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An Exploration into the Client at the Heart of Therapy: A qualitative perspective

Eine Untersuchung zu Forschung über Klienten und den Kern von Therapie: Eine qualitative Perspektive
Una exploración de la investigación sobre el cliente en el corazón de la terapia: una perspectiva cualitativa.

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Abstract. Over 50 years ago Eysenck challenged the existing base of research into psychotherapy. Since that time, a large number of investigations have been conducted to verify the efficacy of therapy. Recently however, an increasing number of studies have cast new doubts on this research base. Instead of therapy being a function of the therapist, it is now becoming ever more apparent that the client plays a prime role in the therapeutic process. The qualitative studies presented in this paper provide some examples of research that demonstrates that clients are actively involved in their therapy, even making counselling work *despite* their counsellor. These studies suggest that clients may not experience therapy as beneficially as traditional outcome studies indicate. This raises a new challenge to researchers to more fully explore the client's experience of therapy, a challenge to which qualitative methods of inquiry would appear well suited.

Zusammenfassung. Vor über 50 Jahren stellte Eysenck die bestehende Basis der Psychotherapieforschung in Frage. Seither wurde eine große Anzahl Untersuchungen durchgeführt, um die Wirksamkeit von Psychotherapie zu verifizieren. In der letzten Zeit jedoch warf eine wachsende Zahl von Studien neue Zweifel über die Grundlage dieser Forschung auf. Es wird immer deutlicher, dass Therapie keine Funktion des Therapeuten ist, sondern dass der Klient eine primäre Rolle im therapeutischen Prozess spielt. Die in diesem Artikel vorgelegten qualitativen Studien liefern einige Beispiele für Forschung, die zeigt, dass Klienten an ihrer Therapie aktiv beteiligt sind, dass sie sogar Beratungsarbeit machen *trotz* ihres Beraters. Diese Studien legen nahe, dass Klienten Therapie manchmal nicht als so wohltuend erfahren, wie es

traditionelle Wirksamkeitsstudien angeben. Forschende werden damit vor eine neue Herausforderung gestellt, genauer zu untersuchen, wie Klienten Therapie erfahren, eine Herausforderung, für die qualitative Forschungsmethoden sehr geeignet scheinen.

Resumen. Hace más de 50 años, Eysenck cuestionó los resultados existentes de la investigación sobre psicoterapia. Desde entonces, se han realizado un gran número de investigaciones a fin de verificar la eficacia de la terapia. Recientemente, sin embargo, un número creciente de estudios ha generado dudas sobre dichas investigaciones. En vez de considerar a la terapia como una función del terapeuta, se está volviendo más aparente que el cliente juega un rol primordial en el proceso terapéutico. Los estudios cualitativos presentados en este artículo ofrecen algunos ejemplos de investigaciones que demuestran que los clientes se involucran activamente en sus terapias, incluso realizando un trabajo terapéutico *a pesar* de sus terapeutas. Estos estudios sugieren que es probable que los clientes no tengan una experiencia de la terapia tan beneficiosa como indican los resultados de los estudios tradicionales. Esto presenta un nuevo desafío a los investigadores: explorar más a pleno la experiencia de la terapia que vive el cliente, un desafío para el cual los métodos de investigación cualitativos aparecerían apropiados.

Keywords: psychotherapy process and outcome research, qualitative methods, client experiences, review

There have been a large number of studies conducted into the process and outcome of counseling and psychotherapy, from many different perspectives. Prompted by Eysenck's conclusion from his 1952 review of existing research, which found the evidence was 'not sufficient to prove that psychoanalysis and psychotherapy were instrumental in mediating recovery' (Eysenck, 1992: p. 103), an ever-growing number of studies have attempted to demonstrate that therapy in general, or a particular brand of therapy, does in fact work (Smith *et al.*, 1980; Wilson and Barkham, 1994). This effort to prove legitimacy and verify existing practices has continued in recent years with the shift towards a more evidence-based health system and the need for greater public accountability (Hill and Corbett, 1993; McLeod, 2001).

