kerr, 1993). The results of this study support the inclusion of personality variables in admission requirements and the suggestion that personal interviews should carry more weight in admission decisions. Specifically, the findings of this study indicate that there are specific personality characteristics in counsellors that clients find helpful in building therapeutic relationships and facilitating change. Some of the characteristics participants in this study described as helpful are being understanding, non-judgemental, gentle, caring, open, and supportive. Therefore, admission committees should take personality characteristics into consideration when making admission decisions for counselling psychology graduate programs.

Another implication for graduate programs in counselling psychology relates to counsellor training. The results of this study indicate that clients are more willing and able to make personal changes when they have established strong therapeutic relationships with their counsellors. The significance of relationship building implies that this aspect of counselling deserves special attention in counsellor training programs. While most graduate programs in counselling psychology offer counselling skills and similar courses that focus on the therapeutic relationship, aspects of relationship building should be built into other courses. For example, interventions, assessment, and other practical courses could be modified to include techniques students can use to assess and enhance the relationships they build with their clients. Inclusion of relationship enhancement techniques throughout all aspects of graduate programs in counselling psychology would emphasize the magnitude of the therapeutic relationship in both counselling process and outcome.

*Counselling Practice Implications*

One implication of this study for counsellors is the importance of assessing each client's attachment style and mental models and altering interventions and therapeutic relationship accordingly. The results of this study indicate that counsellors should identify and address attachment issues as part of the counselling process. This implication is consistent with much of the emerging literature discussing the application of attachment theory to counselling psychology. Several authors (e.g., Biringen, 1994; Dolan et al., 1993; Pistole, 1999) have suggested modifying counselling processes according to clients' attachment styles. There are several instruments that have been created to identify client attachment style (e.g., The Adult Attachment Interview) that could be incorporated into early phases of counselling to assist the counsellor in understanding clients' attachment issues. However, it is not necessary for counsellors to use a formal attachment instrument to assess clients' attachment styles. Counsellors could also explore current and past attachment relationships with their clients to obtain useful attachment information. Explicitly exploring attachment issues will enable counsellors to identify areas in which clients may be vulnerable and adjust their counselling style and interventions accordingly. For example, Byng-Hall (1995) suggests that counsellors working with clients with insecure attachment styles should make themselves readily available to their clients and maintain an 'open-door' policy to clients after termination. Furthermore, addressing each client's mental model and attachment style is particularly important when preparing for termination. Fully exploring attachment

issues as part of the counselling process would help to prevent difficulties in termination of therapy, particularly with clients with insecure attachment patterns.

Another implication of this study for counsellors is the value of concentrating on relationship building throughout the therapeutic process. Participants in this study clearly indicated that strong therapeutic relationships resulted in feelings of safety and empowerment. Additionally, participants suggested their beliefs that their counsellor cared for them enabled them to take risks and make changes in counselling. Therefore, counsellors should consider relationship building equally or more important than other therapeutic tasks such as counselling strategies or interventions. This suggestion is consistent with the basic tenets of many counselling psychology textbooks (e.g., Kanfer & Goldstein, 1991; Magnusson, 1991; Mahoney, 1991) that emphasize the magnitude of the therapeutic relationship in counselling outcome.

An associated implication of the significance of therapeutic relationship enhancement is recognizing when to refer a client to another counsellor. The results of this study indicate that the therapeutic relationship is an integral part of client change in counselling. Participants in this study stated that they knew within the first several sessions whether or not they felt a connection with the counsellor. The results of this study suggest that it is difficult to establish a therapeutic relationship if the client is not initially comfortable and connected to the counsellor. Thus, it would be beneficial for counsellors to ensure that clients feel comfortable and connected after the first several sessions. If clients report that they do not feel a connection, it may be appropriate to refer them to another counsellor.

Finally, this study implies that it is important for counsellors to include clients' perceptions of change in their assessment of counselling outcome. The results of this study indicate that objective measures of outcome may not be meaningful indicators of the success of the therapeutic process. The importance of using clients' frame of reference to assess outcome has been noted in psychotherapy research (e.g., Duncan & Moynihan, 1994). Participants in this study indicated that changes in perspective and generally feeling better were as important as decreases in specific symptoms for defining change and success in counselling. Therefore, if counsellors are interested in measures of change that are meaningful to clients they should use subjective and/or qualitative measures of outcome.

*Attachment Implications*

Another implication of this study is the possibility that attachment theory could be used a 'metaperspective' to explain process and outcome issues in counselling psychology, as suggested by Lopez (1995). This study's findings are consistent with Lopez's ideas regarding the utility of attachment theory for explaining a vast scope of human behaviour as well as many aspects of counselling psychology. The similarity of participants' descriptions of the therapeutic relationship in this study and the attachment theory concept of a secure base is remarkable. Furthermore, the correspondence of other aspects of the grounded theory generated in this study with principles of attachment theory is also noteworthy. Consequently, the results of this study support the use of attachment theory as a foundation for constructing a metaperspective in counselling psychology.