To date, the majority of this research clearly indicates that psychotherapy is effective (Bergin and Garfield, 1994). However, much of this same research fails to identify significant differences in efficacy between the various types of therapy or theoretical approaches. Instead, it is the client's involvement in therapy that is found to be of key importance. In the overview of their comprehensive *Handbook of Psychotherapy and Behavior Change*, Bergin and Garfield (1994) find that: 'It is the client more than the therapist who implements the change process. If the client does not absorb, utilize and follow through on the facilitative efforts of the therapist, then nothing happens' (p. 825). They go on to suggest that 'Rather than argue over whether or not therapy works, we could address ourselves to the question of whether or not the client works!' (p. 825). In this regard, they consider the need for a reform in thinking about the efficacy of psychotherapy, with more emphasis being placed on the client's role in therapy.

This paper looks at some of the research findings that support these conclusions. In particular, a number of qualitative studies are presented, which attempt to provide a richer

insight into the client's perspective of the efficacy of therapy compared to more traditional quantitative outcome studies. When taken in combination, they support the idea of an active client capable of making therapy work for their own purposes. Recent literature supporting this stance is presented and the potential of qualitative methods to more fully explore counseling and psychotherapy from the client's perspective is discussed.

A SELECTIVE REVIEW OF RECENT RESEARCH

Support for the need to place more emphasis on the client's role in therapy can be found in a major review of process and outcome research conducted by Orlinksy, Grawe and Parks (1994). Their review looked at 2,354 separate studies published between 1950 and 1994. The findings of each of these studies were divided into process and outcome variables, as reported by the 'therapist', 'patient', and 'independent observer'. Each finding was then categorized as indicating either a statistically significant or insignificant result and, where significant, either a positive or negative association with the result. By collating findings in this manner across all the studies, it was possible to identify variables that showed a positive impact on therapy.

Significantly, it was often found that variables perceived from the 'patient' perspective were more consistently associated with positive outcomes than either 'therapist'- or 'independent observer'-perceived variables. These include relational variables such as *therapist's contribution to the bond*, *role engagement*, *credibility vs. unsureness*, *interactive collaboration*, and *affirmation of the patient*: along with therapists' interventions such as *interpretation*, *experiential confrontation* and *paradoxical intention*. This would suggest that when a client perceives their therapist to be competent and affirming, to be actively involved and engaged, and to provide useful interventions, then therapy is likely to work.

Interestingly, even though the authors acknowledge that 'the quality of the patient's participation in therapy stands out as the most important determinant of outcome' (p. 361), they still maintain a therapist-orientated view of their findings. In their conclusion they state, 'If an appropriately prepared patient who is viewed as suited to the form of treatment in question becomes actively engaged in talking to a therapist who is seen as skillful, the result of therapy will be viewed as beneficial'(p. 359). By finding that it is the 'patient' that must be 'appropriately prepared' and 'suited' to the 'treatment', they have not allowed for the possibility that the person coming for therapy may have their own agenda, and may be looking for a therapist that is appropriate and suitable to *their* needs.

Rennie's Qualitative Investigations of the Client's Process

An example of research that does take a client-centric look at the therapeutic process is the work of David Rennie (1990, 1992, 1994a, 1994b). Rennie has written a number of articles on his research, using a method called 'interpersonal process recall' (Elliott, 1986). Recordings of recently completed therapy sessions were used to assist client recall of experiences within

each session. The clients were given the lead in this process, being able to stop and restart the playback of sessions, with the investigator enquiring as to the significance of each event (Rennie, 1992). Each of these interviews was in turn recorded and the transcripts analyzed using grounded theory (Glaser and Strauss, 1967) to identify and categorize emergent themes.

From this research, a core category that pervasively arose was that of the client's self-awareness and self-control: what Rennie (1998, 2001) later termed the client's 'reflexivity'. This reflexivity is seen as an active process of the client choosing how to engage with therapy. Significantly, this reflexivity is not always verbalized, leading to situations where clients outwardly defer to the therapist, but may inwardly be working towards their own solutions to their problems. Additionally, clients are seen to recognize and accept the limitations of their counselor, forgiving the counselor's mistakes as long as the benefits they perceive outweigh the negatives. At other times, clients actively manage their relationship with the therapist, sometimes to the point of manipulating the practitioner into making the kinds of response they need (Rennie, 2001).

An indicator of the significance of these research findings to Rennie can be found in his book *Person-Centred Counselling: An experiential approach* (Rennie, 1998). The presented approach to counseling is strongly influenced by client reports of their moment-to-moment experience of counseling. In accordance with his research findings, an emphasis is brought to the client's reflexivity, promoting the idea of self-awareness, and agency within that self-awareness, as key to the process of counseling. In order to facilitate this, counselors are encouraged to be reflexive in themselves, and of the counseling relationship. Specifically, counselor transparency and the use of metacommunication (communication about communication) are presented as ways of bringing to the fore the 'silent activity' which can often go on 'behind the scenes' of a counseling session.

Howe's Qualitative Investigations of the Client's Experience

Another study to employ a qualitative approach in discovering more about the client's experience of therapy is that conducted by Howe (1989). Howe undertook a 12-month study to evaluate the effectiveness of a family therapy practice. The aim of this research was to explore with family members how they perceived, understood, experienced and felt about their therapy (Howe, 1996). Of the 34 families referred to the practice, 23 accepted therapy, of which 22 agreed to participate in the study. A further 10 of the 11 families who either declined or failed to keep their first appointment also agreed to participate. Members of each family were interviewed as a group four to eight weeks after the end of their final therapy session. Interviews consisted of a series of broad, open-ended questions and prompts, to encourage participants to talk about whether or not they felt they had been helped. Each interview, lasting from two to three hours, was recorded and then transcribed. Further information on each case was obtained from the agency's files and the therapist's notes.

All this material was the subject of a grounded theory analysis similar to that conducted by Rennie. This produced three higher-order categories: *To be engaged*, *To understand* and *To be understood*. These categories appeared to be the basis of the families' own evaluation of the

effectiveness of therapy, i. e. , whether or not they felt engaged by the therapists, understood what was happening during therapy, and felt understood by the therapists. Significantly, of the twenty-two families who received therapy, only five reported they had gained from it. A further five were ambivalent about their experience, and twelve families were critical or dismissive of therapy. These quite striking 'results' gave a very different measure of the efficacy of the therapy practice from what would usually be expected from a quantitative outcome study. Fortunately, the qualitative methods used also allowed many of the reasons for the client's discontent to be heard. Through the analysis process, it emerged that three features of the therapy technique used by the practice appeared to raise people's anxiety. First, people felt uncomfortable that the therapists operated as a team, having one therapist in the room with the family while the rest observed in another room via a video link. Second, the observing therapists gave feedback only to the participating therapist, not to the family themselves. Third, people did not like the brief and systematic method of therapy employed by the therapists.

Many of the implications of this study to the practice of therapy appear in the book *On Being a Client: Understanding the process of counseling and psychotherapy* (Howe 1993). In this, Howe presents three main themes that directly correspond to his investigations into client experiences of therapy: *Accept me, understand me, and talk with me.* These themes are discussed and illustrated in depth from a client's perspective using both his own and others' research. Specifically, Howe describes the importance of acceptance in a warm and friendly environment, where the client feels comfortable and engaged with a real person whom they like and feel liked by, with honesty and truth, in a supportive and reliable relationship. The depth of acceptance should be such that a client feels *entitled* to their feelings, without the need to validate them in any way. Understanding is described in terms of entering the frame of reference of the client such that they feel a sense of common experience, rather than imposing explanations or interpretations. The importance of talking and engaging in dialogue is discussed in terms of giving clients the opportunity to make sense of past and present experience, to control the meaning of these experiences, to order and restructure thoughts and feelings, to have hope and be able to look forward to the future. In exploring these themes, Howe draws on developmental psychology and sociology to examine *why* they are so important to the helping process and the experience of being helped.