*Limitations*

The limitations of this study relate to methodological issues and the exploratory nature of the study. The results of this study and the grounded theory generated are based upon an in-depth interview with 12 individuals receiving service at college counselling centres. Due to the exploratory nature of the study, its results should not be generalized beyond the clients who participated in the study. While it is possible that the results are applicable beyond this sample of clients, the implications of this study can only be used to represent the participating clients. As suggested by Glaser and Strauss (1967), a confirmatory study should be done to determine if the theory generated in this study fits with the experiences of other counselling clients.

The final sample of this study consisted of 11 female participants and 1 male participant. The theoretical sample was comprised of clients who volunteered to participate after being informed of the study by their counsellors. Due to the fact that the sample was predominantly female, the results of this study may not adequately represent male perspectives. Although the themes and codes generated from the interview with the lone male participant are consistent with the other participants, this cannot be taken as a representative perspective. There are several possible explanations for the limited male volunteers for this study. First, it is possible that many male clients were informed of the study, but only one volunteered to be interviewed. However, it is also possible that the demographics of the clientele at the counselling centres involved in the study influenced the resulting gender disparity of the sample. It is possible that there are few male students receiving services at the

college counselling centres involved in this study. Previous research (Davies et al., 2000) has demonstrated that male students are less likely to seek counselling services than female students are. Davies et al. suggest that the men in their study did not seek counselling due to the social stigma that seeing a counsellor carried. Thus, it is possible that the perceived social stigma of receiving counselling services influenced the lack of male volunteers for this study.

Another possible limitation of this study is variability in the number of sessions individual participants had with their counsellor prior to the interview. The inclusion criteria of this study stated clients must have had a minimum of four sessions with the same counsellor in order to participate. As noted in Chapter 4, there were differences in the fluency of articulation between participants in the study. Participants with more counselling experience were better able to describe the therapeutic relationship and its impact on their change than participants with limited counselling experience. Participants with limited counselling experience had difficulty articulating their perceptions of the therapeutic relationship. Thus, the inclusion of clients with limited counselling experience is a potential drawback of this study.

Another related limitation of this study is the inconsistency in the phase of counselling the participants were in at the time of the interview. The interviews took place over a period of approximately 5 months at two different counselling centres. There was no stipulation in the inclusion criteria regarding the stage of therapy. Thus, some participants were receiving ongoing counselling at the time of the interview, while others had completed their counselling. There are two issues

concerning the counselling phase and time of the interview. First, clients who were at or near the completion of their counselling would have been more likely to have made changes and be able to describe them than clients who were in earlier phases of counselling. Another potential issue concerning phase of therapy at the time of the interview is participant memory. Clients who completed their counselling more than a month before the interview may have had difficulty remembering details of their counselling experience. Thus, it may have been useful to have greater consistency in the phase of counselling that clients had reached at the time of the interview.

### *Suggestions for Future Research*

The grounded theory generated from the results of the in-depth interviews represents perceptions of the therapeutic relationship and the change process of the clients who participated in the study. The model of change described in the theory is representative of the experiences of the participants in this study alone. It is important that the findings of this study are validated by future studies and possibly generalized to other populations. Suggestions for future research are presented here. Many of the suggestions are based on expanding the applicability of the theory generated in this study to other populations. Additionally, ideas for future studies concerning the application of attachment theory to counselling are provided.

In order to broaden the applicability of the grounded theory generated in this study, the perspectives of a variety of counselling clients should be explored. The participants in this study were predominantly female and all were receiving services at college counselling centres. In order to broaden the scope of this study, future researchers should include a more diverse range of clients. Specifically, it is

important to fully explore male perceptions of the counselling relationship and its role in the therapeutic process. Although no gender differences were apparent in the results of this study, detailed exploration of male perspectives of the therapeutic relationship is warranted. Additionally, views of clients of various cultural groups and clients in settings other than college counselling centres need to be explored. In order to generalize the findings of this study, it is necessary to explore the experiences of clients receiving counselling through community counselling agencies, employment assistance programs, and private practitioners. Including a more diverse group of clients in future studies would help to determine if the theory generated is applicable beyond participant group in this study.

It would also be beneficial to address some of the limitations of this study in future research. Specifically, it would be useful to address the issue of inconsistency in the phase of counselling. Interviewing clients who have recently completed their counselling would be a useful and meaningful study. Additionally, it would be beneficial to interview clients with more than one counselling experience as well as clients who have had more than 10 sessions with their current counsellor. Addressing these issues in future research would likely provide more consistent information about clients' perceptions of the therapeutic process.

Another interesting area for future study would be to investigate the effect of the correspondence between the attachment style of both counsellor and client. The results of this study suggest that one of the preceding conditions to establishing a therapeutic relationship is a match between expectations of the client and the counsellor. The possibility of matching attachment style of the counsellor to

individual clients in order to facilitate the therapeutic process would be a valuable study.