McKenna and Todd's Qualitative Timeline Study of how People use Therapy

In contrast to investigating an individual episode of therapy, McKenna and Todd (1997) were interested in studying patterns of therapy use over a lifetime. To achieve this, a qualitative approach was employed to gather and analyze client's retrospective accounts of their use of mental health services. Nine adults who had previously applied for individual therapy at a clinical psychology training clinic were interviewed. Participants were asked to describe their overall mental health service history in order to establish a timeline of their use of each service. Following this, semi-structured interviews were conducted to discuss each episode in detail. Transcripts of these interviews were analyzed to extract the dominant themes within

and across individuals.

Although the authors considered the sample size insufficient to establish formal typologies, they did identify a number of longitudinal usage patterns which they labelled *exposure*, *discrimination*, *formation*, *consolidation*, and *holding*. The use of a qualitative methodology meant that these patterns *emerged* from the analysis, as opposed to being imposed by the researcher. In this way, the participants' own ideas and experiences were more fully captured in the results of the study, instead of being made to fit pre-existing categories. Through this approach, it was discovered that participants evaluated the effectiveness of therapy episodes depending on what they were looking for at various stages in their life. Early in their timeline, participants described *exposure* to the possibility of help. These episodes may have been limited in duration and may not have addressed underlying issues, but were more about 'breaking the ice'. At other times, participants reported actively *discriminating* or 'shopping around' for a service that suited them. When participants felt they had found a good match they reported *formation* episodes, where significant and lasting change took place. Following these, participants sometimes came back for 'booster sessions' to *consolidate* and reinforce previous episodes. At other times, participants experienced *holding* episodes where no actual change occurred. These were seen as 'keeping things from getting worse', or more frustratingly as 'not knowing what to do'.

In addition to this formal analysis, a rich sense of the variety of ways in which people use therapy was revealed in the presentation of the individual utilization patterns of each participant. This varied from 'attention seeking' through to active negotiation and goal setting. It is apparent that participants were explicitly aware that they used therapy at different times in their life in different ways, and that their capacity to use therapy changed over time. Thus a person making first contact with a therapist was looking for something quite different from someone returning for a 'booster' session. This emphasizes how aware therapists need to be of the life context within which people seek help, rather than focusing solely on the client's problems and issues. Significantly, of the nine participants in the study, six reported experiences of therapy where this clearly had not happened. These experiences were seen as at best unhelpful, and at worst severely damaging! From these accounts, it becomes painfully obvious that when the practice of counseling and psychotherapy is not fully attuned to the client's changing needs, therapy can be far from a helpful experience.

Kühnlein's Investigation of how People Integrate Therapy into their Lives

In a study based on clients' autobiographical narratives, Kühnlein (1999) utilized a qualitative methodology to investigate how people integrate and assimilate their experience of therapy. Narrative biographical interviews were conducted with 49 participants, two years after their experience of inpatient cognitive behavioral therapy. Interviews were transcribed and single cases systematically analyzed to discover the person's implicit or explicit view of themselves and their social world. Additionally, generic 'ideal types' were constructed across interviews by comparing and contrasting the single cases. The concept of 'person schemas' was used to describe how people summarize past experiences into integrated, generalized forms, against

which new information is measured and reorganized for 'goodness of fit' (Horowitz, 1991). From this perspective, emotional disorders can be seen as a disruption, either externally or internally, that cannot be integrated sufficiently, provoking a 'biographic discontinuity'. Existing perceptions, interpretations and actions are doubted and a feeling of crisis emerges. The level and severity of this crisis can be determined only from the person's own perspective, not from any external agent.

The results of this analysis revealed that participants' inability to understand and change what was going on in their life was the primary reason for entering therapy, not basic life tasks or feedback from significant others. Further, people's ability to go on to understand and integrate these discordant experiences was the central criterion used to judge the long-term effect of their therapy. This integration may not have happened during the actual process of therapy, but may have occurred after the 'treatment' had ended. A second main finding of the study was that participants did not blindly or completely adopt what was presented during therapy. Instead, they appeared to take what they found useful from their therapeutic experience and combined that with their own previously existing personal schemas. As each person had a unique set of existing personal schemas, each individual benefited from therapy in different ways.

To highlight these differences, four 'ideal types' were constructed. For the *Overburdened* type*,* therapy was seen as a retreat to recover from an overburdening daily routine. Offers to explore issues were not really welcomed, as this might destabilize the situation further. Instead, therapy was seen as effective when it allowed the person to cope better with current and future external burdens. The *Deviation* type, however, looked to the therapist to 'fix' a problem, such that they might become 'normal' again. Reintegrating back into work, family and social circles was considered the basis of successful therapy. For the *Deficit* type, therapy focused on the shortcomings that the person felt they had acquired during their lifetime. The aim of therapy was seen as being to learn new ways to compensate for this deficit through understanding and the acquisition of knowledge. The *Developmental Disturbance* type saw problems as being part of an ongoing process of personal development. Therapy was considered most useful when it facilitated the person's own introspection, allowing them to understand immediate difficulties in terms of this ongoing development. Not only did these 'ideal types' represent different ways in which participants used a specific occurrence of therapy, but they also appeared to form the basis of the person's long-term use of therapy.

Rodgers' Investigations into Clients' Therapeutic Requirements

Rodgers (2002) has recently completed an investigation into the role that therapy played in meeting clients' need for help. Nine people were interviewed three to four months after completing counseling at a general public counseling service. Participants had attended between 3 and 21 counseling sessions with therapists from a variety of approaches including person-centered, psychodynamic, solution-focused and Gestalt. Each participant was interviewed about their reasons for coming to counseling, their experience of the counseling, what part the counseling had played in any changes in their life, and what they would look

for in any future counseling. Interviews, lasting between 45 and 90 minutes, were recorded and later analyzed using a form of grounded theory analysis.

The results of the study suggest the possibility that there may be *common requirements* that people have of any helping relationship. Specifically, that people require *permission* such that they feel free to speak openly and honestly, *engagement* both with and by the counselor, *transparency* in their relationship with the counselor, and an active *restructuring* of problems and issues. Further, it is suggested that each of these aspects may be cultivated through certain conditions. Permission may be cultivated by having anonymity, a dedicated time and space, being heard and not judged, and by having confidence in the counselor's ability. Engagement may be cultivated by the person's feeling valued and understood as a unique individual, and by the counselor's being 'real' themselves and actively exploring things in depth with the person. Transparency may be cultivated by the person's feeling able to voice things with a deep honesty, without any pretence or need to justify themselves, and by the counselor's 'seeing through them' to who they really are. Restructuring may be cultivated by the counselor's offering an alternative perspective or a new framework of understanding, and by accompanying the person as they work through and let go of things, often at an emotional or experiential level.

The idea of 'common requirements' may have a number of important implications for the practice of counseling and psychotherapy. In becoming a specialized place where people can go to get their therapeutic requirements met, therapy and the therapist become 'resources used by clients in their self-healing, self-righting efforts' (Bohart and Tallman, 1999, p. 16). In this way, therapy can be seen to be a tool that different people will find useful in different ways, depending on their individual needs. Further, the study suggests that the more fully a client perceives this therapeutic 'tool' as meeting these common requirements, the more the therapy is experienced as beneficial.

Integration of Research to Demonstrate how Clients Make Therapy Work

When taken in combination, the presented studies suggest that people use different forms of therapy in different ways throughout their life, in order to enhance their personal understanding of themselves and their situation. Further, this understanding is based on their own method of constructing meaning. This method remains fundamentally consistent over an extended period of time and is independent of the therapist or their way of working. In essence, people go about finding the tools they need to help them construct their own meaning, in their own way, within their own personal/social world. This view of therapy places the client at the very heart of the process. Far from being passive, deficient patients requiring treatment, clients are revealed as being active agents — sometimes covertly so — who use therapy in their own way, for their own requirements.