Finally, studies addressing the frequency and intensity of the categories and subcategories of the grounded theory would be useful. Both qualitative and quantitative studies could be conducted to fully investigate each of the themes generated in this study. Additionally, further comparisons of the themes that comprise the grounded theory generated in this study to attachment theory principles would provide interesting information.

### *Concluding Statement*

The aim of this study was to explore clients' perceptions of the therapeutic relationship and its role in clients' change processes. The grounded theory generated from the results provides a detailed model of change, which has explanatory power regarding the role of the therapeutic relationship in the outcome of counselling. Furthermore, the results of this study help to elucidate the factors within the therapeutic relationship that facilitate client change. The grounded theory suggests that there are a number of 'preceding conditions' to the establishment of a therapeutic relationship. The 'preceding conditions' outlined in the theory are: 'readiness for change,' and 'counsellor characteristics.' The theory also suggests that if the preceding conditions are met, it is likely that the relationship will unfold. The 'unfolding of the relationship' is comprised of a number of interrelated subcategories, which are labelled: 'match between expectations;' 'type of connection;' 'comfort/trust level;' and 'match between expectations.' The theory indicates that if the therapeutic relationship unfolds to the clients' satisfaction, there

are several implications. The implications that may result from the relationship unfolding are: 'feeling cared for;' 'empowerment;' 'safety/security;' 'willingness to divulge', and 'willingness to take risks.' Collectively, the resulting 'results of the relationship' provide the 'foundation for change' in counselling. In addition, clients' definitions of change are outlined in the theory in terms of descriptions of the 'scope of change' and 'type of change.' The similarity between aspects of the grounded theory generated in this study and principles of attachment theory is particularly noteworthy.

The findings of this study supplement existing counselling psychology literature by providing a wealth of meaningful information about the therapeutic relationship from the client's perspective. The participants in this study provided great insight into the role of the therapeutic relationship in client change. The grounded theory generated from the data provides a conceptual model of change, which demonstrates the complex and interdependent nature of the therapeutic relationship and outcome. The results of this study contribute useful information to the understanding of the role of the therapeutic relationship in clients' change processes that has been insufficiently addressed in psychotherapy research to date.

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# Appendix A

## Interview Questions

Initial Questions

1) Describe your experience of the relationship you have/had with your counsellor.

2) Describe the role of this relationship on your change process. This may include how or if you have changed and how or if the relationship has contributed to the changes you have achieved through counselling.

Follow-up Questions

1) What, if anything, is different for you as a result of counselling?

2) Describe, in general terms, the issue that you came to counselling to discuss.

3) With respect to this issue, describe how the counselling process unfolded for you. This may include what a typical session was like, what, if anything, happened between sessions and any other details you consider important.

4) What sorts of insights or understandings did you come to as a result of this process?

5) What has been the overall result of this process?

6) Would you consider this counselling process successful?

7) In as much detail as possible, describe the relationship you had with your counsellor.

8) What role did the relationship you had with the counsellor play in the counselling process you described earlier?

9) What specifically about the relationship you had with the counsellor did you find helpful or not helpful?

10) How did the relationship you had with your counsellor help you to achieve the specific insights or understandings you described earlier?

11) Describe how you believe this relationship influenced the overall results of your counselling process.

Appendix B

Consent Letter

Dear Participant:

I am conducting a study of clients' perceptions of therapeutic outcome and the role of the therapeutic relationship in their change. The purpose of this study is to gain an understanding of how the therapeutic relationship helps people grow or change. I would like your consent to participate in this study.

As part of this research you will be asked to consent to be interviewed in person by the researcher. The interview questions pertain to your perceptions of the relationship you have or had with your counsellor at this agency and should last approximately one hour. The interview will be audio-taped and transcribed by the researcher. A short follow-up discussion may be required to clarify information provided in the initial interview to ensure the accuracy of the data. Please note that all information will be handled in a confidential and professional manner. When responses are released, the will be reported in summary form only. Further, all names, locations and any other identifying information will not be included in any discussion of the results. You also have the right to withdraw your permission to participate without prejudice at any time.

If you choose to do so, please indicate your willingness to participate by signing this letter in the space provided below.

I very much appreciate your assistance in this study. If you have any questions please feel free to contact me at (403)283-3082/cdthomps@cadvision.com. Also feel free to contact the supervisor of my study, Dr. Kris Magnusson at (403) 329-2424/ kris.magnusson@uleth.ca and/or the chair of the Faculty of Education Human Subject Research Committee if you wish additional information. The chairperson of the committee is Keith Roscoe, he can be reached at (403) 329-2446/ keith.roscoe@uleth.ca.

Sincerely,

Colette Thompson

University of Lethbridge

(403) 283-3082/ cdthomps@cadvision.com

Appendix C

Consent Form

Name of Research Project: Clients' Perceptions of Therapeutic Outcome and the Role of the Therapeutic Relationship in Their Change

Name of Investigator: Colette Thompson

I agree to participate in the above study.

Name: _____

Signature: _____ Date: _____