It is this approach that Bohart and Tallman (1999) have taken in their book *How Clients Make Therapy Work: The process of active self-healing*. They draw on an extensive body of both qualitative and quantitative research, as well as their own experience, to demonstrate how the client is the primary active agent central to the process of therapy. The client is presented

as being capable of making active, creative contributions to their own growth process, including spontaneous movement in the direction of self-healing. Further, these creative leaps go beyond what the therapist has to offer. They present a view of the agentic client, wise and generative in their own circumstances and issues, continually thinking, exploring and learning. Clients are motivated to restore their functioning to as high a level as possible and, all things being equal, will approach positive, proactive solutions rather than rely on defensive, avoidant ones. It is recognized that clients have widely differing world-views, ways of being, ways of healing and ways of living, all of which contribute to their sense of what is valuable or not in the process of therapy. In this sense, clients actively take what is beneficial to them from therapy, leaving what is unbeneficial behind or even converting it into something worthwhile by 'turning lemons into lemonade'.

As well as challenging traditional views of therapy, the view of the client presented by Bohart and Tallman has a number of implications for research. Bohart and Tallman identify that the majority of research conducted to date has been into what therapists do in therapy, not the clients. Very little is known about how clients help themselves, how they implement and develop what is learnt in therapy, the contextual factors that contribute to the maintenance of client problems, or the contextual factors that inhibit or facilitate self-healing. Further, the view of the client as active, wise and generative in therapy implies the need to view the participant as such in research. This suggests that a greater reliance on participants' own accounts and interpretations of therapy are warranted, as opposed to relying on the interpretations of the researcher. This view invites research that is both sensitive to, and inclusive of, participants' active involvement.

POTENTIAL BENEFITS AND CHALLENGES OF UTILIZING QUALITATIVE RESEARCH METHODS

A leading voice in the call to utilize qualitative methods in the research of counseling and psychotherapy, McLeod (1996a, 1996b, 1999, 2000, 2001) has written numerous papers and books that highlight the potential of this approach to addressing issues similar to that posed by Bohart and Tallman. McLeod (1996a) points out that by adopting a discovery-orientated attitude towards research, qualitative enquiry aims to uncover, illuminate and clarify meaning, as opposed to trying to test or verify a predefined hypothesis. This stance presents an opportunity to generate new ideas and ways of understanding counseling and psychotherapy that go beyond current theory, yet are still grounded in participants' actual experiences. Qualitative methods such as the grounded theory analysis used by Rennie, Howe and Rodgers highlight the value of theory emerging from the data, as opposed to being imposed on it (Glaser and Strauss, 1967). At the same time, this approach requires the researcher to continually check any emergent themes and concepts against similar and divergent cases (Strauss and Corbin, 1990). By purposefully seeking out material that does not 'fit', the researcher is continually challenged to refine their understanding beyond previously held beliefs.

McLeod (1999) also notes that a qualitative methodology lends itself more to producing 'local' knowledge that is directly relevant to practitioners, as opposed to attempting to establish abstract universal truths. This is highly desirable in fields such as counseling and psychotherapy, which are intimately involved with real people in real situations, not abstracts and concepts. Instead of trying to control 'experimental variables' and produce 'statistically significant' results, qualitative inquiry attempts to get as close to each participant's experience as possible, and to allow the participant's own voice to be heard in the research results. This is evident in the qualitative studies summarized in this paper, which all contain a high proportion of direct quotes from participants. Compared to the pages of tables and statistics in the Orlinksy, Grawe and Parks review, these quotes offer the reader an opportunity to more fully engage with the research material, and to hear first hand what clients have to say.

Another feature of qualitative enquiry is the acceptance of the subjectivity of the researcher. It is acknowledged that another researcher may well obtain a very different set of results. Instead of being an objective 'expert', the qualitative researcher is seen as a real person, with their own interests, background and reasons for conducting the study. Far from being a limitation, this is considered a strength, in that it offers the opportunity for new perspectives and understandings to be presented. In addition, it is a process which facilitates the researcher's own reflexive learning. Ideally, these details and insights would be published along with the researcher's findings. Examples of this can be found in the literature written by Rennie, Howe and Rodgers. This transparency allows readers to get a feel for where the researcher is 'coming from', to take into account the researcher's own stake in the study. Perhaps more importantly, it also offers readers an opportunity to relate to the researcher as a person, and to engage with the presented material on a more personal basis.

Given the potential benefits outlined above, it would seem unfortunate that relatively few studies have been published that utilize a qualitative methodology to investigate counseling and psychotherapy, especially with regard to outcomes. In a recent review of published qualitative outcome studies, McLeod (2000) was able to locate only six such papers. This apparent lack of utilization may well be due to the very benefits of the methodology described. By seeking out new understanding, researchers can find themselves in a position of questioning mainstream approaches to counseling and psychotherapy. Although on the one hand desirable, on the other hand it could be seen as quite controversial and professionally alienating. Further, the demands of qualitative enquiry require a significant amount of time and space to 'indwell' in the research process. In the current academic and economic climate, both these factors would appear to be a rarity, with most researchers needing to be involved in numerous projects at any one time. Additionally, qualitative results do not lend themselves easily to being 'quantified'. When they do, it would appear from the studies reviewed in this paper that a surprisingly high proportion of participants report unhelpful outcomes of counseling and psychotherapy when compared to the more traditional quantitative outcome studies cited in Bergin and Garfield (1994). Not surprisingly, such results may well be considered undesirable in terms of obtaining funding within an evidenced-based health system. Lastly, the requirement for a high degree of personal involvement and transparency in writing up a qualitative study may be quite daunting for potential researchers. The prospect of publishing

such a study, based largely on subjective interpretations that have 'arisen from the gut' (Rennie and Fergus, 2001) may well feel too risky from a professional basis.

CONCLUSION

The research studies presented in this selective review offer a taste of what is possible when qualitative methods are applied to the investigation of counseling and psychotherapy. These studies demonstrate that researchers who utilize qualitative methodologies have an opportunity to discover new and interesting insights into the process and outcome of therapy. At the same time, these methods invite researchers to extend themselves beyond their current beliefs and understanding, both professionally and personally. From the relative lack of published qualitative studies to date, it would seem that this invitation to step into the unknown is a challenging prospect. Compared to the seemingly solid ground of objective facts and absolute truths, the complex world of subjective realities, relative truths and personal interpretations appears to be a risky venture.

As a profession, however, I feel there is a need for us to take this risk. Just as Eysenck risked questioning the status quo in 1952, there is a need today for counseling and psychotherapy research to step beyond verification and justification. The studies reviewed in this paper clearly demonstrate that individual clients experience therapy in very different ways, which cannot be attributed to varying presenting problems, therapeutic techniques or therapist factors. This evidence challenges the profession to find ways of researching therapy that gets closer to the client's experience of the *practice* of it, as opposed to the theory of it. It is my belief that embracing qualitative research methods is a step in the right direction, and leads us deeper into the world of the client at the heart of therapy.

REFERENCES

Bergin, A. E. and Garfield, S. L. (1994) *Handbook of Psychotherapy and Behavior Change* (4th edn). New York: Wiley.

Bohart, A. C. and Tallman, K. (1999) *How Clients Make Therapy Work: The process of active self-healing*. Washington, DC: American Psychological Association.

Elliott, R. (1986) Interpersonal Process Recall (IPR) as a process research method. In L. Greenberg and W. Pinsof (Eds), *The Psychotherapeutic Process: A research handbook*. New York: Guilford Press.

Eysenck, H. (1992) The outcome problem in psychotherapy. In W. Dryden and C. Feltham (Eds), *Psychotherapy and its Discontents*. Buckingham, UK: Open University Press.

Glaser, G. G. and Strauss, A. L. (1967) *The Discovery of Grounded Theory: Strategies for qualitative research*. New York: Aldine de Gruyter.

Hill, C. E. and Corbett, M. M. (1993) A perspective on the history of process and outcome research in counseling psychology. *Journal of Counseling Psychology, 40*, 3–24.

Horowitz, M. J. (Ed.) (1991) Person schemas. In *Person Schemas and Maladaptive Interpersonal Patterns*. Chicago: University of Chicago Press.

Howe, D. (1989) *The Consumer's View of Family Therapy*. Aldershot, UK: Gower.

Howe, D. (1993) *On Being a Client: Understanding the process of counselling and psychotherapy*. London: Sage.

Howe, D. (1996) Client experiences of counselling and treatment interventions: A qualitative study of family views of family therapy. *British Journal of Guidance and Counselling, 24*, 367–375.

Kühnlein, I. (1999) Psychotherapy as a process of transformation: Analysis of posttherapeutic autobiographical narrations. *Psychotherapy Research, 9*, 274–288.

McKenna, P. A. and Todd, D. M. (1997) Longitudinal utilization of mental health services: a timeline method, nine retrospective accounts, and a preliminary conceptualization. *Psychotherapy Research, 7*, 383–396.

McLeod, J. (1996a) Qualitative research methods in counselling psychology. In R. Woolfe and W. Dryden (Eds), *Handbook of Counselling Psychology*. London: Sage.

McLeod, J. (1996b) Qualitative approaches to research in counselling and psychotherapy: Issues and challenges. *British Journal of Guidance and Counselling, 24*, 309–316.

McLeod, J. (1999) *Practitioner Research in Counselling*. London: Sage.

McLeod, J. (2000) *Qualitative Outcome Research in Psychotherapy: Issues and methods*. Society for Psychotherapy Research Annual Conference, Chicago.

McLeod, J. (2001) *Qualitative Research in Counselling and Psychotherapy*. London: Sage.

Orlinsky, D. E. , Grawe, K. and Parks, B. K. (1994) Process and outcomes in psychotherapy – noch einmal. In A. E. Bergin and S. L. Garfield (Eds), *Handbook of Psychotherapy and Behavior Change* (4th edn). New York: Wiley.

Rennie, D. L. (1990) Toward a representation of the client's experience of the psychotherapeutic hour. In G. Lietaer, J. Rombauts and R. Van Balen (Eds), *Client-centered and Experiential Therapy in the Nineties*. Leuven, Belgium: Leuven University Press.

Rennie, D. L. (1992) Qualitative analysis of the client's experience of psychotherapy: The unfolding of reflexivity. In S. G. Toukmanian and D. L. Rennie (Eds), *Psychotherapy Process Research: Paradigmatic and narrative approaches*. London: Sage.

Rennie, D. L. (1994a) Clients' deference in psychotherapy. *Journal of Counseling Psychology, 41*, 427–437.

Rennie, D. L. (1994b) Storytelling in psychotherapy: The client's subjective experience. *Psychotherapy, 31*: 234–243.

Rennie, D. L. (1998) *Person-centred Counselling: An experiential approach*. London: Sage.

Rennie, D. L. (2001) Clients as self-aware agents. *Counselling and Psychotherapy Research, 1(2)*, 82–89.

Rennie, D. L. and Fergus, K. D. (2001) *'It Rises from my Gut': Embodied categorizing in grounded theory analysis*. Paper presented at the International Society for Theoretical Psychology, Calgary, Alberta.

Rodgers, B. J. (2002) An investigation into the client at the heart of therapy. *Counselling and Psychotherapy Research, 2(3)*, 185–193.

Smith, M. L. , Glass, G. V. and Miller, T. I. (1980) *The Benefits of Psychotherapy*. Baltimore, MD: Johns Hopkins University Press.

Strauss, A. L. and Corbin, J. (1990) *Basics of Qualitative Research: Grounded theory procedures and techniques*. London, Sage.

Wilson, J. E. and Barkham, M. (1994) A practitioner–scientist's approach to psychotherapy process and outcome research. In P. Clarkson and M. Pokorny (Eds), *The Handbook of Psychotherapy*. London: Routledge.